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CSLC Advisory Council



Clinical Simulation & Learning Center (CSLC) Policies & Procedures Manual

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I. General Information

- A. Mission Statement:** It is our mission to educate and facilitate patient care concepts in a simulated environment that promotes knowledge development, patient safety, skills application, clinical reasoning, and evaluation.

The mission of the University of Kentucky (UK) Clinical Simulation Learning Center (CSLC) demonstrates the UK College of Nursing (CON) core values by "promoting health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusivity" in a simulation environment.

Through simulation the CSLC seeks to promote excellence and growth of the undergraduate and graduate programs. Simulation promotes a "unique and innovative contribution" to healthcare, utilizing current knowledge and evidence-based practice to guide the basis of the scenarios. Students are able to demonstrate collaboration that is open and respectful, utilizing effective teamwork in various diverse learning environments such as acute care, critical care, pediatrics, obstetrics and mental health areas of practice. Through simulation, students are given the opportunity to demonstrate and strengthen nursing leadership qualities, including communication, delegation, prioritization, safety and professionalism, to promote and enhance patient healthcare outcomes.

The CSLC seeks to assist the CON in being "one of the nation's top nursing programs in education, research, practice, and service."

- B. Vision Statement:** It is our vision to use simulation, innovation and research to enhance education relative to patient care and promote patient safety.

- C. Governance:** See UK CON Organization Chart (Appendix A).

D. Decision-Making Process:

1. Equipment/supply: New supply purchase requests should be submitted to the Simulation Instructional Support Specialist two months before date needed. New equipment requests should be submitted to the CSLC Director three months before date needed. All supply and equipment purchases must be approved by the CSLC Director. Supply and equipment purchase approval is made based on what is needed to meet the objectives of the activity. In addition, the CSLC Advisory Board has oversight on prioritization of equipment purchases. Last minute ordering requests will be made at the discretion of the CSLC Director and based on the ability to accommodate the request.
2. Scheduling: Decisions on scheduling conflicts will be made by the CSLC Director. See Section 6(d) for more information regarding scheduling priorities.
3. Prioritizing Projects: Priority will be given to CON events. Graduate program request will be given priority scheduling during immersion dates. To implement new events the faculty needs to meet with the CSLC

Director two months prior to event. Any content utilizing simulation must be approved by CSLC Director at least two weeks prior to the event to ensure alignment with International Nursing Association for Clinical Simulation in Learning (INACSL) Standards of Best Practice: Simulation and include references for Evidence-Based Practice.

- E. Required Disclaimers and Pre-Event Statements:** Any content presented using the CSLC space or name needs to be aligned with the center's mission and INACSL Standards of Best Practice: Simulation.
- F. Required Event or Course Acknowledgement:** Presentations using the UK CONCLSC name must be in alignment with the INACSL Standards of Best Practice: Simulation and Evidence-Based Practice along with required approval from the CSLC Director.
- G. Simulation Facility "Brand" Use Policy:** The simulation center should be referred to as the Clinical Simulation and Learning Center or CSLC. The name should be included on any content that has originated from the CSLC. This is to include but is not limited to documents, pictures, videos, presentations and/or publications.
- H. Hours of Operation:** The CSLC will be open Monday-Friday 8:00am-5:00pm unless the university is closed. Events requiring CSLC personnel will begin no earlier than 8:30am and must be completed by 4:30pm or 11:30am on Fridays. Any events that fall outside of operating hours will need to be approved by the CSLC Director. Students will not be permitted to enter rooms that have been prepared for an event to practice unless permission granted from event host and/or the CSLC Director.
- I. Simulation Center Terminology:** Refer to the Society for Simulation in Healthcare (SSH), [Healthcare Simulation Dictionary](#).

II. Personnel

See CSLC Organizational Chart (Appendix B)

III. Administrative Information

- A. Support Staff and Contact Tree:** CSLC Director will notify simulation faculty and staff of any CSLC closure or emergency by email and text.
- B. Overtime Policy:** Refer to UK Human Resources [Policy # 30.0](#): Compensation Administration
- C. Scope of Work Description for Each Personnel Classification:** See Appendix C for job descriptions
- D. Organizational Chart:** See UK CON Organization Chart (Appendix A)

IV. Course Directors/Instructors

A. Instructor Training:

1. Course/Simulation content: Simulation faculty have had simulation training by completing the National League for Nursing simulation courses of Simulation Pedagogy: What every Nurse Educator Needs to Know, Debriefing Foundations, Evaluating Simulation, and Maximizing Realism. Each year a simulation facilitator training will be conducted and is based on the INACSL Standards of Best Practice: Simulation and the National League for Nursing/Jeffries Simulation Theory. All faculty that may facilitate simulation must demonstrate professional development in healthcare simulation. All faculty are encouraged to attend the Annual Faculty Development Workshop: Simulation and the simulation facilitator training.
2. Simulation faculty: In addition, each new simulation faculty works with an experienced simulation faculty member as a preceptor in facilitating simulation. The new simulation faculty will not facilitate simulation on their own until both the experienced simulation faculty and the new faculty agree that they are ready. All simulation faculty are required to attend the Annual Faculty Development Workshop: Simulation. Simulation faculty will collaborate with course coordinators when developing new simulation scenarios each academic year, ~~in August~~, to ensure the maintenance of evidence-based practice. This is done to ensure that any updates or changes in content are reflected in the design of the simulation scenarios. Simulation faculty, as assigned by CSLC Director, perform a literature search, review Up To Date, and review changes to University of Kentucky HealthCare (UKHC) policy and procedure in collaboration with the course coordinator, that is the content expert, to make needed changes. INACSL Standards of Best Practice should be utilized in all simulation activities. Copies of the standards will be available to all faculty developing simulation activities. The CSLC Director will validate simulation content to ensure alignment with standards.
3. Simulation technology: A faculty member with healthcare simulation experience, as approved by the CSLC Director, will be included in all SCE and, as needed, will include a content expert. The CSLC Simulation Lab Technician and Simulation Instructional Support Specialist will also be available when simulated clinical experiences are in progress.

B. Code of Conduct: All students, participants, faculty, staff, observers, and visitors are to act professionally. Specific professional conduct for simulation, is to be punctual, appropriately attired, respectful to others, and adhere to confidentiality. Please refer to Ethical Principles and Code of Conduct [Policy GR 14](#). Also, please refer to [Undergraduate](#) and [Graduate](#) student handbook.

C. Course/Simulation Development Policy: See Appendix D and E for the UK CSLC scenario template and the Standardized Patient Case Development Template. See Section 10 (a-h) for information regarding required elements and structure of scenario.

D. Evaluation Policy: Simulation faculty and staff are evaluated during the annual performance review. In addition, simulation faculty and scenario design are evaluated with each

Simulated Clinical Experience (SCE) by the students/participants. At a minimum of two times during the academic year, simulation facilitators are evaluated via peer evaluation using the Simulation Facilitator Peer Review form (Appendix F). See Appendix G for student evaluation of simulated clinical experience. Students are asked to complete the evaluations following each SCE. Evaluations are anonymous and reviewed by CSLC Director, simulation faculty, Simulation Instructional Support Specialist, and aggregate data is disseminated to course coordinators or faculty of record. The information obtained via the student surveys is used to make changes as needed to the design of the SCE, the implementation of the SCE and/or the program curriculum.

E. Course/Simulation Registration:

Undergraduate: Students are registered on a cohort specific simulation on UK's Canvas learning system portal (Canvas). Undergraduate students will receive notification a minimum of two weeks prior to the simulated clinical experience to sign up for a time to attend on the simulation Canvas site by the Simulation Instructional Support Specialist. This notification is to include the number of simulated clinical experiences they will need to sign up for, instructions on the sign-up process, instructions to contact the Simulation Instructional Support Specialist for questions or scheduling conflicts, and that they cannot schedule simulated clinical experience time during any academic obligations. A reminder will be sent to unassigned students the Wednesday prior. The deadline for students to sign-up for a simulation time will be 12:00 p.m. the Friday before the scheduled simulation. The CSLC Director assigns simulation faculty to facilitate the undergraduate SCEs before the start of the semester based on their expertise. As needed, content experts will be scheduled before the start of the semester.

Graduate: Simulated clinical experiences will be scheduled by the faculty of record and include the course content expert. Faculty facilitating simulation must have documented training in simulation pedagogy. The use of simulation faculty will be assigned by the CSLC Director.

All activities (UKHC events, nursing course request for space/equipment, continuing education offerings, etc.) outside of the core undergraduate simulation curriculum will be requested via consim@uky.edu and be scheduled in Booked scheduling software (Booked) by CSLC staff or faculty upon approval by the CSLC Director. See Appendix H for scheduling template. The scheduling template form will be located on the CSLC website. See Section 6 of this document for CSLC scheduling policies.

F. Equipment Utilization: See Appendix I. A list of available equipment is on the CON website under [Clinical Simulation and Learning Center](#).

G. Instructor Travel: Faculty and/or staff who travel on behalf of the CSLC will be reimbursed according to the specific reason for the travel. Travel to transport or set up equipment for the Norton campus will be reimbursed through the Norton budget. Undergraduate and graduate travel will be reimbursed through the respective CSLC budget.

V. Course/Simulation Participants

A. Course/Simulation Preparation:

1. Preparation:

Undergraduate: Simulated clinical experience objectives for undergraduate students will be posted on the simulation Canvas site under assignments. Any additional preparation material will also be posted on the simulation Canvas site.

Graduate: Preparation for graduate simulated clinical experiences will be determined by faculty of record and posted accordingly.

2. Tardiness:

Undergraduate: All clinical simulation experiences should be treated with the same professionalism as clinical experiences. Therefore, students must arrive on time. Once the simulated clinical experience has begun, students who are tardy will not be allowed to participate and must contact the Simulation Instructional Support Specialist to reschedule the undergraduate student into another time slot. The tardy student is not allowed to participate once the SCE has begun as this is disruptive to the group and the student has not received all the required information to be successful. If there are no further times, the student is to schedule a time to view the video of the group for which they should have been a participant with simulation faculty. The student will complete an observation worksheet and debrief with simulation faculty (Appendix J). Students with an unexcused tardy or leaving early will receive an unsatisfactory for professionalism on the simulation rubric. It is up to the discretion of the course coordinator if the student receives an unsatisfactory in the course. See the [undergraduate student handbook](#) for excused tardy policy.

Graduate: Tardiness for graduate students is at the discretion of the faculty of record.

2. Absences:

Undergraduate: It is mandatory for all undergraduate students to attend simulated clinical experiences. Students with an unexcused absence will receive an unsatisfactory for professionalism on the simulation rubric. Students will need to contact simulation faculty via email or phone if they are going to be absent. If a student contacts the simulation faculty before the simulated clinical experience begins, they will not receive an unsatisfactory, but they must contact the Simulation Instructional Support Specialist to reschedule the undergraduate student into another time slot. If there are no further times, the student is to schedule a time to view the video of the group for which they should have been a participant with simulation faculty. The student will complete an observation worksheet and debrief with simulation faculty (Appendix J). See the [undergraduate student handbook](#) and course syllabi for unexcused absence policy.

Graduate: The absence policy for [graduate students](#) is at the discretion of the faculty of record as outlined by the course syllabi.

B. Code of Conduct:

1. Dress code:

Undergraduate: Simulation attire will follow the CON clinical dress code. See [undergraduate student handbook](#).

Graduate: The dress code policy for graduate students is at the discretion of the faculty of record as outlined by the course syllabi.

