UPSTATE
MEDICAL UNIVERSITY

UPSTATE MEDICAL UNIVERSITY SIMULATION CENTER

Policies and Procedures Manual

Updated February 2020

Author Acknowledgements

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INTRODUCTION

Purpose

The Upstate Medical University Simulation Center ("Center") is a state-of-the-art simulation center located within Upstate Medical University. The Center supports a variety of instructional methodologies to support professional development and interprofessional education. Among the educational strategies used are the following:

- Simulation using computerized manikins
- Role-playing
- Faculty-assisted instruction
- Procedural task trainers to develop hands on skills
- Standardized patients (trained actors)
- Debriefing

Using learning objectives as a guide, participants and course instructors implement methods to improve patient assessment, communication, psychomotor and cognitive skills within a safe environment. Replicating the essential aspects of a clinical situation allows a participant to more readily understand and apply these skills when in a clinical setting. Using an appropriate blend of low and high-fidelity simulations, the Center is able to mimic what the participants may encounter in the clinical setting.

Key concepts in this learning environment include the following: patient safety, communication, interdisciplinary collaboration, teamwork, cultural competence, informatics and evidence-based practice. The Center works with course instructors to ensure components of these concepts are embedded throughout the instructors' simulation curriculum.

In addition to the course objectives for simulated learning events, rich learning environments support the following goals for participants:

- Improve performance
- Improve critical thinking
- Increase confidence
- Increase opportunities for active learning
- Increase competence
- Increase critical analysis of performance
- Increase resiliency

Mission, Vision, Values

Mission Statement

The mission of the Upstate Medical University Simulation Center is to promote excellence in patient care by providing interactive educational experiences that support the growth and development of learners along the continuum of training and professional practice.

Vision Statement

The Upstate Medical University Simulation Center will provide a transformational educational platform that contributes to a safer and more collaborative health care culture.

We believe that experiential learning supports success in the modern healthcare system. Providing a rigorous educational framework supported by outstanding customer service will advance the transformational skills necessary to support patients and their families. Excellence in our operations will further support excellence in learning and patient care outcomes.

We deliver great customer service by…

- Consistently delivering high quality experiences
- Partnering with our users to ensure successful outcomes
- Utilizing feedback and data to improve our services

We foster safety by…

- Recognizing that trust is the foundation for a psychologically safe environment
- Creating a space where mistakes are recognized as opportunities for improvement
- Establishing policies and procedures for the physical and psychological safety of our learners

We improve quality by…

- Maintaining a growth mindset through reflective practice
- Using evidence-based methodology to measure performance and assess outcomes against benchmarked standards
- Continually critiquing and reimagining our processes

We demonstrate the value of teamwork by…

- Respecting every individual for their contributions
- Empowering different professions to learn from, with, and about each other
- Modeling a culture of collaboration

General Information

This Policy and Procedure Manual is not a substitute for other policies and regulations at Upstate Medical University and Hospital. Rather, it complements Upstate policies and provides Center-specific guidelines for staff and participants. Additionally, the Center follows the established Healthcare Simulationist Code of Ethics (SSH-Resources:Code-of-Ethics).

All users of the Center – from participants to instructors – should familiarize themselves with the policies and procedures in this manual. It is the Center's expectation that this document will be shared with all participants by course instructors prior to using the facility. A hard copy is available in the center at the Administration desk.

Contact Information

Address: Upstate Medical University Simulation Center
Weiskotten Hall
766 Irving Ave
Syracuse, NY 13210
Telephone: 315-464-3848
E-mail: upstatesimulation@upstate.edu
Website: http://www.upstate.edu/academic-affairs/sim-center/

Business Hours and Location

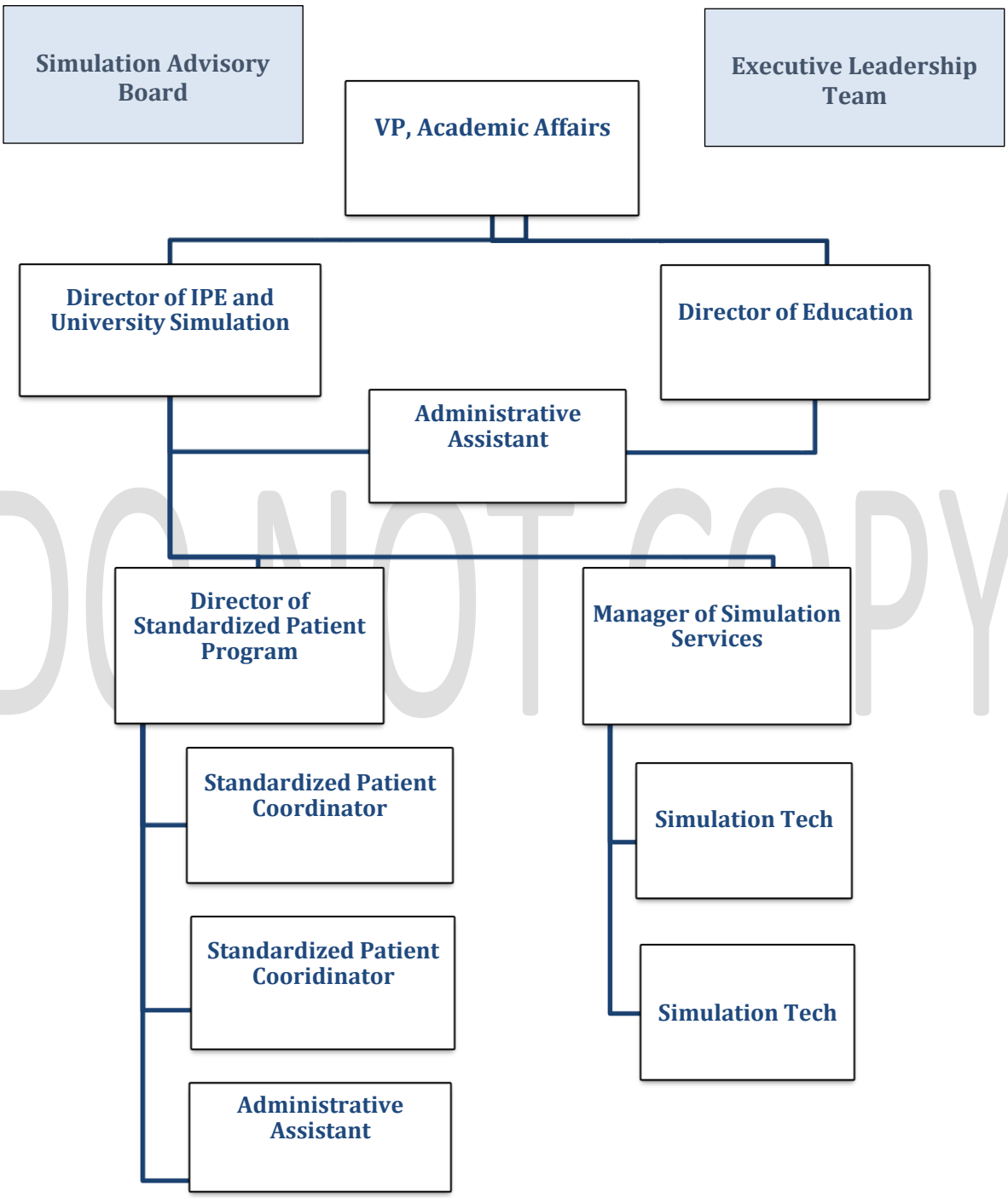
The Center is located in the basement of Weiskotten Hall Library. Proceed to the entrance of the main library and turn left, following the stairs down to the Center. Badge access is required. Elevator access is also available.

The Center operates 9:00 am to 5:00 pm Monday through Friday. Access during off hours and weekends requires prior approval from Center staff.

Parking

Upstate Medical University offers daily public parking. Please note the Center does not validate parking. For parking rates and locations please visit http://www.upstate.edu/parking/

Governance Structure and Organizational Chart



Executive Leadership Team - The Center is sponsored by the Executive Leadership Team which includes the Deans from each of the four colleges, a Hospital Quality representative/Upstate Medical University Chief Medical Officer, UMAS Representative, VP of Academic Affairs, and community representation. The Executive Leadership Team meets with the Simulation Leadership team on a bi-annual basis to approve strategic plans, and to secure and align resources in support of the strategic plans.

Simulation Advisory Board – The Center is guided by the Simulation Advisory Board which includes (but is not limited to) members from key clinical departments such as Surgery, Anesthesia, OB/GYN and Emergency Medicine, and representatives from Academic Affairs as well as the Colleges of Medicine, Nursing, and Health Professions. The Simulation Advisory Board meets with the Simulation Leadership Team on a quarterly basis to co-create strategic plans as well as to provide subject matter expertise and provide performance feedback against plans.

