



# Simulation Center

Policy and Procedure Manual

2023-2024

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## INTRODUCTION

This Policy and Procedure Manual regulates all central operational practices of the Sue & Bill Gross School of Nursing Simulation Center. In addition, the Standard Operating Procedures manual (SOP) provides specific instructions for Simulation Center staff. These are both living documents, updated regularly to remain consistent with UCI Campus, UCI Health Sciences, and UCI School of Nursing policies and best practice standards.

## SIMULATION CENTER CONTACT INFORMATION

### Simulation Center (Suite 1100, 1<sup>st</sup> floor)

**Director:**

Jocelyn Ludlow, PhD, RN, CHSE, CNE, CMSRN

Email: [ludlowj@hs.uci.edu](mailto:ludlowj@hs.uci.edu)

**Simulation Specialists:**

Tommie Olds

Email: [tolds@hs.uci.edu](mailto:tolds@hs.uci.edu)

**Casey Peevy**

Email: [cpeevy@hs.uci.edu](mailto:cpeevy@hs.uci.edu)

### Research Area A (Suite 2300, 2nd floor)

**Operations Manager:**

Keith Beaulieu, MBA, BS, BA, CHSOS-A

Email: [kbeaulie@hs.uci.edu](mailto:kbeaulie@hs.uci.edu)

# ABOUT THE NURSING SIMULATION CENTER

## MISSION, VISION, AND VALUES

### VISION

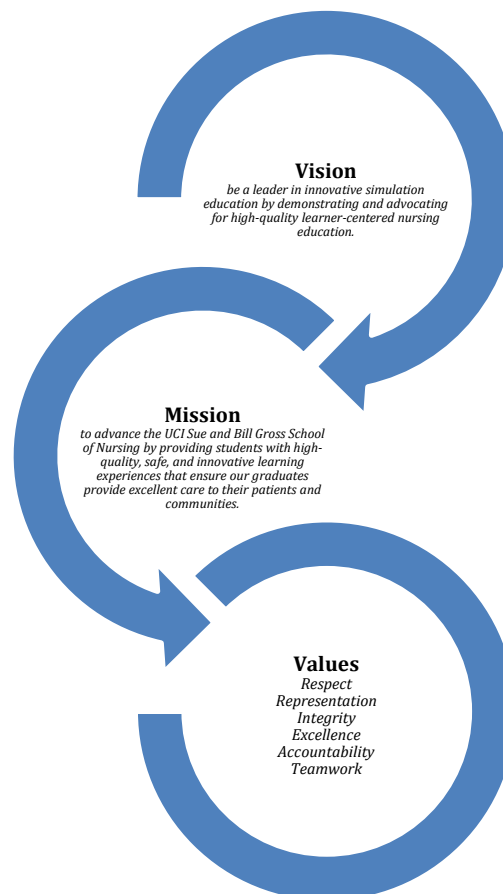
*The Sue & Bill Gross School of Nursing Simulation Center will be a leader in innovative simulation education by demonstrating and advocating for high-quality learner-centered nursing education.*

### MISSION

*The mission of the Sue & Bill Gross School of Nursing Simulation Center is to advance the UCI Sue and Bill Gross School of Nursing by providing students with high-quality, safe, and innovative learning experiences that ensure our graduates provide excellent care to their patients and communities.*

*We do this by focusing on:*

- *Preparing learners to provide quality patient care using safe clinical practices*
- *Designing, developing, and executing healthcare simulation-based education through teamwork, expertise, and collaboration using innovative technology and standards of best practice.*



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## SIMULATION CENTER VALUES



**Respect:** Embrace and appreciate the contributions of diverse perspectives, seeking understanding, equity, and inclusion for all we support within the Simulation Center

**Representation:** Ensure all voices are heard, perspectives are considered, and activities represent the diversity of our community

**Integrity:** Maintain honesty and transparency in all interactions.

**Excellence:** Ensure all activities supported by the Simulation Center are data driven to support quality improvement and best practices in nursing simulation, nursing education, and nursing practice.

**Accountability:** Take ownership and work to improve that we can control and support others in that which we cannot control.

**Teamwork:** Maintain open communication within the team and our customers and seek opportunities to both help others and ask for help.

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## FOUNDATIONAL PRINCIPLES OF TEACHING AND LEARNING

The Sue & Bill Gross School of Nursing Simulation Center supports learning activities that are built on foundational theories of learning including:

- Trauma Informed Learning
- Adult Learning Principles
- Cognitive Load Theory
- Social Learning Theory
- Zone of Proximal Development

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## **STRATEGIC PLANNING**

The Simulation Center conducts a systemic, strategic planning process every 2-5 years. The Simulation Center Director, in conjunction with the operations manager and the simulation specialists, will write the strategic plan. The plan will be reviewed and modified at least annually. The plan will include goals mapped to UC Irvine Sue & Bill Gross School of Nursing's strategic plan and organizational goals.

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## **HISTORY OF THE SUE & BILL GROSS SCHOOL OF NURSING SIMULATION CENTER**

2017 – The UCI Program in Nursing Science (PNS) officially changed its name to the Sue & Bill Gross School of Nursing

2017 – \$1.7m funding was used to modernize the 4-bed skills lab, clinical exam rooms, and classroom (Berk Hall)

2017 – Sue & Bill Gross Foundation donated \$40m for a new School of Nursing, which included a simulation center.

2020 – Initial equipment and sim center setup was provided from school carry-forward funds (\$3M).

2020 – [October] Nursing and Health Sciences Hall (N&HSH) (future home to the Sue & Bill Gross School of Nursing) began construction

2021 – The Sue J. Gross Foundation provided \$2,000,000 to provide current-use support for the development of the School of Nursing Simulation Center located in the Sue & Bill Gross Health Sciences and Nursing Hall

2021 – [June] Capital equipment and furniture was ordered for the new Simulation Center

2022 – [May] The first Simulation Director was hired

2022 – [July] Advance team moved into N&HSH to begin equipment installation in the Simulation Center

2022 – [August] Simulation Center first used for a skills workshop

2022 – [September] First Simulation Sessions were held

2023 – [March] Community Partnership Breakfast and Tour

2023 – [July-August] Nursing Camp in Summer (NCIS). First iteration of nursing camp since 2019 and first time the camp was held completely within the School of Nursing and Simulation Center

2023 – [September] Sue & Bill Gross School of Nursing, N&HSH Ribbon Cutting event with Simulation Center tour

## Simulation Director

2022-Present      Jocelyn Ludlow, PhD, RN, CHSE, CMRSN, CNE

## Operations Manager

2023-Present      Keith A. Beaulieu, MBA, BS, BA (~25%)

## Simulation Specialists

2022-Present      Tommie Olds

2023-Present      Casey Peevy

2021-2022      Nora Blanco (skills lab coordinator) – Berk Hall

2020-2022      Lila Sapolu (skills lab coordinator) – Berk Hall

2018-2021      Kristen Railsbeck (skills lab coordinator) – Berk Hall

2018-2018      Christian Cannady (skills lab coordinator) – Berk Hall

2017-2018      Kristy Doan (skills lab coordinator) – Berk Hall

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## USE OF THE SIMULATION CENTER

The School of Nursing Simulation Center is considered a psychologically safe, active learning environment that provides undergraduate and graduate students with innovative simulation-based learning experiences built on foundational principles of teaching and learning. Guided by that mission, the Simulation Center can extend the usage of its facilities, equipment, and staff for training purposes to the community to support safe patient care. Simulation Center usage by non-school nursing partners is determined on a case-by-case basis, based on alignment with the School of Nursing and the Simulation Center's values and goals. Please note that there may be a fee for service and/or the School of Nursing may require a memorandum of understanding.

Please note that School of Nursing programs take precedent when scheduling the Simulation Center for events. See [Prioritization](#).

Use of the Simulation Center is by appointment only. Scheduling may be obtained by contacting the Simulation Center Program Office.

There are no general open lab hours. Any open skills practice hours will be scheduled through the individual nursing science course.

# SIMULATION AGREEMENT

## **Suspension of Disbelief (Fiction Contract)**

The Simulation Center is considered a clinical learning space that provides interactive learning opportunities for students in a psychologically safe learning environment. A psychologically safe learning environment is one in which all participants feel comfortable taking risks, making mistakes, and acting outside their comfort zone. It allows participants to speak up, share thoughts, make decisions, take risks, learn from mistakes, ask for help, and fully participate in simulation without fear of humiliation or retribution.

- Simulation Center staff, faculty, standardized patients, and facilitators will provide an experience that is as realistic as possible while acknowledging the limitations of technology, equipment, and resources.
- Students are asked to "suspend disbelief" during simulations. This means engaging in scenarios as fully as possible and suspending judgment of realism to gain new knowledge and skills.
- Students will interact with the simulated or standardized patient, family members, and other healthcare team members respectfully and ethically and focus on learning, even if the suspension of disbelief becomes difficult.

## **Professional Conduct**

The following are expectations and professional standards for classroom and student clinical conduct. They also apply in the Simulation Center.

- Accept responsibility for your actions.
- Attend all clinical sessions.
- Arrive to simulations and lab sessions on time as scheduled
- Arrive to simulations and lab sessions prepared, including completing all assigned pre-work
- Remain alert and focused during simulations and lab sessions
- Maintain professional appearance
- Adhere to the appropriate dress code in the Simulation Center
- Provide written notification by email to the faculty and clinical instructor when you cannot meet commitments.

## **Confidentiality**

- Maintain confidentiality of debriefing discussions and students' performance in the simulation scenarios to support a safe and collegial learning environment and
- Keep the content of simulation activities confidential to avoid spoiling the experience for those who have not yet participated.
- Violations of simulation confidentiality will be treated as an [academic integrity violation](#).

## **Respect**

- Offer comments to classmates thoughtfully and sensitively, and respect varied viewpoints.
- Appreciate the contributions of diversity to varied student and patient perspectives, seeking understanding, equity, and inclusion.

## BASIC SIMULATION TERMINOLOGY

**Simulation:** In 2004, when discussing the future of simulation healthcare, David Gaba described simulation as "... a technique—not a technology—to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in fully interactive manner."

Simulation is a training modality that creates a safe, interactive clinical environment that can be used for learning, evaluation, testing processes, research, and other activities.

**Skills Training:** Skills training differs from simulation, focusing primarily on learning, practicing, and assessing psychomotor (and some communication) skills. It is rarely interactive; there are no consequences for the participant's actions. Participants may receive feedback and evaluation based on their performance.

**Fidelity:** Fidelity refers to the level of realism associated with a particular simulation activity. Low fidelity may mean a lower level of realism, whereas high fidelity creates a realistic and immersive situation for the participant to experience. Fidelity may be physical, emotional/psychological, environmental, or conceptual.

**Human Patient Simulator/Manikin:** Human Patient Simulators are full-body manikins with various capabilities. High-fidelity simulators can mimic many human functions, such as breathing, blinking, and speaking, and they have pulses and heart, lung, and abdominal sounds. Low-fidelity simulators have less function and can be used as full-body skills trainers.

**Task Trainer:** Task trainers are anatomical models designed for training specific skills or procedures. They may have added features like blood or other fluids or visual or auditory cues to provide feedback on the skills performed. Ultrasound task trainers are designed to be used with real ultrasound transducers and present typical anatomy, landmarks, and some abnormal findings depending on the trainer.

**Moulage:** The use of various substances- props, makeup, and medical supplies- to create a realistic patient condition and appearance, such as an injury, wounds, medical condition, or use of a medical device.

Additional definitions from the SSH (Society for Simulation in Healthcare) Dictionary can be found by [clicking here](#).



## Room Descriptions

Room Number and Name	Features and Equipment	Sq Ft
<b>Simulation Office Suite</b> <b>Room 1100</b>	<ul style="list-style-type: none"> <li>• Reception area</li> <li>• Director and Simulation Specialist Offices</li> </ul>	727 + 525 (offices)
<b>Main Hall</b>	<ul style="list-style-type: none"> <li>• Lockers for students</li> <li>• Elevator access</li> <li>• AED located in alcove opposite the elevators</li> </ul>	
<b>Student Lounge</b> <b>Room 1130</b> <i>Dedicated study and lounge space for nursing students</i>	<ul style="list-style-type: none"> <li>• Large TV Screen</li> <li>• Dry erase boards</li> <li>• Microwave and sink</li> </ul>	535
<b>Hospital Bed Unit</b> <b>Room 1300A-B</b> <i>Large skills training space</i>	<ul style="list-style-type: none"> <li>• Can be divided into two rooms</li> <li>• 8 hospital/inpatient spaces</li> <li>• Headwalls with functional oxygen, air and suction hook ups</li> <li>• 4 exam spaces with exam tables and assessment equipment</li> <li>• Additional flexible spaces, with a crib, baby warmer, gurney</li> <li>• Large tables used for instruction</li> </ul>	2878
<b>Simulation Suites (4)</b> <b>Room 1700A-D</b> <i>ICU, Med/surg/Peds, OB, community/homecare</i>	<ul style="list-style-type: none"> <li>• Flexible spaces that can be set up to simulate a variety of patient care settings</li> <li>• Each room has a "headwall" with functional oxygen, air and suction hook ups</li> <li>• Rooms are equipped with IV Pumps, crash cart – adult and pediatric, simulated supplies, patient monitor on wall, large screen smart TV</li> <li>• Home Care room has a non-functional bathroom with toilet, sink and shower</li> <li>• OB room has a birthing bed</li> </ul>	300
<b>Main Control Room</b> <b>Room 1700</b> <i>Main observation space for simulations</i>	<ul style="list-style-type: none"> <li>• Contains the computers that control the manikins and the AV system hardware</li> <li>• One station for each simulation suite</li> <li>• 1-way glass for viewing simulations at each station</li> <li>• AV system and large TV available for video monitoring</li> </ul>	440
<b>Exam Control Room</b> <b>Room 1512</b> <i>Secondary observation space for exam rooms</i>	<ul style="list-style-type: none"> <li>• Smaller control room used for viewing exam room activities via the AV system</li> <li>• 3 monitor stations and one station for managing the AV system</li> </ul>	159

<b>Outpatient Exam Rooms (4)</b> <b>Room 1516, 1520, 1524,1528</b>	<ul style="list-style-type: none"> <li>Used for practicing clinic visits, exam skills, history taking, and telehealth visits</li> <li>Equipped with exam tables, computers, standard assessment tools, storage space, and portable handwashing sinks</li> </ul>	145
<b>Flex Rooms (2)</b> <b>Room 1532, 1536</b> <i>Flexible space that can serve as exam room, meeting room, small skills station</i>	<ul style="list-style-type: none"> <li>Similar to outpatient exam rooms</li> <li>Include a convertible exam chair</li> <li>Large screen monitor for small group conferencing via Zoom</li> </ul>	145
<b>Debriefing Rooms (2)</b> <b>Room 1501,1505</b>	<ul style="list-style-type: none"> <li>Seating for 10</li> <li>Zoom capable</li> <li>Equipped with white boards and a large screen smart TV</li> </ul>	260
<b>Large Debriefing Room</b> <b>Room 1540</b> <i>Multipurpose classroom space that allows for flexible activities</i>	<ul style="list-style-type: none"> <li>Chairs and tables are on wheels and can move and be arranged to meet the needs of a variety of activities</li> <li>Large Zoom capable monitor for meetings and presentations</li> </ul>	810
<b>Med Room</b> <b>Room 1509</b>	<ul style="list-style-type: none"> <li>Storage space for simulated medication administration supplies</li> </ul>	256
<b>Supply Room/Storage</b> <b>Room 1523</b>	<ul style="list-style-type: none"> <li>Main storage space for all Simulation Center supplies and equipment</li> </ul>	814
<b>Pharmacy Office</b> <b>Room 1540A</b>	<ul style="list-style-type: none"> <li>Currently being used as a storage space</li> <li>Equipped with a sink and counter</li> </ul>	124
<b>Provider's Station</b>	<ul style="list-style-type: none"> <li>For simulated interprofessional hand offs</li> <li>An area for students to congregate and become familiar with the healthcare setting.</li> <li>Used for triage simulations/waiting room set up.</li> </ul>	211

## HOURS OF OPERATION

General hours are typically 0800-1630, Monday – Friday.

Some classes may meet on weekends and evenings when staffing allows. There must always be a member of faculty or a Simulation Center team member onsite when students use the Simulation Center.

If there is a need to use the Simulation Center after hours, contact the Simulation Center Director in advance.

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## MODALITIES USED

The Simulation Center will use various modalities dependent on the overall learning objectives trying to be achieved. This is determined during course/session preparation that occurs for each course annually. The simulation team is very involved in collaborating with faculty to identify the best modality to achieve the learning objectives.

Modalities that the Simulation Center uses are:

- Task trainers
- In-house custom made task trainers
- Low-fidelity simulators/manikins
- High-fidelity simulators
- Standardized Patients
- Hybrid of one or more modalities

See also the list of simulation equipment.

### Assessment of Modalities

Modalities are assessed for each course/session at the time of their creation and, for recurring courses/sessions, annually during preparation for the courses/session. The simulation staff will review the equipment, supplies, technology, and, in the case of standardized patient sessions, SP methodology.

The simulation staff remains aware of emerging technologies and changes within the simulation community through professional development activities (e.g., conferences and workshops), research, vendor relationships, and industry networking.

