



Robert Morris University

Regional Research and
Innovations in Simulation
Education
(RISE) Center

Policies and Procedure Manual



RISE CENTER

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1. ADMINISTRATIVE POLICIES AND PROCEDURES

RISE Center Vision

The RISE Center will be a nationally known simulation center transforming the education of our learners through innovative experiential learning and creating positive social change by building relationships, knowledge, and skills.

RISE Center Mission

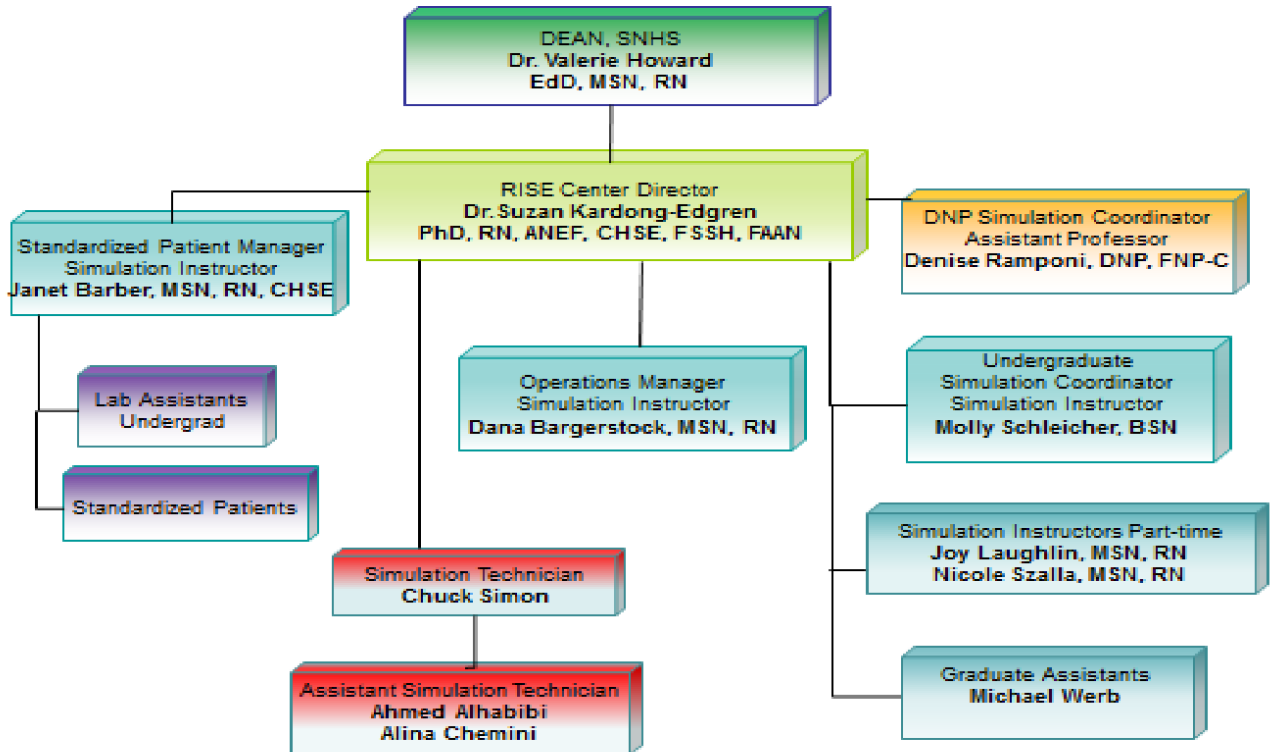
The RISE center is a state-of-the-art simulation facility that serves the university and region. We nurture professional development through experiential learning supported by well-prepared simulation educators and staff.

Approved 10/19/2009
Revision Approved 12/7/2012
Reviewed 12/4/2015
Revised and Approved 5/2018
RISE Center Administration, Faculty and Staff and
SNHS Faculty



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RISE Center Organizational Chart





Publicity and Marketing

The RISE Center Director must approve all publications, publicity documents, or marketing materials that reference the RISE Center before publishing. All those using the RISE Center for either in-house or external filming must discuss RISE Center credit with the director, and will be determined on a case by case basis. Any use of video in the RISE Center for any reason, either internal or external will be evaluated with alignment with the RMU values. The RISE Center and all health professions will be well presented and professional.

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RISE Center Advisory Committee

RISE Center Advisory Committee members are invited to serve on the board by the RISE Center Director. An involvement with simulation and an active interest to serve and attend meetings by phone or in person are required to be invited or remain on the board. Members will be polled biannually to see if they wish to remain on the RISE ABC.

Meetings will be held at least once but no more than 2 times per year.

A position description as a RISE Center ADVISORY Board Committee follows:

- A. Maintain an understanding of and support the mission, philosophy and values of the RMU Regional RISE Center.
- B. Willingness to support and influence others to support the RMU Regional RISE Center to the best of the member's ability.
- C. Provide input on regional, national and international matters related to simulation and healthcare.
- D. Recommend new committee members.
- E. Attend and actively participate in committee meetings at least once but no more than 2 times / year.
- F. Maintain confidentiality.
- G. Willingness to assist or advise the RISE Center Director on special projects or needs as they arise.

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Revision Approved 12/4/2015

Revised & Approved 5/2018

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2. OPERATIONS Policies and Procedures

Ethics and Integrity

All employees sign a statement for Ethical Practice upon hiring. The RISE Center follows the RMU Academic Integrity Statement and Policy.

Academic Integrity at RMU

<http://www.rmu.edu/web/cms/schools/ai/Pages/default.aspx>

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RISE Center Administration, Faculty and Staff
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Confidentiality

All new RISE Center users must create an account on the RISE Center website. Upon creating a RISE Center account, each learner must view the RISE Center orientation video and agree to confidentiality in simulation. RISE Center website accounts are accessible only by RISE Center Director, staff, and faculty who are granted such access by the Director.

For learners - Details of the simulation experience are not to be shared with learners who have not yet participated in the scenario. Learners are not to discuss the performance of other learners outside the simulation learning environment.

For educators, faculty and staff - Details of learner simulation performances should be shared only with those who need to know for the purposes of academic support or remediation.

Learners, educators, faculty, staff, visitors and all others are strictly prohibited from photographing or digitally recording any simulations without the expressed consent of the RISE Center Director or designee and the simulation participants.

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**Accommodations for Students with
Americans with Disabilities Act (ADA)**

Students requiring disability services for the successful completion of simulation activities should be referred to the [University Center for Student Success](#). If the learner is to be excused from simulation activities or given an alternative assignment, this should be part of an overall accommodation plan.

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Approved 5/2018
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Tours and Open Houses

Tours will be scheduled with RISE Center Director, Operations Manager or educators. Advanced notice is preferred by contacting the Operations Manager or designee. External visitors may request a tour by contacting the Operations Manager.

Tour requests should include:

- the contact person
- learning needs of the tour group
- requested dates and times
- size of group

University tour guides must request permission from a RISE Center staff member before bringing visitors into the Center, eg. prospective students and families.

Unscheduled visitors are to report to the lobby of the RISE Center to request tours.

A RISE Center staff member or SNHS representative must be in attendance for all RISE Center tours and open houses. Visitors must be supervised at all times while in the simulation center. The scheduled faculty member/instructor or staff must be available throughout the open house/tour. Visitors may observe simulations from the control room or remote locations for 5 minutes or less and must be accompanied by RISE Center or SNHS faculty or staff. Photos and video recordings are never permitted. The scheduled faculty member/instructor or RISE Center staff must exit last to ensure the doors are locked.

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Fee Structure For Outside Organizations

Consulting fee for program development - varies on complexity of the project \$50-75.00 per hour

Curriculum/scenario development \$50-75.00 per hour

Half Day On Site Simulation Experiences (4 hours) \$500

1 room (up to 3 learners in room – others can view remotely in classroom)
1 simulation specialist
1 simulation technician

Additional Room for Half Day On Site Simulation Experiences \$200

Requires that user organization provide clinical expert

Full Day On-Site Simulation Experiences (8 hours) \$800

1 room (up to 10 students)
1 simulation specialist
1 simulation technician

Additional Room for Full Day Simulation Experiences \$400

Requires that user organization provide clinical expert

Use of skills lab and task trainer equipment To be determined by equipment used and number of learners.

