

INTERPROFESSIONAL SIMULATION CENTER



# Table of Contents

Mission & Governance	6
Overview	6
Mission	6
Vision	6
Core Values	6
Decision-Making Process	6
Elon University Organizational Structure	7
Elon School of Health Sciences Interprofessional Simulation Center Organizational Structure	8
Program Management	9
Clients-to-Class	9
Curriculum Development	10
Scenario Development, Implementation, and Resources	11
Scheduling	12
Simulation Tours	13
Resource Management	14
Fiscal Policy	14
Simulation Equipment, Supplies, and Maintenance	15
Simulation Attire and Personal Belongings	16
Recording and Data Storage	17
Human Resources	18
Personnel Communication and Staffing Policy	18
Interprofessional Simulation Center Simulation Educators/Facilitator Responsibilities	19
Professional Development	21
Simulated Participant (SP) Scheduling and Training	22
Program Improvement	25
Quality Improvement Process: PDSA Cycle	25
Integrity	26
Confidentiality Agreement	26
Research	28
Safety and Security	29
Simulation Ethics and Code of Conduct	31

Re	emediation	33
Ехра	anding the Field	34
Pr	e-briefing	34
Da	ay of Simulation Activity	35
De	ebriefing	36
Арре	endices	37
Аp	opendix 1: Interprofessional Simulation Center 5-year Strategic Plan	37
Go	oal 1: Expand Global, Interprofessional, and Community Engagement	38
	bjective: Broaden simulation collaboration across global, local, and interdisciplinary partners—cluding underserved communities and non-traditional sectors	38
Ini	itiatives & Yearly Benchmarks:	38
1.	Establish Interdisciplinary Partnerships	38
a. bu	Target global and domestic collaborators in public health, law enforcement, social work, and usiness	
b.	Y1: 1 new partner (e.g., School of Public Health)	38
c.	Y2: Add 1 partner (e.g., Business or Law Enforcement)	38
d.	Y3: Add 1 partner (e.g., Global NGO or International University)	38
e.	Y4–Y5: Deepen collaborations through joint simulations and research	38
f. int	5-Year Benchmark: 3+ sustained, active interdisciplinary partnerships, including at least 1 ternational partner	38
2.	Increase Interprofessional Simulation Integration	38
a.	Y1: Pilot 1 new IPE simulation across two programs	38
b.	Y2-Y3: Run 1-2 per year across at least 3 disciplines	38
c.	Y4: Integrate into curriculum (include global/public health perspective)	38
d.	Y5: Align with international IPE simulation frameworks (e.g., WHO, IPSS)	38
e.	5-Year Benchmark: 2+ recurring IPE simulations; global health competencies embedded	38
3.	Expand Diagnosis-Diverse Client and Course Integration	38
a.	Y1: Audit existing database; identify gaps in diagnoses and representation	38
b.	<b>Y2:</b> Add 2+ new diagnostic profiles (e.g., mental health, refugee health, chronic illness, traur 38	ma)
c.	Y3: Connect client profiles with at least 5 academic courses or external partner trainings	38
d. ne	Y4–Y5: Deepen collaboration with DPTE faculty and community clients, ensuring curricular eeds are met and learning outcomes supported	38

e. acro	<b>5-Year Benchmark:</b> Diagnosis-diverse client database with 20+ unique profiles, fully integrate ss DPTE courses	
Goal	2: Strengthen Simulation Quality and Professional Development Globally	38
-	across healthcare and adjacent fields	
Initia	atives & Yearly Benchmarks:	38
1.	Launch Moodle-Based Simulation Development Platform	38
a.	Modules for onboarding, cultural training, SP resources, multilingual content, and scenarios	38
b.	Y1: Build platform framework; pilot SP module	38
c.	Y2: Add faculty and scenario library	39
d.	Y3: Add training content for all participants	39
e.	Y4–Y5: Continuous expansion of participant access	39
f.	5-Year Benchmark: 10+ users; full SP and faculty development suite	39
2.	Enhance Prebriefing & Debriefing Globally	39
a.	Integrate validated global tools (e.g., SMART Feedback, GAS)	39
b.	Y1: Establish updated pre/debrief structure	39
c.	Y2: Train faculty and SPs; include in Moodle	39
d.	Y3-Y5: Align with SSH and international best practices	39
e.	<b>5-Year Benchmark:</b> 100% of simulations use updated protocols; 90% participant satisfaction .	39
3.	Implement Formative-to-Summative Simulation Pathway	39
a.	Y1: Identify courses for integration	39
b.	Y2: Pilot 2 simulations with embedded assessment	39
c.	Y3-Y5: Expand across 2+ disciplines; integrate global safety/competency benchmarks	39
d.	<b>5-Year Benchmark:</b> At least 50% of academic simulations follow this progression	39
4.	Maintain SSH Accreditation & Explore Human Simulation Expansion	39
a.	Y1-Y2: Fulfill ongoing compliance	39
b.	Y3: Explore expansion to human simulation	39
c.	Y4: Apply for SSH human simulation addition	39
d.	Y5: Prepare for additional accreditation	39
e.	5-Year Benchmark: Maintain SSH accreditation and add one new accredited area	39
Goal	3: Increase Innovation, Communication, and Global Visibility	39
-	ective: Establish IPSC as a thought leader through communication, innovation, and global vledge sharing.	39
Initia	atives & Yearly Benchmarks:	39

1.	Launch Global Simulation Newsletter	39		
a.	Focus on SP excellence, international trends, and center updates	39		
b.	Y1: Launch newsletter (2 issues)	39		
c.	Y2–Y5: Publish quarterly; include global contributors and translated content	39		
d.	5-Year Benchmark: 10 issues with global readership and contributions	39		
2.	Publish and Present Globally	39		
a.	Y1: 1 peer-reviewed publication or national presentation	39		
b.	Y2-Y3: Submit to SSH, INACSL, ASPE, SESAM	39		
c.	Y4–Y5: Explore collaborations on scholarship	39		
d.	<b>5-Year Benchmark:</b> 2+ total presentations or publications with global engagement	39		
Арре	endix 2: Facilitator Self-Evaluation	40		
Арре	endix 3: Case Scenario Template	42		
Арре	endix 4: Simulation Tour to Clinical Skills Lab (236) Policy	50		
Appe	endix 5: Equipment Maintenance Schedule	53		
Арре	endix 6: Available Equipment	54		
Арре	endix 7: Elon University School of Health Sciences Photo/Video Release Form	55		
Арре	endix 8: IPSC Director Job Description Posting	56		
Арре	endix 9: Simulation Coordinator Job Description Posting	61		
Арре	endix 10: Simulation Specialist Job Description Posting	66		
Appe	endix 11: Lead Simulated Participant Job Description Posting	71		
Appe	endix 12: Simulated Participant Job Description Posting	75		
Appe	endix 13: IPSC Simulation Educator Orientation Checklist	79		
Appe	endix 14: IPSC After Activity Recall Form	80		
Appe	endix 15: IPSC Quality Improvement Process: PDSA	82		
Appe	Appendix 16: Interprofessional Simulation Confidentiality Agreement			
Appe	endix 17: Interprofessional Simulation Student Contract	84		

# Mission & Governance

## 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 simulation educators, we value:

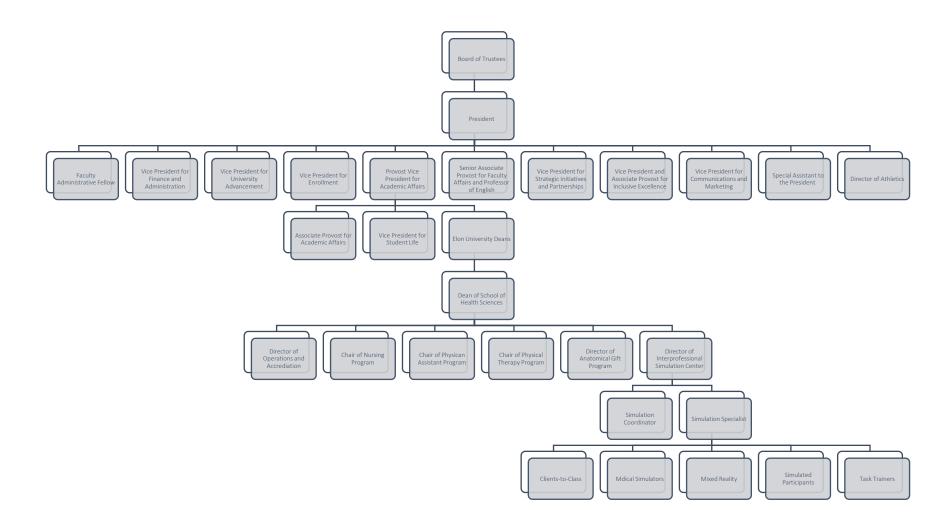
- Creativity and innovation among interprofessional education experiences.
- Experiential and active learning components to achieve high-level critical thinking/problem-solving skills.
- Interprofessional education experiences allow students and healthcare professionals to achieve core ethics, teamwork,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