2. Issues with classmates: Any issue that a student/participant has with another participant or classmate should be addressed to the faculty facilitating the simulation. If time allows the simulation faculty will address the issue with the student of concern face to face following the SCE. If time does not allow the simulation faculty will address the issue on the Simulation Evaluation Rubric for undergraduate students with a follow up meeting required. A follow up meeting would be scheduled with graduate students.
3. Disruptive participants: Per [UK AR 4-10](#) Student Code and Procedures students who engage in conduct that results in disruption of an instructional setting may be directed by the instructor to leave the class for the remainder of the instructional setting period. Disruptive Behavior is any conduct that disrupts any teaching, research, administrative, disciplinary, or other UK activities. Disruptive Behavior may occur at functions on or off campus, or at other authorized non-UK activities when the conduct occurs on UK Premises. In addition, students may receive an unsatisfactory on the simulation rubric for failing to meet the professionalism requirement of demonstrates the professional standards of moral, ethical, and legal conduct, professional attitude, professional attire following CON clinical dress code, and arrives on time.
4. Social Media Guidelines (Approved: Undergraduate Faculty April 10, 2015): Social media are powerful communications tools that have a significant impact on organizational and professional reputations. Because the use of social media may blur the lines between personal voice and institutional voice, the University of Kentucky has established policies to clarify how best to enhance and protect the University, as well as personal and professional reputations, when participating in social media. Both in professional and institutional roles, students are expected to follow the same behavioral standards online as they would in the real world. The same laws, professional expectations, and guidelines for interacting with faculty, students, parents, patients, alumni, donors, media, and other University constituents apply. Students are accountable for any institutionally related content they post to social media sites.

C. Cell Phone Usage: Cell phone usage is not permitted in the CSLC during simulation activities. No photography is allowed in the CSLC unless approved by the CSLC Director. This includes pictures taken on cell phones. Any pictures taken of simulated patients will be considered a violation of the confidentiality agreement. In the event of an emergency, students may use a cell phone. However, the emergency needs to be brought to the attention of simulation faculty or staff.

D. Evaluation:

Undergraduate: Students are evaluated using a rubric based on the undergraduate program student learning outcomes for all core simulated clinical experiences. The rubrics are completed by the facilitator of the simulation following an SCE that has been predetermined to utilize the rubric. The use of a rubric is determined during the design of the scenario. These evaluations are for formative evaluation and are only accessible to individuals who have been granted access to the specific simulation site on UK's Canvas learning management system portal (Canvas). It is the student's responsibility to communicate with their Clinical Instructor on areas that they have received a needs improvement on the simulation rubric. If the simulation facilitator requires the student to have specific remediation the facilitator notifies the course coordinator of the requirements. The course coordinator will ensure that the remediation is completed. Accessibility is determined by the CSLC Director and only includes simulation faculty, course coordinators and clinical faculty. Evaluation of all other simulation events will be determined during the design phase of scenario development.

Graduate: Students evaluation is at the discretion of the faculty of record as outlined by the course syllabi and is determined during the design phase of scenario development.

All evaluation of participants must follow the INACSL Standards of Best Practice: SimulationSM Participant Evaluation.

VI. Scheduling Courses and Rooms

- A. Approval Process:** All simulation activities require objectives that align with the course objectives as determined by the appropriate CON curriculum committee. All simulation activities must follow the INACSL Standards of Best Practice: Simulation. All simulation activities need final approval by the CSLC Director, who is a Certified Healthcare Simulation Educator (CHSE), two weeks prior to the event to ensure alignment with simulation standards and that it meets the training mission of the center. Objectives need to be sent when scheduled. No fees will be required at this time unless there is a significant impact to CSLC personnel and supplies.
- B. Scheduling Process: Graduate:** Graduate requests for rooms or equipment will be given priority during immersion but need to have requests in by September 1st for Spring semester and April 1st for Fall semester and will be scheduled in the order they are received. Request for rooms or equipment must be on the Clinical Simulation & Learning Center Room Request Form (Appendix H) and need to be sent to consim@uky.edu After these dates the rooms will be opened for requests outside of the graduate program.
- Undergraduate:** Request for rooms or equipment must be on the Clinical Simulation & Learning Center Room Request Form (Appendix H) and need to be sent to consim@uky.edu by June 1st for the fall semester and November 15th for the spring semester and will be scheduled in the order they are received.
- Following these dates the rooms will be opened for requests from groups outside of the CON. The Simulation Instructional Support Specialist will schedule the rooms and/or equipment in the Booked scheduling software. Any conflicts will be forwarded to the CSLC Director. Final approval will be made by the CSLC Director.
- C. Notification:** Notification will be made after the CSLC Director's approval by the Simulation Instructional Support Specialist.
- D. Priority of Use:** CON simulation events will take priority over outside entities. Priority of use is determined by the CSLC Director and reviewed by the CSLC Advisory Council as needed.
- E. Cancellation Policy:** Cancellation of any event in the CSLC should be done one week before scheduled date unless in the case of inclement weather or unforeseeable circumstances. Notification of cancellation should be done by emailing consim@uky.edu or calling the Simulation Instructional Support Specialist. The Simulation Instructional Support Specialist will notify the CSLC Director and, as needed, simulation faculty. It will be the responsibility of those cancelling the event to notify participants and instructors.
- F. Recording of Scheduled Events:** Scheduled events will be kept in Booked and include room number, beginning and ending time, title of reservation, equipment, course number and the use of simulation. Simulation faculty and staff have full access to Booked. Other faculty and staff receive access whether full or limited at the discretion of the CSLC Director.
- G. Scheduling Disputes:** 1) Scheduling conflicts will be resolved first by taking into account

groups with priority scheduling. See Section 6 (d) for scheduling priorities. 2) Any group receiving priority scheduling that has made requests on or before the fall and spring semester deadlines will be booked for the scheduling time that has a conflict. 3) After the spring and fall semester deadline conflicts will be resolved by the date that the request was received. 4) In the event of overbooking, the group that first requested the time will be scheduled and the other group will be offered other available dates. 5) Outside groups are encouraged to schedule during times when the CSLC is not being utilized by CON groups (spring break, summer, and December). 6) Outside groups will not be limited to these times after the spring and fall semester deadlines for scheduling.

- H. Final arbiter of scheduling needs:** The final arbiter of scheduling conflicts will reside with the Associate Dean of Undergraduate Faculty Affairs.
- I. Complaints:** Direct complaints to the CSLC Director. Complaints will be discussed as part of the standing agenda of the CSLC Advisory Council meetings. The CSLC Director has the authority to call a special meeting of the Council if the complaint warrants such action. Suggestions for improvement can be placed on the Huddle Board located across from the CSLC Director's office (405N).
- J. Severe weather policy:** The CSLC will operate under the [University weather policy](#). A makeup of the undergraduate core simulation curriculum will be scheduled. The course coordinators will determine if other events will be rescheduled, if time allows.
- K. Observation for non-participants:** Approval by the CSLC Director is required for all non-participant observers.

VII. Tours

- A. Requesting tours:** Tours of the CSLC should be requested through consim@uky.edu. Tour requests should include institution name, date and time, and any specifics that should be included in the tour.
- B. Tour details:** CSLC tours will include, as available, simulation suites, classrooms, and simulation use in nursing education. Tours should not interfere with SCE in progress.
- C. Tour requirements:** Tours will last approximately thirty (30) minutes to an hour depending on the size of group. The group requesting the tour is responsible for parking. There is no cost associated with CSLC tours.
- D. Tour cancellation:** Tours can be canceled one week prior to date scheduled.

VIII. Equipment

- A. Loan policy:** Faculty, students, and outsiders may check out equipment upon request through consim@uky.edu with approval from the CSLC Director. A list of equipment can be found on the CON CSLC website. Please use the Equipment Loan Form when making requests for equipment and supplies (Appendix K). The requester will be held liable for any damage occurring while equipment and supplies are in their possession. A hold may be placed on

student account. Approval of the equipment request is dependent upon availability and will be approved by date requested. Upon approval, the requestor will be notified of date and time to acquire equipment. Last minute requests will be allowed based on availability of equipment. For equipment to be used during outside workshops held at the CSLC, completion of the Simulation Equipment Use Agreement is required (Appendix L).

- B. Standard Center equipment:** A list of all CSLC equipment is available on the CON CSLC website along with capabilities, user instruction, and how to access/return items. Not all equipment is available for use outside of the CSLC and some equipment requires operation by simulation faculty or staff.
- C. Acquisition process:** Request for purchase of equipment must go through the CSLC Director. Included in the request should be name and description of item, rationale for purchase, and who may benefit from purchase. Approval of purchase will depend on need and budget. Items over \$5,000.00 will need approval from the Associate Dean of Finance. Equipment will be purchased on a first come, first served basis, except for purchases coming from a grant or donated funds. Equipment purchase requests should be made three months prior to when needed.
- D. Maintenance and care of equipment:** The Simulation Lab Technician is responsible for maintenance of equipment, management of warranties within the CSLC, and maintenance after each use of high-fidelity simulators. Individual users are responsible for maintenance of all other equipment after each use. Equipment maintenance instructions can be found on the CSLC SharePoint database.
- E. Breakage and repair policy:** All damage to equipment during use must be reported to CSLC faculty or staff.
 - 1. Internal: It is the responsibility of those witnessing or causing the damage to equipment to report the damage to CSLC faculty or staff.
 - 2. External: Any damage that occurs to CSLC equipment outside of the center must be reported at the time of damage and any instructions given by simulation faculty or staff must be followed. As referenced in Section 8(a) the person to whom the equipment was loaned will be liable for any repair cost or replacement of damaged equipment.
- F. Off-site utilization:** Equipment that will be used externally will be available to rent. No rent is required for transport of equipment to CON's Norton campus but may require simulation faculty or staff to set up and/or operate equipment. Travel associated with the transport of equipment to the CON Norton campus will be funded through the CON Norton budget. If equipment is requested that requires simulation faculty or staff to set up and/or operate an additional cost may be incurred.

IX. Supplies

- A. Acquisition:** The purchase of supplies should be requested through the consim@uky.edu email at least two months prior to date needed. Included in the request should be a description of item, number of items, and date needed. The Simulation Instructional Support

Specialist is responsible for completing the purchase order form and sending to the CSLC Director for approval. All purchase orders will go through the CON business office procedures.

- B. Organization:** A spreadsheet (combining both medications and supplies along with their locations) is kept in a marked binder on the desk in the supply room. The supply room is organized by supplies needed for specific skills (e.g., tracheostomy care). Supplies used by the State Registered Nurse Aide (SRNA) program are to be kept in the labeled cabinets for their use. Additional supplies that are outside of the normal stock are kept in labeled cabinets outside of CON rooms 401/403.
- C. Inventory:** At the close of each semester inventory is taken and compared for upcoming semester needs. An inventory spreadsheet will be kept by the Simulation Instructional Support Specialist to use when assessing needs for additional supply purchases.
- D. Budget source:** UK CON students pay a lab fee each semester that funds the budget from which supplies are purchased for the CSLC.
- E. Usage and re-usage:** Certain items may be reused and repackaged in the CSLC in order to keep costs down. These items include sterile kits, syringes, and IV supplies. Any needles or supplies that would require disposal in a sharps container will not be reused.
- F. Nurse packs:** Nurse packs are ordered each semester for the incoming Accelerated Bachelor of Science in Nursing and Traditional Fundamentals students. The Simulation Instructional Support Specialist is responsible for ordering nurse packs by week 12 of the previous semester to allow at least eight weeks for delivery. Any changes to supplies in the nurse packs will need to be requested before week 12 of the previous semester. Students are to keep the nurse pack for the duration of their time in the CON for continued practice of skills. Students who require an additional nurse pack due to loss or damage will be required to pay for a replacement nurse pack. No disposable sharps will be permitted in the nurse pack for reuse.