Catering can be done on site- additional fee

Parking - free

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Revision Approved 12/2012

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Prioritization of Use of the RISE Center

Every effort will be made to accommodate all requests for use of the RISE Center. In the event of multiple users requesting use at the same time, priorities will be as follows:

- 1) RMU School of Nursing and Health Sciences
- 2) Other RMU users
- 3) External/ regional users

In scheduling debriefing and classroom space, priorities will be as follows:

- 1) RMU nursing class that is holding simulation on the requested day
- 2) Other RMU SNHS users
- 3) Other RMU users
- 4) External/ regional users

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Access and Scheduling

RISE Center personnel, designated SNHS personnel and RMU Campus Police are the only personnel allocated unlimited access to RISE Center rooms. All others must contact the appropriate personnel as listed above for access.

Faculty members/instructors must schedule instructional time via email prior to utilizing simulation rooms. The RISE Center Operations Manager and/or designee will grant approval.

Learners must be supervised at all times while in the simulation center. The scheduled faculty member/educator or RISE Center personnel must be available throughout the instructional session. The scheduled faculty member/instructor or RISE Center staff must exit last to ensure the doors are locked.

- To schedule high fidelity simulation experiences, contact the RISE Center Operations Manager or faculty by email at least two weeks prior to the experience.
- The schedule of the RISE Center can be viewed on the RISE Center calendar at risecenter.rmu.edu.
- Questions related to RISE Center scheduling should be addressed with the RISE Center Operations Manager or Director.

Please also refer to the Priority of Use policy.

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Revision Approved 12/4/2015

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Purchases, Travel, and Reimbursements

All reimbursements for purchases, travel, memberships, supplies, etc. require the ORIGINAL receipts and are recorded by the individual employee via UNIT4. The RISE Center personnel will follow University policy regarding travel and business expense. Use of the RISE Center P card is subject to approval by the RISE Center Director, and follows university P Card procedures. Contact RISE Center Director for questions. These expenses are tracked by the RISE Center administrative assistant and Director.

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Revision Approved 12/2012

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Severe Weather/School Opening Delays and Emergency Policy

The RISE Center will follow University policy regarding delays or cancellations due to severe weather or emergencies. For instant updates follow Robert Morris University on Twitter and Facebook and RMU Alert. Faculty, staff, and students should sign up for RMU Alert to get updates via email, phone, and text message.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

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Complaint Management

The RISE Center follows the [Undergraduate](#) and [Graduate Student-Faculty Dispute Policies](#) of Robert Morris University. These policies outline the process for student complaints. The RISE Center meetings address potential clinical safety issues, student and learner issues, and staff/faculty issues.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

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Learner and Facilitator Dress Code

Students of Robert Morris University are to follow the SNHS Guidelines for [Professional Appearance Policy](#) when practicing in the RISE Center. Faculty and facilitators are to wear appropriate clinical attire, while conducting simulation and debriefing. Students are to bring necessary equipment (stethoscope, watch, pencil, smartphone) for simulation experiences. Hand held reference materials (such as smart phone, hand held device) are required. Learners and non-healthcare worker lay individuals from other institutions should dress in appropriate clinical attire, ie. comfortable business attire. Flip-flops and sandals are not allowed.

Community service individuals should wear the same uniforms that they are expected to wear in their line of duty. Police officers are asked to check with the RMU Campus Police before entering the campus with any guns or other weapons. RMU maintains a strict no weapon policy while on campus.

Approved 10/02/2009

Revision Approved 12/2012

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Care of Environment

Failure to properly maintain and clean the environment/supplies is considered neglectful and may result in the loss of simulation center privileges as determined by the RISE Center Director.

The simulation center must remain neat, uncluttered, safe, and prepared for the next users of the simulation center. This includes, but is not limited to the following:

- All beds must be remade.
- Clean all supplies after use in the simulation experience. For example, urinals and bedpans should be drained, cleaned, and dried. Equipment is wiped clean.
- Clean the desk area.
- Chairs should be pushed in and organized.
- Organize materials on tables and in cabinets.
- Return all supplies to the appropriate areas. Dispose of all used consumable supplies (eg. wet gauze).
- Red sharps containers are for sharps and other appropriate material only. All sharps must be disposed of in designated red sharps containers. Due to biohazard removal costs, items discarded in these containers are to be limited to appropriate items only. They are not to be used for general trash disposal.
- Return equipment to the appropriate storage area.
- Placed soiled linen in the hamper. Please re-fold clean linens that can be re-used.
- Staff/instructors are to remain in the area until all others have exited.

Food or Drink

No food or drink is permitted in the RMU RISE Center control rooms, and in areas where computerized manikins are in use.



Writing and other utensils

The use of pens can damage the simulation manikins. Please use pencils in the simulation area. Avoid using sharp instruments as much as possible around the manikins to prevent cuts and tears in the manikin skin.

Simulation Control Room/Audio-Visual Equipment

The control room is only to be accessed by faculty or individuals that are granted permission specifically by the Director of Simulation or designee. The audio/visual equipment, including the control room laptops, is for simulation purposes only. Only individuals that are trained on the KBPort system may access and manipulate the audio/visual equipment.

Standard Precautions

Proper cleaning of hands using hand sanitizer will be evaluated prior to using simulation. Hand sanitizer is to be used in the simulation environment in the same manner as the clinical environment. If health care institutional protocol would indicate, then don masks, gloves, and gowns in accordance with the scenario when practicing in the simulation center.

General Care and Cleanliness

Regular cleaning is scheduled and completed by designated staff eg. Student worker lab assistants. All users in the simulation center are required to maintain a clean environment. Students and/or faculty members/instructors are accountable for any damages incurred to the manikins or equipment while using the lab. Shoes should be removed before putting feet on beds unless the scenario calls for the simulated/ standardized patient to wear shoes.

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Care of Supplies and Inventory

The RISE Center Operations Manager or designee is responsible for supply and equipment ordering, storage, maintenance and inventory. Lab Assistants assist in these tasks. Contact the Operations Manager or designee to request use of supplies and equipment, and to submit a request for ordering new items or restocking current ones.

It is the responsibility of all users in the RISE Center to treat supplies and equipment responsibly. All unused supplies and equipment are to be returned to their designated storage areas once users are finished with them. Used consumables are to be disposed of in proper waste containers.

Supply and equipment inventory is to be completed annually.

Storage areas are to be accessed only by RISE Center staff, educators and course instructors.

Approved 12/4/2015

Approved 5/2018

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Medication Policy

No real medications are used or stored in the RISE Center. All medications are simulated substances and labeled as such. All simulated medications are to be kept in locked storage unless being used.

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Approved 5/2018

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3. SIMULATION - EDUCATORS/FACULTY

Simulation Experts

All RISE Center simulation courses are facilitated by the simulation educator, Standardized Patient Program Manager, or Director of the RISE Center. These personnel are deemed simulation experts after they have completed a planned orientation and are approved for independently facilitating scenarios by the RISE Center educators, staff and Director. All RISE Center personnel are highly encouraged to achieve a certification in simulation. The certification method will be funded by SNHS/RISE Center after approval of the RISE Director. Full time RISE Center leadership, simulation educators, and the SP Program Manager will attend regular simulation continuing education. They may contribute to the field of simulation by reaching beyond the institution to the regional, national, and international simulation community. Published articles, presentations, research, book chapters that contribute to knowledge within and about simulation are examples of contributions to the field. Expertise is gained and maintained through ongoing work experience, peer review, and mentoring, and continuing education.

SNHS and other educators who are using simulation are oriented and overseen by RISE Center educators and Standardized Patient Program Manager.

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Simulation Experience

Simulation experiences are guided by [Society for Simulation in Healthcare \(SSH\) accreditation standards](#) and the [International Nursing Association for Clinical Simulation and Learning \(INACSL\) Standards of Best Practice: SimulationSM](#).

