



Nursing Simulation Laboratory Manual

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Introduction

All Wheaton nursing courses will have a simulation component. The purpose of simulation is to provide students in the Nursing Program a variety of experiential learning opportunities using simulation-based learning activities. The simulation laboratory offers a safe environment where students can apply nursing knowledge and skills within realistic clinical experiences. The simulation-based learning activities aid in the development of clinical judgement, critical thinking, interpersonal, and interprofessional skills. Using various task trainers, mid-fidelity and high-fidelity manikins nursing students participating in simulation experiences, receive formative evaluation, and constructive performance feedback to build confidence and promote competence in their knowledge, skills, and abilities as future nurses.

Through the use of simulation-based learning activities, students will have the opportunity to apply the knowledge learned in the classroom into managing the care of patients in a safe learning environment that simulates real-life patient care scenarios. These real-life patient care scenarios provide students the opportunity to foster the development of clinical judgement, critical thinking, and clinical reasoning. All simulation-based learning activities will include a pre-brief, a scenario, a debrief session, pre and post simulation assignments. Specific simulation-based learning activities and student expectations are defined in this Policy and Procedure Manual and in each course syllabi. Staff, students, and faculty are responsible for adhering to the policies and procedures presented in this manual.

Simulation is considered a clinical experience, and as such students must come prepared like they are prepared for a clinical day. The Massachusetts State Board of Nursing provides guidelines for nursing schools to use simulated experiential learning experiences as clinical hours. To ensure the highest quality simulation experience all simulation-based learning activities that take place in the simulation laboratory follow the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice.

The simulation laboratory has five simulation bays, five control rooms, four debriefing rooms, a nurse's station, and an office space. Each simulation bay is equipped with audiovisual and recording equipment with the capability to live stream and/or playback simulation-based learning experiences in the debriefing rooms. The laboratory's inventory of patient manikins is representative of diverse patients across the lifespan. The inventory includes a suite of CAE Healthcare manikins including Ares adult manikin, Athena adult manikin, Lucina obstetrical manikin, Luna neonatal manikin, and Aria pediatric manikin. There is also a Gaumard SUSIE manikin. In addition to the manikins, the laboratory has a Pyxis MedStation ES System, ventilator, Hill-Rom hospital beds, birthing bed, Stryker crib, fully stocked emergency carts, and computers on wheels for documentation.

The simulation laboratory is staffed with a Director of Simulation who oversees the day-to-day operations of the laboratory with the assistance of the Dean of Nursing. The director is also a Certified Healthcare Simulation Educator. In addition, the laboratory has a full-time Simulation Operations Specialist. The simulation laboratory is operational Monday-Friday and occasionally on Saturdays and Sundays if needed.