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## STUDENT STUDY SPACE

Students are provided the following study spaces in the N&HSH building:

- Nursing Student lounge
- Main student lounge
- Cubicles located throughout the building
- 1<sup>st</sup> floor outdoor spaces
- 2<sup>nd</sup> floor outdoor spaces
- 2<sup>nd</sup> floor breakout room

The Simulation Center, as policy, dissuades the use of the Simulation Center (with the exception of the Nursing Student Lounge) for studying or as a general meeting space due to the possible disruption of scheduled learning activities and other operations in the Simulation Center.

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## STUDENT TESTING SPACE

The Simulation Center is not a didactic course testing facility; it is designated as an active learning environment. The Simulation Center discourages using the center as a make-up testing environment because of the potential to disrupt operations.

The university provides testing facilities for all schools on campus; contact [testcenter@uci.edu](mailto:testcenter@uci.edu) for more information about proctoring services. Students who require testing accommodation should contact their course instructor or student affairs for reasonable testing locations.

**UCI Academic Testing Center Zoom Proctoring** (<https://testingcenter.uci.edu/zoom-proctoring/>)

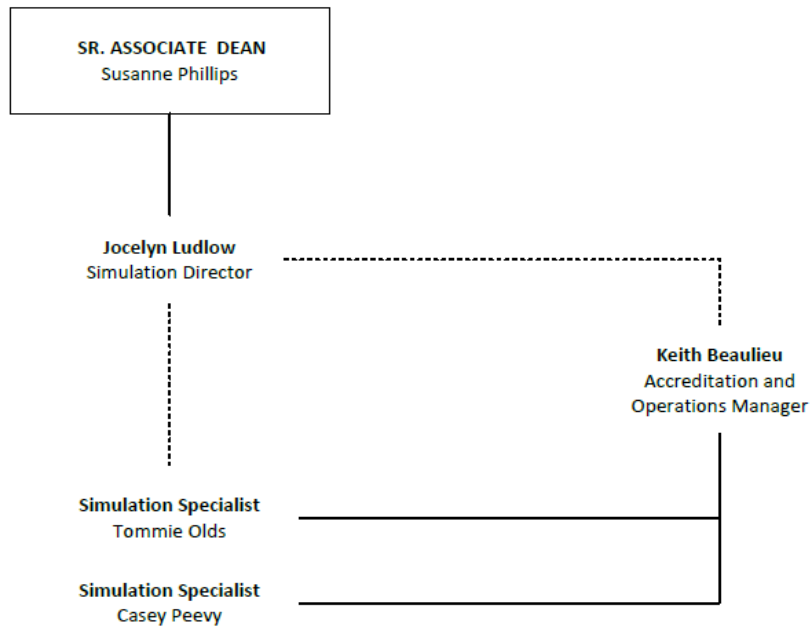
**UCI Teach Anywhere** (<https://sites.uci.edu/teachanywhere/home/assessment/remote-exams/>)

### The Use of Simulation Specialists for Exams

The Simulation Specialists are not trained facilitators/proctors for any type of student exams. The Simulation Specialists' primary role is to ensure the operations of the Simulation Center; the Simulation Specialists will not be responsible for facilitating, observing, or proctoring student exams (incl. make-up exams).

ORGANIZATIONAL CHART

**UCI** Sue & Bill Gross School of Nursing  
Simulation Center



For full School of Nursing Organizational Chart see the school's [website](#)

**FACULTY AND STAFF CODE OF CONDUCT**

**Faculty and staff are expected to follow all UCI expectations of professional behavior while in the Simulation Center.**

**For more information see:**

[UCI Faculty Code of Conduct](#)

[UCI Principles of Ethical Conduct](#)

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## UNIVERSITY POLICIES

All employees are governed by University of California and School of Nursing policies and procedures.

### UC Office of the President Personnel Policies for Staff Members:

*University staff members make valuable contributions in supporting the University's overall mission of education, research, public service, and patient care. Managers and senior professionals provide leadership and professional expertise at the highest levels to major University units, programs or fields of work, and are accountable for their areas of responsibility. Positions at this level are responsible for identifying objectives, formulating strategy, directing programs, managing resources, and functioning effectively with a high degree of autonomy. Professional and support staff provides administrative, professional, technical, and operational support through independent judgment, analytical skill, and professional or technical expertise, or are responsible for providing clerical, administrative, technical, service, and maintenance support for University departments, programs, and fields of study.*

As public sector employees, University of California staff are considered to be employed by statute. The provisions contained here and in implementing policies and procedures at University locations are designed to inform employees about the expectations and entitlements of the University with regard to their employment. The University reserves the right to amend, modify, or delete these policies at any time and they supersede all previously issued University staff personnel policies.

**See also:** [UC Irvine Administrative Policies and Procedures | Policies & Procedures | UCI](#)

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## UNION CONTRACTS

The Simulation Specialist is a unionized position (union-represented employee) under contract for Clerical & Allied Services Unit (CX) University of California and Teamsters Local 2010

[Bargaining Units & Contracts | UCnet \(universityofcalifornia.edu\)](#)

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## STUDENT CODE OF CONDUCT

Students are expected to follow the UCI Code of Student Conduct and the UCI Sue & Bill Gross School of Nursing guidelines for professional conduct while in the Simulation Center. See the current UCI student handbook for more details.

**For more information see:** [UCI Academic Integrity and Student Conduct](#)

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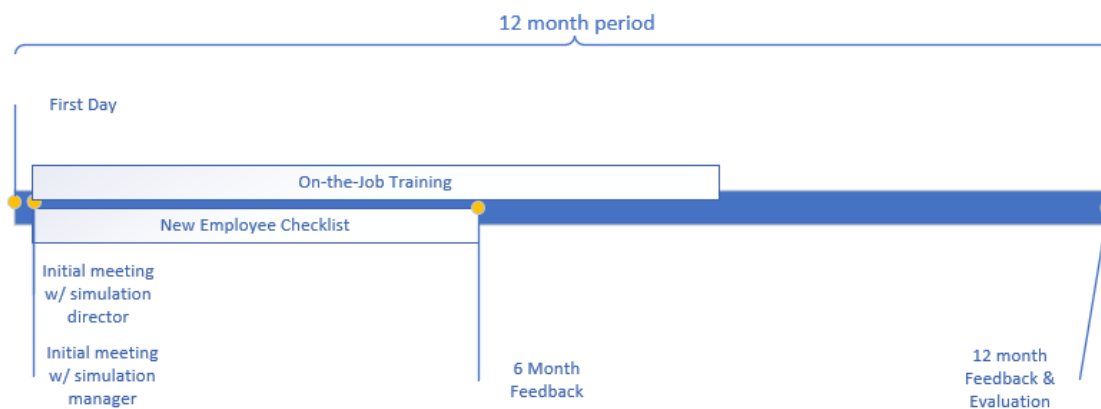
## ONBOARDING, TRAINING, AND CONTINUED PROFESSIONAL DEVELOPMENT

Simulation Center professional development and training is designed to allow Simulation Center staff and faculty to establish foundational knowledge and maintain competency in simulation practices while staying current with new knowledge, technology, and processes. For more information, see [Healthcare Simulation Standards of Best Practice™ Professional Development](#).

## Staff

New staff are onboarded under the direction of the Operations Manager and Director. All new staff onboarding and training will follow a "new employee" checklist. Upon hire, new staff members will meet with the Operations Manager (direct supervisor) to establish roles, responsibilities, and expected standards and to review their orientation plan.

All new employees will meet with the Simulation Director within the first week.



The new employee orientation period will vary based on the new employee's experience and aptitude. Generally, the checklist can be completed within the first six months, and the employee will be off-orientation by the 8<sup>th</sup> month. Coming off orientation will be at the discretion of the Operations Manager in consultation with the Simulation Director.

All employees will receive an informal 6-month feedback and a formal 12-month feedback, followed by an official evaluation.

## Faculty Facilitator Simulation Training Plan

Faculty professional development and training plans are tailored to the individual based on an educational needs assessment that identifies the individual's gaps and strengths. Faculty facilitators are expected to demonstrate ongoing competency in simulation. Formal training courses and in-person training are offered to faculty new to simulation.

Faculty with less than one years' experience in simulation should complete the following modules within the [Essentials in Clinical Simulations Across the Health Professions](#) Coursera Course:

- *Module 2: INACSL Standards of Best Practice: Simulation*
- *Module 4: Basics of Debriefing*

All faculty who facilitate simulations at the UCI School of Nursing will view the recorded webinar "Welcome to UCI School of Nursing Simulation," which discusses the simulation center policies and prebriefing and debriefing methodology.

Faculty certified in simulation may present proof of certification in place of completing training; however, they must still view the recorded orientation webinar.

Faculty facilitators should demonstrate continued professional development in simulation through reading journal articles, attending simulation conferences and sessions, webinars, and other forms of training, and providing documentation to the Simulation Director. Training and continued professional development are documented on the Simulation Center shared drive.

Faculty facilitators are evaluated by the course faculty of record and the Simulation Center Director, with formative feedback provided regularly. Professional development plans are re-evaluated annually.

### **Student Workers**

New student workers are onboarded under the direction of the Operations Manager and Director. All new student worker onboarding and training will follow a "new student worker" checklist. Upon hire, new student workers will meet with the Operations Manager or designee (direct supervisor) to establish roles, responsibilities, and expected standards and to review their orientation plan.

All new student workers will meet with the Simulation Director within the first week.

### **Standardized Patients/Patient Models**

See [Use of Standardized Patient in the Simulation Center](#)

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## **SIMULATION CENTER STAFF ROLES AND RESPONSIBILITIES**

See Appendix A

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## **FACULTY, STUDENT, AND SIMULATION CENTER STAFF EXPECTATIONS**

### ***Faculty Responsibilities***

- Arrive 30 minutes early to event to confirm set up, equipment, and orient to the activity space.
- Submit any changes to event set up, equipment requirements or level of support **via email** no less than 2 weeks before event.
- Meet with SC team up to one week before class to confirm needs.
- Complete walk through with UCI Simulation Center staff before class.
- Notify participants and the UCI Simulation Center staff of class cancellations as soon as possible.
- Maintain [confidentiality](#) and [psychological safety](#) for participants.
- Track student attendance per course requirements.
- Pilot test all new simulations scenarios with Simulation Center staff.

### ***Student Responsibilities***

- Arrive on time and prepared to actively participant in learning activities.
- [Wear proper clinical attire](#) to all Simulation Center activities and classes.
- Complete all preparation assignments before attending class.
- Maintain [confidentiality](#) and [psychological safety](#) for fellow participants.

- Treat simulations and learning activities as real as possible (suspension of disbelief).
- Be respectful of fellow participants' learning processes.
- Maintain professional behavior.
- Keep in-class conversations on topic.

### ***Simulation Center Staff Responsibilities***

- Provide courteous and responsive service to all UCI Simulation Center users.
- Schedule and confirm event requirements with requesters.
- Provide level of support as requested.
- Respect the [confidentiality](#) of the learning environment and do not discuss participants' performance outside of center operations.
- Ensure equipment is in working order and supplies are available as needed.
- Provide faculty with SET-M evaluation data from simulation activities.

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## GOVERNANCE

[See the organizational chart](#)

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## DECISION-MAKING PROCESS

The Simulation Center operates on a hierarchical organizational structure within the Sue & Bill Gross School of Nursing. The Simulation Director makes all strategic decisions with consultation from the simulation staff and Sr. Associate Dean.

Day-to-day operations management and oversight are the responsibility of the Simulation Director and the Operations Manager. The day-to-day operations are the responsibility of the Simulation Specialists.

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## PRIORITIZATION

The Simulation Center has an established priority order for activities and resources. This prioritization aligns with the Simulation Center strategic priorities and overall SON organizational goals.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. SON core program activities</li><li>2. SON IPE activities</li><li>3. SON research activities</li><li>4. Other UCI Health Sciences schools</li><li>5. External (tours, outreach, revenue, etc...)</li></ol> |
|---|

*Note: this priority list is independent of any recharge or fee for service arrangements.*

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## ACCOMMODATIONS FOR DISABILITIES

If a student requires accommodation, the Simulation Center will work with the student and course faculty to ensure reasonable and appropriate accommodations are provided for lab activities. It is the course faculty's responsibility to inform the Simulation Center staff of any accommodations that may affect lab activities so that the Simulation Center staff may support the student as needed. The School of Nursing and Simulation Center will make every effort to work with our students with disabilities to accommodate their disability-related needs; it is important to note we are not required to provide requested accommodations that would fundamentally alter the program's essential functions or technical standards.

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## CONFIDENTIALITY AND PRIVACY

A secure A/V system is used for all official course-related student activity recordings. Only assigned faculty, students, and simulation staff can access recordings via a password-protected system.

All video camera and audio connections within the Simulation Center are on a secured campus network sub-net. This allows the Simulation Center to completely isolate all AV from the rest of the building.

All saved video is stored within the Laerdal SimCapture system. The data stored at this location is also behind firewall software. A limited number of people have access to the SimCapture, and the simulation staff assign administrative tasks only as needed.

The simulation center adheres to the University of California Irvine (UCI) policies, [Records Management Sec. 721-12: Archives](#), [BFB-RMP-1: University Records Management Program](#) and the [UC Records Retention Schedule](#).

### Confidentiality

To maintain a safe learning environment, "*what happens in sim, stays in sim,*" the details of specific simulations, standardized patients, and student performance are kept confidential.

Students are required to sign a confidentiality form at the beginning of their junior year (BS Program) or year 1 (MEPN or DNP Programs). These confidentiality forms are kept on file by the Simulation Program Office. Additionally, confidentiality is discussed during prebrief.

Students should not discuss specific details or aspects of a scenario outside of instructor-led debriefing and discussions. Discussing specific scenarios or case details outside of debriefing violates the UCI Academic Integrity Policy and may result in sanctions per the UCI Policy.

All Program staff, faculty/educators, students, standardized patients, and observers must respect the confidentiality of the learning environment and not discuss participants' performance outside of class activities and essential center operations.

The school classifies some specific events as "high stakes," in which learners are graded based on individual performance. When these events occur, the students are notified beforehand through their course materials (Canvas®) and faculty of record.

Every room in the Simulation Center has recording and listening devices.

During training, students/learners may be recorded as designated by the course faculty. These recordings will be used as part of the educational training and immediately destroyed unless learners have signed consent to participate in research. The exception to this policy is for clinical skills/OSCE/CPX related events that will be recorded and kept on file until the disposition date.

At no point will the recordings be made available or used in any capacity without written consent.

### Privacy

The Simulation Center abides by and follows the UC Irvine and UC Office of the President policies regarding privacy. The Simulation Center abides by [HIPAA](#) and [FERPA](#) wherever applicable.

We will occasionally collect personal information from various sources for simulation and/or curriculum operations, including name, address, contact details, gender, and occupation. We reserve the right to use the information collected for the specific primary purpose it was collected. We do not sell or distribute the collected information to third-party or marketing agencies.

To ensure the privacy of our students /learners, tours cannot be given during ongoing session times.

### *Cameras in the Simulation Center*

There are two distinct camera systems within the Simulation Center. The first camera system is the security system that is monitored by campus PD. These cameras are on 24/7 and are being recorded by campus PD. These are cameras in the corridors and hallways. The simulation staff do not have access to this camera system. The second camera system is used by the simulation center to monitor operations. While the cameras are on (powered) 24/7. The cameras are only activated during educational activities. These cameras are not used to routinely monitor students outside the auspices of the educational activities.

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## **VIDEO RECORDING**

### **Cameras**

Every room in the Simulation Center has recording and listening devices.

### **Recordings**

During training, students/learners may be recorded as designated by the course faculty. These recordings will be used as part of the educational training and immediately destroyed unless learners have signed consent to participate in research. The exception to this policy is for clinical skills/OSCE/CPX related events that will be recorded and kept on file until the disposition date.

### **Distribution of Recorded Content**

At no point will the recordings be made available or used in any capacity without written consent.

Certain individuals with permissions faculty of record, clinical instructors, and program directors) have the ability to access the video recording software, SimCapture, to review student performance. Videos collected as part of a program's training will be distributed to the program director or designee, in the absence of the program director with written consent. Consent may be in the form of an email to the Simulation Program Office. The email must state the individual person coming to retrieve the video files and the date range of the video files to be collected.

### **Storage**

Videos are stored within the SimCapture/LLEAP cloud-based software. The data stored at this location is also behind firewall software. A limited number of people have access to the SimCapture, and the simulation staff assign administrative roles only as needed.

### **Retention and Destruction of Recordings**

Video recordings will not be distributed unless specific consent has been given.

The Simulation Center adheres to the University of California Irvine (UCI) policies, records management [UC Irvine Administrative Policies and Procedures | Policies & Procedures | UCI](#), Sec. 721-12: Archives and the UC Office of the President Information Technology Services records disposition Schedules Manual, <http://recordsretention.ucop.edu/>

All digital recordings requiring deletion from SimCapture requires the Simulation Center Director or Operations Manager or designee to perform that operation. Simulation Specialists, instructors, or faculty are explicitly forbidden to delete video recordings of learners and events without expressed consent from the Simulation Program Office.