X. Scenarios

- A. Scenario development:** See Appendix E for the Association of Standardized Patient Educators Case Development Template to be used for scenario development using standardized patient. See Appendix D for the UK CON standardized scenario template for all other events. Both templates allow for consistency in developing scenarios and consists of all areas that are required for simulation development. Any questions regarding simulation development can be posed to the CSLC Director or simulation faculty. Simulation faculty should be involved in the development and design of simulation scenarios to ensure that the INACSL Standards of Best Practice are being followed. Newly-developed simulation scenarios should be sent to the CSLC Director no later than two weeks prior to date scheduled.
- B. Scenario structure:** Simulation scenarios should be structured using the UK CON simulation template or the Association of Standardized Patient Educators Case Development Template that includes the pertinent structure needed to prepare for simulation

events. The scenario structure should contain a title, objectives, estimated time, equipment/supplies needed, brief overview of scenario, pertinent patient information, situation/background/assessment/recommendation (SBAR) report or learner brief with appropriate information to be successful, events and response to events (if applicable, personnel, and simulation modality.

1. **Objectives:** Objectives to be met by the students should be included and guide both the development and the facilitation of simulation events. The objectives need to align with course objectives and be leveled according to the student level in the program. Objectives will incorporate only content of which the students have been exposed. A limit of four objectives will be allowed for simulation activities.
 2. **Roles:** As indicated by scenario design, roles may be used for groups participating in an SCE. When roles are utilized each student will be assigned a role prior to the simulated clinical experience. Roles may include leader, medication, assessment, skills, document, and observer. No student shall be assigned a role outside of that which they are being educated.
 3. **Learner Pre-brief:** All learners must be provided with necessary background information about the SCE and simulated patient. Allowed time for questions and time to plan. Oriented participants to the simulated environment and simulation modality (simulator, standardized patient, etc.) and provide a time frame to complete objectives.
 4. **Diagnostics:** Any pertinent diagnostic findings must be included in the scenario development and how the participants will have access.
 5. **Debriefing questions:** The scenario structure should include questions for guided reflection and are congruent with scenario objectives.
 6. **Evidence-based references:** All scenarios require at least two documented evidence-based practice references.
- C. Authorship:** Scenario authors will be recognized on the scenario template based on their involvement with the development of the case.
- D. Audio visual storage:** All simulation and competency room recordings are automatically retained on a secured network recorder locked in the simulation staff offices. As per the [Kentucky State University Model Series U0401](#), the retention policy for these recordings states: “Retain materials that are not picked-up and any related records until one (1) year after date distributed, then destroy.”
Additionally, if there is a student appeal, then the record must be retained for three years after the appeal is completed. Records pertaining to an announced audit or a legal hold must be retained until the audit report is completed and any follow-up plus 10 years after the litigation has ceased.
- E. Utilization of scenarios:** It is the responsibility of the simulation faculty or course coordinators to ensure that the case follows current, acceptable standards of care and hospital policy through review of evidence-based practice and input from course coordinators.

F. Clinical Quality Assurance: All scenarios used will be reviewed annually by simulation faculty, course coordinators, or course faculty of record to ensure each scenario continues to follow current clinical standards of care.

G. Prebriefing: In accordance with the INACSL Standards of Best Practice: SimulationSMSimulation Design, a briefing must be done at the beginning of the SCE. Please refer to the scenario template for specific information related to the prebrief as well as the Room Orientation document for simulation (Appendix M). The prebrief helps to establish the safe learning environment.

H. Debriefing: Debriefing must follow the INACSL Standards of Best Practice: SimulationSMDebriefing. PEARLS is the debriefing method used and pre-written debriefing questions must be provided as part of the scenario design. All questions must be worded to encourage student reflection. The debriefing should be conducted in a way that allows the students to self-reflect and be active in the learning. All faculty facilitating debriefs need to show training in debriefing. All new faculty oriented to simulation will be required to complete the National League for Nursing Simulation Innovation Resource Center course “Debriefing Foundations”, observe simulation faculty during debriefing, and be observed by simulation faculty before debriefing SCE on their own. Simulation facilitators are evaluated by students and peers and includes items related to debriefing (see Section 4(d)).

XI. Operations

A. Utilization of simulation center staff: Simulation faculty and staff consist of the CSLC Director, two full-time simulation faculty, part-time simulation faculty, a Simulation Instructional Support Specialist, and a Simulation Lab Technician. See Appendix C for a description of these roles. Any variation from the CSLC faculty and staff roles will need approval by the CSLC Director as this may cause overwork.

B. Start-up and shut down process:

1. Location: The CSLC is located in CON room 405 and can be accessed by CON faculty and students through badge access. Badge access allows access to common areas such as classrooms and equipment stored on the blue carts located in the back hallway leading to rooms 401/403 at all hours. Simulation rooms are to be locked at the completion of each day or use.
2. Badge access: Badge access is granted to outside users at the discretion of the CSLC Director. Users without badge access will need to contact security if event is outside of normal CSLC hours.
3. Equipment: Only simulation faculty, staff, and those designated by CSLC Director are permitted to start-up and shutdown simulation equipment. Specific information related to the start-up and shutdown process is located in the equipment manuals that are kept in room 405C or online at the company websites. In addition to simulation technology, each

classroom contains a computer podium and projector. Report problems with the start-up or shutdown process to the Simulation Lab Technician. Shutdown includes turning off all equipment used and leaving the room in the condition that it was found. This includes simulation areas and classrooms. All simulation rooms must be locked at the end of the day or after they are used.

C. Security of information: All simulation scenario documentation is located on a Permission-based accessible shares file online on the UK CON server. Permission is granted by the CSLC Director. All simulation faculty and staff have access to the simulation shares file. Student sign-up and attendance records are kept on the UK Canvas portal. Simulation faculty, staff, and course faculty have access to the specific cohort's simulation Canvas site. Simulator maintenance logs are to be kept in CON room 405C in a notebook labeled maintenance logs. Purchasing documentation is kept in the CON business office.

D. Simulator Maintenance:

1. Warranties: The Simulation Lab Technician holds the responsibility of ensuring proper warranties are in effect for applicable simulators. Upon expiration of initial warranties, warranties will be re-upped for an additional period. This will be capped at seven years per simulator. The documentation of the warranty will be kept electronically on the simulation shares site and a hard copy will be kept in 405C office. After that time, the Simulation Lab Technician will maintain the simulator until such point that it is beyond repair or its useful life is deemed expired.
2. Maintenance Checks: New high-fidelity simulators are purchased with a warranty level that provides annual preventative maintenance. If the company provides a technician, then preventative maintenance will be completed by the company. Otherwise, the Simulation Lab Technician will use the supplies and instructions to complete the process. Medium-fidelity and task training items will be inspected and repaired during the post-semester cleaning/maintenance sessions.

E. Course Supplies: Supplies located in the CSLC are organized by both description and location. Courses with unique equipment and supplies are grouped together and kept in marked bins and stored on shelves labeled I1 through J5.

F. After-Hours Access: All faculty and staff with badge access to the CSLC are allowed access to common areas of the CSLC which includes classrooms 401,403, 407, and 413. Instructors for the State Registered Nurse Aide (SRNA) courses have access after-hours and have access to key lockbox and code.

XII. Video Recording and Photo Release

A. Confidentiality: Video recordings of simulation are considered confidential. All students, whether actively participating or observing, must agree to maintain confidentiality of scenario. This includes participating in real time or viewing of video footage. Videos of

simulation will be maintained on a password protected system that can be accessed by CSLC faculty and staff. Video recordings will be kept as described in Section 10(d). Signs are posted on the doors of all rooms where videoing will take place and on the entrance to the CSLC.

- B. Forms:** All students will be required to sign a Confidentiality Agreement and Consent to Video form (Appendix N) prior to their first simulation. Refusal to sign this document will result in the inability to participate in activities in the CSLC.

XIII. Course Observation

- A. Participants:** Students not actively participating in simulation may observe from designated locations as deemed appropriate by the CSLC faculty or staff. Students will be reminded of their commitment to confidentiality and the form that they signed.
- B. Non-participants:** Request for observation of simulation by guests must be submitted to the CSLC Director for approval one week prior to the date of the event. All guest observers are required to sign a Confidentiality Agreement and Consent to Video form (Appendix N)
- C. Disclaimers:** All participants and observers of SCE will be required to sign a confidentiality agreement.
- D. Course acknowledgements:** Simulation is an educational activity used to further the learning of the participant. Participating in simulation does not necessarily translate into achieving competency in the clinical arena.

XIV. Fiscal

- A. Fee structure:** At present, the CSLC is supported through the collection of student semester fees. The University supports and allows appropriate and justified fees for courses and semester fees in colleges/areas where deemed appropriate. The semester fee structure was established in 2009.

There are no fees associated and none anticipated with use of the CSLC for SCE conducted by the faculty of the UK CON and/or interprofessional faculty/staff of collaborating partners with undergraduate students, graduate students and/or employees for training.

Currently, we have not contracted the space or the equipment for groups and/or entities if UK CON faculty/staff are not involved in the activities to some level.

- B. Required reporting:** An annual report is provided to include progress toward specific goals, accomplishments, and goals for upcoming academic year based on the UK CON strategic plan.

- C. Budget reporting:** The UK CON provides internal funding for the CSLC activities from the student fees annual budget. This is allocated annually by the Dean and the Associate Dean of Executive Administrative Operations & Finance. All information is then shared and managed with the CSLC Director. Other revenues to the CSLC such as grants, etc. would have a separate account/budget, etc. but managed by the CSLC Director in collaboration with the College Business Office.

Annual budgeting of the CON follows UK's budget calendar with modifications in the fee requested in the fall of each year to the Vice Provost for Budget along with a justification/rationalization/need for the increase. All new fees and/or increases and decreases are reviewed at the Provost level, with final approved by the President of the University.

At which time the fees are approved, budgets are developed during the spring of each year to meet the demands and activities of the CSLC as determined by the CSLC Director. All information is shared with the Associate Dean for Executive Administrative Operations and Finance as the budgets are set for the next year, beginning July 1.

- D. Documentation:** At the first spring meeting of the CSLC Advisory Council the CSLC Director reviews financials - revenue and expenses for operation of the CSLC and discusses the next year for changes and purchases if needed. This report will be shared with the Dean of the College. Reports will be available upon request from the CSLC Director.
- E. Purchase and acquisition:** Requests for purchases and/or equipment acquisitions can be made by faculty and/or staff to the CSLC Director. Purchases and/or equipment acquisitions will be at the discretion of the CSLC Director using the following guidelines: (1) Determine specific items needed to meet the objectives of the learning event; (2) Review and vet needed items from different sources; (3) Prioritize purchases based on the immediate needs to meet learning objectives. When purchase decisions are made and approved by the CSLC Director, requests for purchase are submitted to the CON Business Office for completion of the funding and approval/ordering process.

Equipment purchases are handled in much the same way with the exception that a quote must be obtained from the vendor. At the point that all approvals and funding has been confirmed at the Center/College level, the CON Business Office will work with [University Purchasing Office](#), to determine the method of purchase – pro-card, purchase requisition, etc. Detailed directions of the [University and College processes](#) can be located at

- F. Reimbursement process:** At times expenses are incurred by individuals; however, we encourage prior approval and following the CON purchasing process when at all possible. When circumstances do not allow that to occur, the University and the CON have policies that allow for [reimbursement](#) to individuals with proper approval and documentation
- G. Financial accounting:** Information for the CSLC is available upon request from the College Business Office.

H. Conflict of interest: Refer to the University of Kentucky conflict of interest policy at [Administrative Regulation 7:2](#),

I. Purchasing equipment: See Section 14(e).

J. Purchasing approval process: See Section 14(e).

K. Payroll: All employees of the CSLC are employed by UK CON. Anyone – STEPS (University’s temporary service), exempt and non-exempt employees, etc., will be vetted and hired through a process directed by the CSLC Director. All payroll is approved. Through the University SAP Human Resource Payroll/Time Input system, time is submitted and routed to the manager/director/supervisor for approval then routed to the CON Business Office for finalization prior to payroll processing.