#### **Decision-Making Process**

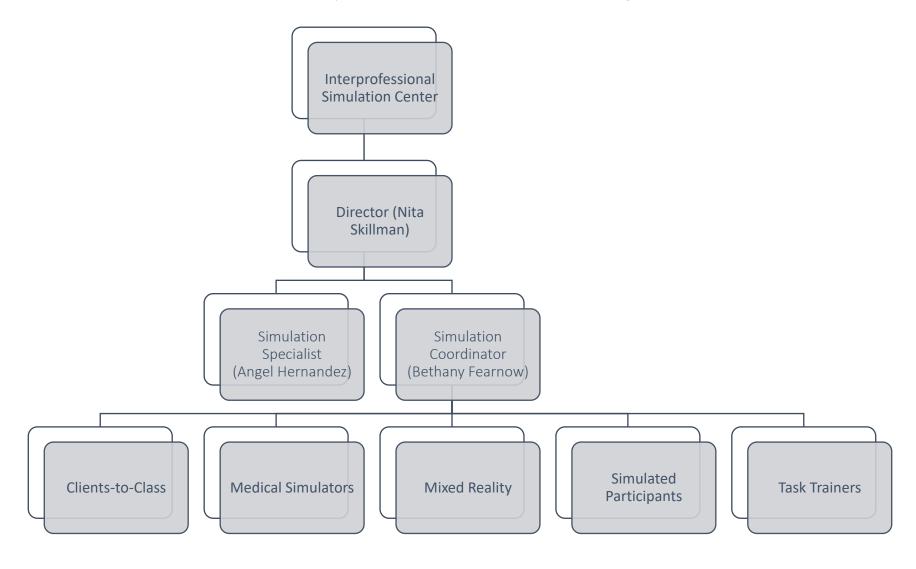
- Equipment/supply: Supply purchase requests should be submitted to the
  Interprofessional Simulation Center Director three months before the date needed.
   New equipment will be approved based on meeting the activity's objectives and budget.
- Scheduling: The Interprofessional Simulation Center Director will make decisions on scheduling conflicts. See the <u>Scheduling Policy</u> 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: Interprofessional Simulation Center 5-year Strategic Plan

# Elon University Organizational Structure



Elon School of Health Sciences Interprofessional Simulation Center Organizational Structure



# **Program Management**

## Clients-to-Class

#### **Definitions**

- Clients-to-Class are members of the community who volunteer to work with students sharing their personal health journey and/or allowing students to practice their physical examination and intervention skills.
- Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC Simulation Educators.

#### Policy

- Client-to-Class are paid a one-time stipend of \$50 for each course they participate in during the year. This amount does not change even if they attend several sessions for the same course.
- The exceptions to this policy are DPT 7140, in which pediatric clients are paid \$100 for four visits, and DPT 8050 in which clients are paid \$25 an hour.

#### Procedure

- Faculty members wishing to inquire about the Clients-to-Class program are expected to contact IPSC simulation educators at least three months in advance to arrange a meeting to discuss needs.
- The IPSC simulation educators collect basic information about potential clients from faculty, local clinicians, and clients and secure collected information within a database stored on Elon's OneDrive. More detailed vetting of clients is the responsibility of the course instructor. If a client is denied/or discontinued, it is the responsibility of the lead facilitator to notify the client.
- The IPSC simulation educators rely heavily on faculty connections with local clinicians and clients to develop a pool of appropriate clients and encourage faculty to share contact leads throughout the year to develop a robust database.
- The IPSC simulation educators cannot guarantee that all a course's clients-to-class needs will be met with volunteers from the database.
- The IPSC simulation educators use the database to schedule clients-to-class.
- Once the schedule is compiled, the IPSC Simulation Educators meet with the clients for their first class to collect paperwork that may include but is not limited to: Client Intake Form, HIPAA Release, Photo Release, Consent for Treatment, and annual W9.
- The IPSC simulation educators will send out a reminder notice for each client's first scheduled session. All remaining notices or schedule changes are the responsibility of the course instructor.

# 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 Simulation Educators.
- Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, simulation educators, or observers).
- Simulation activities: include simulated clinical scenarios, simulated task training, Simulated Participant 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 Simulation Educators and submitted to the program in a timely fashion to allow for appropriate review, scheduling, training, ordering, and setup as needed for the event.

#### Procedure

- All Facilitators must have completed a Facilitator Self-Evaluation prior to initiating simulation activities.
- The IPSC simulation educators 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 simulated participants (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 simulation educators will communicate any additional expectations or requirements for developing and delivering any simulation activity with lead facilitators.
- The Interprofessional Simulation Center Simulation Educators 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 2: Facilitator Self-Evaluation

# 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 Simulation Educators.
- Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, simulation educators, simulated participants, or observers).
- Simulated Participant: 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 Simulated Participant 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
  simulation educators 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 simulation educators will work with the lead facilitator to develop and review scenarios, noting any supplies and equipment the lead facilitator must provide.
- IPSC simulation educators 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 3: Case Scenario Template

# Scheduling

#### Definitions

- IPSC Simulation Educators: 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 Simulation Educators.
- 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 utilization 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 1<sup>st</sup>.
  - The deadline for activities between January and May request is December 1<sup>st</sup>.
  - The deadline for activities between June and July request is April 1<sup>st</sup>.
- When conflicts arise, the following scheduling prioritization factors will be applied:
  - 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.

Link to Activity Request Form (https://elon.co1.qualtrics.com/jfe/form/SV bg3Svxa4hLYrgLY)

## Simulation Tours

#### Definition

Tour: an organized journey through the simulation spaces.

## Policy

- Tours of the Interprofessional Simulation Center (IPSC) should be requested via email with the IPSC Director.
- Tour requests should include the 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 them not being able to schedule future tours.

Appendix 4: Simulation Tour to Clinical Skills Lab (236) Policy

# **Resource Management**

# **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, simulation educators, 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 the School of Health Sciences program chairs to
  establish a chargeback fee to purchase supplies, simulated participants, 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 Simulation Educators and Simulated Participants are paid through the Elon University payroll system.
- Clients-to-Class must complete the W9 form following Elon University's check request policy.

# Simulation Equipment, Supplies, and Maintenance

#### Definitions

- Participants: Anyone utilizing the SHS Interprofessional Simulation Center (e.g., students, faculty, simulation educators, 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 simulators, 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 simulation educators of any equipment malfunction.
- IPSC simulation educators will notify the Director of any known equipment malfunction.
- As software updates become available, the IPSC simulation educators, 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 simulation educators 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 simulation educators will ensure that annual preventative maintenance checks are performed as outlined in the maintenance agreement.
- The IPSC Director will oversee maintenance agreements and notify simulation educators when there is a change in status.
- Equipment user manuals are stored on Elon University's OneDrive and are accessible to all IPSC simulation educators.

Appendix 5: Equipment Maintenance Schedule

Appendix 6: Available Equipment

# 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 Simulation Educators.
- 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 learner handbook.

## Policy

- Participants in simulation activity, including IPSC simulation educators, 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 educators may wear approved scrubs or business attire.

# Recording and Data Storage

#### Definitions

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

## Policy

• All recordings on the Elevate Healthcare LearningSpace system will be stored in the cloud provided by Elevate Healthcare.

#### **Procedures**

- Participants complete a photo/video release form at the beginning of their program.
- Lead Facilitators and 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 simulation educators.
- If a recording is interrupted during a formative activity (e.g., practice-based sessions), the activity will proceed as scheduled. No rescheduling is required.
- If a recording is interrupted during a summative activity (e.g., formal assessments), the activity will be stopped immediately. The IPSC staff will collaborate with the lead facilitator to reschedule the session.
- If a recording error is discovered after a summative activity has concluded, IPSC staff will
  coordinate with the lead facilitator to determine an appropriate course of action, which
  may include rescheduling the activity.

Appendix 7: Elon University School of Health Sciences Photo/Video Release Form

## **Human Resources**

# Personnel Communication and Staffing Policy

#### Definitions

- Personnel: Elon University employees, including IPSC simulation educators and simulated participants.
- Personnel Policy: the treatment, rights, obligations, and relations of individuals at Elon University.

#### **Emergency Communication Policy**

 The Interprofessional Simulation Center (IPSC) Director will notify simulation educators, clients, participants, and simulated participants of closure or emergency by email and text.

## Staffing Policy

• The IPSC simulation educators and simulated participants follow all Elon University staffing policies.

#### Procedure

- Refer to Elon University Human Resources Staff Manual for overtime policy.
- Scope of Work Description: See Appendix 5-9 for job descriptions.
- Organizational Chart: See Organizational Structures.

Appendix 8: IPSC Director Job Description Posting

Appendix 9: Simulation Coordinator Job Posting

Appendix 10: Simulation Specialist Job Description Posting

Appendix 11: Lead Simulated Participant Job Description Posting

Appendix 12: Simulated Participant Job Description Posting

Appendix 13: IPSC Simulation Educator Orientation Checklist

# Interprofessional Simulation Center Simulation Educators/Facilitator Responsibilities

## Definitions

- IPSC simulation educators: 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 Simulation Educators.
- Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, learners, or external clients).

#### Policy

- IPSC simulation educators 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 Simulation Educators or participants directly to the IPSC Director.
- IPSC Simulation Educators should address concerns or complaints of facilitators or participants directly to the 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 simulation educators include:

- Attending all pre-event planning sessions, SPs training, dry runs, simulation events, and any post-event quality improvement sessions.
- Ensuring at least one simulation educator is on-site for the simulation activity.
- Ensuring all participants and simulation educators 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 simulation educators.
   These communications may include directions to the center location,
   supplies/equipment participants should bring, appropriate simulation (see <a href="Attire Policy">Attire Policy</a>), parking information, agendas/schedules, room location, directions for accessing recordings, and/or other event-related data.
- Scheduling the simulation activity follows the <u>Scheduling Policy</u>.
- Ensuring the curriculum is developed, including meeting all deadlines, per the Curriculum Development Policy.
- Ensuring any needed printed documents or copies are prepared for the event.

- Ensuring all participants are aware of the <u>Confidentiality Policy</u>, <u>Recording and Data Storage Policy</u> and appropriate consent forms are provided.
- IPSC Staff work w/ Lead Facilitator to complete the IPSC After Activity Recall Form

#### 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/
- <a href="https://www.ssih.org/ToolkitandResources">https://www.ssih.org/ToolkitandResources</a>

Appendix 14: Facilitator Self-Evaluation

# **Professional Development**

#### Definitions

- IPSC simulation educators: anyone employed or volunteering for the Interprofessional Simulation Center, including student workers.
- Continuing Education Units (CEUs): Credits awarded for participation in qualified PD activities.
- Professional Development (PD): Ongoing learning activities that enhance employees' knowledge, skills, and abilities for current or future roles.

