

**BLINN COLLEGE
HEALTH SCIENCES
SIMULATION POLICIES
AND PROCEDURES**

BRYAN, BRENHAM



**Sami Rahman, MEd, MSN, RN
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**6/30/2022
Date**

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Administrative Handbook
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Mission

The Blinn College Health Sciences Clinical Simulation Labs (BCHSCL) provides simulation tools to aid in the development of curricula that encourages learners to develop procedural skills and enhance their clinical decision-making process.

Vision

Provide opportunities for outstanding healthcare education and scholarship that lead to improved safety and quality of patient care using simulation.

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Goals

- Provide student-centered learning opportunities for the development of clinical skills and the promotion of life-long learning.
- Support all learners in meeting standards in their professions in order to promote safe, high-quality patient-centered care.
- Create a shared learning space where students can develop an appreciation for the many disciplines in today's healthcare environment and the skills needed for effective interdisciplinary teamwork.
- Embrace technology in all aspects of education, scholarship and clinical practice.

Facilities

The Simulation and Clinical Labs occupy approximately 16,000 square feet on the second and third floors of the RELLIS Academic Complex Building I, across the street from Blinn's Walter C. Schwartz Building. This space includes:

- an emergency medical services skills/simulation lab with a simulated ambulance system that operates in and around the complex,
- 21 mid-fidelity, semi-private hospital rooms,
- six low-fidelity, private hospital rooms with a central teaching space,
- six high-fidelity emergency/intensive care unit rooms, including two mother/baby suites,
- a physical therapy lab,

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- two radiologic technology x-ray suites,
- one apartment/home setting space with a functioning environment to use in conjunction with the Texas A&M Cybersecurity Program,
- an Anatomage Table active training space,
- a virtual IV training room,
- 10 simulation activity debriefing spaces,
- and future space for a trauma environment within the high-fidelity space.

Terminology

Deliberate Practice: A goal-oriented approach used to develop and/or improve all levels of skill acquisition utilizing scaffolding principles to attain clinical judgment and mastery leading to expert performance (modified Ericsson, 2004). The experience must be monitored with immediate personalized feedback provided by faculty, coaches, standardized patients, or electronic devices capable of documenting the performance.

Feedback: A critique of a participant’s performance provided to assist the individuals in developing competency.

Fidelity: The degree to which a simulated experience approaches reality. The level of fidelity (high, mid, or low) is determined by the environment, simulators, the tools and resources used.
Independent Practice: Practice outside of scheduled curriculum experiences that do not include monitoring or feedback.

Skill: The ability to safely perform technical and/or non-technical tasks while upholding speed, efficiency, and accuracy. Skills and tasks are more than the ability to perform or cite; they include the ability to perform and communicate proficiently, therapeutically, and consistently within appropriate time limits.

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Skills Experience/Skills Lab: Activities designed to promote or to assist the development, efficiency, and accuracy of technical and or non-technical skills. These activities are designed to uphold professional comportment with respect for the development of intra/inter professional knowledge, skills, attitudes, and behaviors.

Simulation: A pedagogy using one or more typologies to promote, improve, or validate a participant’s progression from novice to expert. A simulation based activity is based on a patient experience and requires learners to demonstrate clinical judgment while performing technical and non-technical skills.

Simulation-enhanced Interprofessional Education (Sim-IPE): Simulation-based activities in which participants and facilitators from two or more professions are placed into a simulated healthcare experience in which “. . . shared or linked educational goals are pursued” (Seymour et al., 2013, p. 1), while the individuals involved “learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 31).

The Debrief Process: An activity that follows a simulation-based experience led by a facilitator in an effort to promote reflective thinking.

Typology: Classification of types. In simulation it refers to the classification of different educational methods and/or equipment used to provide a simulated experience.

Definitions for Current Simulation Typology

<i>Simulation Typology Definition</i>	<i>Definition</i>
Advanced Patient Simulators	A computerized full body mannequin programmed to provide realistic physiologic responses to a practitioner’s actions.
Haptic Systems	A computer generated environment combining real-world and virtual reality which allows for
Hybrid	Mixed method using two or more types of simulation typology: for example, standardized patients and partial trainer).