Simulation provides standardized applied learning opportunities for learners, to improve patient safety. The RMU Nursing department supports the use of on campus clinical simulation for a minimum of 10% of the total number of clinical hours designated for a clinical course.

The RMU RISE Center is a professional environment. All users shall respect the privacy, rights, privileges, health, and safety of others. All faculty, simulation staff and learners will dress professionally for the on campus simulation experience. See Dress Code Policy.

Prebriefing

The prebriefing period of simulation learning will be guided by the simulation purpose and learning objectives, and the level of the simulation participant. All planned activities will prepare learners for successful participation in a simulation scenario and may enhance reflection during debriefing. Prebriefing time should be a scheduled part of the simulation experience. Prebriefing, in 3 phases, is guided by the work of Rudolph and colleagues (2014) and the doctoral research of SNHS faculty member, Donna McDermott.

Phase 1: Simulation Planning and Preparation

All learners (participants) must create a RISE Center account on the RISE Center website and register for each simulation experience via the RISE Center calendar. The Center's information management system assists with scheduling, monitoring of usage, and provides a database to assist with measuring outcomes. Learners account information is accessible only by RISE Center personnel who have been granted access to such information.



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Pre-simulation learning activities will be assigned at the discretion of the simulation facilitator and/or course instructor. All pre-simulation learning activities should be planned to facilitate learner ability to participate in the simulated scenario based upon the experience or knowledge of the learner. Activities may be provided to learners prior to the simulation day or on the day of simulation.

In the event that a specific scenario may be psychologically or emotionally disturbing, learners are to notify the simulation facilitator, in advance if possible, and an alternative assignment may be given. Learners are given pre-simulation instruction to use a “timeout” to stop the simulation scenario in the event that learners become overwhelmed, anxious, or distressed during the simulation experience. Time outs can also be used by learners to stop the action in order to gather their thoughts before proceeding. See [Psychological Safety Policy](#) for more information.

Phase 2: Briefing

Simulation facilitators will set the tone and expectations for the simulation experience. Discussion of the simulation agenda and logistics will provide the participant with logistics such as breaks, length of experience, the need for debriefing, and the expectations for professional conduct and behavior. In addition, details about evaluation, confidentiality, privacy, and simulation recording will be provided to participants. It is recommended that a briefing script be utilized to ensure that all participants consistently hear the same information.

Pre-simulation activities will include orientation for all learners to the simulation environment by a simulation facilitator before each simulation. Orientation will include orientation to the manikins, equipment, and logistics of performing in the scenario such as how to access supplies or how to call for help if needed. All learners will be provided with an overview of the simulation purpose and goal. Specific learning objectives or expected tasks may not be provided to participants until after the simulation scenario is completed. All fiction contracts will be discussed with learners before the scenario begins. eg. Ventriloscope®, physical findings that a manikin or standardized patient cannot reproduce.



Phase 3: Facilitation of Briefing

Participants will be provided with a starting point for the simulation such as a report of the simulated patient. Simulation facilitators will provide students with the opportunity to ask questions prior to entering the simulation scenario. In addition, time may be provided for participants to collaborate with peers and formulate a plan of care prior to entering the simulation room. Based upon learner needs and previous experience, the simulation facilitator may provide other preparation activities as needed. For example: discussion of patient case, medications, or electronic health record.

Professional Demeanor

The RISE Center is a professional learning environment. Simulation serves as an on campus clinical experience. Manikins and standardized patients will be treated as “real” patients. Fellow students and faculty are to be treated as professional colleagues.

Confidentiality- also see [Confidentiality Policy](#)

Upon creating a RISE Center account, each learner will view the RISE Center orientation video and agree to confidentiality in simulation. Simulation participants will be asked not to share details of the simulation scenario with learners who have not yet participated in the scenario. Discussion of learner performance by other observers/learners is to be respectful and focused on learning. Learners are not to discuss the performance of other learners outside of the simulation experience. Simulation facilitators and faculty will only discuss participant performance details with others on a need to know basis.

Simulation Technician and Student Worker Support

The simulation technician is present for simulation experiences to assist with technical and sound/video recording aspects of scenario. Graduate and undergraduate student workers assist with setup, role-playing, and facilitation as needed.



Simulation Scenario Oversight

RISE Center Director, faculty, and/or SP Program Manager oversee all simulation experiences in the RISE Center. All simulations are facilitated by trained simulation facilitators. Course faculty and clinical content experts are encouraged to observe and participate in all course scenarios as well as assist with debriefing.

Cueing and student support

A think aloud approach in simulation may be used to allow facilitators and observers the ability to understand learner thinking and allows debriefers to close learning gaps. To maximize the learning experience, multiple sources of supportive cueing may be used including patient/manikin, physician phone call, charge nurse entering room, and cueing from standardized patient as trained to do so. Simulation facilitators may provide cueing and support to assist participants in meeting scenario learning objectives where appropriate. Participants who are struggling during the simulation scenario may use a timeout strategy to indicate that they need to have an offline conversation with the facilitator. It is given that when in a timeout is used, the patient cannot hear the conversation. Students are always given the option of calling a timeout to regroup, consult peers and ask questions. Once issues are resolved, students time-in and the simulation resumes. Overhead cueing is used as a last resort. Reference material may be used by participants during simulation if permitted by instructor.

Once participants have met the ending point of the scenario, they may leave the simulation room or the facilitator will indicate to the learners that the scenario has ended.

Debriefing

After simulation, learners participate in a planned debriefing session. Debriefing may be one on one and/ or in a group setting, and is led by the trained facilitator/faculty. During this debriefing period, learners may review their performance, critically evaluate their actions, and bridge the gap between classroom knowledge and application to the clinical setting. These discussions stimulate critical thinking, reflective practice and promote enhanced problem solving abilities. The



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[Promoting Excellence and Reflective Learning in Simulation \(PEARLS\)](#) framework by Eppich & Cheng (2015) is utilized for debriefing after each simulation experience. A debriefing card with a template using this technique has been developed for use in the RISE Center to guide simulation facilitators and educators during debriefing. Debriefing is conducted in a safe comfortable environment for learners with adequate time for reflection and discussion. All previously mentioned principles of confidentiality and establishment of a safe learning environment are carried through to the debriefing period.

Evaluation - See Evaluation policy.

Written evaluation of simulation will be completed periodically by all learners following simulation. Email reminders are automatically sent to learners after the simulation has ended and evaluations of simulation are completed through the RISE Center website.

Approved 10/19/2009

Revision approved 12/2012

Revision approved 12/4/2015

Approved 5/2018

RISE Center Administration, Faculty, and Staff
and SNHS Faculty

Citations:

Eppich, W., & Cheng, A. (2015). Promoting excellence and reflective learning in simulation (PEARLS).

Development and rationale for a blended approach to health care simulation debriefing. .

Simulation in Healthcare, 10, 106-115. <http://dx.doi.org/10.1097/SIH.0000000000000072>

McDermott, D. S. (2015). Seeking consensus on prebriefing: Preparing students for simulation-based

learning (Order No. 3734765). Available from ProQuest Dissertations & Theses Global.

(1734038151).

Rudolph, J. W., Raemer, D. B., & Simon, R. (2014) Establishing a safe container for learning in simulation.

The role of the presimulation briefing. *Simulation in Healthcare*, 9(6), 339-349.

<http://dx.doi.org/10.1097/SIH.0000000000000047>



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Simulation Hours to Clinical Hours Ratio

Each 1 hour of simulation equals 2 hours of clinical time, for a 1:2 ratio. The course faculty member may designate the allotted equivalent in their syllabus and inform the students accordingly.

Approved 9/2012

Reviewed 10/2015

Approved 5/2018

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Orientation for RISE Center Educators and Staff

New RISE Center educators, and staff are oriented to the environment and to simulation guided by their job - specific orientation checklist. Full and part time faculty and staff work with a simulation educator for the first year of employment. All employees also complete the RMU employee orientation.

