

Policies and Procedure

*Interprofessional Simulation Center, Health Sciences School*

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# Overview

Mission

The mission of the Interprofessional Simulation Center is to embed simulation-based techniques into education and training for all participants to improve patient care outcomes, education, research, and multidisciplinary team performance.

Vision

The Interprofessional Simulation Center will achieve national recognition for collaborative team education and safety training.

Core Values

As a collaborative, inclusive community of students, faculty, and staff, we value:

* Creativity and innovation among interprofessional education experiences.
* Experiential and active learning components to achieve high-level critical thinking/problem-solving skills.
* Interprofessional education experiences allow students and healthcare professionals to achieve core ethics, teamwork, communication, and roles/responsibilities competencies.
* Professionalism at all times by demonstrating respect, continuous growth, reliability, and discipline.

Decision-Making Process

* Equipment/supply: Supply purchase requests should be submitted to the Interprofessional Simulation Center Director three months before the date needed. New equipment will be approved based on meeting the activity’s objectives and budget.
* Scheduling: The Interprofessional Simulation Center Director will make decisions on scheduling conflicts. See the [Sche](#_Scheduling)duling Policy for more information regarding scheduling priorities.
* Required Disclaimers and Pre-Event Statements: Any content presented using the Interprofessional Simulation Center space or name needs to be aligned with the center’s mission.
* Hours of Operation: The Interprofessional Simulation Center will be open Monday-Friday, 8:00 am-5:00 pm, unless the university is closed. The center’s Director must approve any events that fall outside operating hours.

[Appendix 1: School of Health Sciences Mission, Core Values, and Vision](#_Appendix_1:_School)

[Appendix 2: Interprofessional Simulation Center 5-year Strategic Plan](#_Appendix_2:_Interprofessional_1)

[Appendix 3: Interprofessional Simulation Student Contract](#_Appendix_3:_Interprofessional_1)

# Elon University Organizational Structure

# Elon School of Health Sciences Interprofessional Simulation Center Organizational Structure

# Confidentiality Agreement

Definitions

* Confidentiality: the process of and obligation to keep a transaction, document, etc., private and secret.
* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, facilitator, faculty, instructors, staff, standardized patients, or observers).
* Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, client-to-class, debriefings and/or discussions, and may be electronic, written, verbal, observed, or overheard.

Policy

* Simulation activities conducted by the Interprofessional Simulation Center should be treated as CONFIDENTIAL to ensure academic integrity, healthcare quality, patient safety, student and personal privacy, professionalism, and conform to various state and federal laws regulating healthcare, the healthcare professions, education records, sponsored research and intellectual property, and trade secrets rights.
* Simulation participants will hold all simulation activities as CONFIDENTIAL.
* The Interprofessional Simulation Center may use media (photographic, video, and audio recording) captured in simulation activities as specified in the Recording and Data Storage Policy, including for quality improvement, training, education, and research.
* Written data collected from any participant will remain confidential and securely given to lead facilitator to safely store and/or destroyed. This data will not be discussed with participants outside of lead facilitators.
* Participants will report any known violations of this policy to the Director.

Procedure

* All participants in simulation activities must sign the Confidentiality Agreement, either electronically or in writing, before participating in any simulation activity or during program orientation/onboarding.
* Any participant refusing to execute the Confidentiality Agreement will not be allowed to participate in simulations.
* Any materials from the simulation activity (cases, media recording, evaluations, etc.) will be kept confidential and maintained in a secure/locked environment, including password-protected computers or filing cabinets in the IPSC office.
* Any breach of confidentiality by a participant may result in disciplinary, Honor Code, professionalism committee, and/or legal action. Examples of violations include social media postings describing a simulation scenario, verbal discussions in a study group, gossip regarding the performance of a participant during a simulation, revealing information in a formal/informal discovery or deposition in a court case, etc. The only time such information may be divulged is with the express, written approval of the Director.
* Any violations in the confidentiality policy must be reported to the Interprofessional Simulation Director.
* Participants may not photograph, video, or audio record any simulation activity. Only the Interprofessional Simulation Center is authorized to engage in any form of media capture of an image, video, or voice recording.
* Participants are subject to the confidentiality requirements of various state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPPA) and Family Educational Rights and Privacy Act (FERPA).

[Appendix 4: Interprofessional Simulation Confidentiality Agreement](#_Appendix_4:_Interprofessional)

# Curriculum Development

Definitions

* Curriculum: the information taught within a course, subject, or activity.
* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, client-to-class, debriefings and/or discussions, and may be electronic, written, verbal, observed, or overheard.

Policy

* Simulation event curricula (case, scenario, setup, etc.) must be developed in partnership with the Interprofessional Simulation Center staff and submitted to the program in a timely fashion to allow for appropriate review, scheduling, training, ordering, and set up as needed for the event.

Procedure

* All Facilitators must have completed a Facilitator Self-Evaluation prior to initiating simulation activities.
* The IPSC staff and lead facilitator are responsible for developing all curricula (scenario templates, accompanying documentation).
* Scenario template(s) and accompanying documentation should be submitted by the deadline described below:
* For events that require clients or standardized patients (SPs): two months before the scheduled event date.
* For events that do not require clients or SPs: one month before the scheduled event date.
* The IPSC staff will communicate any additional expectations or requirements for developing and delivering any simulation activity with lead facilitators.
* The Interprofessional Simulation Center staff may request a pilot or dry run as part of the development process.
* Confirmed reservations may be canceled at the discretion of the Interprofessional Simulation Center if planned meetings, pilots, or dry runs are incomplete.
* Once the Interprofessional Simulation Center has approved an event, no changes may be made without going through the approval process again. The “day of” changes and changes requests between dry run and delivery may require rescheduling the event to allow time for the approval process.

[Appendix 16: Facilitator Self-Evaluation](#_Appendix_16:_Facilitator)

[Appendix 11: Case Scenario Template](#_Appendix_7:_Case)

[Link to Activity Request Form](https://elon.co1.qualtrics.com/jfe/form/SV_bg3Svxa4hLYrgLY) (https://elon.co1.qualtrics.com/jfe/form/SV\_bg3Svxa4hLYrgLY)

# Debriefing

Definitions

* Debriefing: the period after a simulation activity during which participants reflect, review, and discuss the activity to improve individual and team clinical skills and judgment.
* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, client-to-class, debriefings, and/or discussions and may be electronic, written, verbal, observed, or overheard.

Policy

* Debriefing lead facilitators will be familiar with all aspects of the simulation activity, including learning objectives, scenarios, and the simulation modality utilized. The debriefing activity will be held immediately after the simulation activity and follow the guidance outlined in the previously developed case template.

Procedure

* Reiterate that the debriefing space is a “safe zone” – simulation is THE place to make mistakes.
* Allow time at the beginning for participants to vent any emotions they may be feeling about the activity.
* Ask participants to answer questions instead of answering them yourself.
* Ask open-ended questions.
* Ask clarifying questions to challenge thinking, help participants formulate ideas, and understand participants’ perspectives to solicit input from everyone in the group, even observers.
* Summarize answers from the participants and ask if your summary makes sense
* If you do not understand the rationale of a participant’s comment, genuinely ask for further explanation.
* Encourage participants to evaluate what they felt went well and offer suggestions for improvement.
* As appropriate, provide adequate discussion time for participants.

