



UNIVERSITY OF  
**South Carolina**

**Clinical Simulation  
Laboratory**

**Policies and Procedures Manual**

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## Clinical Simulation Laboratory (CSL) Mission and Vision Statements

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**CSL Mission:** Combine theory-based methodology, evidence-based practice, and research to facilitate transformative experiential learning experiences that prepare students to enhance patient safety and advance healthcare education.

**CSL Vision:** To serve as a leader for simulation best educational practices and a resource for faculty development with the goal of improving quality and safety of patient care to individuals, families, and the communities we serve.

REVIEWED/REVISED: 10/8/2019

APPROVAL: Simulation Advisory Committee

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## Meeting Ethical Standards

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The College of Nursing (CON) CSL uses the International Association for Clinical Simulation and Learning (INACSL) Standard of Best Practice: Simulation Professional Integrity. This standard is aimed at promoting ethical professional behaviors and conduct. Elements included in professional integrity are confidentiality, compassion, honesty, commitment, collaboration, mutual respect, and engagement in learning activities. The standard for professional integrity is implemented in all SBE's. All persons involved with simulation, including students, are held to this standard.

The CSL grants scheduling priority to courses in the undergraduate and graduate nursing programs. Requests for skills labs and simulation-based learning experiences for nursing courses are honored in the order in which they are received, space and resources permitting. Details regarding priority of use are outlined in the 'priority and determination conflict' policy.

All simulation events that take place in the CSL are designed to promote and ensure psychological safety as a priority. We consider any threats to psychological safety to be a high priority for the CSL that requires immediate intervention. The CSL operates on the principle that building confidence in our students will create more competent healthcare professionals. We hold both high standards and high regards for our students.

Instructors seek to help prepare a future workforce that will positively impact the patients they will serve. The University of South Carolina's College of Nursing promotes ethical principles that create a learning environment that is safe and conducive to learning.

- Educator Specialists will participate in an orientation that introduces them to experiential learning and the ethical conduct involved.
- The CSL policy 'Ethics Integrity' provides the expectation for ethical behavior in the CSL
- Instructors and participants can file complaints to identify possible opportunities for improvement regarding ethics.
- The CSL has the expressed right to use simulation instructional material developed by instructors.
- As an entity of the College of Nursing, the CSL grants scheduling priority to courses in the undergraduate and graduate nursing programs. Requests for skills labs and simulation-based learning experiences for nursing courses are honored in the order in which they are received, space and resources permitting. Details regarding priority of use are outlined in the 'priority and determination conflict' policy.
- To ensure psychological safety during simulated clinical experiences multiple processes have been put into place to include a prebrief designed specifically for each course and level of learner. The safety precautions enforced in the CSL and other clinical settings follow the College of Nursing's policies and procedures on safety.
- All students, staff, instructors, and visitors are expected to behave in a professional and appropriate manner. If this is determined to not be the case, then the Director of the CSL has the obligation to step in to determine an appropriate course of action to remedy the situation.

REVIEWED/REVISED: 4/3/2020

APPROVAL: Simulation Advisory Committee

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## Ethics and Integrity

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Anyone using the CSL services are expected to follow the University of South Carolina's Carolinian Creed which states:

"As a Carolinian...

I will practice personal and academic integrity.

I will respect the dignity of all persons.

I will respect the rights and property of others.

I will discourage bigotry, while striving to learn from differences in people, ideas and opinions.

I will demonstrate concern for others, their feelings, and their need for the conditions which support their work and development.

The CSL operates by the core values of The Basic Assumption™ developed by the Harvard Center for Medical Simulation which states:

**"We believe that everyone participating in activities at UofSC College of Nursing is intelligent, capable, cares about doing their best and wants to improve."**

REVIEWED/REVISED: 10/8/2019

APPROVAL: Simulation Advisory Committee



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## Governance

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The Simulation Advisory Committee (SAC) provides guidance and recommendations for the strategic plan of the CON simulation program to assure quality simulation-based education in congruence with the CON mission and goals. The committee functions under the guiding principles of simulation standards of best practice established by the International Nursing Association for Clinical Simulation and Learning (INACSL), other professional organizations and accrediting bodies. Specific responsibilities include:

- Assessing and evaluating simulation-based educational strategies and processes
- Developing and reviewing simulation policies and procedures
- Evaluating appropriate technologies and equipment
- Examining performance improvement processes for simulation-based experiential learning
- Identifying, monitoring, and making recommendations for simulation faculty development needs
- Identifying, monitoring, and making recommendations for student educational needs related to simulation-based education
- Serving in an advisory capacity to the Director of the CSL

### Membership and Process:

All CON faculty members are invited to attend the SAC meetings.

The Director of the CSL serves as the Chair of the SAC. Members include 2 undergraduate and 2 graduate faculty members whose primary teaching responsibility in the previous academic year was a simulation-enhanced course, and 1 undergraduate and 1 graduate student representative. The Associate Dean for Academics and the Director of Information Technology are ex officio members of this committee.

Members are elected by CON faculty for a 2-year term and can be re-elected for 1 consecutive term. Elections are managed by the CON bylaws committee.

Other key stakeholders, including but not limited to staff, students, and community practice partners, may be invited to attend meetings when an agenda item warrants their input or participation.

The SAC meets at least four times per year.

REVIEWED/REVISED: 10/8/2019

APPROVAL: Simulation Advisory Committee

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## Brand Use

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The CSL follows policies and procedures according to the University of South Carolina's policy on [Brand Strategy and Branded Communications \(COMM 1.0\)](#).

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APPROVAL: Simulation Advisory Committee

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## Hours of Operation

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- The CSL operates from 8:00 am – 4:30 pm Monday through Friday. Weekend and after hours must be approved by CSL administration before an event can be scheduled.
- Hours other than 8:00 am – 4:30 pm Monday through Friday are considered off hours.
- Courses during off hours of operation need to be confirmed by the Operations Manager within 8 weeks before the start of the course as per the CSL scheduling policy.
- The Operations Manager will review the pending after hours/weekend requests to ensure that the rooms are available at the CSL and that support personnel are available to support the event.

### **Weekends and Off-Hours**

- All off-hours use of the CSL must be pre-approved by CSL leadership. All requests for use of the CSL are to be completed using the scheduling form found here: <https://form.jotform.com/82354095346157> Schedule requests for use of the CSL will be reviewed Monday – Friday during normal business hours. Responses will be within one day during normal business hours.

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APPROVAL: Simulation Advisory Committee

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## Code of Conduct

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### **Instructor Code of Conduct**

Instructors of the CSL make a commitment to adhere to the Carolina Creed.

*We will practice personal and academic integrity.*

*We will respect the dignity of all persons.*

*We will respect the rights and property of others.*

*We will discourage bigotry, while striving to learn from differences in people, ideas, and opinions.*

*We will demonstrate concern for others, their feelings, and their need for conditions which support their work and development.*

*Allegiance to these ideals requires us to refrain from and discourage behaviors which threaten the freedom and respect every individual deserves.*

**As Teachers**, we commit ourselves to pursuing our classroom and individual mentoring responsibilities conscientiously with high intellectual standards and clear pedagogical goals. We also commit ourselves to dealing fairly and respectfully with all students.

**As Colleagues**, we commit ourselves to supporting faculty colleagues in their pursuit of excellence in research, teaching, and service and to dealing with all university personnel in a civil and responsible manner. We also recognize that disagreement on issues of importance is inevitable and even welcome in a University environment. We therefore affirm our commitment to academic freedom, even as we pledge ourselves to civil and responsible discourse.

**As Researchers and Scholars**, we commit ourselves to pursuing our research with rigor guided by the highest ethical and intellectual standards of our disciplines and to presenting the results of our research honestly and accurately. We further commit ourselves to carrying these high professional and personal standards into all work that we might perform outside the university.

Finally, in all our dealings we commit ourselves to respecting the rights and feelings of others; to maintaining the confidentiality of sensitive personal or institutional information; to being good stewards of University resources; and to being active agents for promoting the values inherent in the Carolinian Creed.

[Referenced from The University of South Carolina Faculty Manual. \(pg. 3\)](#)

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APPROVAL: Simulation Advisory Committee

## **Participant Code of Conduct**

**Professional conduct:** Learners must always conduct themselves in a professional manner when in the simulation lab. Learners are expected to be on time and prepared for the simulation experience.

Cell phones are not to be used during simulation. \*

**Dress code:** Learners must be in proper uniform when in the simulation lab. Refer to [CON student handbook](#) for requirements regarding approved uniform attire, hair, fingernails, tattoos, jewelry, shoes, and personal hygiene.

**Attendance:** per the CON student handbook *Attendance at Clinical Experiences*, all clinical experiences, including lab and simulation time is required. Tardiness or leaving early may be considered as an absence.

## **Non-Participant Observation**

To protect the confidentiality and psychological safety of the students participating in simulation-based experiences in the CSL, non-participant observation must be approved in advance by the Director of the CSL where possible. Non-participants are required to use the observation guide when observing simulation experiences.

Approval may be granted for educational purposes, quality assurance, and research.

\*This does not apply to tours or visiting faculty

\*Unless approved by Simulation Staff for use of resources for clinical setting.

REVIEWED/REVISED: 10/8/2019

APPROVAL: Simulation Advisory Committee

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## Authorization & Consent to Photograph

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- In the CSL all simulation rooms are equipped with video recorders and microphones. Campus security also has cameras installed around the CSL that are independent of the CSL's simulation activities.
- Photography and digital recordings are prohibited during any simulation experience without prior approval from the CSL Director and a signed authorization from the student (s).
- All participants are required to sign [the Confidentiality Agreement and Authorization for Photography/Video release](#) upon entering the upper division nursing program.

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## Feedback Resolution

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If an incident/feedback cannot be resolved immediately, a feedback form will be completed and forwarded to the specified point of contact at the CSL and/or the Associate Dean for Academic Affairs. All feedback will be treated confidentially, and only appropriate individuals will be contacted. See feedback flowcharts.

