Lebanese American University
Clinical Simulation Center

Policy & Procedure Manual

For instructors

Dear LAU-CSC users,

Welcome to the Lebanese American University-Clinical Simulation Center (LAU-CSC).

Our goal is to offer you a safe learning experience and to provide you with the opportunity to practice health care provider competencies in a pleasant simulated environment. The following manual contains policies and procedures as well as the Code of Conduct and Confidentiality Agreement. It is expected that all involved in clinical skills and simulation activities will adhere to it while using the LAU-CSC.

We welcome you to contact us with any ideas, concerns, questions or help in anyway.

Thank you for your cooperation.

LAU-CSC Team

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Code of Conduct & Confidentiality Agreement

Code of Conduct

➢ The LAU-CSC is to be treated as a clinical setting at all times. The equipment and the manikins are valuable; please treat it with proper care and respect.

➢ Professional Conduct and Communication are expected at all times in the LAU-CSC.

➢ Please maintain a respectful and safe learning environment for you and your colleagues.

➢ It is expected that you will come to the LAU-CSC having completed the assigned preparatory work if any, with a professional attitude and a desire to actively participate in the learning experience.

➢ All electronics devices including cell phones, PDA's, cameras and video recorders are **PROHIBITED** during simulations.

➢ Adherence to the dress code is expected. You must be in uniform, or wearing a Lab Coat to participate in any activity in the LAU-CSC.

➢ Any user wishing to use the LAU-CSC for skills practice, must notify by email the Coordinator, an approval of date and time will be emailed back to the concern user. Once in the LAU-CSC user should sign the "In & Out Attendance Form"

➢ Pens, Markers and Ink pens will leave a permanent mark on the manikins. For this reason only pencils are permitted.

➢ No food or drink is to be taken.

➢ Users need to know that some of the equipment contains Latex. Those with a known sensitivity/allergy to Latex need to contact the LAU-CSC Coordinator.

➢ Please wash your hands before any contact with the manikins and/or equipment.

➢ All sharps are to be handled safely and disposed of properly in the Sharp Containers.

➢ Observe all safety notices if any. Look up for the Emergency EXIT.

➢ All injuries are to be reported to the LAU-CSC staff.

➢ Do not use the equipment for any purpose other than specified; anyone who fails to comply with this request will be asked to leave the center.

➢ Know the equipment; do not use any without permission. Use of equipment without training can result in serious injury.

➢ Equipment must not be removed, relocated and/or borrowed from the LAU-CSC without prior approval from authorized personnel.

➢ Manikins are to remain on the beds at all times. Do not remove the manikin from the bed unless instructed to do so.

➢ All beds should be lowered to the ground with the bed rails down after each use. Linens should be properly placed back on the manikin after each use as if caring for a real patient.

➢ Report any breakages or damaged or malfunctioning equipment to the LAU-CSC Coordinator.

➢ All medications used in clinical practice scenarios are either expired or simulated. They are not to be removed from the lab under any circumstances.

➢ The LAU-CSC should be left clean and tidy by all users. Clean up after yourself. DO NOT LEAVE A MESS FOR THE NEXT USER!!!

➢ When using the LAU-CSC, all users will be required to sign a Confidentiality Agreement.

➢ Please adhere to Code of Conduct while using the LAU-CSC, users may be warned and disciplinary action may be taken and sanctions imposed if not respect it.

I have read this Code of Conduct and agree to its components.

Full Name: _____

Date: _____/_____/_____   Signature: _____

Confidentiality Agreement

The objective of the Simulated Clinical Experience (SCE) program is to educate Health Care practitioners to better assess and improve their performance in evolving health care crisis situations.

A SCE is designed to challenge a healthcare professional's response and judgment in a high stress but safe environment. During your participation in a (SCE) at the LAU-CSC, you will be both an active participant in simulated scenarios and an observer.

By signing this agreement, you agree to maintain **Strict Confidentiality** regarding both yours and others performance, whether seen in real time, on video or otherwise communicated to you. If you are a student: Failure to maintain confidentiality may result in a Disciplinary Action.

Due to copyrights, intellectually property rights, and to maintain optimal simulation experiences for the other learners who will be following you in the center, you are to maintain **Strict Confidentiality** regarding the specific scenarios, and what happened during the simulation experience.

You understand that LAU-CSC will record your performance in the simulation scenario for teaching purposes only, and that it may be shown while other participants are present during the debriefing portion of this learning activity.

_____ I agree to maintain **Strict Confidentiality** about the details of the scenarios, participants, and performance of any participant(s).