## Policy

The Interprofessional Simulation Center (IPSC) is committed to fostering a culture of continuous learning and professional growth. All IPSC simulation educators are encouraged and supported to engage in professional development activities that align with their roles, career aspirations, and the strategic goals of the center and institution.

## This policy aims to:

- Ensure IPSC simulation educators maintain and improve job-related knowledge and skills.
- Promote innovation, collaboration, and evidence-based practices.
- Support career development and educational excellence.
- Enhance the performance and effectiveness of the Interprofessional Simulation Center.

Participation in PD is a shared responsibility between each IPSC simulation educator and the center, subject to available resources and scheduling considerations.

#### **Procedures**

- Submit an annual PD plan outlining goals and desired activities.
- Attend approved PD in full and adhere to attendance requirements.
- Submit proof of participation (e.g., certificates or CEUs) upon completion.
- Provide receipts for reimbursement within 10 business days, if applicable.
- Participate in internal PD sessions as required or offered.
- Document internal PD participation with the IPSC admin team.
- Review PD progress during annual performance or role evaluations.

# Simulated Participant (SP) Scheduling and Training

#### Definitions

- IPSC simulation educators: 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 Simulation Educators.
- Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, learners, or external clients).
- Simulated Participant (SP): An individual trained to portray a patient or other role in a realistic and consistent manner to support simulation-based education.
- Activity Spreadsheet: The centralized scheduling document is used to track simulation sessions, SP assignments, and logistics.

#### Policy

- All SPs must complete the full hiring and onboarding process, including HR clearance, prior to participation in any simulation activities.
- The IPSC Director and Coordinator will oversee all SP scheduling, assignment, and training in accordance with established templates and procedures.
- All SP communications will utilize standardized templates stored in the SP Communication folder within the Interprofessional Simulation Policies and Procedures OneDrive.
- Shadowing and mentorship opportunities for new SPs are strongly encouraged to ensure quality and consistency in performance.

#### **Procedures**

#### *I. SP Hiring Process*

- Initial Inquiry: Prospective SPs contact the Director and/or Coordinator to express interest. The Director requests a CV or résumé.
- Introductory Interview: If initial qualifications are appropriate, a virtual or phone interview is scheduled to:
  - Describe the IPSC mission and SP expectations (e.g., professionalism, flexibility).
  - Assess the candidate's comfort with healthcare topics and acting.
- Shadowing & Observation:
  - Candidate is invited to observe SP training and 1–2 simulation activities.
  - A brief tour of the School of Health Sciences is provided.
- Application Submission: If deemed a good fit, the Director sends the SP Application Email with instructions to apply through Elon University's HR portal.
- HR Clearance: Candidates complete HR requirements including a background check, tax forms, and any mandatory training.

• Welcome & Onboarding: Once cleared, the Coordinator sends a Welcome Email outlining expectations, policies, and communication norms.

#### *II. SP Scheduling Process*

- Activity Confirmation: Activity lead confirms session details (date, time, number of SPs, demographics, case info) with the Director or Coordinator.
- Calendar Entry: Session is logged into the Activity Spreadsheet with relevant details and notes.
- SP Assignment: Coordinator assigns SPs by entering their names into designated cells (marked green) in the spreadsheet.
- Initial Contact with SPs: Coordinator sends SP Potential Date Email with:
  - Simulation name, date, and time
  - Case description
  - Compensation (if applicable)
  - Response deadline
- Confirmation or Decline:
  - If confirmed: Green cell is cleared (no fill).
  - If declined: Name is moved to "Not Available," and the process repeats with another SP.

#### **III. SP Training Process**

- Training Email One Week Prior: Coordinator sends SP Email 1 Out with:
  - Scenario template
  - Dress code
  - Training video (if available)
- Final Reminder Day Before: Coordinator sends SP Email Final with:
  - Case updates
  - Arrival instructions
  - Final reminders
- Day-of Training:
  - SPs arrive up to 15 minutes early.
  - Coordinator provides case review, tone/emotion guidance, and Q&A.
  - Lead Facilitator may attend to reinforce learner objectives and expectations.
- Room Assignment & Practice:
  - SPs are assigned to rooms and practice in pairs.
  - Coordinator circulates to offer coaching, monitor accuracy, and clarify questions.

#### IV. Best Practices

- All communication with SPs must follow approved email templates in the SP Communication folder.
- Confirmations and declinations must be consistently recorded in the Activity Spreadsheet.

- New SPs must not be scheduled until HR clearance is completed.
- Shadowing and mentoring are encouraged to support SP readiness and confidence.
- Emphasize professionalism, confidentiality, and consistency in every interaction and simulation.

# **Program Improvement**

# 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 Simulation Educators.
- Participants: Anyone participating in an event at the SHS Interprofessional Simulation Center (e.g., faculty, simulation educators, learners, 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,
   Simulated Participant 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 15: IPSC Quality Improvement Process: PDSA

# Integrity

# 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 Simulation Educators.
- Participants: anyone involved in simulation activity (e.g., learners, learners, facilitator, faculty, instructors, simulation educators, simulated participants, or observers).
- Simulation activities: include simulated clinical scenarios, simulated task training, Simulated Participant 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, learner 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 the lead facilitator to safely store and/or destroy. 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 discipline, the 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 16: Interprofessional Simulation Confidentiality Agreement

Appendix 17: Interprofessional Simulation Student Contract

## Research

#### Definitions

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

## Policy

- The Interprofessional Simulation Center simulation educators 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 simulator 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 IPSC simulation educators. 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 simulator 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 Coordinator's 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 learners 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: <a href="https://www.elon.edu/u/health-wellness/counseling-services/">https://www.elon.edu/u/health-wellness/counseling-services/</a>
- 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.

## Simulation Ethics and Code of Conduct

#### Definitions

- Simulation Ethics: Principles that guide behavior during simulation to ensure respect, psychological safety, confidentiality, and professionalism.
- Code of Conduct: Expectations and standards for professional behavior in simulationbased education.
- IPSC Simulation Educators: Anyone employed or volunteering for the Interprofessional Simulation Center, including student workers.
- Lead Facilitators: Individuals responsible for planning, leading, and debriefing simulation sessions.
- Learners: Participants in simulation activities for educational or assessment purposes.
- Simulated Participants (SPs): Individuals trained to portray roles in simulations (e.g., standardized patients, actors, role-players).
- Psychological Safety: A learning environment where participants feel safe to engage, make mistakes, and reflect without fear of embarrassment or punishment.
- Confidentiality: The obligation to protect the content, performance, and identities of participants within simulation activities.

#### Policy

The Interprofessional Simulation Center (IPSC) is committed to creating a respectful, inclusive, and psychologically safe learning environment. All participants—including staff, educators, facilitators, learners, and simulated participants—must adhere to ethical principles and a professional code of conduct throughout all simulation activities.

#### This policy promotes:

- Mutual respect, dignity, and professionalism
- Maintenance of confidentiality and privacy
- Honesty and integrity in roles and feedback
- Supportive and constructive participation
- Cultural sensitivity and avoidance of bias or discrimination
- Commitment to continuous improvement and safety

Violations of this policy may result in removal from the activity and referral for additional review under institutional guidelines.

## **Procedures**

- Treat all participants with respect and uphold a culture of psychological safety.
- Arrive on time, prepared, and professionally attired (as appropriate to role).
- Maintain confidentiality of simulation content, scenarios, and individual performance.
- Refrain from recording, photographing, or sharing simulation activities unless explicitly authorized.
- Provide honest, constructive feedback and accept feedback professionally.

- Simulated participants must portray roles accurately and respectfully and report any concerns.
- Lead facilitators ensure clear expectations, safe debriefings, and respectful communication.
- Learners must engage fully, act professionally, and communicate concerns as needed.
- Report breaches of conduct or ethical concerns to the Director of Interprofessional Simulation or designated IPSC leadership.
- Participate in any required training on simulation ethics and conduct.

# Remediation

#### Definitions

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

## Policy

• The Interprofessional Simulation Center simulation educators 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

# **Expanding the Field**

# Pre-briefing

#### Definitions

- Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC Simulation Educators.
- 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, simulation educators, or observers).
- Simulation activities: include simulated clinical scenarios, simulated task training, Simulated Participant 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, simulators, 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.

# Day of Simulation Activity

#### Definitions

- Lead facilitator: the individual who serves as the point of contact for a group of participants and the IPSC Simulation Educators.
- Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, simulation educators, or observers).
- Simulation activities: include simulated clinical scenarios, simulated task training, Simulated Participant scenarios, client-to-class, debriefings and/or discussions, and maybe electronic, written, verbal, observed, or overheard.

#### **Policy**

- The Interprofessional Simulation Center (IPSC) is committed to delivering high-quality, standardized simulation-based learning experiences. To ensure operational consistency and effectiveness on the day of simulation, the following procedures apply.
- The IPSC staff will utilize the prior approved simulation scenario template to ensure learning objectives are clear and met by all participants.

#### **Procedures**

- IPSC staff will host and conduct training for Simulated Participants (SPs). The Lead Facilitator is encouraged to attend this training to ensure the scenario is portrayed accurately and consistently.
- The Lead Facilitator must provide all necessary materials to IPSC staff prior to the event.
   Required materials include: scenario notecards, medical finding cards, reference pictures, Facesheets, and scoring rubrics. All materials must be printed and physically delivered to IPSC staff.
- IPSC staff and the Lead Facilitator must meet no later than 24 hours prior to activity to confirm:

Prebriefing and debriefing materials

Timing and run schedule of the activity

Announcements to participants

Instructions for learners

Camera placement and recording functionality

Room setup (material, SP placement, etc.)