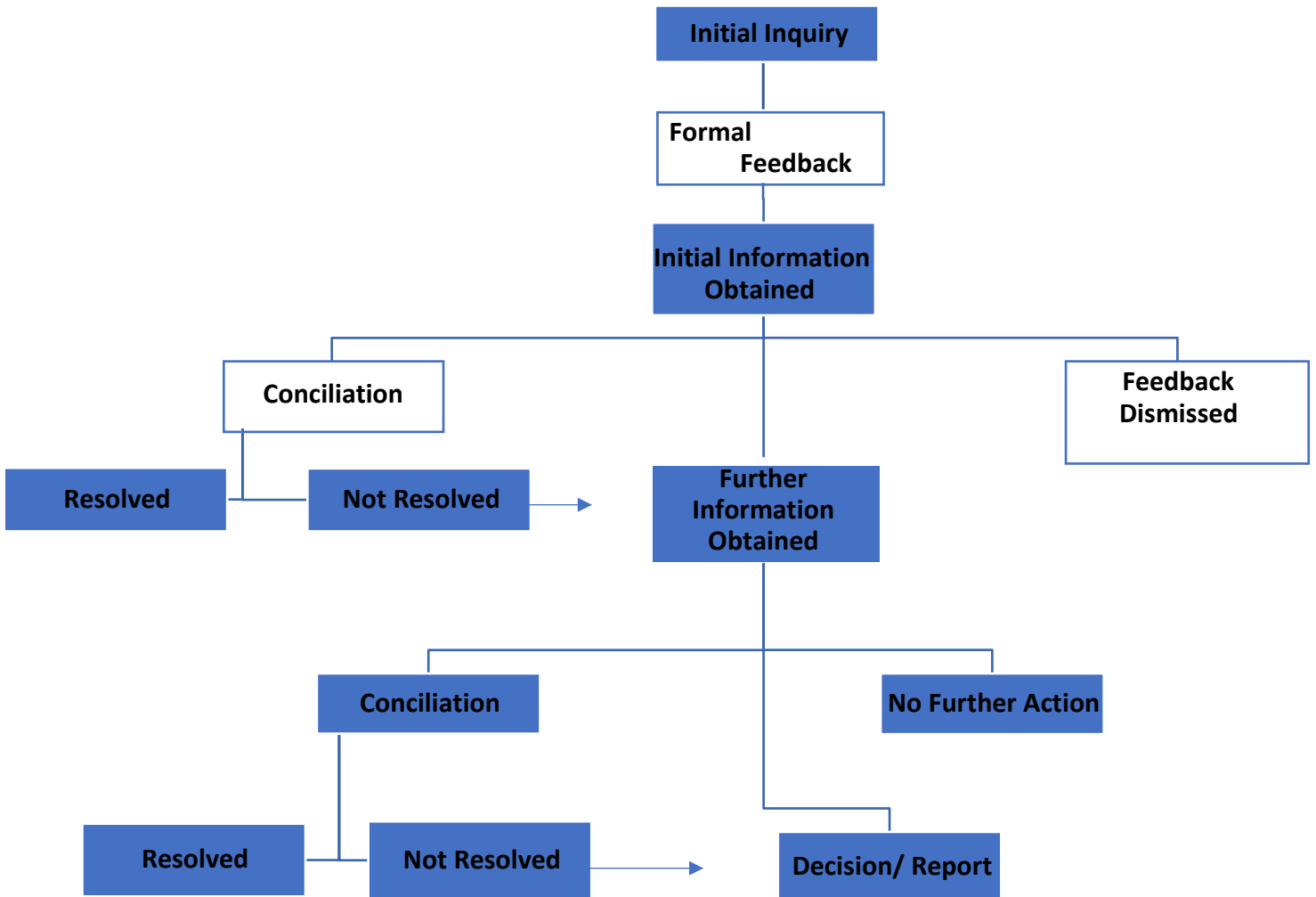
### Instructors

- Instructors who have feedback about course material should address the simulation educator.
- Instructor feedback about the conduct of a participant should be addressed between the instructor and that participant. If there is no resolution, then a member of CSL leadership should be notified.
- Instructor feedback about the CSL facility or staff should be addressed directly to Director of the simulation lab.
- Feedback unable to be addressed by the Director will be addressed by the Simulation Advisory Committee.
- Proper documentation of the feedback and resolution will be supplied to the originating department as well as the participant, instructor, and course coordinator.
- Instructors have the option to complete an end of semester faculty satisfaction survey.

### Participants

- Feedback by participants should be initially addressed by that course instructor. If the feedback is about the instructor, then a member of the CSL leadership should be contacted for further resolution.
- CSL leadership will address the participant, document the feedback, and determine if the feedback is facility related, or a matter that should be handled by the department from which the instructor originates.
- Feedback by instructors, about participants, will be referred to the department that the participant originates from.
- If the instructor feedback about the participant is of an immediate nature, then a member of CSL leadership should be notified.
- Participant feedback about CSL staff or facilities should be addressed by the Director of the simulation lab. Participants should notify their instructor of the feedback and the instructor should notify the CSL leadership.
- Feedback unable to be addressed by the Director will be addressed by the Simulation Advisory Committee or Associate Dean of Academic Affairs.
- Participants can also notify any CSL staff member of feedback. CSL leadership will follow up on the feedback within 7 days.
- Proper documentation of the feedback and resolution will be supplied to the originating department as well as the participant, Instructor, and course coordinator.

**Feedback Process Flowchart**





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## Research, Grants, and Publications

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Regular evaluation and assessment of CSL research procedures are a vital part of maintaining an efficient and productive research program. Well designed and implemented research is an essential goal of the CSL. The CSL encourages interprofessional education and collaborative practice (two or more professions) collaborative research. Any research, grant, and publication activities that require the use of the CSL and its resources and/or time from its faculty/staff should be coordinated with and approved by the Director of the CSL.

### **Research/Grants**

Adequate time is required for coordinating and scheduling research related activities and proposals for grant submissions. Requesting assistance at least 3 to 6 months prior to the requested research activity or grant proposal submission deadline is recommended. This advance time request may be modified depending on the funding source and specific research grant requirements. The faculty member should contact the Director of the CSL as early in the preparation process as possible.

The CSL follows the procedures and policies for research as outlined by the Office of Research Compliance (ORC) [http://sc.edu/about/offices\\_and\\_divisions/research\\_compliance/index.php](http://sc.edu/about/offices_and_divisions/research_compliance/index.php). This includes:

- The requirement of Institutional Review Board (IRB) Approval, whether full, expedited, or exempt status, for those studies that meet the definition of human research.
- The principal investigator (PI) on all IRB-submitted research protocols must be a full time University of South Carolina faculty member.
- Anyone involved in research must complete Human Subjects Protection training through Collaborative Institutional Training Initiative (CITI) or hold a current certification from another reputable research governing body. More information regarding this training is available at <https://about.citiprogram.org/en/homepage/>.

### **Publications and Presentations**

Any publication or presentation completed as a collaborative effort with the CSL shall be conducted utilizing a team approach. Requesting assistance at least 6 to 9 months prior to the expected publication submission date is recommended. All publications involving the use of CSL resources must acknowledge the CSL and/or include participating Director of the CSL and staff as contributing authors as appropriate. The faculty member should contact the Director of the CSL as early in the preparation process as possible.

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## Safety & Safety Reporting

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### Campus Resources:

Emergency: Dial 911

Campus Counseling Center: (803) 777- 5223

University of South Carolina Police Department (PD) Dispatch: (803) 777-4215

The safety precautions enforced in the CSL and other clinical settings follow the CON's policy and procedures on safety.

- In all simulation, skills, and exam rooms sharps containers are available for use. Sharps are to be disposed into the red sharps containers (colors may vary). Once the sharps container is full it is removed and replaced with a new container. The Operations Manager is responsible to schedule a pickup with facilities to dispose of the full containers.
- All heavy foot traffic areas are to be free of clutter to prevent the risk of falling. This includes electrical wires, chairs, personal property such as book bags, handbags, and nursing student packs.
- If an accident occurs (needle stick, fall, shock, etc.), it is to be immediately reported to a CSL team member where they can begin an [incident report](#) and [supervisor report](#).
- In case of a fire everyone should depart the area via the safest route available by following the evacuation signs located in the CON's hallways and meet at the designated areas described in the CON's policies and procedures.
- In the case of any emergency in the lab, 911 should be called. If the issue involves a student, the Assistant Dean for that program and Executive Director of Student Affairs should also be notified immediately

### Equipment Safety

Every individual who uses the CSL will receive a formal orientation to the CSL environment. Student orientation to the simulation environment is a part of the prebrief of every CSL simulation-based experience (SBE). During prebrief, students are oriented to the simulated environment and any equipment that may be using during the SBE.

The CSL has defibrillators that are used in the mock code simulation experiences. Students are oriented to the use, application, and safety features of using a defibrillator. The facilitator or faculty member will demonstrate how to turn on the defibrillator, apply the pads to the brass rings located on the manikin, ensure the area surrounding the bed and manikin are clear and administer the shock. This is also the process for any CSL equipment used during the simulation experience (faculty/staff modeling, return student demonstration).

### Psychological Safety

Student orientation to the simulation environment is part of the prebrief of every CSL simulation-based experience (SBE). To initially establish psychological safety of all students during simulated clinical experiences, each simulation experience is required to begin with a course specific learner appropriate prebrief. One of the goals of the prebrief pertaining to psychological safety, includes establishing a safe container as well as addressing subject matter that may be sensitive to a learner based on personal or previous experience.

To establish and maintain a safe space for learning, the CSL has adopted the "Basic Assumption" statement, which is introduced in all prebriefings and incorporated into every aspect of the simulation experience. The Basic Assumption is also posted throughout the CSL. This supports establishing and maintaining a safe environment for the students. The

facilitator reinforces that simulation is a risk-free environment where students are free to make mistakes and learn from those mistakes without judgment or criticism.

Psychological safety is a high priority in the CSL. The CSL leadership team considers sensitive topics/content as an entity of establishing and maintaining psychological safety. The consideration of sensitive topics is addressed using a multi-step approach. Students receive course specific pre-assignment activities prior to the day of the SBE. They are informed of the topics and subject matter prior to the SBE. Psychological safety is reinforced in the prebrief. If the subject matter is of a sensitive nature for the student, additional consideration is taken to ensure students can participate in the experience in a psychologically safe manner. If a student feels unsafe due to the nature of the content, they can participate in the experience as an observer using an observation guide created by the CSL team. To protect the confidentiality and psychological safety of the students participating in simulation-based experiences in the CSL where possible, non-participant observation must be approved in advance, by the Director of the CSL. Students are also aware that they are not excused from the experience. The student would be allowed to participate in the activity as an observer in a private location (control room). Sensitive topics that the CSL leadership team has identified include end of life, mock code, opioid overdose, and psychiatric and mental health issues. Individual student concerns are also included as stated above.

If a participant, visitor, facilitator or instructor is experiencing undue stress, anxiety, or emotional distress, due to the nature of the simulation experience a member of the CSL faculty or staff will intervene to assist the individual in reaching the appropriate campus service. If this occurs during a simulated clinical experience, the facilitator will notify an available CSL faculty, staff, course coordinator, or director.

Both the physical and psychological safety of SPs is addressed in the SP Handbook. The SP Handbook is available upon request.

### **Severe Weather**

In the event of severe weather, the CSL follows University of South Carolina's instructions on whether to be open or closed. In the event of closure, all activities that were scheduled in the lab will be cancelled for the day(s) in question. Reasonable attempts will be made to reschedule activities that were cancelled, but it is not guaranteed. Users that were scheduled for an event in the lab during severe weather should check with the University's main website, [www.sc.edu](http://www.sc.edu), for information regarding closures or delays.

The University follows policy and procedures addressed in [HR 1.18](#) as well as procedures outlined in University of South Carolina's Emergency Management Team's [Emergency Operations Plan](#).

Students, faculty and staff are encouraged to register to receive [Carolina Alerts](#) which gives up-to-the-moment campus safety news.

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## Scheduling, Planning, and Reservations

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The CSL employs a dynamic and iterative process for simulation scheduling, defined by a four-phase process (see [CSL Scheduling Process Flowchart](#)):

1. Request Phase
2. Needs Assessment and Scheduling Phase
3. Planning Phase
4. Pilot Testing and Review Phase

This process applies to all skills, labs, and simulation-based events, whether they are to be created, revised, or repeated without revision. For new or revised courses, the Director/Simulation Educator guides the course faculty in development according to standards of best practice as outlined in the Policy: Planning and Development. For events to be repeated without revision, the steps in the process provide an opportunity to review the event and ensure objectives, design, and outcomes remain appropriate and in alignment with standards of best practice.

### **Phase 1: Requests**

Course faculty submit a request for CSL space and/or services using the electronic [CSL Scheduling Request Form](#) at least eight (8) weeks prior to the start of the requested event. Submission of this form initiates communication with the CSL regarding intent to use CSL space and/or services. The Operations Manager is responsible for responding and tracking the forms. The form will be used for any CSL need, including room requests, OSCEs, skills labs, and simulation-based learning experiences. Requests can be made after the 8-week deadline; however, feasibility will have to be determined by the Operations Manager.

Submission of the form does not guarantee that a request has been booked. The request is considered officially scheduled when the course faculty receives a written reservation confirmation from the CSL.

Upon receipt of the *CSL Scheduling Request Form*, the Operations Manager reviews the request and seeks clarification from course faculty if needed. For all formative or summative experiences, the Operations Manager sends an email to the appropriate CSL team member to schedule a needs assessment meeting between the course faculty and Director of the CSL/Simulation Educator.

### **Phase 2: Needs Assessment and Scheduling**

At least seven (7) weeks prior to the event, course faculty will meet with the Simulation Educator/Director of the CSL/SP Coordinator/Educator to determine needs, desired outcomes, and pedagogical design. Based on educational theory and standards of best practice, the CSL Leadership team and course faculty collaboratively identify logistics, event flow, and resources. Details of the pedagogical design and event flow logistics, such as space and resource requirements, are identified and discussed. The Operations Manager uses the completed *CSL Scheduling Request Form* to book the event in B-Line's Simbridge Calendar by assigning rooms and resources and detailing any important logistical comments. This information is then shared with the team.

Once scheduled, the Operations Manager sends a confirmation reservation email to course faculty as a formal confirmation of days, rooms, and logistical details. The course faculty are expected to review this confirmation and validate that the information is accurate.

### **Phase 3: Planning**

Course faculty should submit the appropriate planning documents (Standardized Simulation Design template (Behavioral Assessment Tool) and Human Role Case Template) at least four (4) weeks prior to the event to allow adequate time for refining objectives, designing the activity, and receiving feedback from the CSL Leadership Team.