_____ I authorize the LAU-CSC staff to video record my performance during clinical simulation experience (CSE) and to use the video recording(s) for debriefing, faculty review, educational, research purposes but not to use in public relations, advertisement, promotional, and/or fund raising activities.

Full Name: _____

Date: _____/_____/_____   Signature: _____

Conflict of interest

Definition: *A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.*

1. All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

2. It is the presenter's responsibility to ensure that their presentation (and any recommendations) is balanced and reflects the current scientific literature. Unapproved use of products or services must be declared within the presentation. The only caveat to this guideline is where there is only one treatment or management strategy.

3. Disclosure must be done verbally, displayed in writing on a slide at the beginning of a presentation or included in the written conference materials.

4. The attached form must be completed and submitted to the LAU-Clinical Simulation Center prior to the start date of the event or program.
   - Part 1 must be completed by all Speakers and Planning Committee members.
   - Part 2 must be completed by all Speakers.

5. Examples of relationships that must be disclosed include but are not limited to the following☐ Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical devices company or communications firm (" the Organization")
   - Investments held in the Organization
   - Membership on the Organization's Advisory Board or similar committee
   - Current or recent participation in a clinical trial sponsored by the Organization
   - Member of a Speakers Bureau
   - Holding a patent for a product referred to in the CME/CPD activity or that is marketed by a commercial organization

6. Failure to disclose or false disclosure may require the Planning Committee to replace the speaker.
   Part 1: All speakers and Planning Committee members: You must complete this form and submit to the LAU- Clinical Simulation Center. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm.

☐ I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.

☐ I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience.

Part 2 Speakers only:

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). Please note that you must declare all off-label use to the audience during your presentation. **Yes** ☐   **No** ☐

Name of Program/Event:
Date:
Speaker Name:
Planning Faculty Member Name:

Acknowledgment: I, _____,

acknowledge that the above information is accurate and I understand that this information will be publicly available.

Policy Name: Confidentiality and Photo Release

1. **Purpose:**   To define confidentiality and allowable purposes for obtaining film and digital photographs and video images or recordings created using a camera or other devices at LAU-CSC.

2. **Scope:**   All CSC students, staff, and users

3. **Policy Statement:**   All CSC staff and users are required to obey the confidentiality and photo release policy and follow the procedure.

4. **Procedure:** The LAU simulation center is equipped with video and audio recording devices. Videos are used solely for educational purposes within students training.

   4.1   All electronics devices including cell phones, cameras and video recorders are prohibited during simulations.

   4.2   All CSC users, and staff must sign the code of conduct and the confidentiality agreement, before entering the CSC and will submit these to the Simulation Center Coordinator

   4.3   If any user or staff wants to take a picture or videotape, he must acquire the approval of the CSC's director explaining the purpose.

   4.4   The CSC staff and the course faculty will discuss if audiovisual recording of simulation events is needed prior to the simulation session.

   4.5   The CSC staff in collaboration with the faculty will establish whether the recording is used during the course for debriefing or saved for future review and research.

   4.6   To ensure confidentiality of information, viewing of video recordings by students, staff, and users for any reason, is only allowed by faculty request upon approval by the simulation center director. All video recordings are stored in the simulation center in a secured laptop that only the CSC's director and coordinator have access.

4.7   Prior to any video recording being utilized, the event participants are informed of the plan to record.

4.8 Any copying, duplication, or other form of distribution of audio or video footage is prohibited.

4.9   No unauthorized video recording is permitted under any circumstances

4.10 All LAU students, users, and simulation center staff are prohibited to disseminate any information regarding their colleagues' performance in the center

4.11 Confidentiality agreements are stored in the CSC Library and kept for 10 years prior to disposal.

4.12 Public Affairs/Communications:

    4.12.1 Talking to News Media and using Social Media. Please refer to the LAU Media & Public Relations Policy

    4.12.2 Information Dissemination: Any and all information disseminated from the clinical simulation center will first be approved by the clinical simulation center director.

4.13 Refer to the LAU Confidentiality Policy

4.14 Refer also to the LAU Student Code of Conduct policy and the Student Code of Ethics policy

Policy Name: Learners Psychological Safety

1. Purpose: Psychological safety impacts the learners' ability to engage in simulated events and critical reflection. Engagement in these activities is essential for fostering changes in critical behaviors.

2. Scope: All participants.

3. Policy Statement: In order to ensure psychological safety for participants at LAU-CSC, the faculty/facilitators will adhere to the following procedure.