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Course Development

The RMU RISE Center has dedicated simulation educators who are academically and experientially prepared to develop and facilitate simulation. The RISE Center Director, simulation educators, and Standardized Patient Program Manager work as a team to ensure the INACSL Standards of Best Practice: SimulationSM in utilizing simulation as a pedagogy are upheld.

The RMU RISE Center will assist all internal faculty members and external users in designing, implementing, and evaluating simulation experiences for their students/learners according to the [INACSL Standards of Best Practice: SimulationSM](#)

The RISE Center team develops all simulation scenarios following the National League for Nursing (NLN)/Jeffries Simulation Theory, the [INACSL Standards of Best Practice: SimulationSM](#) and the [Association of Standardized Patient Educators \(ASPE\) Standardized Patient Standard](#).

All simulation courses will be guided by learning objectives that follow the approved course syllabi to meet course objectives.

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Approved 5/2018

RISE Center Administration, Faculty and Staff
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4. TECHNOLOGY POLICIES AND PROCEDURES

Video Recording Confidentiality & Use Policy

RISE Center simulation experiences are recorded for educational and debriefing purposes, are viewed within the RISE Center environment, and are destroyed after their use. If recordings are requested for use outside the RISE Center, the following guidelines apply:

- It is strongly preferred that simulations be viewed via online access. If online viewing is not feasible, then a recording may be made on a DVD or drive with permission.
- If a video recording is requested for educational presentation purposes, permission from all participants in the recording must be obtained.
- The RISE Center "Permission for Use of Simulation Recording for Alternative Purposes" forms are available through the RISE Center office.
- With guidance from RISE Center personnel, videos can be temporarily downloaded to external devices in order to debrief outside the RISE Center facility or when off RMU campus, however the device must be returned within 48 hours. No copies are to be made for any reason.
- All recordings are property of the RISE Center. Any attempts to copy, distribute, or use without authorized **written** consent will result in disciplinary action.
- Individuals not affiliated with the university who wish to capture student simulation experiences through videotaping or audio recording need to have written consent from faculty and administration in order to gain access to the RISE Center facility. This includes, but is not limited to, marketing videos, videos needed for "presentation purposes", or personal projects.
- The RISE Center personnel have the right to deny access to individuals who wish to videotape or take pictures of students without first obtaining authorized permission.
- Recordings for summative evaluations will be maintained in a separate locked storage system for an indeterminate amount of time.

Approved 12/5/2014

Reviewed 12/4/2015

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and SNHS Faculty



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Physical Environment and Simulation Equipment

The RISE center features manikins and task trainers designed to assist learners in applying needed skills and knowledge. Simulated hospital rooms and treatment areas are located within the RISE Center. Manikins, standardized patients (actors), and dedicated debriefing areas are used to provide students with immersive and engaging, realistic, and interactive learner activities. The RISE Center space encompasses more than 7000 square feet of simulation space including: 2 outpatient exam rooms, 4 inpatient simulation suites, a home care suite, 2 debriefing rooms, and one flexible classroom/debriefing room and the RISE Theater 49 seat classroom.

All high-fidelity manikins are computerized with interactive capabilities to simulate physiological and pharmacological responses in real-time and have wireless and virtual manikin capabilities. Low fidelity manikins are tube-insertion capable including NG, oral, trachea and foley insertion sites. Various interchangeable wounds and stomas are also available. Most also have B/P, heart and lung sound capability.

State-of-the-art audiovisual (AV) and information technology (IT) equipment such as digital video recorders, multiple in-room cameras, audio-visual editing software, video monitors, and microphones provide live remote viewing, immediate feedback, and after-action review during the debriefing period and provide the opportunity to share the benefits of simulation with remote on-campus audiences. Debriefing suites are also video and audio capable.

IT resources also allow for scheduling and administrative support.

Manikins:

- Two Laerdal SimMan 3G™ manikins
- One Nursing Anne simulator
- One Laerdal SimMan™ manikin with wall compressor (SimMan classic)
- One Gaumard Noelle™ birthing simulator with newborn
- One Laerdal SimBaby™ infant manikin
- One Gaumard Pediatric Hal™ infant manikin



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- One Gaumard Pediatric Hal™ 5 year old manikin
- One Cardiopulmonary Patient Simulator Harvey™
- Five Nursing Anne manikins (one dark skinned) all with VitalSims™ capacity
- One Nursing Anne without VitalSims™ capacity
- Four Nursing Kelly manikins (one medium brown skinned), 2 with VitalSims™ capacity
- Five SimPad™ for use with VitalSims™ manikins

Task Trainers:

- Peter PICC
- Chester Chest
- Femoral line trainer
- IV arms
- Pelvic exam model
- Testicular exam models
- Ear exam head models
- Breast exam model
- Virtual IV

Approved 10/19/2009

Revision approved 12/2012

Revision approved 12/4/2015

Approved 5/2018

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Manikin General Care and Maintenance

To maintain the efficient functioning of the manikins and equipment:

- Avoid the use of writing instruments and sharp objects near manikins to prevent unattractive markings and tears to the skin.
- Apply a dusting of baby powder to skin to lubricate and help prevent stains.
- Lubricate airway adjuncts, urinary catheters, and chest tubes with silicone spray prior to insertion.
- Use a mild detergent and warm water to remove most marks and stains. Gently rub the soiled area with a soft cloth. Do not use abrasive soap or pads.
- No individuals are allowed in bed while a simulation manikin is in the bed.
- Prior to using moulage, apply a light coating of petroleum jelly followed by a light dusting of baby powder to the skin. This application makes cleaning the skin easier.
- The manikins are very heavy. Use good judgment and proper body mechanics when manipulating the manikins.
- Manikins are to be moved only by those trained to do so. A neck collar and wrist restraints are to be applied properly before moving the manikin in order to prevent damage.
- Cleaning schedule will vary depending on frequency of use of the manikins. Refer to RISE Center GANTT chart for cleaning and maintenance schedule.

After each simulation session, RISE Center trained personnel will:

- Power off the manikin and PCs.
- Charge batteries if necessary.
- Remove wet clothes or linens.
- Return manikin and PCs to original state

Refer to procedure posted in each control room

Approved 12/5/2014

Reviewed 12/4/2015

Approved 5/2018

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Handheld Devices

Each student in the nursing program is required to purchase a Smartphone that is Skyscape® compatible for exploring point of care access including medication information in the clinical setting. Students are expected to bring their Smartphone with software to all simulation and clinical activities. It is expected that all students will have the device charged, readily accessible, and understand and be able to use the technology. Any troubleshooting questions or concerns can be directed to graduate student for technology at nursing01@rmu.edu or 412-397-6342.

Approved 12/2012

Revision Approved 12/4/2015

Approved 5/2018

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Event Television Monitor

The RISE Center uses the television monitor in the RISE Center lobby to highlight upcoming events. Specific PowerPoints display highlights of the semester and other pertinent simulation related information. In addition, a professional PowerPoint will be used when guests are touring the RISE Center. The computers are to be accessed by trained lab workers, faculty, or staff as guided by the RISE Center Director. Updates to Power Points are to be made by RISE Center faculty, staff, or students.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

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5. STANDARDIZED PATIENTS (SP'S)

Standardized Patient Simulation

Standardized Patient (SP) simulation uses trained actors or lay persons to portray the role of a patient in a safe, controlled environment. SP simulation is ideally suited for simulation scenarios with goals of therapeutic communication, teamwork, health provider interviewing and examination, but can be adapted for any scenario. The SP Program Manager will assist educators in designing, implementing, and evaluating simulation experiences for their students according to the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM and in accordance with the Association of Standardized Patient Educators (ASPE) Standards of Best Practice. The SP Manager will assist educators with:

- Script development following the template approved by the RISE Team
- Set realistic expectations of SPs possibilities, limitations, and scope of involvement in work assignment.
- Identification of current literature that supports use of SPs in the particular scenario.
- Identification of moulage/costume requirements to ensure a realistic SP simulation experience in a cost effective manner.
- Development of patient/character information
- Evaluation of SP simulation and program satisfaction

Approved 12/2012
Reviewed 12/4/2015
Revised 11/4/2016
Approved 5/2018

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Standardized Patient and Student Disclaimer

The learners in our simulations are students of their respective programs. They are not fully functioning practitioners and should not be considered such by any SP. Physical exam findings, treatment plans, and patient teaching that take place during a simulation are never to be considered applicable to a SPs' real life situation.