For skills labs/stations, course faculty will complete the [Skills Lab/Stations Planning Form](#) and submit to the Operations Manager. If needed, faculty can include additional details for set-up or special requests on the planning form. The information should be directive in nature and serve as a guide to equipment needs, set-up, and disposables.

For simulation-based learning experiences, course faculty will complete the Standardized Simulation Design Template, with guidance and expertise from the CSL Leadership Team. Completion of the *Standardized Simulation Design Template* should be an iterative process between the course faculty serving as content expert and the CSL Leadership Team serving as simulation experts. For events incorporating human roles, course faculty will complete the *Human Role Case Template* section and *SMARTER Tool* that have been incorporated into the *Standardized Simulation Design Template*.

The Planning and Development Policy addresses the theory and evidence-based standards used to inform the planning and development phase.

The CSL Leadership Team reviews the appropriate document(s), provides feedback to course faculty, and assures necessary resources.

Once the CSL Leadership Team approves the simulation documents, the Operations Manager schedules quality assurance checks in the form of pilot testing and pre-flight checks (Phase 4).

### **Phase 4: Pilot Testing and Review**

For a simulation-based learning experience that is new or has undergone substantive changes, the Operations Manager facilitates a pilot-test of the event with content and simulation experts at least two (2) weeks prior to the event to assess for validity, inconsistencies, errors, and fidelity. Revisions are made as necessary based on the results of pilot testing. A final review of the *Standardized Simulation Design Template* with incorporated *Human Role Case Template* (if applicable), *SMARTER Tool* and *Pre-Flight Checklist* also occurs during this phase.

For skills labs and simulation-based events, the Operations Manager leads a pre-flight walk-through with course faculty to verify accuracy of set-up and availability of requested equipment, supplies, and resources. The pre-flight walk-through will occur in the days/week preceding the event.

### **Tracking of Scheduled Events**

The CSL Operations Manager is responsible for tracking scheduled events. Events will be tracked by adding the event's date, time, course/activity, course coordinator, and rooms required into B-Line's SimBridge scheduling calendar. The number of participants should also be recorded by the Operations Manager in an excel file named CSL Learner Contact hours that has been created for tracking purposes.

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## Priority Determination

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The CSL uses many different factors regarding priority determination. First and Foremost, priority is determined as it aligns with the mission and vision of the program. These two statements are the most important factors when determining whether an idea proposed for space/resource utilization and prioritization should be considered. This is accomplished through discussing the matter at CSL Leadership team meetings and Simulation Advisory Committee (SAC) meetings. Individuals in these groups are well immersed in understanding the mission and vision. They provide expertise on whether space/resource utilization and prioritization are viable regarding the statements.

The next factor that effects priority determination is whether the use of a resource is in alignment with our strategic plan for that period. The strategic plan is used for space/resource utilization and prioritization through CSL Leadership team meetings. It is also used in meetings between the Director and Associate Dean of Academics, as well as the Director and the Business Director.

Financial prioritization is an important factor for the CSL to involve in this decision-making process. Equipment needs and requests made before the beginning of each fiscal year will be considered during the budget making process. Requests made after this point will require proposal to the Dean of the CON. Proposals should include indications of how space/resource utilization and prioritization meet the needs of an action in the strategic plan.

During the planning process for current and new simulation educational activities staff and faculty make suggestions for changes in the activities. Suggestions students have made through the evaluation process are also considered at these meetings. These suggestions include changes to curriculum, but also changes for space and resources. Suggestions are accepted and discussed by the leadership team to see how changes correlate with the mission, vision, and strategic plan.

As an entity of the CON, the CSL grants scheduling priority to courses in the undergraduate and graduate nursing programs (graduate students having overall priority). The University of South Carolina Office of Ombudsmen requires that graduate student simulation encounters are scheduled six months prior to their required attendance on campus. Therefore, graduate courses receive priority in scheduling. Requests for skills labs and simulation-based learning experiences for nursing courses are honored in the order in which they are received during the window of submission, space and resources permitting. While requests for specific rooms are considered, final reservations are based on the needs of all CSL participants and is at the discretion of the CSL Leadership Team.

The priority deadlines by semester are as follows:

**Fall: June 30<sup>th</sup>**

**Spring: November 15<sup>th</sup>**

**Summer: March 30<sup>th</sup>**

After the priority deadline has passed, customers external to the CON may schedule events on a first come, first serve basis.

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## Conflicts

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In the event of a scheduling conflict, the Operations Manager will contact the course faculty involved to identify needs, determine flexibility, and explore how both requests might be accommodated. Strategies include, but are not limited to, adjusting days/times or modifying the amount of space requested. Multiple factors such as event complexity, resource demands, availability to staff human roles, and impact on learners will be taken into consideration. If there is continued conflict following the Operation Manager's efforts, the Director will meet with each course faculty to facilitate resolution of conflict.

### **Scheduling Conflict**

Should a scheduling dispute arise in booking rooms, equipment, dates, or times the dispute will be addressed by the Operations Manager. The Operations Manager will attempt to remedy the situation by finding another space, piece of equipment, or another date and time that may meet one of the party's needs. The Operations Manager will also encourage the parties (so long as both parties belong to the CON) involved to communicate with one another to resolve the conflict.

### **Final Arbiter of Scheduling**

If a scheduling dispute cannot be resolved through the efforts of the Operations Manager and the parties involved, then the Clinical Lab Director will have final authority in resolving the dispute.

### **Cancellations**

Cancellation of reservations must be made in writing to the Operations Manager at least one week prior to the event. The CSL Leadership team will work with customers to reschedule as needed, space and resources permitting.

External customers will be billed at full cost for failure to show for scheduled events or for cancellations made within seven (7) business days of the event.

Learners in American Heart Association (AHA) courses will not be reimbursed for failure to show for the course in which they were registered or for cancellations within seven (7) business days of the course.

The CSL follows the University of South Carolina's policy regarding delays or cancellations due to severe weather.

In extenuating circumstances when the CSL must cancel a scheduled event, a member of the CSL Leadership Team will notify course faculty as soon as the situation arises. External customers will not be billed, and learners registered for AHA courses will receive full refunds on registration costs.

## **APPENDICES**

Appendix D: [USC CON CSL Scheduling Process Flowchart](#)

Jotform: [CSL Request and Scheduling Form](#)

Appendix I: [Skills Lab/Stations Planning Form](#)

Available upon request: *Standardized Simulation Design Template*

Available upon request: *Pre-Flight Checklist* (also included in *Standardized Simulation Design Template with incorporated Human Role Case Template for simulation-based events*)

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## Planning and Development

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All simulation experiences will first adhere to the mission and vision of the CSL. All simulation experiences are required to have 3 – 5 objectives for the experience that align with the course in which the experience is being facilitated. The simulation objectives are also mapped to the course objectives in which the faculty intends to meet with the simulation experience. To ensure this process occurs at both the course and programmatic level, the CSL Director attends CON program specific curriculum committee meetings and is currently the chair of the curriculum committee for the undergraduate council.

Once simulation mapping has occurred, the CSL Leadership Team will assist course faculty in designing, implementing, and evaluating simulation experiences based on evidence-based standards of two international professional organizations:

1. The International Nursing Association for Clinical Simulation and Learning (INACSL) [Standards of Best Practice: Simulation<sup>SM</sup>](#) (INACSL Board of Directors, 2016).
  - a. Simulation Design
  - b. Outcomes and Objectives
  - c. Facilitation
  - d. Debriefing
  - e. Participant Evaluation
  - f. Professional Integrity
  - g. Simulation-Enhanced Interprofessional Education
  - h. Operations
  
2. The Association for Standardized Patient Educators (ASPE) [Standards of Best Practice](#) (Lewis et al., 2017).
  - a. Domain 1: Safe Work Environment
  - b. Domain 2: Case Development
  - c. Domain 3: Simulated Participant Training
  - d. Domain 4: Program Management
  - e. Domain 5: Professional Development

The CSL Leadership Team and trained simulation faculty develop and oversee all simulation-based learning experiences using the NLN/Jeffries Simulation Theory (Jeffries, 2015).

Theory and evidence-based tools are used to guide all simulation planning and case development:

- **Standardized Simulation Design template:** aligns scenario design with learner outcomes and desired competencies. Includes *Behavioral Assessment Tool (BAT)* for aligning observed and desired performance during debriefing conversations.
- **Human Role Case Template:** provides guidance on robust design and evidence-based case components for simulation-based learning experiences incorporating human roles.

The iterative and dynamic process of simulation planning and development is outlined in the Scheduling and Reservations Policy. Newly developed, revised, and recurring events follow the same process to provide opportunity for expert review each semester.



Course faculty and the CSL team use the Simulation Mapping Templated to map course/guiding competencies to the simulation experience objectives

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## Facilitation and Debriefing

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Facilitation and debriefing will be conducted according to the International Nursing Association of Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation<sup>SM</sup>. Each simulation-based learning experience will consist of a pre-brief, the simulation experience, and a debrief.

### **Facilitation**

The facilitator assumes the responsibility and oversight for managing the simulation-based experience, ensuring INACSL Standards of Best Practice: Simulation<sup>SM</sup> Facilitation are met.

Facilitation of simulation-based learning experiences will be carried out by the simulation educator and/or faculty that have been formally trained in simulation.

The prebrief of all simulation-based experience will be facilitated using a structured and organized format. The CSL team has created both a prebrief and debrief guide for use that can be revised for course specifics.

### **Debriefing**

In accordance with INACSL Standards of Best Practice: Simulation<sup>SM</sup> Debriefing, CSL debriefing will be conducted using a theory-based methodology. The CSL will use the *Debriefing with Good Judgment* model. Debriefing of simulation-based experiences will be facilitated by the simulation educator and/or faculty that have been formally trained in debriefing. Clinical instructors or Adjunct Faculty (T-Facs) may participate in the debriefing only as a content expert unless they have been formally trained in simulation. The CSL uses the DASH© tool to rate the quality of debriefings.

Debriefing will take place in a room separate from the simulation space. The room should promote comfort, privacy, and a psychologically safe space for the learners to self-reflect and engage in conversation. A debriefing guide is posted in the debriefing rooms for the facilitator.

### **Evaluation of Debriefers**

To rate the quality of debriefers, the CSL employs the use of the DASH© tool. As psychological safety is a high priority for the CSL and the debrief is known as one of the most crucial aspects of simulation, the CSL elected to make the development of skills in our debriefers a priority.

The current process is such that the full time Simulation Educator who facilitates simulation on a day to day basis must have:

- [DASH© Rater Version \(RV\)](#) short score sheet performed by the CSL Director at least once per semester (twice annually)
- Conducted a rating on the quality of a peer's debriefing using the DASH© RV short score sheet at least once per semester (twice annually)
- Self-evaluation of debriefing quality using [DASH© Instructor Version \(IV\)](#)
- Post simulation evaluation by learners after every simulation experience facilitated

The current process is such that each educator specialist who do not facilitate simulation full time must have:

- [DASH© Rater Version \(RV\)](#) short score sheet performed by a peer formally trained in simulation at least once per semester (twice annually)

- Conducted a rating on the quality of a peer's debriefing using the DASH© RV short score sheet at least once per semester (twice annually)
- Self-evaluation of debriefing quality using [DASH© Instructor Version \(IV\)](#)
- Post simulation evaluation by learners after every simulation experience facilitated

Members of the CSL team have been formally trained on the use of the DASH© tool through the Harvard Center for Medical Simulation. All evaluators are required to be formally trained on the use of the DASH© tool. This training is facilitated by the CSL Director. Faculty are encouraged to keep documentation of their debriefing evaluations for reference of future evaluations and identifying opportunities for improvement.

The desire of the CSL through this process is to build a culture of reflection and continual development for faculty and staff involved in simulation. The CSL believes that by using DASH© to assess debriefing quality, we can build a culture that will thrive through continual improvements and commitment to elevating our debriefing practices.

Educator specialists receive their course simulation schedule at the beginning of each semester and are required to arrange scheduling of their DASH-RV. It is the faculty members responsibility to notify the CSL Team, specifically the Operations Manager and CSL Director of when they will be conducting the evaluations. Educator specialist are required to have their DASH-RV completed face to face. Additionally, they should complete their peer DASH-RV face to face. On the same day of debriefing observation using DASH-RV findings, the facilitator and peer are required to discuss. Each semester, educator specialists are required to email their completed RV and their peer RV to the CSL Director via email. Submitted evaluations will be kept on record for reference of future evaluations and identifying opportunities for improvement.