# Fiscal Policy

Definitions

* Fiscal policy: the governance of revenue, spending, and budgeting.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, staff, students, or external clients).

Policy

* The Interprofessional Simulation Center Director will develop and maintain a chargeback fee structure for internal participants and a separate fee structure for outside participants.

Procedure

* The IPSC Director will work directly with School of Health Sciences program chairs to establish a chargeback fee to purchase supplies, standardized patients, clients, or equipment.
* The chargeback fee is based on the number of students in the program.
* An annual report will be provided to the School of Health Sciences Dean, including activity highlights, budget, progress toward specific goals, accomplishments, and goals for the upcoming academic year based on the SHS strategic plan.
* Center Staff and Standardized Patients are paid through the Elon University payroll system.
* Clients-to-Class must complete a W9 following Elon University’s check request policy.

# Personnel Communication and Staffing Policy

Definitions

* Personnel: Elon University employees, including IPSC staff and standardized patients.
* Personnel Policy: the treatment, rights, obligations, and relations of individuals at Elon University.

Emergency Communication Policy

* The Interprofessional Simulation Center (IPSC) Director will notify staff, clients, participants, and standardized patients of closure or emergency by email and text.

Staffing Policy

* The IPSC staff and standardized patients follow all Elon University staffing policies.

Procedure

* Refer to [Elon University Human Resources Staff Manual](https://www.elon.edu/u/fa/hr/guides-policies-procedures/staff-manual/) for overtime policy.
* Scope of Work Description: See Appendix 5-9 for job descriptions.
* Organizational Chart: See [Organizational Structures.](#_Elon_University_Organizational)

[Appendix 5: IPSC Director Job Description Posting](#_Appendix_4:_Lead)

[Appendix 6: Simulation Coordinator Job Posting](#_Appendix_6:_Simulation_1)

[Appendix 7: Simulation Specialist Job Description Posting](#_Appendix_7:_Simulation)

[Appendix 8: Lead Standardized Patient Job Description Posting](#_Appendix_8:_Lead)

[Appendix 9: Standardized Patient Job Description Posting](#_Appendix_9:_Standardized)

[Appendix 10: IPSC Staff Orientation Checklist](#_Appendix_10:_IPC)

# Pre-briefing

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Pre-briefing: an orientation session before a simulation activity during which participants are informed about the learning objectives, format/modality of the experience, and provided any prior information needed to complete the activity to improve individual and team clinical skills and judgment.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, client-to-class, debriefings and/or discussions, and maybe electronic, written, verbal, observed, or overheard.

Policy

* Pre-briefing facilitators will be familiar with all aspects of the simulation activity as outlined in the activity scenario template. The lead facilitator should share pre-briefing information with participants no later than one day before the activity.

Procedures

* Provide all details and expectations of the simulation activity, including learning objectives, format/modality, and any prior information the participant needs to be successful.
* Ensure all participants agree to the confidentiality requirements of simulation activities.
* Orient participants to the simulation environment, mannequins, and other equipment.
* Provide ground rules to maintain physical and psychological safety in a non-competitive learning environment. Acknowledge that mistakes may happen and will be reflected upon during debriefing. Acknowledge that mistakes may happen and will be reflected upon during debriefing.
* Discuss the process of asking for information (finding cards, labs, vitals, x-rays, etc.).
* As appropriate, provide time for participants to ask questions and prepare before starting the simulation activity.

# Quality Improvement Process: PDSA Cycle

Definitions

* Lead Facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, staff, students, or external clients).
* PDSA (Plan-do-study-act): a four-stage problem-solving model used for improving a process or implementing change.
* Quality Improvement: standardizing processes and structure to reduce variation, achieve predictable results, and improve participant outcomes.
* Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, client-to-class, debriefings and/or discussions, and may be electronic, written, verbal, observed, or overheard.

Policy

* During the annual review process, all simulation activities conducted during the previous year will be evaluated through the PDSA quality improvement plan.

Procedures

* All simulation activities must be evaluated through the PDSA.
* The final product will be included in the IPSC Annual Report.

[Appendix 14: IPSC Quality Improvement Process: PDSA](#_Appendix_14:_IPC)

# Recording and Data Storage

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, staff, students, or external clients).
* Recordings and Videos: includes both visual and audible components of simulation activities.

Policy

* All recordings on the CAE Healthcare LearningSpace system will be stored in the cloud provided by CAE Healthcare.

Procedures

* Participants complete a photo/video release form at the beginning of their program.
* Participants are not permitted to download videos without the express permission of the Interprofessional Simulation Center Director.
* The lead facilitator determines the availability for participants to view their videos or videos of their peers.
* Videos and data cannot be viewed off-campus unless the participant can access Elon University’s VPN process.
* All recordings and data are destroyed one full year after the participants’ graduation or three years after recordings for outside participants.
* If outside participants would like their recordings, they must provide flash drives for each participant.
* Facilitators have access to participants videos within their discipline-specific program.
* Written data collected from any participant will remain confidential and securely given to lead facilitator to safely store and/or destroyed. This data will not be discussed with participants outside of lead facilitators.
* Participant survey data is collected and secured within Elon’s One-Drive only accessible to the IPSC staff.

[Appendix 15: Elon University School of Health Sciences Photo/Video Release Form](#_Appendix_14:_Elon)

# Remediation

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Remediation: the process of improving or correcting a performance.

Policy

* The Interprofessional Simulation Center staff are available to assist with the remediation of simulation activities.

Procedures

* The lead facilitator must complete the “Activity Request Form” and submit the completed form to the Director.
* The lead facilitator will be responsible for developing activities and content for remediation and must be present during the full simulation activity.

# Research

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Research: investigating and studying sources to establish facts and reach new conclusions.

Policy

* Regular evaluation and assessment of simulation research studies are vital to maintaining a productive and efficient research program. Participation in well-designed and implemented research is a goal of the IPSC. Any grants or research activities that require using the center, its resources, and/or time from its staff should be coordinated with the Director.

Procedures

* The participants will submit an “Activity Request Form” to the IPSC Director.
* The Director will review the merits of proposed simulation-based research projects and suggest protocol amendments.
* The IPSC will actively support simulation-based research to promote, review and assist the submission and presentation of research conducted at the center at local, regional, national, or international forums and for peer-review publication.

# Safety and Security

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, or observers).
* Safety and Security: refers to the protection of participants.