- Digital video recording from either advanced patient simulation or standardized patients encounters shall be stored for up to duration of five (5) years.
- Digital recordings, for the purpose of research, shall be kept for a period of three (3) years following the conclusion of the research.
- Handwritten/Typed/Photocopied Curriculum Materials (scenarios, cases, checklists, etc.) for standardized patient encounters and/ or advanced patient simulations may be stored as long as administratively useful.
- Student Rosters may be kept for a period of one (1) year (hard copy). Rosters scanned into digital form, or rosters collected as part of attendance tracking software will be kept until no longer administratively useful or purged by the Office of Institutional Technology.

Any documentation used for the purpose of simulation center operations and administrative tasks shall be stored as long as administratively useful. This may include potentially identifiable information (PII) such as instructor lists and contact information, and departmental recharge codes. All storage of information is stored behind University of California Irvine firewall technology. Digital video recording are stored behind UC Irvine firewall technology and proprietary firewall technology from SimCapture.

Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996 (HIPAA) will apply where applicable.

See also [Confidentiality and Privacy](#)

See also [Mobile Devices and Cellphones](#)

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## CONSENT FOR PROCEDURES (INVASIVE PROCEDURES)

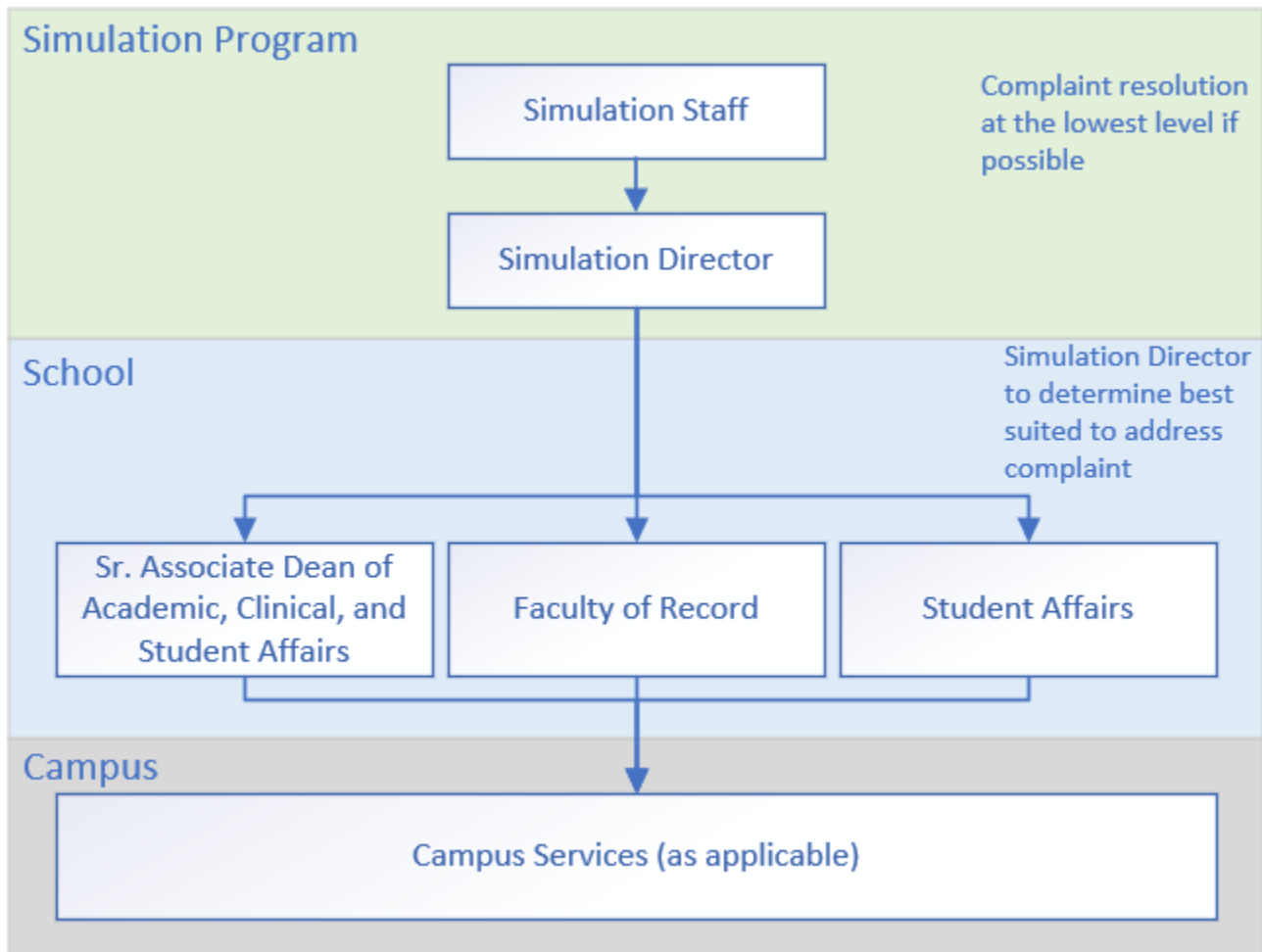
Student practice of invasive procedures (IV starts, phlebotomy, etc) is not permitted in the Simulation Center without special permission and consent. Standardized patients may be expected to participate in invasive exams and will provide consent through their contract agreement.

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## COMPLAINT REPORTING AND RESOLUTION

In the event of a complaint by a student or faculty, the Simulation Center staff member who receives it may either resolve the complaint him/herself or direct it to the Simulation Center Director.

Complaints and suggestions are discussed at the weekly Simulation Team Huddles.



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## DRESS CODE

The Simulation Center is considered a clinical space; therefore, the dress code is scrubs for prelicensure students and business casual/clinical attire for DNP students.

The requirements may vary per course and activity on occasion, e.g., home health visits, mental health settings, etc. The course faculty will provide direction.

Simulation Center staff are expected to dress appropriately for roles and activities, such as business casual when interacting with students or customers, scrubs when supporting clinical activities, and casual wear when doing maintenance, cleaning, and work parties.

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## **ALCOHOL AND SUBSTANCE ABUSE**

The University of California recognizes drug and alcohol dependency as treatable conditions and offers Employee Support Programs for University employees with substance-dependency problems. Employees are encouraged to seek assistance for drug and alcohol-related problems and may request leaves of absence for this purpose, in addition to using approved vacation or sick leave, or attending Employee Support Programs outside regular working hours. Information obtained regarding an employee during participation in an Employee Support Program will be treated as confidential.

The University strives to maintain a workplace free from the illegal use, possession; or distribution of controlled substances [as defined in schedules I through V of the Controlled Substances Act, 21 United States Code 812, as amended]. Unlawful manufacture, distribution, dispensation, possession, or use of controlled substances by University employees in the workplace or on University business is prohibited. In addition, employees shall not use illegal substances or abuse legal substances in a manner that impairs performance of assigned tasks.

Special requirements for employees engaged on Federal contracts and grants:

The Drug-Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D) requires that University employees directly engaged in the performance of work on a Federal contract or grant shall abide by this Policy as a condition of employment and shall notify the University within five days if they are convicted of any criminal drug statute violation occurring in the workplace or while on University business. The University is required to notify the Federal contracting or granting agency within ten days of receiving notice of such conviction and to take appropriate corrective action or to require the employee to participate satisfactorily in an approved drug-abuse assistance or rehabilitation program.

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## **FOOD AND DRINK**

There is no food or drink in any of the Simulation Center learning spaces. Covered water bottles are the exception.

Absolutely no liquids near computers or simulators/manikins.

The Simulation Center provides a student lounge for activities that require eating. Students should use the student lounge to eat. The group/organization is responsible for cleaning up all food and paperware after the session or event.

Faculty and staff are permitted to eat in assigned areas only.

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### **INCLEMENT WEATHER POLICY**

In the event of inclement weather or other disruptions of campus operations, the Simulation Center schedule will follow announced campus-wide closures.

Any adjustments in course events will come from the faculty of record.

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### **LOCKERS**

Students are encouraged to use Simulation Center lockers for personal items. Lockers are available for day use only on a first-come, first-served basis; Students must provide their locks and remove all items at the end of the day. Locks left behind at the end of the quarter will be cut off. The student/learner will not be reimbursed.

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## **PARKING**

UC Irvine is a permit campus. All parking is permit only; staff and visitors are required to purchase monthly or daily parking permits. Monthly parking passes are available through the [UCI Transportation and Distribution Services](#). Daily parking permits are available by kiosk or “pay-by-plate” placards in the parking lots.

The Simulation Center is not responsible for parking citations accrued by visitors, students, faculty, or staff. Parking permits are the employee’s responsibility. Per UCI Transportation Policy 901-11, “Departments can purchase parking permits for guests, volunteers, and other non-compensated individuals via departmental recharge. Departments cannot purchase parking permits for University employees or students.”

On occasion the School of Nursing will purchase complementary parking for visitors for certain events (e.g., special events, OSCEs).

UC Irvine does offer parking reciprocity for UCIMC hospital faculty and staff. Permits from other UC schools are not valid.

If you have questions regarding parking permit reciprocity, please call the campus Transportation and Distribution Services Office at (949) 824-PARK or e-mail [parking@uci.edu](mailto:parking@uci.edu).

More information can be found at UCI Transportation and Distribution Services, <http://www.parking.uci.edu/permits/reciprocity.cfm>

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## **MOBILE DEVICES AND CELLPHONES**

Follow the course and School of Nursing program guidelines for cell phone use.

Students and learners will, if they need to take/make an emergency call, excuse themselves and take the call outside of the Simulation Center so as not to disturb the learning environment of others.

Photography and video recording are only allowed with prior permission from the simulation staff.

All subjects must consent in advance and in writing to be photographed or recorded.

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## **COMPUTER USE**

The computers in the debriefing rooms, flex rooms, and the hospital bed unit are there to facilitate learning. Faculty/clinical instructors and staff will only use the computers. The use of these computers should be related to the activity and not used for personal enjoyment or business. This includes, but not limited to social media, personal email, and other business entity work not pertaining to the users position at UCI.

See UC Office of the President Information Technology User Agreement: <http://www.ucop.edu/information-technology-services/policies/ucop-it-policies-and-guidelines/acceptable-use-of-ucop-electronic-information-resources.html>

Students should not use Simulation Center computer or teleconference equipment without advanced permission and coordination with the simulation staff. There are Zoom room capabilities available for students in the nursing student lounge and the main student lounge.

The computers in the control rooms are used exclusively for operation and coordination of simulation functions.

Any use, in part or totally, are subject to campus policies and practices concerning electronic communication (Sec. 714-18: Computer Network Use Policy). Any violation of these practices may result in denial of use of Simulation Center computer equipment or denial of the right to utilize the Simulation Center. Violations are subject to the Federal Electronic Communication and Privacy Act of 1986, and/or California Penal Code section 502 (Computer Crime). This includes the laptops designated for the simulators.

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## **OBSERVERS**

To protect the learning environment's confidentiality, privacy, and safety, the observation of active simulations, debriefing, or other learning activities requires advance written permission from faculty, students, and Simulation Center staff.

Direct all requests for tours to the Simulation Center Director.

See [Simulation Center Tours](#).

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## **PERSONAL PROPERTY AND LOST AND FOUND**

Students should check their course Canvas site for required supplies before attending class. If a student does not bring their nurse kit or supplies to class, the Simulation Center may provide the item (if available). The student will be expected to replace any borrowed items with an unused item from their skills kit. Students are encouraged to leave personal items in a locker or a secure location and only bring essential items to the Simulation Center.

The Simulation Center is not responsible for lost or stolen property that was not secured in lockers.

Lost items are saved in lost and found for one quarter and then disposed of. Lost items are kept in the Simulation Center Program Office. Please check with a Simulation Center staff member if you have lost an item. If the item contains food, it will be disposed of. If the item was lost outside the Simulation Center, see the [UCI Police Department page](#) for more information.

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## SHARPS MANAGEMENT AND DISPOSAL

### Types

Types of sharps used in the Simulation Center:

- Needles, syringes with needles attached
- Lancets
- Scalpel blades
- Broken glass
- Razor blades
- Fragile glass items like tubes, vials, ampules and pipettes
- Glass slides and cover slips

### Acquisition

The simulation specialists will order sharps containers as needed through regular supply channels.

### Usage

All sharps must be collected in the appropriate, standard-sized red sharps containers in the Simulation Center.

### Storage

All sharps will be stored behind a locked door or a locked cabinet.

### Disposal

Once the sharps container is full, the simulation specialist will secure the container with tape and write the date and their initials. Full sharps containers will be secured and stored in the medication room until campus EH&S can schedule a pickup. EH&S handles the disposition of the containers.

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## UNIVERSAL PRECAUTIONS

Users follow universal precautions while participating in all activities in the Simulation Center. Scenarios should be treated as if they take place in the clinical environment, using hand washing, hand sanitizing, gloves, gowning, and other precautions as needed. Users must keep learning spaces clean and wipe any small spills using sani-wipes. UCI Simulation Center staff can assist with clean-up as needed.

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## WET LAB

The Simulation Center does not operate as a true wet lab and the only "wet lab"-type materials permitted in the Simulation Center are food-grade animal products (e.g., pigs feet).

Food products must be removed from the Simulation Center after use and disposed of properly. Items may be disposed of as biohazard waste, placed in red biohazard bag, and disposed of per the biohazard waste disposal instructions or taken home to be disposed of in regular food waste garbage.

If bringing food-grade items to the Sim Center for training, please notify the Simulation Center staff and make arrangements for proper disposal when scheduling the activity. Sani-Cloth wipes should be used to clean up any spills during wet labs.

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## BRAND USE

# UCI Sue & Bill Gross School of Nursing Simulation Center

The Simulation Center will be acknowledged in all photographs, research, abstracts, publications, presentations where the Simulation Center had a part. The simulation center shall be acknowledged as “University of California Irvine Sue & Bill Gross Nursing Simulation Center.” Any and all photographs, research, abstracts, publications, presentations, where the Simulation Center had a part, will be submitted minimum two (2) months prior to external customer reveal to the Director, of the Simulation Center. This is to ensure that the Simulation Center has quality representation and is in the best interest of both the School of Nursing, and the Simulation Center.

The Simulation Center logo has been approved by UCI Strategic Communications and meets all required branding rules. Any branding of the Simulation Center logo will be approved prior to use by the Simulation Center.

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## RESEARCH

The Simulation Center provides a unique opportunity for faculty who would like to engage in research, including research of simulation education.

Research conducted within the Simulation Center must be approved by the Simulation Director before proposal submission. All research conducted in the Simulation Center must have IRB approval or exemption documented.

Researchers are responsible for all data collection, storage and recordkeeping. Fees may apply for the use of space or staff to support research and must be considered when drafting proposals that involve the Simulation Center.

The use of photographic, video, and audio recording will be written into the research protocols, thus requiring expressed consent from the research staff, which will remain on file with the research data.

### Scheduling

All scheduling will go through the [Simulation Center scheduling process](#). There will be no ad-hoc scheduling unless approved to do so by the Simulation Center Director. This is to ensure no simulation resource (equipment/staffing) conflicts are present.

### Roles

The simulation staff are there to assist in research by providing space/resources and simulation operations consulting for your research project. Simulation staff roles include scheduling, and running the simulation session as the operator. The simulation staff will not consent subjects regarding research and will not be stewards of any research paperwork. No research data may be stored on site, with

exception of any video/audio recording captured by the research case. The simulation staff may participate in the rough and final write-ups for the research and help with processing the final product, but will do so as operations allow.

### **Exception**

For internal research (research conducted by the simulation center) schedule blocking and additional administrative time may be added at the discretion of the director of operations.

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## **PUBLICATION POLICY**

The name “University of California Irvine Sue & Bill Gross Nursing Simulation Center” will be acknowledged in any work intended for the public audience to see, including presentations of unpublished works, workshops discussing the research and protocols of said research, on abstracts, and in peer-reviewed and non-peer-reviewed articles. This includes any research study collection performed at other schools or departments at the simulation center.

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## **MANUAL UPDATES**

This manual will be updated annually, in the summer, by the Operations Manager or designee to reflect current operations.

### **Mid-cycle**

If a policy needs revision during the academic year, an interim policy will be drafted, approved, and signed. Once the annual update occurs, the interim policy will be added to the policy and procedures manual and no longer will be considered interim.

## SAFETY IN THE SIMULATION CENTER

Safety information is also available in the School of Nursing SharePoint ([Safety Information \(sharepoint.com\)](https://sharepoint.com))

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### CHEMICAL SAFETY AND SAFETY DATA SHEETS

The Simulation Center does maintain a safety binder with current safety data sheets (SDS). This binder is updated annually by the school safety representative. The safety binder is located in the Simulation Program Office.

UCI utilizes an online Safety Data Sheet system that can be accessed when on campus via this link: <https://ehs.ucop.edu/sds/search>.

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### EMERGENCY EQUIPMENT LOCATIONS

<b>Automatic External Defibrillator (AED)</b>	<b>Main Simulation Center hallway (across from elevator)</b>
<b>Eye Wash Station</b>	<b>Main Simulation Center hallway (09near exam rooms)</b>
<b>Emergency Button</b>	<b>Located near elevators</b>
<b>Fire Extinguishers</b>	<b>Hospital Bed Unit Storage Room Student Lounge Simulation corridors</b>
<b>Fire pull stations</b>	<b>Located near exits and near stairwells</b>
<b>Gas Shut Off</b>	<b>Located in the main Simulation Center hallway (adjacent to the HBU and the all inclusive restroom)</b> <b>Note: The Simulation Center does not use compressed gasses (eg., oxygen, nitrogen). The center uses compressed air for both simulated oxygen and air.</b>

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### INCIDENT REPORTING

Report any injury, safety incident or near- miss while using the Simulation Center using the [UCI Injury and Safety Concern Form](#) . In addition, immediately notify a Simulation Center team member if an injury or accident occurs. Please call 911 if immediate medical attention is required.