Mission and Vision Statement

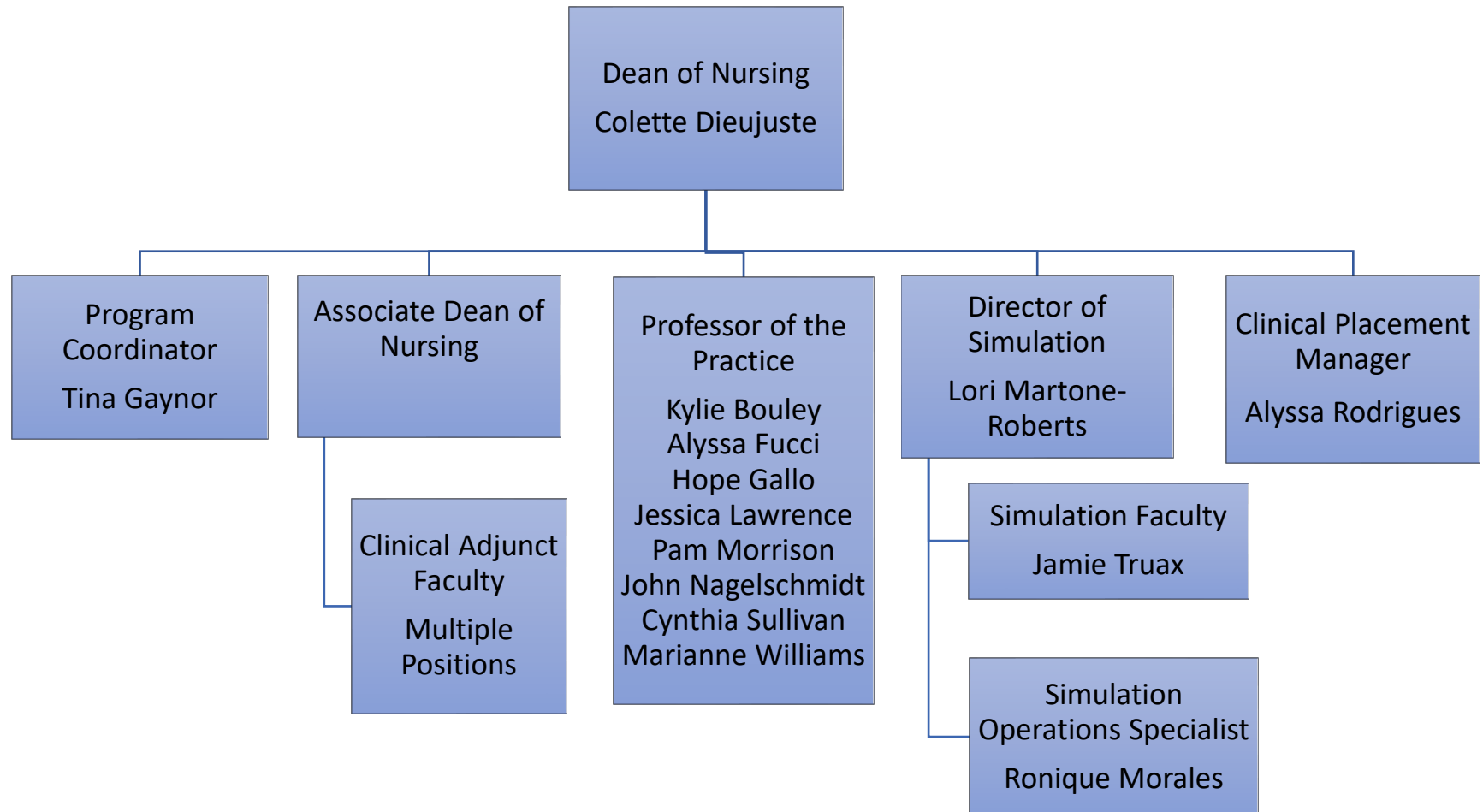
Mission

To provide high quality, simulation-based experiences in a safe environment for learning that promotes social justice, health equity, and global health. Through the thoughtful use of best practices in simulation education, students will acquire clinical skills, improve clinical judgment, and develop leadership skills that are essential to improve health outcomes and impact healthcare care delivery, locally, nationally, and globally.

Vision

To be recognized as a leader in healthcare simulation that is committed to creating realistic, innovative simulation-based educational experiences in a student-centered environment which inspires and empowers future nurses to be leaders in advancing health justice and global health.

Wheaton College Nursing Program: Organizational Chart



Nursing Department Organization Structure

- **Dean of Nursing:** Colette Dieujuste (Reports to Provost)
 - **Associate Dean of Nursing** (Reports to Dean)
 - **Clinical Adjunct Faculty:** Multiple Positions
 - **Nursing Tutor:**
 - **Program Coordinator:** Tina Gaynor (Reports to Dean)
 - **Director of Simulation:** Lori Martone-Roberts (Reports to Dean)
 - **Sim Operations Specialist:** Ronique Morales (Reports to Director)
 - **Sim Faculty:** Jamie Truax (Reports to Director)
 - **Clinical Placement Manager:** Alyssa Rodrigues (Reports to Dean)
 - **Professors of the Practice** (All report to Dean):
 - Kylie Bouley
 - Alyssa Fucci
 - Hope Gallo
 - Jessica Lawrence
 - Pam Morrison
 - John Nagelschmidt
 - Cynthia Sullivan
 - Marianne Williams

Contact Information

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Expectations of Simulation Experience

The simulation laboratory provides students simulation experiences that are guided by the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation and Society for Simulation in Healthcare (SSH) accreditation standards.

During simulation laboratory learning experiences, nursing faculty members will accompany their students to the simulation laboratory as the content expert. In the role of the content expert, the faculty member has the clinical expertise of the simulation scenario but does not necessarily have simulation training. The faculty member will observe the simulation-based learning experience, ensure their students are present and engaged, ensure students complete pre and post simulation assignments, complete simulation grading rubrics on their students, and attend the debriefing to answer any clinical questions that may arise during the debriefing process. All faculty will be required to complete an orientation to simulation prior to attending simulation with students. This orientation will include training focused on utilizing simulation as a teaching strategy, evaluation of simulation learning, debriefing, and review of Wheaton College's simulation policy and procedures. Open skills and simulation laboratory hours will be posted at the beginning of each semester. Any students needing remediation or additional practice can attend open lab hours. Faculty members should complete a lab referral form found in ELMS for any student requiring remediation.

Facilitators, faculty, and clinical instructors are to review the *Nursing Simulation Laboratory Manual* before taking students into the Nursing Simulation Laboratory. Students are to read the applicable policies and sign confidentiality, audiovisual, and fiction contracts before their first simulation experience in the Nursing Simulation Laboratory. Prior to the simulation experience, the simulation facilitator will assign pre-simulation learning activities. The learning activities are to prepare the students for the simulation experience and will be provided to the students before the scheduled simulation day or on the day of simulation. Completion of all pre-simulation learning activities is required for participation in the simulation experience. Pre-simulation learning activities for all students will include an orientation to the simulation environment, manikins, equipment and supplies, and an overview of the simulation goal and scenario objectives. The fiction contract, confidentiality contract, audiovisual recording contract, and psychological safety policy will be reviewed prior to every simulation by the simulation facilitator and/or simulation operations specialist.

Simulation is considered a clinical experience, and as such students must come prepared like they are prepared for a clinical day. Unprepared students will be asked to leave the simulation experience and be recorded as a missed clinical day. Manikins and simulated participants are to be treated as "real patients".

Dress Code:

Students will follow the same clinical dress code as required by the *Nursing Student Handbook*. Students must be dressed for clinical experience, including uniform, student id badge, proper footwear, and any equipment needed for the simulation experience (stethoscope, watch, paper, and pen). If any student arrives for the simulation experience not in uniform, the individual will not participate in the simulation experience. Please refer to the Nursing Student Handbook for proper clinical dress code.

Confidentiality:

All students will be required to sign a confidentiality contract (See appendix A) prior to the simulation experience to preserve the realism of the simulation and to ensure the same learning experiences for all students. The confidentiality contract asks that all students not discuss other students' performance outside the simulation-based learning experience or share the details of the simulation scenario with other students who are yet to experience the simulation. Students will uphold the requirements of the Health Insurance

Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. Students are to report any violations of confidentiality that they become aware of to the simulation facilitator, simulation operations specialist, or clinical faculty member. Simulation facilitators, simulation operations specialist, and clinical faculty members are permitted to discuss students' performance outside the simulation experience on a need-to-know basis only. Any discussions of students' performance by other students, simulation facilitators, and clinical faculty members is to be done in a respectful manner and focus on the simulation-based learning activities only. Simulation facilitators, and clinical faculty members are to adhere to SSH's Healthcare Simulationist Code of Ethics, Family Educational Rights and Privacy Act (FERPA), and the Nursing Code of ethics. Simulation operations specialist may be present during the simulation-based learning activity for technical assistance, role playing, scenario audiovisual recording, and facilitation and must follow confidentiality guidelines and SSH's *The Healthcare Simulationist Code of Ethics*.

