



Regional Simulation Center's  
Policy & Procedures Manual  
Washburn University  
Institute of Technology

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\*\*\* The administrative team of Washburn Institute of Technology (WIT) and Washburn University (WU) - consisting of the WIT Dean, the Dean of School of Applied Studies at WU, KanTRAIN Site Coordinator, and KanTRAIN Simulation Coordinator preserve the rights to change this policy and procedure manual without advanced notice to all users. If any changes are made, the Simulation Coordinator will notify all faculty and staff who will be responsible for notifying their students. \*\*\*

# **Regional Simulation Center's Policy & Procedures Manual**

## **Introduction**

### **Mission Statement:**

The Regional Simulation Center's mission is for students and healthcare professionals within the community to challenge their current clinical skill level by using live and high fidelity simulations to enhance patient safety. Participants will be demonstrating quality improvements, while collaborating with multiple disciplines, and developing and expanding their critical thinking skills.

The goal of the Regional Simulation Center (RSC) is to provide a safe learning experience that promotes successful understanding in all aspects of health care.

The RSC faculty and administration are here to make the student's clinical experience educational and enlightening and to serve the best interests of the student. Simulations and case scenarios are designed to help the student develop problem-solving and decision-making skills. The RSC will attempt to include all environmental factors to make the students' learning experience realistic and authentic. For enhanced learning, all students are expected to come to the lab prepared as if they were arriving to a clinical setting. The faculty will provide students with positive feedback and debriefing of their performance, while students will self-analyze their performance and use critical thinking during the reflection process.

The following guidelines maintain safety while using the RSC. It is expected that all involved in classrooms, clinical skills, and simulation activities will adhere to these guidelines. The Simulation Coordinator will update the contents of this manual as needed. All students, staff, and faculty will be advised of these revisions.

## **General Information**

The RSC is located at Washburn Institute of Technology in Building A in the East Wing. The RSC simulates a hospital and rehabilitation setting that is fully equipped to practice all clinical skills. The center has five high fidelity CAE manikins, including iStan, two MetiMans, PediSim, and BabySim. An Omnicell system is available which stores simulated medications for simulations involving medication delivery. The RSC is also equipped with a recording system, Replay, to provide a recorded multi-view of each bay for debriefing and security purposes. The Gabelmann Room is part of the RSC meant for debriefing which has a smart TV for projection and is equipped with a computer for all instructors' use.

The RSC schedule will be maintained by the Simulation Coordinator through Outlook. Anyone is able to view the schedule by searching "rsc" as a calendar in outlook. Students needing extra practice in the RSC may sign up for "open lab" dates and times, which are recommended and monitored by the instructor. Any student wishing to make up days in the RSC must notify their instructor first, who will then contact the Simulation Coordinator for available times. The RSC is

not intended to be used as a replacement for any clinical rotation. All request forms are available individually at [www.washburntech.edu](http://www.washburntech.edu)

## **Simulation**

### **What is Simulation?**

Simulation is an attempt at replicating reality. In healthcare education, simulation tries to replicate some or nearly all of the essential aspects of a clinical situation so that the simulated situation may be more readily understood and managed when it occurs in real clinical practice. A high-fidelity simulation center allows students to participate in life-like situations. Simulation can also be used as a teaching method to help assess a student's skill acquisition. Simulating real-life experience for students in a safe environment is conducive for developing critical thinking, clinical reasoning, and clinical judgement skills. Practicing in such an environment will increase the probability that those skills will be used correctly in the real-world setting.

### **Simulation Scenarios**

Simulating case scenarios in the RSC involves active participation for all students. All students and faculty will adhere to the RSC Guidelines per this manual. Manikins are to be used with respect and treated as if they were live patients. The RSC is a learning environment. Situations simulated in the lab are to be used as a learning tool, after a student completes a scenario they should not share any details with classmates until instructed to do so by their instructor. A debriefing session will be provided for all simulation experiences. After the debriefing session, the student should fill out a self-evaluation form to give them the opportunity to reflect on the situation and to provide constructive criticism for further enhancement of the simulation.

### **What is Debriefing?**

The debriefing session involves the immediate feedback and a reflective critical thinking analysis and communication tool for participants of the simulated exercise. The purpose of the debriefing assessment is to provide an intense post conference and active evaluation process driven by instructors and peers. The focus of the debriefing should be on positive aspects and should allow the student to answer critical thinking questions.

