University of Mary
Division of Nursing
Simulation Manual

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Nursing Simulation Mission Statement

The University of Mary offers high quality, student-centered simulated clinical experiences. Within the simulation center, the simulation team creates a safe environment, while utilizing high-fidelity simulators where students engage in the practice of nursing skills, evidence-based practice, informatics, professional standards, collaboration, provision of patient centered care, and interprofessional communication. The University of Mary nursing simulation experiences seeks to enhance the quality of healthcare and patient safety.

Developed Feb '17

Nursing Simulation Center Scheduling and Use Policy

Availability and Hours of Operation

The simulation center is located within the Saint Gianna School of Health Sciences' (SGSHS) Nursing Division. The Simulation Center is available for use by all University of Mary departments, programs, individuals, collaborators, clinical partners, and local community organizations with proper application and approval. The Simulation Center's hours of operations are 7:30 am – 4:30 pm Monday—Friday during the academic year. Scheduling use at time other than regular operating hours is at the discretion of the Simulation Coordinator and/or Simulator Technician.

Utilization Options

1. Skill practice lab (using task trainers or Human Patient Simulators)
2. Skills and procedure training and testing (can be recorded)
3. Medical simulations (with SPs or HPSs)
4. Training Programs (i.e., AHA CPR courses, Simulation Faculty Development, etc.)
5. Equipment loaning for use outside the Simulation Center (by faculty only with prior approval)
6. Active learning classroom activities
7. Career exploration tours
8. Professional development

Simulation Center Space and Terminology

Rooms
Equipment
Differentiate between Simulations Labs and Skills Lab
Simulation Personnel/Faculty

Simulation Center Equipment Utilization

Any equipment taken out of the Simulation Center space must be signed out using the Simulation Center Equipment Check Out Form. Capital equipment can only be removed from the Simulation Center upon prior approval from the Associate Dean of the Nursing Division or delegate and university policies must be followed.

Simulation Center Reservations and Scheduling

All Simulation Center sessions including use of the space and/or equipment should be initiated via reservation request using the current Simulation Center Request Form. The request must be submitted at minimum 2 weeks prior to the proposed event via email to simcenter@umary.edu. This email distribution group will send your request to the Simulation Technician and Simulation Coordinator for review and scheduling. Set up time of (i.e., between 15—30 minutes before the simulation begins) and time for clean-up following the simulation (i.e., 15—30 minutes at conclusion of simulation or skills lab) should be included in your request.

Approval and priority of use are determined by appropriateness, completeness of the request application, and readiness of course materials. All SGSHS Nursing Division classes will have scheduling priority. Instructors intending to use the Center for an entire semester may reserve the room(s) for the period and should be indicated in the reservation application. It is the instructor's responsibility to communicate with the Simulation Center Coordinator any times during the semester when the room(s) will not be in use, allowing others to use the lab at that time. Simulation facilitators are encouraged to complete an orientation of the Simulation Center and complete a "dry run" of the simulation scenario prior to implementing the an actual learner scenario.

In the event of overlapping simulation events from within the SGSHS, the Simulation Coordinator and Simulation Technician will review the course calendar, number of students involved, room availability, facilitator availability, and equipment needs and will determine the best solution for each simulation activity overlap.

Simulation Center Fees/Funding

All Reservation Request forms should include course funding information. If this information is not available when submitting the application, then 'TBD' should be indicated in the accounting/funding field. The Nursing Division Simulation Center reserves the right to request prior funding approval for the creation and implementation of events, activities, and courses.

Simulation Center Operations

Simulation facilitators will follow the University of Mary Division of Nursing Simulation Policies (which includes Simulation Design, Pre-briefing & Debriefing, Evaluation and Lab Conduct/Behavior Guidelines of the Simulation Lab). Food and drink are not allowed in the exam rooms, simulation and procedure rooms, or near any equipment. Universal precautions are to be followed at all times while working in the Simulation Center.

Simulation Center Cleaning and Maintenance

Clean up following the use of the Simulation Center for a simulation or a skills lab includes:

- Leaving all center spaces and equipment as found
- Returning all supplies, equipment, and furniture to original locations
- Cleaning and disinfecting, when necessary, used and/or soiled surfaces

University of Mary Simulation Pre-briefing/Debriefing Policy

The purpose of the Simulation Debriefing Policy is to provide students with a standardized, evidence-based approach to each simulation by faculty facilitation of engagement, clinical judgement, clinical reasoning, and learning.

1. Timeframe: Plan for the debriefing experience to take as long if not longer than the actual simulation.

2. Pre-briefing/Orientation:

1. Discuss method of debriefing utilized (PEARLS – see below)
2. Discuss Expectations and expected outcomes: including participant conduct, and simulation objectives.
3. Reinforce confidentiality (remind student of confidentiality agreement signed),
4. Set the scene & establish team roles (randomized) and responsibilities.

Facilitator will provide a general orientation video of simulation to students. Facilitator may also make a course specific orientation video. Recommended to debrief away from the experience. (EBP to use a debriefing room to create a learning safe environment)

- Safe environment for Pre-briefing and Debriefing:
    - Psychologically safe
    - Participant's thoughts can be examined without fear of humiliation, belittling or intimidation.
    - Respect is given for each participant's unique perspective.

3. Debriefing Reaction Phase: When the learner is able to express their emotions freely (facilitator questions: How was that? How did that feel?). Debriefing is an integral part of simulation and requires at least the same amount of time as the actual simulation scenario.

4. Debriefing Analysis Phase:

Review how objectives were met (be sure these are specific enough to get at the purpose of why the students did the simulation.) Facilitator can ask: How did you meet objective1, objective 2, objective 3, etc.

Let the learner analyze the events and allow for participant reflection, get the students' perspectives, and thought processes – facilitator should refrain from teaching/lecturing.

Guide the learner to identify their performance strengths and areas they could improve, stress clinical judgment, and clinical reasoning.

