This article presents a detailed high-fidelity simulation scenario as an innovative teaching-learning strategy to assist students to identify and prevent risks associated with one common type of healthcare-associated infection (HAI), central line associated bloodstream infection (CLABSI)” Liebrecht and Lieb (2016).

Extract:
“A revolutionary article, To Err is Human: Building a Safer Health System, published in 1999, informed consumers that health care in the United States was not as safe as it should be. Numerous statistics reinforced the notion that “preventable medical errors,” committed by the once trusted healthcare team, were occurring more frequently than acquired immune deficiency syndrome or motor vehicle accidents (Institute of Medicine, 1999).

Informed patients now enter the operating room, concerned not only about the risk of cancer but also about wrong-site surgery or avoidable injuries. The cost of these errors is high. Human lives are lost and the negative financial impact to society and health-care organizations is great and growing with new provisions of the Affordable Care Act (Agency for Healthcare Research and Quality, 2015). An evident conclusion from the report is that “it is not acceptable for patients to be harmed by the healthcare system that is supposed to offer healing and comfort” (IOM, 1999). Nurse educators are challenged to provide experiential learning opportunities that promote the development of knowledge, skills, and attitudes (KSAs) for safe care delivery and error detection and prevention. This article presents a detailed high-fidelity simulation scenario as an innovative teaching-learning strategy to assist students to identify and prevent risks associated with one common type of healthcare-associated infection (HAI), central line associated bloodstream infection (CLABSI). This simulated patient care scenario incorporates Quality and Safety Education for Nurses (QSEN) competencies and provides reflective debriefing questions to promote student learning and KSA development” Liebrecht and Lieb (2016).
Reference:


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