- The Lead Facilitator, or predetermined designee must be physically located in the assigned debriefing room and ready to receive students at the designated time.
- To preserve the integrity of the simulation, participants (including fac/staff) should not interact or instruct learners while they are waiting to enter the simulation activity.
- IPSC staff will collaborate with the Lead Facilitator to complete the After Activity Recall Form, which will be used to document quality improvement opportunities and record key notes from the activity.

Appendix 14: IPSC After Activity Recall Form

# 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 Simulation Educators.
- Participants: anyone involved in simulation activity (e.g., students, learners, faculty, instructors, simulation educators, or observers).
- Simulation activities: include simulated clinical scenarios, simulated task training, Simulated Participant 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.

## **Appendices**

## Appendix 1: 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

## Goal 1: Expand Global, Interprofessional, and Community Engagement

**Objective:** Broaden simulation collaboration across global, local, and interdisciplinary partners—including underserved communities and non-traditional sectors.

## **Initiatives & Yearly Benchmarks:**

- 1. Establish Interdisciplinary Partnerships
- a. Target global and domestic collaborators in public health, law enforcement, social work, and business.
- b. Y1: 1 new partner (e.g., School of Public Health)
- c. Y2: Add 1 partner (e.g., Business or Law Enforcement)
- d. Y3: Add 1 partner (e.g., Global NGO or International University)
- e. Y4-Y5: Deepen collaborations through joint simulations and research
- f. **5-Year Benchmark:** 3+ sustained, active interdisciplinary partnerships, including at least 1 international partner
- 2. Increase Interprofessional Simulation Integration
- a. Y1: Pilot 1 new IPE simulation across two programs
- b. Y2-Y3: Run 1-2 per year across at least 3 disciplines
- c. **Y4:** Integrate into curriculum (include global/public health perspective)
- d. Y5: Align with international IPE simulation frameworks (e.g., WHO, IPSS)
- e. **5-Year Benchmark:** 2+ recurring IPE simulations; global health competencies embedded
- 3. Expand Diagnosis-Diverse Client and Course Integration
- a. **Y1:** Audit existing database; identify gaps in diagnoses and representation
- b. **Y2:** Add 2+ new diagnostic profiles (e.g., mental health, refugee health, chronic illness, trauma)
- c. **Y3:** Connect client profiles with at least 5 academic courses or external partner trainings
- d. **Y4–Y5:** Deepen collaboration with DPTE faculty and community clients, ensuring curricular needs are met and learning outcomes supported
- e. 5-Year Benchmark:

Diagnosis-diverse client database with 20+ unique profiles, fully integrated across DPTE courses

## **Goal 2: Strengthen Simulation Quality and Professional Development Globally**

**Objective:** Build an internationally relevant, evidence-based training ecosystem for faculty, SPs, and staff across healthcare and adjacent fields.

#### **Initiatives & Yearly Benchmarks:**

- 1. Launch Moodle-Based Simulation Development Platform
- a. Modules for onboarding, cultural training, SP resources, multilingual content, and scenarios
- b. **Y1:** Build platform framework; pilot SP module

- c. Y2: Add faculty and scenario library
- d. Y3: Add training content for all participants
- e. Y4-Y5: Continuous expansion of participant access
- f. 5-Year Benchmark: 10+ users; full SP and faculty development suite
- 2. Enhance Prebriefing & Debriefing Globally
- a. Integrate validated global tools (e.g., SMART Feedback, GAS)
- b. Y1: Establish updated pre/debrief structure
- c. Y2: Train faculty and SPs; include in Moodle
- d. Y3-Y5: Align with SSH and international best practices
- e. **5-Year Benchmark:** 100% of simulations use updated protocols; 90% participant satisfaction
- 3. Implement Formative-to-Summative Simulation Pathway
- a. Y1: Identify courses for integration
- b. Y2: Pilot 2 simulations with embedded assessment
- c. Y3-Y5: Expand across 2+ disciplines; integrate global safety/competency benchmarks
- d. **5-Year Benchmark:** At least 50% of academic simulations follow this progression
- 4. Maintain SSH Accreditation & Explore Human Simulation Expansion
- a. Y1-Y2: Fulfill ongoing compliance
- b. Y3: Explore expansion to human simulation
- c. Y4: Apply for SSH human simulation addition
- d. Y5: Prepare for additional accreditation
- e. 5-Year Benchmark: Maintain SSH accreditation and add one new accredited area

### Goal 3: Increase Innovation, Communication, and Global Visibility

**Objective:** Establish IPSC as a thought leader through communication, innovation, and global knowledge sharing.

### **Initiatives & Yearly Benchmarks:**

- 1. Launch Global Simulation Newsletter
- a. Focus on SP excellence, international trends, and center updates
- b. Y1: Launch newsletter (2 issues)
- c. Y2-Y5: Publish quarterly; include global contributors and translated content
- d. 5-Year Benchmark: 10 issues with global readership and contributions
- 2. Publish and Present Globally
- a. Y1: 1 peer-reviewed publication or national presentation
- b. Y2-Y3: Submit to SSH, INACSL, ASPE, SESAM
- c. Y4-Y5: Explore collaborations on scholarship
- d. 5-Year Benchmark: 2+ total presentations or publications with global engagement

## Appendix 2: Facilitator Self-Evaluation



### **Facilitator Self-Evaluation**

## Facilitator Name:

To ev	⁄aluate	your	readiness	for	simulation	and	to	better	assist	you	in	future	simulatio	n	developn	nent
reviev	w and r	ate th	ne followir	ig st	atements a	s the	y a	oply to	your s	ettin	g aı	nd role	in simula	atic	on.	

Click here 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
  - o No
  - o Unsure

#### Comments:

- 2. I am aware of the current policies and procedures for the Interprofessional Simulation Center.
  - Yes
  - o No
  - Unsure

#### Comments:

- 3. I understand the simulation faculty role and related responsibilities in the Interprofessional Simulation Center.
  - o Yes
  - o No
  - o Unsure

#### Comments:

- 4. I can access simulation resources for faculty professional development such as scenario development, assessment selection, simulation modalities, and feedback.
  - Yes
  - o No
  - o Unsure

#### Comments:

- 5. I know of educational and training resources for simulation faculty outside of the School of Health Sciences.
  - o Yes
  - o No
  - Unsure

#### Comments:

- 6. I am engaged in learning activities to support my ongoing professional development aligned with my role in simulation.
  - o Yes
  - o No
  - o Unsure

#### Comments:

- 7. I am familiar with simulation learning spaces and equipment within the Interprofessional Simulation Center and can operate simulation technology as required.
  - Yes
  - o No
  - Unsure

#### Comments:

- 8. Moving forward, I would like more guidance in the following area(s):
- 9. 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:

## Appendix 3: 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 (nskillman@elon.edu) and Bethany Fearnow (bfearnow@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
$\square$ Summative
Remediation
Learner Additional Support
Objectives (3 maximum):
1. Click or tap here to enter text.
<ol> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> </ol>
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.
Simulated Participant 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 the 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.
  - o **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**

#### Instructions to Learners:

Clear and concise instructions should be written for students to review **prior to entering the room**. These instructions must include the following details:

- **Timing information,** including total encounter time and any time warnings (e.g., 5-minute warning).
- **Guidance on permitted materials,** such as whether the doornote or facesheet may be brought into the room.
- **Post-encounter procedures,** including whether students are expected to report to a debriefing room immediately afterward.
- Post-encounter tasks, both inside or outside the simulation room (e.g., documentation, checklists).
- Items available in the room, such as diagnostic tools, assessment forms, or other resources.
- Any additional relevant instructions necessary for a successful and smooth encounter.

#### Instructions to Learners:

Timing information:

Guidance on permitted materials:

Post-encounter procedures:

Post-encounter tasks:

Items available in the room:

Any additional relevant instructions

#### **Patient Information:**

**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.

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

<mark>Simul</mark>	ated Participant Checklist (Faculty/SP)	
Learne	er Name:	Date:
SP Na	me:	
Insert S verbal	Simulated Participant rubric. Rubric must focus str ).	ictly on communication skills (verbal and no
Open-	-ended questions:	
1.	Would you see this provider again? Why or Click or tap here to enter text.	why not?
2.	What should the learner <u>stop</u> doing? Click or tap here to enter text.	
3.	What should the learner start doing? Click or tap here to enter text.	
4.	What should the learner continue doing?	

### PREBRIEFING (LEARNER)

The lead facilitator should prepare a prebriefing package for learners, to be shared in advance via email or uploaded to the Learning Management System (LMS). This package should include clear instructions outlining learner expectations, simulation timing, location details, session schedule, safety considerations (both physical and psychological), and any required pre-readings or preparation. Providing this information ahead of the simulation ensures learners arrive informed, prepared, and ready to engage in a safe and supportive learning environment.

### Preparation Details for learners (Lead Facilitator to Provide):

- Learning Objectives: Key skills/competencies being assessed.
- Format: Individual, team, formative/summative.
- Expectations: professional attire, links to any prep materials, and notification of any equipment that will or will not be provided (laptop, pen, kit).
- Timing: Total session time (prebriefing + encounter + time warnings + post encounter activity + debrief schedule.
- Schedule: Exact timing, flow of learners in/out.
- Safety:
  - o Physical: Emergency protocols, equipment safety.
  - o Psychological: Confidentiality, support, respect ground rules.
- Pre-Work: Required reading, case prep, or protocols.
- Post-Activity: Debrief process, reflection or assessments, follow-up.

#### Learner Briefing Guide (IPSC Staff to Use)

Before Entry, Cover the Following (tweak examples below):

- 1. Welcome
  - "This is a safe learning environment to practice [insert skill]."
- 2. Time
  - "You'll have \_\_ minutes. You will/will not receive verbal time warnings at \_\_\_ minutes remaining."
- 3. Materials
  - "You may/may not bring your facesheet or notes."
- 4. Conduct
  - "Act as you would in real clinical practice—communicate, assign roles, support one another."
- 5. Safety
  - "Mistakes are expected. This is confidential, supportive, and judgment-free."
- 6. Afterward
  - "We'll debrief immediately after to reflect on performance and key takeaways."