## **General Lab Guidelines**

### **Scheduling**

All scheduling of simulation will be done through the Simulation Coordinator. The provided request form (see pages 17-21) must be submitted by the instructor that will facilitate the simulation via email to [www.rsc@washburn.edu](mailto:www.rsc@washburn.edu) **at least 4 weeks prior** to the desired simulation date. There will be no exceptions to this policy. Once the calendar has been checked for availability by the Simulation Coordinator, the instructor will receive a confirmation email to

confirm the dates and times are reserved. The instructor will then receive an event invitation via outlook, which needs to be accepted, to confirm their date for simulation. If an instructor would like to run the same scenario on two different dates, two separate requests **must** be submitted. The RSC is open for use by Washburn Institute of Technology (WIT) faculty and students, Washburn University (WU) faculty and students, community partners, and the public. Priority will be given for scheduling in the following order: KanTRAIN programs which currently: CNA, CMA, HHA, CST, LPN, HIT, OTA, PTA, RRT, Phlebotomy, EMT, , Medical Coding (AAPC), and TeamSTEPPs. Next priority will be given to all Non-KanTRAIN programs from either Washburn Institute of Technology or Washburn University. Finally, priority will be given to community partners and public organizations. Starting October 1, 2018 the RSC will be available for a fee, which has yet to be determined, unless the KanTRAIN end date is extended. All participants of the RSC will fill out the confidentiality agreement **each** semester and return to Simulation Coordinator prior to use of the RSC.

32 laptops are available for use by KanTRAIN programs. Scheduling is done by submitting the form (see page 29) to the Simulation Coordinator at [www.rsc@washburn.edu](mailto:www.rsc@washburn.edu). Once the RSC calendar has been checked for availability by the Simulation Coordinator, the instructor will receive a confirmation email to confirm the date and time is reserved for laptop use. The instructor will then receive an event invitation via outlook, which needs to be accepted, to confirm their date for laptop use. The key will be given to the instructor the day of scheduled use no more than 15 minutes prior to the scheduled time by the Simulation Coordinator. The key and sign-in sheet (see page 31-32) must be returned no later than 15 minutes after the scheduled end time. All requests for laptop use must be scheduled at least two weeks in advance and are first come first serve. In order to use the laptops they **must** be checked out with an event on the RSC Calendar. If an instructor would like to request laptop use for a course on two different dates with the same timeframe, two separate requests **must** be made. There are no exceptions to this policy.

### **Lab Conduct/Behavior**

1. All users of the center must act in a professional manner that does not disturb the academic activities occurring in the lab.
2. No lab user shall infringe upon the privacy, rights, privileges, health or safety of other lab users.
3. All faculty, staff, and students must complete the RSC orientation prior to using the equipment.
4. All faculty and staff must perform and pass a live competency test with the Simulation Coordinator prior to using the equipment.
5. Faculty and staff are allowed to have only bottled water on the faculty side and placed in the designated and labeled cabinet. The bottled water is **not** allowed to be around the computer stations for **any reason**.
6. Food and beverages with lids or caps are allowed in the Gabelmann Room by faculty and students. Anyone that uses this room with food or beverage is expected to clean up after use and return the room to how it was when they arrived.
7. Students are not allowed to have any food or beverages in the RSC, including gum.

8. Use of the RSC's designated computers are restricted to simulation and classroom work and are not for personal use.
9. Do not use the equipment for any purpose other than specified.
10. Any equipment malfunction or abuse must be reported to the Simulation Coordinator immediately with the trouble shooting form being submitted to [www.rsc@washburn.edu](mailto:www.rsc@washburn.edu).
11. Adherence to the individual programs is expected. Students must be in uniform, or wearing a lab coat to participate in any activity in the RSC.
12. All beds should be lowered to the ground with three bed rails up after each use. Linens should be properly placed back on the manikin after each use as if caring for a real patient.
13. Do not remove the manikin from the bed for any reason.
14. No personal belongings should be on the floor of the RSC at any time. All personal belongings of faculty, staff, and students will be stored in the provided storage room.
15. Smoking is prohibited in the RSC.
16. Students are prohibited from having any electronic devices, including cell phones and/or video recorders in the RSC due to frequency interruptions.
17. **Anyone who fails to comply with any of these guidelines will be asked to leave the RSC with possibility of not returning per WIT's administrative team.**