Policy

* The Interprofessional Simulation Center staff and participants have a right to a safe environment. The IPSC is committed to excellence in health, safety, and environmental performance and strives to achieve:
  + Zero injuries or illnesses
  + Zero environmental incidents
  + Zero property loss or damage

Procedures

* In a medical emergency, 911 can be dialed from any phone in the Interprofessional Simulation Center (IPSC).
* Participants cannot bring food or drinks to any simulation spaces without the IPSC Director’s prior permission.
* Participants must be mindful of all standard precautions and transmission of specific precautions (contact droplet, airborne). Any equipment that encounters body fluids is considered contaminated and needs to be handled appropriately.
* Gloves will be worn with all mannequin interactions, and non-sterile gloves should be disposed of in non-biohazard trash cans.
* Participants need to know that some of the equipment contains latex. Those with a known sensitivity/allergy to latex need to contact the center staff. Every effort will be made to replace equipment with latex-free substitutions. All participants who suffer from latex allergies should take precautions by wearing non-latex gloves while using or handling latex parts.
* According to the Center for Disease Control (CDC), all sharps must be handled safely and disposed of properly.
* In the event of a “clean” needle stick, the faculty should be notified immediately so first aid can be provided. The faculty should complete an incident report form.
* All participants are to ensure that rooms are secure and safe when using the rooms.
* The Public Safety Department (336-278-5555) should be notified if the lab rooms are used on off-hours (evenings and weekends).
* The participants are responsible for being aware of the location of emergency exits on each floor of the School of Health Science Building.
* All persons are expected to evacuate the building in a fire, and Public Safety needs to be notified immediately at 336-278-5555. Fire extinguishers are located throughout each hallway and close to the stairwells of each floor.
* Lead facilitators are responsible for ensuring all participants are instructed on safe handling techniques before practice and demonstration.
* Participants should use caution when practicing lifting skills and not lift a mannequin or heavy object without assistance.
* The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use.
* There is a first aid kit located in the Simulation Coordinators office.
* Proper handwashing or the use of hand sanitizers will be a part of the practice in all aspects of simulation education. Hand sanitizer units are attached to the wall in each simulation suite and by each bedside in the skills lab. Utilize gloves as you would in a natural clinical environment.
* The emotional well-being of students is a principal concern for the IPSC. Transparent policies such as record access and confidentiality are in place to assure participants of their privacy; orientation that introduces the participants to the simulation environment and equipment are provided to alleviate the anxiety of participating in simulation-based education and are integrated into the curriculum development process.
* In case of emotional distress, all participants will be immediately referred to university counseling services at 278-7280. The counseling services are available 24/7 through TimelyCare on their website: [https://](https://www.elon.edu/u/health-wellness/counseling-services/)www.elon.edu/u/health-wellness/counseling-services/
* Lead facilitators are also trained to communicate psychological safety aspects before all simulations within their prebriefing and will provide a safe space during debriefing.
* The IPSC complies with all requirements for documentation and storage of hazardous material. Safety Data Sheets are stored in the simulation coordinator’s office and clearly labeled.
* The IPSC only utilizes simulation equipment (i.e. medications) to ensure the safety of all participants. If hospital-grade equipment or supplies are brought into the IPSC for demonstration purposes, they must be labeled simulation use only.

# Scenario Development, Implementation, and Resources

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, staff, standardized patients, or observers).
* Standardized Patient: members of our community who are trained to portray a character within a staged setting to enhance the learning experience of participants.

Policy

* The Interprofessional Simulation Center has a designated standardized patient scenario template for use with scenario development. Using a standardized template helps ensure scenario cases encompass critical components, including pertinent physiology of the patient, supplies, equipment, and necessary case information.
* The IPSC is committed to making the simulated setting as realistic as possible. The staff works with participants to identify appropriate equipment and supplies for creating a realistic simulated setting for each case scenario. Newly developed scenarios are piloted and sent to content experts to evaluate feasibility, appropriateness, and contribution to achieving objectives for the simulation experience. The revision of scenarios is systematic and ongoing.

Procedures

* Simulation scenarios and associated products developed by IPSC are the intellectual property of Elon University’s School of Health Sciences.
* Simulation scenarios must utilize the standard template.
* The center staff will work with the lead facilitator to develop and review scenarios, noting any supplies and equipment the lead facilitator must provide.
* IPSC staff are available to help lead facilitators with scenario preparation, day of facilitation, and cleanup of simulation spaces.
* Following simulation best practices, simulation pre and debriefing sessions should be utilized to ensure the best possible outcomes and improve future performance.

[Appendix 11: Case Scenario Template](#_Appendix_7:_Case)

# Scheduling

Definitions

* IPSC Staff: anyone employed or volunteering for the Interprofessional Simulation Center, including student workers.
* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, students, or external clients).

Policy

* The Interprofessional Simulation Center schedules resources to meet the curricular needs of Elon University’s School of Health Sciences most efficiently and effectively. Based on scheduling priorities, simulation resources may also be scheduled to meet the non-curricular needs of Elon University, clinical partners, and the community. The Interprofessional Simulation Center schedules resources to meet the curricular needs of Elon University’s School of Health Sciences most efficiently and effectively. Based on scheduling priorities, simulation resources may also be scheduled to meet the non-curricular needs of Elon University, clinical partners, and the community.

Procedures

* Scheduling requests should be submitted to the Director by utlization of the online Activity Request Form.
* Scheduling requests should be received by the term deadline:
* The deadline for activities between August and December request is June 1st.
* The deadline for activities between January and May request is December 1st.
* The deadline for activities between June and July request is April 1st.
* When conflicts arise, the following scheduling prioritization factors will be applied (in order):
* Summative testing activity and curricular requirements
* Formative activity
* Interprofessional activity
* Open lab for practice
* Outside vendor activity
* All requests by the term deadline will be considered together, and prioritization criteria will be applied in conflicts.
* All requests after the term deadline will be scheduled as resources are available, and prioritization criteria will not be applied.
* Regular hours of operation are 8:00 am to 5:00 pm. Sessions outside of regular operating hours require the approval of the Director.
* Confirmed reservations may be released at the discretion of the Director if required materials are not received according to the simulation session development timeline.

# Simulation Equipment, Supplies, and Maintenance

Definitions

* Participants: Anyone utilizing the SHS Interprofessional Simulation Center (e.g., students, faculty, staff, or external clients).
* Simulation Equipment: any item utilized as part of the simulation activity. Examples include but are not limited to things such as medical mannequins, task trainers, diagnostic boards, computers, and furniture.

Policy

* Equipment in the Interprofessional Simulation Center will be maintained at a level that ensures all educational needs of participants can be met.
* Equipment in the Interprofessional Simulation Center is for simulated activities only and never for actual patient care.

Procedures

* Equipment used for simulation will be monitored and maintained following the manufacturer’s requirements and equipment maintenance schedule (Appendix 9).
* All participants are expected to inform IPSC staff of any equipment malfunction.
* IPSC staff will notify the Director of any known equipment malfunction.
* As software updates become available, the IPSC staff, under the direction of the Director, will devise a plan to upgrade the equipment without affecting upcoming simulation activity in the building.
* After an upgrade, the staff will test the compatibility of the new upgrade with the associated software and hardware to ensure that it is at a functioning baseline.
* When annual maintenance is purchased through a vendor, the IPSC staff will ensure that annual preventative maintenance checks are performed as outlined in the maintenance agreement.
* The IPSC Director will oversee maintenance agreements and notify staff when there is a change in status.
* Equipment user manuals are stored on Elon University’s OneDrive and are accessible to all IPSC staff.