Emergency procedures placards are located in each of the simulation learning spaces. For more information see: [Student Safety Procedures](#).

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## ENVIRONMENTAL

For the safety of the students/learners, an orientation or prebriefing process that ensures participants are aware of the simulation environment, equipment, logistical details, confidentiality, simulation realism, and expected learning objectives is conducted. The Simulation Center uses a standardized [prebriefing template](#) that addresses the key concepts of simulation psychological and environmental safety.

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## DEBRIEFING

For the safety of the students/learners, a structured debriefing is conducted by appropriate faculty or instructors who are determined to be competent and demonstrate proficiency in providing appropriate feedback, debriefing, and/or guided reflection. The [PEARLS debriefing](#) method is used.

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## EQUIPMENT AND SUPPLY SAFETY

### Separation of Real and Simulated Medications

The Simulation Center uses many real-life patient care items, including medications, for simulation and training. These items are for training use only and will be labeled as such. Items must **NEVER be removed from the training space**. The only exception is for items in the student nurse kit.

While many items used in the Simulation Center are the same items that are used in clinical patient care areas, all items provided by the Simulation Center are NOT STERILE, NOT FOR HUMAN USE, and FOR TRAINING USE ONLY. These items must remain in the Simulation Center and are not intended for use in patient care areas.



Supplies should not be placed in pockets. Pockets should be emptied before leaving the Simulation Center. If a simulated patient care item is accidentally removed from the UCI Simulation Center, return it to the Simulation Center and notify the Simulation Center staff.

### Separation of Real and Simulation Equipment

The School of Nursing Simulation Center is located within the School of Nursing and physically separated from the main medical center and the north campus hospital. There is no need to separate real and

simulated equipment. Several equipment items in the simulation center are real/operational items used for simulation activities. To the extent possible, the equipment items have been labeled. Real equipment used in simulation activities is not routinely serviced by biomedical.

The Simulation Center is in the same building as the Susan Samueli Integrative Health Institute (SSIHI), physically separated by a lobby. There is no cross-utilization of any items (supplies/equipment) because they are a clinical environment, and the Simulation Center is a training environment. Both the Simulation Center and the SSIHI have physical barriers in place to prevent any accidental contamination that may occur in the future. At this point, there is no collaboration or training involved with SSIHI.

Instructors should notify the simulation staff immediately if they discover malfunctioning equipment.

### **Contaminated Surgical Instruments**

The Simulation Center does not use sterile instruments and only uses surgical instruments for activities using food-grade animal products or simulated models. After use, contaminated surgical instruments are washed in hot soapy water and allowed to air dry before being returned to storage.

### **Automatic External Defibrillator (AED)**

There is “real” AED located in the Simulation Center main hallway (near the elevator). This device is live and delivers shocks. The unit is labelled as “not simulation equipment” and is maintained by the school safety representative. The AED is stored in a cabinet that, when opened, activates an audible alarm.

### **Latex Warning**

The Simulation Center uses the same supplies used for patient care in the clinical setting, and most are latex-free; however, some simulators and trainers contain latex (internal tubing, usually). Those with a latex allergy or sensitivity should notify course facilitators and a UCI Simulation Center staff member to ensure appropriate precautions are in place. There are latex allergy signs posted throughout the Simulation Center.

### **Sharps**

All sharps are locked behind physical barriers for the safety and security of all students/learners. These barriers may include locked doors and locked carts or cabinets. The simulation staff can provide access as required.

For [sharps management and disposal](#).



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## PSYCHOLOGICAL SAFETY

The Basic Assumption is foundational in establishing psychological safety. According to the Healthcare Simulation Standards of Best Practice™, psychological safety is a simulation concept that describes an environment where "all participants feel at ease taking risks, making mistakes, or extending themselves beyond their comfort zone" and is necessary for the success of both educators and participants.

Psychological safety is the core of a safe learning environment at the UCI Simulation Center. It allows participants to speak up, share thoughts, make decisions, take risks, learn from mistakes, ask for help, and fully participate in the simulation without fear of humiliation or retribution.

Contact the Simulation Director for more information about establishing and maintaining a psychologically safe learning environment.

### Elements that create psychological safety include:

- design of the learning environment
- attributes of the facilitators
- behavior of the participants
- open communication
- orientation and preparatory materials provided
- clarity in objectives and evaluation methods
- confidentiality and privacy
- mutual respect and support of all team members, facilitators, and participants
- an opportunity to ask for help or tap out in situations of extreme duress

### Instructors/Facilitators

Simulation instructors and facilitators have a critical role in establishing and maintaining psychological safety. This begins by setting the scene in prebriefing, creating a safe learning environment for participants, and reinforcing the [Basic Assumption](#) through their actions. The instructors/facilitators will be expected to have completed the Simulation Instructor Training Course, or equivalent to effectively facilitate and manage debrief sessions.

Facilitators are to be vigilant to identify individuals who may be having trouble with a particular session or scenario and always provide participants a way to "tap out" using a keyword or "time out, this is not part of the simulation" if they feel unsafe or are concerned about the safety of the activity.

### Simulation Specialists

Simulation Specialists routinely observe the learner in the normal course of their work. If the simulation specialist identifies a potential problem, they will notify the instructor and the Simulation Director immediately.

### Students


If a student has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a "real life" emotional frame, the learner will be excused from

the simulation activity; the facilitator and/or member of the Simulation Center staff will have a one to one discussion with the learner and/or assist in escorting the student to campus mental health services.

For UCI crisis intervention services, see [the UCI Counseling Center Crisis Care](#) webpage.

For life-threatening emergencies **call 911**.

## The Basic Assumption



# The Basic Assumption™

We believe that everyone participating in activities at the Sue & Bill Gross School of Nursing is intelligent, capable, cares about doing their best, and wants to improve©

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**UCI** Sue & Bill Gross School of Nursing

# SIMULATION CENTER OPERATIONS

## DATA STORAGE AND DRIVES

All information and data stored by the Simulation Center is secured through UCI Health HIPAA and FERPA-compliant security procedures. Because we are tied to UCI Health, our environment has additional safeguards above what the campus provides through their firewall.

### Common Areas for Electronic Data and Information Storage in the Simulation Center

OneDrive	Share Drive	SharePoint
RedCap	Microsoft Forms	SimCapture
EZ Office Inventory	KBPort (med system)	Blue Iris
Question Pro		

See also [Confidentiality and Privacy](#).

### Hard Copy Storage of Reports

The Simulation Center may maintain hard copies of the annual operations report for reference and historical record. The Simulation Center will digitally scan any and all hard copy reports for data storage. Hard copy/digital reports with historical significance may be kept within the school's archive or given to the university's archive.

## EQUIPMENT MANAGEMENT

### Acquisition and Replacement

All equipment that the Simulation Center wishes to purchase requires the center staff to thoroughly investigate the needs of the center/program against the needs and capability of the equipment. Generally a needs assessment is completed by the staff or director in conjunction with the faculty (as applicable).

All requested equipment will require a dated quote.

For any equipment item >\$5,000, the following items need to be gathered:

- Dated Quote from the company
- Dated Quotes from 2 other similar manufactures
- Sole source justification
- 21 point justification (when applicable)

For equipment Items <\$5,000, the following items need to be gathered:

- Dated quote from the company
- Sole source justification

Once the above paperwork has been assembled, a PRF is generate, signed and sent to purchasing.

See [Capital Equipment Flow Chart](#)

See [Non-Capital Equipment Flow Chart](#)

### **Broken/Damaged Equipment**

The center realizes that normal wear and tear occurs during simulation activities throughout the year.

If a simulator or piece of equipment breaks or go down, the simulation center staff will make every effort to get it functioning within the timeframe. If this cannot be done, the session may have to be altered or canceled and rescheduled.

Report all damaged or non-functioning equipment to the Simulation Center Staff immediately whenever equipment is found damaged, malfunctioning, or supplies are missing and indicate where the item can be found.

### **Equipment Repair and Replacement**

Items that are damaged or no longer functional are pulled offline. A variety of factors, including cost, usage, alternative equipment options, future training needs and safety determines the decision to repair or replace the item. The Simulation Center staff will make that determination.

### **Equipment Check Out Process**

A limited number of Items (e.g., trainers and supplies) may be checked out of the Simulation Center for teaching in the classroom and other training activities.

You must be a faculty member to check out equipment or have pre-approval from the Simulation Director.

Simulators may not be checked out.

Submit a request to check out an item to the Simulation Center team.

### **Equipment and Supply Storage**

The simulation specialists are primarily responsible for organizing supplies within the simulation center. All reusable supplies that are used on a routine basis are housed/stored within the simulation center. All the supplies have a designated area and are labeled if possible/applicable. The Simulation Center has a central storage room for all supplies.

The UCI Simulation Center is accountable and responsible for items within its space. The Simulation Center only stores items for nursing events that the Simulation Center supports to ensure the item is secure and access to the item is controlled.

The Simulation Center, in the event of a scheduled external event, will not hold supply and equipment items long-term (e.g., once-a-year activity). Exceptions to this would include a piece of simulation equipment or supply to be used for simulation-based research or a long-term loaner of a simulator/trainer by a vendor.

Internal nursing programs may purchase equipment and store it in the Simulation Center.

The Simulation Center utilizes the 5S Process for organizing and tracking supplies and an online resource for inventory tracking.

### **Usage and re-usage**

Every effort will be made to re-use supplies.



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## **EQUIPMENT MAINTENANCE**

The Simulation Specialists are responsible for maintaining all simulators and trainers. They are also responsible for ensuring all software updates are accomplished.

The Simulation Center does have vendor maintenance packages on high fidelity simulators (SimMan 3Gs, SimBaby) that provide a once-per-year preventive maintenance visit. This usually occurs in the summer, before the fall quarter. All other maintenance is internal with the Simulations Specialists consulting vendors as needed.

Routine maintenance is performed when the schedule allows.

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## **EQUIPMENT AND SUPPLY SAFETY**

See [Safety in the Simulation Center](#)

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## **FACILITIES INFORMATION**

### **Maintenance and Repairs**

All general maintenance and repair of facilities can be requested through campus [facilities management portal](#). UCINetID is required.

KFS account information can be obtained from the finance office.

### **Emergency Maintenance**

You may report a facilities problem or concern by contacting the Facilities Service Desk at 949-824-5444. Service Desk Email: [fm-servicedesk@uci.edu](mailto:fm-servicedesk@uci.edu)

Send a courtesy email to the building manager and the School of Nursing operations manager.

KFS account information can be obtained from the finance office.

### **Custodial Services**

Questions regarding Custodial and Recycling Services, please contact the [Facilities Management Service Desk](#), 949-824-5444.

KFS account information can be obtained from the finance office.

### **N&HSH building Specific Maintenance**

Contact the building manager Brian Paredes 949-824-7118 ([brian@uci.edu](mailto:brian@uci.edu))

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## **INVENTORY AND ASSET MANAGEMENT**

The Simulation Center uses an online inventory and asset management system to track supplies and equipment.

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## **LINEN AND LAUNDRY**

Managed By:

TBD

Linen exchange will be conducted once a week every Friday or in exceptional circumstances upon request.

Contacting the laundry company for an unscheduled exchange will result in additional charges being applied. Simulation Center staff will designate a drop-off point for exchange and inventory purposes, consult with Sim Director before contacting laundry services to confirm additional charges.

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## **NURSING SKILLS TOTES**

Students are issued nursing skills totes at the beginning of the program containing many of the supplies necessary for courses.

The contents of the nursing skills totes are not to be used on any humans or animals.

The items in this nursing skills tote should only be used with instruction for learning purposes. The nursing skills totes should be stored in a safe location out of reach of children and animals. It is advised to NOT store the kits anywhere visible in a vehicle to minimize the risk of theft. In order to be good stewards of the environment and to reduce contributing to the waste stream, students will be expected to safely reuse some items for practicing skills, such as plastic syringes, foley catheter kits, etc.

Students are provided a handbook that includes information about the safe use of the nursing skills tote and its contents. Students also sign an agreement to adhere to the safety instructions when they receive their kit. These agreements are scanned and kept on the Simulation Center shared drive.

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## ORDERING SUPPLIES

### Prelicensure Courses

- Faculty/clinical instructors meet at least 8 weeks before the start of the quarter to discuss class needs.
- Faculty to provide final decision on supplies not later than 4 weeks before quarter starts.
- Supply order should be submitted at least 4 weeks before quarter starts.

### DNP Courses

- Faculty should meet the quarter before any course that requires supplies or models.
- The Simulation Center will order all supplies and keep faculty updated on the status of items.

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## SIMULATION CENTER HOUSEKEEPING AND MAINTENANCE

Simulation Center staff are responsible for the daily upkeep and housekeeping of the Sim Center spaces and equipment. Specific tasks that should be completed between classes, daily, weekly and monthly and listed in the Simulation Center SOP. There is a vacuum available in the HBU.

UCI Custodial Services empty trash and recycling, provide general cleaning, and service the rest rooms.

Additional services can be requested by placing a facilities management work order with corresponding KFS numbers.

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## SIMULATION CENTER EMAIL ACCOUNT

The Simulation Center shared email address is: [nursingsim@hs.uci.edu](mailto:nursingsim@hs.uci.edu)

It is monitored by Simulation Center staff.

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## UTILIZATION DATA AND REPORTING

The Simulation Center at a minimum will keep census data for:

- Number of Sessions
- Session Time
- Number of Learners
- Total contact hours

The Simulation Center will, annually, submit a report of operations to SON executive suite.

## COURSE COORDINATION AND SCHEDULING

**Request a room only**, with no set up requirements or staff support:

1. Complete the online [reservation request form](#).
2. If the space is available, you will receive an email from a Simulation Staff member and a reservation confirmation from Sim Capture confirming your request.
3. If the space is unavailable, you will receive a follow up email from a Simulation Staff member offering alternative spaces and or date/times.

### One-time event or special class sessions

*Regularly scheduled courses have priority and other requests are subject to space availability.*

1. Requests should be submitted **at least 4 weeks before the activity**. NOTE: Requests for **new simulation activities must be at least 3 months prior to the scheduled date**.
2. Complete the online [reservation request form](#).
3. Once the form is submitted, a planning meeting will be scheduled to discuss:
  - Set up support
  - Sim or equipment support
  - Supplies ordered
  - Multiple rooms
  - Any other advanced support
4. After the planning meeting you will receive an email from a Simulation Staff member summarizing the event plan, and a reservation confirmation from Sim Capture confirming your request.

### Classes with re-occurring sessions:

1. Complete the online [reservation request form](#).
2. Class days/times are reserved in advance based on the course schedule.
3. Class activities should be requested no later than one **quarter before the class meets** (about 10 weeks) using the event request form.
4. Faculty should contact Sim Center staff at least 8 weeks before the class begins to schedule a meeting to discuss the following:

- Specific room needs
  - Confirmation of date/time of class sessions
  - Supplies required
  - Equipment required
  - Specific set up details
5. Once class dates are determined, you will receive a reservation confirmation from Sim Capture confirming your request.
  6. Additional meetings may be scheduled as needed.

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## SIM CENTER CALENDARS

The main Simulation Center calendar is within the Sim Capture platform. It can be viewed by adding the following link as a calendar in Outlook:

<https://api.simcapture.com/schedule/export/ical?token=a906603c-7fc3-48cf-bed9-41a5cf5bcf1d>

The Sim Capture calendar is sometimes slow to sync. Contact the Simulation Center Team if you have any questions about the calendar or do not see an event listed.

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## LEVELS OF TECHNICAL SUPPORT

Full Technical Support is required for any event that uses a high-fidelity simulator.

Support Level	Self-Support	Initial Setup and Self Run	Full Technical Support NOTE: This level of support is required for any event that uses a high-fidelity simulator
	<ul style="list-style-type: none"> <li>• Supplies and toolkits provided.</li> <li>• Room arranged as requested.</li> <li>• User will turn on, prep, and run the equipment themselves.</li> <li>• No tech assistance or tech support on site during the session.</li> <li>• Users shut down the equipment, restock and reset tool kits.</li> <li>• Tech will reset room after the event</li> </ul>	<ul style="list-style-type: none"> <li>• Supplies and toolkits provided.</li> <li>• Room arranged as requested.</li> <li>• Techs turn on and prep equipment.</li> <li>• No dedicated tech support for the duration of the event</li> <li>• UCI Simulation Center staff may be available as needed to answer questions and provide assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Supplies and toolkits provided.</li> <li>• Room arranged as requested.</li> <li>• Techs set up and run equipment/simulator for the event.</li> <li>• Tech will remain on site for the duration of the event.</li> <li>• Tech will ensure equipment is turned off at the end of the event and room is reset.</li> </ul>

		<ul style="list-style-type: none"> <li>• Users shut down the equipment, restock and reset tool kits.</li> <li>• Tech will reset room after event</li> </ul>	<ul style="list-style-type: none"> <li>• Users are responsible to restock and reset tool kits in collaboration with tech.</li> </ul>
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### **SIMULATION CENTER TOURS**

To schedule a tour complete [the online tour request form](#). Please include day/time request, number of participants and any set up or activities required. Fees may be charged for tours greater than 1 hour or that require interactive activities. Tours are only available M-F when Simulation Center staff are available on site. Tours are not permitted in areas where learner activities are taking place and tours cannot disrupt student activities in the sim center. The UCI Simulation Center has the right to refuse to provide tours or cancel if a conflict arises.