It is a goal of the CSL that all educator specialists can consistently debrief at a DASH-RV quality level of 4/5 and above. To model this, the CSL Director and Simulation Educator frequently facilitate debriefings and encourage faculty to co-debrief. Additionally, debriefing specific faculty development sessions are held by the CSL Director once per semester/twice annually. If a facilitator achieves a score of less than 4, the CSL Director is notified. The facilitator is first required to review their debriefing recording using the DASH-IV. If after reviewing their recording using the DASH-IV, the facilitator has remaining gaps in debriefing knowledge they are encouraged to reach out to the CSL Director for resources/debriefing recordings modeling a debriefing quality of 5 and above. Additionally, the faculty member will co-debrief with the Simulation Educator/ CSL Director. In the same semester that the less than 4/5 score is obtained and after completing the above, the faculty member will have their debriefing quality rated by a peer using the DASH-RV. If the faculty continues to score below a 4/5, they will be required to complete an additional 2 hours of individual debriefing training and co-debrief with the Simulation Educator/CSL Director. The CSL Director will keep record of all DASH specific documentation.

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## Quality Improvement Process

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The CSL team uses a multidimensional approach to quality improvements. The CSL team uses a process that includes perspective from instructors, students, the CSL staff, the Simulation Advisory Committee (SAC), and senior administration in the CON. These individuals offer perspective on the quality of simulation experiences, events, systems, and other activities that occur in the CSL.

Students involved in simulation-based activities complete evaluations after each simulation experience. Results will be used for scenario/design revisions as well as quality improvement. The CSL believes students are key stakeholders who offer a valuable perspective in the educational experiences.

Course faculty are contacted by the Simulation Educator to set up a time to debrief the course simulation activity/event for the semester and note any strengths or opportunities for improvement that need to be addressed using the learner data from the post simulation evaluation and personal reflection.

Faculty involved in simulation will be given the opportunity to participate in an evaluation concerning the performance of the members of the CSL staff as well as their experience overall. This information is deployed to faculty who participated in simulation each semester.

The CSL team meets weekly to discuss quality improvement inquiries/opportunities. For example, technological systems will be reviewed annually by the Operations Manager to assess what best systems should be used for the CSL as technology changes. Technological systems that are problematic on a consistent basis over a short period of time will be addressed immediately.

For quality improvements that require revision of policies and procedures or large-scale programmatic changes the Simulation Advisory Committee (SAC) provides guidance.

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## Tours

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Tours can be scheduled Monday through Friday between 8:00 am and 4:30 pm unless other arrangements have been made through the Director of the CSL.

Individuals requesting a tour should do the following:

- Submission of the [CSL Scheduling Request Form](#)
- The Operations Manager is responsible for responding and tracking the forms.

Submission of the form does not guarantee that a request has been booked. The request is considered officially scheduled when the requestor receives an email reservation confirmation from the CSL Operations Manager.

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## Simulation Educator, Educator Specialists, and Content Experts

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Faculty and part time clinical faculty course assignments are made by the Associate Dean for Academic Affairs and Assistant Program Deans. Simulation experiences are facilitated by the Simulation Educator and/or the faculty assigned to the course by the Associate Dean for Academic Affairs who have also been formally trained in simulation.

### **Roles and Qualifications**

**Simulation Educator-** facilitates the simulation process from designing and planning through implementation and evaluation of the simulation-based learning experience. The simulation educator may also facilitate and debrief the simulation experience. The Simulation Educator is required to obtain and maintain certification as a Certified Healthcare Simulation Educator (CHSE). This individual is employed full time in the CSL.

**Educator Specialist-** course coordinator/faculty member who have been formally trained in simulation and debriefing. The Educator Specialist may facilitate and debrief in addition to the Simulation Educator when multiple simulations take place at the same time.

**Content Expert-** a person who is an expert in practice that provides content input in the debriefing. This can be course faculty, clinical faculty, or clinical instructors. Formal training is not required. Any of the above who have been formally trained can co-debrief.

Adjunct faculty (T-facs) or clinical instructors will attend annual orientation and training that includes information pertaining to the CSL to include orientation to the space(s). Any clinical instructor who facilitates a simulation experience is required to be formally trained and undergo the rating of debriefing quality using the Educator Specialist process of debriefing evaluations.

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## Professional Development

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Ongoing professional development will be required of any individual facilitating simulation in the CSL. The CSL team (Director and Simulation Educator) conducts in house formal training twice annually. Formal training resources for faculty are made available through the CON's learning management system Blackboard. Additionally, the CSL incorporates Coursera courses as part of formal training and a compilation of resources approved for use from the Harvard Center for Medical Simulation.

The Director of the CSL keeps documentation on all simulation specific formal training. For formal training attended outside of the CSL, documentation must be provided to the CSL Director for it to be added as simulation specific professional development. The Director of the CSL reviews external documentation provided to ensure faculty development conducted meets simulation standards of best practice.

CSL staff are encouraged to attend and/or present at local and regional simulation organizations. Core program staff are required to attend annual simulation specific professional development and provide documentation.

### **Continuing Education Credits**

The CSL follows policies and procedures according to the University of South Carolina's policy on [Continuing Education Units \(ACAF 1.72\)](#).

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## Participant Information

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### **Orientation to the CSL**

Upon entry into the upper division nursing program, all students participate in a general orientation presentation of the CSL. This simulation specific orientation is provided by the Simulation Educator and Operations Manager in the first semester during the fundamentals nursing course orientation held at the beginning of the semester. The Operations Manager and/or Simulation Educator are also responsible to orient all learners to the CSL space and equipment to be used specific to their simulation-based experience. Space and equipment information is also available to all CSL users via the CSL Blackboard course (known as CSLRC-NURS-STU for students). The Operations Manager grants all CSL users' access to the course. An orientation to the course specific simulation environment is provided during the prebrief of the simulation experience. Use of equipment including but not limited to manikins, task trainers, patient care equipment, computers, electronic health record, medication dispensing units, and defibrillators.

### **Clinical Behaviors**

The CSL follows procedures according to the University of South Carolina's CON student handbook on clinical behaviors of participants. (pg. 21)

### **Participant Observation**

For some simulation experiences, students will have an opportunity to observe their peers in a simulation and actively participate in the debriefing process. Each student observer will be given an observation guide, relevant to the simulation experience, to assist them in identifying/evaluating if they perceive objectives of the simulation have been met.

### **Learner Remediation and clinical make-up**

#### **Remediation**

Remediation of simulation-based experiences (SBI) will be initiated based on recommendation from course faculty.

When student remediation is required, faculty will contact the Simulation Educator and collaboratively complete the remediation form/plan with the Simulation Educator.

A specific plan of remediation will be designed by course faculty and the Simulation Educator. The CSL Director also reviews the plan and makes final approval. The individualized plan will include a detailed outline of skills or content to be remediated, a timeline for completion, and grading rubric if appropriate. Written agreement to include signatures of the faculty, Simulation Educator and the student must be obtained.

#### **Clinical and Simulation make-up**

Make-up for missed simulation time will be determined by the CSL team on a course by course basis, taking into consideration the course, number of students, and simulation experience. Cancellation of simulation-based experiences due to unforeseen circumstances will be rescheduled by the CSL team where possible.

SBE's used as a substitute for missed clinical time must be requested by the course faculty and approved by the Director of CSL. The appropriate SBE activity will be determined by the Simulation Educator and course faculty.

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## Confidentiality

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Individuals involved with simulation including but not limited to staff, students, participants, and standardized participants (SPs) are provided confidentiality specific information as an essential and required component of simulation. Students involved in simulation at the CON CSL are required to sign the [Confidentiality Agreement](#) which states they will maintain confidentiality about the simulation experience, content, the performance of themselves/others, and debriefing discussions. It also specifically states that academic personnel outside of the recorded simulation event may need to review student performance in the video for educational/course specific purposes. The Confidentiality Agreement also includes authorization for the University of South Carolina's CON CSL to record (video or audio) training experiences. Students are also provided a separate [Authorization to photographed or video recorded for marketing purposes](#) to read and sign if they agree to the conditions as stated.

All participants are required to sign the Confidentiality Agreement documentation prior to participating in the University of South Carolina's CON CSL activities. A student can opt out of signing the Authorization to be photographed or video recorded for marketing purposes agreement. The Simulation Educator offers to read the Confidentiality Agreement/Authorization to be photographed or video recorded for marketing purposes to participants. Additionally, the details of the Confidentiality Agreement/Authorization to be photographed or video recorded for marketing purposes are verbalized to students during every prebrief. Confidentiality Agreements are kept on file by the Operations Manager in a locked filing room and can only be accessed by CSL personnel. Unless the agreement is needed to be held longer because of research purposes, in general, agreements/permission documents are destroyed after one year of the students leaving the program. Video recordings of the simulation experiences with or without embedded electronic evaluations are kept on an onsite password protected server in which the Operations Manager oversees and provides administrative user access, where necessary.

Breach of the Confidentiality Agreement can be reported to the course faculty or any member of the CSL team and could result in disciplinary action.

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## Lab Resources

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### Standard Lab Equipment

The University of South Carolina College of Nursing Clinical Simulation Lab is for academic use only. No actual patient care takes place at the facility. All equipment, simulated medications, and supplies are for simulation purposes only.

The CSL has the following equipment for use. This list is updated each semester and accessible in the Drop-box.

### **Simulators**

Laerdal (All Laerdal high fidelity manikins use LLeap software on Windows 10)

- Two [SimMan 3Gs](#)
- Two [SimMan Essentials](#)
- Two [SimMan](#)
- One [SimJunior](#)
- One [SimMom](#)
- One [Simbaby](#)
- Two [Nursing Annes](#)
- One [SimKid](#)

Gaumard (All Gaumard high fidelity manikins use UNI software on Windows 10)

- One [Noelle 575](#)
- One [Newborn Hal 575](#)

### **Trainers**

Include but are not limited to the following:

- CPR
- Trach
- IV arms
- Central line
- Breast
- Prostate
- Ob/Gyn
- NG tube
- Wound

- Foley catheter
- Static Manikins
- Chest Tube
- Lumbar Puncture

### **Equipment**

Includes but is not limited to the following:

- Patient Lifts
- Infant Ventilator
- Adult Ventilator
- Otoscopes Ventriscopes
- MedDispense Machines
- Defibrillators
- Crash Carts
- Suction Pumps
- Headwalls (fully functional)
- Wheelchair
- Exam Tables
- Hospital Beds
- Infant Warmers
- Birthing Bed
- EHR

### **A/V Equipment**

Includes but is not limited to the following:

- Desktop PCs running Windows 10
- 16:9 Projection Screen
- 16:9 Projector
- Surface Pros running Windows 10
- Apple TV
- B-Line Video Capture System
- 55" Flat Panel Monitors

- Wi-Fi
- Double Robots

## **Supply Usage and Reuse**

### **Supply Usage**

CSL staff shall follow [University of South Carolina's Environmental Health and Safety policies](#) and procedures when handling all supplies.

The University of South Carolina has a comprehensive Environmental Health and Safety program. All university community members are expected to adhere to the policies and protocols to build safety consciousness among students, employees and others while reducing accidents, minimizing potential liabilities and promoting environmental stewardship. Supplies needed for a simulation or skills station shall be counted prior to the event to ensure that there are enough supplies to meet the needs of every experience/student. If items are deemed low, the Operations Manager will order as needed. Items will be ordered with enough time for them to arrive by the date of the simulation experience. Preferably, no later than two weeks before the experience is scheduled.

### **Needles**

The CSL staff will not restock used needles. Used needles should be discarded into sharps containers that will be supplied by the CSL. Full sharps containers will be recycled every summer. The University's facilities department will be notified by the Operations Manager and arrangements will be made for pickup.

### **Supply Reuse**

Supplies may be reused if deemed:

- Safe
- Cost-effective
- Usable
- Still viable to contribute to the realism of the scenario.

## **Medication Storage and Handling**

To ensure the safety of students and SPs in simulation, only simulated medications can be used in simulations or skill stations. All medications are labeled 'not for human use.' Additionally, the CSL has a sign posted that says medications in the CSL are not for human use.