Simulation Scenario:

The Director of simulation, Simulation Operations Specialist, and/or a simulation faculty member will oversee all simulation experiences in the simulation lab. All nursing faculty members are encouraged to take part in choosing and developing simulation scenarios. Clinical faculty members will observe the simulation scenario as the content expert and participate in the debriefing by addressing any clinical questions that may arise. Prior to the start of the simulation scenario students will be given report on the simulated patient or other direction as a starting point to the simulation scenario students will be given the opportunity to ask questions at the starting point of the simulation scenario and will be supported throughout the simulation-based learning activity using various sources of cueing. Sources of cueing may include, but not limited to, manikin/patient, licensed independent practitioner phone call, nurse manager entering the scenario, and simulation facilitator. The simulation facilitator and/or simulation operations specialist may support students and cue students to assist with meeting the learning objectives of the simulation scenario. A "timeout" may be used by the students at any time during the simulation scenario. "Timeout" is used when students are struggling during a simulation-based learning activity and may need to halt the scenario to have a discussion with the simulation facilitator, simulation faculty member, and/or peers where the patient is not able to hear the discussion. During the simulation scenario, students are allowed to use reference resources such as medication books, lab books, and e-books unless otherwise stated by the simulation facilitator or clinical faculty member. When the simulation facilitator, simulation operations specialist, or simulation faculty member designates that the simulation scenario has ended, students will proceed to the debriefing room.

Debriefing:

Immediately following all simulation scenarios, students will take part in debriefing in the debriefing room. All debriefing sessions will be facilitated by a trained simulation faculty member or trained simulation facilitator/educator that has observed the simulation-based learning activity or scenario. The debriefing session may take place in a group setting or one-on-one with students and trained debriefer. The debriefing session may include audiovisual playback of the students' performance and critical evaluation of learning experiences. Students will be asked to take part in reflective discussion where they will explore the importance and implications of their actions taken during the simulation experiences; and close the gap between the students' actual performance and the anticipated performance. The debriefer and students will be honest, respect the feedback given during debriefing, and maintain confidentiality throughout the debriefing process. students will be allotted adequate debriefing time for discussion and guided reflection. Debriefing time is flexible to allow students to meet the objectives of the simulation-based learning activities and experiences.

Evaluation of Simulation Experience:

Students will be asked to complete an evaluation after each simulation-based learning activity. After completion of the simulation experience an electronic link to the evaluation form will be provided to all students who participated in the simulation experience. The evaluation data will be collected anonymously and asks students to rate the simulation-based learning activity. To maintain confidentiality, all student responses and reported data will be de-identified. The de-identified evaluation data will be shared with dean of nursing, course faculty members, Nursing Advisory Board, and other stakeholders as designated by the Dean of Nursing.

Conduct, Ethics, and Integrity:

1. Eating and drinking in the simulation lab is not allowed.
2. Use of mobile devices is restricted to assigned simulation-based learning activities work and not for personal use.
3. All students are required to respect the privacy, rights, and safety of all other students in the simulation lab always. Any student in violation may be asked to leave the simulation lab.
4. Adherence to the dress code is expected, any student that does not adhere to the dress code may be asked to leave the simulation lab.
5. Required pre-simulation learning activities are expected to be completed prior to the scheduled simulation experience, any student that does not complete required pre-simulation learning activities may not participate in the simulation experience and may be asked to leave the simulation lab.
6. Simulation experiences are clinical experiences and any student not treating the simulated patient as a “real patient” may be asked to leave the simulation lab.
7. Absence from the simulation experience is considered a clinical absence.
8. Students are not allowed to take pictures or video recordings at any time during the simulation experience unless otherwise stated. Any student taking pictures or video recording may be asked to leave the simulation lab. Refer to Social Media policy in the nursing student handbook for additional information on the use of social media.
9. Students are expected to abide by the Code of Academic and Clinical Conduct found in the nursing student handbook, HIPAA, Wheaton’s Honor Code, and the Simulation Confidentiality Contract.
10. Simulation facilitators, Simulation Operations Specialist, and clinical faculty members are to adhere to SSH’s Healthcare Simulationist Code of Ethics, Family Educational Rights and Privacy Act (FERPA), and the Nursing Code of ethics.

Psychological Safety

All students, faculty members and simulation staff should feel that the simulation lab is a safe learning environment where students can participate in experiential learning and reflection without fear of negative consequences. The psychological safety of all students, faculty and staff is essential and measures will be taken to protect psychological safety.

Students/Participants: Prior to the simulation experience students will be provided with the scenario learning objectives for the simulation-based educational activity and general subject matter of the scenario. At that time, any student that may find the simulation scenario psychologically distressing may opt out of the scenario by notifying the Director of Simulation and their Clinical Instructor. An alternative assignment will be discussed in collaboration with the Director of Simulation, Clinical instructor, and Course Lead Faculty. Students will be reminded before every simulation-based learning experience the importance of confidentiality, respect, and suspending disbelief (see appendix B) so the student can completely immerse themselves in the simulation experience. Students may not discuss what takes place during the simulation-based learning activity outside of that simulation experience. The students will be reminded prior to every simulation experience that mistakes happen and the simulation environment is a safe space where learning from mistakes takes place.