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### **SIMULATION CENTER FEE SCHEDULE FOR SPACE RENTAL, SERVICES, AND EQUIPMENT**

Coming soon

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### **LIABILITY STATEMENT FOR NON- SCHOOL OF NURSING USE OF EQUIPMENT**

Use of manikins, skills trainers, and high-fidelity simulators without permission from Simulation Center staff is strictly forbidden. Only individuals trained in the use of manikins, skills trainers, and high-fidelity simulators are permitted to use these items.

In the event that equipment provided by the Simulation Center is damaged as a result of use, it is the responsibility of the program using that equipment, and their affiliated UCI department, to pay for repairs or replacement.

## USE OF STANDARDIZED PATIENTS IN THE SIMULATION CENTER

The Simulation Center will use standardized patients based on the educational objectives. The Simulation Center strives to conduct SPO operations withing best practice as defined by The Association of Standardized Patient Educators (ASPE) <https://www.aspeducators.org/standards-of-best-practice>

### **Standardized Patient Classification**

Standardized patient actors as not considered paid employees of the university. The school provides a stipend to standardized patient actors to compensate them for their time. The school also provides paid parking. Depending on the event, the standardized patient actors may be provided with a boxed lunch. All standardized patient actors are provided with a minimum of a 30-minute lunch break, and additional breaks throughout the day, based on the rotational schedule created by the faculty.

### **SP Activities**

We are dedicated to establishing competencies in clinical, communication and professional skills of health care providers and competencies in communication and interpersonal skills in the community and healthcare fields.

**Teaching and Evaluating Learners** - Some activities involving SPs are primarily for the purpose of educating learners by providing them with the opportunities to practice clinical skills. Other activities are for the purpose of assessing how well learners have learned basic clinical skills. Many activities at the Sue & Bill Gross School of Nursing are a mixture of both.

**Demonstrations and Small Group Activities** – SPs may be involved in a class of small group demonstrations in which a faculty member, a learner or a group of learners interview, examine or interact with an SP in front of the group. Other times, SPs may be involved in a small group exercise in which they meet with 8-9 learners and a faculty facilitator to demonstrate or practice specific skills as a group or go into the classroom to work with learners.

**Clinical Physical Exams (CPX)** – This is a one-on-one interaction with the learner, usually called a CPX (Clinical Physical Exam). During a CPX, a learner and an SP interact and the learner’s performance is evaluated (either live or afterwards). The SP portrays a patient in a standardized manner with each learner, thereby providing each learner with the same exam. The interactions are assessed, usually by completion of a checklist, by faculty and/or SPs. CPX encounters are the classical work that SPs do and they mimic real clinical interactions.

**Objective Structured Clinical Exams (OSCEs)** – An OSCE is a type of examination often used in health sciences. It is designed to test clinical skill performance and competence in a range of skills. It is a hands-on, real-world approach to learning and assessment.

While all SP work shares many common elements, each event is individualized to meet the needs of the client utilizing them.

## **SP General Responsibilities**

### Attendance and Punctuality

Cancellations of less than 24 hours due to extreme conditions, infections illness, serious family emergency or death require direct notification with the simulation staff as soon as the circumstances become known.

As noted previously, SP events involve many people in a carefully choreographed schedule. Lateness or the unexpected absence of an SP creates a situation that can have serious consequence including, but not limited to, compromise of the integrity of an exam, learners missing a graded event with no option to make it up, wasted valuable time of the faculty, staff and other SPs, and perhaps most disconcerting of all, a group of learners assigned to an exam room with no patient in it.

The financial cost of scheduling a make-up exam, should the learner and faculty schedules permits, may exceed \$1,000 when staff, faculty, learner and SP time is accounted for. For all these reasons, once a role has been accepted, there are few acceptable reasons not to appear. A first occasion of not showing without timely notification and an acceptable reason for an absence could result in discontinuation of an SP's services without notice. SP attendance issues are tracked via simulation staff.

It's of the utmost importance that SPs are on time so that events can begin on time and stay on schedule. Traffic and parking around UCI is typically easy to find but can be sparse at certain times of the semester. The best thing to do is plan for parking and possible issues with traffic.

### Professionalism

An SP assignment is a professional obligation and SPs are expected to always act in a professional manner.

### Relationships with Learners

SPs providing services for the program are not to interact with the medical learners on a personal level since they are in a position of assessing the learner's performance. Providing a quality educational experience for the learner is compromised if the learner must be concerned with discriminating between the SP as a patient or as a friend.

Should an SP discover, over the course of his/her work that he/she has an existing relationship with a learner; the simulation staff should be notified. The simulation staff can then schedule the SP with assignments that do not involve that specific learner.

### Modesty

Female SPs should wear a bra and camisole under their patient gown unless otherwise directed. Both men and women should wear briefs, boxers and/or basketball shorts under their gowns. No other

garments (bathing suits, shorts or pants without an elastic waist, sweatpants, undershirts, etc.) are allowed unless specifically directed otherwise for the case.

Socks or slippers are allowed for comfort during the exam. SPs should be prepared to remove them should the learner request (as it is not acceptable for learners to examine an SP through their socks). The SP may put the socks back on after each learner exam. If the socks are on for the first learner, they should be on for every learner.

Anytime an SP is in a gown, there will be a robe provided in the exam room for breaks and if the SP should need them. At the end of the event, this robe should be taken to the laundry basket provided along with the gown.

When undressing in the exam rooms, please disrobe accordingly. The cameras are in a privacy mode until the event announcements are started. After hearing the “SP prepare” announcement, the recording starts in every exam room for the event.

During exams, learners are expected to drape patients appropriately to avoid exposing them unnecessarily; however, this is a learned skill and is accomplished to varying degrees during the learning period.

During the cardiac exam, learners must palpate (feel) the chest in the area under the left breast (and possibly other areas). For woman, the area the learner needs to feel is frequently located under the band of the bra on the left side. SPs must be comfortable allowing learners to access this area. Sometimes, the learner may ask the SP to hold the breast out of the way while conducting this part of the exam. This is totally acceptable and the SP should accommodate the learner’s request.

Learners must learn the skills of protecting modesty and it does require a certain amount of practice. Unfortunately, there will be some misses along the way. The SP Program provides a safe atmosphere for the learners to practice and make mistakes, so if any of the above-referenced encounters are unacceptable, the SP should withdraw from the programs or accept only assignments involving medical history.

Hygiene - Our SPs find themselves in poorly ventilated exam rooms for long periods of time. For the comfort of our learners, faculty, and staff, please come freshly showered if possible. Also, please refrain from wearing excessive perfumes and colognes.

Realism and Staying in Character - Realism in portraying patients is an important responsibility of the SP. SPs must practice and be attentive to using speech patterns, vocabulary, body language, physical simulations, etc., that mimic real patients.

SPs do not speak with the learners “out of role” before or during the simulation session. SPs should not be seen by any of the learners unless the SP is “in role” or otherwise instructed.

To lessen the chance of an encounter with a learner, upon arrival for the event, SPs should come immediately to the Simulation Program Office (room 1100).

Psychological Safety – If at any time a Standardized Patient feels physically uncomfortable during an encounter, they are encouraged to use a "safe phrase" - "that's a little rough, doctor" and that they are free to stop a physical exam at any time if they feel it is uncomfortable, invasive, or inappropriate.

If a Standardized Patient has any concerns regarding a scenario, learner interaction or simulation experience they are encouraged to notify simulation staff or a faculty member. A meeting can be scheduled if needed.

The Camera is Always On - Cameras are always on and may or not be recording. Please refrain from making gestures (eye rolling, thumbs down etc.) or comments about the learners at any time. The footage will be viewed by program faculty and may be observed by the learner. Discussions about the learner or case with faculty or other staff should be avoided in any recording area (clinical exam rooms, hospital simulation center). At the end of the encounter, the SP is to complete the learner evaluation checklists or provide feedback without editorializing. Video recordings may be utilized for student or faculty review.

Summoning Assistance during an Encounter/Event - Signal to the simulation staff or faculty if you should need anything outside the exam room or on the computer you log into in the rooms. Questions, needing water and other requests can be accommodated, but please do not leave the room without letting someone know.

\*If the SP is comfortable texting, you may also text the contact cellphone number of the specialist running the event to communicate without disrupting the student graders in the hallways.

Interacting with Faculty - For class or small group demonstrations, if the SP has questions about the case or event, the SP may talk with the faculty prior to the session. SPs are not to engage in such conversations in the presence of the learner group but should seek out the facilitator outside of the learner's sight and hearing. Frequently, individual facilitators may have varying understandings about the activities for the day, so when time permits, a discussion prior to beginning is a good idea to make sure you are both on the same page.

For exams, SPs may be interacting with many different physicians during an event and each will have his/her own individual style. Should an SP have a question, concern or comment about a case, it is best to talk with the simulation staff or faculty preceptor.

### SP Specific Training/Feedback

*Quality Assurance* - It is important to always maintain a high-quality simulation. The quality of the SP performance is a priority for the Simulation Center. Quality assurance will be maintained using several methods:

- Direct observation during training
- Direct, scheduled observation during sessions

- Footage review of events
- Footage self-review by the SP

Feedback will be provided to the SP as soon as possible.

If, at any time, an SP feels he/she is in need of a review or if the SP has questions or concerns with the simulation, the SP should arrange a scheduled time to meet with the Simulation Director or the faculty of record to answer their concerns.

[SP Manual/handbook](#)

Coming Soon

## EVALUATIONS

Simulation activities are evaluated using the Simulation Effectiveness Tool – Modified (SET-M), which guides changes to future simulations to enhance student learning and better meet course and curricular outcomes. After every simulation, students are given a QR code and a link to the SET-M. Data from these evaluations is passed on to faculty and is used by the Simulation Center to improve simulations. After each simulation activity, the simulation center team and course faculty debrief to identify areas of improvement in the simulation implementation process and re-evaluate the objectives to ensure they meet the learning needs of the students and program outcomes.

## SURVEYS

Students are provided a QR code for all simulation sessions and activities. The data collected is used for session and program improvement. Any data that is reported externally from the Simulation Center is in the aggregate form.

A sample of the general session survey is available upon request.

## PROCESS IMPROVEMENT

### Programmatic Improvement

The Simulation Center generally uses a PDSA (Plan-Do-Study-Act) process improvement approach for large process improvement activities. These types of activities are tracked by the Simulation Program Office and often will involve other departments with the School of Nursing.

The Simulation Center will draw from multiple data sources when embarking on process improvement activities. Data sources include: Staff, faculty, student feedback, evaluations, and Huddles.



This process is used for activities that have potential impact to activities and overall achievement of the Simulation Center's overall strategic initiatives. Job/staffing challenges, scheduling, room adequacy, supply acquisition are examples of activities that the Simulation Center will review.

### **Methods of Tracking**

The Simulation Center utilizes an operational database to manage and track the status of QI projects.

### **Reporting**

QI project updates are included in the huddle's and staff meetings. QI project status is also included in the annual center report. (see also [Utilization Data and Reporting](#))

### **Course/session Improvement**

Quality improvements for specific courses or sessions will be a collaborative process between the Simulation Center and the faculty of record or clinical instructors. All courses/sessions are reviewed annually by the faculty of record or the clinical instructors prior to the session. The simulation staff collaborate with the faculty of record or clinical instructor to ensure the cases are up to date and that the simulation staff have the most current set-up information for the course/session. This process is reflected in the [activity planning tables](#).

### **High Stakes or Evaluative Activities**

The Simulation Center defines high stakes or evaluative activities as activities that are not experiential or formative in nature.

SSH Dictionary defines high-stakes as: a type of assessment that has major academic, education, or employment consequences (such as grading decision, including pass or fail implications, a decision regarding competency)

Activities that would fall in this category for School of Nursing include DNP Program's Objective Structured Clinical Exams (OSCEs) and Clinical Practice Exams (CPXs).

## UCI NURSING SIMULATION CENTER APPROACH TO SIMULATION

### Simulation Design

Objectives for each low-, mid-, and high-fidelity simulation directly reflect the appropriate skill level and clinical decision-making the nursing student is prepared to provide. The Simulation Design process follows *The Healthcare Simulation Standards of Best Practice™* and utilizes foundational adult learning principles. Psychomotor skills and patient scenarios are selected that are appropriate for the student's level and the course content. Before all simulation experiences, students are taught the foundational knowledge through lectures, reading, and videos created or selected by our faculty. As they work through the content, they can follow along with skills checklists or answer pre-simulation prompts that guide them in their preparation for the simulation experience. Immediately before the simulation, students receive a prebriefing. During the simulation, students work together in small groups to assess and prioritize care for the patient in the simulation environment (sometimes, this may be a Standardized Patient (SP) hired to play a patient). After the simulation, faculty trained in debriefing techniques guide students through their thinking and decision-making as appropriate for their level, simulation objectives, and the course content.

### Prebriefing

Prebriefing is the pre-simulation preparation of participants that includes preparatory activities such as reading, care planning, chart review, quizzes, review of policies, etc. and an orientation to the simulation learning environment. Preparatory activities should be provided to participants based on the objectives and goals of the simulation. To ensure a successful learning experience, participants should not be expected to engage in a simulation that is based on unfamiliar content, skills, procedures or processes. The orientation to the simulation environment includes both a discussion of the elements of a safe learning environment, review of the learning objectives, and hands-on exposure to the simulation space and equipment.

### Debriefing

Debriefing is a collaborative, reflective learner -activity that occurs after the simulation in which the participants are guided by facilitators to re-examine the simulation and their actions to foster learning and close gaps in knowledge and skills. In order to maintain psychological safety and support learning, debriefing is conducted in an environment that supports confidentiality, open communication, and high regard for the participants. Debriefing should be conducted by facilitators trained in a structured debriefing method. To debrief effectively, the facilitator should be able to focus on the simulation scenario and not manage simulation equipment. Debriefing should be guided by the objectives and goals of the simulation scenario.

The UCI SIMULATION CENTER uses the [PEARLS Debriefing Framework](#), developed by Eppich and Cheng (2015). The PEARLS debriefing method has 5 phases:

1. Setting the scene
2. Reactions
3. Description
4. Analysis
5. Application and summary

Facilitators are encouraged to use the advocacy/inquiry approach when exploring participant actions during debriefing, using a sense of curiosity to better understand the thought process, decision and actions of participants. Advocacy/inquiry uses phrases like, "I noticed..., I think..., what were your thoughts at that time?" to draw out the participants "frame" or perspective of the situation to prompt participants to explore their actions and translate their experiences to learning. See the [PEARLS Healthcare Debriefing Tool](#) for more details.

### Simulation Dictionary

<https://www.ssih.org/Dictionary>

**Understand simulation terminology.** The Simulation Dictionary was created by the Society for Simulation in Healthcare (SSIH) to "enhance communication and clarity for healthcare simulationists in teaching, education, assessment, research, and systems integration activities." (SSIH)

### INACSL Standards of Best Practice: Simulation<sup>SM</sup>

<https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>

**Standards drive best practice in simulation.** Check out the INACSL Standards of Best Practice: Simulation<sup>SM</sup>. First published by the International Nursing Association for Clinical Simulation and Learning (INACSL) in 2011, the Standards have been regularly updated based on new findings in the simulation literature, best practices and input from simulation experts (INACSL, <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/history-of-the-inacsl-standards-of-best-practice-simulation/>). The Standards are also a great place for a beginner to learn more about how to develop high quality simulations.

### SSIH Healthcare Simulationist Code of Ethics

<https://www.ssih.org/SSH-Resources/Code-of-Ethics>

**Ethical practice in simulation.** The SSIH Healthcare Simulationist Code of Ethics was developed by a collaborative global working group to set the standards for ethical practice in simulation. (SSIH)

### The 10 Commandments of Healthcare Simulation Safety

<https://healthcaresimulationsafety.org/>

**Simulation safety for patients and participants.** The [10 Commandments of Healthcare Simulation Safety](#) were developed by the Foundation for Healthcare Simulation Safety to provide a "10-item 'pledge' of 'best practices' for simulation programs to adopt to reduce simulation related hazards" (Raemer, D., Hannenberg, A., Mullen, A. (2018). Simulation safety first: An imperative. Simulation in Healthcare. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6287346/>)

### The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)

<https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-017-0043-4>

Guidelines to working with human role players ("standardized patients") who interact with learners in experiential learning and assessment activities.

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## **SIMULATION PROFESSIONAL ORGANIZATIONS**

Regional and international groups dedicated to advancing the science of simulation and the professional development of their members.

### **International Nursing Association for Clinical Simulation and Learning (Inacsl)**

<https://www.inacsl.org/>

While it was originally a nursing organization, INACSL supports simulation and simulation roles in all disciplines through its INACSL Standards of Best Practice: Simulation<sup>SM</sup>. INACSL organizes an annual conference with presentations on topics such as simulation operations, education, research and technology. Membership is open anyone who is using simulation in healthcare agencies, hospitals, Simulation Center s, or academic institutions.