4. Procedure:

4.1 The facilitator will provide a pre-brief prior to any scenario.

4.2 The pre-brief will serve as an orientation prior to the start of the simulation based learning experience in which preparatory information is given to the participants.

4.3 During the pre-brief, the facilitators will:

    4.3.1 Review the rules of simulation.

    4.3.2 Refer to the LAU-CSC "Basic Assumption".

    4.3.3 Instruct the participants not to discuss the simulation outside of the exercise.

    4.3.4 Instruct the participants to maintain confidentiality of the case and colleagues performance.

    4.3.5 Acknowledge the artificial environment.

    4.3.6 Orient the participants to the simulator and the environment.

    4.3.7 Define a length of time for the entire exercise.

    4.3.8 Instruct the participants how to elicit additional resources if needed (e.g. phone and numbers to call).

    4.3.9 Instruct the participants to practice within their professional scope.

    4.3.10 Verbalize that mistakes are expected and this is a chance to improve behaviors and ultimately patients' outcomes.

    4.3.11 Review rules about respect and professional behavior.

4.3.12 Instruct learners about their physical safety such as the use of defibrillators, lifting heavy stuffs, etc...

4.4 The facilitators will be involved in the simulation and debriefing to manage disruptive behaviors if any.

4.5 If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation leads them to a "real life" emotional frame, the facilitator will be responsible for determining the appropriate course of action including continuing or stopping the simulation and will have a one to one discussion with the learner.

Attachment

LAU-CSC Basic Assumption

The Basic Assumption

"We believe that everyone participating in activities at our Center is intelligent, capable, cares about doing their best and wants to improve"

Policy Name: Learners Physical Safety

1. Purpose:	The purpose of this document is to outline a systematic approach to the physical safety of all CSC users.
2. Scope:	All users, visitors, staff and students.
3. Policy Statement:	All users, staff, visitors, and students, are responsible for conducting themselves in a manner that does not endanger themselves or others, or pose a risk to the facility, equipment or other persons' property. All users, staff, visitors, and students, are responsible for complying with this policy.

4. **Procedure:**

4.1. Learners will be instructed in safe patient handling techniques prior to practice and demonstration. Learners should use caution when practicing lifting skills and should not lift another learner or manikin without assistance.

4.2. The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use.

4.3. Learners will not sit on the beds, stretchers or wheelchairs unless practicing that particular skill under supervision.

4.4. Safely use step stools for items out of reach.

4.5. Learners will not use the defibrillator /external pacer unless they are trained by an ACLS certified instructor who has instructed the learner in defibrillator usage.

4.6. All users, visitors, staff and students should follow the CSC staff instructions regarding their physical safety.

4.7. Fire extinguishers and emergency exits are mapped out in the main hallway.

4.8. No running in the halls is allowed.

4.9. Accidents and injuries should be reported immediately to faculty or CSC Coordinator.

4.10. In the event that a learner's physical safety is compromised, the educator will stop the simulation, assess the learner, and then notify the clinical coordinator.

4.11. The CSC Coordinator will inform the LAU infirmary and complete the accident report.

Policy Name: LAU-CSC Operating Hours

1. **Purpose:**   The purpose is to define the CSC policy relating to working hours for staff employees.

2. **Scope:**   All LAU CSC staff and users

3. **Policy Statement:**   Adherence to this policy is essential for legal compliance and the efficient operation of the center.

4. **Procedure:**
   4.1 The standard work schedule for the LAU-CSC full time staff is 40-hours week consisting of five 8-hours days. The normal hours are 8:00 to 16:30, Monday through Friday, with half an hour lunch break per day.
   4.2 The LAU-CSC may be open or in operation outside those working hours based on a prior e-mail request and approval of the CSC Director.
   4.3 The LAU-CSC may not be available during working hours in the event of prescheduled activities
   4.4 The LAU-CSC is closed on all official holidays
   4.5 There are no after-hours access allowed for simulation sessions without the presence of CSC staff.

   4.6 After-hours access is only permitted to the LAU's operations, multimedia, and IT department after sending an email to the CSC coordinators and receiving their confirmation.

Policy Name: Booking the LAU- CSC

1. Purpose: The purpose of this policy is to designate the appropriate resources for all simulation sessions requests. Resources include the CSC staff, space, supplies, and equipment.

2.   Scope: All LAU-CSC users.

3. Policy statement: To ensure fair and equitable allocation of the CSC resources, all users are required to follow the procedure below.