[Appendix 12: Equipment Maintenance Schedule](#_Appendix_12:_Equipment)

[Appendix 13: Available Equipment](#_Appendix_13:_Available)

# Simulation Attire and Personal Belongings

Definitions

* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., students or external clients).
* Professional attire: as defined in each department’s student handbook.

Policy

* Participants in simulation activity, including IPSC staff, should maintain an image of professionalism that always resembles actual environments (e.g., clinic, hospital, office, etc.).
* Participants are not permitted to bring personal belongings to the Interprofessional Simulation Center. The only exception is their professional equipment bag.

Procedures

* Every attempt should be made to ensure professional attire is consistent with the authentic environment intended for the simulation.
* Participants must comply with school/department/program guidelines for dress. In the absence of school/department/program guidelines, participants should wear business attire.
* If a white coat is required, it must be clean and presentable.
* Simulation staff may wear approved scrubs or business attire.

# Interprofessional Simulation Center Staff/Facilitator Responsibilities

Definitions

* IPSC Staff: anyone employed or volunteering for the Interprofessional Simulation Center, including student workers.
* Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC team.
* Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, students, or external clients).

Policy

* IPSC staff will comply with procedures to ensure quality simulation activities are consistent with the best standards of practice for healthcare simulation.
* Facilitators must complete a Facilitator Self-Evaluation prior to initiating simulation activities.
* Facilitators should address concerns or complaints of IPSC Staff or participants directly to IPSC Director.
* IPSC Staff should adddress concerns or complaints of facilitators or participants directly to IPSC Director.
* All complaints or concerns regarding the IPSC Director should be addressed to the Dean of the School of Health Sciences.

Procedures

Responsibilities of IPSC staff include:

* Attending all pre-event planning sessions, SPs trainings, dry runs, simulation events, and any post-event quality improvement sessions.
* Ensuring at least one staff member is on-site for the simulation activity.
* Ensuring all participants and staff are oriented to the simulation environment.
* Ensuring the pre-brief is consistent with standards of best practice.
* Debriefing and/or providing feedback is consistent with standards of best practice.
* Ensuring communication occurs with participants and other staff. These communications may include directions to the center location, supplies/equipment participants should bring, appropriate simulation (see [Attire Policy](#_Simulation_Attire_and)), parking information, agendas/schedules, room location, directions for accessing recordings, and/or other event-related data.
* Scheduling the simulation activity follows the [Scheduling Policy](#_Scheduling).
* Ensuring the curriculum is developed, including meeting all deadlines, per the [Curriculum Development Policy.](#_Curriculum_Development)
* Ensuring any needed printed documents or copies are prepared for the event.
* Ensuring all participants are aware of the [Confidentiality Policy](#_Confidentiality_Agreement_1), [Recording and Data Storage Policy](#_Recording_and_Data) and appropriate consent forms are provided.

Standard of Best Practice for Healthcare Simulation Links:

* <https://www.aspeducators.org/standards-of-best-practice>
* <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>
* <https://www.ssih.org/ToolkitandResources>

[Appendix 16: Facilitator Self-Evaluation](#_Appendix_16:_Facilitator)

# Student Orientation to Clinical Skills Lab (236) Policy

1. Talking points before entering the Clinical Skills Lab (room 236)

1.1 Professional attire (hair, nails, lab coats)

1.2 No food or drink policy

1.3 Storage of bookbags

1.4 Suspend disbelief

1.5 Address mannequins as patients (use patient name)

1.6 Clean hands just before entering

1. Talking points inside of room 236

2.1 Layout of room (7 bed bays, storage, computer carts, laundry)

2.2 Introduce patients by name (Juno, Apollo, Lucina, etc.)

2.3 Explain patients can be male or female as needed (in a variety of ages and skin tones)

2.4 Supplies will be provided for each simulation, and who to notify if something is needed

1. Highlight what each patient can do or not do

3.1 Apollo

* Bag-value- mask ventilation
* Tongue swelling
* Bilateral and unilateral chest rise and fall
* Bilateral chest tube insertion w/ fluid output
* CPR
* Bowel sounds in all four quadrants
* Iv placement, IM injection on right, IO on left side
* Reactive pupils and convulsions
* Urinary catheterization

3.2 Ares

* Use a special stethoscope adapter
* Does not have bilateral pulses
* Left side for puncture
* Right side for blood pressure and pulses
* Medication- IV &IM in the system. Others log only and will not affect vitals
* Urinary catheterization w/o fluids

3.3 Aria

* + Bag-Valve-mask ventilation
  + Nasotracheal/orotracheal intubation
  + Intubation Depth detection
  + Bronchial occlusion
  + Tracheostomy
  + Swollen Tongue, Laryngospasms
  + CPR Real-time feedback

4.4 Juno

* Sounds just on the front
* Do not need a special stethoscope
* Pulses- right side only- not in feed, carotid pulse- yellow tube & syringe needed to palpate pulse
* Blood pressure on the right side only
* Injections on the left side

3.5 Lucina/Athena

* Be careful with wrist
* Eyes react to light
* Touch right above the eyelid to get the eyes to open when unconscious
* Can intubate
* Can hook to a vent
* Can do full CPR
* Bilateral IV and BP (will need to move BP connection)
* Use NG tube
* Suitable for oral care, but teeth do not come out
* No femoral pulse
* Heart tones
* Urinary catheterization
* Sounds change w/ abdomen
* Baby makes sounds based on Apgar score.
* Baby sensors measure traction

3.6 Luna

* + Can be used for ages from birth to 28 days (about four weeks) old
  + Oral and nasal pharyngeal airway insertion
  + Tracheostomy
  + CPR w/ real-time feedback
  + Pulses (brachial, femoral, and umbilical)
  + Urinary catheterization
  + Chest rise w/ unilateral lung sounds
  + Bilateria anterolateral thigh intramuscular and subcutaneous injection sites

1. Vitals Monitor

4.1 Sounds turn on/off

4.2 What’s are the monitor

4.3 How to display more information

1. Break students into small groups around each bay
2. Hands-on practice

6.1 Take a blood pressure

6.2 Look into the eyes with the otoscope

6.3 Pulse check

6.4 Listen to heart, lungs, or bowels

# Simulation Tours

Definition

* Tour: an organized journey throughout the simulation spaces.

Policy

* Tours of the Interprofessional Simulation Center (IPSC) should be requested via email with the IPSC Director.
* Tour requests should include institution/department name, date and time, and any specifics that should be included in the tour.

Procedures

* The IPSC tours will include, as available, simulation rooms, simulation equipment, and a discussion of simulation use in the curriculum.
* Tours should not interfere with the IPSC process and are prohibited during testing activities.
* Tours will last approximately thirty minutes to an hour, depending on the group size.
* There is no cost associated with IPSC tours.
* Tours can be canceled one week before the scheduled date. Last-minute cancellations may result in not being able to schedule future tours.