- Facilitator's Goals:
    - Facilitate reflective thinking.
    - Encourage open dialogue.
    - Clarify expected outcomes and expectations.
    - Motivate change in behavior.

- Promote self-esteem.
- Provide needed information (help close the circle for the learner).

Facilitator then Identifies the gaps missed and assesses the student learning. All simulations are recorded, and skills labs may be recorded. For scenarios that include video feedback:

- Segments of video should be used (with 2-4 segments utilized)
  - 2 positive segments and 2 segments showing areas of improvement.

5. Debriefing Closing:

Repeat the objectives and address a major learning topic brought forth by students. Facilitator can ask for takeaways, such as "How will you use the information they learned today?"

Facilitators should focus on improvement for actual practice.

Learners should complete the evaluation of the simulation and the facilitator in the debriefing room or immediately after the simulation (2 surveys, DASH: evaluation of faculty facilitation and Student Evaluation of Simulation Effectiveness (SESET))

Pearls Scripted Debriefing Tool-Quick Start Guide

PEARLS DEBRIEFING FRAMEWORK

<table>
<tr><td colspan="3">REACTION
"How did that feel?"</td></tr>
<tr><td colspan="3">DESCRIPTION
"Can someone summarize what the scenario case was about from a medical point of view? What were the main nursing issues you had to deal with?"</td></tr>
<tr><td colspan="3">ANALYSIS
Pick one of the three methods below</td></tr>
<tr><td>LEARNER SELF-ASSESSMENT (E.G. PLUS-DELTA)
"What aspects of the case do you think you managed well?"<br>"What aspects of the case would you want to change?"</td><td>DIRECTIVE FEEDBACK AND TEACHING
I noticed you [insert performance gap here].
Next time, you may want to…[close gap]…because [provide rationale]</td><td>FOCUSED FACILITATION (E.G. ADVOCACY INQUIRY)
Elicit underlying rationale for actions: see page 2 for approach</td></tr>
<tr><td colspan="3">Are there any outstanding issues we haven't discussed yet before we start to close?</td></tr>
<tr><td colspan="3">APPLICATION/SUMMARIZING
Learner Driven: "I like to close the debriefing by having each of you state one or two take-aways that will help you in the future."</td></tr>
</table>

Eppich, W., & Chen, A. (2013, January). Performance Enhancement through Augmented Reflective learning in Simulation (PEARLS): A mixed methods approach to healthcare simulation debriefing. Paper presented at the International Meeting on Simulation in Healthcare (IMSH) conference, Orlando, FL.

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Debriefing Assessment for Simulation in Healthcare (DASH) Student Version©

Directions: Please summarize your impression of the introduction and debriefing in this simulation-based exercise. Use the following scale to rate each of six "Elements." Each Element comprises specific instructor behaviors, described below. If a listed behavior is impossible to assess (e.g., how the instructor(s) handled upset people if no one got upset), don't let that influence your evaluation. The instructor(s) may do some things well and some things not so well within each Element. Do your best to rate the ***overall effectiveness*** **for the whole Element** guided by your observation of the individual behaviors that define it.

Rating Scale

Rating	1	2	3	4	5	6	7
Descriptor	**Extremely Ineffective / Detrimental**	Consistently Ineffective / Very Poor	Mostly Ineffective / Poor	Somewhat Effective / Average	Mostly Effective / Good	Consistently Effective / Very Good	**Extremely Effective / Outstanding**

Element 1 assesses the introduction at the beginning of a simulation-based exercise.

Skip this element if you did not participate in the introduction.
If there was no introduction and you felt one was needed to orient you, your rating should reflect this.

Element 1 **The instructor set the stage for an engaging learning experience.**	**Overall Rating Element 1** _____

- The instructor introduced him/herself, described the simulation environment, what would be expected during the activity, and introduced the learning objectives.
- The instructor explained the strengths and weaknesses of the simulation and what I could do to get the most out of simulated clinical experiences.
- The instructor attended to logistical details as necessary such as toilet location, food availability, schedule.
- The instructor made me feel stimulated to share my thoughts and questions about the upcoming simulation and debriefing and reassured me that I wouldn't be shamed or humiliated in the process.

Elements 2 through 6 assess a debriefing.

Element 2 **The instructor maintained an engaging context for learning.**	**Overall Rating Element 2** _____

- The instructor clarified the purpose of the debriefing, what was expected of me, and the instructor's role in the debriefing.
- The instructor acknowledged concerns about realism and helped me learn even though the case(s) were simulated.
- I felt that the instructor respected participants.
- The focus was on learning and not on making people feel bad about making mistakes.
- Participants could share thoughts and emotions without fear of being shamed or humiliated.

University of Mary Division of Nursing Student Evaluation of Simulation Effectiveness Tool (SESET)

Adapted from the **Simulation Effectiveness Tool (2015),** Victoria L.Elfrink CordiPhD, RN[a]KimLeightonPhD, RN, CNE[b]NancyRyan-WengerPhD, RN, CPNP, FAAN[c]Thomas J.DoyleMSN, RN[d]PatriciaRavertRN, PhD[e]

Please circle the number that best reflects your opinion about your simulation experience.

	Do Not Agree	Somewhat Agree	Strongly Agree
The instructor's questions helped me to critically think (L)	0	1	2
I feel better prepared to care for real patients (C)	0	1	2
I developed a better understanding of the pathophysiology of the conditions in the SCE (L)	0	1	2
I developed a better understanding of the medications that were in the SCE (L)	0	1	2
I feel more confident in my decision making skills (C)	0	1	2
I am more confident in determining what to tell the healthcare provider (C)	0	1	2
My assessment skills improved (L)	0	1	2
I feel more confident that I will be able to recognize changes in my real patient's condition (C)	0	1	2
I am able to better predict what changes may occur with my real patients (C)	0	1	2
Completing the SCE helped me understand classroom information better (L)	0	1	2
I was challenged in my thinking and decision-making skills (L)	0	1	2
I learned as much from observing my peers as I did when I was actively involved in caring for the simulated patient (L)	0	1	2
Debriefing and group discussion were valuable (L)	0	1	2

Note. C Confidence subscale; L Learning subscale; SCE simulated clinical experience.