XV. Courses

A. Approval Process:

1. UK CON Simulation Events: All simulation content must align with the INACSL Standards of Best Practice: Simulation. All simulation content must be submitted to the CSLC Director at least four weeks prior to the event for approval.
2. Outside User Event: All outside user simulation events need to comply with the CSLC Policies and Procedures Manual. There is no approval process for content of outside user events, but it will need to reference Evidence-Based Learning and align with the INACSL Standards of Best Practice: Simulation.

B. Funding: Funding for equipment and supplies is made up of student fees for both undergraduate and graduate events.

C. Mandatory elements:

1. Course description: Please refer to the undergraduate and graduate course catalog for a description of courses which are determined by curriculum committees. Grant descriptions are determined by the grant’s PI.
2. Course objectives: Available upon request from course coordinators or course faculty of record. Simulation scenario objectives must align with course objectives. In addition, all undergraduate simulation curriculum is aligned with program student learning outcomes and uses course specific content to meet the program learning outcomes. Grant objectives are defined in the grant write-up.

3. **Target audience: Undergraduate:** Students enrolled in the undergraduate program will participate in SCE as part of a requirement of the program and is congruent with course content.

Graduate: Graduate students will participate in simulation as determined by the courses in which they are enrolled.

Research: In the case of simulation for grant purposes the target audience will be determined by the grant PI.

4. **Pre-course Material:** Determined by author(s) of simulation scenario, course coordinator, course faculty of record and/or grant PI.
5. **Day of course content:** Determined by author(s) of simulation scenario, course coordinator, course faculty of record and/or grant PI.
6. **Post course content:** Determined by author(s) of simulation scenario, course coordinator, course faculty of record and/or grant PI.
7. **Outside User Simulation Events:** One month prior to simulation event the outside user must meet with the CSLC Director to submit the mandatory elements listed above. The event should align with INACSL Standards of Best Practice for Simulation.
8. **Continuing Medical Education (CME)/Continuing Education (CE) Policy/Process:** CE Policy: Events involving CE must be submitted and approved through the UK CONCE office.

XVI. Remediation

- A. **General remediation policy: Undergraduate:** The CSLC has resources available to assist with remediation of students (i.e., First Aid Friday). The CSLC is to be notified of the need to schedule dates and times for remediation outside of First Aid Friday (FAF). For students who are being referred to FAF, the FAF referral form should be used (Appendix O). The course faculty requesting the remediation will be responsible for development of activities and content for remediation. Depending on workload the simulation faculty may be available to assist with remediation.

Graduate: Remediation of graduate students following SCE is directed by the course faculty of record.

- B. **Policy for instructors: Undergraduate:** In the event that a student needs remediation, the clinical instructor will notify the course coordinator and identify specific areas in which the student needs improvement. Areas of improvement may include nursing skills or clinical reasoning. Information related to remediation should be included in the course syllabus.

- C. **Policy for participants:** Students may be required to do remediation if they are not meeting

clinical/course objectives. This time will be scheduled based on the schedule of the faculty facilitating the remediation and will require time outside of the normal schedule of the course.

- D. Documentation: Undergraduate:** The FAF Referral Form (Appendix O) should be used for documentation when students attend FAF for remediation. A Needs Improvement form (Appendix P) will be completed for those students receiving remediation outside of FAF, which will be conducted by a UK CON faculty member.
- E. Ethical guidelines:** Students are made aware that remediation may occur, and that the remediation could take place in the CSLC as determined by the clinical instructor and/or the course coordinator. The clinical instructor and the course coordinator should meet to verify need for remediation.
- F. Simulation Performance: Undergraduate:** Undergraduate student simulation performance is evaluated using the simulation rubric for those SCE for which it has been predetermined and deemed warranted during the development phase of the SCE. (Appendix Q). The simulation rubric is completed by the facilitating faculty following the SCE. Simulation faculty can recommend remediation as deemed necessary. The simulation rubric should be completed no later than one week after the SCE.

Graduate: Graduate student performance evaluation is determined by the course faculty of record.

XVII. Customer Relations

- A. Dispute resolution:** Please refer to Sections 6 (g) and (i) for information regarding scheduling disputes and complaints. All other disputes and/or complaints should be made to the CSLC Director. The CSLC Director will work to resolve the dispute and/or implement changes as necessary.
- B. Marketing of Center:** The Dean, Communications Coordinator, and the CSLC Director are responsible for communicating with internal and external users for simulation activities, research, and development.
- C. Policy on use of Center's name:** See Section 1(g) for information regarding use of CSLC name.
- D. Web usage: Follow the link** See the [CSLC website](#). The CSLC Director, in collaboration with the Communications Coordinator, makes decisions regarding information included on the CSLC website. The information on the website should include general information regarding the CSLC, mission and vision, policy and procedure manual, and promotional media. The UK CON Communications Coordinator is responsible for updating the content on the website.
- E. Information dissemination:** Course offerings that provide CE are posted on the UK CON website by the UK CON CE office. Registration for these offerings is done through the UK

CON CE office. Additional offerings will be marketed as needed via email, mailings, or websites. Marketing decisions are made by the Dean.

- F. Official media policy:** Media requests should be made to the UK CON Communications Coordinator. The UK CON will decide whether to deny or to allow requests and who will be authorized to speak to the media. Only filming of authorized areas and content will be allowed. If at any time students who are being filmed feel uncomfortable they may decline participation.

- G. Social Media Guidelines:** Social media are powerful communications tools that have a significant impact on organizational and professional reputations. Because the use of social media may blur the lines between personal voice and institutional voice, the University of Kentucky has established policies to clarify how best to enhance and protect the University, as well as personal and professional reputations, when participating in social media. Both in professional and institutional roles, students are expected to follow the same behavioral standards online as they would in the real world. The same laws, professional expectations, and guidelines for interacting with faculty, students, parents, patients, alumni, donors, media, and other University constituents apply. Students are accountable for any institutionally related content they post to social media sites.

XVIII. Travel and Meeting Attendance

- A. Meetings:** Funding for the CSLC Director to attend the Society of Simulation in Healthcare (SSIH) and INACSL annual conferences shall be included in the budget each year. This is subject to change at the discretion of the Dean. Funding for simulation faculty to attend a simulation conference each year will be included in the annual budget.

- B. Reimbursement policy:** Reimbursement for travel expenses will be submitted via the online travel documents (TRIP) located on the employee self-service tab in MyUK. Reimbursement will follow the UK Business Procedure Manual [Section E5](#).

- C. Covered expenses:** Covered expenses will follow the UK Business Procedure Manual [Section E5](#).

- D. Priority scheduling in case of conflict:** The CSLC Director will determine staffing needs regarding attendance at a conference. If a conflict occurs the Director will determine priority.

XIX. Research

- A. Institutional Review Board (IRB) policy:** In accordance with federal and institutional regulations and prior to project implementation, the Institutional Review Board must approve any undertaking in which a University of Kentucky (UK) faculty, staff, or student conducts human research. The UK policy document entitled “When Do Activities Involving Human Subjects Need Institutional Review Board (IRB) Review and Approval?” outlines what types of activities are human subjects’ research or clinical investigations and therefore require IRB review and approval (University of Kentucky Office of Research Integrity and Institutional Review Board [Standard Operating Procedures c1.0100](#)).

- B. Security:** Security of data is governed by the UK IRB to protect data and confidentiality. All UK IRB policies related to the security of data and confidentiality must be followed.
- C. Fiscal impact:** Funding secured for research in the CSLC will cover all costs associated with the research including personnel and equipment.
- D. Publication policy:** Simulation research conducted in the CSLC will be disseminated accordingly with all team members identified.
- E. Authorship rules:** Authors will be cited in simulation research. The principal investigator will drive the discussion and agreement on first author.
- F. Data collection responsibility:** The Principal Investigator will determine the research protocol for data collection. In addition, the Principal Investigator will be responsible for all research related activities. When determining the research protocol for data collection the Principal Investigator must collaborate with the CSLC faculty and staff to ensure the resources for equipment and/or personnel are available within the CSLC and to ensure the research meets the mission of the CSLC.

XX. Safety and Security

A. Emergencies:

1. Medical/Non-Medical: (1) Assess student status and take appropriate steps to assure student safety at scene of incident. (2) Obtain critical incident information from student or witnesses regarding the incident. (3) Seek medical attention for student, as appropriate. (4) Contact Course Coordinator (or other course representative, as directed) by phone to report the incident. (5) Within 24 hours of the incident, submit an official incident report to the Course Coordinator (or other course representative, as directed). Use the format provided on the Nursing Student Incident Report form (Appendix R).
2. AED locations: The nearest AED can be found on the third floor of the CON building next to the entrance.

B. Identification badges: All students, faculty, and staff are required to obtain an identification badge, and it should be worn during SCEs. Access to the CSLC is granted through a badge access door.

C. Physical and Psychological Safety: In the event that a participant or visitor is experiencing undue stress, anxiety, or emotional distress, a member of the CSLC faculty or staff will intervene to assist the participant in reaching the appropriate campus service. If this occurs during a Simulated Clinical Experience the facilitator will notify an available CSLC faculty, staff, course coordinator, or the appropriate Director. Campus Resources include the Crisis Hotline at (859) 257-3815, the Counseling Center at (859) 257-8701, the UK Police Dispatch at (859) 257-1616. To ensure psychological safety during simulated clinical experiences an orientation (Appendix L) will be conducted during the prebrief. The safety precautions enforced in the CSLC and other clinical settings follow the Undergraduate Student and Graduate Student handbooks and include the Student Health Emergencies and Immunization Requirements. To enter the CSLC you must have badge access. Only College of Nursing