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Partial Task Simulators	Models or mannequins used to obtain competency in simple or complex procedures.
Peer-to-Peer	Peer collaboration used to master specific skills.
Screen-based Simulation	Computer programs used to teach, provide feedback, and evaluate clinical knowledge and critical thinking.
Standardized Patients	Individuals taught to portray a patient realistically and consistently in a case scenario format.
Virtual Reality	A computer generated environment allows sensory stimuli provided through sophisticated partial trainers to promote authenticity.
3D Virtual World	An interactive simulated environment accessed by multiple individuals through an online interface in the form of synthetic characters avatars. Interactivity between avatars requires the use of teleoperations using visual, auditory, and haptic interface.
3D Visualization	Three-dimensional images of the human body which enable the dynamic collaborative augmentation of mixed realities (virtual and real).

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**BCHS
SIMULATION
PROGRAM OP:**

Utilization of Simulators and Equipment

PURPOSE: This BCHSC simulation program policy is to ensure that all users receive the appropriate training to promote effective learning.

REVIEW: The simulation program OP will be reviewed by September 1 of each even-numbered year by the Director of the Simulation Center.

Policy

Due to the cost of simulators and equipment, special considerations must be taken before utilization. Users, both internal and external, are required to attend orientation/training prior to using designated simulators and/or equipment. The training will be tailored according to the specific features of individual simulators and/or equipment.

Procedure

1. The simulation centers' faculty and/or staff will provide simulation in-services throughout the year. The dates and registration information will be publicized. In-services will be held at the beginning of each fall and periodically throughout the year.
2. Instruction on specialized equipment (simulators, haptics) requires individualized orientation sessions prior to use. These orientations must be scheduled with the simulation center's designated personnel. Please schedule at least one week in advance to ensure your needs can be met. Notification must be via online reservation form.
3. Failure to comply with policy may result in the simulation event being postponed until user has obtained the necessary orientation/training
4. Following is a list of specified equipment requiring orientation/training prior to use:
 - a. High fidelity: For example, SimMan3G, SimMan Essential, SimNewB
 - b. Mid fidelity: For example, Harvey, Vital Sims

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- c. Low fidelity: For example, Partial Trainers
- d. Haptic: For example, Virtual IV
- e. Specific Medical Equipment
- f. AV Equipment and Digital Audio-Visual Recording System
- g. Radiology: For example, Portable X-Ray

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**BCHS
SIMULATION
PROGRAM OP:**

Maintenance of Simulators and Equipment

PURPOSE:

This BCHSC simulation program policy is to ensure that all users receive the appropriate training to promote effective learning.

REVIEW:

The simulation program OP will be reviewed by September 1 of each even-numbered year by the Director of the Simulation Center

Policy

Due to the cost of simulators and equipment, maintenance and care of the equipment must be performed after utilization and as needed by the Centers' Simulation Staff. Users, both internal and external, are expected to inform the Simulations Centers' staff or faculty of all equipment or simulator malfunctions as soon as it occurs

Procedure

See Policy and Procedure Manual related to preventive maintenance schedules and vendors specific to each simulator and equipment.

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**BCHS
SIMULATION
PROGRAM OP:**

**Expectations of Educators Utilizing Space and
Simulators at the BCHS Simulation Center**

PURPOSE:

This BCHS Simulation Centers' policy is to define the expectations of external faculty/educators utilizing BCHS Simulation Centers' simulators and equipment.

REVIEW:

The simulation program OP will be reviewed by September 1 of each even-numbered year by the Director of the Simulation Center

Policy

External faculty/educators must be properly instructed on the use of simulators by BCHS Simulation Centers' staff. If the faculty/educator is not properly trained, the activity will be postponed until orientation is completed.