Nursing Simulation Assessment/Evaluation Policy

1. Course faculty create a detailed simulation scenario checklist (to be used during the simulation debriefing) using course learning objectives to measure course competency attainment.
2. Simulations may be graded based on course discretion. Criteria is listed in the University of Mary, student simulation competency evaluation form.
3. Student satisfaction survey data is gathered and reviewed to assess simulation as an effective learning strategy. (DASH and SESET – see below)
3. Simulation labs are treated as nursing practice hours, the criteria and performance behaviors identified on clinical evaluation apply to simulation labs.

May'13; Mar'20; Nov 23

University of Mary, Student Simulation Competency Evaluation Date: Student Name: Instructor Name: Course #/ Simulation:	**Not Met (NM)= Does not demonstrate competency** **MET (M)= Demonstrates competency** **NA= Not applicable**			**Notes:**
Assessment	**Applicable Criteria - If not applicable, circle NA**			
1.Obtains Pertinent Data	NM	Met	NA	
2. Performs Assessments (Initial and Follow-up)	NM	Met	NA	
3. Assesses the Environment	NM	Met	NA	
Communication 4. Communicates Effectively with Intra/Interprofessional Team (SBAR, Written Read Back Order)	NM	Met	NA	
5. Communicates Effectively with Client and Significant Other (verbal, nonverbal, teaching)	NM	Met	NA	
6. Documents Clearly, Concisely, & Accurately	NM	Met	NA	
7. Responds to Abnormal Findings Appropriately	NM	Met	NA	
8. Promotes Professionalism	NM	Met	NA	
Clinical Judgement				
9. Interprets Vital Signs (T, P, R, BP, Pain)	NM	Met	NA	
10. Interprets Lab Results	NM	Met	NA	
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)	NM	Met	NA	
12. Prioritizes Appropriately	NM	Met	NA	
13. Performs Evidence Based Interventions	NM	Met	NA	
14. Provides Evidence Based Rationale for Interventions	NM	Met	NA	
15. Evaluates Evidence Based Interventions and Outcomes	NM	Met	NA	
16. Reflects on Clinical Experience	NM	Met	NA	
17. Delegates Appropriately	NM	Met	NA	
Patient Safety 18. Uses Patient Identifiers	NM	Met	NA	
19. Utilizes Standardized Practices and Precautions Including Hand Washing	NM	Met	NA	
20. Administers Medications Safely	NM	Met	NA	
21. Manages Technology and Equipment	NM	Met	NA	
22. Performs Procedures Correctly	NM	Met	NA	
23. Reflects on Potential Hazards and Errors	NM	Met	NA	
Comments:				

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Student Simulation Self Observation Tool

Name: _____ **Simulation:** _____

Immediately after your simulation, please note your observations in the designated areas. Be prepared to provide feedback on strengths and areas for improvement during the debriefing.

Focus Areas	Strengths/Appropriate Interventions	Opportunities for Improvement
Assessment Tools/equipment used Appropriate techniques? Systematic approach? Recognized significance of findings/ changes? Findings documented? Referred to appropriate personnel? Evaluated after intervention?		
Communication With patient With family/significant others With carer/caregiver With other team members With HCP Approaches used • Verbal/non-verbal? • Therapeutic touch? Patient education		
Management Best practices used? Prioritized interventions? Appropriate protocols/procedures/treatments/interventions used? Critical thinking/problem solving? Delegated appropriately? Fluid/blood/drug administration? Short-term plan • Coordination with interdisciplinary team? Long-term plan • Coordination with interdisciplinary team?		

Based on your observations of this simulation, what areas of practice do you feel you should focus on?

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Nursing Simulation Scenario Development Policy

1. Each simulation experience consists of learning objectives designed to address AACN and QSEN competencies, as appropriate, which coincide with course and clinical objectives. Simulation objectives should focus on:
    a. Learning (knowledge)
    b. Skill performance
    c. Learner Satisfaction
    d. Critical Thinking
    e. Self-confidence (Waxman, 2010)
2. Course faculty members create the scenario (see simulation design form) and detailed checklist consisting of critical elements to address simulation objectives which correlates with course/clinical objectives and are used to guide assessment of student performance.
    a. The checklist will include "critical actions and behaviors that promote patient safety, optimal sequence of critical actions that would indicate knowledge and skill competences, time frame to initiate critical actions, and duration of critical actions" (Waxman, 2010, p. 32).
    b. Faculty will complete a scenario rehearsal with students or faculty prior to implementing the scenario as a part of the curriculum (Waxman, 2010).
3. Students prepare for each simulation experience by reviewing selected scenario information provided by course faculty. Faculty are encouraged to provide an orientation/observational video to the students prior to the simulation experience.
4. Each scenario is video recorded and available for use in debriefing (see Debriefing Policy).