In the event that a student's psychological safety is compromised or threatened, the Director of Simulation will determine whether the simulation scenario can continue or if the scenario needs to be stopped. The student will be removed immediately from the situation if possible. The student's reaction to the simulation experience will be discussed with the student in a private setting by the Director of Simulation or Clinical Instructor. After private discussion with the student, if it is decided that the student is able to participate in the scenario the student should be allowed to complete the scenario. In the event that the student cannot complete the scenario, the student may be given an alternate assignment. If the situation warrants, Public safety, college's Counseling center, and/or emergency medical services may be notified. The Dean of Nursing will be notified of any student's compromised or threatened psychological safety.

Faculty/Staff: In the event staff or faculty/educators identify that they themselves or a colleague is in psychological distress the simulation scenario will be paused. The Director of Simulation will speak to that staff or faculty member to determine whether the person can continue or needs to remove themselves from the situation. If the person in distress is not able to return, a plan will be identified by the Director of Simulation as to how to proceed. If the situation warrants, Public Safety and/or emergency medical services may be notified. The Dean of Nursing will be notified of any faculty members compromised or threatened psychological safety.

Students with Disabilities

Students with disabilities should contact Accessibility Services at the Filene Center for Advising and Career Services. Email accessibility@wheatoncollege.edu or call 508-286-3294. Students with disabilities will adhere to the Wheaton College's Accessibility Services policy and the Student Nursing Handbook regarding students with disabilities.

Suspend Disbelief

Students will be asked to sign a fiction contract (see appendix B) prior to their simulation-based learning experience that asks students to treat the simulation experience as a “real clinical situation”. The realism of each simulation experience depends on the scenario learning objectives and the simulation-based learning activity will be recreated to best represent and mirror real clinical situations. Manikins, students, volunteers, faculty members, and actors may take on different roles during the simulation experience. Roles include, but are not limited to, patients, family members, and members of the interprofessional healthcare team. Despite a gap between the simulated reality and the actual real clinical situation, students are expected to take on the role as they would in a real clinical situation. Students are expected to participate with peers, actors, and/or manikins in a realistic manner and respect the roles of their peers and others involved in the simulation-based learning experience. The patient manikins are to be treated with respect and students are expected to follow the Code of Academic and Clinical Conduct found in the nursing student handbook, HIPAA, Wheaton’s Honor Code, and the Simulation Confidentiality Contract. Simulation will provide students with an active, engaging learning experience and students are expected to be open to learning from simulated participants, peers, simulation facilitators, and clinical faculty members.

Audiovisual Recording Policy

Students will be asked to sign an audiovisual recording contract (see appendix C) and all recordings are the property of Wheaton College's Nursing Simulation Laboratory. All simulation-based learning activities in the simulation laboratory are recorded and viewed for faculty/staff training, formative student evaluation, quality improvement, and educational purposes only. Playback is used during the debriefing process. Any attempt to copy or use the audiovisual recording without written permission will result in disciplinary action and the individual may be banned from the simulation lab. The recordings will not be released or used for any other purpose unless written permission is granted by all students and participants in the recording. Audiovisual recordings will be destroyed within 7 days of recording unless needed for program evaluation and improvement. When students are in the debriefing room viewing simulation experiences in real-time, students will at all times remain non-judgmental and refrain from comments regarding the participants in the simulation scenario. Playback of simulation experiences will be viewed online via a password protected site. Audiovisual recordings may be downloaded to an external device for program evaluation and/or accreditation purposes. In the event an external device is used outside of the simulation lab the device must be returned to the simulation lab and recording destroyed within 72 hours. Any individual wanting access to the simulation lab to video or take still photographs of the lab or students participating in simulation experiences must receive consent from the Director of Simulation.

Simulation to Clinical Hours Ratio

In accordance with the Massachusetts Board of nursing, the ratio of Simulation to Clinical Hours is one (1) hour of simulation equals one (1) hour of clinical time. A maximum of no more than 50 percent of clinical hours may be completed in the simulation laboratory.

Development of Simulation-Based Education Scenarios

The Director of Simulation will work with nursing course faculty members to develop, implement, and evaluate simulation-based education for students ensuring that the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulationsm are followed. All simulation-based learning activities will be directed by learning objectives that will assist students in meeting course objectives. Any simulation-based education developed by the Director of Simulation, content experts and/or faculty members will follow the NLN/Jeffries Simulation Framework and the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulationsm.

The Director of Simulation will meet with course faculty to initiate the *New Simulation Request Sheet* (appendix D) and to discuss the timeline for the simulation-based learning activity. The completed worksheet will be reviewed by the Director of Simulation to ensure the requested simulation experience meets current standards of best practice, hospital policy, and other nursing specific policies. Course faculty may be asked to submit a reference list to ensure the scenario meets current standards of clinical practice. The new simulation scenario will be discussed with the Simulation Operations Specialist and a run through of the scenario will be completed at least one week prior to the scheduled simulation experience. This will ensure that the Simulation Operations Specialist, course faculty, and Director of Simulation have time to modify the scenario if needed.

Evaluation of Debriefing

All simulation facilitators who facilitate debriefing will be required to have an evaluation of their debriefing at a minimum of once per academic year by the Director of Simulation, who is a Certified Healthcare Simulation Educator (CHSE). Self-evaluation of debriefing (Appendix E) and self-scoring once per academic year is required for all simulation facilitators. The purpose of evaluation of debriefing is to provide the debriefer feedback on their performance for improvement, as part of the recommendations by the NCSBN simulation guidelines, International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulationsm, and the Society for Simulation in Healthcare accreditation requirements. The evaluation of debriefing and self-scored evaluation will be kept on file for accreditation purposes. The Director of Simulation will send a request to evaluate debriefing at least two weeks in advance. The Director of Simulation will be evaluated by the Dean of Nursing per Wheaton College's Professor of the Practices evaluation policy guidelines.