### **Society for Simulation in Healthcare (SSIH)**

<https://www.ssih.org/>

SSIH is a global organization open to simulation professionals from a variety of disciplines. They host the annual conference, IMSH, and sponsor Healthcare Simulation Week – an opportunity to share how simulation improves patient safety and raise awareness about the role healthcare simulation in educational and practice settings.

### **SimGHOSTS (The Gathering of Healthcare Simulation Technology Specialists)**

<https://www.simghosts.org/sim/default.asp>

A non-profit organization dedicated to supporting simulation technicians. They host an annual conference and provide professional development opportunities for members through an online learning portal.

### **The Association of Standardized Patient Educators' (ASPE)**

<https://www.aspeducators.org/>

A global organization that supports the use of standardized patients in healthcare simulation. They have produced the ASPE Standards of Best Practice, a great resource for use of standardized patients in healthcare education. They host an annual conference and offer professional development opportunities for members.



## APPENDIX A – ROLES AND RESPONSIBILITIES

### Simulation Director

- Utilize best practices and evaluation data to identify opportunities for improvement, innovation, implementation, and integration of patient simulation technology into existing clinical curricula.
- Plan the simulation calendar and facilitating hiring and training of simulation technicians and faculty as appropriate.
- Coordinate the process of procurement, orientation, and clinical scenario training of standardized patients in collaboration with appropriate staff and faculty
- Create and implement an evaluation plan to validate existing courses, scenarios, and initiatives to ensure effectiveness of educational program.
- Ensure course content is aligned and consistent with curriculum and user expectations.
- Serve as the School of Nursing Simulation liaison and partner with the College of Health Sciences Simulation leaders in developing interdisciplinary activities.
- Develop strategies to enhance programs and services, utilizing available resources and acquiring additional tools to create a realistic learning environment.
- Solicit instructor and student feedback following simulation experiences to analyze the impact of simulation on the learning process.
- Teach clinical skills and critical thinking using simulation technology.
- Promote excellence in teaching through demonstration of respectful behavior and role modeling.
- Serve as simulation mentor and educator to clinicians, staff, and management team.
- Integrate goals and teaching points from basic science and multidisciplinary clinical departments to promote collaboration and team teaching.
- Maintain professional growth and development through seminars, workshops, and professional affiliations to keep abreast of latest trends in field of expertise.
- Maintain professional skills and refine expertise through appropriate educational/developmental activities and professional affiliations, staying current with national and international advances in simulation and clinical skills activities.
- Publish and present simulation activities at national and international conferences.
- Develop and implement policies, procedures, and practice standards consistent with Simulation Center mission and educational objectives in collaboration with Accreditation and Operations Manager.
- Provide oversight in the design, development, and implementation of all training programs.
- Provide the leadership required to ensure that simulation programs meet standards of quality assurance for breadth and depth of education, and user expectations.

- Assure that required certifications, licensures and accreditations are maintained on an ongoing basis. Liaise with appropriate training agencies to ensure delivery of accredited educational courses.

### **Operations Manager (~25%)**

- Create, route, track PRFs for OSCEs
- Gather and Track Metrics
- Assist with Policies and Procedures
- Assist with budget
- Work toward Provisional Accreditation
- D2D taskings and projects
- Create annual report
- SP/OSCE- PRFs
- Sim Specialist Supervision

### **Simulation Operations Specialist**

- Coordinate implementation of professional health educational activities, including program competencies, curriculum, and exams.
- Assist faculty and other staff of the simulation center in the operational aspects of simulation.
- Provide faculty instructors with instructional tools and technical or administrative support to conduct simulation sessions. This scope includes setting up the simulator, the rooms, appropriate audio-visual equipment, and preparing educational material for the activity as directed.
- Act as the patient voice as needed for simulation activities
- Monitor and oversee daily sessions and assist with other special projects or initiatives.
- Set up rooms for training sessions and meetings, prepare all supplies for simulations, assure that simulator is in good working condition before the start of all simulations, and clean up after educational courses.
- Provide initial orientation and session orientation for all students utilizing the simulation center.
- Ensure that all assigned work assignments meet deadlines and standards of quality. Provide accurate simulation activity census monthly.
- Support all simulation center research activities by assisting with simulation, data collection, consent, and preparation of publications and presentations.
- Train faculty, fellows, and students on the operational aspects of simulation. This includes using the simulators and other task trainers from start-up, operations, and shut-down.
- Assist in clinical skills educational activities and assessment as designated.
- Maintain a pool of standardized patients. This includes ensuring all contact information and proper training are reviewed annually.
- Assist the faculty in training standardized patients as necessary
- Disseminate information to standardized patients on behalf of the faculty
- Assist in scheduling standardized patients for sessions
- Assist faculty in evaluating and providing feedback to standardized patients

- Represent the simulation center at meeting internally and externally.
- Lead and provide scheduled tours of the simulation center for faculty, staff, and general public.
- Lead and provide scheduled outreach events or other events that requires simulation center use.
- Lead and provide scheduled tours/demonstrations for School of Nursing development events
- Assist Student Affairs in events as directed. This includes, but not limited to: the white coat ceremony and graduation.
- Assist with the school's regulatory and accreditation functions. This includes but not limited to gathering survey data, census information, and simulation-related reporting.
- Coordinating with SON IT personnel for technology and computer systems upgrades

#### *Simulation Center Student Worker*

- Support the Simulation Center reception area, manage main door, direct students to activities, and greet visitors
- Assist with clerical duties such as printing and copying documents, making signs, laminating, etc
- Assist with Simulation Center supply orders as directed
- Update supply and equipment inventory count and maintain inventory records
- Add and track items in the simulation center inventory using EzOffice software
- Assist simulation operations technicians with simulation center projects
- Assist with class set up, break down, and room reset after classes
- Maintain simulation rooms, skills labs and classroom environments by organizing, cleaning, and preparing materials and supplies
- Keep drawers and supply carts stocked
- Assist with model building and moulage
- Assist with item check in/check out to students and faculty
- Ensure simulation center is properly stocked with items such as gloves, paper towels, sanitizer, printer paper and ink
- Maintain organization of simulation center supplies, equipment, and storage areas
- Perform light housekeeping in the simulation center
- Prepare laundry for pick up and restock with clean items.
- Perform regular cleaning and basic maintenance of simulators, trainers and equipment under the supervision of the simulation operations technicians
- Receive, unpack and stock simulation center supply deliveries

## APPENDIX B - PREBRIEFING TEMPLATE

*Use this guide to prepare students for the simulation*

**Establish a Safe Learning Environment (read)** *“We believe that everyone here is intelligent, capable, cares about doing their best and wants to improve. This is a safe place for learning, which means it’s OK to make mistakes and take risks.”*

### GENERAL PREBRIEFING INFORMATION FOR STUDENTS

1. Start with introductions and roles including faculty in attendance, sim tech in control room, and any embedded characters, actors or SPs.
2. Review expectations of confidentiality, privacy and recording policy:  
***“What happens in sim, stays in sim. This scenario will be repeated for your other classmates. Please do not discuss it outside the Simulation Center. This simulation is monitored via video by the sim center team and faculty, but the video and any recordings are kept in secure location and access is limited and password protected.***
3. Establish a fiction contract/suspension of disbelief:  
***“Treat the simulator as a real patient and the scenario as a real patient care situation (wear gloves, perform hand hygiene, etc.). We know there are limitations but do your best to act as you would in a real patient situation.”***
4. Discuss plan for the day, time frame expectations and other logistical matters such as bathroom/food breaks and what to do if there is an issue during simulation:  
***“After this prebriefing you will have a few minutes talk with your team before starting the simulation. You will be notified by an overhead announcement when your simulation starts and when it has concluded. Please proceed quietly to your debriefing room. Remember there are other students preparing for their simulation, so do not discuss details of the scenario in the halls.”***
5. Discuss simulation safety:  
***“Do not remove anything from the sim lab, empty your pockets before leaving. All supplies are for simulation use only and not to be used on humans. In case of an emergency or an unexpected event or reaction during the simulation, please clearly state: ‘Time out! THIS IS NOT A SIMULATION’ and the issue.***
6. Encourage verbalization of actions and thoughts, use of the team and resources available:  
***“Verbalize your actions and thoughts with your team and use your team to develop your plan for the patient.”***
7. Information about the evaluation method:  
***“You are not graded on your performance in the simulation, this is a learning activity. This is a safe place to learn, so take risks and do not be afraid to make mistakes. Debriefing is meant to be a reflective activity, be prepared to discuss what went well, what you would do differently and what you learned today in simulation”***
8. Respect for others and cultural humility  
***“The characters in this scenario represent unique individuals. Any cultural representation is not meant to be representative of entire groups of people, but instead the individual experience, background, cultural, etc of this particular patient and their family. You are expected to respect the voices and perspectives of others and of those you care for while engaging in this scenario and the debriefing.”***

### SCENARIO SPECIFIC PREBRIEFING INFORMATION

**Simulation objectives (based on the type of participant and simulation purpose and evaluation methods):**

**Equipment and how to use it:** You have access to all the equipment in the simulation room, including the hand sanitizer, gloves, Med admin system, IV medication administration supplies, oxygen delivery

equipment, suction, Baxter IV pumps and tubing, & the contents of the crash cart. Including defibrillator. Remember that the defibrillator does deliver REAL SHOCKS.

**Monitor and how to use it:** The patient will already be hooked up to the monitor with initial vital signs displayed. You must cycle vitals yourself by requesting new vitals (“please run the blood pressure again”). The vitals do not cycle automatically.

**IV pump:** You will have a Baxter pump in the room. Program to run any IV fluids or drips as needed, you may run fluids, push meds, etc into the patient. **If pump is locked, unlock code is “KEY”.**

**Using the oxygen:** If you need to place O2 on the pt., hook up the tubing to the appropriate wall outlet and dial the O2 to your desired rate. Please also verbalize how many liters you are placing the pt. on.

**Phone:** There is a phone “prop” in the room. Pick it up to make a call and announce, “I am calling \_\_\_\_”. You will hear the responses through the overhead speaker. Even though your team can hear them, treat it like a real phone call.

**Other equipment:**

**Patient Chart and how to use it:** You will be provided a paper chart. Please use for reference of patient information, provider orders, and your documentation, including vital signs, physical assessment, telephone orders, Diagnostic results, and medication administration. You can use the white board in the room to document.

**Patient IV access:** The patient will have two established IV sites.

**How to get help (call dr, etc):** If you need help or a resource, use the phone. You can also ask your teammates for help.

**Resources available and where to find them (code team, RRT, MD, cognitive aids, med books, etc):**

**In the Sim Room:**

Provide a **hands-on orientation** to manikin features and limitations (heart/lung/abdominal sounds, pulses, etc.)

Point out all necessary equipment and supplies, how to use them, and their limitations (oxygen, medication, crash cart, monitors, vital sign equipment etc). **Remember, no pens near the mannequin!!!**

**SCENARIO ROLES- CLEARLY EXPLAIN EXPECTED ROLE RESPONSIBILITIES TO ALL, INCLUDING OBSERVERS**

Role	Responsibilities
<b>Primary Nurse</b>	Team leader. The primary nurse may delegate tasks to the secondary nurse and documentation nurse and will oversee the overall care of the patient.
<b>Secondary Nurse</b>	Assists the primary nurse with tasks. You are involved in the critical thinking and decision making. Don't be afraid to make suggestions and advocate for your patient.
<b>Recorder</b>	Documenting, chart review, and accessing resources and references as needed. However, you are still a part of the patient care team. Tasks can also be delegated to you by the primary nurse as needed. The living, breathing EPIC system! You can use the white board in the room for documentation.
<b>Observer/Resource nurse (if there are 4 participants)</b>	Observers will be given specific things to observe and take notes on for debriefing. Resource nurses will be available to assist with tasks or provide information such as policy and procedures.

**PATIENT SCENARIO**

*Read to students before the simulation begins*

### The PEARLS Healthcare Debriefing Tool


	Objective	Task	Sample Phrases
<b>1</b> Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
<b>2</b> Reactions	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
<b>3</b> Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
<b>4</b> Analysis	Explore variety of performance domains	See backside of card for more details	<b>Preview Statement</b> <i>(Use to introduce new topic)</i> "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]"
			<b>Mini Summary</b> <i>(Use to summarize discussion of one topic)</i> "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
<b>Any Outstanding Issues/Concerns?</b>			
<b>5</b> Application/Summary	Identify take-aways	Learner centered	"What are some take-aways from this discussion for our clinical practice?"
		Instructor centered	"The key learning points for the case were [insert learning points here]."


\*Basic assumption, Copyright © Center for Medical Simulation. Used with permission.  
 Reproduced with permission from Academic Medicine. Originally published as Bajaj K, Maguendichan M, Thoma B, Huang S, Eggich W, Cheng A. The PEARLS Healthcare Debriefing Tool. Acad Med. 2017. [Post Author Correction] <http://journals.lww.com/academicmedicine/FullText.aspx?doi=10.1097/ACM.0000000000001444>


### The Analysis Phase


**Performance Domains**


The analysis phase can be used to explore a variety of performance domains:


  
Decision Making


  
Technical Skills

  
Communication

  
Resource Utilization

  
Leadership






  
Situational Awareness

  
Teamwork

#### Three Approaches

- 1 Learner Self-Assessment**  
Promote reflection by asking learners to assess their own performance
- 2 Focused Facilitation**  
Probe deeper on key aspects of performance
- 3 Provide Information**  
Teach to close clear knowledge gaps as they emerge and provide directive feedback as needed

#### Sample Phrases

-  What aspects were managed well and why?
-  What aspects do you want to change and why?
-  **Advocacy:** I saw [observation], I think [your point-of-view].
-  **Inquiry:** How do you see it? What were your thoughts at the time?
-  I noticed [behavior]. Next time you may want to consider [suggested behavior], because [rationale].

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## APPENDIX D - SIMULATION SCENARIO TEMPLATE

Available in the shared drive

### **Ten Commandments of Healthcare Simulation Safety**

1. We will label all equipment, supplies, and medications with the official logo label denoting the item is Not for Human Use – Education Only.
2. We will continuously educate all faculty and staff of the simulation program about potential hazards to patients, participants, and staff that result from conducting simulation exercises.
3. We will always inform participants about potential hazards to patients, participants, and staff that result from conducting simulation exercises
4. We will periodically review simulation related programs, courses, scenarios, and facilities for potential threats to safety and institute mechanisms to mitigate them.
5. We will vet our teaching to make sure we don't inadvertently convey the legitimacy of simulation related "short-cuts" (ex. Not wearing gloves, using expired medications, etc.).
6. We will vet our teaching to make sure we don't convey incorrect information, treat controversial topics as certain, or leave incorrect actions in a simulation out of the debriefing discussion.
7. We will make every attempt to educate those who conduct simulations outside of our direct control about simulation safety issues
8. We will have a rigorous process for returning equipment or supplies used in a simulation back into the clinical environment in an appropriate and safe manner.
9. We will maintain an open and transparent reporting mechanism for simulation safety violations, near misses, and accidents whether or not direct harm to a staff member, simulation participant, or patient has actually occurred.
10. We will always weigh simulation safety ahead of cost, expediency, and fidelity when making decisions about the conduct of simulations.

From: Raemer, D., Hannenberg, A., Mullen, A. (2018). Simulation safety first: An imperative. *Simulation in Healthcare*. 13 (6).

## List of Simulation Equipment

Please note that this is not an exhaustive list. Some of the smaller/minor equipment may not be listed. Please get in touch with a member of the Simulation Center staff if you have any questions.