The RMU Standardized Patient program operates in the RMU RISE Center. All RMU RISE Center policies and procedures apply to standardized patient as well as to manikin simulations.

Approved 11/4/2016

Approved 5/2018

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Faculty and Educator Scheduling of SP Simulations

The SP Manager schedules and coordinates all SP simulations. Educators are to contact the SP Manager via email at barber@rmu.edu to request and schedule all SP simulations as far in advance as possible. A minimum notice of three weeks is required in order to hire and train SPs for simulations using current scripts. New scripts should be completed no less than 4 weeks in advance of the scheduled simulation date for review by the SP Manager and a content expert as needed, to ensure content validity and script quality.

Scripts are sent to SPs 2 weeks before the scheduled simulation date. Quality of the simulation may be compromised if scripts are not ready 2 weeks in advance of the simulation and the RISE Center staff reserves the right to cancel any simulation.

Approved 11/4/2016

Approved 5/2018

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Doctor of Nursing Practice (DNP) Student Projects

All DNP students requesting to use the RISE Center for their DNP projects must contact the RISE Center Director as early as possible in the planning process. For any project involving standardized patients, a minimum notice of 4 weeks is required. In addition, a scheduled meeting with the SP Manager, Jan Barber, is required before the simulation will be added to the RISE Center calendar. The RISE Center script template is to be used to develop all SP scripts which must be reviewed by the SP Manager a minimum of 2 weeks in advance of the simulation date. DNP students are responsible for expenses related to the simulations, e.g., SP pay, videographer, etc. Limited funding through the RISE Center is available and an application for funding must be submitted to the RISE Center director and approved in advance of the simulation.

Approved 11/4/2016

Approved 5/2018

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Confidentiality for Learners and Standardized Patients

In order to maintain learner privacy and confidentiality, it is never acceptable to share any names, outcomes or comments about our learners outside of the RISE Center, including on any social media feed or any other public outlet. Script and case details are never to be discussed or shared with anyone outside of the RISE Center. Written scripts are the property of RMU RISE Center. Contact the RISE Center SP Program Manager to request permission to use written scripts outside of the RISE Center

RISE Center staff does not discuss the names of SP actors or details of their patient/ character portrayal outside of the RISE Center. Steps are taken in all communications to ensure the privacy of SPs who have been cast or have been offered a role. All SP contact information, payment forms, and payment records are kept in a secure physical and/or electronic location. This information is shared on a strictly need to know basis, eg. payment requests with the RMU Accounts Payable department. Hard copies are disposed of via the University confidential paper management system in a locked disposal container.

Please see the RISE Center confidentiality policy.

<http://ca.simmedical.com/ArticleMedia/pdf/12408.pdf>

Approved 11/4/2016

Approved 5/2018

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Standardized Patient Safety

SPs are often asked to participate in simulations in which the learners are required to perform physical examinations and/or cover emotionally charged, triggering or difficult topics. SPs are notified of these case specifics at casting. Any SP who has been offered a role and anticipates that they may not be comfortable participating in any simulation for any reason, should decline the casting.

Breaks are given at a minimum of 15 minutes every two hours and a 30 minute break every 4 hours during SP work days. Backup SPs are cast for the majority of simulations to cover for breaks and unexpected absences.

Moulage (makeup and other effects to simulate illness or injury) and costuming are outlined in the script. Stage and street makeup products are used. There may be several latex products in use in the RISE Center. Clean and sterile gloves are non-latex. If SP actors are sensitive to or allergic to makeup, topicals, latex, medical adhesives, etc., they should alert the SP Manager in advance of the simulation workday. SPs should remove moulage and patient wrist ID bands before leaving the RISE Center.

In the event that an SP feels unsafe at any point during a simulation for any reason, the SP is to call a time-out and the simulation will be stopped immediately. The facilitator or instructor will intervene with the learner or learners in the simulation room. Notify the SP Manager if this occurs.

SPs who are feeling any adverse effects from their participation in any simulation must report to the SP Manager or designee immediately. See [RISE Center Health Incident Policy](http://ca.simmedical.com/ArticleMedia/pdf/12411.pdf) <http://ca.simmedical.com/ArticleMedia/pdf/12411.pdf>

SPs wear undergarments for all simulations. All genders typically wear boxer or gym shorts and women wear regular bras or sports bras. Learners will not perform breast and genital exams unless the SP is hired specifically for Gynecological Teaching Associate (GTA) or Male Urogenital Teaching Associate (MUTA) exams.



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Learners are to perform eye exams with the otoscopes light off so as not to expose SPs to long periods of bright light.

SP changing rooms can be found in the RISE Center. SPs will be provided a clean patient gown and sheet or blanket if the simulation warrants. Other equipment will be cleaned for use as needed. SPs should bring their own slippers and robe if desired. Lockers for belongings are available. SPs are to leave an item such as a photo ID with the front desk attendant to obtain a locker key. SPs will keep the locker key in their possession until they have emptied the locker and turned in the key before leaving campus at which point the ID will be returned.

All SPs are to report to the SP Manager or designee before leaving the RISE Center at the end of the work period. At this point, de-roling is offered and highly recommended, particularly for cases involving emotional intensity and traumatic role portrayal.

Any complaints and concerns should be brought to the attention of the SP Manager or RISE Center Director as soon as possible. Their offices are located behind the RISE Center lobby desk. Any complaints reported by learners regarding SPs in simulation will be reviewed by the SP Manager, RISE Center Director, simulation educator/facilitator, and primary faculty for the course. Available videos will be reviewed, and information gathered from involved parties. The issue will be reviewed and resolution will be communicated to all parties.

RISE Center Director: Dr. Suzan Kardong-Edgren - 412-397- 3534,
kardongedgren@rmu.edu

RISE Center Standardized Patient Manager- Jan Barber 412-397-6350,
barber@emu.edu

RISE Center Simulation Faculty – Dr. Janice Sarasnick 412-397-5299,
sarasnick@rmu.edu

Please see [RISE Center Physical Safety Policy](#)

Approved 11/4/2016

Approved 5/2018

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Recording

All of the simulation rooms including the room in which SPs may be waiting, have cameras and microphones except in designated SP changing rooms. Always assume cameras are on when in the RISE Center. SPs should assume they are still being recorded on camera even after the learner leaves the room, keeping in mind the learner may see the entire video.

Recordings of all simulations are stored for up to a year, are used for educational purposes only and are not published or shared on any social media or other public outlet. In the event that RISE Center personnel want to use a video or still photo for use outside the RISE Center, e.g. for a conference presentation, we will request the SP's written permission to do so in advance. [Please see the RISE Center video recording policy.](#)

Approved 11/4/2016

Approved 5/2018

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Scheduling/Casting of SP's

Roles are offered based upon the case requirements for age, gender, and ethnic expression if specified. Casting calls are sent via email unless another form of communication has been specifically requested. SPs that have replied to the casting call confirming availability will be added to the simulation schedule and an email confirming participation will be sent. The script and a reminder of call time and end times will be emailed to each SP 2 weeks prior to the scheduled participation date. Scripts will include simulation objectives, costume requirements, and any moulage to be completed. Call times are generally 30 minutes before the simulation begins, giving SPs the opportunity to ask questions of content experts in advance. Call time may be earlier for moulage and other needs.

Those wishing to be considered for the SP program should email the SP Manager, Jan Barber, at barber@rmu.edu. General information and an application will be emailed and an interview will be scheduled for prospective candidates.

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Payment of SP's

New standardized patients must complete W-9 and Vendor Certification forms and turn in these forms to the SP Manager in order to have payment processed. Checks will be mailed to the address recorded on these forms. If any information changes such as address or name, SPs must complete new forms on their next workday in the RISE Center. SPs can expect paychecks to arrive within 3 weeks of their workdays.