## Debriefing (Faculty and/or IPSC Staff)

Select a Debriefing Technique below that will be utilized (Plus-Delta or Debriefing with Good Judgment):

#### 1. Plus-Delta

### Purpose:

Encourages participants to reflect on what went well (Plus) and what could be improved (Delta) in a constructive, non-threatening way.

## Approach:

- Plus: Participants identify successful actions, strategies, or behaviors that should be continued or repeated.
- Delta: Participants identify areas that need change, refinement, or improvement for future performance.
- Facilitator can guide discussion by prompting with open-ended questions like:
  - o "What worked well during this scenario?"
  - o "What would you do differently next time?"

#### **Best Practices:**

- Use a whiteboard or shared screen to list responses under "Plus" and "Delta" columns.
- Promote a growth mindset by framing Deltas as opportunities.
- Ensure equal participation by encouraging input from all team members.
- Avoid assigning blame—focus on processes, not people.

#### 2. Debriefing with Good Judgment

#### Purpose:

Supports meaningful reflection by balancing critical thinking with respect and psychological safety.

#### Approach:

- Grounded in the idea that learners are intelligent and want to do well.
- The facilitator maintains an inquisitive stance—exploring not just what happened, but why.
- Involves three key phases:
  - 1. Reaction Phase: Explore emotional responses and set the tone.
  - 2. Analysis Phase: Use advocacy-inquiry to explore decisions and thought processes.
  - 3. Summary Phase: Reinforce key takeaways and actionable learning points.

#### **Best Practices:**

- Recognize and validate emotions to build trust.
- Focus on mental models—what the learner believed at the time of action.
- Clarify intentions and provide feedback in a non-threatening manner.
- Use structured debriefing tools or scripts to stay on track.

## Appendix 4: Simulation Tour 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 simulators as patients (use patient name)
  - 1.6 Clean hands just before entering
- 2. 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 whom to notify if something is needed
- 3. 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

### 3.7 Mateo

- Can be used for ages 25 to 55
- Featuring the visual and cultural representation of Latinx or Indigenous identities
- Male anatomy only (uncircumcised)
- Made from silicone material
- External vitals only

#### 4. Vitals Monitor

- 4.1 Sounds turn on/off
- 4.2 What's are the monitor
- 4.3 How to display more information

- 5. Break students into small groups around each bay
- 6. 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

# Appendix 5: Equipment Maintenance Schedule

After Each Use	Weekly	Monthly	Annually	As Needed
				Contact vendor for onsite
				maintenance or verbal/written
Wipe down all simulators and low			Preventative maintenance package	guidance if equipment issue is
fidelity skills trainers to remove all	Clean and inspect all equipment in	Inspect (and if needed replace) all	completed by the respective vendor.	unable to be successfully resolved
adhesives, moulage, and markings.	storage.	disposables.	This will be set up by the director.	by simulation educators.
For simulators, drain all fluids and				
the flush tubing system. Please				
check the simulator manual for	Inspect and reset any used code	Check all simulator software for		Bring any major issue to the
more details.	carts.	available updates.		attention of the director.
		Power up all simulators in storage		
	Wipe down skin/covers. Remove any	to make sure they are still up-to-		
For task trainers, top off all fluid	adhesive, moulage, or markings left	date, and their wireless connection		
levels, if applicable.	on skin.	is working appropriately.		
Assess all task trainers, simulators				
and medical equipment for obvious				
damage, leaks, necessary part				
replacements, and cleanliness. If				
there are any items of note, please				
pass along concerns or items to	Check all virtual reality systems for	Assess for wear and tear that might		
order to the directors.	any noted damage.	need major work or factor service.		
If not in use or scheduled to be				
used, once wiped, drained, and				
dried, store in the appropriate area.	Change dirty/wet linen and clothing.			
Change dirty/wet linen and clothing.	Wash any dirty linen and clothing.			
Return any unused disposables to				
the appropriate storage spot. Keep a				
count of all used consumable				
supplies.				
Power of simulators and PCs. Make				
sure simulators are plugged in and				
charging for upcoming events.				

## Appendix 6: Available Equipment

## **Audiovisual Equipment**

Elevate Healthcare LearningSpace

### **Medical Simulators**

- 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 Simulator

Sani CPR Family Pack

Simulation Ventilator

SimVS

Surgical Sally

Veins & Skin Replacements

Wristband Printer for Demo Dose SimCartRx

## Appendix 7: 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 waives 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 the general public. Publishing for educational use in such items as newsletters, websites, etc.
Signature of Participant Date

## Appendix 8: IPSC Director Job Description Posting



## **IPSC Director Job Description**

Position Title: IPSC Director Job Description

**Department:** School of Health Sciences

Funding Source (Budget Code):

Supervisor's Title: Dean of School of Health Sciences

**DIVISION DESCRIPTION:** In 3 – 4 sentences, briefly, but specifically, the division in which this position resides.

The Interprofessional Simulation Center (IPSC), part of the Elon University School of Health Sciences, is on the second floor of the Gerald Francis Center. The IPSC aims to provide healthcare and other students with a realistic clinical environment and practical experiences without leaving campus. The center encompasses two pre/debriefing rooms, a simulation control room, a home healthcare suite, a 7-bed clinical skills lab, 2 hospital rooms, 5 clinical examination rooms, and a mixed reality space.

**POSITION SUMMARY:** In 3 – 4 sentences, briefly, but specifically, summarize the primary purpose of the position—the reason this position exists at Elon University.

As a member of the School of Health Sciences leadership team, the Interprofessional Simulation Center Director oversees the daily operations and budget of the IPSC. The Director supervises and annually evaluates simulation educator, ensuring all simulation spaces, schedules, vendor contracts, and equipment are in proper working order. Other responsibilities include working closely with faculty to complete simulation needs assessments, design scenarios, develop an assessment checklist, and selection of simulation modalities.

#### POSITION ACCOUNTABILITIES

**KEY RESPONSIBILITIES:** List up to six **key responsibilities** of the position in the space provided below, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. DO NOT list any duties or responsibilities that require 5% or less of the position's time.

1. Responsible for the daily operations of the Interprofessional Simulation Center (IPSC) working closely with the IPSC simulation educators and School of Health Sciences faculty to advance simulation pedagogy through research and grant-funded projects.

25 % of Time

2. Provide strategic leadership and direction for simulation education, equipment, facilities, operations, and budget management.

20 % of Time

3. Work closely with SHS faculty/staff to complete simulation needs assessments, design scenarios, develop an assessment checklist, and selection of simulation modalities.				
	20 % of Time			
4. Maintain alignment of the IPSC Policies and Procedures with current published Healthcare Simulation Standards of Best Practices and ensuring compliance with accrediting bodies including the Society for Simulation in Healthcare.				
	20 % of Time			
5. Provide an annual report of simulation activities and expenses.				
	10 % of Time			
6. Conduct vendor scans and stay informed about advancem and upgrades as appropriate.	ent in simulation technology, recommending investments			
	5 % of Time			
7. Perform related duties as assigned, within your scope of practice.				
Note: This is a key responsibility for all positions.  Percentage of time does not need to be specified.				

#### **POSITION REQUIREMENTS**

Supervision: Check all that apply.

X This position supervises others (DROP DOWN, select employees and/or student employees)

List of positions: Simulation Coordinator, Simulation Specialist, and Simulated Participants

This position gives guidance, work direction and training to others, but does not hire, terminate or do performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

**X** This position gives guidance, work direction and training to others, does performance evaluations and recommends hiring and terminating decisions. (DROP DOWN, SELECT Employees, Students or both)

List of positions: Simulation Coordinator and Simulation Specialist

This position supervises non-supervisors including hiring, terminating, and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises supervisors including hiring, terminating and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

<u>Required</u>	<u>Preferred</u>	
x		High school diploma or GED
		Vocational or technical training – Field of study:
		Associate degree, or vocational or technical school degree – Field of study:
Х		Bachelor's degree – Field of study:
	Х	Master's degree – Field of study:
		Terminal degree (i.e., MFA, MD, JD, PhD) – Field of study:
	Check here if experience may sand describe how:	substitute for some of the above education
		Certified Healthcare Simulation Educator Simulation Operations Specialist CHSOS

RELEVANT WORK EXPERIENCE: Indicate the minimum level of work-related experience required to effectively perform the position's responsibilities. This is not necessarily the same as the incumbent's experience. Check only one box.

Less	Minimu	<b>X</b>	Minimu	More	Other
than 1	m 1	Minimu	m 5	than 8	
year	year	m 3 years	years	years	

Please describe the type of prior experience required or desired:

Three years of experience in a field related to healthcare simulation.

KNOWLEDGE, SKILLS, TRAINING: Please describe any specific knowledge, skills, or training required for this job.

The optimal candidate will have prior experience in a leadership or supervisory role with experience managing personnel, budgets, equipment, and facilities.

#### **WORKING CONDITIONS**

WORK HOURS AND TRAVEL: Check all that apply.					
Days of the week scheduled to work:	Monday to Friday				

Required to be on campus during core hours of: 8am to 5pm

Adjusted Work hours and location may be required. *Describe*: Daily schedule flexes based on simulation activity needs.

**12 month** 11 month 10 month 9 month *Please check one and if less than 12 months, indicate months required to work.* 

**Permanent** Temporary

Full-time Part-Time (specify hours): 8:00 am to 5:00 pm

Some evening and weekend work may be required.

On call required. Describe: none

Travel required. Describe distance, frequency, trip duration, etc.

**PHYSICAL** / **ENVIRONMENTAL DEMANDS:** Please describe any physical and environmental demands required to effectively handle the job responsibilities. Indicate the amount of time with an X.