# Appendices

## Appendix 1: School of Health Sciences Mission, Core Values, and Vision

Mission

The mission of the School of Health Sciences is to provide distinctive and exceptional educational experiences for all students who enroll in Elon University’s health professions programs. An Elon education transforms the student into an outstanding professional who is ready to serve others with respect for human differences, a passion for lifelong learning, personal and professional integrity, and an ethic of work and service.

Core Values

As a collaborative, inclusive community of students, faculty, and staff, we value:

* Diversity of people and ideas
* Being responsive to the needs of society
* Caring for patients’ physical, emotional, social, and spiritual needs
* High ethical and professional principles
* Intellectual growth and development
* Engaged learning
* Educational innovation
* Scholarship activities
* Application of evidence-based practice
* Global perspectives
* Leadership in the professions
* Community service
* Life-long learning

Vision

To prepare graduates who are recognized by health care organizations as well equipped to assume their role in the fast-paced and changing world of health care. To be recognized as an educational leader in health care professions education.

## Appendix 2: Interprofessional Simulation Center 5-year Strategic Plan

**Strategic Planning Process**

The process for developing the 2020-2025 strategic plan for Elon University School of Health Sciences Interprofessional Simulation Center (IPSC) included a survey of participants, a review of benchmark institutions, and then developing a strategic plan congruent with the School of Health Sciences.

Steps of the Process:

1. Survey of stakeholders

A. This process included surveys of participants after each simulation activity.

B. The survey data was utilized to develop a SWOT analysis (strengths, weaknesses, opportunities, and threats).

2. Review of benchmark institution’s

A. Three benchmark simulation centers’ missions and visions were reviewed to compare and evaluate, ensuring best practices related to the IPSC mission and vision.

3. Development of the 2020-2025 strategic plan

A. Using recommendations from the surveys and benchmarks, the strategic plan was developed, aligning with the strategic goals of the School of Health Sciences.

**5-Year Strategic Plan**

1. Establish and maintain full accreditation by the Society for Simulation in Healthcare

Measure: Review and update all items related to the accreditation application.

Timeline: Within five years

2. Develop professional development for faculty and staff engaged in simulation

Measure: Conduct simulation facilitator workshops during annual planning weeks. Encourage one faculty member from each discipline to become CHSE-certified.

Timeline: Annually

3. Maximize the use of all simulation modalities within the three medical disciplines

Measure: Perform a needs assessment of current medical programs. Continue to develop relationships with faculty, encouraging them to visit the IPSC and discuss potential collaboration.

Timeline: Annually

4. Foster and expand healthcare simulation scholarly activity

Measure: Submission of at least one abstract for presentation. Host at least one simulation conference.

Timeline: Annually

5. Implement simulation across the undergraduate curriculum

Measure: Perform a needs assessment of undergraduate programs. Continue to develop relationships with undergraduate faculty, encouraging them to visit the IPSC and discuss potential collaboration.

Timeline: Annually

## Appendix 3: Interprofessional Simulation Student Contract

**Interprofessional Simulation Center Student Contract**

**(August 2021)**

**Purpose**

* The purpose of simulation in the School of Health Sciences curriculum is to prepare students for clinical rotations and practice. The Interprofessional Simulation Center’s (IPSC) goal is that every student will have the knowledge and skills to care for patients correctly, safely, and in a therapeutic manner. Simulation experiences will focus on the following areas of concentration:
  + Enhancing learning through simulation.
  + Strengthening communication skills with patients and interdisciplinary team members.
  + Reinforcing critical thinking skills through patient-based scenarios.
  + Allowing for patient-centered skill training in a safe environment.
  + Fostering patient advocacy by student participation in debriefing.

**Learning Objectives**

*Learning objectives will vary per planned activity. The following are common learning objectives used with simulation.*

* Participate in the simulation as a realistic event, treating clients, mannequins, and standardized patients as “real” patients.
* Demonstrate a focused and or complete physical assessment based on the patient’s problems.
* Develop a plan of care based on patient assessment findings and/or health care provider’s prescribed orders.
* Perform care safely and correctly established by evidence-based practice.
* Demonstrate professional therapeutic communication during the simulation experience.
* Perform reassessments to evaluate interventions as needed.

**Confidentiality and Test Security**

* Simulation activities conducted by the Interprofessional Simulation Center should be treated as CONFIDENTIAL to ensure academic integrity, healthcare quality, patient safety, student and personal privacy, professionalism, and conform to various state and federal laws regulating healthcare, the healthcare professions, education records, sponsored research and intellectual property, and trade secrets rights.
* Any breach of confidentiality by a participant may result in disciplinary action, Honor Code, professionalism committee, and/or legal action. Examples of violations include social media postings describing a simulation scenario, verbal discussions in a study group, gossip regarding the performance of a participant during a simulation, revealing information in a formal/informal discovery or deposition in a court case, etc. The only time such information may be divulged is with express, written approval of the Director.
* Any violations in the confidentiality policy must be reported to the Interprofessional Simulation Director.

**Evaluation of the Interprofessional Simulation Center**

* The IPSC staff will email students a Qualtrics survey to complete after each simulation.
* Participants should complete the survey within the timeframe given in the email.

**Pre-briefing and Debriefing**

***Pre-briefing:***

Pre-briefing facilitators will be familiar with all aspects of the simulation activity as outlined in the activity scenario template. The lead facilitator should share pre-briefing information with participants no later than one day before the activity.

The pre-briefing information should:

* Orient participants to the simulation environment, mannequins, and other equipment.
* Acknowledge that mistakes may happen and will be reflected upon during debriefing.
* Discuss the process of asking for information (finding cards, labs, vitals, x-rays, etc.).

***Debriefing***

Debriefing facilitators will be familiar with all aspects of the simulation activity. The debriefing activity will be held immediately after the simulation activity.

The debriefing should:

* Reiterate that the debriefing space is a “safe zone” – simulation is THE place to make mistakes.
* Allow time at the beginning for participants to vent any emotions they may be feeling about the activity.
* Ask clarifying questions to challenge thinking, help participants formulate ideas, and understand participants’ perspectives to solicit input from everyone in the group, even observers.
* Encourage participants to evaluate what they did well, what they need to improve, and offer suggestions for improvement.

**Photo and Video Release**

* Participants acknowledge and authorize, without reservation or restriction, Elon University to publish the photographs or videos taken of them for use in advertising, presentations, publications, and websites.
* If participants opt out, they must remind IPSC staff as needed.

**Suspending Disbelief**

* Simulation fosters active engagement in a safe learning environment. The participant’s role is to “enter into the spirit” of the simulation, engaging with the patient, family, and other healthcare team members as if the situation were real. This will provide you with the best active learning opportunity.