4.   Procedure:

4.1   Faculty and instructors' reservation
4.1.1 Course/session requests will be required to complete an online reservation form that is conveniently located on the CSC's website, http://csc.lau.edu.lb/
4.1.2 All requests must be submitted at least 2 weeks prior to the practice time requested.
4.1.3 Submitting request online does not guarantee approval, the CSC staff will check the CSC's availability and send a confirmatory email to the requestor within 5 working days.
4.1.4 Faculty and instructors should arrive prior to the scheduled program, allowing enough time to confirm with the CSC staff that all resources are in place for a successful program.
4.1.5 Faculty and instructors must remain in the CSC for the totality of their session.
4.1.6 A detailed list of simulation center equipment can be found on the CSC website or can be requested via e-mail.
4.1.7 When conflicts arise in scheduling, the CSC staff will work with users to accommodate specific needs of all parties.

4.2   Cancellation
4.2.1 Courses may be cancelled or denied due to lack of available resources or scheduling restrictions.
4.2.2 If a faculty or an instructor has to cancel a session, he/she must contact the CSC staff no later than 48 hours prior to the program to prevent unneeded set-up/preparation.

4.3   Students' reservation

4.3.1 A formal request must be sent to the CSC senior coordinator via email at nelly.chammas@lau.edu.lb

4.3.2 The CSC senior coordinator will check the CSC's availability and send a confirmatory email to the students.

4.3.3 The following information must be provided:

a. Student name and email

b. Student contact phone number (for emergency cancellation)

c. All students participating names and emails, should not exceed 6 per group

d. Date requested

e. Time and duration

f. Purpose

g. Equipment/supplies needed

h. Rooms required

i. Students are accountable for any damage to models, equipment, or space while utilizing the CSC.

j. Students are responsible to ensure that all equipment, utilized and un-opened, is returned to the CSC staff.

k. Students are responsible for ensuring the used space is clean upon completion.

l. Students must sign in the attendance sheet when practicing, to aid in tracking the CSC use.

Appendix 1

Schedule a Clinical Skills Session
Please submit your information and we'll get back to you within 5 working days to arrange the details.

Name *

Institution *

Job title

Phone number

Email *

Course name*

Learning objectives*

Name of instructors

Number of participants *

Participant's profession*

If students, specify discipline and level*

Date*

| Open a Calendar |

Time*

| Open a clock with our opening hours |

Would you like to schedule additional dates?

| YES | NO |

If they click yes

| Specify date |

Required Skills *

Click on ……… for the full list

Additional info *

Submit

Appendix 2

Schedule a Simulation Session

Please submit your information and we'll get back to you within 5 working days to arrange the details.

Name *

Institution *

Job title

Phone number

Email *

Course name*

Learning objectives*

Name of instructors

Number of participants *

Participant's profession*

If students, specify discipline and level*

Date*

| Open a Calendar |

Time*

| Open a clock with our opening hours |

Would you like to schedule additional dates?

| YES | NO |

If they click yes

| Specify date |

Download the scenario template to your computer

| LAU-CSC Template |

Fill it out and save it

Please upload your scenario template*

Use the button below to upload it*

| Upload |

Choose File

| Submit |

Appendix 3

Schedule a Tour

Please submit your information and we'll get back to you within 5 working days to arrange the details.

Name *

Institution *

Job Title

Phone number

Email *

Number of visitors * *(should not exceed 15)*

Purpose *

Additional info *

Submit

We need to add at some points the following:

I understand that this form is a request and that the CSC staff has five (5) working days to respond to my request by email or by phone.

I understand that this request does not necessarily mean that the Clinical Simulation Center is available at the requested time.

I understand that I have to sign the LAU-CSC <u>Code of Conduct</u> and the <u>Confidentiality Agreement</u> when accessing the Center.

Submit

Appendix 4

Lebanese American University
Clinical Simulation Center

1- Simulators: Name, quantity, proposed skills and main users

Simulators (Qty)	Proposed Skills	Users
Nursing Anne Kelly (1)	• Auscultation: Bowel, Heart & Lung • Blood Pressure • Carotid Pulse • IV Insertion & Infusion/IM/SQ • Oral & Denture care • NGT Insertion • Intubation & Suctioning Oral & Nasal • Oxygen delivery • Irrigation: Colon, Ear, Eye • Urinary catheterization • Enema Simulation • Wound assessment care • Bandaging & dressing • Ostomy care	- SOM - SON - SOP
Nursing id Vital Sim(1)	• Basic patient handling • Oral hygiene • Oral intubation • Venous cannulation • Nasal intubation • Catheterization skills • Eye irrigation & ear irrigation • Colonic irrigation • Enema simulation • NG tube insertion , care, removal and med administration • Lavage/Gavage • OG tube insertion • Tracheostomy care and suctioning • IV infusion • Subcutaneous and intramuscular injections	- SOM - SON