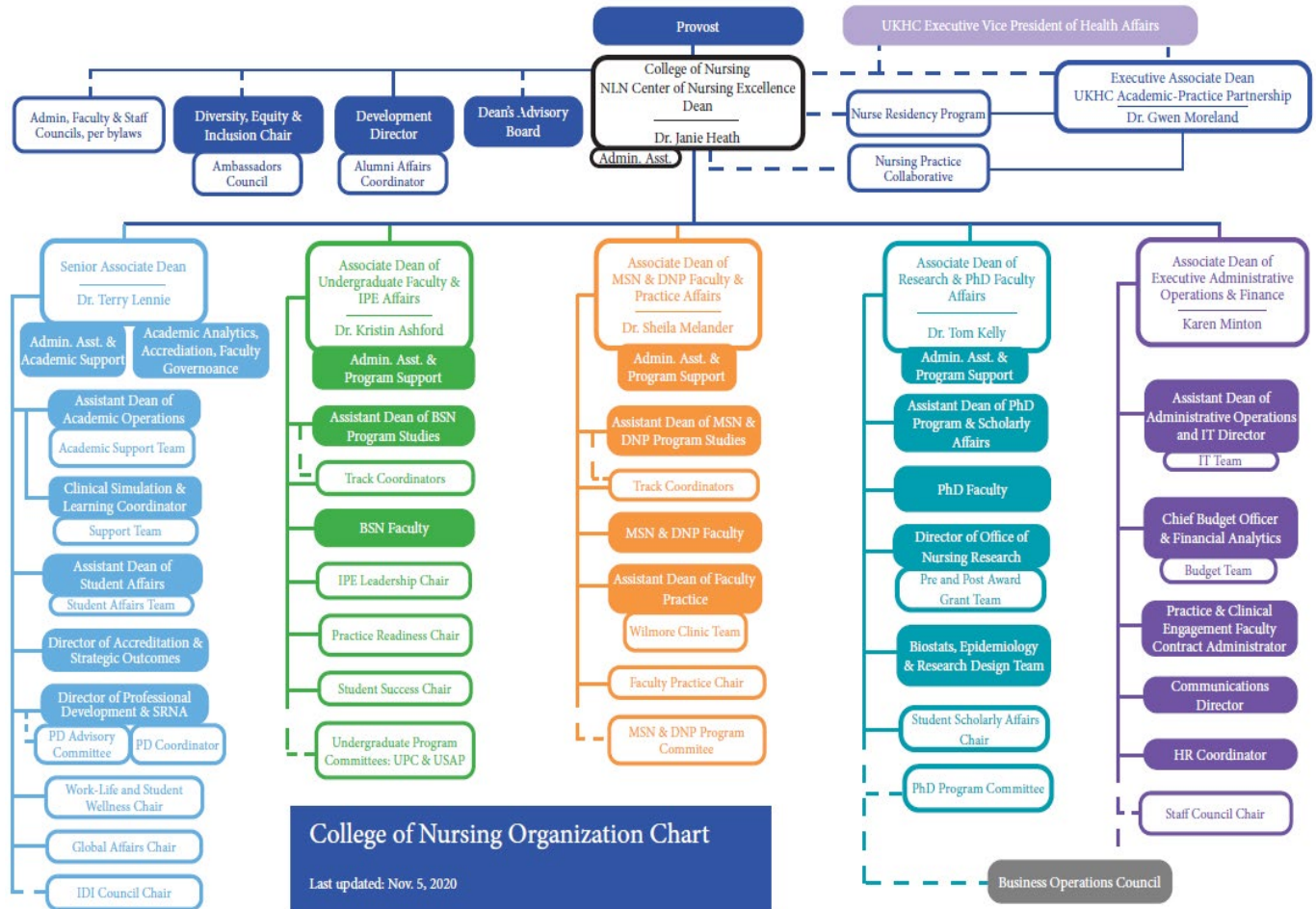
faculty, staff, students, and those designated by the CSLC director have access to enter the center. Friends of nursing students are welcome if the nursing student is present and it is after business hours. Friends are not permitted in the Center for events such as First Aid Friday study sessions. Good body mechanics are imperative when dealing with heavier equipment. Individuals within the center are trained to move the heavy equipment and manikins. In all simulation rooms and competency rooms sharps containers are available for use. Sharps are to be disposed into the red sharps containers (colors may vary). Once the sharps container is full it is removed and replaced with a new container. A pickup is scheduled with housekeeping to dispose of the full containers. All heavy foot traffic areas are to be free of clutter to prevent the risk of falling. This includes electrical wires, chairs, personal property such as book bags, handbags, and nursing student packs. If an accident occurs it is to be immediately reported to the CSLC Director.

XXI. Biohazardous Material

- A. Authorization for Use:** Faculty and staff of the CSLC are authorized to use biohazard materials after receiving orientation regarding location and disposal of biohazard material.
- B. Preparation:** Prior to use of needles in educational activities in the CSLC sharps containers need to be placed in easy accessible areas of activity. Replacement sharps containers can be found in the CSLC supply room.
- C. Removal:** When sharps containers are ready for disposal notify environmental services to pick up and dispose of sharps containers according to their policy. When animal parts are used for educational purposes, the coordinator of the educational activity will need to make arrangements for animal parts disposal.
- D. Cleaning:** All sharps are disposed of in sharps containers. Simulated blood and/or bodily fluids are used in the CSLC and may have the appearance of actual blood or bodily fluids but is utilized for moulage. There is no special cleaning needed for simulated blood or bodily fluids prior to reuse.

Appendix A

UK College of Nursing Organizational Chart

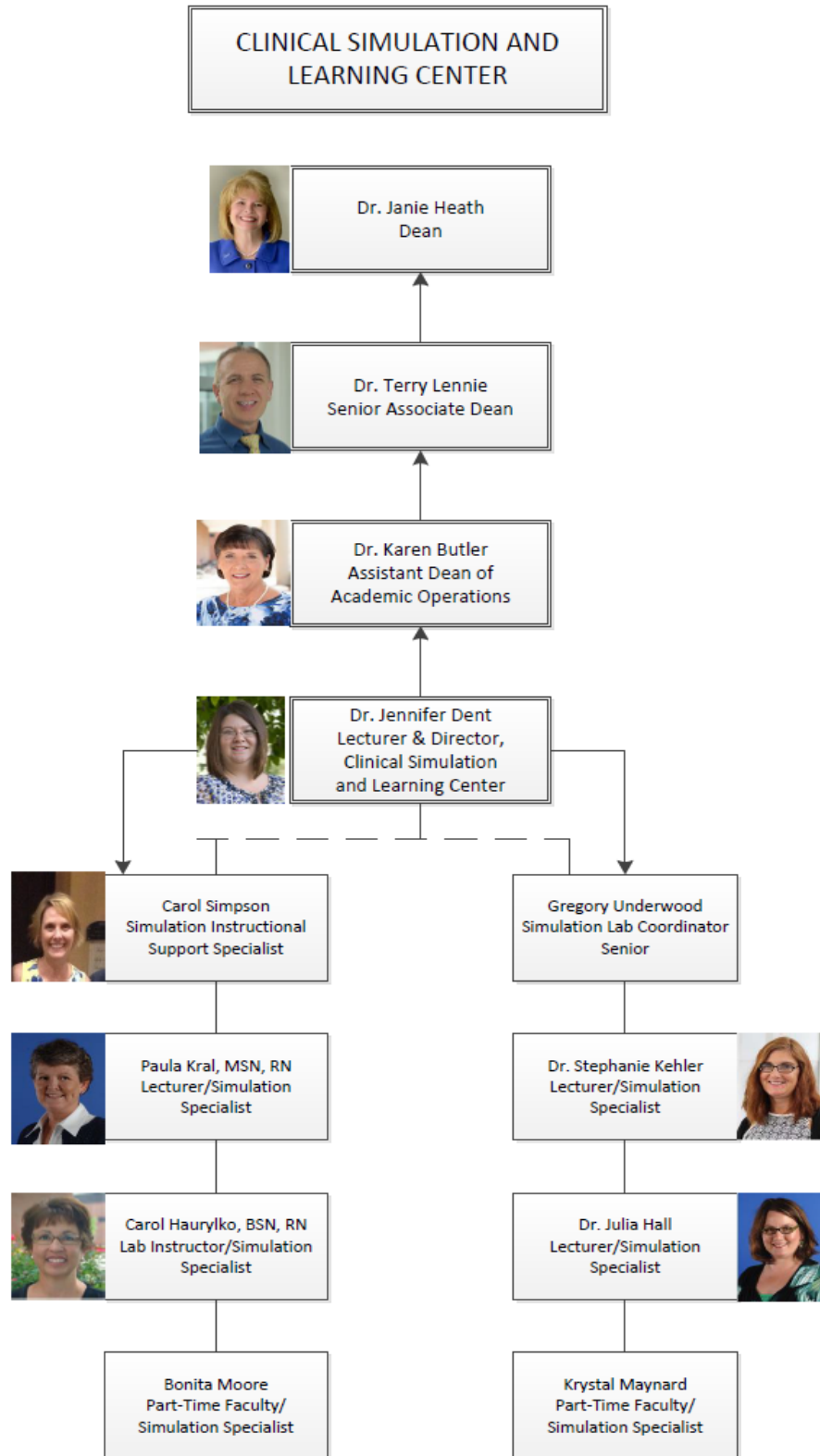


College of Nursing Organization Chart

Last updated: Nov. 5, 2020

Appendix B

Clinical Simulation and Learning Center Structure



Appendix C

University of Kentucky College of Nursing

Job Posting: Clinical Simulation and Learning Center Director/Lecturer/Simulation Specialist

Position Description:

The Clinical Simulation and Learning Center Director is responsible for oversight of simulation and operations of the Clinical Simulation and Learning Center (CSLC) in the College of Nursing. Primary responsibilities include leadership and development of faculty and staff in simulation standards of best practice.

Has the ability to collaborate with other faculty and staff in incorporating simulation technology in nursing education.

Required Education:

Master's degree in Nursing required.

Preferred Education:

Doctorate in Nursing

Required Experience in Years/Months:

Minimum of three years of professional nursing experience within the last five (5) years

Three years simulation experience

Required License/Certification/Registration:

Active Kentucky license as a registered nurse required.

Major Job Requirements:**Simulation**

- Promotes the mission, vision, and goals of the CSLC
- Supervises the CSLC faculty and staff
- Seeks grant funding to support and promote simulation education
- Leads the use of evidence based simulation models to develop, implement, and evaluate simulation scenarios as an educational modality
- Stay up to date on current practices related to simulation education
- Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the CSLC
- Support the teaching, research, and revenue-generating goals of the Center.
- Operation of the simulation technology in development and implementation of simulated clinical events
- Develop and implement special projects within the simulation center
- Attend and participate in meetings related to the simulation center and implementation of evolved plans

- Mentor students and faculty
- Collaborate with faculty to develop simulation curricula
- Facilitate use of CSLC with/between all programs within the CON
- Maintain vendor relationships
- Represent the CSLC locally, regionally, and nationally.

**University of Kentucky
College of Nursing**

Job Posting: Lecturer/Simulation Specialist

Position Description:

The Lecturer/Simulation Specialist hired into this position provides instructional support for students; course instructional support; curriculum facilitation that includes developing, coordinating, and teaching nursing content and nursing interventions. Has expertise in the use of interactive and simulated technology. Has the ability to collaborate with other faculty and staff in incorporating this technology in nursing education. This position assists in the operations of the Clinical Simulation and Learning Center space and equipment for undergraduate nursing students.

Required Education:

Master's degree in Nursing required.

Required Experience in Years/Months:

Minimum of two (2) years of professional nursing experience within the last five (5) years
One year simulation experience

Required License/Certification/Registration:

Active Kentucky license as a registered nurse required.

Major Job Requirements:

Simulation

- Uses evidence based simulation models to develop, implement and evaluate simulation scenarios as an educational modality
- Stay up to date on current practices and simulation
- Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the Clinical Simulation and Learning Center
- Assist director in their absence
- Support the short-, intermediate-, and long-term teaching, research, and revenue-generating goals of the Center.
- Operation of the simulators in development and implementation of simulated clinical events
- Assist in planning and implementing special projects within the simulation center.
- Attend and participate in meetings related to the simulation center and implementation of evolved plans

Operations

- Assist the director in scheduling rooms and Clinical Simulation and Learning Center events.

- Computer skills – Excel, Microsoft Word, Blackboard, Microsoft Outlook, Booked Scheduling
- Organization skills – checking and maintaining supplies utilized in the simulation center. Maintain medication carts and current inventory, purchases and paperwork through the College's business office and the UKMC Warehouse, Grogans and other approved vendors.
- Assist in the daily operations of the Clinical Simulation Center. Including working quickly to resolve problems as they occur, maintain quality work, is flexible, makes changes as identified, and is able to work independently and collaboratively in an ever-changing environment.

**University of Kentucky
College of Nursing**

Job Posting: Simulation Instructional Support Specialist

Experience:

- Bachelor's required, Masters preferred
- Significant experience with information systems (e.g., Microsoft Office)
- Experience with logistics and facility operations
- Experience with vendor management
- Experience with learning management systems
- Understanding of medical clinical practices, equipment and facilities

Position Description: The Simulation Instructional Support Specialist of the Simulation Center is responsible for the day-to-day operation of the center along with logistics. Assist Simulation Center Director and others in the day-to-day operation and strategic development of a high fidelity medical simulation environment. This includes developing and implementing simulation as an educational modality for the College of Nursing.