Simulated medications for simulations will be stored in the locked MedDispense machines. All other simulated medications will be stored in the locked supply room and will be part of the CSL's inventory. All simulated medications will be labeled with name, dose, strength if indicated, expiration date, and bar code for scanning. Simulated medications will be reviewed when a skills station or simulation event request is made during the scheduling process. Simulated medications will be reviewed at the beginning of each semester by the Operations Manager or GA to ensure they have not expired or are unsuitable for use in the event. Simulated medications and supplies are collected and accounted for after each experience. This ensures the safety of participants and helps maintain safety of individuals the students may have contact within other healthcare setting.

## **Care of Supplies/Equipment**

The Operations Manager is responsible for the maintenance and care of equipment. The Graduate Assistant and SP Coordinator/Educator assist the Operations Manager with responsibilities. Failure to properly maintain and clean the environment/supplies is considered neglectful and may result in the loss of simulation lab privileges as determined by the Director of the CSL.

The manikins are very heavy. Use good judgment and proper body mechanics when manipulating the manikins. Avoid

using sharp instruments as much as possible around the manikins.

Leave the area as you would leave your clinical area. The CSL must remain neat, uncluttered, safe, and prepared for the next users of the CSL. This includes, but is not limited to the following:

**After each use:**

- All beds must be remade.
- Clean all supplies after use in the simulation experience with Clorox wipes or spray.
- Wipes down all manikins and low fidelity skills trainers to remove all adhesives, moulage and markings with either goo gone or alcohol pads.
- Clean and disinfect all equipment per directions and equipment instructions.
- Assesses all task trainers, manikins and medical equipment for obvious damage, leaks, necessary part replacements, and cleanliness. If not in use or scheduled to be used, once wiped, drained and dried, stored in appropriate area.
- Drains all fluids and flushes the tubing system. Tops off all fluids as needed.
- Clean the podium area.
- Chairs should be pushed in and organized.
- Organize materials on tables and in cabinets.
- Return all supplies to the appropriate areas. Dispose of all used supplies (i.e. wet gauze).
- Placed soiled linen in the hamper. Please re-fold clean linens that can be re-used.
- Power off simulators, patient monitors, and desktop monitors. Do not power off computers.

**Monthly**

- Software updates for desktop computers and laptop computers

**Semi-Annually**

- Update manikins and manikin software during the down time after Fall and Spring sessions.

**Annually**

- Schedules and coordinates preventive maintenance of equipment through respective vendors if maintenance contracts exist.

**As Needed**

- Contacts vendor for onsite maintenance or verbal/written guidance if equipment issue is unable to be successfully resolved.

**Storage**

- Access to simulation labs and supply and equipment areas are restricted. Equipment and supply storage areas remained locked and access is restricted to the Clinical Lab Director, Simulation Educator, Operations Manager or other qualified CSL staff. Simulation labs are locked after hours and when simulation lab personnel or educator supervision is not available.

## **Inventory**

Inventory of all supplies shall be performed by the GA or Simulated Participant Educator/Coordinator on a semi-annual basis.

Low levels shall be determined by the simulation GA or Simulated Participant Educator/Coordinator who will notify the Operations Manager.

Courses that use many supplies for skills activities will be accounted differently in the general inventory. Those supplies will be ordered specifically for the event or course/number of learners. Any items left over will be added to the general inventory.

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## Maintenance

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### Equipment Maintenance

The Operations Manager will oversee all equipment maintenance. Equipment maintenance will be carried out routinely according to the user guides provided by the manufacturer. The Operations Manager will keep a log of all equipment maintenance. The log will contain dates that equipment was purchased, the cost, serial numbers, warranty information, and any annual vendor service check dates that may have been purchased for the equipment.

### Equipment Maintenance Plan (Skills Trainers, Manikins, General Lab Equipment)

The CSL follows maintenance guidelines recommended by the manufacturer. Equipment user guides that have maintenance recommendations will be included in the appendix section. In general, all equipment maintenance should follow the plan below.

#### After each use

- Wipe down all manikins and skills trainers to remove adhesives, moulage, or markings.
- Drain all fluids and flush the tubing system.
- Clean and disinfect all American Heart Association course materials (masks, valves) in conjunction with AHA guidelines.
- Assess all task trainers, manikins and medical equipment for obvious damage, leaks, part replacements, and overall cleanliness. After cleaning, if not in use or scheduled to be used store in appropriate area.
- Change out soiled linens or clothing.
- Power off simulators, wall monitors, and med dispense machines or any other medical device that was used.
- Do not power off PCs that run manikins, are used for presentations, or are used to record simulation events. Do turn off the monitors at those PC stations.

#### After Each Simulation

- Clean and inspect all equipment.
- Wipe down skin/covers. Remove any adhesive, moulage or markings on the skin.
- Run associated programs that control equipment
- Drain all fluids and flush the tubing system.
- Change out soiled linens or clothing.

#### Annually

- Schedule a preventive maintenance package to be done by the vendor if one was purchased.

#### As needed

- Contact vendor for onsite maintenance or verbal/written guidance if equipment issue is unable to be successfully resolved.

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## Repair

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### Equipment Repair

All equipment breakage and repair will be documented and filed in the Equipment Repair Log located in the inventory folder in Dropbox.

### Repair Procedures

The CSL faculty or staff member who initially notes, observes, or identifies the breakage or need for repair shall complete a "Notification to Repair Equipment" form (Appendix "G"). Form is also available in the CSL at the nurse's station in room 105. The form shall detail the date the breakage took place, the party involved, contact information, the type of equipment, and a general description of the problem.

The form shall be submitted to the Operations Manager for further review. The Operations Manager may do one of the following: repair the equipment, direct the GA or other staff member trained to repair the equipment, or notify the vendor and plan for the equipment to be repaired offsite.

The Operations Manager will log the serial number, the warranty status, and all actions taken and completed in the Equipment Repair Log which is kept by the Operations Manager.

Every attempt should be made to try and repair equipment onsite including working with the vendor's technical support people should they have one. The Operations Manager will make the final decision on whether the equipment needs to be shipped offsite for repair.

After the equipment is repaired, the Operations Manager will log the date of repair and how the breakage was resolved in the Equipment Repair Log.

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## Loaning

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### **Eligibility**

The CSL's equipment and supplies are eligible for use upon approval by the Operations Manager. Organizations or persons not affiliated with the CON will be charged a fee for the use of equipment (See Fee for Services in appendix).

### **Types of equipment to be loaned**

Equipment, simulators, and supplies may be borrowed from the CSL pending approval and availability. A list of the current inventory is available from the Operations Manager upon request.

Manikins, computer/software-based modules, or power-based equipment may be requested and require appropriate training before the item(s) will be loaned out. The use of any high-fidelity manikins (SimMan 3G, SimMan Essential, SimMom, Noelle, SimJunior, Baby Hal, Simbaby) outside the CSL will require a representative from the CSL to be present unless approved by the Director.

Sharps (e.g., needles, scalpels, etc.), syringes, and medications may not be removed from the CSL at any time unless written permission is obtained from the Director of the CSL.

### **Check out procedure**

Anyone requesting the use of the lab's equipment should fill out an [Equipment Checkout Form](#) at least 72 hours prior to the date of equipment pick-up. Faculty, staff, and students of the CON have priority for equipment needs. External organizations or persons requesting use of the lab's equipment should have a legitimate need for using the equipment (e.g., training workshop, simulation event, course of study).

Requestors should fill out the Equipment Checkout Form located on the CSL "[Contact US](#)" website page. The Operations Manager will reply to the request within 24 hours of a normal business week. Items can be loaned out for up to one week except for high-fidelity manikins which is limited to one day. Any request longer than one day for high-fidelity manikins or longer than one week for other items needs approval by the Director of the CSL. Items are to be returned to the lab and signed in by an individual representing the lab.

### **Responsibility**

It is the sole responsibility of the person who checks out the equipment to return it in the same condition as it was loaned. Any damage or loss of equipment will result in a charge to repair or replace the equipment.

### **Tracking**

The Operations Manager will keep a log of all equipment that has been checked out and returned, including borrower name, contact information, dates of pick-up and return, and equipment borrowed.

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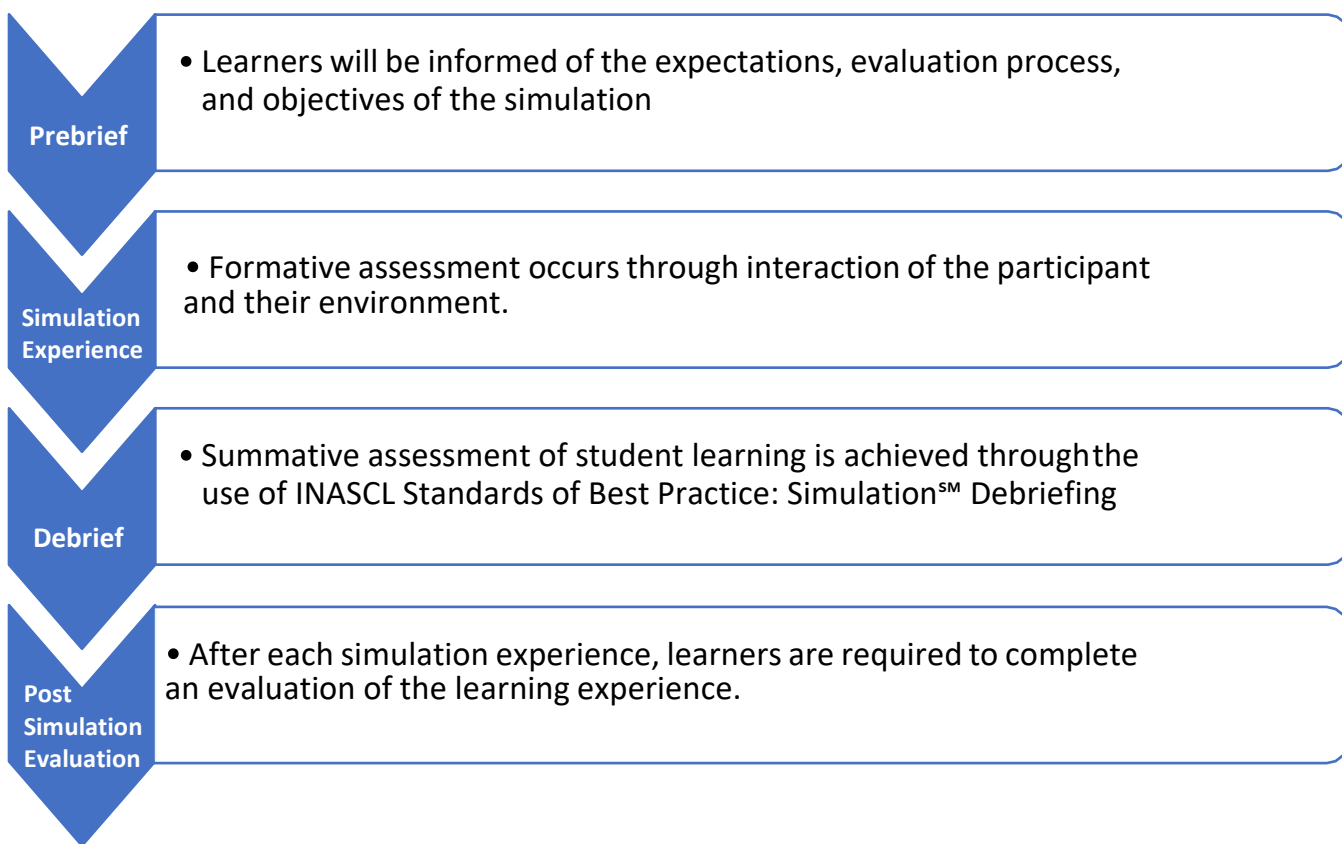
## Evaluation

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The CSL does not currently formally evaluate student performance in simulation using an objective tool. Debriefing after each simulation experience provides an ability to establish whether educational objectives were met during the educational activity. After each simulation experience, students complete a post simulation evaluation electronically through the CON's learning management system Blackboard. The CSL team has developed an evaluation flow chart(below) to demonstrate the process of evaluation of simulation experiences by the students. Students are also encouraged to self-report on knowledge gained through the experience when they complete the post simulation evaluation.

The evaluation process is well-defined and familiar to all involved in simulation education including students and educators. The CON statistician is responsible for oversight of the survey link and is responsible for providing aggregated evaluation data to the Simulation Educator. The Simulation Educator is then responsible for distribution of results to the CSL leadership team and course faculty. All course evaluation results are kept on electronic file in the CSL.