In the event a remediation plan is needed, the remediation plan will then be developed collaboratively with the debriefer and Director of Simulation. The remediation plan may include reading articles, debriefing webinars, and other professional development resources/programs. After the remediation plan is completed another debriefing evaluation will be completed by the Director of Simulation. The goal is for continued development and improvement in debriefing skills.

Quality Improvement

The Clinical Simulation Laboratory has a quality improvement and evaluation plan that focuses on the students, program outcomes, course outcomes, scenario learning objectives, simulation facilitators and staff.

Students evaluate each simulation-based learning activity at the conclusion of the simulation experience. The survey questions evaluate the effectiveness of the simulation experience including pre-briefing, the scenario, and debriefing. At the end of each semester, course evaluations also ask students to rate their overall experience in the simulation laboratory.

The facilitators, staff, clinical faculty and course faculty members evaluate the simulation experiences at the end of each semester. This survey addresses whether the simulation experiences were effective in meeting course outcomes, student learning needs, ability to relate information to classroom and clinical learning, clinical judgement and improvement of skills. This survey also contains questions to evaluate the physical simulation laboratory environment, Simulation Operations Specialist, scheduling of the simulation experiences, and supplies and equipment.

Data from each of these surveys is reviewed by the Director of Simulation, clinical and course faculty members, simulation facilitators, Nursing Advisory Board, and Dean of Nursing as appropriate and simulation-based learning activities are altered as needed.

Formative evaluation of student learning and performance during simulation experiences is provided to improve learning.

Physical Environment and Safety

The simulation laboratory has manikins that allow learners to apply knowledge and skills needed for employment in the health sciences field of study. There are four simulated hospital rooms, one community health room, nursing station with Pyxis MedStation, five control rooms, four debriefing rooms, and one office space is located inside the simulation lab. Various high-fidelity and mid-fidelity manikins, and four debriefing rooms will provide learners with interactive, realistic learning activities. All of the manikins have interactive capabilities that simulate the physiological responses in real-time. Audiovisual and information technology equipment including video recorders, cameras, microphones, video monitors, and real-time video viewing are used to provide learners the benefits of simulation-based education.

Physical Safety

Key card access to the simulation laboratory will be granted to only those individuals that have a need to access the simulation lab. Anyone handling the simulation equipment must be trained beforehand. The manikins are heavy and anyone moving manikins must be trained in moving the manikins beforehand and proper body mechanics is a must when moving heavy simulation equipment.

Sharps containers are located in each simulated hospital room and sharps must be disposed of in the sharps container. Anyone who notices a full sharps container or other potential safety hazard must report this to the Simulation Operations Specialist or Director of Simulation.

All medications used in the simulation lab are simulated medications purchased from commercial vendors and labeled “for simulation use only”. Equipment including: one Zoll Cardiac Monitor/AED, one invasive ventilator, one infant warmer, and one 12-lead EKG machine are clearly labeled “for simulation use only”. This equipment also has clear instructions to use “only with direct supervision of a qualified instructor”.

Some of the manikins and simulation equipment may contain Latex. Anyone with a Latex allergy should notify the Director of Simulation or Simulation Operations Specialist so appropriate precautions may be taken.

In case of any medical emergency that occurs, college Public Safety and 911 should be called immediately. For non-medical emergencies the Director of Simulation should be contacted for further direction as needed. In the event of a student injury, the Director of Simulation will be contacted immediately for further direction. Once the Director of Simulation has been contacted, the Dean of Nursing will be notified.

General Care and Maintenance of Equipment

Preventative maintenance contracts have been purchased on all manikins through the vendor. All simulation equipment is inspected by the Simulation Operations Specialist and repairs, if needed, are made by the vendor. The Simulation Maintenance Checklist (appendix F) must be completed and signed by the Simulation Operations Specialist weekly.

To ensure proper care of the simulation equipment the following guidelines must be adhered to:

- The simulation manikins are to be treated with respect, as is if they were a patient in the clinical setting.
- When working with the manikins, hands must be washed, and gloves worn.
- Do not use betadine, pens, pencils, or markers on the manikins.
- Sharps are to be disposed of properly.

- Please notify the Director of Simulation or the Simulation Operations Specialist if you have a Latex allergy.
- The Simulation Operations Specialist or other trained simulation facilitator will apply provided oil to the manikin for lubrication. Lubricating oil will be used to lubricate the manikin airway and airway equipment, urinary catheters, and chest tubes prior to use.
- Medical moulage may be applied by the Simulation Operations Specialist or other trained simulation facilitator.
- The Simulation Operations Specialist or other trained simulation facilitator will clean the manikins using a soft lint-free fabric, warm water and a mild detergent weekly and as needed to remove stains. Do not use harsh soaps or coarse fabric.
- The Simulation Operations Specialist or other trained simulation facilitator will remove any wet or soiled linens after each simulation and return the manikin to the state in which the manikin was found. The manikin and computers are to be powered down after use.
- The Simulation Operations Specialist or other trained simulation staff are to move the manikins. Anyone not properly trained to move the manikins should not attempt to move manikins.
- Linens will be sprayed with disinfectant containing 70% Isopropyl Alcohol solution and allowed to dry between student groups and at the end of the day.
- When washing linens, the hottest water setting the fabric will allow. Disposable or washable linen liners will be used.
- No simulation equipment or supplies are to be removed from the simulation lab unless directed to do so by the Director of Simulation or Dean of Nursing.

Management of Equipment and Supplies

Safe handling and use of equipment and supplies is essential to ensure a safe physical environment in the simulation laboratory. Accurate labelling and routine maintenance of equipment and supplies is required. Equipment and supplies in the laboratory are treated with the same standard safety precautions as if they were being utilized within a health care facility.