Simulation Leadership Team – This team includes the Director of Interprofessional Education and University Simulation, the Director of Education, the Director of Standardized Patient Program, and the Manager of Simulation Services.

Director of Interprofessional Education and University Simulation – Ensures that the Center's operations are aligned with the mission and educational objectives of Upstate Medical University. The Director supports the needs of the faculty and learners. In coordination with the Director of Education, works to co-develop the strategic plan and budget and oversees its implementation. The incumbent forges partnerships within and external to Upstate Medical University to increase utilization and ensures all simulation curricula are aimed at improving patient safety across the continuum of practice.

Director of Education – Provides leadership and support to Faculty, Simulation Educators, and other parties in the development and implementation of simulation-based education. Sets direction and support for simulation-based research activities conducted at Upstate Medical University Simulation Center. Oversees processes examining the impact of simulation on quality improvement initiatives and overall patient outcomes.

Director of Standardized Patient Program – Oversees and ensures the successful operation of all SP programs at Upstate Medical University. This includes program and budget development, implementation, evaluation, and staffing.

Manager of Simulation Services – Oversees the day-to-day activities of the Center such as the schedule, staff, learners, and equipment. Co-develops the strategic plan and budget and oversees its implementation in coordination with the Director of IPE and University Simulation.

Use of Space

It is the policy of the Center to ensure the use of the space prioritizes learning activities aligned with the Center's mission.

The main lobby ('Learner Landing') is a space for participants to gather before their session begins. It should not to be used as a lounge or study area for non-participants.

For the benefit of the educational environment as well as the study space in the library above, please keep noise in Learner Landing to a minimum.

Portable Training Monitors

The large portable training monitors are available upon request for priming of a simulation event such as in the simulated operating room, task training videos, and tele-simulation events. These monitors should not be removed from the Center.

Computers

Computers in control rooms and those used for specific task trainers are there to help facilitate operation and coordination of simulation sessions. No computer, laptop, or tablet should be used for personal or business use. If a learner or instructor needs a computer for immediate patient related Upstate use, they should let a Center staff member know and accommodations can be made.

Study Space

The Center, including Learner Landing, is only for simulation related activities. There are no student study areas.

Terminology

Below is a list of common terms and words used in medical simulation, adapted from the Healthcare Simulation Dictionary. The complete dictionary can be found on the Society for Simulation in HealthCare's webpage:
https://www.ssih.org/Dictionary

Confederate:
An individual who is scripted in a simulation to provide realism. During the course of the clinical scenario, individual(s) could aid in locating and/or troubleshooting equipment, provide support for participants in the form of 'help available', e.g. 'nurse in charge', and/or to provide information about the manikin that is not available in other ways, e.g., temperature, color change, and/or to provide additional realism by playing the role of a relative or a staff member (ASSH).

See also: *Embedded Participant, Standardized Patient, Simulated Person*

Course Instructor (Facilitator):
An individual who is involved in the implementation and/or delivery of simulation activities. For example, faculty, educators, etc.

An individual that helps to bring about an outcome (such as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision; for example: The debriefing course instructor kept the discussion flowing smoothly.

Debrief (Debriefing):
A formal, collaborative, reflective process within the simulation learning activity. To explore with participants their emotions and to question, reflect, and provide feedback to one another (i.e., *guided reflection*).

To conduct a session after a simulation event where educators/instructors/facilitators and learners re-examine the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations (Johnson-Russell & Bailey, 2010; National League for Nursing - Simulation Innovation Resource Center, 2013); debriefing should foster the development of clinical judgment and critical thinking skills (Johnson-Russell & Bailey, 2010).

Debriefer:
A person who leads participants through the debriefing session and is knowledgeable and skilled in performing appropriate, structured, and psychologically safe debriefing sessions (Fanning & Gaba, 2007). Debriefing by competent instructors and subject matter experts is considered important to maximize the opportunities arising from simulation (Raemer et al, 2011). The Debriefer may be the Course Instructor or another staff member trained in debriefing.

Deliberate Practice:
A theory of general psychology that states the differences between expert performers and normal adults reflect a life-long period of deliberate effort to improve performance in a specific domain. (Ericsson, K. A).
A systematically designed activity that has been created specifically to improve an individual's performance in a given domain (Ericsson, K. A., R. Th. Krampe, R.Th. and Tesch-Römer, C, 1993).

Embedded Participant:
An individual who is trained or scripted to play a role in a simulation encounter in order to guide the scenario, and may be known or unknown to the participants;

guidance may be positive or negative, or a distractor based on the objectives, level of the participants, and the needs of the scenario.

See also: *Confederate, Standardized Patient, Simulated Person*

Environmental Fidelity:

The degree to which the simulated environment (manikin, room, tools, equipment, moulage, and sensory props) replicates reality and appearance of the real environment.

Feedback:

Information transferred between participants, facilitator, simulator, or peer with the intention of improving the understanding of concepts or aspects of performance (INACSL, 2013). Feedback can be delivered by an instructor, a machine, a computer, a patient (or a simulated person), or by other learners as long as it is part of the learning process. Feedback should be constructive, address specific aspects of the learner's performance, and be focused on the learning objectives (SSH).

Fiction Contract:

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

The degree of engagement that healthcare trainees are willing to give the simulated event; also known as the "suspension of disbelief," it is a literary and theatrical concept that encourages participants to put aside their disbelief and accept the simulated exercise as being real for the duration of the scenario.

Fidelity:

The level of realism associated with a particular simulation activity. It is not constrained to a certain type of simulation modality, and higher levels of fidelity are not required for a simulation to be successful.

Fidelity can involve a variety of dimensions such as:

- physical factors such as environment, equipment, and related tools
- psychological factors such as emotions, beliefs, and self-awareness of participants
- social factors such as participant and instructor motivation and goals;
- culture of the group
- degree of openness and trust, as well as participants' modes of thinking (INACSL, 2013).

See also: *High-Fidelity Simulation, Immersion, Low-Fidelity Simulation*

Frame(s):
The perspectives through which individuals interpret new information and experiences for the purpose of decision-making; frames are formed through previous experiences and can be based on knowledge, thoughts, feelings, actions (speech/body language), attitudes (verbal/non-verbal), and perceptions (adapted from Rudolph, J.W. et al.).

Healthcare Simulation:
A technique that creates a situation or environment to allow persons to experience a representation of a real healthcare event for practice, learning, evaluation, testing, or to gain understanding of systems or human actions (SSH).

High-Fidelity Simulation:
In healthcare simulation, high-fidelity refers to simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner (INACSL, 2013); Can apply to any mode or method of simulation; for example: human, manikin, task trainer, or virtual reality.

See also: *Fidelity, Low-Fidelity*

Immersion: Describes the level to which the learner becomes involved in the simulation; a high degree of immersion indicates that the learner is treating the simulation as if it was a real-life (or very close to real-life) event (SSH).

See also*: Fiction Contract, Fidelity*

Immersive Simulation: A real-life situation that deeply involves the participants' senses, emotions, thinking, and behavior; creating an immersive simulation depends on the alignment with learning objectives, the fidelity of the simulation (physical, conceptual and emotional), and participant´s perception of realism.

A simulation session influenced by participants' characteristics, experiences, level of training, and preparation for the case or task. The perceived physical, conceptual and emotional fidelity, the appropriate level of challenge, and the simulators and actors can all effect the simulation experience (Hamstra et al, 2014; Rudolph et al, 2007*).*

See also: *Fidelity, Immersion*

In Situ/In Situ Simulation:
Taking place in the actual patient care setting/environment in an effort to achieve a high level of fidelity and realism; this training is particularly suitable for difficult work environments, due to space constraints or noise. For example, an ambulance, a

small aircraft, a dentist's chair, a catheterization lab (Kyle & Murray, 2008). This training is valuable to assess, troubleshoot, or develop new system processes.

Interprofessional:
Collaborating as a team with a shared purpose, goal, and mutual respect to deliver safe, quality health care (World Health Organization (WHO), 2010).

Interprofessional Education /Training/Learning (IPE):
An educational environment where students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (Interprofessional Education and Collaborative Expert Panel, WHO 2011).

Low-Fidelity Simulation:
Not needing to be controlled or programmed externally for the learner to participate (Palaganas, Maxworthy, Epps, & Mancini, 2015); examples include case studies, role playing, or task trainers used to support students or professionals in learning a clinical situation or practice (Adapted from NLN-SIRC, 2013).

