FOCUS: INTERPROFESSIONAL SIMULATION

Continuing Education Questions

FALL 2016

1. According to the published report, To Err is Human, the Institute of Medicine (IOM) stated that 98,000 people die each year due to ________ errors.
   a. documentation
   b. mental
   c. driving
   d. medical

2. In the published report, Improving Diagnosis in Healthcare, the IOM recommends increasing ________________ among medical professionals to reduce diagnostic error.
   a. communication
   b. contact
   c. collaboration
   d. conversations

3. __________________ education is defined as people from different professions learning about, from, and with each other.
   a. Multidisciplinary
   b. Interprofessional
   c. Traditional
   d. Multiprofessional

4. ________________ education is where students learn side by side, but interaction is not required.
   a. Multidisciplinary
   b. Interprofessional
   c. Traditional
   d. Multiprofessional

5. A technique that replaces real-life experiences with guided experiences in a controlled learning environment is referred to as ________________.
   a. interprofessional education
   b. collaboration
   c. simulation
   d. replication

6. According to David Kolb’s experiential learning theory, people learn through ____________ with people and the environment.
   a. communication
   b. interactions
   c. simulation
   d. discussions

7. Within the IPEC Core Competency of values/ethics for interprofessional practice, team members must maintain a climate of __________ and shared values with individuals from other professions.
   a. self-sufficiency
   b. mutual respect
   c. hierarchy
   d. mistrust

8. Task trainers are often used to teach:
   a. Communication strategies in simulation
   b. Advanced decision-making
   c. Skills such as phlebotomy
   d. Teamwork between professions

9. Simulation objectives in interprofessional simulation should:
   a. Correspond to the participant’s knowledge and level of expertise
   b. Include an aspect of teamwork and/or communication
   c. include 4 or 5 objectives for each profession represented
   d. Both a and b

10. The belief that all learners are capable and desire to learn how to provide excellent patient care is called:
    a. The basic assumption
    b. Fiction contract
    c. A safe learning environment
    d. A fundamental simulation modality
11. Learners are asked to buy into the realism through a __________ and function as if they are in a real situation.
   a. Basic assumption
   b. Fiction contract
   c. Safe learning environment
   d. Embedded participant

12. Describing the role a student will play and the capability of instrumentation and mannequins should occur during the:
   a. Brief prior to the scenario
   b. Case scenario as it develops
   c. Debrief so the students know what they should have done
   d. This should not be explained to the students

13. The phase of the simulation where learners act in their specified roles, most often as a current practitioner:
   a. Brief
   b. Case scenario
   c. Debrief
   d. Learners should observe, not participate in the simulation

14. The majority of learning occurs during the:
   a. Brief
   b. Case scenario
   c. Debrief
   d. Multiple choice test

15. The communication tool, SBAR, is an acronym for:
   a. Simulation, Barriers, Assessment, Repetition
   b. Specific, Bound by time, Accentuate, Responsibility
   c. Social, Behavioral, Associative, Restricted
   d. Situation, Background, Assessment, Recommendation/Request

16. Which of the following is not a phrase used to escalate a situation using CUS language:
   a. I am concerned.
   b. I am uncomfortable.
   c. This is a patient safety issue.
   d. I am reporting this to the supervisor.

17. Which of the following is true concerning interprofessional simulations?
   a. A staffed simulation facility is necessary
   b. There are small scale, low resource options
   c. Three or more professions are necessary to be successful
   d. High fidelity mannequins are essential

18. Which of the following are potential locations for interprofessional simulation?
   a. Classroom
   b. Simulation center
   c. CLS student laboratory
   d. All of the above

19. Barriers in designing large-scale interprofessional simulations with students from multiple healthcare professions include:
   a. Discordant curricula
   b. Use of multiple sites
   c. Extended-time scenarios
   d. All of the above

20. In order to have blood crossmatched for a patient within the timeframe of the simulation, it might help to:
   a. Omit the incubation period for the antibody screen to speed up the test.
   b. "Add on" a crossmatch for a specimen that has already had the antibody screen completed.
   c. Use only emergency release, uncrossmatched blood.
   d. Have nursing pick up blood without the lab performing testing.

21. For a large group, multi-patient simulation, it may be helpful to debrief _________.
   a. Several days after the simulation, so students can process the scenarios
   b. Each profession separately, gathering them all together is too overwhelming
   c. In phases, to facilitate multiple levels of processing
   d. Without discussing the medical care of the patient
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