Amendment/Addendum # 1

DATE: Monday, April 13, 2009
TO: All Offerors of Record
FROM: Greg Van Wart, CNM Buyer
SUBJECT: Amendment/Addendum #1 to P-280 “Consultant to enhance the use of the Simulation Technology in Nursing Education and the practice settings”.

This addendum becomes part of the Contract Documents.

Offerors are required to acknowledge receipt of this addendum in the space provided on page 12, Section E.

NOTE: Proposal Due date and time has been extended to Friday April 17, 2009 at 3:00PM

Question
1. Has CNM Nursing created a strategic plan with related operational parameters that was used by SMPC Architects for Program Spreadsheet Reference during develop of the Schematic Design Phase? If so, is that available for review?

   Answer
   Program was developed using an existing simulation lab that a faculty visited in Kansas City. I don’t have access to the schematics, but we could contact Johnson County Community College in Overton Park, Kansas for more information.

Question
2. Has SMPC Architects or CNM engaged engineering, audio/visual, and IT contractors for this project?

   Answer
   Engineers have been contracted under the Architect to locate the IT requirements.

Question
3. What is the timeline for this project?

   Answer
   Construction documents are currently under review.
Question 4. Who are all the identified end users for this center? Community health care providers? CNM health care related academic programs? CNM academic programs.

Answer
There exist possibilities that the community may use the facility under the Work Force Training contract training portion, but that is secondary to the academic use. Academic use is the priority, with a focus on interdisciplinary utilization within HWPS.

Question 5. Is CNM developing an inter-professional curriculum for health care related academic programs? If so, which programs are included?

Answer
HWPS is working on this now and the possibility exists that programs such as EMS may use the facility. We currently have a team in place to focus on incorporation of simulation into the nursing curriculum. Once nursing gets a better handle on this, it will be easier to hold discussions with other disciplines. Since Respiratory therapy has been using simulation the longest, they are the best group with which to start the interdisciplinary process.

Question 6. Is CNM developing or considering any new health science, behavioral science, and health care related academic programs? If so, what?

Answer
Unable to respond at this time.

Question 7. Is Exhibit D a final accepted schematic or an initial test fit for space allocation?

Answer
Yes

Question 8. What is the projected utilization and desired learner thru-put for each type of simulation provided? Skill and task training, lecture animation, and immersive patient care management?

Answer
Unable to respond at this time.

In order to ensure that space planning occurs to meet the end user needs, we believe that some additional key questions need to be both asked and answered. A few examples are:

Question 1. What is the philosophy and methodology of the simulation lab?
   1a. Procedure based or patient care management based?

Answer
Both – the simulators are used for complex procedures where physiologic responses best enhance the experience (codes, tracheostomy management, chest tubes, and medication administration). We are currently using the NLN Simulation model as our theoretic baseline for patient care simulation scenarios.

1b. Cognitive and technical training and testing or integrated behavioral based performance measure outcomes?

Answer
Our focus is more the behavioral based performance than skill training/testing at this point (not to say it won’t get there.) Current review of literature shows that using simulation for testing has skewed results. We are currently using the simulators to help students get more comfortable with interacting with patients, including therapeutic communication and problem/complaint management.

1c. Provide standardized patient care experience scenarios based on a framework aligned with curriculum or provide a site for individualized faculty use of equipment with variable methodology?

Answer
In process. We have formed a sub-committee of our nursing curriculum committee to examine learner based classroom/clinical techniques. We are considering adopting Gidden’s The Neighborhood as a basis for providing lush standardized scenarios. Simulation is an obvious fit in this program.

1d. Simulation is an additional learning resource or integrated with curriculum in ways that reduce redundancies?

Answer
In process – our goal is to weave simulation into our curriculum to help us improve the synthesis of theory to practice. Right now, we are tremendously limited in our physical resources. We can’t really incorporate this fully because we don’t have enough mannequins or lab space. As we are working now, it is an additional resource but we envision (with the additional facilities) this blossoming into full integration.

1e. Inter-professional use separately or by integrating groups of different learners for shared experiences and/or curriculum overlaps?

Answer
That is the ultimate goal. We are in the contemplative stage right now. Discussions with the other programs have shown tremendous enthusiasm for the prospect.

1f. Provide scenarios as part of the continuum of learning integrated with skills or as a separate learning activity?

Answer
Again, in process. This is our goal and should be much more achievable with the larger, intermediate-fidelity simulation lab.

1g. Open or confidential experience?
**Answer**
I think that there is room for both. Right now, we have a policy of “what happens in the Sim lab stays in the sim lab.” But I think there is tremendous potential for students to learn from others’ errors. The literature to date shows that the students in observational roles actually get more out of the simulation experience than those in an active role due to their more omnipotent viewpoint.

**Question**
2. What are the simulation lab current and desired operational parameters and resources?
   2a. What types of simulation experiences will be provided?