Major Job Requirements:

- Perform market research to understand current practices in medical simulation training.
- Develop data collection and record keeping procedures to evaluate student learning that comply with standards for medical training.
- Perform periodic reviews of programs and write summary reports
- Provide summaries of operational expenses, class attendance, equipment usage and equipment repair as input to annual plan development.
- Support the short-, intermediate-, and long-term teaching, research, and revenue-generating goals of the Center.
- Assists Director in their absence.
- Develop relationships with medical equipment vendors to gain their support to supply goods and services in support of medical training.
- Create sign-out sheets and other record keeping methods to track inventory location and level.
- Support the development and writing of generated grants.
- Conduct tours and demonstrations of the facilities.
- Research vendors for supplies and equipment, obtain bids, and make purchasing decisions within delegated authority. Refer purchasing decisions above delegated limits to the Director.
- Operation of the simulators in development and implementation of simulated clinical events.
- Demonstrate and teach technical aspects of operating simulators to faculty members and others.
- Provide orientation of faculty to principles of simulation training and debriefing techniques, and provide faculty with related literature.

- Sets up the simulation rooms in preparation for simulation scenarios; including equipment, supplies, mannequin moulage, simulator programming, audiovisual equipment, and automatic medication dispenser.
- Provides instructional support for undergraduate students, course instructional support, curriculum facilitation that includes developing, coordinating, and designing simulation curriculum.
- Plan and implement special projects within the simulation center.
- Attend and participate in meetings related to the simulation center and implementation of evolved plans.
- Attend meetings and conferences to stay up to date with simulation best practices and benchmarking.
- Provides instructional support for undergraduate students, course instructional support, curriculum facilitation that includes developing, coordinating, and designing simulation curriculum.

**University of Kentucky
College of Nursing**

Job Posting: Simulation Lab Technician

Position type: Staff

Required education: High School Diploma

Required related experience: 1 yr

Hours per week: 40

Major Job Responsibility: Assist in planning and implementation of simulation including student interaction during simulation events.

Essential Functions: Work with different faculty groups who use the clinical simulation and learning center to support lab and simulation activities. Including but not limited to the physical set up for the simulation events and then the “recovery” or tear down and reassembling in different simulation rooms. Assist in preparing equipment carts for faculty use during lecture and in arranging classrooms (all chairs and tables are on rollers) for special events and recovery of classrooms after scheduled events.

Competencies/Skills: Communication skills, detail oriented, organized, initiative, computer skills

Percent of Time: 55

Major Job Responsibility: Provide technical support to ensure smooth operation of simulation technology

Essential Functions: Work quickly to resolve problems and they occur, maintain quality work, is flexible, makes changes as identified, and is able to work independently and collaboratively in an ever-changing environment. Provide preventive maintenance of equipment according to manufacturers' recommendations. Monitor scheduled maintenance to ensure that equipment is operational. Work with manufacturers or vendors to correct equipment deficiencies in order to minimize down time. Support development with technical knowledge of the Simulation Center capabilities and procedures to ensure that curricula are accurate and appropriate. Develop technical proficiency maintenance, support, trouble-shooting, and repair for all equipment. Act as point of contact with the equipment manufacturers for troubleshooting equipment and systems problems. Direct hardware and software updates provided by equipment and software suppliers.

Competencies/Skills: Technical, communication, organized, initiative, computer skill

Percent of Time: 40

Major Job Responsibility: General support of activities that take place in the lab

Essential Functions: Assist in support of skills lab activities such as preparing items used (ex. moulage of wounds for student practice of wound packing and dressing change).

Competencies/Skills: Communication, organization, initiative

Percent of Time: 5

Job Summary: The Simulation Lab Technician will assist in the planning and implementation of simulation activities and the technical aspects in the clinical simulation center. Work reliably to achieve organization's goals.

Preferred Education / Experience: experience with simulation technology, hardware and software technical experience, troubleshooting technology, maintenance of technology

Which of the following best describes the minimum knowledge and skill(s) required to perform this job?

Medical environment and customer service

Which of the following best describes the level of problem solving required to do this job?

Solves complex/non-routine problems. May suggest policy/procedure changes. Proactively addresses future problems.

Which of the following best describes the extent of independent action, judgment, and analytical skills required to do this job?

Routine decision making - referring unusual situations to supervisor. Analyzes information/situation per standards.

What is the job's assigned responsibility for managing key resources and/or employees?

Manages computer system. Manages single work unit/department

Appendix D

Simulation Design Template

Objectives:

Date of Simulation:

Estimated Time: Simulators Used:

Personnel:

Equipment:

Scenario:

Students should do the following:

	Findings	Correct Step	Wrong Step
Initial Frame:		Hand Hygiene Introduce self Identify pt Assess pt LOC Lungs Heart Abdomen Pain IV site Vital signs O2 sat	
Frame 1:			
Frame 2:			

Debriefing:

Key:

References:

Other:

Appendix E
Standardized Patient Case Scenario Template

Association of Standardized Patient Educators

Case Development Template

Template Development Team (listed alphabetically)

Carrie Bohnert, University of Louisville
Bob Bolyard, University of Vermont
Howard Gregory, Case Western Reserve University
Karen Lewis, The George Washington University
Robert MacAulay, University of California, San Diego
Joe Miller, University of Minnesota
Jennifer Owens, The George Washington University
Tamara Owens, Howard University

**Diagnosis/Complaint (Patient's Name)
Course/Clerkship**

**Diagnosis/Complaint (Patient's Name)
Course/Clerkship**

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This template is intended to be comprehensive in nature, but may not contain every element necessary for an activity or scenario. Conversely, not every activity or scenario will require each part of this template. SP educators may exercise their judgment when selecting which parts of this template are applicable to their activities or scenarios.

Part 1 – Administrative Details

Patient (SP) Name:

Patient's Reason for the Visit (e.g. why is the patient coming to the doctor today?):

Patient's Chief complaint:

Differential Diagnosis:

Actual Diagnosis:

Case Purpose or Goal: (e.g. formative, summative, teaching, learner practice, assessment, lecture, demonstration)

Level of the learner and discipline: (e.g. 3rd year Nursing Learner)

Learner's prerequisite knowledge and skills:

Case authors:

Date of case development:

Summary of patient story:

Learning/Case objectives:

List of learner assessment instruments used: (e.g. SP checklist, post-encounter note, quiz)

Event format: (e.g. formative, summative, small group, individual, multi-station OSCE, duration)

Demographics of patient/recruitment guidelines: (e.g. age range, gender, body type, ethnicity, other)

List of special supplies needed for encounter: (e.g. additional materials *see part 6*, moulage, props, SP attire, physical exam equipment, etc.)

Recommended SP training agenda:

SP Training materials needed: (e.g. documents, video, physical exam equipment, references, images, websites)

Instructions for additional staff: (e.g. sim tech, proctor, sim educator)

Part 2 – Door Chart/Note & Learner Instruction

Setting (place/time)

Patient Name:

Age:

Gender:

Chief Complaint:

Vital Signs: (if applicable)

Blood Pressure

Temperature

Respiratory Rate

Heart Rate

BMI

Lab Results: (if applicable)

Image Results: (if applicable)

Instructions to Learners:

- Tasks to be completed (e.g. elicit an appropriate history, conduct a focused physical exam)
- Patient encounter length (10 minutes, 20 minutes, 30 minutes, etc.)

Part 3 – Content for SPs

Presentation and Resulting Behaviors (e.g. body language, non-verbal communication, verbal characteristics)

Examples:

Affect: pleasant and cooperative

Body language: relaxed

Facial expression: relaxed

Eye contact: natural

Opening Statement

Dealing with Open-Ended Questions and Guidelines for Disclosure

- Information offered spontaneously (what the patient can disclose after an open-ended question)
- Information hidden until asked directly (what the patient should withhold until specific questioning)

--

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

Quality/Character
Onset
Duration
Location
Radiation
Intensity
Aggravating Factors (what makes it worse)
Alleviating Factors (what makes it better)
Precipitating Factors (does anything seem to bring it on)
Associated Symptoms
Significance to Patient (impact on patient's life, patient's beliefs about origin of problem, underlying concerns/fears, expectations for the visit)

Review of Systems: (e.g. pertinent positives and negatives)

--

--

Past Medical History (PMH): (consider the following)

Illnesses/Injuries
Hospitalizations
Surgical History
Screening/Preventive (if relevant)
Medications (Prescription, Over the Counter, Supplements)
Allergies (e.g. environmental, food, medication and reaction)
Gynecologic History (if relevant)

Family Medical History: (consider the following)

Family tree (e.g. health status, age, cause of death for appropriate family members)
Relevant Conditions/Chronic Diseases (management/treatment)

Social History:

Substance Use (past and present)
Drug Use (Recreational and medications prescribed to other people)

<p>Tobacco Use</p> <p>Alcohol Use</p>
<p>Home Environment</p>
<p>Social Supports</p>
<p>Occupation</p>
<p>Relationship Status</p> <p>Current sexual partners (if relevant)</p> <p>Lifetime sexual partners (if relevant)</p> <p>Safety in relationship (if relevant)</p>
<p>Leisure Activities</p>
<p>Diet</p>
<p>Exercise</p>

Physical Exam Findings: (may also include instructions on replicating findings)

--

--

Prompts and Special Instructions:

Questions the patient MUST ask/ Statements patient must make (optional)
Questions the patient will ask if given the opportunity
What should the patient expect from this visit?

Guidelines for Feedback: (e.g. logistics, content for feedback)

--

Part 4 – SP Checklist

Learner Name: _____ Date: _____ SP: _____

Grading Scale (LIKERT or Dichotomous):

Please describe the scale to be used for each item in this section (e.g. Yes/No, Done/Not Done, etc.).

Include the point values for each. (e.g. Yes = 1, No=0)

Insert checklist here:

Part 5 – Checklist Guidelines

Checklist guidelines are a description of the intent of a checklist item. Not all items on a checklist must be included; however clarification of certain items may be useful for rater/SPs.

This includes specifics of what raters/SPs should be looking for in order to receive credit for an item. Include examples of questions or approaches a student might take and the appropriate response.

Examples *(note these are institution specific, authors do not intend example criteria to serve as recommendations for a specific technique)*

History

- **#3. Learner asks about shortness of breath**

Yes

No

note to scorers: Any questions about trouble breathing, difficulty breathing or trouble catching your credit for this item.

breath would warrant

note to scorers: Questions about “lung problems” would not warrant credit for this item.

Physical

- **#7. Learner palpated the area of pain.**

DONE: The learner will place his hand OR fingertips right over the area of pain.
DONE INCORRECTLY: The student does this maneuver over gown (or other clothing).