	• Heart, Breath & Bowel Sound Auscultation • Vocal Sound capabilities for communication skills	
Nursing Baby Vital Sim (1)	• CPR • Natural obstruction of the airway • Realistic facial features and a movable jaw • Human-like compliance for ventilations and compressions • Chest rise with ventilations • Realistic landmarks for compression point location • Simulation of choking/foreign body airway obstruction, enabling training of full infant CPR protocol.	- SOM - SON
Noelle (1)	• Birth Simulator • Birthing: Normal, Shoulder Dystocia, Breech, Preeclampsia, Cord Prolapse, Uterine Rupture, Peripartum Hemorrhage, Anaphylactic Syndrome, Preterm Labor & Birth • CPR • Episiotomy Repair/ Postpartum Suturing • Injections, Intramuscular • Intubation: Nasal & Oral • IV infusion • Leopold Maneuvers • Oxygen Delivery Procedures • Venous Cannulation	- SOM - SON
Resusci Baby (1)	• Pediatric High Quality CPR • Airway obstruction • Bag/Valve Mask	- AHA, BLS - SOM - SON

Resusci Anne (2)	• Adult High Quality CPR • Airway obstruction • Bag/Valve Mask	- AHA, BLS - SOM - SON
Baby Anne (1)	• Pediatric CPR • Airway obstruction • Bag/Valve Mask • Audible click on compression	- AHA, BLS - SOM - SON
Simon (2)	• Adult CPR • Airway obstruction • Bag/Valve Mask	- AHA, BLS - SOM - SON

Harvey (1)	• Cardiopulmonary Patient Simulator
	• Auscultation/Heart sound
	• Auscultation/Lung sound
	• Blood pressure skills
	• Realistically simulating 30 conditions: common, less
	  complex conditions and progress to more rare and
	  complex diseases
		- SOM
		- SON

iStan (1)	High fidelity Manikin, application of any abnormalities of the following system: • Airways management • Pulmonary • Cardiovascular • ACLS management • Neurology • Metabolic • Genitourinary • Trauma • Patient monitoring	- SOM - SON

	• Pharmacology	
Mega Code Kelly (1)	• Airway/Intubation Trainer • Cardiac Related Skills • Circulatory Skills and IV Drug Administration • ACLS	- AHA, ACLS - SOM - SON
Newborn Tory-S2210	High fidelity Manikin, application of any abnormalities of the following system: • Airways management • Pulmonary • Cardiovascular • Patient monitoring	- SOM - SON
Pedi HAL S3004 (1 year old)	High fidelity Manikin, application of any abnormalities of the following system: • Airways management • Pulmonary • Cardiovascular • Patient monitoring • Neurology • Venous Access	- SOM - SON
Code Blue III (5 years old)	• Airway/Intubation Trainer • Cardiac Related Skills • Circulatory Skills and IV Drug Administration • PALS	- AHA, PALS - SOM - SON

2- Part Task Trainers: Name, quantity, characteristics and main users

Task Trainers (Qty)	Skills	Users
Trach and NGT (2)	• NG tube insertion, care, removal, & med administration • Lavage/Gavage • OG Tube Insertion • Suctioning, Oral/Nasal • Tracheostomy Care & Suctioning	- AHA - SOM - SON
Catheterization female (4)	• For teaching urethral and supra-pubic catheterization and demonstrating self-cath to patients. • The feel of the catheter passing along the urethra into the bladder corresponds closely to real life. • Correct handling of female anatomy: • Aseptic catheterization technique • Fluid management • Withdrawal of catheter • Suprapubic catheter insertion and catheter management when using suprapubic bung. • Intermittent self-catheterization (ISC)	- SOM - SON