See also: *Fidelity, High-Fidelity*

Manikin vs. Mannequin:
A manikin is a life-sized human like simulator representing a patient for healthcare simulation and education, where a mannequin is a model to display clothing.

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

Participant (Learner):
In healthcare simulation, a person who engages in a simulation activity for the purpose of gaining or demonstrating mastery of knowledge, skills, and/or attitudes of professional practice (INACSL, 2013).

Prebrief (Prebriefing):
An activity immediately preceding the start of a simulation activity. The purpose of the prebriefing is to set the stage for a scenario, and assist participants in achieving scenario objectives.

Prebriefing can include orientation to equipment, environment, manikin, roles, time allotment, objectives, and patient situation. Essential information about the simulation scenario such as background information, vital signs, instructions, or guidelines can be given.

For example, at the start of the simulation scenario, participants receive a notification from ambulance personnel regarding a patient being transported to their facility with a gunshot wound. (Alinier, 2011; Husebo et al., 2012).

See also: *Debrief*

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

The perception of members of the team that the team is safe for risk taking, and mistakes will be considered learning opportunities rather than there being embarrassment or punitive consequences (Edmondson, 1999; Higgins et al, 2012). See also: Safe Learning Environment

Safe Learning Environment:
A learning environment of mutual respect, support, and respectful communication among leaders and learners; open communication and mutual respect for thought and action encouraged and practiced. See also: Psychology Safety

Shared Mental Model:
A means of describing that each participant in a simulation has a shared understanding of the purpose and process of the simulation activity and participant's roles.

A framework whereby an individual team member develops a perception of the situation, it is shared, allowing the team to reflect on the information and revise their situational awareness and their own mental model based on new information; for example, sharing can be done by vocalizing observations, calling out information, using a structured time-out to communicate new information and thinking out loud to allow others to relate and appreciate the associations, assessments, and plans. Shared mental models facilitate collaboration, and are crucial when team communication in a situation is difficult (due to time pressure, etc.).

Simulation:
An educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba Future Vision Qual Saf Health Care 2004).

Simulated Person:
A person who portrays a patient (simulated patient), family member, or healthcare provider in order to meet the objectives of the simulation; a simulated person may also be referred to as a standardized patient/family/healthcare provider if they have been formally trained to perform in the simulated person role in order to simulate a set of symptoms or problems used for healthcare education, evaluation,

and research. Simulated persons often engage in assessment by providing feedback to the learner (Palaganas, J.C. (2012) Annex A).

A standardized patient is one form of a simulated person. At times, a standardized person is used in a scenario to simulate someone besides the patient.

See also: *Confederate, Embedded Participant, Standardized Patient*

Situational Awareness (SA):

Situation awareness (SA) is the perception of environmental elements within time and space, and a perception of their meaning; it involves being aware of what is happening around you to understand how information, events, and your own actions impact the outcomes and objectives.

Standardized Patient (SP):

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

SPs can be used for teaching and assessment of learners including but not limited to history/consultation, physical examination, and other clinical skills in simulated clinical environments (ASPE). SPs can also be used to give feedback and evaluate learner performance (ASPE).

An individual who is trained to portray a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research (SSH).

More commonly used in the USA and Canada in large part because SPs participate in high stakes assessments in which SP responses to the learner were standardized; in recent years as SPs have been included in more formative teaching scenarios, its meaning has become interchangeable with the term simulated patient.

See also: *Confederate, Simulated Person*

Standardized Patient Simulation:

A modality used for the purpose of practice, learning, assessment, or to gain an understanding of systems or human actions in which standardized (or simulated) patients play a central role.

REPORTING PROBLEMS/CONCERNS

Incident Reporting

Equipment

Malfunctioning equipment should be reported immediately to a simulation staff member who will attempt to resolve the issue. If the issue cannot be resolved, a room change or replacement of equipment will occur whenever possible.

Complaint Process

Complaints and suggestions may be provided via email and session evaluations. If a complaint requires an immediate response, either to help with resolution or guidance, it is the Center's policy to follow the complaint resolution chain of command noted below.

At any point, concerns can be escalated to any member of the Simulation Leadership Team.

Complaint Resolution Chain of Command

Participant/Center User

↓

Course Instructor

↓

Center Staff
(Manager of Simulation Services, Simulation Technicians, Administrative Assistant)

↙ ↘

Director of Education **Director of IPE and Simulation**

↓

Vice President of Academic Affairs

ASSESSMENT AND QUALITY IMPROVEMENT

Processes

The Simulation Leadership team strives to continuously improve outcomes. Improvement processes and evaluations aim to improve course delivery, simulation course instructors' capabilities, and learner outcomes.

Curriculum and program documents will be reviewed by the Simulation Leadership team to ensure all required information is present, meets the needs of the participants, and can fulfill the objectives of the activity. Use of the simulation center constitutes your acceptance of these assessments and quality improvement processes.

Instructor Development

Debriefing the Debriefer(s):

Debriefing is a conversation among two or more people to review a simulated event or activity in which participants explore, analyze, and synthesize their actions and thought processes, emotional states and other information to improve performance in real situations. High participant engagement is a hallmark of strong debriefings, because it leads to deeper levels of learning and increases the likelihood of transfer to the clinical setting.

In order to improve the debriefing skills of our faculty, the preferred practice after each simulation event will be to debrief the Debriefer(s). Largely, this will be an informal conversation about what went well with the educational session, what could have gone better, and why. During these interactions, a mentor (experienced Debriefer) will be available to give feedback on choices made by the course instructor during the debriefing. This is an opportunity to explore the frames (beliefs, knowledge, assumptions, and feelings) of the Debriefer/Instructor in order to understand why certain directions were taken in the debriefing.

Use of DASH (Debriefing Assessment for Simulation in Healthcare)

Simulation Leadership will periodically audit simulation sessions in order to provide feedback to course instructors. These audits ensure that courses are meeting the objectives described and instructors have means to increase the effectiveness of their practice and healthcare simulation. During these evaluations the Debriefing Assessment for Simulation in Healthcare (DASH)© will be used. See Appendix B

The (DASH©) is designed to assist in evaluating and developing debriefing skills. The DASH© evaluates strategies and techniques used to conduct debriefings by examining concrete behaviors. It is based on evidence and theory about how people learn and change in experiential contexts. The DASH© is designed to allow assessment of debriefings from a wide variety of disciplines and courses, varying numbers of participants, a wide range of educational objectives, and various physical and time constraints.

The DASH© is based on extensive literature review as well as the best debriefing practices derived from an expert panel. The DASH© was contrived at the Center for Medical Simulation, Boston, MA.

The evidence of the DASH© form will be kept with the instructor. The simulation center will only keep statistical information for trending and/or to re-evaluate the center's teaching methodologies, and not the results of individual evaluations.

Survey Data and Attendance

In order to continually evaluate operations, surveys will be sent out after most programs. Data collected from simulations is kept on a secure network and only accessible by Simulation Center Leadership Team. De-identified data may be shared with course instructors, department chairs, and/or curriculum committees as appropriate to help improve course material and debriefing styles.

Data collection is used to:

- Identify gaps in Participant group transfer of knowledge into actions
- Identify what type of gaps are most prevalent; cognitive, technical or behavioral
- Realign curriculum and clinical experiences to address the gaps
- Track closure of gaps

Data collection is not used to:

- Test individual participants
- Test individual participant groups

Participant attendance will be tracked. This information is critical for successful management of program requests and process improvement

Formative vs Summative Assessment

Maintaining a safe learning environment is vital to our mission, therefore it is expected that instructors will inform the simulation staff and learners before the

educational session as to whether the session will be formative or summative. The simulation staff should also be informed if assessment data will be collected, how it will be used, and how it will be recorded in the learner's record.

It is important that learners have absolute clarity on how, and if, their performance will be evaluated. Uncertainty regarding the purpose of the assessment erodes the tenets of a safe learning environment. In general, most simulation experiences are formative.

Formative Assessments

- Are learner centered
- Provide feedback to learners with respect to a specific learning objective
- The main goal is to promote further learning by helping learners remediate deficits and leverage assets

Summative assessments

- Achievement centered
- Graded
- Are evaluations that assess whether the learner/participant has achieved expected milestones
- At times these types of assessments determine if learners/participants advance at the end of a course or program

RESPONSIBILITIES

Course Instructors

All course instructors are expected to review the Center policy and procedure manual. Instructors will meet with a Simulation Leadership team member in order to address expectations for simulation design and debriefing. Training courses and resources will be available for ongoing instructor development.