- **#10. Learner examined neck on ONE side while patient was lying down (head of bed elevated 15-45°).**

DONE

Not Done

Done incorrectly

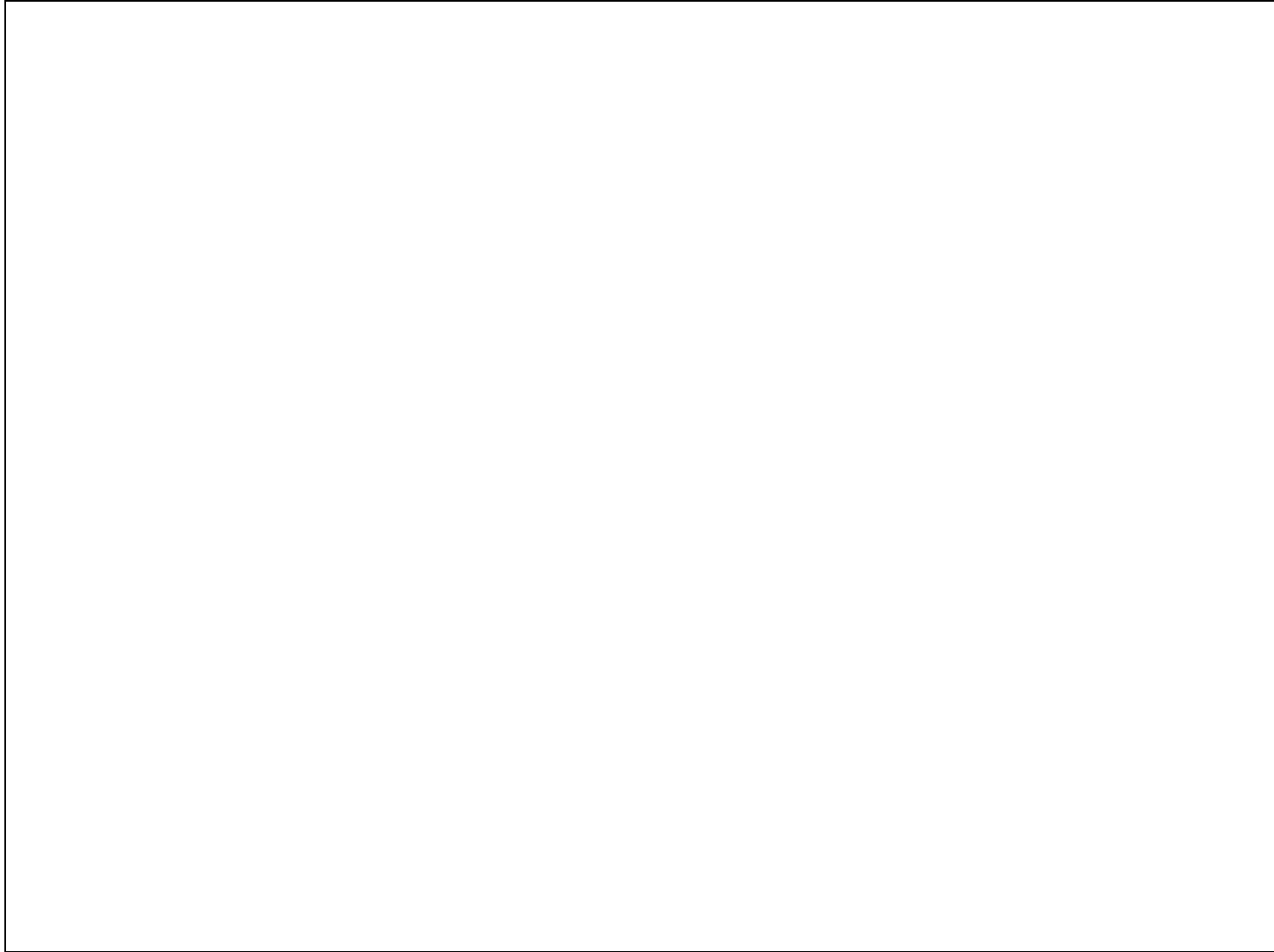
-For credit: Must be done while patient is lying down at an angle of 15-45 degrees. The learner should turn your head to one side to see if the veins in neck are distended (sticking out).

-Criteria for DONE INCORRECTLY:

- If the learner attempts this maneuver while patient is lying flat OR sitting upright.
- If the learner does not have the patient turn head.

Part 6 – Additional Learner Materials

(e.g. laboratory results/readings, images, physical exam results cards)



Part 7 – Post-Encounter Activities

Describe the type of activity the student will engage after the SP Encounter.

(Write a SOAP Note, Order Labs, Answer Multiple choice questions, etc.)

**note – debriefing may also be a post-encounter activity*

Part 8 – Note Rubric or Answer Key for Post-Encounter Activities

(Insert here – criteria that make explicit for raters how learners earn credit sections/items)

Part 9 – Briefing/Learner Orientation

Format and timing:

Session objectives: (as applicable)

Special instructions: (e.g. special equipment)

Part 10 - Debriefing

Technique to be used: (e.g. Plus-Delta, Advocacy-Inquiry, Debriefing with Good Judgment)

Discussion questions/topics:

Appendix F Simulation Facilitator Peer Review

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
------------------------	------------	--------------	---------------	---------------------------

Objectives:

Provided participants with objectives prior to the SCE

Professional Integrity:

Reinforced confidentiality of simulated patient information and scenario

Provided clear expectations of participant attitudes and behaviors for treating SCE as a clinical experience

Maintained a safe learning environment

Provided clear communication and honest feedback in an effective, respectful manner.

Fostered professionalism among participants

Pre-brief:

Provided participants necessary background information about the SCE.

Provided care-giver handoff and allowed for questions

Oriented participants to the simulation environment and simulator.

Allowed appropriate time frame for participants to plan.

Acknowledged that mistakes may happen and will be reflected upon during the debriefing.

Assigned roles with clear descriptions.

Provided time frame to complete objectives

During Scenario:

Followed simulation design template.

Observed participant performance during SCE.

Cued the participants as needed and appropriate.

Did not intervene when mistakes made..

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

Ended scenario at correct time

Debriefing:

Conducted by a facilitator that had direct observation of the SCE.

Engaged all participants.

Utilized the objectives in debriefing.

Used a theoretical basis for debriefing.

Facilitated but allowed participants to guide discussion.

Facilitated reflection on performance.

Facilitated clinical reasoning.

Summarize learning at the end of the debriefing process to close the gaps in knowledge and reasoning.

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM Outcomes and objectives. Clinical Simulation

in Nursing, 12(S), S13-S15. <http://dx.doi.org/10.1016/j.ecns.2016.09.006>.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Facilitation. Clinical Simulation in Nursing,

12(S), S16-S20. <http://dx.doi.org/10.1016/j.ecns.2016.09.007>.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Debriefing. Clinical Simulation in Nursing,

12(S), S21-S25. <http://dx.doi.org/10.1016/j.ecns.2016.09.008>.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Professional integrity. Clinical Simulation in

Nursing, 12(S), S30-S33. <http://dx.doi.org/10.1016/j.ecns.2016.09.010>.

Appendix G

CSLC Simulation Survey

Q1: Here is your chance to change this simulation. Your answers will assist in revising and improving. Thanks for your help!

Q2: Course #:

200 - Foundations

[Click here to edit choices](#)

Q3: Who led the debrief session after your simulation.



Jennifer Dent



Julia Hall



Paula Kral



Christy Hubbard



Stephanie Kehler



Samantha Eddington



Carole Haurylko



Cassie Degener



Tammy Courtney

Q18: What skill or aspect of this simulation challenged you the most?

Q4: Did you feel prepared to handle it?

- Yes
- No

Q5: In order to measure if the best practices are being used in your simulation, please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q6: Use the following rating system when assessing the educational practices:

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree or disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly agree with the statement
- NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q7: ACTIVE LEARNING

	1	2	3	4	5	× NA
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. There were enough opportunities in the simulation to find out if I clearly understand the material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

3. I learned from the comments made by the teacher before, during, or after the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I received cues during the simulation in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I had the chance to discuss the simulation objectives with my teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The instructor was able to respond to the individual needs of learners during the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Using simulation activities made my learning time more productive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8: HIGH EXPECTATIONS						
	1	2	3	4	5	× NA
9. The objectives for the simulation experience were clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My instructor communicated the goals and expectations to accomplish during the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9: In order to measure if the best simulation design elements were implemented in your simulation please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q10: Use the following rating system when assessing the educational practices:

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree or disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly agree with the statement
- NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q11: OBJECTIVES AND INFORMATION

	1	2	3	4	5	× NA
1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The cues were appropriate and geared to promote my understanding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12: SUPPORT

	1	2	3	4	5	× NA
4. Support was offered in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My need for help was recognized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt supported by the teacher's assistance during the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5	× NA
7. I was supported in the learning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13: PROBLEM SOLVING

	1	2	3	4	5	× NA
8. Independent problem-solving was facilitated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was encouraged to explore all possibilities of the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The simulation was designed for my specific level of knowledge and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14

FEEDBACK/GUIDED REFLECTION

	1	2	3	4	5	× NA
12. Feedback provided was constructive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Feedback was provided in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The simulation allowed me to analyze my own behavior and actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to

	1	2	3	4	5	× NA
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

build knowledge to another level.

Q15

This questionnaire is a series of statements about your personal attitudes about the instruction you receive during your simulation activity. Each item represents a statement about your attitude toward your satisfaction with learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your personal feelings about each statement below by marking the numbers that best describe your attitude and beliefs. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.

Q16

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree or disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly agree with the statement

Q17: SATISFACTION WITH CURRENT LEARNING

	1	2	3	4	5
1. The teaching methods used in this simulation were helpful and effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I enjoyed how my instructor taught the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The way my instructor(s) taught the simulation was suitable to the way I learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5
5. My instructors used helpful resources to teach the simulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19: What would you change about this simulation to improve it for future students?

Q20: What did you find particularly helpful or weak about the debrief discussion?

Q21: Any other comments?

Appendix H

Clinical Simulation & Learning Center Room Request Form

** If you are wanting to reserve room(s) in the CSLC please complete this form and email to consim@uky.edu. Once your requests are received they will be reviewed for conflicts. If there happen to be conflicts you will be notified about the issue. If there are no conflicts you will receive a conformation email from a member of the lab. Thank you for your cooperation! – CSLC Faculty & Staff **

Name: _____
 Course Name/Number: _____
 Semester: _____

Date(s): (Xx/xx/xx – xx/xx/xx) **Description:** (Competency, lab, etc.) **Equipment:** (Oxygenation, wound, etc.) **Room(s):** (102, 405E, 405G, 405J, 405L, 407, 407A-E, 413) **Repeat:** (Yes/no – Mon/Fri)

<u>Date(s):</u> (xx/xx/xx-xx/xx/xx)	<u>Description:</u> (Competency, lab, etc.)	<u>Equipment:</u> (Oxygenation, wound, etc.)	<u>Room(s):</u> (102, 405E, 405G, 405J, 405L, 407, 407A-E, 413)	<u>Repeat:</u> (Yes/no – Mon/Fri)

Objectives:

Notes:

Appendix I

Simulation Equipment & Environment

In the CSLC there are features such as, but not limited to, high & low fidelity manikins that are specifically designed to assist students and learners in applying skills and knowledge needed for healthcare providers. The CSLC also has simulated hospital rooms, exam rooms, and other treatment areas. These areas are designed to provide students with realistic learning activities and situations. The CSLC is 10,000 square feet with 1,700 square feet dedicated to simulation.

Information technology and audiovisual equipment such as multiple in-room cameras and microphones, editing software, and video monitoring allow facilitators to view and manage simulation software outside of the simulation room.

The CSLC has many different types of manikins which include low fidelity (task trainers), moderate fidelity, and high fidelity

High-Fidelity Simulators: 3 adult, 2 obstetric, 2 adolescent, 1 infant, 1 newborn.

Equipment: 13 motion-recorded cameras, 29 computers with access to SCM training, Pyxis Unit, Hill-Rom Nurse Call, specialized task trainer mannequins.

Replicas: adult acute care, intensive care and neonatal intensive care hospital rooms including: functional flowmeters, suction units, IV equipment, state of the art hospital beds, patient lifts, vital monitors, flat screen TVs, etc.

Appendix J

Observer Checklist

Assessment	What did the team do well?	Needs Improvement
Medication Administration		
Communication with patient		
Communication with team members		
Communication with HCP		
Interventions		
Skills		

Appendix K



University of Kentucky
College of Nursing

751 Rose Street
315 College of Nursing Building
Lexington, KY 40536-0232

Ph: 859-323-5108
Fax: 859-323-1057
www.uky.edu/nursing

Simulation Supply/Equipment Check-Out Agreement

I, _____, agree to the responsibility of the care and safe return of the following equipment. I agree to be responsible for expenses to replace the item should there be above and beyond normal wear and tear on the item. I agree that if I do not return the item by the agreed upon return date I will not be allowed to check out any items from the CSLC until the item is returned. I understand that my grades may be withheld until equipment is returned. I also understand that the CON reserves the right to recall any equipment if it is needed for teaching purposes.