### **Confidentiality**

In order to preserve the realism of the scenarios used in the RSC and to provide an equitable learning experience for all students, all persons using the RSC will be required to sign a confidentiality agreement (see attached copy of Student Confidentiality Agreement). Because every simulation is recorded, manikin accessibility will be treated like a real patient. Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. Students agree to report any violations to their faculty or an instructor. The instructor is then required to notify the Simulation Coordinator immediately of the breach of confidentiality.

### **Dress Code**

Students participating in the RSC will adhere to the same clinical dress code they would for their respective discipline. Students performing mandatory clinical skills in the RSC are expected to come prepared with proper clinical attire, per their clinical/program handbook. Students performing make up work must also adhere to this policy.

### **Cardio-Pulmonary Resuscitation (CPR)**

All faculty, staff, and students must have successfully passed a CPR for Healthcare Provider class prior to any lab activity.

## Equipment Use

1. All faculty, and staff desiring to use the RSC must have completed the orientation process with the Simulation Coordinator prior to use of any and all equipment (see page 14).
2. The doors of the lab will remain locked at all times.
  - a. Key fobs for access into the RSC will be given to students at the beginning of the semester. Key fobs will **only** be given access during the allotted time they are assigned to simulation. **Instructors will** be required to send a roster of students' names to the Simulation Coordinator in order for this process to take place. If the student forgets their key fob they will not be given access into the RSC on that scheduled simulation day. If a student loses or damages their key fob, there will be a \$10 replacement fee charged to the individual student and an official hold placed on their transcript until the fee is paid in full with the cashier at Washburn Institute of Technology.
  - b. Key fobs will be given to staff/faculty for the duration of their employment. Key fobs will **only** be given access during the allotted time they are scheduled to simulation or meetings. If the staff/faculty forgets their key fob they will not be given access into the RSC. If staff/faculty loses or damages their key fob, there will be a \$10 replacement fee charged to the staff/faculty member.
3. When working with the manikins, students must wash their hands and wear gloves as if they were in the clinical setting.
4. Supplies and equipment must not be taken out of the lab unless requested by the Simulation Coordinator.
5. Equipment should be disposed of appropriately. (Sharp's containers, biohazard trash containers etc.).
6. Computers and video equipment are for simulation and classroom work purposes only.
7. Students will have proper orientation to the crash cart and the defibrillator during orientation of the RSC.
8. Students will only have pencils in the simulation bay to avoid damaging equipment.

## Communication

All RSC electronics in the RSC, Gablemann room, and flexible classroom (AE 156) are for course work and lab purposes only. All person electronics (cell phones, laptops, tablets ect.) are prohibited during scheduled simulations.

## Inventory and Supplies

Supplies needed for each simulation will be provided for all KanTRAIN approved programs. Non-approved programs, community partners and the public will be required to provide their own supplies for all scenarios beyond what is available currently in the RSC's inventory. Personal clinical supplies such as stethoscope, penlight, a watch with a second hand, and calculator are the responsibility of the student and will not be provided. When supplies are running low, the Simulation Coordinator should be notified. All supplies should be returned

neatly to the same cabinet in which they were found. Unless soiled, all linens should be refolded and placed back in the cabinet. All soiled linens should be placed in the linen hamper for cleaning. Many supplies are reusable and should be restocked when not being used. Needles/sharps are to never be reused under any circumstance and should be disposed of in the sharps containers. Many supplies used during simulation will have expired expiration dates and are not intended for live practice, but are approved for simulation purposes.

### **Clean-up**

The center should be left in the manner in which it was found by faculty and staff, so that the following class may enjoy the lab experience. Faculty will be required to remake the bed, leaving it in the lowest locked position with three bed rails up. Manikins are to be left in the bed unless working on a skills assignment (i.e. lifting, transfers, etc.) with prior authorization from the Simulation Coordinator. The Simulation Coordinator will maintain a weekly and monthly cleaning that includes housekeeping tasks (i.e. dusting, sweeping, mopping, and all maintenance of the manikins). The Simulation Coordinator will tear all supplies down from each scenario and put all supplies away.