Waxman, K.T. (2010). The development of evidence-based clinical simulation scenarios: Guidelines for nurse educators. Journal of Nursing Education, 49(1) 29-35. doi:10.3928/01484834-20090916-07

May'13 ,Jan24

Simulation Foci	Topic, course focus, broad concept being addressed.
Modality/Pilot (Standard: Design- criterion 11)	Refer to standard- develop a statement that addresses criterion related to piloting the simulation.
Cohort (Standard: Design- criterion 2)	Refer to standard- identify the learner level/cohort characteristics.
Interprofessional (Standard: Sim Enhanced-IPE)	Indicate if the experience is interprofessional/interdisciplinary and list competencies being addressed.
Professional Integrity (Standard: Professional Integrity)	Refer to standard- develop a statement that addresses criterion and concepts of DEI, ethics, confidentiality, and psychological safety.
Purpose (Standard: Design- criterion 2)	Refer to standard- develop a statement that addresses criterion related to the needs assessment. [ ] Promote readiness for clinical practice [ ] Address competencies [ ] Improve quality of care and patient safety [ ] Enhance curriculum in the classroom and/or clinical areas [ ] Provide opportunities for standardized clinical experiences
Fidelity (Standard: Design- criterion 6)	Refer to standard- develop a statement that addresses criterion related to fidelity and realism. Physical Fidelity: Conceptual Fidelity: Psychological Fidelity:
Needs Assessment: AACN Essentials (Standard: Design- criterion 2)	Refer to standard- develop a statement that addresses criterion related to the needs assessment. Mapping can Include and spheres of care, concepts, domains, competencies, subcompetencies addressed.
Outcomes, Objectives, Competencies (Standard: Design- criterion 3) (Standard: Outcomes and Objectives)	Refer to standards- develop a competency statement that addresses criterion and relates to Bloom's psychomotor domain since simulation is performance-based. Ensure objectives are realistic, achievable, and measurable. **Competency Statement:** **Simulation Objectives: 3-4 specific to the simulation**

SBE Structure (Standard: Design- criterion 4)	Refer to standard- develop a method to reflect the start and end point for the simulation. **Ex: Prebrief/Orientation: 30 min** **Sim: 30 min** **Debrief: 60 min** **Schedule:** **Space**: ☐ Virtual ☐ FTF ☐ HiSBE (High fidelity Simulation Based Experience) • Learning experiences have been developed to provide intensive learning encounters in which participation in the clinical event represents a compressed or accelerated timeline of the patient care trajectory. • The HiSBE meets the criteria established by The Healthcare Simulation Standards of Best Practice™(INACSL Standards Committee, 2021) for professional development, simulation design, prebriefing, facilitation and debriefing, outcomes and objectives, and evaluation.
SBE Preparation (Standard: Design- criterion 8)	Refer to standard- develop a plan and supporting materials for student preparation.
Prebrief (Standard: Prebriefing) **Debrief** (Standard: Design- criterion 9) (Standard: The DB Process)	Refer to standards- develop statements that relate to prebrief and debrief excellence. **Simulation facilitators must have successfully completed the INACSL courses on prebriefing, facilitation, debriefing, and professional integrity as found on https://learning.inacsl.org/** Prebrief: Debrief:
Evaluation (Standard: Design- criterion 10) (Standard: Evaluation of Learning and Performance)	Refer to standards- develop statements that addresses criterion and relates to evaluation. Student: SBE:

Facilitation (Standard: Design- criterion 1/7) (Standard: Facilitation) (Standard: Professional Development)	Refer to standards- develop statements that addresses criterion and relates to facilitation.
Orientation to the Simulated Environment (Standard: Design- criterion 8)	Refer to standard- develop methods that address criterion.
Clinical Judgment Actions (Standard: Design- criterion 4/5)	Refer to standard- develop protocols that meet criterion.
Faculty/Facilitator Role (Standard: Facilitation)	Refer to standard- develop protocols that meet criterion.
References	Dickison, P., Haerling, K. & Lasater, K. (2019). Integrating the National Council State Boards of Nursing-Clinical Judgment Model (NCSBN-CJM) into Nursing Educational Frameworks. Journal of Nursing Education 58(2), 72-8. National Council of State Boards of Nursing (2020). NCSBN Clinical Judgment Model. Retrieved from https://www.ncsbn.org/14798.htm INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™. *Clinical Simulation in Nursing,* https://www.inacsl.org/healthcare-simulation-standards Mullen, L. (2023). Simulation Design Template. JMU School of Nursing

Setup Location(s): (Standard: Operations)	**Patient Name:** **DOB:**
Manikin Type Infant ☐ Child ☐ Adult ☐ Skin Tone Light ☐ Medium ☐ Dark ☐ SP Role: _____ Initial Room/SP Setup: Room Reset: •	Standard room supplies and equipment: • Standard Supply Cart- stocked • Handoff sheets on clipboard • Bed, nightstand, overbed table, IV pump, patient monitor, workstation with laptop, barcode scanner, medication drawer. • Additional supplies and equipment needed: • itemize here and insert costs below

Operation Category	**Measure**
Additional supplies and equipment costs	
Cohort size	
# of spaces needed	
Group # (up to 4 students each)	
SP's needed	
SP hours	
SP costs (# of hours x $20)	
Simulation preparation hours	
Technicians needed	
Base technician hours (BTH)	
Additional BTH	

Develop detailed medication setup information specific to your program.

Medication Setup

Medication	Packaging for room setup	Total # needed	Special instructions
Example: Combivent bullet	1 bullet in a mini bag with barcode	30 bullets	Place mini bag in med drawer of WOW- leave the rest for restocking

Develop a detailed patient summary that gives context to the simulation.

Patient Summary (Standard: Design- criterion 4) **Name:** DOB: Allergies: Height: Weight: Provider: Code Status:
HPI: PMH: Surgeries: Psychosocial: EHR Tutor Chart Needed ☐ Provider Orders: *Medication Orders:*

Patient Protocol

(Standard: Design- criterion 5)

Name: DOB: Allergies:

Height: Weight: Provider: Code Status:

Cues	Essential Performance
Manikin Settings Behavior Cues Verbal Cues Environmental Cues Contextual Cues	Professional Role Introduce self/professional role/ Demonstrate teamwork and collaboration Prioritizes care appropriately Competency statements? Performance expectations? Solutions? Rubric? Measurement tool? Evaluation? Communication Displays compassionate behaviors and uses therapeutic communication *(answers questions, expresses kindness, open body language, words of encouragement and support, allows for expression of feelings, validating emotions, etc.)* • *This should include specific competencies, actions, solutions that support meeting objectives/outcomes*

SP Protocol

(Standard: Design- criterion 5)

Patient Name:

DOB: Height: Weight: Allergies:

SP ROLE: (patient, family member, other)

Simulation Focus	Adult Health, Pediatrics, Women's Health, Mental Health, etc.
Background Information	Relevant background information to enact the role
Patient History and Cues	Relevant histories to enact the role (past medical history, surgical history, social history, etc.)