	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Stand				Х
Walk				Х
Sit			Х	
Reach with hands and arms			х	
Climb or balance		х		
Stoop, kneel, crouch, or crawl		Х		
Talk or hear				Х
Taste or smell		Х		
Vision (i.e., discern colors, contrast, depth)		Х		

**PHYSICAL** I **ENVIRONMENTAL DEMANDS**: Does this job require that weight be lifted, or force be exerted? If so, how much and how often? Indicate the appropriate about of weight or force below with an X.

Weight	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)

Up to 10 pounds		X	
Up to 25 pounds		Х	
Up to 50 pounds		х	
Up to 100 pounds	Х		
More than 100 pounds	х		

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an *X*.

Work Environment	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Wet or humid conditions	х			
Work near moving mechanical parts			X	
Work in high, precarious places	х			
Fumes or airborne particles		х		
Toxic or caustic chemicals	х			
Outdoor weather conditions	x			
Extreme cold	х			
Extreme heat	х			
Risk of electric shock		X		
Work with explosives	X			
Risk of radiation	х			
Vibration		х		
Loud or persistent sound		Х		
Enclosed space and/or no exterior light	х			

## Appendix 9: Simulation Coordinator Job Description Posting



## IPSC Simulation Coordinator Job Description

Position Title: Simulation Coordinator
Department: School of Health Sciences
Funding Source (Budget Code):
Supervisor's Title: IPSC Director

**DIVISION DESCRIPTION:** *In* 3 – 4 sentences, briefly, but specifically, the division in which this position resides.

The Interprofessional Simulation Center (IPSC) of the Elon University School of Health Sciences is on the second floor of the Gerald Francis Center. The IPSC aims to provide healthcare and other students with a realistic clinical environment and practical experiences without leaving campus. The center encompasses two pre/debriefing rooms, a simulation control room, a home healthcare suite, a 7-bed clinical skills lab, 2 hospital rooms, 5 clinical examination rooms, and a mixed reality space.

**POSITION SUMMARY:** In 3-4 sentences, briefly, but specifically, summarize the primary purpose of the position—the reason this position exists at Elon University.

The Simulation Coordinator works closely with the Director of the Interprofessional Simulation Center, ensuring the daily operations of the simulation equipment and spaces are in proper working order. Responsibilities include working with the Director and faculty to schedule, plan and run simulation activities. Other duties include preparation, cleaning, and storage of all simulation equipment and technology before and during activities. This essential staff member will utilize exceptional organizational and interpersonal skills via phone, email, and individual contact to ensure seamless simulation events.

#### **POSITION ACCOUNTABILITIES**

**KEY RESPONSIBILITIES:** List up to six **key responsibilities** of the position in the space provided below, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. DO NOT list any duties or responsibilities that require 5% or less of the position's time.

 Works closely with the IPSC Director to implement the simulation operational plan including adhering to the developed schedule, scenario, and training for simulation activities ensuring compliance with current Healthcare Simulation Best Practices.

30 % of Time

2. Develop training resources for simulated participants including ensuring proper portrayal of scenario content, clinical realism, and learner-centered feedback.

30 % of Time

3. Work closely with the School of Health Science faculty to schedule clients-to-class.

4. Work closely with vendor to troubleshoot, document simulator checklists, and preventative maintenance plans for simulation equipment.

10 % of Time

5. 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% of Time

6. Perform related duties as assigned, within your scope of practice.

Note: This is a key responsibility for all positions.

#### **POSITION REQUIREMENTS**

Supervision: Check all that apply.

Percentage of time does not need to be specified.

This position supervises others (DROP DOWN, select employees and/or student employees)

List of positions:

**X** This position gives guidance, work direction and training to others, but does not hire, terminate or do performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions: Simulated Participants

This position gives guidance, work direction and training to others, does performance evaluations and recommend hiring and terminating decisions. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises non-supervisors including hiring, terminating, and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises supervisors including hiring, terminating and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

EDUCATION: Indicate the minimum level of education generally necessary to effectively handle the job's essential functions. Please check only one required educational level and one preferred level (if applicable).

Required

High school diploma or GED

Vocational or technical training — Field of study:

Associate degree, or vocational or technical school degree — Field of study:

X	Bachelor's degree – Field of study:
	Master's degree – Field of study:
	Terminal degree (i.e., MFA, MD, JD, PhD) – Field of study:
	Check here if experience may substitute for some of the above education and describe how:
	Other: Preference to having a Certified Healthcare Simulation Educator CHSE or Certified Healthcare Simulation Operations Specialist CHSOS Certification.
Additional information (su	ch as licensure, certifications, valid driver's license, etc.):

**RELEVANT WORK EXPERIENCE:** Indicate the minimum level of work-related experience required to effectively perform the position's responsibilities. This is not necessarily the same as the incumbent's experience. **Check only one box.** 

year years  1 year
--------------------

Please describe the type of prior experience required or desired:

**KNOWLEDGE, SKILLS, TRAINING:** Please describe any specific knowledge, skills, or training required for this job.

Prior experience in a field related to healthcare simulation.

### **WORKING CONDITIONS**

WORK HOURS AND TRAVEL: Check all that apply.				
Days of the week scheduled to work: Monday to Friday				
Required to be on campus during core hours of: 8am to 5pm				
Adjusted Work hours and location may be required. <i>Describe:</i> Daily schedule flexes based on simulation activity needs.				
<b>12 month</b> 11 month 10 month 9 month <i>Please check one and if less than 12 months, indicate months required to work.</i>				
Permanent Temporary				
Full-time Part-Time (specify hours):				
Some evening and weekend work may be required.				

On call required. Describe: none
Travel required. Describe distance, frequency, trip duration, etc.

**PHYSICAL** / **ENVIRONMENTAL DEMANDS**: Please describe any physical and environmental demands required to effectively handle the job responsibilities. Indicate the amount of time with an X.

	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Stand				Х
Walk				Х
Sit			х	
Reach with hands and arms			х	
Climb or balance		X		
Stoop, kneel, crouch, or crawl		Х		
Talk or hear				Х
Taste or smell		Х		
Vision (i.e., discern colors, contrast, depth)		Х		

**PHYSICAL** / **ENVIRONMENTAL DEMANDS**: Does this job require that weight be lifted, or force be exerted? If so, how much and how often? Indicate the appropriate about of weight or force below with an X.

Weight	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Up to 10 pounds			Х	
Up to 25 pounds			Х	
Up to 50 pounds			Х	
Up to 100 pounds	Х			
More than 100 pounds	X			

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an *X*.

Work Environment	None	Rarely	Frequently	Most of the time
		(<33%)	(33-66%)	(>66%)
Wet or humid conditions	X			
Work near moving mechanical parts			X	
Work in high, precarious places	х			
Fumes or airborne particles		х		
Toxic or caustic chemicals	х			
Outdoor weather conditions	х			
Extreme cold	Х			
Extreme heat	х			
Risk of electric shock		х		
Work with explosives	х			
Risk of radiation	х			
Vibration		X		
Loud or persistent sound		х		
Enclosed space and/or no exterior light	х			

## Appendix 10: Simulation Specialist Job Description Posting



## IPSC Simulation Specialist Job Description

Position Title: Simulation Specialist

**Department:** School of Health Sciences

Funding Source (Budget Code):

Supervisor's Title: Interprofessional Simulation Director

**DIVISION DESCRIPTION:** In 3 – 4 sentences, briefly, but specifically, the division in which this position resides.

The Interprofessional Simulation Center (IPSC) of the Elon University School of Health Sciences is on the second floor of the Gerald Francis Center. The IPSC aims to provide healthcare and other students with a realistic clinical environment and practical experiences without leaving campus. The center encompasses two pre/debriefing rooms, a simulation control room, a home healthcare suite, a 7-bed clinical skills lab, 2 hospital rooms, 5 clinical examination rooms, and a mixed reality space.

**POSITION SUMMARY:** In 3 – 4 sentences, briefly, but specifically, summarize the primary purpose of the position—the reason this position exists at Elon University.

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. The individual is familiar with the various modalities of simulation education and has a good grasp of simulation educational principles and implements the simulation operational activities including equipment maintenance scheduling, lab utilization scheduling, and inventory/purchasing functions working closely with the IPSC simulation educators.

#### POSITION ACCOUNTABILITIES

**KEY RESPONSIBILITIES:** List up to six **key responsibilities** of the position in the space provided below, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. DO NOT list any duties or responsibilities that require 5% or less of the position's time.

1. Works closely with the IPSC Director to implement the simulation operational plan including adhering to the developed schedule, scenario, and training for simulation activities ensuring compliance with current Healthcare Simulation Best Practices.

25 % of Time

2. Operate and maintain simulation equipment, task trainers, computerized simulators, and virtual reality procedural trainers with the ability to follow scenarios and adjust technology systems appropriately.

25 % of Time

3. Create troubleshooting documents, simulator checklists, and preventative maintenance plans for simulation equipment.

20 % of Time

4. Set up and operate equipment/AV system in rooms including equipment, supplies, moulage, etc. for simulation activities.

20 % of Time

Maintains awareness of scheduling issues in relation to availability of physical and technical resources and notifies the IPSC Director of conflicts.

10 % of Time

6. Perform related duties as assigned, within your scope of practice.

Note: This is a key responsibility for all positions. Percentage of time does not need to be specified.

#### **POSITION REQUIREMENTS**

Supervision: Check all that apply.

This position supervises others (DROP DOWN, select employees and/or student employees)

List of positions:

**X** This position gives guidance, work direction and training to others, but does not hire, terminate or do performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions: Simulated Participants

This position gives guidance, work direction and training to others, does performance evaluations and recommend hiring and terminating decisions. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises non-supervisors including hiring, terminating, and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises supervisors including hiring, terminating and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

**EDUCATION:** Indicate the minimum level of education generally necessary to effectively handle the job's essential functions. Please check only one required educational level and one preferred level (if applicable).