To assure longevity and proper functioning of the simulation laboratory equipment, Wheaton College purchased preventative maintenance and/or warranties on all manikins and medical gas. Other durable medical equipment such as hospital beds, IV pumps, defibrillators, ventilator, Pyxis MedStation are inspected annually for safety by Wheaton College Physical Plant and Facilities team.

If there is equipment that is due for replacement, new equipment, or technology including computers, audiovisual equipment, and software to meet the mission and vision of the simulation lab, those items will be included in the annual budget request.

Each day prior to use, the Simulation Operations Specialist will inspect and check that the equipment is functioning properly. The Simulation Operations Specialist is responsible for day to-day service, cleaning, and care of all simulation manikins and equipment.

The Simulation Operations Specialist is aware of the current maintenance schedule of all manikins and durable medical equipment in the simulation laboratory and document maintenance on a weekly log. See Appendix F for maintenance checklist. The Director of Simulation maintains an inventory of equipment, date of purchase, serial numbers, vendor, warranty expiration, and preventative maintenance dates.

When a problem with any of the equipment arises, the Simulation Operations Specialist attempts to troubleshoot and resolve the situation if possible. In the event this is not possible, the Simulation Operations Specialist will contact the vendor, carbon copying the Director of Simulation to determine the next steps. These next steps may include additional troubleshooting guided by the vendor, return of the equipment to the vendor for repair, or an onsite visit by the vendor.

All equipment and supplies in the Simulation laboratory are used only for simulation purposes. The wall mounted oxygen connections are for simulation instruction only and does not supply oxygen but instead uses compressed air. All medications in the simulation laboratory are simulated and marked “for simulation use only” and/or “not for human use”. Medications that are used in the simulation scenarios are stored in the Pyxis MedStation. Additional restock medication supplies are stored in the locked storage room or in a medication cart.

Students are made aware that although the labeling and packaging of medications may mirror clinical appearance, they are simulated. During pre-simulation briefing, the Simulation Operations Specialist or simulation facilitator will inform all students, participants, and clinical faculty that the equipment and supplies within the simulation laboratory are for simulation use only and are not for use on humans. The Simulation Operations Specialist during the pre-briefing orientation to the simulation environment also encourage participants to “suspend disbelief” and treat the simulation experience, it’s manikins, equipment and supplies, as a real-life learning experience.

Scheduling of Simulation

Wheaton College Nursing Students have priority use of the simulation laboratory. All Wheaton College nursing student simulation experiences are scheduled by the Director of Simulation in collaboration with the Clinical Placement Manager prior to the start of each semester. The scheduling of simulation-based learning activities will be prioritized according to course needs and time needed within the semester. Nursing courses will take precedence over any other internal or external simulation experiences or tours. There will be no external simulation experiences or tours scheduled when the nursing students are scheduled for simulation-based education in the simulation laboratory.

The simulation laboratory may be available to non-nursing internal and external users when Wheaton College nursing students are not using the simulation laboratory. Any groups interested in utilizing the simulation laboratory for healthcare simulation-based education and training must contact the Director of Simulation.

The simulation laboratory is open Monday through Friday 8:00am to 4:00pm. Any activities outside of normal business hours must be approved at least two (2) weeks in advance by the Director of Simulation. The Director of Simulation may be contacted via email nursing_sim@wheatoncollege.edu.

Cancellation of Simulation

Illness or Emergency

In the event of illness or emergency, Simulation Operations Specialist, students, and/or clinical faculty must notify the Director of Simulation (508-286-3354) as early as possible to attempt to obtain coverage or reschedule simulation. The Director of Simulation will notify the Simulation Operations Specialist and Dean of Nursing as early as possible to attempt to obtain coverage or reschedule simulation.

Inclement Weather

If the simulation day is already in progress, the Director of Simulation will dismiss the students upon learning that the college has closed. If the Director of Simulation or Dean of Nursing cancels simulation laboratory and the college remains open, the Simulation Operations Specialist, clinical faculty member, and the students must be notified. This should be done as early as possible using the pre-established system. The Director of Simulation will make every effort to reschedule the simulation.

Tours of the Simulation Lab

There will be no internal or external tours scheduled during a time when the nursing students are scheduled for simulation-based education in the simulation laboratory.

Tours will be scheduled with the Director of Simulation or Simulation Operations Specialist. Advanced notice of at least 72 hours is required when scheduling tours. Tour groups should not exceed 15 people. When requesting a tour, requests should include: contact person, specific needs of tour group, size of group, length of time for tour, and dates and times requested. Tours can be scheduled via email at nursing_sim@wheatoncollege.edu.

Tours must be cancelled within 24 hours of the tour date. To cancel a tour, email the simulation laboratory at nursing_sim@wheatoncollege.edu.

Facility or Staff Concerns

The following policy outlines the process for reporting of a concern or complaint. A concern is defined as a communication of doubt and/or worry over an important issue that an individual seeks out reassurance. A complaint is defined as a communication of dissatisfaction in relation to action taken or a lack of action that affects an individual's welfare or happiness.