Catheterization male (4)	• For teaching urethral and supra-pubic cath and demonstrating self-cath to patients • The feel of the catheter passing along the urethra into the bladder corresponds closely to real life • Correct handling of male anatomy • Aseptic catheterization technique • Catheter placement: accepts catheters 14-16 French male • Fluid management • Withdrawal of catheter • Suprapubic catheter insertion and catheter management when using suprapubic bung • Intermittent self-catheterization (ISC)	- SOM
Rectal examination trainer (2)	The rectal examination model comprises a realistic representation of the buttocks, anus and rectum enabling the practice of diagnostic skills associated with rectal examination. • Digital examination of the prostate • Digital rectal examination • Proctoscopy insertion and use • Professional-to-patient communication	- SOM - SOP
Wound care foot (1)	Wound Assessment & Care This model allows training in wound cleansing, classification, staging, and assessment.	- SON
Adult Endotracheal intubation	• Practicing of oral and nasal intubation • Practicing of oral and nasal intubation • Practicing use of LMA & Combitube • Correct tube placement can be checked by practical • inflation test • Realistic anatomical features allow demonstration of	- SOM

(2)	• Sellick • Maneuver and laryngospasm • Bag-Valve-Mask ventilation • Stomach inflation and vomiting situation can be • simulated • Provides visual inspection of lung expansion • Provides auscultation of breath sounds • Airway demonstration model is standard with each • Trainer	
Infant Endotracheal intubation (1)	• Realistic anatomy of a newborn baby • Intubation (oral and nasal) • Bag-Valve-Mask ventilation • Correct tube placement can be checked by practical inflation test	- SOM -AHA, ACLS
Neonatal Endotracheal intubation (1)	• Realistic anatomy of a newborn baby • Intubation (oral and nasal) • Bag-Valve-Mask ventilation • Correct tube placement can be checked by practical inflation test	- SOM

Arterial Arm Stick
(2)
	• Simulation of hand placement during performance of
	  Allen's Test
	• Flexible wrist enables proper positioning
	• Arterial pressure may be generated manually
	• Artery palpation is possible
	• Percutaneous puncture sites in both brachial and radial
	  artery
	• Infusible arteries with ability to pressurize system, enable
	  blood backflow in syringe
	• Drain plug in deltoid of arm
		- SOM

Intravenous Arm Stick (6)	• Provides complete venous access for IV therapy and phlebotomy • Sites for intramuscular and intradermal injections	- SOM - SON - SOP
Subcutaneous injection (2)	• Help students to practice subcutaneous injections	- SOM - SON - SOP
Intradermal injection (3)	• Intradermal injection practiced in a forearm from the wrist to just below the elbow	- SOM - SON - SOP
Intramuscular injection	• Realistic anatomical structures enable visualization of internal anatomy • Student able to visualize line from the posterior superior iliac spine to the greater trochanter of the femur • Skin wrap simulating subcutaneous fat aids in learning to determine appropriate needle length	- SOM - SON - SOP
(2)		
Central Line Man System (2)	• Practice full central venous catheterization using ultrasound guided or blind/landmark insertion approaches at the subclavian, supraclavicular, and internal jugular access sites. • Practice placing patient in appropriate position per access site standards • Gain experience in identifying and selecting appropriate access site based on patient anatomical variations • Practice use of ultrasound	- SOM

SimScope Wi-Fi (2)	SimScope™ plays the programmed heart, breath and bowel sounds specific to each correct anatomical location enabling a realistic standardized patient encounter. Up to 20 patches may be programmed and simultaneously activated with heart, breath, bowel, and bruit sounds to simulate real time auscultation during a physical exam.	- SOM - SON - SOP
Suturing pads (Many)	Realistic 3- layer skin pad for the demonstration and training of a variety of incisions and a wide range of suturing techniques.	- SOM
Ear examination trainer (2)	• Use and handling of an otoscope • Examination of the acoustic meatus and tympanic membrane • Examination protocol and recognizing multiple diseases	- SOM - SOP
Eye examination trainer (2)	• Teaching and practicing examination of the optic fundus with an ophthalmoscope. • Examination protocol and recognizing multiple diseases	- SOM - SOP
Lumbar Puncture (4)	• Patient position management • Skin preparation • Palpation of pelvic landmarks and spinous process • Needle positioning and insertion • Practicing Lumbar Puncture	- SOM
Breast-ON	• Clinical breast examination (CBE) • Self-breast examination (SBE) • Identification of anatomical landmarks	- SOM

(4)	• Identification of lymph nodes (axillary, supra & infraclavicular) • Location and diagnosis of pathologies	
Little Anne CPR Training Torsos (7)	• A realistic airway construction means that the airway naturally remains obstructed without the use of proper head tilt, chin lift or jaw thrust. This leads to more realistic training as chest rise will be seen when correct ventilations are made. • Little Anne's anatomically correct torso and sternal notch allow the student to practice identification of all anatomical landmarks relevant to conducting adult CPR training. • Realistic oral and nasal passages allow for mouth-to-mouth ventilation.	-AHA

Policy Name: Scenario Template

1. Purpose: The aim of this policy is to provide an understanding on how to develop and integrate a scenario and its confidentiality at the LAU-CSC.