Simulation supply/equipment description:

UK ID #: _____

Due date for return: _____

Actual return date: _____

(Signature)

(Date)

Printed Name: _____

Appendix L



University of Kentucky
College of Nursing
751 Rose Street
315 College of Nursing Building
Lexington, KY 40536-0232
Ph: 859-323-5108
Fax: 859-323-1057
www.uky.edu/nursing

Simulation Equipment Use Agreement

I, _____, agree to the responsibility of the care and safe handling of the following equipment during my CSLC reservation. I agree to be responsible for expenses to replace the item should there be above and beyond normal wear and tear on the item.

Simulation equipment description: _____

Visiting Area: _____

Point of Contact Name and Number: _____

(Signature)

(Date)

Printed Name: _____

Appendix M

Room Orientation

- Facilitator reads the list of general objectives for scenario (identified on simulation overview)
- Please have your own available cell phone with you on silent to be used following the debriefing to complete a scenario evaluation using an electronic link.
- The Simulation Rubric will be completed by the facilitator for each student following the debriefing. The Rubric identifies “met expectations,” “needs improvement,” or “unsatisfactory.” The points have no value. An unsatisfactory refers to unprofessional behavior, such as not being prompt in attendance, absence without prior notification, and inappropriate clinical dress code. It is your responsibility to review the simulation rubric with your clinical instructor to ensure that you have assistance in meeting any areas of identified need.
- Nurse Call phone will be in the room and you may or may not need to telephone the HCP for this scenario. An SBAR tool has been provided for your use if you choose to use it.
- Do not panic if you cannot reach the HCP on the phone the first time. He/she is probably on the phone with someone else. Try again in a few minutes.
- On the board in the room you will find the HCP name and phone number, along with Central Supply.
- The medication cart has most of the supplies to care for your patient. Your patient has a medication drawer and the drawers down the right side have needles, syringes, alcohol wipes, IV tubing, etc. The two bottom drawers have extra IVF and oxygen supplies. There is a pharmacy “in box” to check in case a medication is not in your patient’s med drawer or it is ordered by the HCP during the simulation. Please remember not to give the patient medications that will go into the ears, eyes, nose, mouth, or rectum unless indicated by the facilitator. Our “patients” do not tolerate those types of medication administration.
- Your patient’s chart is located on the top of the med cart. Inside the chart will have useful information to care for your patient such as HCP orders, med sheets, labs, H&P, protocols/policies, etc. and as applicable Skills Performance Checklists.
- The documenter may document significant findings and interventions on the paper provided.
- Please use the small white trash can for your waste disposal as we try to recycle in the simulation lab. Anything sharp including blunt tips should be disposed of in the sharps’ receptacle.
- Lexicomp is available for you on the computer in the hallway to look up medications, compatibilities, dilution concentrations, etc. Drug books are also available on the med cart.
- You have working oxygen and suction available to care for your patient if needed.
- When the scenario begins, your patient will interact with you. You will be able to assess heart tones, bowel sounds, breath sounds, and pedal pulses. There are carotid pulses

bilaterally, left brachial and radial pulses, as well as bilateral femoral pulse you may assess. If this scenario calls for an injection, there are injection pads in the right shoulder, left shoulder, and left thigh.

- During your assessment, if you are unsure about something that is difficult for the patient to simulate such as skin turgor, pupillary response, etc. just ask, and you will be provided that information.
- Please provide the assessment of the patient as you would in your clinical setting.
- Is everyone familiar with how the bed work? If not, explain.
- Once the simulation begins, the monitor will show you real time vital signs as the scenario progresses. However, you must press the “start/stop” button for a current BP reading.
- The digital clock in the room will indicate the time progression during the simulation scenario.
- If your patient has an IV line, there is a drain bag on the bed or floor to collect fluid. Do not touch the drain bag. This is part of the magic of simulation.
- Wash cloths, towels, and wash basin are provided for you in the bedside table.
- Assignment of roles.....
- Any questions? You have the information to be successful in this scenario...you will not fail. Work together as a team, have fun, and learn a lot ♦
- **Undergraduate Simulation Roles**
- **Leader** – Provide direction and guidance to team members along with assistance for fulfillment of team roles. Helps form a strategic plan to provide efficient/effective care for the patient. If indicated, responsible for communicating with HCP utilizing SBAR format.
- **Medication Administration** – Dispense medications to patient in a timely manner following 6 rights and communicate administration to leader/team.
- **Skills** – Perform any skills needed for the patient as associated with simulation scenario, such as Incentive Spirometer, suctioning, dressing changes, application of oxygen by different methods, fingerstick for blood glucose monitoring, etc.
- **Assessment** – Perform complete physical assessment of the patient, including initial basic with focused assessments as indicated. Reassess patient following interventions. Communicate assessment results to leader/team.
- **Documentation** – Document information as communicated by team including assessment (subjective/objective data) and interventions performed in an organized manner.
- **Observers** – Observe/document on provided form, team performance during simulation scenario identifying what the team did well and areas of needed improvement. Communicate observations to team during debriefing.

Appendix N



University of Kentucky
College of Nursing

751 Rose Street
315 College of Nursing Building
Lexington, KY 40536-0232

Ph: 859-323-5108
Fax: 859-323-1057
www.uky.edu/nursing

Clinical Simulation and Learning Center

Confidentiality Agreement and Consent to Video

As a participant or observer in simulated clinical experiences I understand and agree that information regarding simulated patients is to be treated as actual patients' information in the clinical setting. Therefore, I will adhere to the Health Insurance Portability and Accountability Act (HIPPA). I will also report any violations of confidentiality to my simulation facilitator or course faculty. I understand that this is a learning environment and that disclosure of confidential information is a breach in the professional nurse code of conduct and it impacts the learning of future students.

_____ I agree to maintain strict confidentiality about details of the scenarios, participants, and performance of any participant.

_____ I authorize the use of video to record my performance during simulated clinical experiences.

_____ I authorize the UK CON faculty and/or staff to use the video recordings for faculty review, public relations, advertisement, promotional, and/or fundraising activities.

Signature

Date

Printed Name

Appendix O

First Aid Friday (FAF) Referral Form

Date:

Student Name:

Instructor/Person Referring:

TO BE COMPLETED BY PERSON MAKING REFERRAL (CLINICAL INSTRUCTOR)

This student needs to attend FAF this coming Friday to practice. Psychomotor Skills

Background Information: (What led to referral; what behavior was exhibited that warrants this referral)

Referral from NUR 301 clinical instructor and course coordinator Jennifer Cowley

Specify exactly “what” the student should do during FAF:

Review and practice physical assessment and psychomotor skills

Specify preference for tutor/FAF evaluator:

Peer Tutor (nursing student) _____

Teaching Assistant/TA (current RN in grad school) _____

Either Peer Tutor “or” TA _____

(Note: Skills return demonstration or “check-off” should be performed by TA.)

TO BE COMPLETED BY PERSON WHO WORKS WITH STUDENT IN FAF

Date:

Instructor Who Worked With Student:

Comments about FAF performance:

The student will return this completed form to the clinical instructor the following week. If not adequately completed, the student may be given an unsatisfactory clinical performance that week.

Appendix P

Needs Improvement Referral Form

Date:

Student Name:

Instructor/Person Referring:

TO BE COMPLETED BY PERSON MAKING REFERRAL

Background Information: (What led to referral; what behavior was exhibited that warrants this referral)

Referral from NUR 301 clinical instructor and course coordinator Jennifer Cowley

Specify exactly “what” the student should do during remediation:

Review and practice physical assessment and psychomotor skills

TO BE COMPLETED BY PERSON FACILITATING REMEDIATION

Date:

Instructor Who Worked With Student:

Comments about performance:

Appendix Q

Undergraduate Simulation Rubric

Student: Role: Evaluator:	Integrates knowledge, skills, and values from the arts and sciences to provide humanistic, safe, quality care.	Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.	Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.	Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe and effective care.	Demonstrates leadership, responsibility and accountability in addressing health care issues.	Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes	Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.	Demonstrates the professional standards of moral, ethical, and legal conduct.	Understands the scope of generalist nursing practice and applies its principles in clinical practice.	Simulation Objectives: Teamwork Prioritization Standard Precautions Communication Professionalism Safety
Meets Expectations										
Needs Improvement										
Unsatisfactory										
N/A										

Example Evaluative Criteria
211 Elimination Simulation

Objectives: (Scenario specific)

- A. Identify indications for urinary catheterization based on assessment findings.
 - 1. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.
 - a. Developmentally appropriate assessments including:
 - i. GU assessment
 - ii. Recognize need for bladder scan
 - iii. Interpret results of bladder scanner
 - b. Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe and effective care.
 - i. Uses bladder scanner
 - c. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
 - i. Inserts in and out cath based on HCP written order
- B. Demonstrate the procedure for inserting a straight urinary catheter.
 - 1. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury, promote, maintain and restore client health, or support clients toward a peaceful death.
 - a. Follows correct steps to insert an in and out cath
 - b. Reflect on importance of sterility
- C. Document an appropriate narrative note detailing the catheterization procedure
 - 1. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
 - a. Includes all pertinent data
- D. Demonstrate correct administration of a rectal suppository
 - 1. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury, promote, maintain and restore client health, or support clients toward a peaceful death
 - a. Follows correct steps in administration of a rectal suppository

Objectives: (Simulation)

- A. Teamwork
 - 1. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
- B. Prioritization
 - 1. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system
- C. Standard Precautions
 - 1. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death

D. Communication

1. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes

E. Professionalism

1. Demonstrates the professional standards of moral, ethical, and legal conduct.

F. Safety

1. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.

Appendix R



Nursing Student Incident Report

Date/time of incident _

Student name _

Course number and title in which incident occurred _____

Exact location of incident _____

Nature of incident _____

Action taken and by whom _____

Medical attention given, if needed _____

Signature of person making report _____ Date submitted _____

NOTE: Course coordinator to keep one copy and send one copy to Assistant Dean for of Student Affairs.
Approved by Coordinating Council 1/10/11; revision approved by Dean's Council 3/19/18

Appendix S

University of Kentucky – College of Nursing Scenario Development and Implementation Tracking Form

Scenario Name/Number	
Needs Assessment Completed	<p>Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores.</p> <p>Informal: Reports from clinical faculty regarding new grads, upper level undergrads instructor's comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage.</p>
Intended Group of Staff (Department) or Course	
Draft Author	
Faculty Content Expert	
Date Developed	
Date Approved by Department/Curriculum Committee	

Baily, K. (2019). Healthcare simulation Scenario development checklist w/ downloadable form. Retrieved from <https://www.healthysimulation.com/>

**University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form**

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	F/ST		
Draft to faculty for review	ST		
Draft to Pharmacy if appropriate	ST		
Faculty/Pharmacy review completed	F		
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/ST		
Simulation methodology. Include manikin type	F/ST		
Case Summary	F		
Learner Roles specified. Confederate Role with script	F		
MD orders/Labs/Other data	F		
Specialized equipment needed e.g. crash cart.	F/ST		
Staging Bin completed	ST		
Arm band	ST		
Allergy band	ST		
Labels	ST		
Medications	ST		
IV's	ST		
EHR completed	ST		
Patient care supplies available	ST		
Props available	ST		
Validation/Trial run	ST		
Prebriefing requirement	F		
Debriefing Guidelines	F		
Pilot Run	ST		
Faculty Expert viewed Name:	F		
Approved for implementation in care facility or for addition to curriculum	CC		
Added to schedule	ST/F		
Scenario evaluation/survey.	F		

Baily, K. (2019). Healthcare simulation Scenario development checklist w/ downloadable form. Retrieved from <https://www.healthysimulation.com/>