	•	•	, ,,
	Required	<u>Preferred</u>	
X			High school diploma or GED
			Vocational or technical training – Field of study:
Х			Associate degree, or vocational or technical school degree – Field of study:
			Bachelor's degree – Field of study:

		Master's degree – Field of study:
		Terminal degree (i.e., MFA, MD, JD, PhD) – Field of study:
	Check here if experience may sul and describe how:	bstitute for some of the above education
	5	rtified Healthcare Simulation Educator nulation Operations Specialist CHSOS
Additional information (such as	licensure, certifications, valid driver's licen	nse, etc.):

**RELEVANT WORK EXPERIENCE**: Indicate the minimum level of work-related experience required to effectively perform the position's responsibilities. This is not necessarily the same as the incumbent's experience. **Check only one box.** 

than 1 years years	More Other than 8 years
--------------------	-------------------------------

Please describe the type of prior experience required or desired:

**KNOWLEDGE, SKILLS, TRAINING:** Please describe any specific knowledge, skills, or training required for this job.

Prior experience in a field related to healthcare related field with preference experience in healthcare simulation.

### **WORKING CONDITIONS**

WORK HOURS AND TRAVEL: Check all that apply.
Days of the week scheduled to work: Monday to Friday
Required to be on campus during core hours of: 8am to 5pm
Adjusted Work hours and location may be required. <i>Describe:</i> Daily schedule flexes based on simulation activity needs.
12 month 11 month 10 month 9 month Please check one and if less than 12 months, indicate months required to work.
Permanent Temporary
Full-time Part-Time (specify hours):
Some evening and weekend work may be required.
On call required. Describe: none
Travel required. Describe distance, frequency, trip duration, etc.

**PHYSICAL** / **ENVIRONMENTAL DEMANDS:** Please describe any physical and environmental demands required to effectively handle the job responsibilities. Indicate the amount of time with an X.

	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Stand				X
Walk				Х
Sit			x	
Reach with hands and arms			Х	
Climb or balance		Х		
Stoop, kneel, crouch, or crawl		X		
Talk or hear				Х
Taste or smell		Х		
Vision (i.e., discern colors, contrast, depth)		X		

**PHYSICAL** / **ENVIRONMENTAL DEMANDS**: Does this job require that weight be lifted, or force be exerted? If so, how much and how often? Indicate the appropriate about of weight or force below with an X.

Weight	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Up to 10 pounds			X	
Up to 25 pounds			Х	
Up to 50 pounds			Х	
Up to 100 pounds	Х			
More than 100 pounds	Х			

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an *X*.

Work Environment	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Wet or humid conditions	X			
Work near moving mechanical parts			X X	

	T	T	T	1
Work in high, precarious places	X			
Fumes or airborne particles		X		
Toxic or caustic chemicals	х			
Outdoor weather conditions	х			
Extreme cold	х			
Extreme heat	х			
Risk of electric shock		х		
Work with explosives	х			
Risk of radiation	x			
Vibration		х		
Loud or persistent sound		X		
Enclosed space and/or no exterior light	х			

## Appendix 11: Lead Simulated Participant Job Description Posting



## IPSC Director Job Description

Position Title: IPSC Lead Simulated Participant (SP) Job Description

Department: School of Health Sciences

Funding Source (Budget Code):

Supervisor's Title: Director of the Interprofessional Simulation Center (IPSC)

**DIVISION DESCRIPTION:** In 3 – 4 sentences, briefly, but specifically, the division in which this position resides.

The Interprofessional Simulation Center (IPSC), part of the Elon University School of Health Sciences, is on the second floor of the Gerald Francis Center. The IPSC aims to provide healthcare and other students with a realistic clinical environment and practical experiences without leaving campus. The center encompasses two pre/debriefing rooms, a simulation control room, a home healthcare suite, a 7-bed clinical skills lab, 2 hospital rooms, 5 clinical examination rooms, and a mixed reality space.

**POSITION SUMMARY:** In 3 – 4 sentences, briefly, but specifically, summarize the primary purpose of the position—the reason this position exists at Elon University.

As a member of the Interprofessional Simulation Center, Lead Simulated Participants (SPs) are part-time as needed employees who are trained to portray a Simulated Participant scenario. The IPSC SPs work with varies professional disciplines, each requiring SPs to provide strong interpersonal and communication skills.

#### **POSITION ACCOUNTABILITIES**

KEY RESPONSIBILITIES: List up to six key responsibilities of the position in the space provided below, indicating the most important first, and the approximate percentage of time spent on each over the course of a year. DO NOT list any duties or responsibilities that require 5% or less of the position's time.

1. Responsible for memorization and standardization of assigned patient scenario information. This includes attending the scheduled training sessions fully prepared and knowing the information.

40 % of Time

2. Provide strong interpersonal and communication skills to both the IPSC simulation educators and learners.

20 % of Time

3. SPs should be comfortable wearing appropriate clothing as determined by the IPSC simulation educators when assigning the patient scenario. Some cases will require a medical gown with standard brand shorts underneath and comfortable with all simulation activities being recorded. While other cases may require the SP to wear clothing to best emulate the patient's character.

<ol> <li>During simulation activities, SPs are held to profession biases, and basic computer skills.</li> </ol>	alism, confidentiality, the ability to remove personal
	20 % of Time
5. Assist IPSC simulation educators with training for activ	ities and providing peer feedback during the activity.
	10 % of Time
6. Perform related duties as assigned, within your scope of practice.  Note: This is a key responsibility for all positions.  Percentage of time does not need to be specified.	

#### **POSITION REQUIREMENTS**

## Supervision: Check all that apply.

This position supervises others (DROP DOWN, select employees and/or student employees) List of positions: Simulation Coordinator, Simulation Specialist, and Simulated Participants

This position gives guidance, work direction and training to others, but does not hire, terminate or do performance appraisals. (DROP DOWN, SELECT Employees, Students or both)
List of positions:

This position gives guidance, work direction and training to others, does performance evaluations and recommends hiring and terminating decisions. (DROP DOWN, SELECT Employees, Students or both)

List of positions: Simulation Coordinator and Simulation Specialist

This position supervises non-supervisors including hiring, terminating, and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises supervisors including hiring, terminating and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

Required	<u>Preferred</u>	
(		High school diploma or GED
		Vocational or technical training – Field of study:
		Associate degree, or vocational or technical school degree – Field of study:
		Bachelor's degree – Field of study:
		Master's degree – Field of study:
		Terminal degree (i.e., MFA, MD, JD, PhD) – Field of study:
	Check here if	experience may substitute for some of the above education and describe how:
		ence to having a Certified Healthcare Simulation Educator CHSE or Certified Healthca perations Specialist CHSOS Certification.
Additional in		perations Specialist CHSOS Certification.  h as licensure, certifications, valid driver's license, etc.):

						required to effectively xperience. <b>Check only</b>	,
Less than 1	<b>X</b> Minimum 1 year	Minimum 3 years	Minimu years		ore than rears	Other	
	be the type of prior e of experience in a fie.						
KNOWLEDGI	E, SKILLS, TRAININ	NG: Please desc	ribe any spe	cific knowledg	ge, skills, or trair	ning required for this job	<u> </u>
The optimal ca	andidate will have pi	rior experience s	imulation fro	m any healtho	care discipline.		
WORKING CO							_
	RS AND TRAVEL: C	• • • • • • • • • • • • • • • • • • • •	-				
	veek scheduled to w						
	e on campus during		8am to 5p				
Adjusted Wor needs.	rk hours and locatior	n may be require	d. <i>Describe:</i>	Daily sche	dule flexes base	ed on simulation activity	
	month 10 month 9	month <i>Please</i> o	check one ar	nd if less than	12 months, indi	cate months required to	<u> </u>
Permanent	Temporary						
Full-time Par	rt-Time/As Needed	(specify hours)	: 8:00 am	to 5:00 pm			
Some evenir	ng and weekend wo	ork may be requ	ired.				
On call requir	red. Describe: none						_
Travel require	ed. <i>Describe distanc</i>	e, frequency, trip	duration, et	<i>c</i> .			
	ENVIRONMENTAL ndle the job respons					ntal demands required	ю
			None	Rarely	Frequently	Most of the time	
Stand				(<33%)	(33-66%) X	(>66%)	
Walk					X		
Sit					Х		
Reach with ha	ands and arms				Х		
Climb or balar	nce			Х			
Stoon kneel	crouch or crawl			Y			

Х

Talk or hear

Taste or smell

X

	_	 	 			_		 _	_
п					חח	$\sim$		 n	-
P		L COL	$\Delta$	MI)	PK	w	CED	 ĸ	-

Vision (i.e., discern colors, contrast, depth)	Х		

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an X.

Work Environment	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Wet or humid conditions	X			
Work near moving mechanical parts		Х		
Work in high, precarious places	X			
Fumes or airborne particles		Х		
Toxic or caustic chemicals	x			

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an X.

Work Environment	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Wet or humid conditions	Х			
Work near moving mechanical parts			Х	
Work in high, precarious places	x			
Fumes or airborne particles		Х		
Toxic or caustic chemicals	Х			
Outdoor weather conditions	Х			
Extreme cold	Х			
Extreme heat	Х			
Risk of electric shock		Х		
Work with explosives	Х			
Risk of radiation	Х			
Vibration		Х		
Loud or persistent sound		Х		
Enclosed space and/or no exterior light	Х			

<b>ADDITIONAL INFORMATION:</b> Please describe as clearly and concisely as possible any additional information that would be important to fully understand the role, responsibilities, nature, and scope of the position.