Cues	Essential Performance
Behavior Cues Verbal Cues Environmental Cues Contextual Cues	Professional Role Interpersonal communication, caring behaviors, empathy, education, or supportive frameworks that are expected of students. • Performance expectations that SP should be cognizant of to help guide protocol

University of Mary, Nursing Division Standardized Patient Policy

Purpose:

Simulation using humans acting as clients, family members, or healthcare professionals that interact with learners in a wide range of experiential learning contexts is a recognized methodology called human simulation (Lewis et al., 2017). This human actor is otherwise known as a simulated patient, or SP. The purpose of this policy is to establish clear guidelines in creating simulations using SPs that are safe and effective for all [learners, SPs, instructors, etc.]. This policy will incorporate the guidelines constructed by the Association of Standardized Patient Educators (ASPE), an organization focused on SP-based pedagogy, assessment, research, and scholarship (Lewis et al., 2017).

Definitions.

Standardized Patient/Simulated Patient. Used interchangeably and refers to a person trained to portray a patient in realistic and repeatable ways. This person interacts with the learners during experiential contexts and can also provide feedback on learner performance from the perspective of the role they portray.

Learners. Can be described as students, trainees, participants, examinees, or candidates.

PLATFORM FOR COMMUNICATION – Could the SP get access to CANVAS – or a umary.edu email for communication specifically for this SP?

Statement of Policy

Domains

Safe Work Environment.

Principle	We practice the following:
1.1 Safe work practices	1.1.1 Ensure safe working conditions in the design of the activity for the SP (address in an SP manual) (e.g., number of rotations (no more than 4/day), number of breaks, physical, cognitive, and psychological challenges in the role portrayal). 1.1.2 Anticipate and recognize potential occupational hazards, including threats to SP safety in the environment (disclaimer in the manual) (e.g., allergenic substances, exposure to sharps, air quality, live defibrillators). 1.1.3 Screen SPs to ensure that they are appropriate for the role(manual – no one in a role of power such as any UMary nursing instructor that teaches the particular group of students [per discretion of consultation with sim coordinator], the direct course instructor, or clinical instructor/adjunct that is part of the summative/formal assessment) (e.g., no conflict of interest, no compromising of their psychological or physical safety). 1.1.4 Allow SPs to opt out of any given activity if they feel it is not appropriate for them to participate(manual disclaimer – they agree to participate, but they can opt out at anytime – document). 1.1.5 Brief SPs so they are clear about the guidelines and parameters of a simulation activity(SP manual and/or specific simulation/activity training provided prior to sim). 1.1.6 Provide SPs with strategies to mitigate potential adverse effects of role portrayal and prevent physical injury or fatigue (make the SP a part of the debriefing process – they go first and give opinions to students. Disclaimer in SP manual about potential injury with role portrayal (i.e. transferring by a student) – and STOPOUT available. Give SP power on frequency of sim experience). 1.1.7 Inform SPs and clients about the criteria and processes for terminating a simulation if they deem it harmful(STOPOUT). 1.1.8 Structure time and create a process for de-roling and/or debriefing(SP will be a part of the debriefing process). 1.1.9 Monitor for and respond to SPs who have experienced adverse effects from participation in an activity(In debriefing – include a written follow up specific for the SP and ask about adverse effects experienced). 1.1.10 Provide a process (see above – QR code survey) for SPs and clients to report adverse effects from participation in an SP activity (e.g., documentation and action steps to resolve the situation). 1.1.11 Support SPs who act in accordance with delineated program expectations if a complaint is made about them(Pre-briefing and debriefing of learners on potential adverse effects related to the SP roles. Sim coordinator/instructor's discretion to stop sim if SP is acting out of role. Debriefing performed immediately after simulation for non-coerced insight). 1.1.12 Manage client(non-nursing entities – 3rd parties who use our sim lab) expectations of an SP's possibilities and limitations(provide SP policy). 1.1.13 Work with clients to clearly define the expected scope of SP involvement in work assignments(provide SP policy – contract probable).
1.2 Confidentiality	1.2.1 Understand the specific principles of confidentiality that apply to all aspects of each simulation event(include confidentiality policy in manual). 1.2.2 Ensure that SPs understand and maintain the principles of confidentiality related to specific simulation events(include confidentiality policy in manual).

	1.2.3 Protect the privacy of the personal information of all stakeholders, including that which may be revealed within a simulation activity(mutual confidentiality policies – i.e. protect the client from personal information such as a mole on their butt being shared with others, or protect the students from being libeled. Student handbook. Health Assessment. Expand simulation confidentiality policy to include specifics for SP).
1.3 Respect	1.3.1 Respect SPs' self-identified boundaries (e.g., modesty, limits to physical touch, impact on person) (Prebriefing of the SP on expectations with them knowing they can refuse the sim experience Develop checklist on personal boundaries for SP on what is okay, what is NOT okay – then share that with the learner in prebriefing). 1.3.2 Provide SPs with adequate information so that they can make informed decisions about participation in work assignments(SP given scenario prior to acceptance and can accept or refuse). 1.3.3 Ensure that SPs understand if and how they are being compensated before accepting work (e.g., may include payment for training and work time, travel expenses, food vouchers, gift cards)(Talk with someone about money. If the SP is here all day, offer Crow's Nest lunch, or coffee at Caribou. HOSPITALITY. Free CEs for initial training? Career Academy have health acting class? Dakota Stage acting class? Theater group on campus? BSC acting classes?).