A Center Leadership team member can help guide Course Instructors with scenario development and can provide feedback to Course Instructors to help with ongoing development.
Center staff will orient and train instructors on use of task trainers and simulators when appropriate.

Participants

Rules for Use

1. All users must sign-in before the start of each session.
2. All equipment and materials in the Center must be used solely for their intended purpose, and may not, for any reason, leave the center without prior authorization.
3. It is the responsibility of all users, including Course Instructors, to be trained on tasks, procedures, and/or simulators by an appropriate simulation staff member prior to use in the center. We strongly recommend that course instructors arrive 15 minutes before any task training session to re-familiarize themselves with the equipment
4. No animal or human biological products are permitted.
5. All food and beverages are prohibited, please review the Center's Food and Beverage policy.
6. All workspaces should be cleaned as instructed prior to leaving the Center.
7. Participants are expected to wear appropriate protective attire for their role, department, and organization, as specified by the instructor, including gowns, masks, gloves and other personal protective equipment.

Cell Phone Usage

While participating in simulation sessions, all cellphones should be placed on vibrate, with the exception of emergency situations. If a learner needs to take an emergency call, it is expected that they will take the call outside of the Center so as not to disturb the learning environment.

Some Center systems run wirelessly and cell signals can interfere with wireless connections to the manikins. When in the simulated patient room with manikins, cell phones should be kept outside the room. If a phone is needed to look up relevant clinical information, please stay at door away from manikins.

Specific concerns with this policy (ex. On call) should be raised during the pre-briefing.

At no time should cell phones/computers/tablets be used to record video or photography without consent from Center Leadership.

Check-In Process

Upon arrival at the Center all users (faculty, participants, visitors, vendors) must check-in on the center's scheduling management system. This process will be further defined upon arrival.

Attendance verification is mandatory regardless of whether the simulation experience is required or optional.

Once checked in, the participant will be asked to fill out any necessary forms required (ex. confidentiality form) if they haven't already.

Late Arrivals

Attendance is the responsibility of course instructors. For safety reasons, if a learner arrives after the pre-briefing and orientation to their session, that learner cannot be an active participant in the session. The pre-briefing and orientation address safety concerns, rules in the environment, and give out relevant session information. Having a learner participate after missing this information can lead to potential safety issues and is disruptive to the learning environment.

Food and Drink

In order to prevent accidental damage to equipment and supplies, food or drinks are prohibited in the Center, with the exception of the simulation main lobby (Learner Landing). While small snacks are allowed during simulation breaks, all meals should be consumed outside of the Center.

The center policy prohibits food or drinks in the simulation, debriefing, and skills areas (except for Learner Landing). This includes liquids in spill proof containers.

Exceptions to this policy are:

- Faculty and staff helping with sessions may have covered beverages in control rooms only. These covered beverages must be placed away from any technical and computer equipment.

- Individuals with identified medical conditions should discuss this with the course instructor of the program they are attending.

- Simulation personnel working throughout the centers during setups and tear downs are expected to keep their drinks in a spill proof container. Simulation personnel are discouraged from having drinks on-hand while working with customers in the Center.

- If a group/organization/department has a session where food is brought in to learner landing, it is the responsibility of the group to clean up food stuff and area. Large items such as catering boxes must be disposed of outside of the center or by group directly contacting and working with facilities.

Please note that excessive cleaning needs caused by any group will incur charges.

CODE OF CONDUCT/CONFIDENTIALITY

Code of Conduct

Please review policy number: UW C-02 in the Upstate Code of Conduct found in the University wide policy manuals online.

All users of the Center are expected to support the mission of the Upstate Medical University Simulation Program. All users are expected to exercise the highest level of professionalism, integrity, and respect for cultural and ethnic diversity in their behaviors and relationships which may affect the Center or other users. The Center administration reserves the right to suspend instructor and/or participant privileges for violations of the code of conduct. A notice will also be sent to the appropriate department administrator notifying them of the reason for the individual(s) suspension.

Maintaining Professionalism in Simulation

All users and staff should:

- Maintain professionalism and adhere to the confidentiality agreement
- Treat the simulator as you would a real patient
- Treat the simulation environment as real
- Leave personal conflicts, hidden agendas, and negativity at the door and model positive attitudes and behaviors.
- Understand that everyone makes mistakes, and that these are moments to learn
- Be open to new experiences and peer review

Dress Code

Users of the Center should follow the Upstate standard of maintaining a clean, neat, and professional appearance, to assist in providing a safe and professional environment for patients and staff.

1. Participants and Staff are expected to dress professionally in either business casual wear or a uniform that is appropriate for their profession.

    a. For professionalism and safety, no shorts, hats, or flip-flops are to be worn in the Center.

    b. Staff and instructors are expected to always present a professional appearance.

2. All employees, staff, physicians, faculty, students, and volunteers are required to wear their identification badges while on the premises of Upstate University Hospital. The badge is to be displayed so that the picture and the full name of the employee are visible during all work-related interactions. Please refer to Upstate policy I-08 for reference.

Confidentiality

The Center strives to create a safe environment for all participants.

Participation in immersive simulation sessions involves situations where peers are observing peers. In order to maintain a safe learning environment, constructive debriefing with reflection follows each session. Errors that occur are moments of reflection on practice, not subject to liability or repercussions professionally.

Identifiable patient information is not used in the Center, in order to maintain compliance with the Health Insurance Portability and Accountability Act.

Failure to maintain confidentiality may result in unwarranted and unfair defamation of character, may cause harm to those involved, as well as impair the effectiveness of immersive simulation-based training. Consequently, the following expectations for confidentiality are strictly observed and enforced for all users of the Center:

- All participants and instructors will be required to sign a confidentiality agreement before using the Center
- All participants and instructors must maintain strict confidentiality regarding any specific scenario details because this would alter the experience for future learners.
- All participants and instructors should only discuss training and testing sessions in very general terms.
    - Discussions outside the simulation should reinforce the take-away messages; not discredit or disclose the actions of other learners.

Observers

The confidentiality section above applies to all observers. Observers may only be present during a simulation if one of the following conditions are met:

1. If they are approved in advance with the center staff **and** course instructors **and** are introduced to the participants prior to the simulation experience, or

2. If they are part of a VIP tour, they may only observe the activity for a brief time from the control room, and not participate in the debriefing. This is to ensure a safe environment for the learners.

SIMULATION SESSIONS

Scheduling

All course scheduling requests should be submitted by using the online form found at https://is.gd/simrequestform. The center will not accept verbal or email requests for booking without a completed form. The completed scheduling request form initiates the review process. Completing this form alone does not constitute scheduling the educational event. All scheduling requests outside of normal business hours will considered on a case by case basis by the Simulation Leadership Team. See Appendix A for further information on timelines.

Equitable use of the Center

The Simulation Center Staff strives for equity of use across the Upstate community with respect to resources and learner time within the Center. All departments, programs, and colleges at Upstate that utilize the submission process and design simulation education offerings that align with the mission and vision of the Center will be considered for scheduling.

To promote opportunities for equitable use of the Center across the Upstate community, recurring programs (as defined as programs that run more than once a month for the same course or learner group.) will be limited to *no more than two rooms for two hours a week*. This includes debriefing rooms, task training rooms, simulated patient rooms, simulated OR, and haptics room.

When scheduling conflicts arise, the Center staff will attempt to contact the groups to identify areas of flexibility. If unable to accommodate conflicting requests, the priority scheduling process described on the following pages will be used as a guide to prioritize scheduling in the Center.

Each educational session/series will be reviewed annually using the Center's scheduling process. An annual review is necessary to ensure equity to new requests and to maintain high standards for educational offerings. Please note that past approval for a program does not guarantee future approval for the same program.

After initial request submission

1. All requests will be reviewed by the Simulation Leadership Team for approval.

2. Deadlines for submitting immersive simulations as well as recurring task training sessions are as follows:
    a. **April 15th** for programs that begin August 15th-Dec 31st
    b. **September 15th** for programs from January 1st – April 30th
    c. **January 15th** for programs from May 1st – August 14th
    *Please review recurring programs section below for series submissions that span across an academic year

3. All requests submitted will be reviewed after the deadline.
    a. Approvals will be sent out within two weeks after the deadline passes.
    b. Confirmed classes may be canceled at the discretion of the Simulation Leadership Team if requirements for program criteria have not been met.