### **Replay**

The RSC has the capability of displaying a variety of media. The RSC has multiple cameras and microphones set up in each bay, which are recording all activity in the room. The Replay is constantly recording for security, simulation, and debriefing purposes. All faculty, staff, and students will be required to sign the confidentially agreement understanding that all recordings in the RSC are for educational purposes and debriefing opportunities with the appropriate faculty. Equipment should not be adjusted without approval of the Simulation Coordinator. Prior training and access must be given to all faculty and staff that desires to use Replay for debriefing purposes. The confidentiality agreement signed by students protects privacy and does not tolerate any inappropriate discussion of video contents or a student's performance in the simulation scenario. This also serves for security purposes; if anything is broken or stolen the recordings will be reviewed by the Simulation Coordinator and disciplinary actions may take place per protocol. Any viewing or publication outside of the classroom without permission of the individual, such as posting on any social media is unacceptable and unethical, and will result in disciplinary action for the individual.

### **Faculty Preparation before Scenario Simulation**

- 4 weeks prior to desired date of simulation, faculty must submit the request form (see page 19-23) to rsc@washburn.edu.
- 2 weeks prior to set date of simulation, faculty must schedule a practice run with Simulation Coordinator.
- 1 week prior to set date of simulation, faculty must practice a complete run through with Simulation Coordinator.
- \*\*\*If scenarios are used for more than one semester consecutively, a practice run is not required after the initial scenario is completed with students.\*\*\*

Practicing scenarios is very important prior to presenting because it allows the instructors time to become familiar with the equipment being used, the scenario itself, learning objectives, and any discussion questions for debriefing.

### **Infection Control**

Participants in simulated scenarios need to be mindful of all standard precautions and transmission-specific precautions (i.e. contact, droplet, airborne). Any piece of equipment that comes in contact with simulated patient body fluids are considered contaminated and need to be handled appropriately. Gloves will be worn with all manikin interactions and non-sterile gloves should be disposed of in non-biohazard trash cans. If a sharps container is full, please notify the Simulation Coordinator so that it may be replaced.

### **Inclement Weather Policy**

If Washburn Institute of Technology closes due to inclement weather, all simulations on that particular day will be canceled and need to be rescheduled through the Simulation Coordinator, following the prioritization protocol.

### **Latex Warning**

All participants in the RSC need to know that some of the equipment in the RSC contains latex. Those with a known sensitivity/allergy to latex need to contact the Simulation Coordinator prior to their assigned visit in the center. Every effort will be made to replace equipment with latex-free substitutions. All users who suffer from latex allergies should take personal precautions while using or handling the latex parts by wearing non-latex gloves.

### **“Clean” Needle Stick Guidelines**

In accordance with the Center for Disease Control (CDC) all sharps are to be handled safely and disposed of properly. In the event of a “clean” needle stick, the Simulation Coordinator must be notified immediately, so first aid can be provided. The instructor will submit an incident report (see attached Incident Form) which will be reported to Public Safety. Complications from a “clean” needle stick may include: tenderness, minor bleeding, or bruising, and infection.

### **Security and Emergencies**

All faculty and staff are to ensure that lab rooms are secure and safe when in use. Doors should be locked at all times. The Washburn University Police Department should be notified if the lab room will be in use during off-hours (i.e. evenings and weekends). It is the responsibility of all faculty and students to be aware of the location of emergency equipment if needed for an emergency. In case of a fire, all persons are expected to evacuate the building and Public Safety needs to be notified immediately at ext. 6309. Fire extinguishers are in designated locations throughout the building.

## **KanTRAIN Statement**

Kansas Technical Re/training Among Industry-targeted Networks (KanTRAIN) grant project of \$11,997,957 is 100% funded through the U.S. Department of Labor's Trade Adjustment Assistance Community College and Career Training program.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

## **References**

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# Regional Simulation Center

## Confidentiality Agreement

(This is signed by all students **each semester** and given to Simulation Coordinator prior to use or the RSC).

As a patron of the Regional Simulation Center (RSC), I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my instructor or the Simulation Coordinator.

