

Roles and Responsibilities

1) Simulation Instructors must follow procedures, as determined by Upstate Simulation Staff, to ensure quality simulation activities that are consistent with best standards of practice for healthcare simulation.

2) Upstate Simulation staff will assist Instructors in fulfilling the responsibilities above including meeting best practices for healthcare simulation and following the centers policies and procedures.

Definitions:

1. **Lead Simulation Instructor:** The person responsible for the overall development and delivery of the simulation activity on behalf of the requesting program. Typically, this is a program director, lead facilitator, curriculum designer, or similar role not a program administrator.

Lead Simulation Instructor (LSI) Responsibilities:

1. Identify and confirm a primary contact person to serve as a communications coordinator with the Simulation staff for:
 - a. Instructor scheduling
 - b. Learner scheduling
 - c. Co-creating schedule for sessions
 - d. Emergent contact if issues with learners or faculty arrive (ex. Cancellation or unprofessional behavior)
2. Attend all pre-event planning sessions, training, dry runs, and any post-event quality improvement sessions
3. Coordinate the instructors scheduling for educational sessions
 - a. Ensuring all participants and additional instructors are oriented to the simulation environment and use of equipment
4. Provide a pre-brief or introduction, consistent with standards of best practice, for all participants and instructors before each simulation activity
5. Debrief and/or provide feedback to the learners that is consistent with standards of best practice
6. Schedule simulation activities following the Simulation Scheduling Policy
7. Ensure all participants and instructors are aware of the Confidentiality Policy

What you can expect from your Upstate Simulation Center Staff

1. Co-develop and edit immersive simulation cases with Lead Simulation Instructor input.
 - a. Co-create learning objectives
2. Provide instructor training opportunities

- a. Debriefing and giving effective feedback
 - b. Pre-briefing
 - c. Psychological Safety
 - d. Objective writing and case development
3. Arrange dry runs with your instructors for new cases and provide recommendations before 'live' student sessions.
 4. Coordinate necessary resources to support learning objectives, including reviewing task training equipment with Lead Simulation Instructor, set-up of simulation rooms, manikins, and AV system.
 5. Create primary post-session survey to garner qualitative and quantitative learner feedback. (example: SET-M).
 6. Faculty development with "debriefing the debriefer" following immersive sessions to strengthen facilitator skills and increase confidence.

Links to standards of best practice for healthcare simulation:

<https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>

<https://www.tandfonline.com/doi/full/10.3109/0142159X.2013.818632>