2. Scope: All LAU's CSC faculty, instructors and staff.

3. Policy Statement: All LAU-CSC faculty and instructors who will develop scenarios should look through the following procedure.

4. Procedure:

4.1   Scenario confidentiality.

4.1.1 Any scenario created in a hard copy is stored in a closed and secure closet at the simulation center coordinator's office.

4.1.2 Any scenario created in a soft copy is stored in a secure laptop at the simulation center.

4.1.3 Any scenario created will list the author's name.

4.1.4 Each faculty can access his own scenario for teaching or for further updates.

4.2   All LAU-CSC staff, faculty and instructors who wish to have access to a scenario must take the permission of the scenario's author and the CSC director.

4.3   Scenario development

The clinical simulation center uses a template to elaborate all scenarios. This template will be used by faculty to develop simulation based cases.

4.4   Scenario structure

The structure of the scenario template must encompass all aspects and pertinent physiologies of the patient, equipment, supplies and necessary case information. The following template is used by the clinical simulation center (Appendix 1).

4.4.1 Audio/visual Storage

4.4.1.a.   All videos are stored at the LAU-CSC.

4.4.1.b.   Only LAU-CSC staff has access to the videos.

4.4.2 Utilization of Scenarios

It is the responsibility of the primary author/course director of the scenario to ensure the case follows current, acceptable and applicable standards of care.

4.4.3 Quality Assurance

Each scenario developed "in house" or externally will follow the current clinical practice guidelines or standards of care. As these standards change, changes/modifications to the scenario will be updated. Whenever possible, these changes will be performed by the primary author. 4.4.4 Debriefing

Debriefing is the most critical component in medical simulation. The simulation center understands that there are different learner levels associated with simulation; therefore debriefing methods may vary based on the learner's subset and level of training. Audiovisual technology and playback may be used as part of the debriefing process. 4.4.5 Scenario Programming Requirements

In general, scenarios are typically programmed before or after the pilot, depending on the type of the scenario. If the course is adding new scenarios, the author/instructor needs to have any new or modified programming requirements in no later than 10 working days ahead of the scheduled session. This is to ensure that the scenario can be programmed properly and can be tested with the simulation software.

Attachment: Scenario Template

Case Name:	Date originated:
Author:	Duration:
Contact info: Phone & Email:	
Scenario is developed for what type of use?	Formative – For instructional purposes ☐Summative – For assessment purposes ☐Both
What professions will be involved?	☐ Physician ☐ Nurse ☐ Pharmacist ☐ Resp. therapist ☐Other: _____
What disciplines will be involved?	☐ Anesthesia☐Internal Medicine Neurology ☐OB/GYN ☐ Pediatrics Primary Care ☐ Psychiatry ☐Surgery ☐Other: _____
Level of learners	Clinician in practice Resident: _____ ☐ Student: _____ ☐Other: _____ Number of participants: ___students/session
References:	

Step 1 **Develop objectives:** **(cognitive, technical, behavioral)**	**At the end of this scenario, learners will be able to:**
Step 2 **Patient description**	**Case description (two sentences summary of case):** **Patient information** <table><tr><td>Age:</td><td>Gender:</td><td>Weight:</td><td>Height:</td></tr></table> **History of present complaint:** **Past medical history:** **Medications:** **Allergies:**

Participant preparation pre-requisite knowledge	Learners should possess the following competencies prior to participation in this scenario:

Opening scenario for the participants	

Standardized Patient (SP) specific information for training

SP portrays a non-clinician role in the scenario (spouse, parent, child, friend, police officer, coworker, etc…).

This section should be filled out to clarify the role of the SP and to help them understand the parameters of their participation within the scenario

<table>
<tr><td>

Step 3

Relationship to patient:

Other:

</td><td>

Daughter

Age:	Gender:	Weight:	Height:

Language, etc…

</td></tr>
<tr><td>

Props:

(bag of meds, cigarettes, bottle of

alcohol, etc…)

</td><td></td></tr>
<tr><td>

SP affects at entrance

</td><td></td></tr>
</table>

Opening statement	

Any information that must be provided, even if not elicited? When?	
Information to be volunteered in response to an open question vs. elicited information:	