I agree to adhere to the following guidelines:

1. All patient information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of the RSC Policy.
2. This information is privileged and confidential regardless of format: electronic, written, overheard, or observed.
3. I may view, use, disclose, or copy information only as it relates to the performance of my education duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of the RSC policy and may be a violation of HIPAA and other state and federal laws.
4. The RSC is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
5. The simulation manikins are to be used with respect and to be treated as if they were live patients.
6. I will not use betadine, markers, or ink pens in any of the simulation bays or have them near the manikins.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Program of Study: \_\_\_\_\_

# Regional Simulation Center

## Sign-In Sheet

(This is to be returned to Simulation Coordinator prior to faculty leaving on scheduled day).

Title of Scenario

Date

\_\_\_\_\_

\_\_\_\_\_

**Reminder:** Confidentiality is essential to the learning process while practicing skills and during simulation. By signing in you agree not to discuss any events during practice, simulation, or debriefing with anyone other than the students and instructors who have participated during the scenario. Use additional sign-in sheet (page14) as needed per clinical group.

Student's Printed Name & Key Fob #

Student's Signature

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_

Faculty's Printed Name/Program

Faculty's Signature

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

## Additional Sign-In Sheet

Student's Printed Name & Key Fob #

Student's Signature

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

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10. \_\_\_\_\_

\_\_\_\_\_

Student's Printed Name & Key Fob #

Student's Signature

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_

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9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_

## Regional Simulation Center Faculty Orientation Checklist

Simulation Coordinator: \_\_\_\_\_

Faculty: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

- Orient to the Regional Simulation Center (RSC) with the Simulation Coordinator
- Orient to individual manikin or task trainer's capabilities.
- Locate and auscultate lung sounds, heart sounds, and bowel tones (if applicable for their program)
- Locate and palpate pulses (if applicable)
- Location of injection site (if applicable)
- Orient faculty to waveform display (if applicable)
- Orient faculty to audiovisual equipment
- Demonstrate voice of the simulator (if applicable)
- Indicate use for phone and the phone number (if applicable)
- SBAR formatting with SimChart
- Communication amongst students
- Orient faculty to SimChart
- Orient to equipment being used in the scenario (IV pump, defibrillator, etc.)
- "Safety check" in the room for oxygen, suction, and BLS equipment
- Location of Medication and Supplies
- Scenario Information – go over main concepts and objectives of the overall simulation experience
- Assign and explain roles for participants and observers
- Professional clothing (i.e. lab coats or student uniforms)
- Pencils **only** allowed in the room due to permeability of manikin's skin (no pens)
- Debriefing

Sim Coord. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Regional Simulation Center

## Trouble Shooting Form

Faculty that Ran Simulation: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Equipment Involved that is malfunctioning:

\_\_\_\_\_

1. Please write a detailed description of what took place and/or what technical issues you were having during the simulation.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# Regional Simulation Center

## Request Form

### Instructions:

Fill in the form as completely as possible for **each scenario** you wish to run. If you wish to run multiple simulations on the same day, a separate request form is required for each simulation. If your patient scenario form is already on file, only the first page is necessary. This is to ensure the lab is properly set up, manikins are configured properly and the proper schedule is set. When complete, email to the Simulation Coordinator at least 4 weeks prior to the requested date for simulation. You will receive a confirmation email back for the reserved dates and times requested. The RSC Simulation Coordinator reserves the right to assign rooms that best accommodate all learners. Supplies will be ordered according to cost and availability.

### Requester Information:

Faculty Request by: \_\_\_\_\_

Requestor Email: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_

Course title and number: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Title of Simulation? \_\_\_\_\_

### Lab/Debriefing Request:

Date Requested \_\_\_\_\_ Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Scenario Setting (ER, Hospital Room, etc.): \_\_\_\_\_

Length of Scenario: \_\_\_\_\_ Minutes

1. Please check which simulator and bay you are requesting.

Bay 1 – iStan

Bay 2 – Metiman-Pre-Hospital

Bay 3 – Metiman-Nursing

Bay 4 – PediaSim/BabySim (please specify which simulator you need)

2. Will you need a debriefing room? Yes –   
No –

Debriefing Room Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

**Information Needed:**

1. Please attach a list of all student's names that will be with you for this simulation.
2. Please list the learning objectives of the scenario, and give a brief description of the scenario.