### Evaluation Flow Chart



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## A/V, Software, Data Storage

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### **Audio Visual Equipment**

Audio/Visual equipment in the lab encompasses cameras, microphones, projectors, switches, and computers. This equipment will be managed and maintained by the Operations Manager. The Operations Manager will keep a log of what types of audio/visual equipment is in the lab, the dates the equipment were installed, and a forecast for equipment length of life. Equipment will be reviewed monthly and updated as needed per manufacturer recommendations.

### **Software**

Computer software is tangible material and is typically copyrighted. Computer software utilized by the CSL may be under a purchased software license. If the CSL's software is licensed, the copyright owner grants the CSL to use the software under certain conditions.

Appropriate uses of software licenses include:

- Permissible uses of software licenses
- Installation per paid software license agreement

The CSL shall not:

- Engage in prohibited uses of software licenses
- Make copies, lend or sell non-freeware software
- Install software licenses on home computers

The Operations Manager shall maintain and monitor license use in the maintenance log. General Mac and PC operating software will be updated regularly to apply needed security updates. Any major update to software that includes but is not limited to: upgrading to a new OS, upgrading to new versions of simulator software, upgrading to new versions of video capture software, will be done at such a time where there is no lab activity for the units being upgraded for a minimum period of two days.

### **Data Storage**

B-line video data storage will be managed onsite and password protected by the Operations Manager. The Operations Manager controls user access by granting appropriate levels of privileges based on user's role. Any technical problems with the data storage unit may need to involve B-line corporation and the CON's IT department. The CSL has its own server with local IT support as well as broader protection from the Universities main IT department. Contact information for B-Line can be found at [support@blinemedical.com](mailto:support@blinemedical.com). All data is stored according to University of South Carolina's data storage policies and in accordance with all FERPA guidelines. Data in the B-line storage is deleted after being in the system for 800 days.

### **Data Access, Retention, and Ownership**

The CSL follows policies and procedures according to University of South Carolina's policies on Data Access, Retention, and Ownership ([RSCH 1.05](#)), Responsible Use of Data, Technology, and User Credentials ([UNIV 1.52](#)), Data and Information Governance ([UNIV 1.51](#)).

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## CSL Terminology

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**Assessment** [ə'sesmənt]

Methods or processes used to measure learner knowledge or skills to improve future outcomes.

**Confederate** [confederate]

A participant in simulation other than the patient that supports the scenario by providing additional challenges and realism.

**Debriefing** [ˌdē'brēfiŋ]

The structured process immediately following the Simulation Based Education in which participants reflect upon the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations.

**Experiential Learning** [ikˌspɪrē'en(t)SH(ə)] ['lɜrniŋ]

The process of using an experience to encourage understanding and reflection of a concept.

**Facilitation** [fəˌsɪlə'tāSH(ə)n]/**Facilitator** [fə'sɪləˌtādər]

Facilitation - A method and strategy that occurs throughout (before, during, and after) SBEs in which a person helps to bring about an outcome(s) by providing guidance. (INACSL, 2013)

Facilitator - A trained individual who provides guidance, support, and structure at some or all stages of simulation-based learning including prebriefing, simulation, and/or debriefing. (INACSL, 2013)

**Feedback** ['fēdˌbæk]

An activity where information is relayed back to a learner; feedback should be constructive, address specific aspects of the learner's performance, and be focused on the learning objectives (SSH).

**Fiction Contract** ['fɪkSH(ə)n] [contract]

A concept which implies that an engagement in simulation is a contract between the instructor and the learner: each has to do his or her part to make the simulation worthwhile (SSH)

The degree of reality a simulation is able to replicate.

**Frames** [frāms]

The perspectives through which individuals interpret new information and experiences for the purpose of decision-making; frames are formed through previous experiences and can be based on knowledge, attitudes, feelings, goals, rules, and/or perceptions. (SSH)

**Immersion** [i'mərZHən, i'mərSHən]

A state (or situation) in which trainees dedicate most of their time doing something related to or thinking about a simulation and becomes involved in it. (SSH)

**Learner** ['lɜrnər]

Any student who participates in a simulation experience that represents a reality within which the students interact in their professional practice.

**Manikin** ['manəkən]

A life-sized human like simulator representing a patient for healthcare simulation and education. (SSH)

**Modality** [mō'dalədē]

A term used to refer to the type(s) of simulation being used as part of the simulation activity, for example, task trainers, manikin based, standardized participants, computer based, virtual reality, and hybrid (SSH).

**Moulage** [moo-lahzh]

Techniques used to simulate injury, disease, aging, and other physical characteristics specific to a scenario; moulage supports the sensory perceptions of participants and supports the fidelity of the simulation scenario through the use of makeup, attachable artifacts (e.g. penetrating objects), and smells (INACSL, 2013).

**Prebrief** [pri'brēf]

The time used by educators, researchers, facilitators, or staff to plan their roles prior to the simulation; suggested activities in a prebriefing include an orientation to the equipment, environment, manikin, roles, time allotment, objectives, and patient situation. For example: Before starting the simulation session, there is a prebriefing where the equipment and its capabilities are reviewed and they are reminded of the equipment available to them in the room (INACSL, 2013).

**Psychological Safety** [ˌsɪkəˈlɔːʒ(ə)l] [seyf-tee]

A feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment. (SSH)

**Scenario** [si-nair-ee-oh] (**aka Simulated Clinical Experience**) (**Simulation Based Education**)

A deliberately designed simulation experience (also known as a case), that provides learners with an opportunity to meet identified objectives. The scenario provides a context for the simulation and can vary in length and complexity, depending on the objectives. (INACSL, 2013)

**Simulation** [sim-yuh-ley-shuh n]

An array of structured activities that represent actual or potential situations in education and practice. These activities allow participants to develop or enhance their knowledge, skills, and attitudes, or to analyze and respond to realistic situations in a simulated environment. (SSH). (**Simulated-Based Learning Experience**)

**Simulated Participant** [sim-yuh-leyt -id] [pahr-tis-uh-puh nt]

An individual trained to portray a specific human role in a realistic, standardized, and repeatable way and where portrayal/presentation varies based only on learner performance; this strict standardization of performance in a simulated session is what can distinguish standardized patients from simulated participants.

**Standardized Patient** [stan-dər-, dīz-d] [pā-shənt]

A person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the standardized patient presents the gestalt of the patient being simulated; not just the history, but the body language, the physical findings, and the emotional and personality characteristics as well (SSH).

**Task Trainer** [tahsk] [trey-ner]

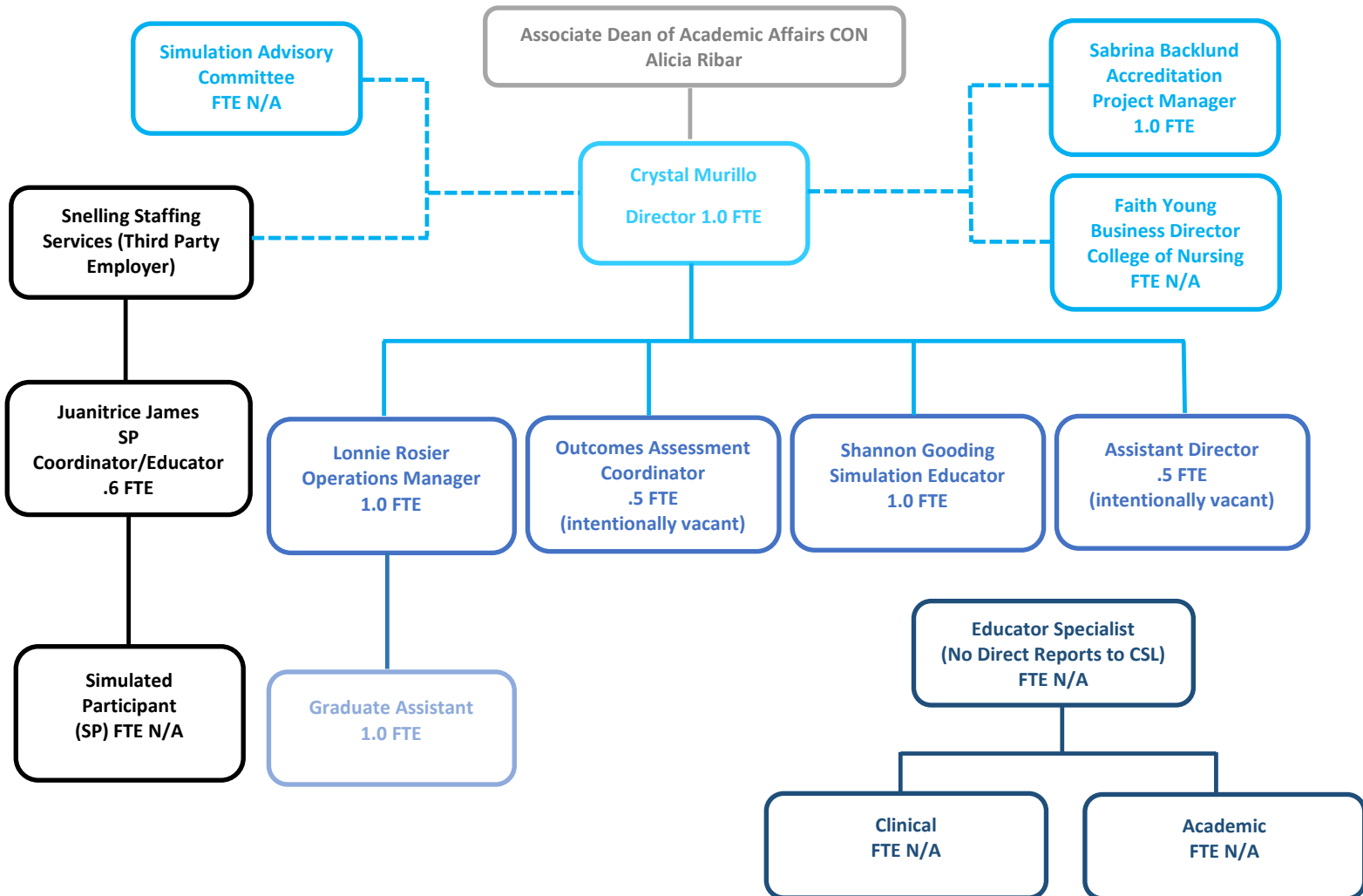
A model that represents a part or region of the human body such as an arm, or an abdomen. Such devices may use mechanical or electronic interfaces to teach and give feedback on manual skills such as IV insertion, ultrasound scanning, suturing, etc. Generally used to support procedural skills training; however, they can be used in conjunction with other learning technologies to create integrated clinical situations (SSH).