In the event of a concern or complaint, regarding the Simulation Laboratory the following procedure shall be followed by students, participants, faculty members, and simulation staff:

- 1) Immediate danger or threat: Simulation Laboratory:
 - a. Notify College Public Safety immediately while relocating to the nursing skills laboratory any student, participant, faculty, or staff member in harm's way.
 - b. Once situation has been deescalated, notify the Director of Simulation.
 - c. Director of Simulation will notify the Dean of Nursing.
- 2) Immediate danger or threat: Wheaton College Campus:
 - a. Follow standard College Public Safety procedure for situation with immediate danger/threat.
- 3) Non-emergency facility or simulation situation:
 - a. If possible, directly discuss with Director of Simulation or Simulation Operations Specialist.
 - b. Director of Simulation or Simulation Operations Specialist will update and consult the Dean of Nursing if further intervention or follow-up required.
- 4) Non-emergency student, clinical faculty, or simulation laboratory staff concern:
 - a. If possible, directly discuss concern with individual concerned and/or involved in situation.
 - b. If unable to resolve directly, or issue needs further intervention, notify Director of Simulation.
 - c. Director of Simulation will discuss with Dean of Nursing.

Sources Used to Guide Manual

- International Nursing Association for Clinical Simulation and Learning (INACSL). (2021). *Standards of Best Practice: Simulation*. Retrieved from [INACSL Healthcare Simulation Standards of Best Practice](#)
- Jeffries, P. R. (2nd Ed.). (2023). *Clinical Simulations in nursing education: advanced concepts, trends, and opportunities*. National League for Nursing.
- Lioce L. (Ed.), Lopreiato J. (Founding Ed.), Downing D., Chang T.P., Robertson J.M., Anderson M., Diaz D.A., and Spain A.E. (Assoc. Eds.) and the Terminology and Concepts Working Group (2020), *Healthcare Simulation Dictionary –Second Edition*. Rockville, MD: Agency for Healthcare Research and Quality; September 2020. AHRQ Publication No. 20-0019. DOI: [Agency for Healthcare Research and Quality](#).
- Palaganas, J. C., Maxworthy, J. C., Epps, C. A., & Mancini, M. E. (2nd Ed.). (2022). *Defining excellence in simulation programs*. Lippincott Williams & Wilkins.
- Society for Simulation in Healthcare (SSH). (2021). Standards of Accreditation. Retrieved from [SSH Accreditation Standards](#)
- Society for Simulation in Healthcare (SSH). (2021). SSH Simulation program Policy and Procedure Manual Model template. Retrieved from [SSH Policy Manual Template](#)

Appendix A

Wheaton College

Simulation Confidentiality Agreement

Policy and Procedure - *Confidentiality Agreement*

As a user of the Nursing Simulation Laboratory, I understand the significance of confidentiality with respect to information concerning simulated patients, participants, and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my simulation facilitator or clinical instructor.

I agree to adhere to the following guidelines:

- All patient information, whether fictional or real, is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of HIPAA and Wheaton College's Simulation Confidentiality policy. This information is privileged and confidential regardless of format: electronic, written, overheard, or observed.
- I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of Wheaton College's Simulation Confidentiality policy and may be a violation of HIPAA and other state and federal laws.
- The simulation laboratory is a learning environment. All simulation-based learning activities regardless of their outcome, should be treated in a professional manner. The students participating in the simulation experience should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students. Any student who is witnessed humiliating another student will be put on clinical warning for unprofessional conduct.
- The simulation manikins are to be used with respect and be treated as if they were live patients.
- No Betadine or ink pens near the manikins.
- By signing below, I acknowledge that my failure to adhere to the Simulation Confidentiality Agreement could subject me to dismissal from the simulation laboratory and potential dismissal from Wheaton College's Nursing Program.

Signature: _____

Printed Name: _____

Date: _____

Clinical Instructor: _____

Appendix B

Wheaton College

Simulation Fiction Agreement

The Wheaton College Nursing Program has set up simulation experiences for me to develop skills, including clinical judgement and clinical reasoning. The simulation experiences will use patient manikins and simulation-based education techniques to recreate realistic/actual patient care situations. The simulated learning environment and patient manikins have certain limitations in their ability to exactly mirror real life, but the simulation staff will do their best to make the simulation experience seem as real as possible. As a learner participating in the simulation, my role is to assume all aspects of the simulation experience are a real clinical situation and conduct myself in the same manner as is expected of a nursing student in a real clinical situation. When a gap occurs between simulated reality and actual reality, it is expected that I try to understand the goals of the simulation-based learning experience and behave accordingly. As the learner, I agree to adhere to the following guideline:

- Suspend judgement of realism for any given simulation-based learning activity in exchange for the promise of learning new knowledge and skills.
- Maintain a genuine desire to learn even when the suspension of disbelief becomes difficult.
- Treat the patient manikin with the same care and respect as an actual patient in the clinical setting.
- Engage with peers, clinical faculty, and simulated participants as if they are real patients, family members, real members of the healthcare team, and respect the roles of my peers and others involved in the simulation-based learning experience.
- I will follow the Code of Academic and Clinical Conduct found in the nursing student handbook, HIPAA, Wheaton's Honor Code, and the Simulation Confidentiality Contract during every simulation experience.
- By signing below, I agree to adhere to the guidelines of the Fiction Contract and will behave accordingly.

Signature: _____

Printed Name: _____

Date: _____

Clinical Instructor: _____

Appendix C

Wheaton College

Audiovisual Recording Agreement

All simulation-based activities in the simulation laboratory are recorded and all recordings are the property of the Wheaton College Nursing Simulation Laboratory. The audiovisual recording system used is specifically designed for documenting simulation-based education and is used during debriefing to enhance learning. All simulation-based activities are recorded and may be viewed for educational purposes only. Playback of the audiovisual recording is used during the debriefing process and any attempt to copy or use the audiovisual recording without written permission will result in disciplinary action and the individual may be banned from the simulation lab. The recordings will not be released or used for any other purpose unless written permission is granted by all participants in the recording. Audiovisual recordings will be destroyed within 7 days of recording. When students are in the debriefing room viewing simulation experiences in real-time, students will at all times remain non-judgmental and refrain from comments regarding the students and/or participants taking part in the simulation-based learning activity.