4. Requests received after the simulation deadlines noted above will be on a first-come first-served basis following the priority scheduling process, see below.
    a. Requestors will receive an email response within seven business days of request confirming the request is under review.
    b. Requests should be submitted a minimum of 30 days prior to desired program date
    c. Availability of the following will be considered:
        - Simulation space, control rooms, debriefing rooms
        - Simulators, task trainer, other supplies and equipment
        - Staff

5. Simulation planning meetings are required for all new programs at the Center. Planning meetings are also required if a recurring program has a new instructor or has significant revisions.

a. Please note that no substitutions of Course Instructors may be made after the 'dry run' which is described in more detail below. This ensures that the safety of the learners as well as the integrity of the learning objectives are not compromised.

6. Any program requesting time outside of normal operating hours will be considered on a case by case basis.

7. If you do not receive a timely response according to the guidelines above, or have any other questions, please email upstatesimulation@upstate.edu.

8. The priority scheduling process is an internal review process completed by the Simulation Leadership Team using the priority scheduling algorithm as a guide and considering the center's schedule, staffing tech time available, and planning time required to run the requested educational event. Simulation Leadership team will take all these things into account when deciding if the request is possible. Some factors that will be considered before scheduling include, but are not limited to:

a. Does the request meet a curriculum requirement for a specific class?
b. Is the proposed program considered interprofessional?
c. Is the program new or has it been reviewed before?
d. What is the logistical/operational practicality of the request?

The Simulation Leadership team maintains final authority to resolve all scheduling conflicts.

Recurring Programs

Should be submitted using above deadlines based on when potential first session in series will begin.

For example: If the first session will begin in July, requests should be made by the January 15th above deadline.

- Recurring annual programs will need to resubmitted and reviewed each year.

One-Time Task Training Requests

Should be submitted 45 days in advance, and will be reviewed on a case by case basis.

Facilitated Open Lab Requests

Follow same submittal requests as other training requests
Participants using open lab will be required to sign-in and out.

The Center encourages a peer "buddy" system when using open lab time to help with practice and encourage collaboration.

Course Development Reviews

The Center maintains the standard that all appropriate requests for course development will be addressed by Center staff. On occasions when development demand exceeds the Center's capacity to address all requests, the following prioritization patterns will be implemented at the direction of the Simulation Leadership Team.

Priority Scheduling Algorithm

Priority 1: Sessions that are designed to address specific Upstate reported high priority patient safety issues and have measurable outcomes

Priority 2: Courses that are directly linked to the Center's mission and vision which prioritize interprofessional learning opportunities

Priority 3: Courses that are directly linked to the Center's mission and vision

Priority 4: Internal grant funded courses that further the mission and vision of the Center

Priority 5: Revenue producing external courses

Priority 6: Non-revenue producing external courses

Simulation Planning Meeting

1. Will review:
    a. Proposed Program
    b. Potential Schedule
    c. Objectives and further simulation scenario development if needed
    d. Appropriate Simulation Modalities and testing of case
    e. Staff and equipment needed
    f. Learner assessment plan

Pre-Program Walk Through

Before a scheduled session begins, instructors should meet with Center staff approximately 30 minutes before to review roles, case flow, and any other critical details. This is separate from a 'dry run' which is done when the simulation scenario is being developed.

Dry Run

Scheduled meeting to walk through the simulation scenario, piloting the session as a participant would experience it. This is a critical step to ensure the alignment of case design, learning objectives, script, and use of equipment.

Simulation Scenario Development

All scenarios must be reviewed for content and feasibility by the Simulation Leadership Team before approval for scheduling. Scenarios must be submitted by deadlines established to allow time for review, scheduling, training, supplies acquisition, and setup. Term program request deadlines can be found in the scheduling policy. Deadlines after requests are submitted are further detailed in Appendix A

Open consultation hours for Course Instructors to schedule time to meet with Simulation Leadership Team will be posted on webpage. These times are to offer guidance and support for simulation development. To request an appointment outside the posted time frames, please email upstatesimulation@upstate.edu. See website for additional educational tools.

Procedure

1. A simulation planning meeting is required to review all new programs.
    a. Will be planned a minimum of 30 days prior to desired simulation date

2. The initial meeting will take place after the Sim Proposal Form and/or Scenario template is submitted.
    a. Staff is available to meet with course instructors to help fill-out forms when appropriate.
3. Center staff will discuss authorship with the authors of a scenario and if the staff is involved in the development and implementation of the case, they too may be listed as a contributor.
4. All courses require a 'dry run' at least one week prior to the scheduled course. This ensures that the scenario is technically viable, lets simulation staff understand how the instructors would like the case to develop, and allows for any necessary revisions.

5. All simulation scenarios, even if they have been "vetted" and used outside of the Center, need to be entered by Course Instructors into the Center Simulation Scenario Template.
6. No course or program will be run without completion of the scenario template.

Scenario Template Design

1. All scenarios should be dated and include a reference list of resources used to create program when applicable
    a. Courses which have not been updated in the last 365 days should be reviewed by authors/instructors for relevancy in regards to standards of care and current Upstate Medical University policies. If the instructor is not the content expert for the topic, it is expected that the instructor will have the scenario reviewed by a content expert.

2. Modifications to an existing approved case may require a simulation planning meeting and/or dry run at the discretion of Simulation Leadership team.

Roles

There are many roles that might need to be filled when considering a course. During the Simulation Planning Meeting, roles and simulation modalities will be discussed.

If during the Simulation Planning Meeting it is decided that a Standardized Patient (SP) is the best option for the proposed course, a minimum six weeks lead time is required. SPs are often an integral part of the simulation. Preparation of SPs often requires significant training to ensure fidelity and standardization of their portrayal of the role they play in the simulation.

In order to book an SP, involvement with the Clinical Skills Center is required. More information can be found at Upstate Clinical Skills Center.

Embedded participants and confederates are not SP's. The roles of embedded participants and confederates many times may be filled by Upstate Medical University Simulation staff depending on scheduling and availability.

Dry runs need to be planned in advance to incorporate roles that might need to be scripted and tested.

Event Cancellation

Course Instructor

If an issue arises where a program must be canceled by the course instructor, the instructor *must* notify the Center verbally (in person or phone at 315-464-3848) and in writing (email) no later than noon of the prior business day of the scheduled program.

1. It is the course instructor's responsibility to notify their learners of the cancellation.
2. When able, the Center will work with course instructor and/or department to reschedule program.

Participants

Participants should notify the course instructor directly (not the Center) if they are unable to attend a course.

All attendance related issues are the responsibility of the course instructor.

Center staff reserves the right to exclude participants from direct participation if there is any potential impact to the safety of any learner.

Weather

During inclement weather, the Center will follow the Upstate Medical University policies and reserves the right to cancel simulations. Policy: UW S-04

Center

If a situation arises that the center needs to cancel due to unforeseen staffing and/or technical issues, the Center will let the course instructor know as soon as possible and work to reschedule. In these instances, it is the instructor's responsibility to notify their learners of the cancellation.

Video Capture Recording

Video recordings are deleted at the end of the academic year. Review of videos are only used for debriefings of that course and for internal improvement processes.

In the event that pictures are taken of learners in the center, completion of Upstate authorization for release of photo/video/audio will be obtained and kept on file.

Pictures and videos are not permitted without prior permission from Center Leadership Team.

SAFETY

*Simulation Safety Pledge**

1. We will label all equipment, supplies, and medications with the official logo label denoting the item is Not for Human Use – Education Only.
2. We will continuously educate all faculty and staff of the simulation program about potential hazards to patients, participants, and staff that result from conducting simulation exercises.
3. We will always inform participants about potential hazards to patients, participants, and staff that result from conducting simulation exercises.
4. We will periodically review simulation related programs, courses, scenarios, and facilities for potential threats to safety and institute mechanisms to mitigate them.
5. We will vet our teaching to make sure we don't inadvertently convey the legitimacy of simulation related "short-cuts" (ex. Not wearing gloves, using expired medications, etc.).
6. We will vet our teaching to make sure we don't convey incorrect information, treat controversial topics as certain, or leave incorrect actions in a simulation out of the debriefing discussion.
7. We will make every attempt to educate those who conduct simulations outside of our direct control about simulation safety issues.
8. We will have a rigorous process for returning equipment or supplies used in a simulation back into the clinical environment in an appropriate and safe manner.
9. We will maintain an open and transparent reporting mechanism for simulation safety violations, near misses, and accidents whether or not direct harm to a staff member, simulation participant, or patient has actually occurred.
10. We will always weigh simulation safety ahead of cost, expediency, and fidelity when making decisions about the conduct of simulations.