Simulators (all fidelities)	
SimMan 3G – Dark (Laerdal)	SimMan 3G – Light (Laerdal)
SimBaby – Dark (Laerdal)	Geriatric Nursing Anne – Dark (Laerdal)
Geriatric Nursing Anne – Light (Laerdal)	SimJunior – Light (Laerdal)
Nursing Anne (Laerdal)	Nursing Anne (Laerdal)
Nursing Anne (Laerdal)	Nursing Anne (Laerdal)

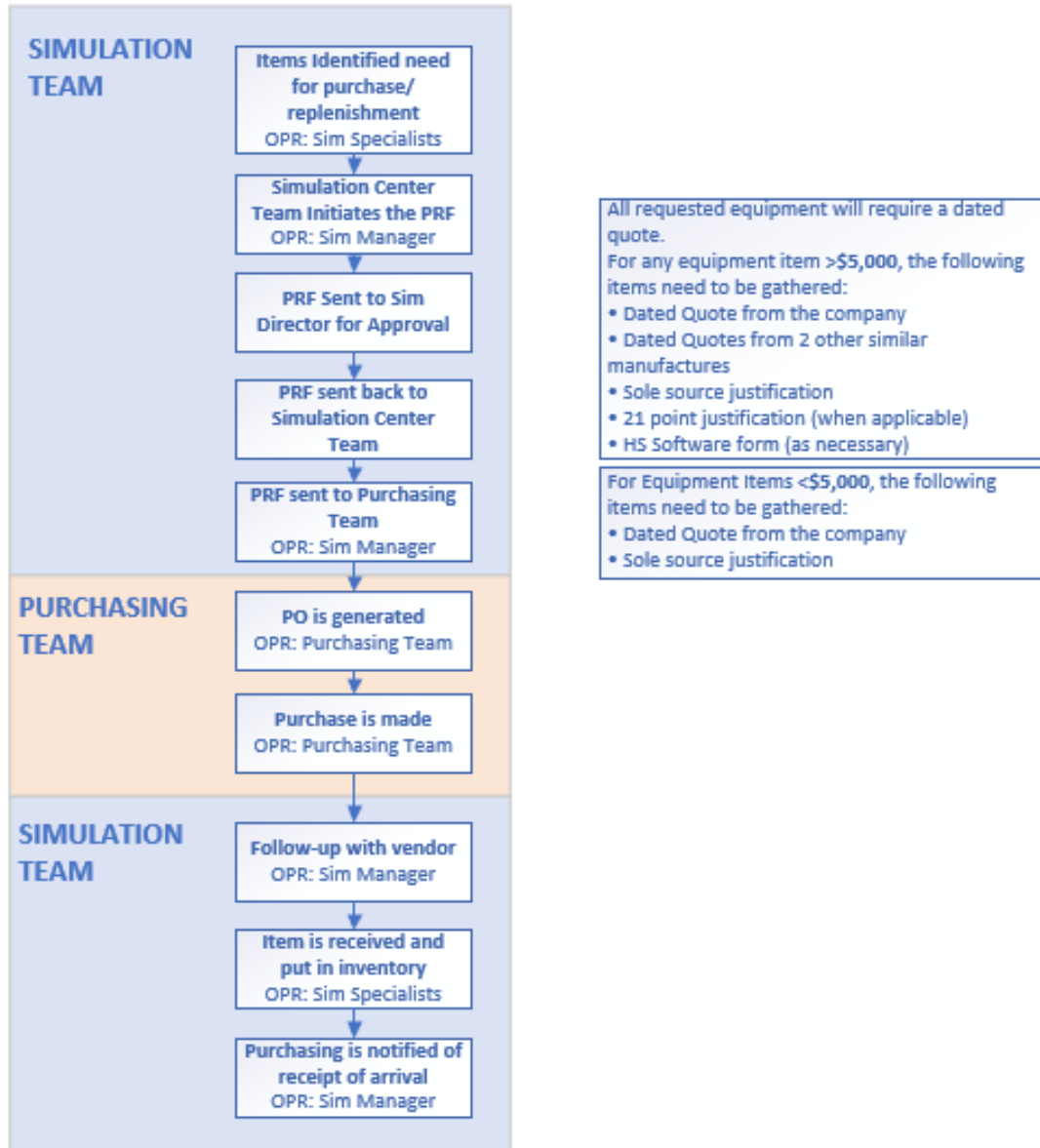
Trainers	
Childbirth Model Set	Childbirth Model Set
Childbirth Model Set	Clinical Female Pelvic Model
Clinical Female Pelvic Model	Clinical Male Pelvic Model
Clinical Male Pelvic Model	Clinical Female Pelvic Model
Clinical Female Pelvic Model	Eye Examination Simulator
Eye Examination Simulator	Hemorrhage Control Trainer
NG Tube Trainer	NG Tube Trainer
NG Tube Trainer	Osteoarthritic Knee Model
PROMPT Birthing trainer	Prostate Examination Trainer
Prostate Examination Trainer	

Other Equipment	
SimPad (Laerdal)	SimPad (Laerdal)
SimPad (Laerdal)	SimPad (Laerdal)
SimPad (Laerdal)	SimPad (Laerdal)
SimPad (Laerdal)	SimPad (Laerdal)
Baby Scale	Breast Models
AED (Powerheart)	Commode
Commode	Commode
Commode	CPR manikins
iPads	Infusion Pumps (Sigma)
Infusion Pumps (Alaris)	Kangaroo Pumps
Exam Lights	Exam Lights
Exam Lights	Exam Lights
Exam Lights	Exam Lights
Exam Lights	Exam Lights

Fetal Monitor	Defibrillator (Philips HeartStart)
AED (Zoll)	Peds Crash Cart (Pocket Nurse)
Peds Crash Cart (Waterloo)	Handheld Scanners
Pump Module: PCA	Pump Module: Syringe
Pump Module: Syringe	Emergency Cart – Red (Waterloo)
EKG Machine (Welch Allyn)	Ultrasound (Welch Allyn)
Vital Signs Machine – Portable (Welch Allyn)	Crash Cart Red (Waterloo)
Crash Cart Red (Waterloo)	Isolation Cart Yellow (Waterloo)
Supply Cart Blue (Waterloo)	Supply Cart Blue (Waterloo)
Supply Cart Blue (Waterloo)	Supply Cart Blue (Waterloo)
Supply Cart Blue (Waterloo)	Supply Cart Blue (Waterloo)

**UCI Sue & Bill Gross School of Nursing**  
Simulation Center

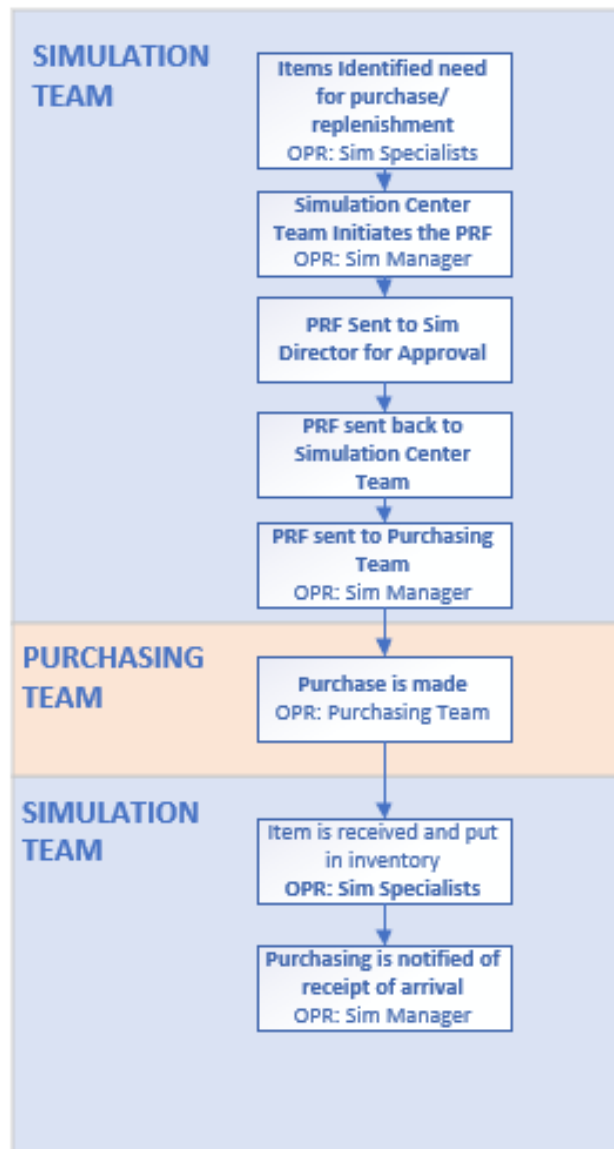
## Capital Equipment Purchasing Flow



OPR: Office of Primary Responsibility

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Simulation Center

## Non-Capital Equipment Purchasing Flow



OPR: Office of Primary Responsibility

## APPENDIX I: ACTIVITY PLANNING AND COURSE CONSULTATION PROCESS

### Planning Course Activities

STEPS FOR PLANNING COURSE ACTIVITIES IN THE SIMULATION CENTER (Lab classes, established simulations, bootcamps, etc)			
WHEN	WHAT	HOW	WHO
<b>Annually in June</b>	Reserve class dates for the next academic year	<p>Meet to confirm</p> <ul style="list-style-type: none"> <li>activities for each course</li> <li>confirm number of simulation and lab hours planned for each course</li> <li>confirm simulation center resource availability</li> <li>days/times in sim capture calendar</li> </ul> <p>(Simulation dates may vary based on clinical schedules, and cannot be confirmed until closer to the beginning of the quarter, so number of simulations and any identified scenarios is a good start)</p> <p>For NEW simulations, see "Steps for designing a new simulation scenario"</p>	Faculty of Record (FOR) Sim Director Sim Specialist
WHEN	WHAT	HOW	WHO
<b>3 months before the beginning of each quarter:</b> <b>June- Fall qtr</b> <b>Oct- Winter qtr</b> <b>Jan- Spring qtr</b> <b>April- Summer qtr</b>	Initial Planning Meeting	<p>Faculty with courses that have simulations or lab sessions meet with Sim Director to discuss:</p> <ul style="list-style-type: none"> <li>scenario selections or activities for the course</li> <li>rooms required</li> <li>equipment</li> <li>manikins or SPs</li> <li>other special supplies needed</li> <li>confirm dates and rotation schedule</li> </ul>	FOR Sim Director Subject matter experts (clinical faculty, community partners, etc)
WHEN	WHAT	HOW	WHO
<b>2 months before the quarter starts</b>	Submit Supply & Equipment Requests	Classes that have simulations or lab session scheduled should request all supplies needed at <b>least 2 months</b> before the quarter starts	FOR- send copy to Sim Specialist and Sim Director

	Order supplies as needed	Once supply request is received, Sim Center will <b>check current inventory and order any additional supplies</b> needed Document order and save copy of PRF in the Sim Center One Drive	Sim Specialist
WHEN	WHAT	HOW	WHO
<b>1 month before quarter starts</b>	Submit final class schedule with set up, bootcamp plan and/or simulation scenarios	Provide detailed plan for activities including set up, equipment, scenarios, and schedule If reusing simulations, provide Sim Center any changes or updates. Sim Center will follow up with any questions	FOR
	<i>For simulations:</i> Revise and update scenarios	Sim director will review simulation scenarios submitted or on file, and ensure they follow the current Sim Center template and that they are complete (supply list, chart, labels, resources, etc) Sim director will reach out to FOR with any questions/clarifications or schedule meeting with FOR as needed	Sim Director FOR
	Review course materials	Meeting with Sim Center team to review weekly class set-up, bootcamp plans, etc	Sim Director Sim Specialist FOR
	If using SPs- Begin recruitment	Obtain approval from SoN Reach out to Nora Blanco (or Sim Specialist) to contact SPs we have used in the past Provide info about date/times and type of role	FOR Sim Specialist Program Director Operations Support
	Final confirmation of schedule	Submit any changes for class meeting dates to simulation center <b>no later than 2 weeks before the activity</b> Sim Center will update Sim Capture calendar	FOR Sim Specialist
WHEN	WHAT	HOW	WHO
<b>1 month before simulation or activity</b>	Secure facilitators	Notify Sim Director of who will be facilitating and what days.	FOR Program Director
	Create rotation schedule	May use Sim Center sign up genius account or assign students Sim Center can provide templates for rotations	FOR Sim Director/Sim Specialist can assist with sign up genius or inputting students into template

	Confirm SPs	Sim Specialist will reach out to SPs and confirm and update FOR Complete PRF for SP pay and any food we will be providing them Faculty - Provide scenario and script to SP, schedule training session to review case	FOR Sim Specialist Operations Support
<b>2 weeks before simulation or activity</b>	Review scenario or activity with facilitators	FOR meets (Zoom is OK) with facilitators to: <ul style="list-style-type: none"> <li>• review Sim Scenario or class activity plan</li> <li>• review schedule and facilitator expectations</li> <li>• If simulation, review: <ul style="list-style-type: none"> <li>○ Sim progression</li> <li>○ Cues</li> <li>○ Script</li> <li>○ Learner objectives</li> <li>○ Debriefing points</li> </ul> </li> </ul>	FOR Facilitators
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>SIMULATION: AT LEAST 1 week before simulation</b>	Final run through and pilot test	One site meeting (1 hour) to review the scenario, set up, equipment, scenario progression, test out programming, etc	FOR Sim Specialist Sim Director Facilitators (if available)
	Scenario final changes, updates	Make any final edits and changes as a result of the run through, ensure facilitator guide is also updated and send to faculty	Sim Director
	Print documents	Facilitator clipboard: <ul style="list-style-type: none"> <li>• Facilitator guide</li> <li>• Rotation schedule</li> <li>• Additional resources/references</li> </ul> Reference Documents for Learners Build patient chart 2 copies full Sim Scenario Additional copies of the rotation schedule Create QR code eval flyers, make flyer and print 8- place 4 in each debriefing room	Sim Specialist
<b>ALL OTHER ACTIVITIES: 1 week prior to activity or class session</b>	Final check	Confirm set up and supplies (visual check if possible) Confirm schedule/rotation Confirm any documents/resources are ready	Sim Specialist FOR

		Double check all equipment is working	
WHEN	WHAT	HOW	WHO
<b>SIMULATION: Day before Simulation</b>	Final details	Double check set up Confirm all documents are ready Confirm rotation schedule/facilitator assignments are correct Double check that all technology is working and equipment is functioning	Sim tech
WHEN	WHAT	HOW	WHO
<b>SIMULATION: Day of Simulation</b>	Arrive early (30-60 min) Confirm room set up Review prebriefing, room orientation, scenario and logistics with facilitators Orient to equipment including A/V system		FOR Facilitators Sim Director (if available) Sim Tech
<b>ALL OTHER ACTIVITIES: Day of Activity</b>	Arrive early and prepare Double check set up Confirm all documents are ready Confirm rotation schedule/facilitator assignments are correct Double check that all technology is working, and equipment is functioning Sim Specialist will be standing by if there are any issues		FOR Facilitators Sim Specialist Sim Director (as needed)
WHEN	WHAT	HOW	WHO
<b>1 week after simulation or activity</b>	Grade assignments	Grade pre/post work Repost eval link on canvas	FOR
	Review Simulation Evaluations	Sim director will send final data to FOR Save excel in Sim Center one drive Make changes or updates for future use Add any updated practice or EBP	Sim Director
	Process improvement	If necessary, sim team will develop process improvement plan using: Facilitator feedback Observation Sim Evals	FOR Sim Director Sim Specialist

## Simulation Consultation and Design

STEPS FOR DESIGNING A NEW SIMULATION SCENARIO			
WHEN	WHAT	HOW	WHO
3-4 months before the beginning of the quarter	Initial simulation consultation	Faculty meet with Simulation Director to discuss ideas for scenario including: <ul style="list-style-type: none"> <li>• topic or clinical focus</li> <li>• goals of the simulation</li> <li>• modality (mannikin- based, SP, etc.)</li> <li>• learner level and prerequisite knowledge</li> <li>• existing scenarios that can be altered or updated</li> </ul>	Content expert: FOR Sim expert: Sim Director
	Needs assessment*	Determine and document: <ul style="list-style-type: none"> <li>• What gap or need does the simulation address?</li> <li>• How was the need determined and sources: references, current practice, policy, legislative requirements, feedback from clinical partners, etc.</li> </ul>	FOR
	Draft learning objectives* <ul style="list-style-type: none"> <li>• Broad learning objectives (for students)</li> <li>• Specific learning objectives/goal</li> <li>• Prerequisite knowledge/skills required</li> </ul>	SMART objectives: <ul style="list-style-type: none"> <li>• No more than 5 objectives for the scenario</li> <li>• Reference Bloom's taxonomy of learning to ensure appropriate level of learning</li> </ul> Sim Director can assist with drafting objectives	FOR Sim Director
	Document references*	Provide 1-3 references to ensure evidenced based content	FOR
	Identify AACN (sub)competencies*	Document 3-5 AACN competencies this activity allows students to demonstrate: <ul style="list-style-type: none"> <li>• Based on the objectives of the simulation</li> <li>• Sim Director and Program Director ensure the simulation fits into the overall sim curriculum, meets gaps and learning needs, and is not redundant</li> </ul>	FOR Sim Director Program director
	Initiate draft of scenario in template	Input the draft of the scenario into the template, based on faculty's description of the case and clinical details	Sim Director

	Begin to recruit SPs	Obtain approval from SoN Reach out to Nora Blanco (or Sim Specialist) to contact SPs we have used in the past Provide info about date/times and type of role	FOR Sim Specialist Program Director Operations Support
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>2 months prior to simulation</b>	Review and revise scenario	Update draft of the scenario and meet to refine: <ul style="list-style-type: none"> <li>• Prebriefing</li> <li>• Sim Scenario</li> <li>• Cues/ Patient Responses to various learner activities/scenario progression</li> <li>• Provider Script &amp; New Orders</li> <li>• SP Script if needed review scenario progression for clinical accuracy</li> <li>• confirm simulation modality</li> <li>• estimate length of scenario</li> <li>• ensure any specialty supplies are requested now and ordered</li> </ul>	FOR Sim Director Subject matter experts (clinical faculty, community partners, etc.)
	Create patient chart	Once sim scenario details are finalized create: <ul style="list-style-type: none"> <li>• Pt demographics</li> <li>• Health history</li> <li>• Medications</li> <li>• Diagnostic results</li> <li>• Existing orders</li> <li>• New Orders to be released during scenario</li> <li>• Nurse/Provider Notes</li> </ul>	Provide information: FOR Input into chart template: Sim Specialist
	Develop learner pre-work	What do learners need to know (and know who to do) in order to be successful? Examples: <ul style="list-style-type: none"> <li>• Readings (textbook, articles, etc.)</li> <li>• Charts/ Algorithms</li> <li>• Practice Guidelines</li> <li>• Policies and Procedures</li> <li>• Videos</li> <li>• Medication look-up</li> <li>• Answer directed questions</li> <li>• Post-work</li> <li>• Journal</li> <li>• Group Discussion</li> <li>• Answer Questions</li> </ul>	FOR May consult with sim director for recommendations