By signing below, I authorize Wheaton College's Nursing Program to record my participation in simulation-based learning activities on video and audio tape. I understand that this audiovisual recording will be used for educational purposes only and the audiovisual recording will be destroyed within 7 days.

Signature: _____

Printed Name: _____

Date: _____

Clinical Instructor: _____

Appendix D

Wheaton College

New Simulation Request Sheet

Name and Course:

Topic (Concept/Exemplar) of Simulation:

Timing of the Simulation in the Semester:

Educational Objectives: (no more than 4):

1.

2.

3.

4.

Brief Description of the Scenario (specific skills, specific patient physiologic responses, medication):

Appendix E

The Observational Structured Assessment of Debriefing tool (OSAD)

Objective Structured Assessment of De-briefing

	1	2	3	4	5
1. Approach	Confrontational, judgmental approach		Attempts to establish rapport with the learner(s) but is either over- critical or too informal in manner		Establishes and maintains rapport throughout; uses a non-threatening but honest approach to create a psychologically safe environment
2. Establishes learning environment	Unclear expectations of the learner(s); inadequate learning environment		Explains purpose of the debriefing or learning session but does <u>not</u> clarify learner(s) expectations		Explains purpose of debrief; clarifies objectives and learner expectations from the beginning
3. Engagement of Learners	Purely didactic; facilitator doing all of the talking with no learner engagement; does not involve passive learner(s)		Learner(s) participates in the discussion but through closed questions; facilitator does not actively invite input from more passive learner(s)		Encourages participation of learner(s) through open-ended questions; invites learner(s) to actively contribute to discussion
4. Reaction	No acknowledgment of learner(s)' reactions, or emotional impact of the experience		Asks the learner(s) about their feelings but does not fully explore their reaction to the experience		Fully explores learner(s)'s reaction to the experience, appropriately managing any learner(s) who is confused or unhappy
5. Descriptive Reflection	No opportunity for self- reflection; learner(s) not asked to describe what actually happened in the scenario		Some description of events by facilitator, but with little self-reflection by learner(s)		Encourages learner(s) to self-reflect upon experience using a step by step approach
6. Analysis	Reasons and consequences of actions are not explored with the learner(s)		Some exploration of reasons and consequences of actions by facilitator but not learner(s)		Helps learner(s) to explore reasons and consequences of actions, identifying specific examples; relates it back to previous experience to offer explanations
7. Diagnosis	No feedback on clinical or teamwork skills; does not identify performance gaps or provide positive reinforcement		Feedback provided only on clinical (technical) skills; focuses on errors only; does not target behaviours that can be changed.		Provides feedback on clinical (technical) and teamwork skills; identifies positive behaviours in addition to performance gaps, targets changeable behaviours
8. Application	No opportunity for learner(s) to identify strategies for future improvement or to consolidate key learning points		Some discussion of learning points and strategies for improvement but lack of application of this knowledge to future practice		Reinforces key learning points identified by learner(s) and highlights how strategies for improvement could be applied to future clinical practice

Appendix F

Table 1 Simulation Maintenance Checklist

Simulation Maintenance Checklist

On Days of Operation									
Ensure control rooms clean									
Prepare for next day scenarios									
Stop all scenarios in Maestro and Log off all computers									
Wipe down table in debriefing rooms									
Reset chairs in debriefing rooms									
Reset simulation rooms									
Turn off simulated oxygen/medical air in simulation rooms									
Wipe down manikins used during day with lint free cloth									
Switch control room computers to Wheaton Secure internet connection									
Spray linen with disinfectant containing 70% Isopropyl Alcohol solution									
Weekly									
Restock Pyxis									
Restock supplies									
Wipe down beds and over the bed tables									
Restock and wipe down crash carts									
Wipe down manikin soap laptops									
Wipe down countertop and computers in control rooms									
Release compressor air from manikins used during the week									
Toggle mouse on all computer on wheels laptops									
Monthly									
Defibrillator check									
General inspection of all manikins									
Wash all skin parts using warm water and Dawn									
Flush lines with distilled water and air to clear out lines									
Wash and change all bed linens									
Beginning of every semester update Maestro software if needed (write date done)									
Yearly Preventative Maintenance (write date done)									
Yearly safety check of durable medical equipment (write date done)									

Appendix G

Simulation Terminology

Briefing (Prebrief): An informational session that takes place before the simulation-based learning activity where information about the simulation environment, learning activity, and simulation-based education guidelines are provided to all participants. The information provided during this session will prepare all individuals for the simulation-based learning experience.

Cueing: Providing information during the simulation-based learning experience that assists with progression of meeting the objectives of the activity.

Debriefing (Debrief): An activity that takes place immediately following the simulation-based learning experience where all participants can reflect on their experience and receive feedback and provide feedback on their performance. A debriefing session is a way for students to develop their critical thinking and clinical judgment skills.

Facilitator: An individual that delivers and/or supervises simulation-based learning activities. This includes the Briefing and debriefing sessions.

Fidelity: The level that the simulation-based learning activity imitates the real-world scenario and work environment.

Manikin: A full body simulator that portrays a human patient.

Moulage: The use and application of makeup and molds applied to a manikin and/or human to represent physical characteristics that support the realism of the simulation-based learning experience.

Participant: A person who is actively involved in the simulation-based learning activity. The participant can be a student, actor, and/or observer within the simulation-based learning experience.

Psychological Safety: A feeling of comfort within the simulation-based learning activity where all participants can speak freely without the worry of embarrassment, humiliation, or retribution. Feeling that the space is safe for making mistakes and learning from those mistakes without judgement or consequences.

Simulation-Based Learning Activity: The actions that take place for a simulation experience from the inception to the end of debriefing.