Case Development.

Principle	***Practice***
2.1 Preparation(Already covered)	*2.1.1 Ensure that cases align with measurable learning objectives. (See INACSL Standard: Outcomes and Objectives.)* *2.1.2 Identify and engage relevant subject matter experts to assist in the creation of materials.* *2.1.3 Ensure that cases are based on authentic problems and respect the individuals represented in a case to avoid bias or stereotyping marginalized populations.* *2.1.4 Ensure that case development process allows sufficient time to draft, review, and edit case materials prior to implementation.* *2.1.5 Ensure that changes arising from dry-runs or other piloting processes are addressed prior to implementation of the case.*
2.2 Case components(Already done)	*Ensure case components include the following when appropriate:* *2.2.1 Clear goals and objectives that can be assessed.* *2.2.2 Goals and objectives that specify the intended level of learners.* *2.2.3 Simulation design that meets the purpose.* *2.2.4 Simulation design that is repeatable.* *2.2.5 Information for SPs (e.g., situation and backstory, history, affect and demeanor, signs and symptoms to simulate, cues).(Provided to SPs prior to simulation)* *2.2.6 Training resources (e.g., props, moulage, videos, task trainer).* *2.2.7 Case-specific feedback or debriefing guidelines(Include in SP debriefing/QR code).* *2.2.8 Briefing instructions, time frames, instructions to learners.* *2.2.9 Evaluation instruments and performance measures (e.g., checklists and rating scales, participant and facilitator evaluations).* *2.2.10 Training protocols for raters (SP or other).* *2.2.11 Data for managing the documents and recruiting SPs (e.g., author information, date of development, patient demographics, body type criteria).(Develop database on SP demographics that will match case roles. Also include the SP training and/or interests AND their availabilities. Have a pre-survey for all eligible participants to recruit SPs. Follow up with training session for the specific simulation.)*

SP Training for the Role Portrayal, Feedback, and Completion of Assessment Instruments.

Principle	Practice
3.1 Preparation for training SIM Coordinator will be the main oversight – but will NEED another person to help with coordination of training, scheduling, and follow up and maintenance of the SPs.	3.1.1 Review the purpose, objectives and outcomes (see INACSL Standard: Outcomes and Objectives), logistics, and case materials of the activity. Case specific, orientation per course and per case. May make a standardized SIM prep that covers for every simulation (for students as well). 3.1.2 Address one's own knowledge gaps, if any. Definitions given during case prep. Some simulations may *prefer* a certain type of SP (such as prior nursing experience) – use the SP questionnaire about interest/background etc. Area for questions on prep documents – for the SP to ask questions of the SIM coordinator prior. 3.1.3 Create a training plan that is responsive to the context and format of each activity (e.g., group training for standardization, video review, practice with simulation equipment). Part of policy – would be part of hands-on orientation. Modules – would have content – then practice piece. 3.1.4 Gather training resources to supplement training. Offer copies of videos used previously to watch and acclimate to simulation. EAP access through CHI? (ask HR). ASPE – how to teach healthcare acting. Check with Lark. 3.1.5 Gather administration documents and special instructions. Confidential agreements/liability release – sign documents. May need HR and Legal team to review prior to delivery.
3.2 Training for role portrayal	3.2.1 Review with SPs the key objectives, responsibilities, context (e.g., formative, summative, level of learner, placement in curriculum) and format (e.g., length of encounter, type of encounter) of each activity. Case/scenario prep orientation. 3.2.2 Engage SPs in discussion and practice of role portrayal features (e.g., affect, signs and symptoms, behaviors). Case/scenario prep. 3.2.3 Provide SPs with strategies to deal with unanticipated learner questions and behaviors. SP policy – debriefing, EAP access. 3.2.4 Ensure consistency and accuracy of role portrayal of individual SPs, and among groups of SPs portraying the same role. SP orientation (general) and case/scenario orientation. Have objectives clear for each case/scenario. 3.2.5 Ensure SP readiness for the simulation activity through repeated practice and targeted feedback. Consider making an SP checklist for a "dry run" Practice time carved out for SP/SIM coordinator/course instructor to pre-brief on scenario. The SP will get feedback on their performance prior to student simulation. Per SIM coordinator discretion, can "dismiss" the SP for future use. (i.e. if the SP is taking away from the learning or cannot meet objectives).
3.3 Training for feedback	3.3.1 Review with SPs the fundamental principles of feedback as they relate to the planned activity. Initial training of SP should cover feedback principles. How to give critiques during debriefing. Ask the SP to give feedback based on their specific role (i.e. patient and/or family and/or HCP). 3.3.2 Inform SPs of the feedback objectives and level of the learners with whom they will be learning. Case/scenario specific orientation. 3.3.3 Inform SPs of the feedback logistics and setting (e.g., one-on-one feedback with learner, small group feedback, simulation debrief). Room orientation/sim lab