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_

Allergies: \_\_\_\_\_

---

**Drugs to be Administered:**

Drug 1: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

Drug 2: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

Drug 3: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

Drug 4: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

Drug 5: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

Drug 6: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Dose Label: \_\_\_\_\_/\_\_\_\_\_ Total Needed: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Other Details: \_\_\_\_\_

---

### **Patient Monitor Display:**

1. Please list what you would like displayed on the patient monitor.

### **Special Instructions:**

Please include a **detailed** description of how the bay should be arranged and any props or equipment needed for the scenario. (Example: Adult in ER with pitting edema on both ankles and several tissues contain greenish sputum. IV connected and running with NS, etc.)

### **Supply Request:**

Please list all expendable items requested, including new moulage supplies (i.e., 2x2 sterile gauze). The inventory list is available on the shared drive.




**Lab Roles and Responsibilities:**

Simulation Coordinator:

- Prepare supplies and medications as requested in request form.
- Prepare the simulation room, manikins, and technology based on assigned scenarios for the day and faculty’s prep list (provided with request form, 4 weeks in advance).
- Set-up the debrief room.
- Review the scenario set-up and muse programming with the faculty at least one week prior to scenario date.
- Tear down all supplies from simulation and clean the bay to prep for a new simulation.
- Provide faculty with copy of all evaluations (both student and faculty) for the end of the scenario.

Faculty:

- Send a roster of student’s names that will be in attendance the day of scheduled simulation
- Provide students with a brief refresher on their roles and responsibilities and the RSC at the start of the simulation day.
- Facilitate and manage the entire scenario with students.
- Provide the voice of the patient.
- Remind students to leave the area neat and recycle supplies.
- Return the room to how it was upon arrival for the simulation.
- Have all students who participated in the scenario complete and return the Patient Simulator Experience Student Evaluation AND Student Evaluation (see page 23 and 26-27) to faculty prior to leaving.
- Faculty who facilitated the scenario complete and return the Faculty Evaluation (see page 24) to the Simulation Coordinator.
- Faculty will also return both student evaluations to the simulation coordinator prior to leaving.

**Regional Simulation Center**  
**Patient Simulator Experience Student Evaluation**

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Scenario: \_\_\_\_\_

At the conclusion of your day, please evaluate your experience by answering the following:

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

- \_\_\_\_\_ 1. The patient simulator provided me with experience that will assist me in my clinical experiences with real patients.
- \_\_\_\_\_ 2. The patient simulator experience has helped me to continue to develop the skills necessary to care for patients.
- \_\_\_\_\_ 3. The patient simulator experience was an exercise well worth the time spent.
- \_\_\_\_\_ 4. I would recommend continued use of patient simulator in this course.
- \_\_\_\_\_ 5. I was challenged in my critical thinking and decision-making skills by the patient simulator experience.

If you marked strongly disagree on any of the items above, please list the number and then give rationales for this rating on the back of this sheet.

Please offer any suggestions you may have to improve how we utilize the patient simulator in the future or any other comments you would like to share with us on the back of this sheet.

## Regional Simulation Center Faculty Evaluation

Please answer the following questions. We appreciate your input.

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Scenario: \_\_\_\_\_

	Definitely Yes	Mostly Yes	Neutral	Mostly No	Definitely No
1. The students were able to utilize the appropriate process in responding to a clinical circumstance.					
2. The students were able to apply critical thinking skills including prioritization and time management in simulated patient care situations.					
3. The students were able to exhibit decision making skills that can be taken to the bedside in order to improve patient outcomes.					
4. The students were able to					

document the assessment, planning, implementation, and evaluation of selected scenarios.					
5. The students were able to accept responsibility and accountability for their own actions.					
6. The students were able to discuss their reaction to the situation and how they can improve their decision making skills.					
The physical environment of the patient simulation met the needs of this scenario.					
The patient simulation scenario met my expectations.					

What did you like best about the RSC & scenario?

What do you think could be done to improve the RSC?

What other scenarios would you like to see used in the RSC?

# Regional Simulation Center

## Student Evaluation

Please answer the following questions. We appreciate your input.