Expectations for BCHS Simulation Centers Personnel:

1. Reserved rooms will be ready for occupancy by the external users (all extraneous supplies and equipment to be removed from the room) with requested simulators on and ready to be used.
2. Requests for simulator programing can be completed by BCHSC simulation personnel with an additional request process from the website. A meeting will be scheduled to discuss the details.
3. Requests for BCHS simulation personnel to assist with the activity can be accommodated for an additional charge.
4. Requests for AV recording assistance by BCHS simulation personnel can be accommodated for an additional charge.
5. Requests for moulage by BCHS personnel will be accommodated by adding to scheduling request.
6. Troubleshooting of equipment and simulators will be provided by BCHSC simulation personnel during the experience.
7. BCHSC simulation personnel will turn on and off all simulators at the beginning and completion of the experience unless other authorized arrangements made.

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Expectations for

1. Reservations for simulators, equipment and space must be received two (2) weeks prior to the event. Any late or emergent reservation received may be subject to additional charges and are subject to availability.
2. External faculty/educators must provide a list/roster of attendance in order to meet requirements for future SSH accreditation.
3. External faculty/educators must provide a description of the educational learning activities conducted within BCHSC simulation center.
4. Faculty/educators who access the simulation center are expected to attend an in-service related to proper usage of simulators, haptics, and other equipment.
5. External users are expected to bring all supplies, equipment, and other materials needed for the simulation-based experience unless other arrangements made prior to the activity.
6. External users are expected to follow *ALL* BCHS Simulation Center policies and procedures.
7. External users are expected to comply with the dress code policy as stated below:
 - a. HSC Identification Badge/Agency Badge and wear visibly
 - b. Attire
While participating in simulation-based experience, appropriate attire includes clothing that is professional (neat, clean), and not distracting or offensive to others.
Appropriate attire in an effort to promote professional role-modeling will be either business casual/uniform or clinical attire defined by program policy and procedure. Closed-toe shoes are required in all areas. Shorts are not appropriate.
8. External users are expected to comply with the food/drink policy as stated below:
 - a. No food or drinks, candy or gum are allowed throughout the simulation center. Individuals with identified medical conditions should discuss this with their faculty/instructor and the simulation center personnel.
 - b. Language must be professional with simulators experiences and Standardized Patients. Respectful and professional attitudes are expected behavior.

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**BCHS
SIMULATION
PROGRAM OP:**

Check Out of Equipment/Simulators/Supplies

PURPOSE:

This BCHS Simulation Centers policy is to explain the loaning procedures of simulators/equipment/supplies.

REVIEW:

The simulation program OP will be reviewed by September 1 of each even-numbered year by the Director of the Simulation Center

The Blinn College Simulation Program Operating Policies and Procedures (OP) have been reviewed and accepted by Sami Rahman, MEd, MSN, RN, Director of the BCHS Simulation program. The BCHS Simulation program OP will be reviewed by September 1 of each even-number year by the Director of the Center.

Appendix

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Simulation Program

Simulation Program Operating Policy and Procedure Manual

SIM OP: Use of “Real” Drugs/Medications for Simulation Based Experience in the Simulation Program

PURPOSE: BCHS Simulation Program policy is to ensure that faculty, staff, students and external users do not bring or use “real” drugs/medications for use in a simulation-based activity into the simulation center.

REVIEW: The Simulation Program OP will be reviewed September of each year by the Simulation Director and Dean of Health Sciences.

POLICY/PROCEDURE

1.0 Policy

No “real” drugs or medications are to be used for simulation-based activities. No real drugs or medications are to be brought into the simulation center by faculty or other customers for educational purposes.

Exceptions to this policy may include: 1) over the counter drugs such as fleets enemas, suppositories that are currently not available as a simulated product, 2) IV solutions that can be used with a partial trainer or advanced patient simulator, and 3) commercially prepared first aid kits in each center.

2.0 Procedure

- A. “Real” drugs or medications for use during a simulation-based education activity are not allowed in a simulation center.
- B. All crash carts are to be inspected, restocked with new simulation emergency drugs and locked following inspection after each use.
- C. If any “real” drugs or medications are discovered in the simulation center, they will be immediately disposed of appropriately in sharps containers.

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- D. If simulation center personnel discover a real drug, they are to notify the simulation center director immediately. The simulation center director will contact the potential source and initiate appropriate action.