*Pledge and more information on simulation safety can be found at https://healthcaresimulationsafety.org

Physical Safety

The Center does not function as a patient care environment and therefore does not have the same requirements as a clinical environment.

The Center does have a number of hazards that are accounted for. Risks and precautions should be taken while using sharps, sani-wipes, compressed air, and moving of heavy training equipment and supplies.

Equipment and Supplies

The Center staff will take every precaution to ensure safe educational sessions. Additionally, the staff helps ensure simulated products are not accidently introduced into actual patient care environments. It is against the Center's policy for items including equipment and supplies to be taken from the simulation environment to be used for patient care. To help mitigate risk, "*Not for Human Use*" simulation safety labels will be placed on equipment and supplies in center.

Every effort will be made to re-use supplies and kits even though it may be considered a consumable medical supply (ex. Center refills IV bags with water). Please ask for assistance from Center staff in regards to proper disposal and reprocessing.

All simulators and trainers will be cleaned by Center staff after each use.

Universal Precautions

Policy: IC D-02 Standard Precautions Procedure

Universal precautions refer to approaches to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV or other blood borne pathogens. Using this assumption when dealing with infectious materials eliminates the need for decision making to determine the extent of actual or potential disease hazards. The approach establishes minimum standards for contamination control that will effectively control blood borne pathogens if present.

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. In situations where differentiation between body fluid types is difficult or impossible (i.e., uncontrolled or emergency situations), all body fluids shall be considered potentially infectious. Even in simulation events, simulation skills lab events, or in situ simulations, universal precautions shall be followed.

Latex Warning

We **cannot guarantee that everything used in the center will be latex-free**. While most medical products are made latex free, there are some kits that still contain latex pieces. If you have a latex allergy please let course instructors and simulation staff know.

Please review the latex/natural rubber allergy precautions policy.
Policy CM L-03

Psychological Safety

Simulation can be an emotionally charged experience which can help to enhance learning. It is critical to ensure the participant's sense of safety when they are purposefully put into stressful situations designed to demonstrate transfer of knowledge into actions.

In order to help ensure the psychological safety of learners', here are some things course instructors will review during prebriefing:

- The "Basic Assumption"
- Confidentiality
  - Not discussing the case and events outside of the Center
  - Keeping a "what happens here, stays here" mindset
- Orientation to environment
- The "Fiction Contract"
  - acknowledging limitations of realism
  - garnering "buy-in" from participants
- Review scope of practice
- How to elicit additional resources

Simulation has the potential to elicit strong emotional responses. If you would like to talk about your experience, please feel free to reach out to your instructor or speak to any of the simulation staff. If you prefer to talk to a professional outside of the Center, EAP and Student Counseling Center is available and the contacts are below.

Current employees and residents can contact the Employee Assistance Program (EAP) at (315)464-5760 or email: eap@upstate.edu

Students at Upstate can contact the Student Counseling Center at (315)-464-3120 ext. 6 or email: scs@upstate.edu

Emergencies

In the remote chance an actual emergency occurs during a program, staff and/or course instructors will state, "*This is NOT a simulation*." This statement will never be used to trick or otherwise confuse participants.

The Center is not a patient care environment and does not stock the necessary equipment to handle the myriad of medical emergencies that could potentially exist.

Medical Emergencies

1. If a medical emergency occurs, staff and participants closest to the incident should immediately call 4- 4000 (University Police) to summon emergency services.
2. While on the phone follow the direction of University Police. Don't hang up until told to do so.
3. Someone should stay with the afflicted individual until help arrives. Campus Disaster Plan (continued) DIS M-20 Drive Innovation & Discovery Respect People Serve our Community Value Integrity Embrace Diversity & Inclusion See MCN Policy Manager System for the latest version. Page 4 of 59
4. Administer first aid if you have been properly trained.
5. Once emergency services personnel arrive, be prepared to report any details observed to the responders.
6. Automated External Defibrillator (AED): AEDs are located throughout Upstate Medical University. Non-health care professionals who have received required training are authorized to use this equipment.
7. Report the incident to your supervisor.

Fire

1. The following instructions apply in the event of a fire alarm. Specific departmental instructions are available to employees in their respective departments.
2. All employees: Must be prepared to implement both their departmental general procedures in the event of a fire alarm. If you see smoke or flames, immediately:
3. Notify others in the area.
4. Follow RACE: a. Rescue: Remove those in immediate danger from flames or smoke. (only if you can do so safely) b. Activate the fire alarm: i. Go to nearest fire alarm pull station and pull alarm. ii. Dial ext. 4-5555. iii. Give your name, location of fire, and any injuries. Do not hang up until told to do so by the Operator. c. Contain the fire: close all doors unplug any affected electrical equipment, shut off gas or other ignition sources. d. Evacuate the building: All individuals must evacuate the building.

5. DO NOT re-enter the Building until advised to do so by the Syracuse Fire Department, the Fire Marshal, University Police, or Environmental Health and Safety. See: UW F-02 Campus Fire Evacuation Policy for additional guidance.

For complete SUNY Upstate Campus Disaster Plan, please review policy DIS M-20.

VISITING THE CENTER

Arranging Tours

Non-educational activities such as tours and visits should not interfere with training sessions in the Center. All tour requests should be made via the online tour request found here: https://is.gd/simulationtour

Tours should not be submitted more than 45 days in advance. This is to allow course instructors adequate time to schedule learner sessions. Once a request is submitted, please allow a minimum of seven business days to review request. Once a tour is approved, a confirmation email will be sent to the primary requestor.

A minimum of one-week advance notice is preferred for large groups.

Tours guided by Center staff will be extremely limited and will only be conducted when active courses are not scheduled.

Please review the Event Cancellation Policy if changes to the requested tour need to be made.

Self-Guided Tours

Any tour not led by Center staff is considered a self-guided tour. Please note that all Upstate Admission and Residency related tours will only be scheduled as self-guided tours.

All self-guided tour leaders must acknowledge and follow the self-guided tour guidelines. If the tour requestee using the on-line form is the tour guide, this can be acknowledged in the form. In the instance that the requestee will not be leading the tour, it is asked that tour leaders send an email to upstatesimulation@upstate.edu stating that they will be following the guidelines.

Self-guided tour guidelines

- Tour must remain within Learner Landing/main lobby area.

- Tour should not disrupt any sessions or set-up that might be occurring in other areas of the Center.
- Tours are limited to approved time requested regardless of any delays in the group's start time.

The guidelines are to ensure tours do not disrupt any learner session that may be in progress and to maintain confidentiality and psychological safety for all participants.

SUPPLY AND EQUIPMENT MANAGEMENT

Equipment

Policy

Care of equipment through proper storage and maintenance is vital to extending the life of our supplies and equipment.

Procedures

1. All equipment is tracked in the Center's equipment management system.**
    a. Simulation staff will conduct a monthly inventory to monitor par level inventory.

2. Participants and instructors should only use equipment as directed by Center staff. All users operating equipment should be trained on appropriate use and care.

3. All users should inform simulation staff if there are any issues or damage to equipment. The instructor and/or their department will be held responsible for damage to any equipment that was a result of misuse.

4. Center staff will keep track of all maintenance and warranties of supplies in the center. Technicians are responsible for cleaning and preventative maintenance to help with longevity of equipment. If equipment needs to be serviced, center staff will be responsible for reaching out to vendors when necessary. Maintenance and repair will be done in accordance with vendor recommendations.

5. Center staff will be responsible for ensuring that equipment needed for a program is available and in good working order.

6. Center staff will make every effort to acquire expired supplies to be used for training purposes.

7. If supplies are needed from an outside vendor, a one-month lead time is required.

8. Supplies and equipment used in Center are not compatible with real patient care. The same precautions should be used while operating medical equipment in simulation as with patient care. While the equipment is utilized to mimic real world setting they have not been calibrated for patient use and as such must be kept away from real clinical settings.

9. Medications stored in closet or in any Center medical cart will be clearly labeled "Not for Patient Use".

**Only equipment owned and purchased by the Center will be tracked. Temporary storage of equipment not owned by the Center will be considered on a case by case basis. Center staff will retain right to limit access. Center is not responsible for loss, damage, or maintenance of any equipment or supplies stored by any other department.