**Safe Practice**

* The IPSC staff and participants have a right to a safe and healthful environment. The IPSC is committed to excellence in health, safety, environmental performance and has strived to achieve the following:
  + Zero injuries or illnesses
  + Zero environmental incidents
  + Zero property loss or damage
* In a medical emergency, 911 can be dialed from any phone in the Interprofessional Simulation Center (IPSC).
* Participants are not permitted to bring food or drinks to any of the simulation spaces.
* Participants must be mindful of all standard precautions and transmission of specific precautions (contact droplet, airborne).
* Any equipment that encounters body fluids is considered contaminated and needs to be handled appropriately.
* Gloves will be worn with all mannequin interactions, and non-sterile gloves should be disposed of in non-biohazard trash cans.
* Participants need to know that some of the equipment contains latex. Those with a known sensitivity/allergy to latex need to contact the center staff. Every effort will be made to replace equipment with latex-free substitutions. All participants who suffer from latex allergies should take precautions by wearing non-latex gloves while using or handling latex parts.
* In accordance with the Center for Disease Control (CDC), all sharps are to be handled safely and disposed of properly.
* In the event of a “clean” needle stick, the faculty should be notified immediately so first aid can be provided. The faculty should complete an incident report form.
* All participants are to ensure that rooms are secure and safe when using the rooms.
* The Public Safety Department (336-278-5555) should be notified if the lab rooms are used on off-hours (evenings and weekends).

**Interprofessional Simulation Student Contract**

**By signing this document, you are attesting:**

* **\_\_\_\_\_ (initial)** I have been made aware of the policies surrounding the interprofessional simulation center.
* **\_\_\_\_\_ (initial)** I will abide by the policies in this interprofessional simulation student contract

**If you have further questions before signing, please email the IPSC Director.**

Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_

## Appendix 4: Interprofessional Simulation Confidentiality Agreement



**Interprofessional Simulation Confidentiality Agreement**

As a client, standardized patient, or participant at Elon University’s School of Health Sciences, I understand the significance of confidentiality concerning information concerning patients – real or simulated -- and other users and visitors, including, but not limited to, Elon students, faculty, and staff. I will uphold the requirements of the [Health Insurance Portability and Accountability Act (HIPAA)](https://www.hhs.gov/hipaa/index.html) and all other federal or state laws regarding confidentiality. Further, I agree to adhere to the stipulations stated below and report any confidentiality violations I become aware of to my facilitator or instructor.

I understand that:

• All patient information is confidential, even information developed for or as part of a simulation session, and any inappropriate viewing, discussion, or disclosure of this information violates the Elon University’s School of Health Science Confidentiality Policy.

• The simulation mannequins are to be used respectfully and treated as living patients in every sense.

• I am not to remove, release, or make publicly available any written documentation and am not allowed to make recordings or recorded images that I may provide for the Client and Standardized Patient Program.

• My failure to adhere to the above confidentiality agreementcould subject me to legal action and penalties, including, but not limited to, my dismissal from the Elon University’s School of Health Science Interprofessional Simulation Center and Client/Standardized Patient Program.

Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 5: IPSC Director Job Description Posting

Job Title: Director of Interprofessional Simulation Center

Duties:

Responsible for the daily operations and budget of the Interprofessional Simulation Center. The Director supervises and annually evaluates simulation staff, ensuring all simulation spaces, schedules, vendor contracts, and equipment are in proper working order. Other responsibilities include working closely with faculty to complete a simulation needs assessment, design scenarios, develop an assessment checklist, and select the simulation modality.

Qualifications

* Bachelor’s degree from a four-year college or university.
* Two years of work experience in a field related to healthcare simulation.
* Ability to manage the technology necessary to optimize simulation in interprofessional simulation spaces. Experience with simulation technology preferred.
* Certification from the Society of Simulation in Healthcare (SSH).

## Appendix 6: Simulation Coordinator Job Description Posting

Job Title: Simulation Coordinator

Job Description:

Responsible for the overall day-to-day operations of the simulation and skills labs, working closely with the Director of the Interprofessional Simulation Center and School of Health Sciences faculty. Responsibilities include scheduling, planning, and running simulation events. Other duties include preparation, cleaning, and storage of all simulation equipment and technology before and during events. This essential staff member will utilize exceptional organizational and interpersonal skills via phone, email, and individual contact to ensure seamless simulation events. Other duties as assigned by the Director of Interprofessional Simulation.

Minimum Required Education and Experience

* Bachelor’s degree preferred

Special Skills or Experience:

* Bachelor’s degree; or two-year related experience and/or training; or equivalent combination or education and experience required.
* Ability to manage the equipment and technology necessary to optimize simulation in the Interprofessional Simulation Center. Experience with simulation technology preferred.
* Preference to having Certified Healthcare Simulation Educator CHSE or Certified Healthcare Simulation Operations Specialist CHSOS Certification.

Job Duties

Responsible for the overall day-to-day operations of the simulation and skills labs,

working closely with the Director of the Interprofessional Simulation Center and School

of Health Sciences faculty. Responsibilities include scheduling, planning, and running

simulation events. Other duties include preparation, cleaning, and storage of all

simulation equipment and technology before and during events.

Essential Duties and Responsibilities

This essential staff member will utilize exceptional organizational and interpersonal skills

via phone, email, and individual contact to ensure seamless simulation events. Other

duties as assigned by the Director of Interprofessional Simulation.

## Appendix 7: Simulation Specialist Job Description Posting

Job Title: Simulation Specialist

Job Description:

The Simulation Specialist serves as a technical expert who is able to set up, operate, maintain, troubleshoot, and in some cases repair simulation equipment, hospital-type equipment used in clinical activities, and AV/IT equipment used in simulation activities. Responsible for coordinating daily operations of the simulation and skills labs, working closely with other staff within the Interprofessional Simulation Center (IPC) and School of Health Sciences faculty. The qualified individual performs operational activities such as staff and maintenance scheduling, lab utilization scheduling, and inventory/purchasing functions. The Clinical Simulation Specialist is familiar with the various modalities of simulation education and has a good grasp of simulation educational principles, and is therefore able to assist in the development, setup, delivery, and take-down of simulation education sessions.

Minimum Required Education and Experience

* Associate degree, or vocational or technical school degree – Field of study: LPN, CMA, CAN, EMT Minimum one year of relevant work experience.
* Preferred Education and Experience
* Bachelor’s degree – Field of study: Healthcare related field Experience may substitute for some of the above education and describe how: Those with an equivalent combination of education and experience may be considered for the position.
* Required Other Training, Certifications, or Licensing
* Preference will be given to those possessing Certified Healthcare Simulation Educator (CHSE) or Certified Healthcare Simulation Operations Specialist (CHSOS) certification

Job Duties

* 20% - Operate and maintain simulation equipment, task trainers, computerized simulators, and virtual reality procedural trainers with the ability to follow scenarios and make appropriate adjustments to technology systems.
* 10% - Create troubleshooting documents, simulator checklists, and preventative maintenance plans for simulation equipment.
* 20% - Set up and operate equipment/AV system in rooms including equipment, supplies, moulage, etc. for simulation activities.
* 20% - Maintains awareness of scheduling issues in relation to availability of physical and technical resources
* 20% - Supports learners to maintain a safe learning environment.
* 10% - Other duties as assigned.