Standardized Patients are considered outside vendors from a payroll perspective and the university payroll department will issue 1099s to SPs who earn over \$600 per calendar year. The University does not withhold taxes from paychecks. That responsibility lies with the individual SP.

Standardized patients are paid hourly for simulation case portrayal, and for a minimum of 4 hours even if scheduled to work less than 4 hours in one day.

An SP that requests to be absent or is otherwise unavailable for a period of time in the midst of a simulation day, such as leaving the RISE to deal with matters unrelated to simulation, will not be paid for the period of time in which the SP is not available to participate in a simulation.

For general and specific role training with the SP Manager on campus, SPs will be paid the current hourly rate for training on site equal to the number of hours spent in training. The 4 hour minimum pay policy does not apply to training. SPs are not paid for studying scripts and role preparation completed outside of the RISE Center.

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Approved 5/2018

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Training

The SP Manager oversees recruitment and orientation of all standardized patients. Training for individual simulation cases will be determined on a case by case basis. Round robins, practice run-throughs, viewing videos of prior simulations, and viewing live simulations are used for training purposes. Scripts are sent to SPs 2 weeks in advance of their work day for their review. Call time is a minimum of 30 minutes before simulation begins which includes practice time and the opportunity to discuss case specifics and questions with the facilitator and / or professor.

Training is required for anyone new to standardized patient work, whether or not they have acting experience. SP Manager will train standardized patients in current evidence based role portrayal, feedback and debriefing techniques and evaluate the need for retraining of SPs on an ongoing case basis.

The SP Manager will schedule a mutually agreeable time for training. Practice in role characterization, emotional mood scales, improvisation, and feedback will be reviewed. There may also be a “dry run” practice training session for a specific role if the simulation is more complex.

Those who have experience as a standardized patient will discuss experience and training needs with the SP Manager and the need for further training will be determined.

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Feedback and Debriefing

In feedback, the SP provides information to the learner that is related to the experience of the simulated patient /character. Feedback is to be given in character. Share the experience of working with the learner from the simulated patient point of view, not as yourself, the actor.

We encourage the learner to ask specific questions for feedback. SPs are welcome to request the learner to do so. The answer to “How did I do?” may not be as helpful for the learner as a specific question about their actions might be. Depending on the specific simulation, there may or may not be feedback given. You will be notified in advance if no feedback is required.

Debriefing is a conversation that encourages the learner to reflect on and examine their simulation performance and experience. Trained RMU facilitators, instructors and professors lead the debriefing. You may be asked to participate in debriefing with the learners.

It is strongly preferred that you stay and participate in feedback and debriefing.

[RISE Center debriefing policy can be found here.](#)

RISE center simulations include teaching or formative, and assessment or summative (graded) objectives. Currently it is not required that SPs do grading or scoring of learners. Feedback and debriefing needs are specific to each simulation and details are included in the written scripts.

Approved 11/4/2016

Approved 5/2018

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Parking

Parking on campus is free of charge. SPs and visitors may park in any general parking spot designated with yellow lines. During the fall and spring semesters, SPs must stop at the Barry Center on campus to obtain a parking pass hang tag that is to be placed on the rear view mirror for the entire length of your time on campus. During the summer – 2nd week in May through the 3rd week in August, a parking pass is not needed.

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Cancellations

Occasionally, simulations are cancelled or scheduled times are changed. If the RISE Center cancels a simulation, SPs will be notified as soon as possible by email. Payment for cancellations made by the RISE Center is based on the following scale.

Three days or less before your scheduled date – receive full payment

Five days to four days before your scheduled date – 50% payment

Six days or more before your scheduled date – no payment

If an SP is no longer available for the scheduled simulation, please contact the SP Manager as soon as possible so a replacement can be found. SPs who cancel at any point will not receive payment for hours not worked. Repeated late cancellations, tardiness and uncommunicated absences will compromise future casting opportunities.

Approved 11/4/2016

Approved 5/2018

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Communication

Email is the preferred form of communication method for casting and sending scripts. If an SP needs to communicate by a method other than email, please make arrangements with the SP Manager.

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SP Responsibilities

- Learn your script and prepare for your character before arriving for the workday.
- Arrive at your specified call time and notify the SP Manager if you will be late.
- Notify the SP Manager as soon as possible in the event you are scheduled to participate but are no longer available. Failure to do so may compromise future casting opportunities.
- Ask questions to clarify role prior to the beginning of the simulation.
- Alert the SP Manager to any skin sensitivities or allergies to latex, adhesives, makeup, etc.
- Do not improvise in a way that diverts the learner from the simulation objectives. If the learner asks a question and the answer is not written in the script, give a neutral answer, e.g. "I don't remember", "No" "I can't recall", "No, that is not a problem". The answer to a question unrelated to the simulation should be brief and as neutral as possible. It is fine to answer questions about your character's favorite sports team, TV show, or not being a TV watcher, getting along well with your family, etc.
- When a student or faculty member calls a timeout, go into "suspended animation" by being still and silent, with your gaze on a neutral spot until the action is timed back in.
- Avoid interacting with learners outside of the simulation room.
- When leaving the simulation room for a break please go directly to your destination, staying reasonably in character.
- Please stay in character until you have been told the simulation is over. Assume you are still being recorded on camera even after the learner leaves the room, keeping in mind the learner may see the entire video.
- When finished for the day, please leave all linens in the simulation room. Please see the RISE Center SP Manager or designee to de-role and sign out for the day.

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Approved 5/2018

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6. SAFETY POLICIES and PROCEDURES

Participant Psychological Safety

Uncontrolled and Unintended Stress Responses during a Simulation Activity

Participants are always made aware in advance of scenario subject matter and objectives. Participants always have the option to opt out of any scenario that may be psychologically distressing. An alternative assignment may be offered. Simulation may sometimes elicit unexpected psychological or physical responses from participants. Emotional responses to simulation activities may also occur – examples: uncontrolled crying, fear of loss of control.

If this occurs, facilitators or course faculty should immediately remove learner from the simulation activity if possible and safe.

1. Learner and facilitator discuss whether the learner will be able to successfully complete the required simulation activity.
2. If it is determined that the learner will be able to complete the activity, the learner should be allowed to participate, but the facilitator should observe the learner throughout the simulation for any signs of uncontrolled stress.
3. If it is determined that the learner will not be able to successfully complete the simulation, the learner should not participate and the facilitator should provide the learner with an alternate learning assignment.
4. In the event that the learner is experiencing great difficulty, the facilitator will direct other learners to the debriefing room to await further instruction. The facilitator or course faculty will assess the situation and needs of the learner and will refer learner to counseling services at University Health Services if needed.
5. If necessary, an alternative facilitator will be called to assist the remaining learners and continue simulation activity.



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Physical response examples include: loss of consciousness, rapid heart rate, chest pain, sweating, nausea, dizziness, trouble swallowing, allergic reaction. If it is determined the learner's physical symptoms are not serious/life threatening and the response was emotionally triggered, follow steps for an emotional response to simulation activities. If required, activate the emergency response system 911. Remain with learner until alternate facilitator or emergency response team arrives. Primary or Alternate facilitator return to remaining learners and continue simulation activity.

Process -Alternate facilitator plan

1. The Simulation Director, Operations Manager, or other appropriate individual will serve as the alternative facilitator designated to provide support as needed in the event that a learner experiences an uncontrolled and unintended emotional and/or physical stress response during a simulation activity.
2. If this individual is not available a member of the faculty or simulation staff will stay with the learner experiencing the crisis allowing the facilitator to resume the simulation with the remaining learners.

This policy was adapted at Robert Morris University with the permission of Dr. Rosemary Macy, PhD, RN, CNE, CHSE, Associate Professor, Boise State University

*This policy adapted from the following reference:

Willhaus, J., Averett, M., Gates, M., Jackson, J., Windnagel, S. (2014). Proactive policy planning for unexpected student distress during simulation. *Nurse Educator*, 39(5).