Maintenance Plan

The Manager of Simulation Services and Simulation Technicians schedule and test systems after updates have occurred. Whenever possible, updates to software will be planned so that they do not affect any simulation programs scheduled. Maintenance of equipment will be done as follows by simulation staff:

After each use

- All equipment should be wiped down with approved cleaner after each use. This will ensure that any adhesives and moulage used does not mark and degrade silicone.
    a. Task trainers can be cleaned by users with the assistance of simulation staff
- If fluids are used in manikins or trainers, all lines should be flushed and drained according to equipment manuals.
    a. Leave equipment out to dry when necessary
- All equipment and unused supplies should be returned to appropriate closets by center staff after each use
- Linen and clothing should be changed if it has become wet or is dirty.
- Every effort will be made to re-use supplies even though it may be a consumable medical supply. Check with simulation staff before discarding any sharps and equipment. Items such as IV bags will be re-used and refilled whenever possible.
- If supplies are associated with a "cost of use", center staff will track items for accounting purposes

- All equipment should be appropriately powered off or left charging when appropriate.
- Equipment is maintained on a regular basis but if maintenance is required, simulation staff should be notified.

Weekly

- Clean and inspect all equipment in storage.
- All medication and equipment carts should be checked and restocked to par
- Task trainers and manikin skin should be cleaned to remove any additional adhesive and moulage
- Change linen and gowns if soiled.

Monthly

- Software updates should be scheduled monthly on a reoccurring schedule as to not interrupt running programs.
- Check all parts and replaceable skin, repair with silicone or replace if needed
- All manikins and haptic simulators should be powered up and connected to make sure they are working properly and in-line with most recent updates
- Rotate stock of supplies and equipment, assess and track wear and tear when necessary

Yearly

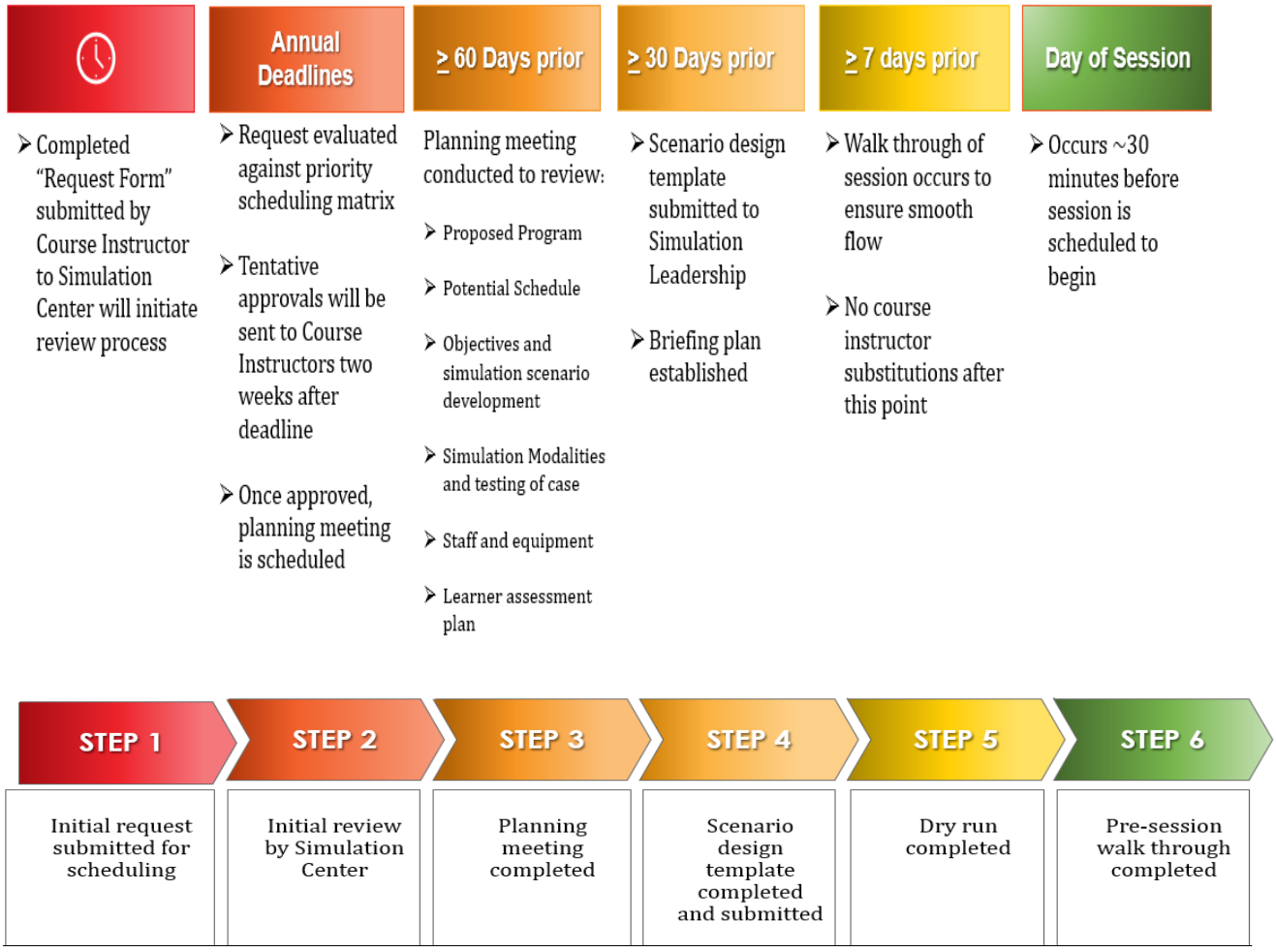
- Preventative maintenance will occur annually in-line with product warranties
  - All equipment with these packages will be managed and scheduled for service by the center.
  - Scheduled services will be planned in advance to avoid scheduling conflicts

FISCAL

Fee Structure for use (internal and external use): Please visit our website for any associated fees for Center space, equipment, and personnel requirements. Please check back regularly as fee structures may change over time.

APPENDICES

Appendix A



Appendix B

DASH Handbook

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

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

Rating Scale

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

Element 1 assesses the introduction at the beginning of a simulation-based exercise.
(This element should be skipped if the rater did not observe the introduction to the course.)

Element 1 **Establishes an engaging learning environment.**	**Element 1 Rating:**

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

Elements 2 through 6 assess a debriefing.

Element 2 **Maintains an engaging learning environment.**	**Element 2 Rating:**

- Clarifies debriefing objectives, roles, and expectations.
- Helps participants engage in a limited-realism context.
- Conveys respect for learners and concern for their psychological safety.

Element 3 **Structures the debriefing in an organized way.**	**Element 3 Rating:**

- Encourages trainees to express their reactions and, if needed, orients them to what happened in the simulation, near the beginning.
- Guides analysis of the trainees' performance during the middle of the session.
- Collaborates with participants to summarize learning from the session near the end.

Element 4 **Provokes engaging discussion.**	**Element 4 Rating:**

- Uses concrete examples and outcomes as the basis for inquiry and discussion.
- Reveals own reasoning and judgments.
- Facilitates discussion through verbal and non-verbal techniques.
- Uses video, replay, and review devices (if available).
- Recognizes and manages the upset participant.

Element 5 **Identifies and explores performance gaps.**	**Element 5 Rating:**

- Provides feedback on performance.
- Explores the source of the performance gap.

Element 6 **Helps trainees achieve or sustain good future performance.**	**Element 6 Rating:**

- Helps close the performance gap through discussion and teaching.
- Demonstrates firm grasp of the subject.
- Meets the important objectives of the session.

Appendix C

STAFF - PHOTOGRAPH/IMAGES CONSENT FORM

I hereby authorize the State University of New York Upstate Medical University and University Hospital to:

- ❑ Take and use still or video photographs/images of myself either in conjunction with or without my name for publicity. I understand that these photographs/images may be used in newspapers, magazines, publications, advertisements and on television and the world wide web.
- ❑ Take and use still or video photographs/images of myself–either in conjunction with or without my name for use in medical teaching purposes or in medical or scientific publications.
- ❑ I waive any rights I may have in such photographs/images, as well as the privilege of inspecting or approving them for determining their final disposition.

PRINT NAME clearly _____ **JOB TITLE and/or Credentials** _____

☐ **I am an Upstate** GRADUATE ☐ **I am an Upstate** STUDENT **College, program, year** _____

What department do you work in? _____ **How long have you worked at Upstate?** _____

How should we contact you: Work phone Home phone Cell phone email address *(please circle best method to reach you)*

SIGNATURE OF SUBJECT _____

SIGNATURE OF WITNESS _____ DATE WITNESS _____

PLEASE GIVE A BRIEF DESCRIPTION OF YOURSELF:

HAIR COLOR _____ CLOTHING: ☐ scrubs (color and pattern) ☐ lab coat ☐ glasses location IF in a group _____

UPSTATE MEDICAL UNIVERSITY
750 East Adams Street | Syracuse, NY 13210 | Tel 315.464.4836 | Fax 315.464.4838 | www.upstate.edu
Colleges of: Medicine | Graduate Studies | Health Professions | Nursing | **University Hospital**

PATIENT – PHOTOGRAPH/IMAGES CONSENT FORM

I hereby authorize the State University of New York Upstate Medical University and University Hospital to:

- ❑ Take and use still or video photographs/images of myself either in conjunction with or without my name for publicity. I understand that these photographs/images may be used in newspapers, magazines, publications, advertisements and on television and the world wide web.
- ❑ Take and use still or video photographs/images of myself–either in conjunction with or without my name for use in medical teaching purposes or in medical or scientific publications.
- ❑ I waive any rights I may have in such photographs/images, as well as the privilege of inspecting or approving them for determining their final disposition.