## Appendix 12: Simulated Participant Job Description Posting



### IPSC Director Job Description

Position Title: IPSC Simulated Participant (SP) Job Description

Department: School of Health Sciences

Funding Source (Budget Code):

Supervisor's Title: Director of the Interprofessional Simulation Center (IPSC)

**DIVISION DESCRIPTION:** In 3 – 4 sentences, briefly, but specifically, the division in which this position resides.

The Interprofessional Simulation Center (IPSC), part of the Elon University School of Health Sciences, is on the second floor of the Gerald Francis Center. The IPSC aims to provide healthcare and other students with a realistic clinical environment and practical experiences without leaving campus. The center encompasses two pre/debriefing rooms, a simulation control room, a home healthcare suite, a 7-bed clinical skills lab, 2 hospital rooms, 5 clinical examination rooms, and a mixed reality space.

**POSITION SUMMARY:** In 3 – 4 sentences, briefly, but specifically, summarize the primary purpose of the position—the reason this position exists at Elon University.

As a member of the Interprofessional Simulation Center, Simulated Participants (SPs) are part-time as needed employees who are trained to portray a Simulated Participant scenario. The IPSC SPs work with varies professional disciplines, each requiring SPs to provide strong interpersonal and communication skills.

### **POSITION ACCOUNTABILITIES**

KEY RESPONSIBILITIES: List up to six key responsibilities of the position in the space provided below, indicating the most important first, and the approximate percentage of time spent on each over the course of a year. DO NOT list any duties or responsibilities that require 5% or less of the position's time.

 Responsible for memorization and standardization of assigned patient scenario information. This includes attending the scheduled training sessions fully prepared and knowing the information.

50 % of Time

2. Provide strong interpersonal and communication skills to both the IPSC simulation educators and learners.

20 % of Time

3. SPs should be comfortable wearing appropriate clothing as determined by the IPSC simulation educators when assigning the patient scenario. Some cases will require a medical gown with standard brand shorts underneath and comfortable with all simulation activities being recorded. While other cases may require the SP to wear clothing to best emulate the patient's character.

10 % of Time

4. During simulation activities, SPs are held to professionalism, confidentiality, the ability to remove personal biases, and basic computer skills.

20 % of Time

5. Perform related duties as assigned, within your scope of practice.

Note: This is a key responsibility for all positions. Percentage of time does not need to be specified.

### **POSITION REQUIREMENTS**

Supervision: Check all that apply.

This position supervises others (DROP DOWN, select employees and/or student employees)

List of positions: Simulation Coordinator, Simulation Specialist, and Simulated Participants

This position gives guidance, work direction and training to others, but does not hire, terminate or do performance appraisals. (DROP DOWN, SELECT Employees, Students or both)
List of positions:

This position gives guidance, work direction and training to others, does performance evaluations and recommends hiring and terminating decisions. (DROP DOWN, SELECT Employees, Students or both)

List of positions: Simulation Coordinator and Simulation Specialist

This position supervises non-supervisors including hiring, terminating, and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)

List of positions:

This position supervises supervisors including hiring, terminating and conducting performance appraisals. (DROP DOWN, SELECT Employees, Students or both)
List of positions:

**EDUCATION**: Indicate the minimum level of education generally necessary to effectively handle the job's essential functions. Please check only one required educational level and one preferred level (if applicable).

<u>Required</u>	<u>Preferred</u>
(	High school diploma or GED
	Vocational or technical training – Field of study:
	Associate degree, or vocational or technical school degree – Field of study:
	Bachelor's degree – Field of study:
	Master's degree – Field of study:
	Terminal degree (i.e., MFA, MD, JD, PhD) – Field of study:
	Check here if experience may substitute for some of the above education and describe how:
	Other: Preference to having a Certified Healthcare Simulation Educator CHSE or Certified Healthcare
	Simulation Operations Specialist CHSOS Certification.

RELEVANT WORK EXPERIENCE: Indicate the minimum level of work-related experience required to effectively perform the position's responsibilities. This is not necessarily the same as the incumbent's experience. Check only one box.

one box.						
<b>X</b> Less	Minimum 1	Minimum 3	Minimum 5	More than	Other	
than 1	year	years	years	8 years		
vear						

Please describe the type of prior experience required or desired:

Three years of experience in a field related to healthcare simulation.

KNOWLEDGE, SKILLS, TRAINING: Please describe any specific knowledge, skills, or training required for this job.

The optimal candidate will have prior experience sin	mulation from	any healthcai	e discipline.		
WORKING CONDITIONS					
WORK HOURS AND TRAVEL: Check all that appl	ly.				
Days of the week scheduled to work: Monday to	o Friday				
Required to be on campus during core hours of:	8am to 5pm				
Adjusted Work hours and location may be required needs.		,	le flexes based		•
12 month 11 month 10 month 9 month Please c. work.	heck one and	if less than 1	2 months, indica	ate months	required to
Permanent Temporary					
Full-time Part-Time/As Needed (specify hours):	8:00 am t	5:00 pm			
Some evening and weekend work may be requi	ired.				
On call required. Describe: none					
Travel required. Describe distance, frequency, trip	duration, etc.				
PHYSICAL / ENVIRONMENTAL DEMANDS: Plea effectively handle the job responsibilities. Indicate to				al demands	s required to
	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)	
Stand			Х	( 2270)	
Walk			Х		

PHYSICAL / ENVIRONMENTAL DEMANDS: Does this jo how much and how often? Indicate the appropriate about				rerted? If so,
Weight	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)

X X

X

Sit

Reach with hands and arms

Stoop, kneel, crouch, or crawl

Vision (i.e., discern colors, contrast, depth)

Climb or balance

Talk or hear

Taste or smell

Χ

Up to 10 pounds		Х	
Up to 25 pounds		Х	
Up to 50 pounds	X		
Up to 100 pounds	Х		
More than 100 pounds	X		

**WORK ENVIRONMENT:** How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below with an X.

Work Environment	None	Rarely (<33%)	Frequently (33-66%)	Most of the time (>66%)
Wet or humid conditions	X			
Work near moving mechanical parts		Х		
Work in high, precarious places	Х			
Fumes or airborne particles		Х		
Toxic or caustic chemicals	Х			
Outdoor weather conditions	Х			
Extreme cold	Х			
Extreme heat	Х			
Risk of electric shock		Х		
Work with explosives	Х			
Risk of radiation	Х			
Vibration		Х		
Loud or persistent sound		Х		
Enclosed space and/or no exterior light	Х			

ADDITIONAL INFORMATION: Please describe as clearly and concisely as possible any additional information that
would be important to fully understand the role, responsibilities, nature, and scope of the position.

## Appendix 13: IPSC Simulation Educator Orientation Checklist



## **Interprofessional Simulation Center**

## **IPSC Simulation Educators Orientation Checklist**

Scheduling
☐ Sim Center Outlook Calendar & Activity Spreadsheet Scheduling
☐ Sim Center 25Live Room Reservation
$\square$ Simulation Scheduling Policy and Scenario Form
Simulation Center Tour
$\hfill\square$ Medical Simulator & Task Trainer Familiarization / Specific Capabilities
☐ Review Policies & Procedures, Simulated Participant Manual
☐ Room Layout Familiarization
$\square$ CAE Learning Space Audio-Visual/Control Room Familiarization
☐ Phone & Laptop Setup
$\hfill\Box$ Consumables/ Meds Dispensing/ Moulage Capabilities Familiarization
☐ Student Orientation Process
☐ Simulation Center Simulation educator 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 14: IPSC After Activity Recall Form

## **IPSC After Activity Recall Form**

Program/Activity Title:
Date of Activity:
Location:
Lead Facilitator:
Additional Staff Present:
IPSC Staff:
Number of Participants:
Total Activity Time and Participant Time:
Simulated Participants:
Simulators or Task Trainers:
Section 1: Summary of Activity
Brief Description of Activity (1-2 sentences):
Section 2: Reflection
A. What Went Well?
(List successful elements, participant engagement, logistics, staff performance, etc.)
B. What Needs to Change or Improve?
(Identify barriers, challenges, unexpected issues, or gaps in planning or delivery)

POLICIES AND PROCEDURE
Section 3: Quality Improvement Input
A. Suggestions for Future Activities
(What should be done differently next time?)
•
B. Immediate Action Items
(Steps that can be taken now to address identified issues)
•
•
C. Long-Term Improvements for QIP Consideration
(Ideas for systemic or procedural changes to be discussed in team meetings or added to a formal QIP)
•
•
Section 4: Additional Notes
(Any observations, participant feedback, or follow-up needed)

## Appendix 15: IPSC Quality Improvement Process: PDSA



### Quality Improvement Plan: PDSA



Date: Click or tap to enter a date.

Aim/Goal: Click or tap here to enter text.

#### PLAN

Objective: Click or tap here to enter text.

Predictions: Click or tap here to enter text.

Plan for data collection: Click or tap here to enter text.

#### DO

Document observations from data: Click or tap here to enter text.

### STUDY

Analyze data: Click or tap here to enter text.

Compare results to predictions: Click or tap here to enter text.

Summarize lessons learned: Click or tap here to enter text.

### ACT

Describe what will be adapted, abandoned, and adopted next cycle:

Click or tap here to enter text.

## Appendix 16: Interprofessional Simulation Confidentiality Agreement



## **Interprofessional Simulation Confidentiality Agreement**

As a client, Simulated Participant, 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 simulation educator. I will uphold the requirements of the <a href="Health Insurance Portability and Accountability Act (HIPAA)">Health Insurance Portability and Accountability Act (HIPAA)</a> 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 simulators are to be used respectfully and treated as living patients in every sense.
- I am not allowed 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 Simulated Participant Program.
- My failure to adhere to the above confidentiality agreement could 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/Simulated Participant Program.

Printed Full Name:	 	 
Signature:		
Date:		

## Appendix 17: 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.
  - o 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, simulators, and simulated participants 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 simulation educators 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, simulators, 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 simulation educators 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 simulation educators and participants have the 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 simulator 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 simulation educator. 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 sign	ing 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:
Signatı	ure:
Date: _	