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Scenario: \_\_\_\_\_

	Definitely Yes	Mostly Yes	Neutral	Mostly No	Definitely No
1. I was able to utilize the appropriate process in responding to a clinical circumstance.					
2. I was able to apply critical thinking skills including prioritization and time management in simulated patient care situations.					
3. I was able to exhibit decision making skills that can be taken to the bedside in order to improve patient outcomes.					
4. I was able to document the assessment, planning, implementation, and evaluation of selected scenarios.					

5. I was able to accept responsibility and accountability for my own actions					
6. I was able to discuss my reaction to the situation and how I can improve my decision making skills.					
The physical environment of the patient simulation met the needs of this scenario.					
The patient simulation scenario met my expectations.					

What did you like best about the RSC & scenario?

What do you think could be done to improve the RSC?

What other scenarios would you like to see used in the RSC?

## Regional Simulation Center Faculty Key Fob Agreement

I, \_\_\_\_\_ have received my RCI key fob #\_\_\_\_\_. I understand my  
(print name)

activity is recorded each time I swipe my key fob into both the main door entrance and the storage unit.

I agree to only use my access when necessary into the RSC, and if my key fob is lost or damaged it is my responsibility to notify the RSC Simulation Coordinator immediately. If my key fob is lost or damaged I am responsible for paying a \$10 replacement fee. I will return my key fob at the end of my employment at Washburn Institute of Technology/Washburn University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WIN#: \_\_\_\_\_

## Regional Simulation Center Student Key Fob Agreement

I, \_\_\_\_\_ have received my RSI key fob # \_\_\_\_\_. I understand my  
(print name)

activity is recorded each time I swipe my key fob into both the main door entrance and the storage unit.

I recognize that my key fob only grants me entrance during assigned simulation time with my

instructor(s) to the Regional Simulation Center. I agree to notify the RSC Simulation Coordinator if my

key fob is lost or damaged at any time during the semester **and** that I am responsible for paying a \$10

replacement fee if this occurs while it is checked out in my name. I agree to return my key fob to the RSC

Simulation Coordinator at the end of my course/program. If for any reason my key fob is not returned by

the assigned date I understand I will be charged a \$10 replacement fee, I will not have access to the RSC,

and an official hold will be placed on my transcript until the fee is paid and I am cleared by the RSC

Simulation Coordinator.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WIN#: \_\_\_\_\_

KanTRAIN ID: \_\_\_\_\_

**Regional Simulation Center**  
**Laptop Request Form**

Instructor Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Date: \_\_\_\_\_

Timeframe for Use: \_\_\_\_\_

Number of Laptops Needed: \_\_\_\_\_

# Regional Simulation Center

## Laptop Sign-out Sheet

(This form **must** be given to Simulation Coordinator when key is returned at end of use)

Date: \_\_\_\_\_ Course/Program: \_\_\_\_\_

Instructor: \_\_\_\_\_

Student's Printed Name	Laptop#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____

19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_

## Regional Simulation Center

### Faculty/Staff - Acknowledgement of Manual

(This must be completed annually and returned to the Simulation Coordinator)

I, \_\_\_\_\_ have received, read, and understand the Regional Simulation Center (RSC) Policy and Procedure Manual. I agree to these terms with full understanding that if any of these policy or procedures are not followed, I may lose my privileges to use the RSC until further training is completed with the Simulation Coordinator. I have completed my orientation to the RSC and check list with the Simulation Coordinator, with full understanding of my responsibilities as a faculty/staff member using the RSC.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program of Study: \_\_\_\_\_

WIN #: \_\_\_\_\_

Last 4 of Key Fob #: \_\_\_\_\_

## Regional Simulation Center

### Student - Acknowledgement of Manual

(This must be completed with the start of each cohort)

I, \_\_\_\_\_ have received, read, and understand the Regional Simulation Center (RSC) Policy and Procedure Manual. I agree to these terms with full understanding that if any of these policy or procedures are not followed, I may lose my privileges to use the RSC without further notice. I have completed my orientation to the RSC with the Simulation Coordinator and my instructor(s), with full understanding of my responsibilities as a participant using the RSC.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program of Study: \_\_\_\_\_

KanTRAIN ID # \_\_\_\_\_

WIN #: \_\_\_\_\_

Last 4 Key Fob #: \_\_\_\_\_