



## MASTER COURSE OUTLINE

Prepared By: Andrea Elliott

Date: December 2018

### COURSE TITLE

Practicum in Community Simulation

### GENERAL COURSE INFORMATION

Dept.: SIM

Course Num: 295

(Formerly:)

CIP Code: 15.0401

Intent Code: 21

Program Code: 654

Credits: 1

Total Contact Hrs Per Qtr.: 44

Lecture Hrs:

Lab Hrs:

Other Hrs: 33

Distribution Designation:)

### COURSE DESCRIPTION (as it will appear in the catalog)

In this capstone course, students work on simulation projects in a healthcare setting, under the direct supervision of a healthcare professional, to practice the application of learned medical simulation theory and lab skills. . Student must pass this course with a minimum 2.0 grade in order to be applied to degree completion.

### PREREQUISITES

SIM 211 and SIM222 or Instructor Permission

Co-requisites: SIM 297 and SIM 232 or Instructor Permission

### TEXTBOOK GUIDELINES

As required by the BBCC Simulation Technology program

### COURSE LEARNING OUTCOMES

*Upon successful completion of the course, students should be able to demonstrate the following knowledge or skills.*

1. Demonstrate a balance of leadership and follower skills as working as part of a community healthcare team.
2. Prepare, program, and operate simulators, simulation rooms, and A/V equipment.
3. Follow protocol to ensure safe and appropriate use of simulation equipment and resources.
4. Solve problems by combining and applying knowledge from multiple sources.

### INSTITUTIONAL OUTCOMES

IO3 **Human Relations/Workplace Skills:** Demonstrate effective decision-making, critical thinking, and interpersonal skills that match the level of responsibility needed in order to function as a member of a team of professionals.

### COURSE CONTENT OUTLINE

1. Communication
2. Planning
3. Implementation
4. Assessment
5. Evaluation

6. Professional Role

**DEPARTMENTAL GUIDELINES** (*optional*)

The work experience is supported by instructor site visits and coursework where students and instructor can review on-going progress. Pass/fail based on time log, observation records, written self-evaluation, preceptor's evaluation.

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**DIVISION CHAIR APPROVAL**

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**DATE**