	Secure facilitators	Running 1 sim room (two days): Minimum 2 facilitators Running 2 sim rooms (one day): Min 4 facilitators Notify sim director of who will be facilitating and what days.	FOR Program Director
	Create rotation schedule	May use sim center sign up genius account or assign students Sim Center can provide templates for rotations	FOR Sim Director/Sim Specialist can assist with sign up genius or inputting students into template
	Confirm SPs	Nora Blanco or Sim Specialist will reach out to SPs and confirm and update FOR Complete PRF for SP pay and any food we will be providing them Faculty - Provide scenario and script to SP, schedule training session to review case	FOR Sim Specialist Operations Support
	Calculate number of indirect clinical hours	Document: Pre/Post Work Simulation Time	FOR
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>1 month prior to simulation</b>	Complete Supply & Equipment Request Form	Sim Specialist saves completed request in Sim Center one drive Sim Team to determine what supplies are needed and how many of each: <ul style="list-style-type: none"> <li>• Patient armband and barcode from EHR</li> <li>• Learner badges (roles in sim scenario)</li> <li>• Medications and Labels</li> <li>• med label</li> <li>• Ensure IV med labels match IV pump programming (dose &amp; volume)</li> <li>• Provide medication barcodes from EHR</li> </ul> Equipment may include: <ul style="list-style-type: none"> <li>• Crash, cart, VS equipment, IV arms, O2 delivery, bedside table, IV poles, Alaris IV pumps, Baxter pumps, Peds and OB specific equipment, task trainers, etc.</li> </ul>	FOR- send copy to Sim Specialist and Sim Director
	Order supplies as needed	Once supply request is received, Sim Center will check current inventory and order any additional supplies needed Document order and save copy of PRF in the Sim Center One Drive	Sim Specialist
	Create facilitator guide	Sim Director will use final draft of scenario to create facilitator guide and send to FOR and facilitators	Sim Director Facilitators

	Create SET-M eval in forms and QR code poster	Create and save in sim center one drive: <ul style="list-style-type: none"> <li>• QR code</li> <li>• Flyer</li> </ul>	Sim Director-> Sim Specialist
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>2 weeks prior to simulation</b>	Confirm all documents have been submitted to the sim center and materials are ready	Documents should be saved in the <b>sim center one drive course materials folder</b> : <ul style="list-style-type: none"> <li>• Sim Scenario</li> <li>• Facilitator guide</li> <li>• Supplies/ Equipment list</li> <li>• Rotation schedule</li> <li>• Diagnostic results</li> <li>• Images</li> <li>• Supporting Documents</li> <li>• SP Script in needed</li> <li>• Eval flyer with QR code</li> </ul>	Sim Director Sim Specialist
	Review scenario with facilitators	FOR meets (Zoom is OK) with facilitators to: <ul style="list-style-type: none"> <li>• Review Sim Scenario and Accompanying Documents with Facilitators</li> <li>• Review schedule and facilitator expectations</li> <li>• Review sim scenario <ul style="list-style-type: none"> <li>○ Sim progression (Stages 1-4)</li> <li>○ Cues</li> <li>○ Script</li> <li>○ Learner objectives</li> </ul> </li> </ul> Review debriefing points	FOR Facilitators
	Program scenario	If appropriate to the type of scenario, Sim Specialist may set up some parts of the events in advance If using medstation- build patient profile, chart, and MAR	Sim Specialist
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>AT LEAST 1 week prior to simulation</b>	Final run through and pilot test	One site meeting (1 hour) to review the scenario, set up, equipment, scenario progression, test out programming, etc.	FOR Sim Specialist Sim Director Facilitators (if available)
	Scenario final changes, updates	Make any final edits and changes identified during the run through, ensure facilitator guide is also updated	Sim Director

	Print up documents	Facilitator clipboard: <ul style="list-style-type: none"> <li>• Facilitator guide</li> <li>• Rotation schedule</li> <li>• Additional resources/references</li> </ul> Reference Documents for Learners Build patient chart 2 copies full Sim Scenario Additional copies of the rotation schedule QR code eval flyers- 4 for each debriefing room	Sim Tech
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>Day before simulation</b>	Final details	Double check set up Confirm all documents are ready Confirm rotation schedule/facilitator assignments are correct Double check that all technology is working, and equipment is functioning	Sim tech
<b>Day of simulation</b>	Arrive early (30-60 min) Confirm room set up Review prebriefing, room orientation, scenario, and logistical details with facilitators Orient to equipment including A/V system		FOR Facilitators Sim Director (if available) Sim Tech
<b>WHEN</b>	<b>WHAT</b>	<b>HOW</b>	<b>WHO</b>
<b>1 week after simulation</b>	Grade assignments	Grade pre/post work Repost eval link on canvas	FOR
	Review Simulation Evaluations	Sim director will send final data to FOR Save excel in Sim Center one drive Make changes or updates for future use Add any updated practice or EBP	Sim Director
	Process improvement	If necessary, sim team will develop process improvement plan using: Facilitator feedback Observation Sim Evals	FOR Sim Director Sim Specialist

## Objective Structured Clinical Examinations (OSCE)

### STEPS FOR PLANNING DNP-FNP OSCEs AND FINAL EXAMS

#### QUARTER BEFORE OSCE

WHEN	WHAT	HOW	WHO
<b>Week 10</b>	Initial planning meeting	<ul style="list-style-type: none"> <li>• Confirm dates</li> <li>• <a href="#">Submit reservation request</a></li> <li>• <a href="#">Complete OSCE planning table</a></li> <li>• Setup/equipment needs</li> <li>• Basic Case details</li> <li>• Number of SPs needed</li> <li>• Day of schedule and other logistical details</li> </ul>	<p>Sim Center Director Sim Specialist Course Faculty/Program Directors</p>
	Recruit SPs	<ul style="list-style-type: none"> <li>• Contact previous SPs</li> <li>• Once SPs have been selected, send list of SPs to Purchasing team for on boarding</li> <li>• Assign SPs a case and provide logistical details</li> <li>• Generate PRF once SPs have been recruited</li> <li>• Send list of SPs assignments to course faculty and Sim Center Director</li> </ul>	<p>Sim Specialist will contact SPs, once SPs are selected and send list Purchasing team who will onboard SPs Sim Manager will generate PRF for SPs, Parking and food and submit to purchasing team, OSCE expenses come from DNP Budget</p>
	Once reservation request is submitted, add to Sim Capture Calendar	<ul style="list-style-type: none"> <li>• <b>OSCEs are usually week 9 of the quarter, but may vary due to holidays, etc</b></li> <li>• <b>Generally, the schedule is planned spring before the academic year starts</b></li> </ul>	<p>Sim Specialist enters in sim capture calendar</p>

#### QUARTER BEGINS

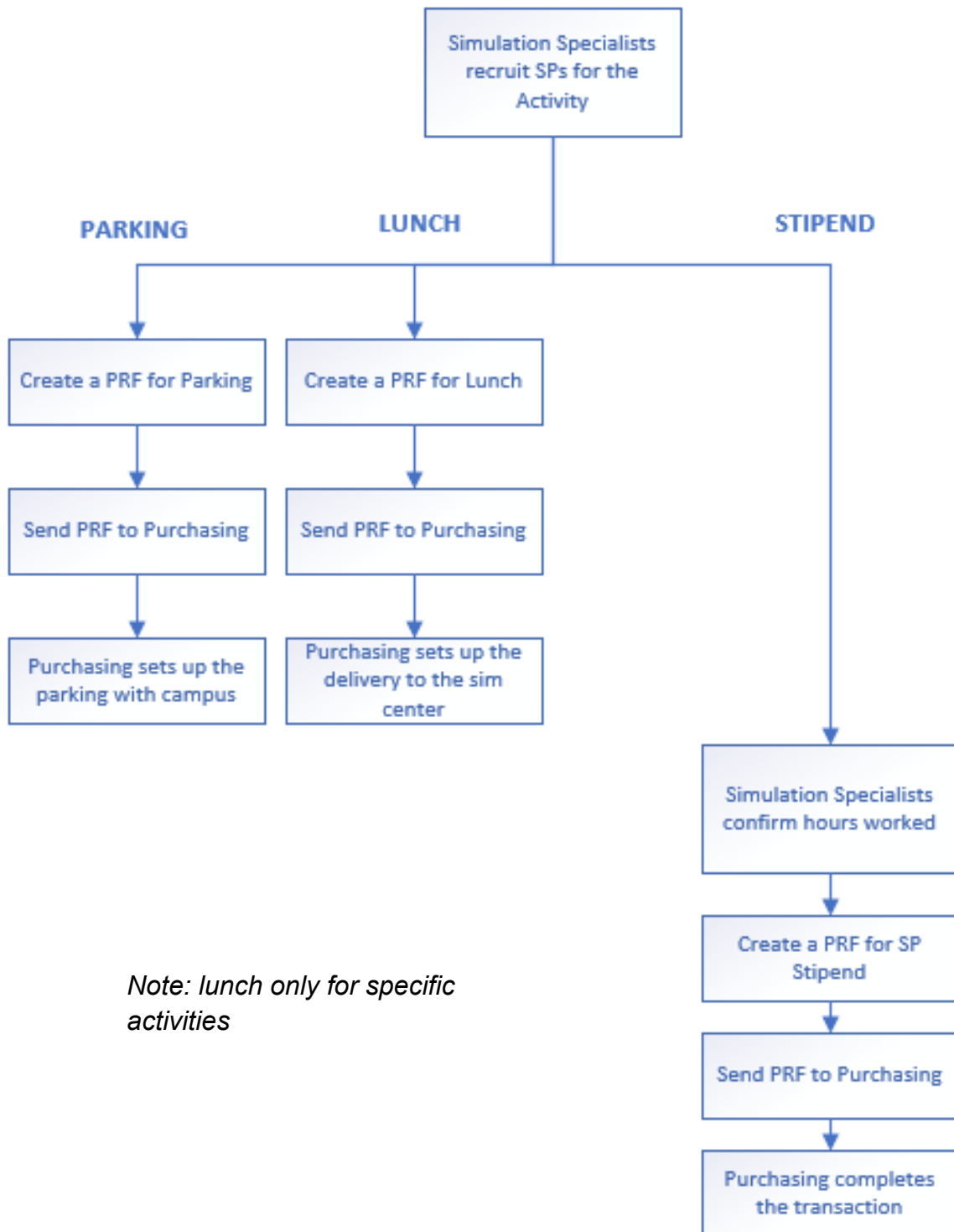
WHEN	WHAT	HOW	WHO
<b>Week 5</b>	Update cases and checklists	<ul style="list-style-type: none"> <li>• Faculty to send updated content/cases and checklists to Sim Center Director and Sim Specialists</li> <li>• Sim Center Director will save documents to the Sim Center One Drive</li> <li>• Sim Specialist to update Sim Capture</li> </ul>	<p>Course faculty sends to Sim Director and Sim Specialist</p>
	Send list of scheduled faculty to Sim Center	<ul style="list-style-type: none"> <li>• Sim Specialist will add new faculty to Sim Capture as needed</li> </ul>	<p>Course faculty will send list of faculty to Sim Specialist</p>
<b>Week 6</b>	Update Sim Capture with content, schedule, students, faculty and SPs	<ul style="list-style-type: none"> <li>• Input checklists, door notes in sim capture</li> <li>• Ensure SPs, students and faculty are added to sim capture for access to checklists and scheduling</li> <li>• Input rotation schedule into Sim Capture</li> </ul>	<p>Sim Specialist</p>

	Confirm SPs, and other logistics	<ul style="list-style-type: none"> <li>• Confirm food orders</li> <li>• Snacks and other supply orders submitted</li> <li>• PRF for SPs and food signed and submitted</li> </ul>	Sim Specialist will contact Purchasing team to confirm food order with Sim team
<b>Week 6-7</b>	Orient SPs to the cases	<ul style="list-style-type: none"> <li>• Send script to SPs</li> <li>• Meet with SPs to review case</li> <li>• Follow up with an questions</li> </ul>	Sim Specialist will send scripts and case info to SPs and meet with SPs to discuss case. Further questions regarding the case will be escalated to Sim Director as needed
	Prep for run through	<ul style="list-style-type: none"> <li>• Once cases, checklists, students, instructors and SPs are inputted into Sim Capture, create a copy for dry run testing</li> </ul>	Sim Specialist to generate copy of the event and plan dry run test
<b>Week 7</b>	Final review meeting	<p>Faculty to meet with sim center team to:</p> <ul style="list-style-type: none"> <li>• Dry run in Sim Capture</li> <li>• Review any last-minute logistical issues</li> <li>• Confirm set up and day of planning details</li> <li>• Confirm final student assignments/rotation schedule submitted to Sim center</li> <li>• Create consent in Forms or Qualtrics if necessary and make QR code flyer</li> <li>• Create Sim Center Evaluation and QR code flyer (send link to faculty)</li> </ul>	Course faculty meet with Sim Center Director and Sim Specialist to create consent forms and evaluation QR signs
	Final SP details	<ul style="list-style-type: none"> <li>• Parking permits to SPs</li> <li>• Food ordered</li> </ul>	Purchasing team will confirm to Sim team that parking permits are ready and food has been ordered
	Sim Capture Schedule finalized	<ul style="list-style-type: none"> <li>• Final student rotation assignments confirmed in Sim Capture</li> </ul>	Course faculty will confirm with Sim Specialist
<b>Week 8</b>	Final Checks	<p>Confirm:</p> <ul style="list-style-type: none"> <li>• Food ordered</li> <li>• SP parking permits sent</li> <li>• Sim Capture ready <ul style="list-style-type: none"> <li>○ Schedule</li> <li>○ Cases</li> <li>○ Door notes (if any)</li> <li>○ Checklists</li> </ul> </li> <li>• Updates and changes from dry run confirmed</li> </ul>	Sim Specialist will confirm with faculty that sim capture has passed the dry run and follow up with purchasing team regarding food orders, parking
	Documents created	<p>Print and create:</p> <p>SP folder</p> <ul style="list-style-type: none"> <li>• Copy of SP checklists</li> </ul>	Sim Director and Sim Specialist (student worker) will prep document packets

		<ul style="list-style-type: none"> <li>• Rotation schedule</li> <li>• SP scripts</li> </ul> Faculty clip board <ul style="list-style-type: none"> <li>• Note paper</li> <li>• Rotation schedule</li> <li>• SP and faculty checklist</li> <li>• Case information, door notes</li> </ul> QR flyer for consent if necessary, QR flyer for evaluation	
<b>Day before OSCE</b>	Set up	<ul style="list-style-type: none"> <li>• Ensure snacks, drinks are out</li> <li>• Faculty clipboards, SP folders and SP sign in/consent on sim office desk</li> <li>• Final tech check- ensure computers don't need updates, AV is working, etc</li> </ul>	Sim Director Sim Specialist Student workers
<b>Week 9 Day of OSCE</b>	All participating faculty and staff to arrive 30 minutes before exam Sim Director: <ul style="list-style-type: none"> <li>• Ensures student consents are complete</li> <li>• Prebrief students</li> <li>• Escorts students to their stations (or delegates to student worker)</li> <li>• Assists with transition between cases</li> </ul> Faculty of Record <ul style="list-style-type: none"> <li>• Orients SPs when they arrive (along with Sim Specialist)</li> <li>• Case Expert</li> <li>• Student assessment</li> </ul> Additional Evaluators <ul style="list-style-type: none"> <li>• Complete student assessment checklists</li> <li>• Provide student feedback</li> </ul> Sim Specialist (#1 and #2) <ul style="list-style-type: none"> <li>• #1 Runs Sim Capture</li> <li>• #1 Starts/Stop announcements</li> <li>• #2: Ensures SPs sign consents, sign in, oriented to the day, and are escorted to their room to change</li> <li>• #2 Troubleshoot technical issues, assist with student rotations, assist faculty</li> </ul> Student worker (if available) <ul style="list-style-type: none"> <li>• Manage front desk</li> <li>• Assist with student rotations</li> <li>• Monitor Soap note room</li> </ul>		Sim Director Sim Specialist Student workers Course faculty Additional evaluators

<b>1-2 weeks after OSCE</b>	Debrief event	<ul style="list-style-type: none"> <li>• Send link to sim center eval to faculty if students didn't use QR code</li> <li>• Meet to discuss what went well, what can be improved, etc</li> <li>• Once all evals are done, Sim Director or Sim Manager will send to FOR</li> </ul>	<b>Course faculty</b> <b>Sim Director</b> <b>Sim Specialist</b> <b>Sim Manager</b>
	Process improvement	If necessary, sim team will develop process improvement plan using: <ul style="list-style-type: none"> <li>• Facilitator feedback</li> <li>• Observation</li> <li>• Sim center evals</li> </ul>	<b>Sim Director</b> <b>Sim Specialist</b> <b>Sim Manager</b>
	SP payment	<ul style="list-style-type: none"> <li>• Submit SP sign in and consents to operations</li> <li>• Ensure SPs are paid</li> </ul>	<b>Sim Specialist send sign in documents to Purchasing team</b> <b>Purchasing team will follow up with Sim team when SPs are paid.</b>

APPENDIX J - PRF FLOW (STANDARDIZED PATIENT ACTIVITIES)



*Note: lunch only for specific activities*