PRINT NAME clearly

Address:

How should we contact you: Work phone Home phone Cell phone email address *(please circle best method to reach you)*

SIGNATURE OF SUBJECT **(signature and NAME of guardian, if patient is a minor)**

SIGNATURE OF WITNESS DATE WITNESS

IF GROUP SHOT, PLEASE GIVE A BRIEF DESCRIPTION OF YOURSELF:

HAIR COLOR CLOTHING ☐ scrubs (color and pattern) ☐ lab coat ☐ glasses location in group

UPSTATE MEDICAL UNIVERSITY
750 East Adams Street | Syracuse, NY 13210 | Tel 315.464.4836 | Fax 315.464.4838 | www.upstate.edu
Colleges of: Medicine | Graduate Studies | Health Professions | Nursing | **University Hospital**

STUDENT - PHOTOGRAPH/IMAGES CONSENT FORM

I hereby authorize the State University of New York Upstate Medical University and University Hospital to:

- ❑ Take and use still or video photographs/images of myself either in conjunction with or without my name for publicity. I understand that these photographs/images may be used in newspapers, magazines, publications, advertisements and on television and the world wide web.
- ❑ Take and use still or video photographs/images of myself–either in conjunction with or without my name for use in medical teaching purposes or in medical or scientific publications.
- ❑ I waive any rights I may have in such photographs/images, as well as the privilege of inspecting or approving them for determining their final disposition.

PRINT NAME clearly **College:** ☐ Medicine ☐ Graduate Studies ☐ Health Professions ☐ Nursing

Program **Graduation year**

☐ **I also WORK at Upstate/University Hospital** **Campus or Hospital Address / department**

How should we contact you: Work phone Home phone Cell phone email address *(please circle best method to reach you)*

SIGNATURE OF SUBJECT

SIGNATURE OF WITNESS DATE WITNESS

IF GROUP SHOT, PLEASE GIVE A BRIEF DESCRIPTION OF YOURSELF:

HAIR COLOR CLOTHING ☐ scrubs (color and pattern) ☐ lab coat ☐ glasses location in group

UPSTATE MEDICAL UNIVERSITY
750 East Adams Street | Syracuse, NY 13210 | Tel 315.464.4836 | Fax 315.464.4838 | www.upstate.edu
Colleges of: Medicine | Graduate Studies | Health Professions | Nursing | **University Hospital**

Appendix D

Participant Confidentiality Agreement

Form can be found on Centers webpage or at: https://is.gd/simconfidentiality

Involvement in healthcare education and/or training at the Upstate Medical University Simulation Center may require participation in simulation scenarios, standardized patient scenarios, task training sessions, debriefings, discussions and other activities. Sessions and activities are carefully planned out and structured in order to promote a safe learning environment for all participants. As a participant in the Center I understand that I will be both an active participant in realistic scenarios as well as an observer of others immersed in simulation activities.

All activities and sessions held in the Center are considered confidential, whether electronic, written, verbal, observed or overheard, and may not be disclosed or discussed outside of the simulation environment. Participants are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality.

I understand and will observe strict simulated patient and peer confidentiality about the details of the scenario, team member actions, and the debriefing discussions, at all times to which I am both directly and indirectly exposed. I understand that while participating in simulation-based training, the scenario and debriefing will be recorded to help with debriefing discussion and feedback. Recordings of the scenario will be erased after the debriefing, unless, as per policy it will be used for a specific educational training or research program. Participant individual performance in the simulation center will be held confidential from other learners, faculty, and staff members outside the simulation learning experience in accordance with the Upstate Code of Conduct UW C-02 and FERPA regulations.

Sharing scenario experiences with fellow learners outside of the Center will be considered misconduct and may be subject to disciplinary action. Participants are obligated to report any violations to the Center Leadership Team for review.

Your signature and initials acknowledge that you have read, consent to and fully understand the implications of this agreement.

_____ (Initial) I agree to maintain strict confidentiality about the details of the scenarios, participants, and participant performance in simulation.

_____ (Initial) I authorize the Simulation Center staff to video record my performance during scenarios for education and evaluation purposes.

_____ (Initial) I authorize Simulation Center staff to use the video recording(s) for purposes including, but not limited to: debriefing, faculty review, student assessment, program assessment, and educational research.

Print Name: **Date:**

Signature:

Upstate ID# (if applicable)

Appendix E

The "Basic Assumption"

"We believe that everyone participating in activities at Upstate Medical University Simulation Center is intelligent, capable, cares about doing their best, and wants to improve."©

Developed by the Center for Medical Simulation and adopted internationally to help create a psychologically safe learning environment for participants

What's Up with the Basic Assumption?
article link

By: Jenny Rudolph, PhD
Executive Director
Center for Medical Simulation

We believe that everyone participating in activities at CMS is intelligent, capable, cares about doing their best and wants to improve.© - The Basic Assumption™

I was recently asked two questions: *"where did the Basic Assumption come from?"* and "*isn't it dangerous to hold the Basic Assumption and just assume that everyone is capable of doing their job correctly?"*

The Basic Assumption emerged from a weaving together of strands of research and theory from related literatures:

In experimental economics, it is often presumed that people are intending to maximize their utility; this sometimes is called being "intendedly rational." In other words, they are trying to do something they believe to be a valuable goal. So, the idea here is if we go in assuming people wanted to achieve something valuable to them, we will be more curious about what that might be.

In humanistic psychotherapy (the work of Carl Rogers is emblematic), the idea is that positive regard – – confidence that the client has the capability to self-actualize and find a meaningful forward path is itself a therapeutic intervention. The idea is

that the therapist's confidence in the clients' ability to solve problems itself can help the client solve problems. It creates a psychologically nurturing space for growth.

The subjective perception that an environment is safe for interpersonal risk-taking (this is the definition of *psychological safety*) appears to lead to learning behaviors such as speaking up, admitting I don't know, etc.

Lastly, there is an extremely robust literature in education that high expectations on the part of the educator is a big predictor of students' accomplishment. If I have high expectations of you, you will likely rise to meet them.

Putting this all together, my colleague Robert Simon invented the Basic Assumption as a starting point to engage with learners such that they can trust in the educators' positive regard for them. They don't have to earn it, they automatically get it until proven otherwise. Another way to think about this is as a metaphorical starting point is that people are innocent until proven guilty.

What's the Risk?

One of the ideas of the Basic Assumption is to believe that everyone is "intelligent, capable, cares about doing their best and wants to improve." Is it risky to hold that assumption; what are the potential dangers?

The Basic Assumption is not an axiomatic "truth" backed up by the prevalence and incidence of "people who are capable."

Looking for the ratio of people who are capable versus incapable as the "validation" or "invalidation" of the Basic Assumption is not, in my opinion, the right question. There are certainly a boatload of people in the world who are not capable of doing the tasks in front of them. So, in that sense, it could be "dangerous" to assume that someone is capable who is not. The Dunning-Kruger effect can exacerbate this because people who are not capable tend to overestimate their own capability.

However, the Basic Assumption is not a statement of the distribution of capability in the population. Rather, it is meant to serve as an enabling commitment on the part of the educator to start or sustain a nurturing, connected, and developmental relationship.

Simulation centers around the world like the Mary Morton Parsons Clinical Simulation Learning Center (CSLC) at the University of Virginia School of Nursing have adopted the Basic Assumption as a basis for their learning environment. If you would like to adopt the Basic Assumption for your institution, please visit: https://harvardmedsim.org/resources/the-basic-assumption/

For more on how the basic assumption functions as part of creating a safe container for learning, this paper will help:

https://journals.lww.com/simulationinhealthcare/Fulltext/2014/12000/Establishing_a_Safe_Container_for_Learning_in.2.aspx

Appendix F

Scenario Design Template- available upon request or found on website

Further Instructor resources also can be found on website.