

Simulation Scenario

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MR56802 Nursing Education Practicum

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November 1, 2025

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Because my practicum experience, in NR 217 Simulation for Nursing Practice, has been a classroom/simulation lab combination, the class routinely has simulation practice each week, along with two graded Objective Skills Clinical Exams (OSCE). The first OSCE, at midterm, was a graded simulation scenario during which individual students simulated placing a Foley catheter in a mannequin in a simulation bed in the skills lab. Students were prebriefed about the scenario of a female patient with an order for Foley placement, and they were tasked with performing the task according to expectations set out in their lecture and simulation modules. Each student was directed to interact with the mannequin according to the rules and expectations of simulation. According to Forneris and Fey (2017) the presentation of the scenario includes “a discussion of the limitations to realism that are inherent in simulated learning activities” (p. 18).

Assessment of each student’s communications was limited to their interaction with the mannequin with the expectation that the student nurse would interact with their simulated patient in a professional manner to meet the needs of a simulated patient who must have a Foley catheter placed per a provider order. Before beginning the simulation, it was important to set the stage for the psychological safety of the environment by establishing “a safe learning environment, where the learner can tolerate being uncomfortable and vulnerable in the spirit of learning” (Forneris & Fey, 2017, p. 14). Each of the students did quite well, taking the assigned task very seriously and behaving in a professional manner, in their demeanor and communications with their simulated patient.

The students had no notes to rely on during the simulation. They were expected to prioritize the tasks in an order that maintained patient comfort and safety (e.g. introducing

themselves, identifying the patient, explaining the order and reason for the procedure, verifying allergies, and providing privacy for the patient). Next the student needed to implement the task with the proper precautions for preparing the area and the patient for the procedure (e.g. gathering the necessary supplies, positioning the bed and the patient appropriately, performing hand hygiene and donning clean gloves for perineal care, repeating hand hygiene before preparing the sterile field). For the insertion of the Foley catheter, the student needed to implement the correct insertion procedure (e.g. don sterile gloves, set up the sterile field and the catheter supplies, maintain sterility of the inserting hand throughout the insertion process, inflate the retention balloon and check it for efficacy, secure the catheter to the leg and the bag below the level of the bladder, perform perineal after-care, and leave the bed in a low position with the call bell available). Afterwards, the students also demonstrated their ability to remove the catheter using appropriate technique.

After the procedures were completed, a thorough debrief was conducted with each student to discuss their experience, how they felt about their performance, what they felt comfortable with and what parts of the procedure they felt less confident about. Using my expertise with sterile fields as a PICC nurse, I was able to offer specific tips about opening, setting up, and maintaining sterile fields. As appropriate to each individual student, a feedback conversation was offered to students as a way of co-creating meaning from the student's experience of assuming the role of a nurse inserting a Foley catheter.

Norwich University has both high and low fidelity mannequins. The mannequins used for the OSCE in the classroom simulation space were lower fidelity, but adequate for the task of a simulated Foley insertion. Ozdemir and Kaya (2023) spoke of the differences between high and low fidelity mannequins used for Foley catheter placement and the potential increased

educational benefit of high-fidelity scenarios such as being able to get real time feedback from a simulated patient (i.e. complaint of pain or discomfort) that could lead to a safer insertion experience. Not using high-fidelity training can increase the risk of not performing the task correctly in the student's future practice (Ozdemir & Kaya, 2023). These issues were discussed with the students during debriefing in conversation about real life scenarios with actual patients.

References

- Fornieris, S., & Fey, M. (Eds.). (2018). *Critical conversations: The NLN guide for teaching thinking*. Wolters Kluwer.
- Ozdemir, N. G., & Kaya, H. (2023). The effectiveness of high-fidelity simulation methods to gain Foley catheterization knowledge, skills, satisfaction and self-confidence among novice nursing students: A randomized controlled trial. *Nurse Education Today*, 130, 105952. <https://doi.org/10.1016/j.nedt.2023.105952>