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**Appendix A**

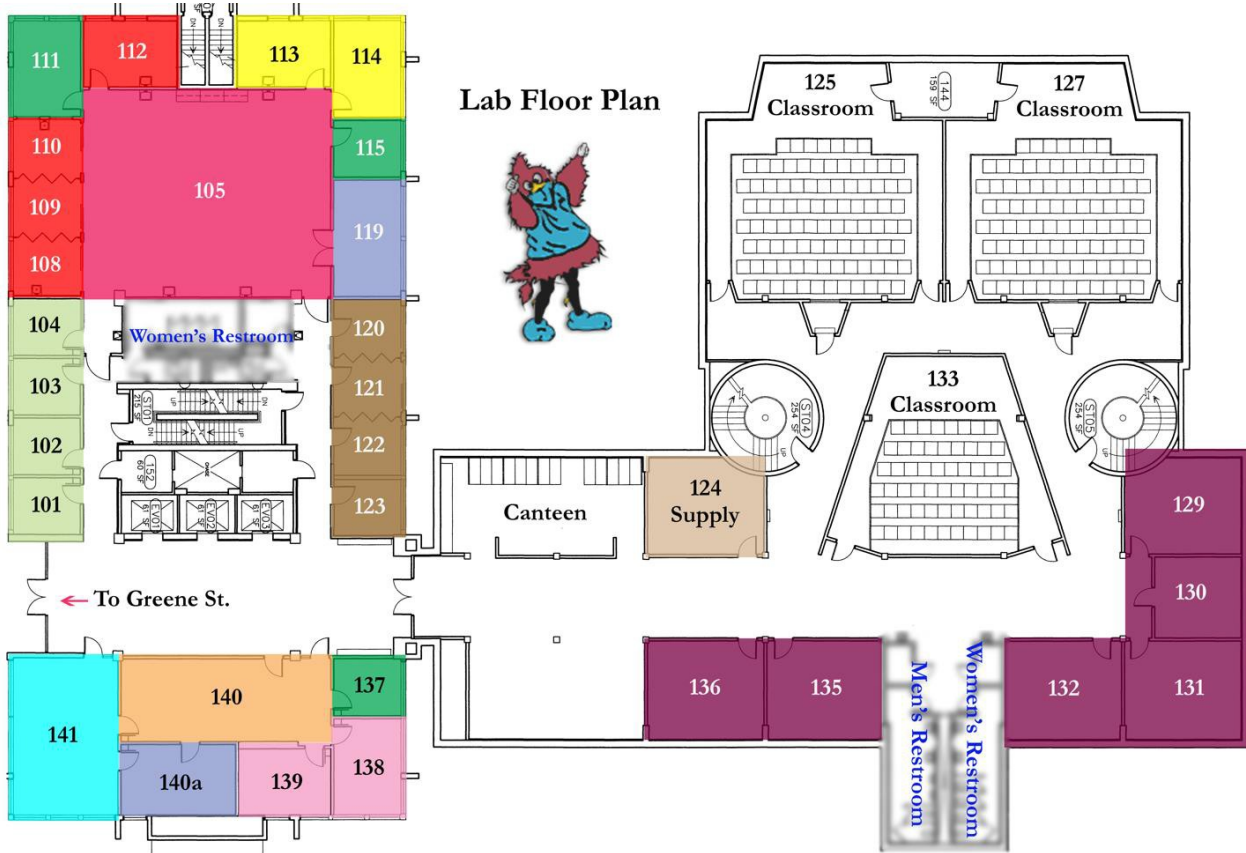
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**University of South Carolina College of Nursing Clinical Simulation Lab Organizational Chart**



Appendix B

CSL Blueprint



Key:

- Large Multi-Use Room
  Medical Surgical Sim Rooms
  Control Rooms
- Sim or SP Rooms
  SP Exam Rooms
  Debrief Rooms
  CSL Team Offices
- SP Training Room
  Skills Area
  OB/Peds Suites
  Supply Room
- Skills/Multi-Purpose Rooms

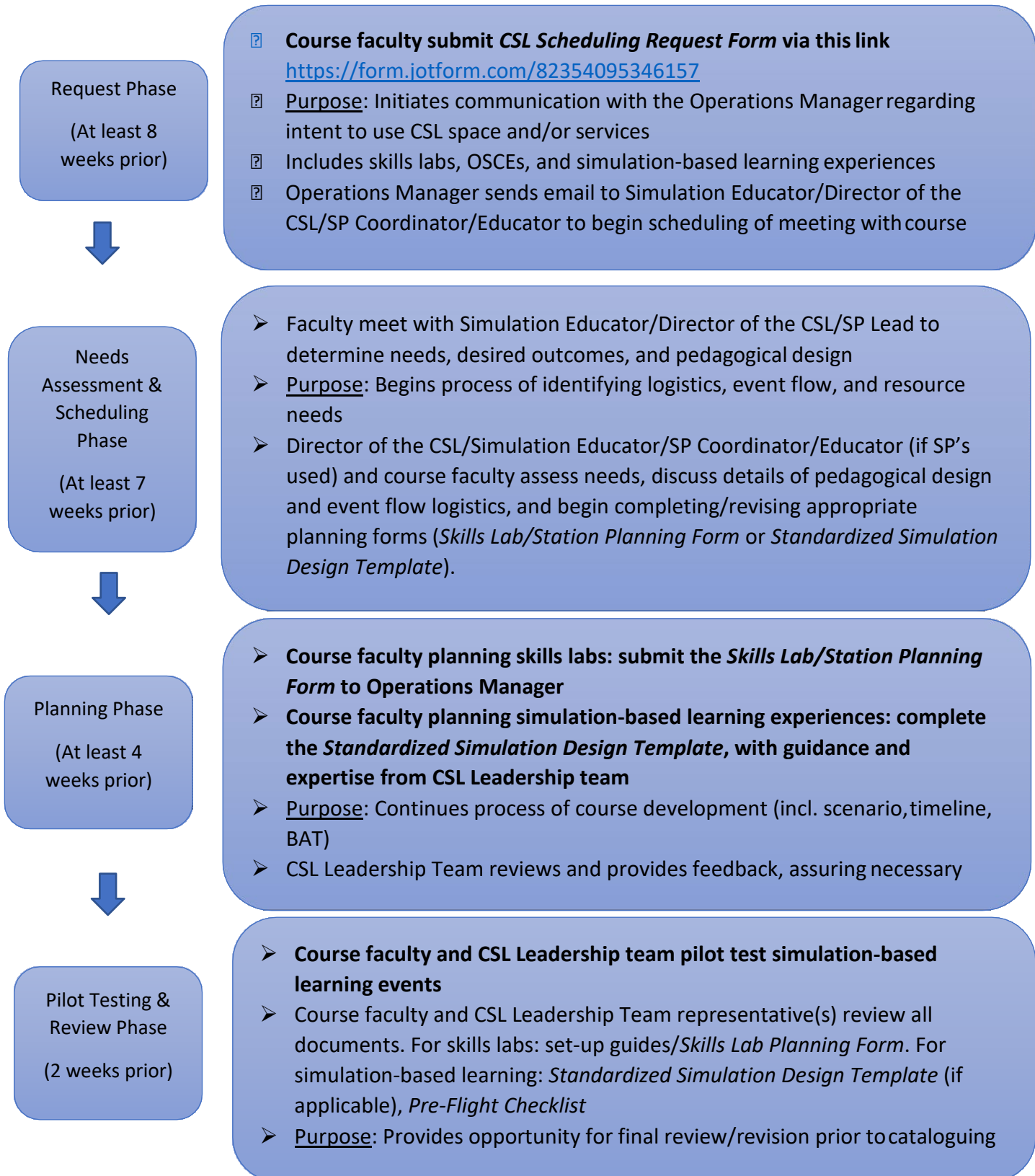


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## Appendix C

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### University of South Carolina CON CSL Scheduling Process Flowchart



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## Appendix D

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### Confidentiality Agreement

And

### Authorization to be Video Recorded

Course Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Training: \_\_\_\_\_

I understand and agree that I will not compromise or undermine the goal of the University of South Carolina College of Nursing (CON) Clinical Simulation Laboratory (CSL). I further understand that discussions outside the training sessions may greatly diminish the effectiveness of the training and subject individuals to unwarranted criticism.

By signing below, I agree to maintain the strictest confidentiality regarding all observations of an individual's performance. I also agree not to discuss the content of any simulated training exercises outside of the University of South Carolina's CON CSL. Any breach of this contract will be reported to the CSL Director or other appropriate authority and could result in disciplinary action against me.

By signing below, I also authorize the University of South Carolina's CON CSL to record my training experience (video and/or audio). I understand that recordings can be used for educational purposes and may be viewed by educational personnel that was not present for the simulation. I also understand that a recording of my performance in simulation may be shared with course faculty for that course. The use of these recordings for any other purpose cannot be used without my explicit authorization.

*Participant Signature* : \_\_\_\_\_ *Date* : \_\_\_\_\_

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## Appendix D -2

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***Authorization to be photographed or video recorded for marketing purposes***

By signing below, I understand that the University of South Carolina's CON CSL may ask to photograph me during my simulation experience or use a previously recorded simulation experience of which I may refuse by not signing this authorization. By signing, I understand that these photographs/recording's may be used outside of educational purposes for one or all the following purposes:

- Marketing the University of South Carolina's CON CSL.
- Developing educational materials for use by the University of South Carolina's CON CSL.
- Developing presentation materials for use by the University of South Carolina's CON CSL.

*Participant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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## Appendix E

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### University of South Carolina College of Nursing

#### Clinical Simulation Laboratory (CSL)

#### “Fee for Service” Agreement

This “Fee for Service” agreement is established by the University of South Carolina College of Nursing Clinical Simulation Laboratory (CSL) for the use of the CSL located on the University of South Carolina’s campus at 1601 Greene Street, for providing faculty with the knowledge and skills to use simulation to its full potential, with an emphasis on enhancing student learning. A tour, overview and introduction to the facility, simulation tools and other associated equipment/rooms are available before the first day of the first schedule session. This service is provided free of charge.

#### **Summary of Institute Fees (detailed line item budget attached):**

This summary provides a detailed breakdown of the expenses associated with the cost of the CON CSL which includes:

#### **Simulation Room Rental:**

Simulation room rental cost is based on \$1000 per room per day.

SP’s compensation \$21 per hour per SP.

Simulation specialist/AV support is based on \$100.00 per hour

#### **Classroom Rental:**

Large classroom rental is \$1500/day.

#### **Other Associated Fees:**

Housekeeping fee \$24 per hour

#### **Policies and Procedures:**

#### **Equipment and disposables for training:**

CSL will provide the audio-visual equipment and wireless access.

#### **Cancellation Policy:**

Cancellation of reservations must be made in writing to the Operations Manager at least one week prior to the event.

#### **Payment Policy:**

Fifty % of the total institute fee is required 10 working days following email acceptance of this contract (Month Day, Year).

#### **Personal Injury:**

The University of South Carolina’s CON CSL is not responsible for personal injury of users of the lab. It is important to note that the simulation lab is **NOT** a latex free environment.

Questions or concerns regarding the content of this agreement should be directed to Crystal Murillo at [cgraham@sc.edu](mailto:cgraham@sc.edu) or 803-524-0842 (c) or 803-777-6533 (w).

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## Appendix F

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### Notification to Repair Equipment

Please use this form in the event of equipment failure or breakage.

The form is to be given to the Operations Manager

<b>Name of person/party reporting the problem:</b>	
<b>Person/party contact email (in case we have questions):</b>	<b>Person/party contact phone:</b>
<b>Type of equipment that is faulty:</b>	<b>Date and time of failure/breakage:</b>
<b>Description of the problem:</b>	

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## Appendix G

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### Request for Remediation/Make-up Form

Faculty requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Student name: \_\_\_\_\_ Course: \_\_\_\_\_

Skills Remediation      Simulation Remediation      Clinical Make-up      Other \_\_\_\_\_ (please circle one)

Concern or reason for remediation:

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Date for completion: \_\_\_\_\_

Process of remediation is as follows:

- Request form received by the Simulation Educator
- Faculty and Simulation Educator meet to develop a plan- including a detailed outline of skills or concerns to be remediated, a timeline for completion, person facilitating the remediation activities, and a grading rubric if appropriate.
- The CSL Director reviews and approves.
- Written agreement by all parties involved will be obtained.

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## Appendix H

### Skills Lab/Stations Planning Form

Please complete one form per skill station.