Blinn College Health Sciences

Simulation Program

Simulation Program-Members of INACSL since 2011
Operating Policy and Procedure Manual
HEALTHCARE SIMULATION STANDARDS OF BEST PRACTICE™
<https://www.inacsl.org/healthcare-simulation-standards>

The Healthcare Simulation Standards of Best Practice™ are **designed to advance the science of simulation, share best practices, and provide evidence-based guidelines for the practice and development of a comprehensive standard of practice.**

The Healthcare Simulation Standards of Best Practice provide a detailed process for evaluating and improving simulation operating procedures and delivery methods that every simulation team will benefit from. Adoption of the Healthcare Simulation Standards demonstrates a commitment to quality and implementation of rigorous evidence-based practices in healthcare education to improve patient care.

Onward and Upward: The Healthcare Simulation Standards Preamble
The International Nursing Association for Clinical Simulation and Learning (INACSL) Standards Committee and the INACSL Board of Directors (BOD) introduce the fourth edition of the Standards of Best Practice. Since originally announced in 2011, the INACSL Standards of Best Practice have guided the integration, use, and advancement of simulation-based experiences within academia, clinical practice, and research. Healthcare professionals around the globe have and continue to champion simulation; thus, allowing the Standards to flourish. Access the full Preamble here.

Professional Development

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Initial and ongoing professional development supports the simulationist across their career. As the practice of simulation-based education grows, professional development allows the simulationist to stay current with new knowledge, provide high-quality simulation experiences, and meet the educational needs of the learners. Access the full standard here.

Prebriefing

Prebriefing is a process which involves preparation and briefing. Prebriefing ensures that simulation learners are prepared for the educational content and are aware of the ground rules for the simulation-based experience. Access the full standard here.

Simulation Design

Simulation-based experiences are purposefully designed to meet identified objectives and optimize achievement of expected outcomes. Access the full standard here.

Facilitation

Facilitation methods are varied, and use of a specific method is dependent on the learning needs of the learner and the expected outcomes. Facilitation provides the structure and process to guide participants to work cohesively, to comprehend learning objectives and develop a plan to achieve desired outcomes. Access the full standard here.

The Debriefing Process

All simulation-based educational (SBE) activities must include a planned debriefing process. This debriefing process may include any of the activities of feedback, debriefing, and/or guided reflection. Access the full standard here.

Operations

All simulation-based education programs require systems and infrastructure to support and maintain operations. Access the full standard here.

Outcomes & Objectives

All simulation-based experiences (SBE) originate with the development of measurable objectives designed to achieve expected behaviors and outcomes. Access the full standard here.

Professional Integrity

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Professional integrity refers to the ethical behaviors and conduct that are expected of all involved throughout simulation-based experiences (SBE); facilitators, learners, and participants. Access the full standard here.

Simulation-Enhanced-IPE

Simulation-enhanced interprofessional education (Sim- IPE) enables learners from different healthcare professions to engage in a simulation-based experience to achieve linked or shared objectives and outcomes. Access the full standard here.

Evaluation of Learning and Performance

Simulation-based experiences may include evaluation of the learner. Access the full standard here.

Citations of the Healthcare Simulation Standards of Best Practice™

As the copyright owner of the Healthcare Simulation Standards of Best Practice, INACSL welcomes you to cite and use the Healthcare Simulation Standards in your presentations and publications by using the following citations:

Watts, P., Rossler, K., Bowler, F., Miller, C., Charnetski, M., Decker, S., Molloy, M., Persico, L., McMahon, E., McDermott, D., Hallmark, B. (2021). Preamble. Clinical Simulation in Nursing, <https://doi.org/10.1016/j.ecns.2021.08.006>.

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INACSL Standards Committee, Miller, C., Deckers, C., Jones, M., Wells-Beede, E., & McGee, E. (2021). Healthcare Simulation Standards of Best Practice™ Outcomes and Objectives. Clinical Simulation in Nursing, <https://doi.org/10.1016/j.ecns.2021.08.013>.

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INACSL Standards Committee, McMahan, E., Jimenez, F. A., Lawrence, K., & Victor, J. (2021). Healthcare Simulation Standards of Best Practice™ Evaluation of Learning and Performance. Clinical Simulation in Nursing, <https://doi.org/10.1016/j.ecns.2021.08.016>.

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