**Answer**
Current: students rotate through the simulation lab in their second semester. They get an assignment the night before that mirrors their “usual” assignment when gathering data at the hospitals. They come the next day prepared. They are broken into two groups (observers and active roles). The active players are assigned a role: primary nurse, secondary nurse, scribe, and communicator. They are given report and then provide level specific care to that patient. The patient is scripted and provides them with two to three challenges for them to manage. Once the simulation is complete (generally about 30-40 minutes), the group as a whole (observers and actives) come together for a debrief. The debrief allows the students to evaluate their performance from a skills, a cognitive, and a psychosocial standpoint.

Desired: We will continue this model, but desire the ability to run more simulations simultaneously. The new lab will allow the instructors to be in the control room and for the observer students to watch from a remote location. This decreases the number of students in the lab area to those who MUST be there. Therefore, we can have more activity at once. We foresee the ability to bring multiple nursing levels together for a single simulation. For example, a senior student could be the charge nurse while the junior students manage care. Because we would have the ability to run multiple simulations at once, it becomes much easier to see how other disciplines, such as respiratory therapy or phlebotomy, could be incorporated into the experience. They could “round” on the patients or be called for consult/services.

2b. How will those differing types of experiences be provided?

**Answer**
This is a great time to be “going live” with a simulation enhanced curriculum. Currently, there are several conceptual models in existence. The NLN model seems to be the most comprehensive and researched with scientific results reflecting student success in both baccalaureate and associate degree programs. The NLN model provides guidance in developing and implementing simulation with consideration to NCLEX (the nursing licensing board exam) cognitive domains. The NLN model will help faculty to develop (or manipulate existing) scenarios to help students to bridge theory and practice in a level-specific manner. These simulations can be as simple or as complex as needed.

2c. What types of data capture and management will be necessary?
**Answer**
The Laerdal products have video debrief built into their simulation software. I have used the webcam to record video of the simulation to use in the debrief settings. Because we currently do not have a control room, the webcam capture was limited. In the new simulation lab, it would be fabulous if there were a fixed camera above the patient bed so that the mannequin and the room could be visualized. It would also be very nice if the faculty in the control room had the ability to zoom in/out and to move the camera from side to side, if needed.

2d. Will there be inter-professional use? How will it occur?

**Answer**
See A above.

2e. What are the unique and specific needs by possible other users?

**Answer**
Not sure what you mean by “other” users? If you mean other disciplines, those needs would be explored by the interdisciplinary simulation team.

2f. How much of each type of simulation will be provided for each learner at each level?

**Answer**
Ideally, each level of nursing (all 5 levels) would have the ability to spend two clinical days in simulation for each clinical group. Currently, we have anywhere from 8-10 clinical groups per level in clinical settings on Thursdays and Fridays. We would also like to have the simulation lab available to our students on non-clinical days. We have two 1-credit classes, NURS 1092 and NURS 1592, that are used for supplemental lab. Once the Simulation lab is live at Rio Rancho, students should be spending at least half of their 45 lab hours in short, focused simulation there. Eventually, the lab will be available on Saturdays and during evening hours to meet the needs of the students.

2g. What is the anticipated or planned for growth?

**Answer**
Ultimately, a fully interdisciplinary simulation lab is the goal. The more disciplines that use the lab, the more people we will need to run the labs and the more resources for debriefing activities.

2h. What personnel resources will be necessary to support new activities?

**Answer**
Unsure if you are asking what we need now (for the Rio Rancho campus) or what we will need beyond that. Assuming you mean Rio Rancho, needs will include (but likely not be limited to) the following: A skilled lab technician with computer and audiovisual skill set to assist with the computer hardware associated with the simulation. A less skilled lab technician who can be trained to read the NLN simulation templates to assist in setting up equipment (med carts, supply carts, food props, patient care props) for each simulation. This lab person would also be
responsible for overall tidiness and organization of the lab. Finally, a nursing faculty
who will act as a resource for the lab – this person would help clinical faculty select
simulations that are appropriate to the level, to help run the simulation, and to act in
other roles as needed for simulation (physician, frightened family member, etc).

2i. What are the needs for self directed and small group activity space?

Answer
The Rio Rancho blueprints included two conference rooms and one classroom that
were slated to be fitted with closed-circuit television feed from the simulation lab as
well as telemetry data from the simulation equipment. Once we realize our goal of a
fully integrated and multi-disciplinary lab, it may be necessary to outfit further
classrooms with these features or to purchase mobile equipment that could be
moved to other classrooms to make any classroom an a/v debrief zone.

2j. How will computer technology, audio-visual, and data collection needs
interface?

Answer
The interface will be complicated. The mannequins are run by a laptop computer
and a link-box (the connection between the computer program and the kinesthetics
of the mannequin). This information would need to be fed to the control room and
then further linked to the observation areas (see i for details). There will need to be
microphones in the sim rooms as well as in the control booth so that communication
can occur between the faculty and the simulation participants – all of this should be
fed to the observation rooms as well. We will also need to be working phones
available so students can practice making interdisciplinary calls – the line would be
answered in the observation room and possibly the phone conversation patched to
the observers as well. We would probably need some kind of switching system so
that the observers don’t get ALL this information at once.

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