<b>Course:</b>	<b>Faculty Contact:</b>
<b>Skill Station Name:</b>	<b>Anticipated # Students in Course:</b>
<b>Simulator / Task Trainer</b>	
<input type="checkbox"/> Static Manikin <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Pregnant	<input type="checkbox"/> Flat Man (NG tube task trainer)
<input type="checkbox"/> High Fidelity Manikin <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Pregnant	<input type="checkbox"/> Male Prostate/Anal Trainer
<input type="checkbox"/> Trach Man Task Trainer	<input type="checkbox"/> Pelvic Exam Simulator
<input type="checkbox"/> IV Arm Task Trainer <input type="checkbox"/> Venatech IV trainer	<input type="checkbox"/> Amputee trainer <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> IM trainer	<input type="checkbox"/> Ostomy Trainer <input type="checkbox"/> Infant
<input type="checkbox"/> Interosseous Trainer	<input type="checkbox"/> Breast Exam Trainer
<input type="checkbox"/> Suturing Task Trainer	<input type="checkbox"/> Wound Trainer _____
<input type="checkbox"/> CPR Task Trainer <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant	<input type="checkbox"/> Central Line Task Trainer
<input type="checkbox"/> Other- _____	
<b>Medical Equipment</b>	
<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Hospital Head Wall with Oxygen & Suction
<input type="checkbox"/> Exam Table	<input type="checkbox"/> Suction Pump
<input type="checkbox"/> Crib	<input type="checkbox"/> BP Cuffs <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Obese <input type="checkbox"/> Infant
<input type="checkbox"/> Doppler	<input type="checkbox"/> Scales
<input type="checkbox"/> Kangaroo Pump	<input type="checkbox"/> Defibrillator
<input type="checkbox"/> Nebulizer	<input type="checkbox"/> Crash Cart
<input type="checkbox"/> Stretcher	<input type="checkbox"/> Lecat's Ventriloscope

<input type="checkbox"/> Braslow Emergency Cart	<input type="checkbox"/> Med Dispense Cart
<input type="checkbox"/> Thermometer	<input type="checkbox"/> Incentive Spirometer
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Cane
<input type="checkbox"/> Hoyer Lift <input type="checkbox"/> Manual <input type="checkbox"/> Electric	<input type="checkbox"/> Pulse Ox
<input type="checkbox"/> Glucometer	<input type="checkbox"/> Other
<b>Medical Supplies- include desired quantity</b>	
<input type="checkbox"/> Needles- Length & Gauge _____	<input type="checkbox"/> Bedpan/Urinal _____
<input type="checkbox"/> Wrist Restraints _____	<input type="checkbox"/> Wash Basin _____
<input type="checkbox"/> Gait Belt _____	<input type="checkbox"/> Dressing Change Supplies _____
<input type="checkbox"/> NG Tube _____	<input type="checkbox"/> Emesis Basin & Contents _____
<input type="checkbox"/> Syringes- Size _____	<input type="checkbox"/> Suction Kits _____
<input type="checkbox"/> Foley Kit _____	<input type="checkbox"/> Chest Tube _____
<input type="checkbox"/> Trach Kit _____	<input type="checkbox"/> Central Line Kit _____
<input type="checkbox"/> Pill Crusher _____	<input type="checkbox"/> IV Solution- Type _____
<input type="checkbox"/> Pill Cutter _____	<input type="checkbox"/> Black Light _____
<input type="checkbox"/> IM Injection Pads _____	<input type="checkbox"/> Glo Germ <input type="checkbox"/> Liquid <input type="checkbox"/> Powder
<input type="checkbox"/> Simulated Food _____	<input type="checkbox"/> Water Pitcher/cup/straw & Kleenex
<input type="checkbox"/> Eye Drops _____	<input type="checkbox"/> Gloves <input type="checkbox"/> Sterile
<input type="checkbox"/> Inhaler _____	<input type="checkbox"/> Ted Hose _____
<input type="checkbox"/>	<input type="checkbox"/> Other _____
<b>Additional Set-Up Directions and/or Special Requests:</b>	

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## Appendix I

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### Equipment Check-Out Form

Please request all items at least 72 hours in advance.  
All requests can be emailed to the Operations Manager: Irosier@sc.edu

Name of requestor:	
Requestor Email:	Requestor Phone:
Equipment requested:	
Date and time of pickup:	Date of return:
Purpose of the equipment requested:	
Location where equipment will be used:	
Course/Event in which equipment is to be used:	
By signing this form, I understand that I am responsible for the well-being and security of this equipment that I am using for the above listed course or event. Any damage or loss of this equipment can result in a charge to replace or repair the equipment checked out from the Clinical Simulation Lab. Signature of requestor:	
Request approved:	Date:
Equipment return date and time:	
Signature of person returning equipment:	
Signature of CSL representative receiving equipment:	

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Appendix K

<h1 style="margin: 0;">CSL Participant Feedback</h1>	
<p><b>Step 1</b></p> <p><b>Student(s)</b> _____</p> <p><b>Instructor(s):</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Simulation(s)</b> _____</p> <p><b>Cell Phone #:</b> _____</p> <p><b>Email Address:</b> _____</p>	
<p><b>Step 2</b></p> <p><b>Identify Subject of Feedback (Check One)</b>   <input type="checkbox"/> Facilities/Instructor   <input type="checkbox"/> Course Material   <input type="checkbox"/> CSL Team   <input type="checkbox"/> Director of CSL</p>	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> </div>	
<p><b>Step 3</b></p> <p><b>Submit Form to:</b>   <input type="checkbox"/> CSL Team   <input type="checkbox"/> Instructor   <input type="checkbox"/> Director of the CSL   <input type="checkbox"/> Simulation Advisory Committee</p> <p>(Check One)</p>	
<div style="text-align: center;">↓</div>	
<p><b>Step 4</b></p> <p>Feedback requires additional review   <input type="checkbox"/> Associate Dean of Academic Affairs</p>	
Feedback Description:	Individuals Involved:

\*Feedback information should be specific to the simulation experience. University of South Carolina Nondiscrimination Statement: The University of South Carolina does not discriminate in educational or employment opportunities on the basis of race, sex, gender, age, color, religion, national origin, disability, sexual orientation, genetics, veteran status, pregnancy, childbirth or related medical conditions. Questions or concerns regarding the University’s equal opportunity programs should be directed to the Equal Opportunity Programs, 1600 Hampton Street, Suite 805, Columbia, SC 29208 or 803-777-3854 (Voice) or 803-777-5608 (TTY).

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## Appendix L

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# Feedback Response Form

The faculty and staff of the College of Nursing Clinical Simulation Lab would like to take this opportunity to thank you for your interest in the improvement of our program. The following description will provide feedback on the progression of your feedback.

Feedback subsequent steps:

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If necessary, the following date and time below have been reserved for you to further discuss your feedback.

Feedback Follow up meeting					
(Please save this section as your reminder)					
_____	_____	_____	at _____	<input type="checkbox"/>	<input type="checkbox"/>
Complainant Name	Day	Date	Time	am	pm
_____	_____	_____			
Interviewer Name	Room	Phone			

If you find your scheduled time inconvenient, please indicate below or call the Interviewer to arrange for a different time.

\_\_\_ **Yes**, I will be able to attend the meeting at this time.

\_\_\_ **No**, I will not be able to attend the meeting at this time.

\_\_\_ **Or**, I feel as though the feedback has been addressed properly and I do not need a follow-up meeting.

\_\_\_\_\_

Complainant's Name

\_\_\_\_\_

Point of Contact

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## Appendix M



### Debriefing Assessment for Simulation in Healthcare (DASH)© Rater Version Score Sheet

**Directions:** Rate the quality of the debriefing using the following effectiveness scale on six Elements. Element 1 allows you to rate the introduction to the simulation course and will not be rated if you do not observe the introduction. The Elements encompass Dimensions and Behaviors pertinent to the debriefing as defined in the DASH Rater’s Handbook. Within each Element, the debriefing may range from outstanding to detrimental. Please note that the overall Element score is *not* derived by averaging scores for individual Dimensions or Behaviors. Think holistically and not arithmetically as you consider the cumulative impact of the Dimensions, which may not bear equal weight. You, the rater, weight dimensions as you see fit based on **your holistic view of the Element**. If a Dimension is impossible to assess (e.g., how well an upset participant is handled during a debriefing if no one got upset), skip it and don’t let that influence your evaluation.

#### Rating Scale

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

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

*(This element should be skipped if the rater did not observe the introduction to the course.)*

<b>Element 1</b> <b>Establishes an engaging learning environment.</b>	<b>Element 1 Rating:</b>
--	--------------------------

- Clarifies course objectives, environment, confidentiality, roles, and expectations.
- Establishes a “fiction contract” with participants.
- Attends to logistical details.
- Conveys a commitment to respecting learners and understanding their perspective.

**Elements 2 through 6 assess a debriefing.**

<b>Element 2</b> <b>Maintains an engaging learning environment.</b>	<b>Element 2 Rating:</b>
--	--------------------------

- Clarifies debriefing objectives, roles, and expectations.
- Helps participants engage in a limited-realism context.

- Conveys respect for learners and concern for their psychological safety.

<b>Element 3</b> <b>Structures the debriefing in an organized way.</b>	<b>Element 3 Rating:</b>
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- Encourages trainees to express their reactions and, if needed, orients them to what happened in the simulation, near the beginning.
- Guides analysis of the trainees’ performance during the middle of the session.
- Collaborates with participants to summarize learning from the session near the end.

<b>Element 4</b> <b>Provokes engaging discussion.</b>	<b>Element 4 Rating:</b>
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- Uses concrete examples and outcomes as the basis for inquiry and discussion.
- Reveals own reasoning and judgments.
- Facilitates discussion through verbal and non-verbal techniques.
- Uses video, replay, and review devices (if available).
- Recognizes and manages the upset participant.

<b>Element 5</b> <b>Identifies and explores performance gaps.</b>	<b>Element 5 Rating:</b>
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- Provides feedback on performance.
- Explores the source of the performance gap.

<b>Element 6</b> <b>Identifies and explores performance gaps.</b>	<b>Element 6 Rating:</b>
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- Helps close the performance gap through discussion and teaching.
- Demonstrates firm grasp of the subject.
- Meets the important objectives of the session.

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## Appendix N



### Debriefing Assessment for Simulation in Healthcare (DASH) Instructor Version©

**Directions:** Please provide a self-assessment of your performance for the introduction and debriefing in this simulation-based exercise. Use the following rating scale to give a score to each of the six “Elements.” For each Element, component Behaviors are given that would indicate positive performance in that Element. Do your best to rate your **overall effectiveness for the whole Element** guided by the Behaviors that define it. If a listed Behavior is not applicable (e.g. how you handled upset people if no one got upset), just ignore it and don’t let that influence your evaluation. You may have done some things well and some things not so well within each Element. The Element rating is your **overall** impression of how well you executed that particular Element.

Element 1 assesses the introduction at the beginning of the simulation-based exercise. Elements 2 through 6 assess the debriefing.

#### Rating Scale

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

*Skip this element if you do not conduct an introduction.*

<b>Element 1</b> <b>I set the stage for an engaging learning environment.</b>	<b>Element 1</b> <b>Rating:</b>
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- I introduced myself, described the simulation environment, what would be expected during the activity, and introduced the learning objectives, and clarified issues of confidentiality
- I explained the strengths and weaknesses of the simulation and what the participants could do to get the most out of simulated clinical experiences
- I attended to logistical details as necessary such as toilet location, food availability and schedule
- I stimulated the participants to share their thoughts and questions about the upcoming simulation and debriefing and reassured them that they wouldn’t be shamed or humiliated in the process

<b>Element 2</b> <b>I maintained an engaging context for learning.</b>	<b>Element 2</b> <b>Rating:</b>
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- I clarified the purpose of the debriefing, what was expected of the participants, and my role (as the instructor) in the debriefing

- I acknowledged concerns about realism and helped the participants learn even though the case(s) were simulated
- I showed respect towards the participants
- I ensured the focus was on learning and not on making people feel bad about making mistakes
- I empowered participants to share thoughts and emotions without fear of being shamed or humiliated

<p><b>Element 3</b> <b>I structured the debriefing in an organized way</b></p>	<p><b>Element 3</b> <b>Rating:</b></p>
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- I guided the conversation such that it progressed logically rather than jumping around from point to point
- Near the beginning of the debriefing, I encouraged participants to share their genuine reactions to the case(s) and I took their remarks seriously
- In the middle, I helped the participants analyze actions and thought processes as we reviewed the case(s)
- At the end of the debriefing, there was a summary phase where I helped tie observations together and relate the case(s) to ways the participants could improve their future clinical practice

<p><b>Element 4</b> <b>I provoked in-depth discussion that led them to reflect on their performance.</b></p>	<p><b>Element 4</b> <b>Rating:</b></p>
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- I used concrete examples—not just abstract or generalized comments—to get participants to think about their performance
- My point of view was clear; I didn't force participants to guess what I was thinking
- I listened and made people feel heard by trying to include everyone, paraphrasing, and using nonverbal actions like eye contact and nodding etc.
- I used video or recorded data to support analysis and learning
- If someone got upset during the debriefing, I was respectful and constructive in trying to help them deal with it

<p><b>Element 5</b> <b>I identified what they did well or poorly – and why</b></p>	<p><b>Element 5</b> <b>Rating:</b></p>
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- I provided concrete feedback to participants on their performance or that of the team based on accurate statements of fact and my honest point of view
- I helped explore what participants were thinking or trying to accomplish at key moments

<p><b>Element 6</b> <b>I helped them see how to improve or how to sustain good performance</b></p>	<p><b>Element 6</b> <b>Rating:</b></p>
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- I helped participants learn how to improve weak areas or how to repeat good performance
- I was knowledgeable and used that knowledge to help participants see how to perform well in the future! made sure we covered the most important topics