## Appendix 8: Lead Standardized Patient Job Description Posting

Job Title: Lead Standardized patient

Job Description:

Standardized Patients (SPs) are utilized for a variety of tasks, including both administrative and standard SP duties. The administrative tasks include but are not limited to monitoring the recording system, scheduling other SPs, working with faculty to set up/clean up simulation spaces, and pre-briefing the students for their experience. The standard SP duties include portraying a medical character, providing structured verbal/written feedback to students, and repeatedly allowing students to perform parts of a physical exam. SPs must demonstrate the ability to memorize and standardize patient information to ensure each student is given the same simulation experience. SPs must be comfortable wearing a medical gown with a standard bra and shorts underneath and comfortable with all simulation activities being recorded. Also, SPs must feel comfortable being examined or touched by students. The best candidates will possess professionalism, confidentiality, the ability to remove personal biases, and basic computer skills.

Qualifications

* Two years of work experience in a field related to healthcare simulation.
* Ability to manage the technology necessary to optimize simulation in interprofessional simulation spaces. Experience with simulation technology preferred.

## Appendix 9: Standardized Patient Job Description Posting

Job Title: Standardized Patient

Job Description:

Standardized Patients (SPs) are utilized for various tasks such as portraying a medical character, providing structured verbal/written feedback, and allowing students to repeatedly perform parts of a physical exam. SPs must demonstrate the ability to memorize and standardize patient information to ensure each student is given the same simulation experience. SPs should be comfortable wearing a medical gown with a standard bra and shorts underneath and comfortable with all simulation activities being recorded. The best candidates will possess professionalism, confidentiality, the ability to remove personal biases, and basic computer skills.

* Must demonstrate the ability to memorize and standardize patient information to ensure each student is given the same simulation experience.
* Possess strong interpersonal and communication skills.
* Always maintain a professional attitude and demeanor and provide responsible solutions to difficult situations.
* Comfortable wearing a medical gown with a standard bra and shorts underneath.
* Ability to work independently with limited supervision and as part of a team while maintaining confidentiality.
* Comfortable with all simulation activities being recorded and reviewed.
* Ability to occasionally flex schedule to meet the department’s needs, which may include working some nights and weekend hours.
* Basic to intermediate computer skills.
* Other duties as needed or required.

## Appendix 10: IPSC Staff Orientation Checklist



**Interprofessional Simulation Center**

**IPSC Staff Orientation Checklist**

**Scheduling**

Sim Center Outlook Calendar & Activity Spreadsheet Scheduling

Sim Center 25Live Room Reservation

Simulation Scheduling Policy and Scenario Form

**Simulation Center Tour**

Medical Mannequin & Task Trainer Familiarization / Specific Capabilities

Review Policies & Procedures, Standardized Patient Manual

Room Layout Familiarization

CAE Learning Space Audio-Visual/Control Room Familiarization

Phone & Laptop Setup

Consumables/ Meds Dispensing/ Moulage Capabilities Familiarization

Student Orientation Process

Simulation Center Staff Roles/Responsibilities

Facilitator/Faculty Roles/Responsibilities

**Student Evaluation/Prebriefing/Debriefing Process**

Student Evaluation (Qualtrics) Familiarization

Student Prebriefing Process

Student Debriefing Process

**Standards of Best Practice**

SSH, ASPE, INASCL Standards of Best Practice Familiarization

## Appendix 11: Case Scenario Template



**Elon Interprofessional Simulation Center | Simulation Case Scenario Template**

*This template is intended to be comprehensive. Note that not every scenario will require each part of this template. The course director may exercise their judgment when selecting which parts of this template are applicable to best meet the learning objectives. For questions, please contact Nita Skillman (*[*nski*](mailto:nskillman@elon.edu)*llman@elon.edu) and Bethany Fearnow (*[*bfe*](mailto:bfearnow@elon.edu)*arnow@elon.edu).*

**Course Instructor:** Click or tap here to enter text.

**Course:** Click or tap here to enter text.

**Level of Learner:**

Choose an item.

**Type of Assessment:**

Formative

Summative

Remediation

Learner Additional Support

**Objectives *(3 maximum)*:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Simulation Timing / Layout:**

Click or tap here to enter text.

**Supplies needed *(i.e., moulage, reflex hammer, etc.):***

Click or tap here to enter text.

**Standardized Patient Recruitment Demographics *(i.e., age range, gender, ethnicity, etc.):***

Click or tap here to enter text.

**Presentation and Resulting Behaviors *(e.g., body language, non-verbal communication, verbal characteristics):*** Click or tap here to enter text.

**Patient Name:** Click or tap here to enter text.

**Patient Preferred Pronouns:** Click or tap here to enter text.

**Patient-Identified Sexual Orientation:** Click or tap here to enter text.

**Chief Concern:** Click or tap here to enter text.

**History of Present Illness: *(consider the following)***

* **Quality/Character:** Click or tap here to enter text.
* **Onset:** Click or tap here to enter text.
* **Duration:** Click or tap here to enter text.
* **Location:** Click or tap here to enter text.
* **Radiation:** Click or tap here to enter text.
* **Intensity:** Click or tap here to enter text.
* **Aggravating Factors *(what makes it worse):*** Click or tap here to enter text.
* **Alleviating Factors *(what makes it better):*** Click or tap here to enter text.
* **Precipitating Factors *(does anything bring it on):*** Click or tap here to enter text.
* **Associated Symptoms:** Click or tap here to enter text.
* **Significance to Patient *(impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, expectations for a visit):*** Click or tap here to enter text.

**Medical History: *(consider the following)***

* **Disease/Illnesses:** Click or tap here to enter text.
* **Hospitalizations:** Click or tap here to enter text.
* **Surgeries:** Click or tap here to enter text.
* **Medications *(prescription, over-the-counter, supplements):*** Click or tap here to enter text.
* **Allergies *(environmental, food, medication, and reaction)*:** Click or tap here to enter text.

**Review of Systems: *(pertinent positives and negatives)***

* **General:** Click or tap here to enter text.
* **HEENT:** Click or tap here to enter text.
* **CV:** Click or tap here to enter text.
* **Respiratory:** Click or tap here to enter text.
* **GI:** Click or tap here to enter text.
* **Musculoskeletal:** Click or tap here to enter text.
* **Endocrine:** Click or tap here to enter text.
* **Other:** Click or tap here to enter text.

**Family History:** Click or tap here to enter text.

* **Family tree: *(e.g., health status, age, cause of death for appropriate family members)*** Click or tap here to enter text.
* **Relevant Conditions/Chronic Diseases: *(management/treatment)*** Click or tap here to enter text.