	orientation. Watch the debriefing video (anticipated date Summer 2023). Make a video with an SP (pre, intra, de-briefing). 3.3.4 Train SPs to use their observations, responses, and knowledge to provide feedback on observable, modifiable behaviors in learners. See 3.3.1 3.3.5 Ensure SP readiness through repeated practice and targeted feedback. See 3.2.5
3.4 Training for completion of assessment instruments	3.4.1 Ensure that SPs understand the nature, context, and objectives of the assessment. Provided during prep (SESE + checklist) 3.4.2 Ensure that SPs understand the format of the assessment instrument. See 3.4.1 3.4.3 Ensure that SPs are able to complete assessment instruments in the time allotted. SPs are part of debriefing – would answer questions during debriefing. Molly to see if there is a specific SP tool for assessment? Is this necessary for them to complete a formal assessment? 3.4.4 Provide SPs with practice completing assessment instruments with a variety of learner behaviors. See 3.4.3 – is this necessary? 3.4.5 Ensure that SPs understand both the principle and receptive experience of any physical exam maneuvers they will be assessing. See 1.3.1 3.4.6 In formative assessment, ensure consistent and accurate completion of an assessment instrument within individual SPs, and among groups of SPs performing the same task. See 3.4.3 – will they perform the formal assessment? 3.4.7 In high stakes assessment, verify inter-rater reliability, in which a learner would achieve the same score when rated by different SPs. See 3.4.3 – will they perform the formal assessment? 3.4.8 In high stakes assessment, verify intra-rater reliability, in which SPs would assign the same score to an identical performance at different points in time. See 3.4.3 – will they perform the formal assessment?
3.5 Reflection on the training process	3.5.1 Reflect on one's own training practices for future improvement (e.g., evaluation forms, debriefing, video review). (See also Domain 4.6: quality management.) Perpetual calendar – evaluation of SP training semi-annually. Invite them to this evaluation. After training offer survey to the SP, then after first simulation, then again in … months?/year? Should be on the Simulation Strategic Plan.

Program Management.

Principle	**Practice**
4.1 Purpose Simulation Strategic Plan	4.1.1 Articulate a mission statement for the program. Simulation Strategic Plan 4.1.2 Develop program goals. Simulation Strategic Plan 4.1.3 Identify measurable objectives for each goal (where appropriate). Simulation Strategic Plan
4.2 Expertise	4.2.1 Possess depth of knowledge in SP methodology. Training manual, simulation policies and procedures, certification of staff. (certified healthcare simulation education – SIM staff) 4.2.2 Advocate for the integration of SP methodology into the curriculum where appropriate. Simulation committee – dissemination of minutes. Part of yearly assessment plan?

	Recommend adding to assessment plan. **4.2.3 Identify when SPs should be incorporated into a simulation activity.** Case dependent – will be addressed during scenario development. 4.2.4 Collaborate with subject matter experts to design SP cases, training, and assessment materials. Done. Modify existing valid/reliable cases. 4.2.5 Train SPs according to scenario or project parameters. See Principle 3.
4.3 Policies and procedures	4.3.1 Develop and document policies to guide program activities. Already done from INACSL standards. 4.3.2 Develop and document policies that take into consideration disability access and inclusion. Need to add this to policies from INACSL. 4.3.3 Develop and document business processes and procedures, including but not limited to creating financial management, business, and strategic plans. In progress – simulation strategic plan (ad hoc committee made 3/17/23) 4.3.4 Ensure policies and procedures are kept current and accessible. Perpetual plan – add to assessment plan? House on the N:Drive? 4.3.5 Distribute policies and procedures to relevant stakeholders. Relevant stakeholders include simulation advisory committee? SGSHS. Faculty.
4.4 Records management	4.4.1 Collaborate with subject matter experts to develop a system for reporting learner performance to stakeholders (e.g., learners, curriculum developers, faculty, administration). Strategic plan – utilization reports – go to advisory committee. Otherwise, student learning performance would upload to LMS for faculty/learner review. 4.4.2 Ensure that policies are in place for case sharing and archiving. N:Drive and LMS 4.4.3 Develop and document methods for securely storing, archiving, and destroying confidential data (e.g., SP records, learner data, video data, consent forms, release forms). Within LMS; N:Drive.
4.5 Team management	4.5.1 Consult with legal, financial, and human resources experts to ensure that status of SPs (e.g.. employee, independent contractor, volunteer) and compensation structure (if applicable) comply with institutional requirements. Consult legal and HR (for training/manual/compensation/legal forms, etc.) 4.5.2 Develop processes to identify, screen, interview, select, debrief, and maintain SPs and staff. Survey to start with interest/background/expertise/boundaries. 4.5.3 Recruit and maintain a cohort of SPs that reflects the diversity of the people they represent in simulation activities. Add demographics to survey – knowing this will be limited due to ND location and volunteerism/expertise. 4.5.4 Establish policies and procedures for the psychological, physical, and environmental safety of SPs, learners, staff, and faculty. (See the "Domain 1: safe work practices" section.) 4.5.5 Advocate for ongoing professional development opportunities for all staff, including SPs. Coordinate with faculty development offering via SIRC.
4.6 Quality management	4.6.1 Gather data regularly to assess the alignment of program activities with legislated, institutional, and program policies and procedures. 4.6.2 Gather feedback regularly from SPs, learners, faculty, and other users regarding the quality of services provided by the program. A part of Evaluation/surveys 4.6.3 Analyze data and other feedback in a timely manner. Add to policy 4.6.4 Implement changes for continuous improvement. Simulation added to program assessment day

	4.6.5 Inform stakeholders of changes made based on their feedback. Add simulation to advisory board survey and survey stakeholders

Professional Development.