Approved 12/4/2015
Approved 5/2018
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Physical Safety

- RISE Center personnel and users are to follow RMU safety policies. http://www.rmu.edu/OnTheMove/findoutmore.open_page?ipage=67493
- Only those employees with a need to access the RISE Center will be granted key card access.
- Individuals must be trained in use of equipment before handling it.
- Manikins and other equipment are heavy. Good body mechanics must be used when moving manikins and other heavy objects. Individuals must be trained in the process before moving manikins.
- Electrical safety principles are to be used when working in the RISE Center. Plugs are to be removed from outlets by the plug and not the cable. Exposed wires must be reported immediately to RISE Center staff. Do not roll equipment over electrical wires.
- All powered equipment is serviced at least annually by a qualified service company and marked as inspected. Defibrillators are live, are marked as such and are inspected semi-annually.
- Foot traffic paths must be kept clear of wires and other tripping hazards
- Sharps must be properly disposed of in designated red sharps containers. Only sharps go in the sharps containers.
- Closed toed shoes are to be worn for safety in the simulation center.
- Safety incidents are to be reported to the RISE Center Director or designee immediately and RMU reporting procedure will be followed. See Health Incident Policy

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Approved 5/2018

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Health Incidents

Any health incident, defined as any actual or potential injury or health risk, that occurs to any person or persons in the RISE Center must be documented and reported as per the University policy by the faculty member to the RISE Center Director.

Students who are practicing under the supervision of Rise Center personnel or lab instructors should notify the educator in a timely manner if such an incident occurs. Refer to the RMU SNHS Health Incident policy for further information. Link to RMU policy and RMU Incident Investigation and Report Form:

<http://snhs.rmu.edu/ForStudents/CurrentStudents/Policies/Undergraduate/cmp-media/docs/snhs/nursing-incident-investigation-form.pdf>

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Approved 5/2018

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7. QUALITY MANAGEMENT POLICIES AND PROCEDURES

Quality Improvement Plan

The RISE Center follows the Robert Morris University Outcomes Assessment policies. See: http://sentry.rmu.edu/web/cms/departments-offices/research-outreach/institutional-research/Pages/default.aspx#other_outcomes

Approved 10/19/2009

Revision Approved 12/2012

Revision Approved 12/4/2015

Approved 5/2018

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Quality Improvement Committee

Purpose:

The purpose of this committee is to ensure the RISE Center simulation experiences adhere to the highest standards of quality as designated by the Society for Simulation in Healthcare, the International Nursing Association for Clinical Simulation and Learning, and the ASPE Standardized Patient Standard.

The RISE Center Quality Improvement Committee meets yearly and utilizes learner feedback and evaluations, pre and post-test materials, and feedback from clinical instructors and content experts to evaluate and revise simulations. Findings are reviewed and shared with the SNHS Dean, appropriate program directors, and lead faculty members and instructors.

Membership:

The Quality Improvement Committee will be comprised of the RISE Center staff, educators and at least three faculty employed within the SNHS.

Procedure:

The committee will meet once a year to evaluate RISE evaluation data to ensure quality and adherence to standards. In addition, QI will be addressed as a separate discussion item during each RISE Center meeting.

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Approved 5/2018

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Evaluation of Debriefing Using the DASH Tool

Quality Improvement Process for Evaluation of Debriefing Using: Debriefing Assessment for Simulation in Healthcare (DASH) Tool

Simulation facilitators and educators are required to have one review of their debriefing per semester for their first year, and one review each year for subsequent years, to receive feedback on their performance. This review assists the RISE Center and the educators with continuous quality improvement as part of the RISE Center Quality Improvement Plan and is designed to meet SSH accreditation requirements and the guidelines from the National Council of State Boards of Nursing (NCSBN).

The RISE Director or a CHSE faculty will complete the review and give feedback using the Debriefing Assessment for Simulation in Healthcare (DASH) tool. If a DASH score is less than 5, a remediation plan will be devised in concert with the facilitator. The DASH tool is a well-known, valid and reliable evaluation instrument created by the simulation professionals at Harvard.

As part of the RISE Center Quality Improvement Plan, the SSH accreditation requirements, and the guidelines from the NCSBN, all simulation educators within the RISE Center may self-score their debriefing with the DASH tool (long or short version) at least once each academic year (fall, spring, and/or summer).

This scored self-review will be kept on file in the RISE Center for accreditation and documentation purposes. The purpose of this self-scoring opportunity and reflection is to review the known best practices in debriefing as reflected in the DASH tool and to reflect on those in view of one's own performance. The goal is continuous improvement in debriefing skills. Simulation facilitators may ask for their debriefing session to be recorded for self-review in this process. It will be the responsibility of the simulation facilitator to notify the simulation technician in advance if video recording is required for the debriefing.

Reviews may be completed at the end of a semester or more frequently as needed for new employees or as part of employee training. DASH tools completed for QI purposes will be kept on file by the RISE Center director for QI



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and accreditation purposes only. Employees under collective bargaining agreements may elect to have DASH tool used as part of their faculty observation requirement if they choose. Please see the collective bargaining agreements for more information about faculty evaluations.

All DASH tool evaluation requests should be made at least two weeks in advance to the desired CHSE. If the requested rater is unable to observe at the time of the simulation, the rater may review the recorded scenario and provide feedback for growth and development.

RISE Director Contact Information: Suzie Edgren 412-397-3534
kardongedgren@rmu.edu

CHSE Evaluator 1 Contact Information: Janice Sarasnick sarasnick@rmu.edu

CHSE Evaluator 2 Contact Information: Donna McDermott mcdermott@rmu.edu

CHSE Evaluator 3- Janet Barber MSN, RN, CHSE

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Approved 5/2018
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Remediation

If an educator scores less than 5 on the DASH tool, scored by the Director or a CHSE educator, the educator may request an additional observation be conducted by a different peer or CHSE, who will review the original event. Findings will then be discussed between all parties. Regardless of second findings, a mutually agreed upon Simulation Educator Success (SES) Plan will be developed. This may involve reading articles, coaching for facilitation improvement, self or peer review of recent debriefings with reflections, and critique for improvement. The objective is for improvement of educator performance. Once the Simulation Educator Success Plan has been completed, the facilitator will complete another debriefing which will be evaluated by the RISE Center Director.

The simulation educator may also include the DASH evaluation tool completed by the students. The data may provide additional insight into the teaching effectiveness of the simulation educator. If the simulation educator chooses to seek student feedback, a meeting will be held to review the data with the RISE Center Director within 2 weeks of the semester ending, as the data is available. If deficiencies in facilitation are found, the RISE Center Director and simulation educator will seek a mutually agreed upon SFS plan of action. Follow up with the RISE Director should be considered when developing the individualized plan.

Approved 12/4/2015

Approved 5/2018

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Evaluation of Simulation Experience

Every simulation participant will be sent an electronic request for evaluation of the simulation experience one hour after simulation completion. The evaluation form collects anonymous baseline demographic data and asks participants to rate the experience using the [DASH short tool for students](#).

In addition, the online evaluation tool will ask simulation participants to rate their satisfaction with the simulation experience on a Likert scale and provide an open ended section for comments about the simulation experience.

RISE Center High Fidelity Simulation Evaluation Demographics:

Course Name:

Please circle the best response to each of the following questions:

1. What is your age range?

- A.) 18-22
- B.) 23-28
- C.) 29-35
- D.) 36-45
- E.) Over 45

2. In which curricular track are you currently enrolled?

- A.) Traditional Baccalaureate Track
- B.) Second-degree Accelerated Baccalaureate Track
- C.) Masters
- D.) DNP

3. What is your gender?

- A.) Male
- B.) Female

The DASH Student version questions are used at the end of every simulation experience.

Approved 12/2012

Revision Approved 12/4/2015

Approved 5/2018

RISE Center Administration, Faculty, and Staff
and SNHS Faculty



RISE CENTER

8. RISE CENTER POLICIES FOR STUDENTS

Confidentiality

All new RISE Center users must create an account on the RISE Center website. Upon creating a RISE Center account, each learner must view the RISE Center orientation video and agree to confidentiality in simulation. RISE Center website accounts are accessible only by RISE Center Director, faculty, and education planner who are granted such access by the Director.