Any question SP should ask? When?	
Should SP respond differently to different types of learners?	☐ YES x NO
	Empathic:
	Unempathic:
	Other: Frustrated
Other information or guidelines for SP:	☐ Need to observe medical procedure ☐ Explanation of disease or disease process

	☐ Other: Give feedback at the debriefing
Step 4 **Confederates needed** *"Confederates portrays a clinician in the rooms, their duties include maintaining safety, assisting with procurement of supplies, providing patient information not available via mannequin, clarification of findings (lung, heart, bowel sounds), and may assist in guiding the scenario with prompting from the Sim Tech and/or faculty".*	• LAU-CSC Staff : • Other (Specify):
	Mannequin program guidelines
Step 5 **Scene set-up**	Set the scene:

Develop patient algorithm	Please refer to the table page 6

"Include changes in VS, LOC, verbal response, etc. *If easier, this can be done on a separate sheet and scanned or turned in when complete. A flow chart may be used in place of this portion of the form".*	

Step 6 **Programming**	**Customize Monitor :** Monitor will be on, once the participants ask to put the patient on a monitor

Waveforms		Other Values	
BP	☐ CO2	Pulse	Temp
PAP	CVP	SpO2	

Step 7 **Observing performance**	Attach checklist, professional behavior rating scale, or any other resources the SP and/or observers will need. ☐ Check here if none

Step 8 **Program evaluation**	Program evaluation forms from the faculty or LAU-CSC staff will be provided to every participant. Data is collected in a database. Once completed, the lead faculty will receive a "Summary Evaluation" of the results via email. ☐ Check here if additional evaluation forms needed (e.g. CME evaluation forms, etc…) and attach.

Kindly fill up your needs in red on the manikin below:
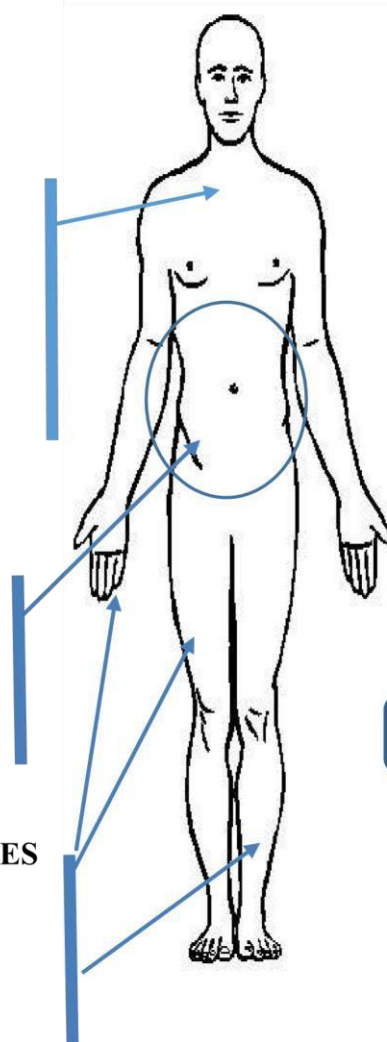
HEENT

Head:

Ears:

Pupil:

Eyes:

Face:

Nose:

Throat:

ABDOMEN

PELVIS

EXTREMITIES

SKIN

NECK

CHEST
Lung sounds:

Heart Sounds

BACK

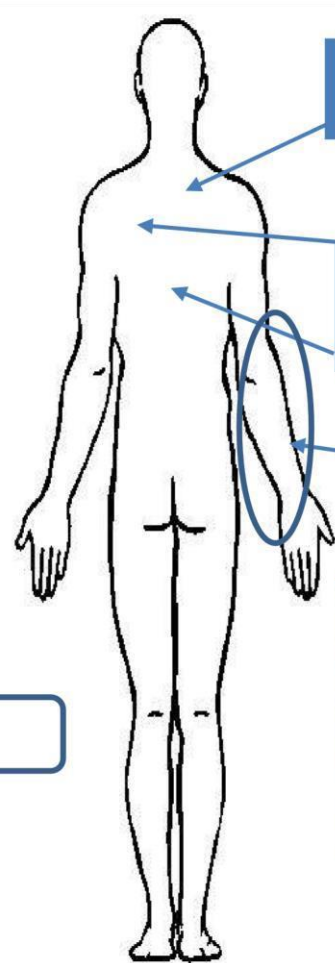**VITAL _ INITIAL**
Pulse:
Blood Pressure:
Respiration:
SaO2:
Temp:
GCS:

ECG

Blood glucose

Important message:

Scenario progression

State	Patient status	Learning outcomes and actions desired

Additional Information