Principle	Practice
5.1 Career development	5.1.1 Develop and promote expertise in knowledge, skills, and attitudes related to SP-based simulation(For the SP – CEs potentially offered for training and improving their expertise. For the school – opportunities for research and sharing with SGSHS). 5.1.2 Develop and promote expertise in theories, principles, and processes of education and assessment relevant to the context of one's practice (e.g., medical education, nursing education, legal, and law enforcement training) (Invite SGSHS into simulation, invite 3rd parties for simulations. Conduct research and disseminate). 5.1.3 Maintain membership in professional simulation societies (e.g., ASPE, ASPiH, INACSL, SESAM, SSH)(SIM Coordinator recommended to participate in a professional simulation society. Look into departmental membership/subscription to a simulation society.). 5.1.4 Engage in educational opportunities (e.g., professional conferences, courses, degree programs, certifications)(SIM Coordinator recommended to participate in ongoing simulation-specific CEs. All simulation staff recommended to participate in simulation-specific CEs consistently. Professional development of nursing faculty – updated annually). 5.1.5 Develop personal management skills (e.g., time management, wellness strategies, career planning)(Sim staff – job descriptions built from these SOBP). 5.1.6 Seek out opportunities for career mentoring(Professional membership/certifications. SimTech network – on FB – utilizing newest tips and techniques for simulation).
5.2 Scholarship	5.2.1 Develop an understanding of the range of opportunities for scholarship in SP methodology. 5.2.2 Identify and/or develop new contexts for SP methodology(Collaborate with all stakeholders [hospitals, the State of ND, law enforcement, healthcare agencies] for research). 5.2.3 Contribute to the evolution of best practices through innovation, research, and dissemination of emerging methods in various venues e.g., publications, presentations)(Future).
5.3 Leadership	5.3.1 Promote understanding and development of SP methodology locally, nationally, and internationally(Future. Molly goes to Ireland. Nicole goes to Maui). 5.3.2 Mentor and support SPs and other SP educators within one's institution and within the community of practice (See 1st domain). 5.3.3 Seek out and advocate for growth of leadership skills (e.g., collaboration, team building, change management, interpersonal effectiveness, conflict resolution)(Relating to staff that uses SP – not the SP specifically. SGSHS needs to support).

New Faculty Simulation Orientation Checklist

□ Orient to individual simulators and capabilities.

- Lab scheduling
- Orientation to sim lab polices

□ Orient faculty to audiovisual equipment

□ Simulation scenarios and scenario information provided by CAE

□ Communication amongst students

-Sim objections

-Prep Questions

-Scheduling students

□ Orient to equipment being used in the scenario (IV pump, defibrillator, etc.)

□ Location of Medication and Supplies

□ Assign and explain roles for participants and observers

□ Professional clothing (i.e. lab coats or student uniforms)

- Pre-briefing

□ Debriefing

- Complete SIRC course on Debriefing
- Orientation faculty to debriefing
- New Faculty will observe 3sim labs and debriefings

1. Date:_____ Lab/course:_____ Faculty:_____
2. Date:_____ Lab/course:_____ Faculty:_____
3. Date:_____ Lab/course:_____ Faculty:_____

Sim Coor. Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

University of Mary, Division of Nursing Simulation Medication Error Form

UNIVERSITY of MARY

UMary Division of Nursing Medication Error Form

Name: Age:

Diagnosis:

Employee Discovering the Error

Date Error Occured: | **Time Error Occured:**

Date Error Discovered: | **Time Error Discovered:**

Location (Ward/Unit: | **Date/Time Error Reported:**

Which category made the initial incident? ☐ Physician ☐ Nurse ☐ Pharmacist ☐ Other

In which medicine use stage did the error occur?

☐ Prescribing ☐ Preparation ☐ Dispensing ☐ Transcribing ☐ Administration ☐ Monitoring ☐ Other

Brief Description Error:

Other category involved in the incident? ☐ Physician ☐ Nurse ☐ Pharmacist ☐ Other

Error discovered by:

☐ Physician ☐ Nurse ☐ Pharmacist ☐ Other

Involved Medicine

General Name: Brand Name: Frequency: Dose/Concentration:

Dosage Form:	**Route of Administration:**	**Package Container:**
☐ Tablet/Capsule/Oral liquid	☐ Tablet/Capsule/Oral liquid	☐ Tablet/Capsule/Oral liquid
☐ Cream/Ointment/Gel/Paste	☐ Cream/Ointment/Gel/Paste	☐ Cream/Ointment/Gel/Paste
☐ Aerosol/Inhalation/Drops	☐ Aerosol/Inhalation/Drops	☐ Aerosol/Inhalation/Drops
☐ Injectable (IV/IM/ER/SC)	☐ Injectable (IV/IM/ER/SC)	☐ Injectable (IV/IM/ER/SC)
☐ Suppository	☐ Suppository	☐ Suppository
☐ Other	☐ Other	☐ Other

Did the incident reach the patient? ☐ Yes ☐ No

Was the incorrect medication, dose, dosage form administrated to or taken by the patient? ☐ Yes ☐ No

Immediate Action Taken: What was the follow-up action(s)?

Name of Immediate Supervisor: Signature: Date/Time:

Physician Intervention

Physician Follow-up: (*if error reached the patient*)

Has the Patient been seen by physician? ☐ Yes ☐ No

Assessment:

Examination/Treatment: ☐ Antidote to be given:

☐ Patient for monitoring/observation ☐ Blood tests requested ☐ Other

Medication Safety Officer

Indication the possible incident cause(s) and contributed factor(s)

☐ Lack of policy ☐ Wrong labeling/instruction on dispensing envelope or bottle/container

☐ Inexperienced Personnel ☐ High workload ☐ Patient information/record unavailable/inaccurate

☐ Sound alike medication ☐ Look alike medication/packaging ☐ Illegible prescription

☐ Failure to adhere to work procedure ☐ Stock arrangement/storage problem ☐ Other

Recommendations: (Suggestions to prevent recurrence of error)

University of Mary, Division of Nursing Simulation Lab Confidentiality Statement / Photography Release

The University of Mary, Division of Nursing supports the Honor Code. Honor Code The Honor Code is binding to all members of the university community. This includes the Simulation Lab. Participants are expected to keep all events, procedures and information used in conjunction with the Simulation Lab strictly confidential. This includes patient history information obtained prior to the actual simulation experience, as well as information obtained and used in the prebriefing and debriefing. Participants are not to share information about their simulation experience with others. Violation of this confidentiality statement is a violation of the Honor Code and will lead to consequences for the participant, including possible removal from the program.

I, _____, have read the statement above and will abide by it. (print name)

I agree to allow the University of Mary to record and/ or photograph my image/performance in the simulation lab for teaching purposes (I understand if I do not consent to have my image/performance image recorded, I will meet with the Associate Dean of Nursing).

_____ _____

Date Signature

Approved Jan 2024