For learners - Details of the simulation experience are not to be shared with learners who have not yet participated in the scenario. Learners are not to discuss the performance of other learners outside the simulation learning environment.

For educators, faculty and staff - Details of learner simulation performances should be shared only with those who need to know.

Learners, educators, faculty, staff, visitors and all others are strictly prohibited from photographing or digitally recording any simulations without the expressed consent of the RISE Center Director or designee and the simulation participants.

Approved 10/19/2009

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Accommodations for Students with ADA

Students requiring disability services for the successful completion of simulation activities should be referred to the University Center for Student Success. If the learner is to be excused from simulation activities or given an alternative assignment, this should be part of an overall accommodation plan.

Approved 12/4/2015

Approved 5/2018

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Severe Weather/School Opening Delays and Emergency Policy

The RISE Center will follow University policy regarding delays or cancellations due to severe weather or emergencies. For instant updates follow Robert Morris University on Twitter and Facebook. Faculty, staff, and students should sign up for RMU Alert to get updates via email, phone, and text message.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

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Complaint Management

The RISE Center follows the [Undergraduate](#) and [Graduate Student-Faculty Dispute Policies](#) of Robert Morris University. These policies outline the process for student complaints. The RISE Center meetings address potential clinical safety issues, student and learner issues, and staff/faculty issues.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

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Learner and Facilitator Dress Code

Students of Robert Morris University are to follow the Guidelines for Professional Appearance Policy when practicing in the RISE Center. Faculty and facilitators are to wear appropriate clinical attire, while conducting simulation and debriefing. Students are to bring necessary equipment (stethoscope, watch, pencil, smartphone) for simulation experiences. Hand held reference materials (e.g. smart phone, handheld device) are required. Learners from other institutions should dress in appropriate clinical attire.

Community service individuals should wear the same uniforms that they are expected to wear in their line of duty. Police officers are asked to check with security before entering the campus with any guns or other weapons. RMU maintains a strict no weapon policy while on campus.

Non healthcare lay individuals are asked to wear comfortable business attire. Flip-flops and sandals are not allowed.

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Handheld Devices

Each student in the nursing program is required to purchase a Smartphone that is Skyscape® compatible for exploring point of care access including medication information in the clinical setting. Students are expected to bring their Smartphone with software to all simulation and clinical activities. It is expected that all students will have the device charged, readily accessible, and understand and be able to use the technology. Any troubleshooting questions or concerns can be directed to graduate student for technology at nursing01@rmu.edu

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Participant Psychological Safety

Uncontrolled and Unintended Stress Responses during a Simulation Activity

Participants are always made aware in advance of scenario subject matter and objectives. Participants always have the option to opt out of any scenario that may be psychologically distressing. An alternative assignment may be offered. Simulation may sometimes elicit unexpected psychological or physical responses from participants. Emotional responses to simulation activities may also occur – examples: uncontrolled crying, fear of loss of control.

If this occurs, facilitators or course faculty should immediately remove learner from the simulation activity if possible and safe.

6. Learner and facilitator discuss whether the learner will be able to successfully complete the required simulation activity.
7. If it is determined that the learner will be able to complete the activity, the learner should be allowed to participate, but the facilitator should observe the learner throughout the simulation for any signs of uncontrolled stress.
8. If it is determined that the learner will not be able to successfully complete the simulation, the learner should not participate and the facilitator should provide the learner with an alternate learning assignment.
9. In the event that the learner is experiencing great difficulty, the facilitator will direct other learners to the debriefing room to await further instruction. The facilitator or course faculty will assess the situation and needs of the learner and will refer learner to counseling services at University Health Services if needed.
10. If necessary, an alternative facilitator will be called to assist the remaining learners and continue simulation activity.

Physical response examples include: loss of consciousness, rapid heart rate, chest pain, sweating, nausea, dizziness, trouble swallowing, allergic reaction. If it is



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determined the learner's physical symptoms are not serious/life threatening and the response was emotionally triggered, follow steps for an emotional response to simulation activities. If required, activate the emergency response system 911. Remain with learner until alternate facilitator or emergency response team arrives. Primary or Alternate facilitator return to remaining learners and continue simulation activity.

Process -Alternate facilitator plan

1. The Simulation Director, Operations Manager, or other appropriate individual will serve as the alternative facilitator designated to provide support as needed in the event that a learner experiences an uncontrolled and unintended emotional and/or physical stress response during a simulation activity.
2. If this individual is not available a member of the faculty or simulation staff will stay with the learner experiencing the crisis allowing the facilitator to resume the simulation with the remaining learners.

This policy was adapted at Robert Morris University with the permission of Dr. Rosemary Macy, PhD, RN, CNE, CHSE, Associate Professor, Boise State University

*This policy adapted from the following reference:

Willhaus, J., Averett, M., Gates, M., Jackson, J., Windnagel, S. (2014). Proactive policy planning for unexpected student distress during simulation. *Nurse Educator*, 39(5).

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Approved 5/2018

RISE Center Administration, Faculty, and Staff
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Physical Safety

- RISE Center personnel and users are to follow RMU safety policies. http://www.rmu.edu/OnTheMove/findoutmore.open_page?ipage=67493
- Only those employees with a need to access the RISE Center will be granted key card access.
- Individuals must be trained in use of equipment before handling it.
- Manikins and other equipment are heavy. Good body mechanics must be used when moving manikins and other heavy objects. Individuals must be trained in the process before moving manikins.
- Electrical safety principles are to be used when working in the RISE Center. Plugs are to be removed from outlets by the plug and not the cable. Exposed wires must be reported immediately to RISE Center staff. Do not roll equipment over electrical wires.
- All powered equipment is serviced at least annually by a qualified service company and marked as inspected. Defibrillators are live, are marked as such and are inspected semi-annually.
- Foot traffic paths must be kept clear of wires and other tripping hazards
- Sharps must be properly disposed of in designated red sharps containers. Only sharps go in the sharps containers.
- Closed toed shoes are to be worn for safety in the simulation center.
- Safety incidents are to be reported to the RISE Center Director or designee immediately and RMU reporting procedure will be followed. See Health Incident Policy

Approved 12/4/2015

Approved 5/2018

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Health Incidents

Any health incident, defined as any actual or potential injury or health risk, that occurs to any person or persons in the RISE Center must be documented and reported as per the University policy by the faculty member to the RISE Center Director.

Students who are practicing under the supervision of Rise Center personnel or lab instructors should notify the educator in a timely manner if such an incident occurs. Refer to the RMU SNHS Health Incident policy for further information.

Link to RMU policy and RMU Incident Investigation and Report Form:

<http://snhs.rmu.edu/ForStudents/CurrentStudents/Policies/Undergraduate/cmp-media/docs/snhs/nursing-incident-investigation-form.pdf>

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Evaluation of Simulation Experience

Every simulation participant will be sent an electronic request for evaluation of the simulation experience one hour after simulation completion. The evaluation form collects anonymous baseline demographic data and asks participants to rate the experience using the [DASH short tool for students](#).

In addition, the online evaluation tool will ask simulation participants to rate their satisfaction with the simulation experience on a Likert scale and provide an open ended section for comments about the simulation experience.

RISE Center High Fidelity Simulation Evaluation Demographics:

Course Name:

Please circle the best response to each of the following questions:

1. What is your age range?

- A.) 18-22
- B.) 23-28
- C.) 29-35
- D.) 36-45
- E.) Over 45

2. In which curricular track are you currently enrolled?

- A.) Traditional Baccalaureate Track
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The DASH Student version questions are used at the end of every simulation experience.

Approved 12/2012

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Event Television Monitor

The RISE Center uses the television monitor in the RISE Center lobby to highlight upcoming events. Specific PowerPoints display highlights of the semester and other pertinent simulation related information. In addition, a professional PowerPoint will be used when guests are touring the RISE Center. The computers are to be accessed by trained lab workers, faculty, or staff as guided by the RISE Center Director. Updates to PowerPoints are to be made by RISE Center faculty, staff, or students.

Approved 10/19/2009

Reviewed 12/4/2015

Approved 5/2018

RISE Center Administration, Faculty and Staff
and SNHS Faculty