**Social History:**

* **Substance Use: *(past and present)***
  + **Drug Use: *(recreational and medications prescribed to other people)*** Click or tap here to enter text.
  + **Tobacco Use:** Click or tap here to enter text.
  + **Alcohol Use:** Click or tap here to enter text.
* **Home Environment:** Click or tap here to enter text.
* **Social Supports:** Click or tap here to enter text.
* **Occupation:** Click or tap here to enter text.
* **Relationship Status:** Click or tap here to enter text.
* **Safety in relationship:** Click or tap here to enter text.
* **Diet:** Click or tap here to enter text.
* **Exercise:** Click or tap here to enter text.
* **Leisure Activities:** Click or tap here to enter text.

**Physical Findings: *(may include radiographs, chart notes, etc.)***

Click or tap here to enter text.

**Prompts and Special Instructions:**

* **Questions the patient MUST ask*:*** Click or tap here to enter text.
* **Questions the patient MAY ask*:*** Click or tap here to enter text.
* **What should the patient expect from this visit? *(e.g., diagnosis, treatment plan, etc.)*** Click or tap here to enter text.

**Patient Feedback Guidelines:**

Click or tap here to enter text.

**Learner Doornote**

**Setting:** Click or tap here to enter text.

**Patient Name:** Click or tap here to enter text.

**Age/DOB:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Chief Concern:** Click or tap here to enter text.

**Findings: *(if applicable)*** Click or tap here to enter text.

** 

**Instructions to Learners: *(e.g., objectives, tasks to be completed, patient encounter length, etc.)***

Click or tap here to enter text.

**Standardized Patient Checklist (Faculty/SP)**

**Learner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Insert standardized patient rubric. Rubric must focus strictly on communication skills (verbal and non-verbal).***

**Open-ended questions:**

1. **Would you see this provider again? Why or why not?**

Click or tap here to enter text.

1. **What should the learner stop doing?**

Click or tap here to enter text.

1. **What should the learner start doing?**

Click or tap here to enter text.

1. **What should the learner continue doing?**

Click or tap here to enter text.

**PREBRIEFING (LEARNER)**

**Prebriefing materials should include learner instructions that can be placed on the LMS before the simulation day. This should include expectations, timing, location, schedule, safety (physical and psychological), and any possible readings to prepare the learner.**

**Post-Encounter Activities (Faculty)**

**Describe what the learner will complete Post SP encounter. This could include a SOAP note, multiple choice exam, consultation needs, etc.**

**Post-Encounter Answer Key (Faculty)**

***Insert answer key/rubric to Post-Encounter Activities. Ensure explicit criteria for graders for standardization of assessment.***

**Debriefing (Faculty)**

**Debriefing Technique *(Plus-Delta, Advocacy Inquiry, Debriefing with Good Judgment, Reminder of “Safe Zone” ):***

Click or tap here to enter text.

**Discussion Questions and Topics:**

Click or tap here to enter text.

**Debriefing Facilitators:**

Click or tap here to enter text.

## Appendix 12: Equipment Maintenance Schedule

Table

Description automatically generated

## Appendix 13: Available Equipment

**Audiovisual Equipment**

CAE LearningSpace

**Medical Mannequins**

1 CAE Ares (ACLS Simulator)

1 CAE Aria (Child Simulator)

2 CAE Apollo (High Fidelity Simulator)

9 CAE Juno (Nursing Simulators)

1 CAE Lucina (Birthing Simulator)

1 CAE Luna (Baby Simulator)

1 Echo Mateo (Amputee)

**Mixed Reality**

6 HoloLens

**Task Trainers**

|  |
| --- |
| Barcode Printer Package for SimCartRx |
| Cart All Purpose 3 Shelf |
| Demo Dose SimCartRx |
| Distilled Water |
| Female Catheterization |
| Injection Trainer |
| Injection trainer pads  Intravenous Arm II |
| IV Training Arm- dark skin (7) |
| IV Training Arm Kit- light skin (8) |
| Male Catheterization Sphincter Kit |
| Dolls (9)  Matt Adult/Pediatric Auscultation Trainer |
| NG Tube and Trach Care Trainer |
| PAT- Pediatric Auscultation Trainer |
| Pediatric injectable training arm- light skin |
| SAM- Student Auscultation Mannequin |
| Sani CPR Family Pack |
| Simulation Ventilator |
| SimVS  Surgical Sally  Veins & Skin Replacements |
| Wristband Printer for Demo Dose SimCartRx |

## 

## Appendix 14: IPSC Quality Improvement Process: PDSA



## Appendix 15: Elon University School of Health Sciences Photo/Video Release Form



**Photographs/Videotape Consent and Release Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of the Participant

I hereby authorize, without reservation or restriction, the School of Health Sciences at Elon University to publish the photographs or videos taken of me (while serving as a participant), and my name, for use in printed publications and websites.

 I hereby give the School of Health Sciences at Elon University permission to use and reuse, publish and republish, pictures of myself, in whole or in part, individually or with other photographs, in any medium for any purpose whatsoever, including (but not limited to) illustration, advertising and promotion of Elon University and programs associated with the university, or to promote the university through outside publishers.

 I further agree that my participation in any publication and website produced by the School of Health Sciences at Elon University confers upon me no rights of ownership and waive any right to compensation for the uses.

 I release the School of Health Sciences at Elon University, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation.

Check all that you consent to:

Yes No

\_\_\_ \_\_\_ Class use for which I have volunteered.

\_\_\_ \_\_\_ Other classes for which I have not volunteered.

\_\_\_ \_\_\_ Informational purposes at professional meetings, educational seminars or general public.

\_\_\_ \_\_\_ Publishing for educational use in such items as newsletters, websites, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

## Appendix 16: Facilitator Self-Evaluation



**Facilitator Self-Evaluation**

Facilitator Name:

To evaluate your readiness for simulation and to better assist you in future simulation development, review and rate the following statements as they apply to your setting and role in simulation.

[Click here](https://www.elon.edu/u/academics/health-sciences/reserving-the-center/) for the IPSC Policies and Procedures and the Healthcare Simulation Standards of Best Practice.

1. I understand that using a systematic, integrated curricular design approach to simulation-based learning can contribute to successful outcomes in the Interprofessional Simulation Center.

* Yes
* No
* Unsure

Comments:

1. I am aware of the current policies and procedures for the Interprofessional Simulation Center.

* Yes
* No
* Unsure

Comments:

1. I understand the simulation faculty role and related responsibilities in the Interprofessional Simulation Center.

* Yes
* No
* Unsure

Comments:

1. I can access simulation resources for faculty professional development such as scenario development, assessment selection, simulation modalities, and feedback.

* Yes
* No
* Unsure

Comments:

1. I know of educational and training resources for simulation faculty outside of the School of Health Sciences.

* Yes
* No
* Unsure

Comments:

1. I am engaged in learning activities to support my ongoing professional development aligned with my role in simulation.

* Yes
* No
* Unsure

Comments:

1. I am familiar with simulation learning spaces and equipment within the Interprofessional Simulation Center and can operate simulation technology as required.

* Yes
* No
* Unsure

Comments:

1. Moving forward, I would like more guidance in the following area(s):

1. Looking back at my simulation activities this year, I have listed the activities that I would keep, I would modify, or that I would remove from the curriculum: