SSH

Society for Simulation in Healthcare™

SSH Simulation Program Policy and Procedure Manual Model Template

Updated: January 2021

About This Manual

In 2019, an international team of authors from various healthcare simulation programs was established with the purpose of revising and updating the 2012 template policy and procedure manual model for members of the SSH.

This team was comprised of experienced members in simulation program operations, administration, and management. The team was tasked to create a template for SSH members to utilize as a foundation for the creation of their own policy and procedure manual.

This manual outlines commonly accepted practices and serves as a general model for simulation programs to follow when developing their policy and procedure manual. Core topics are outlined, and each topic includes a brief description to assist in understanding the potential application.

When using this template, programs should feel free to edit, add to or omit topics depending on the specific needs of their organization. The result will be a customized "Policy and Procedure Manual" addressing fundamental issues to efficiently and effectively operate a simulation program.

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What is the difference between a policy and a procedure?

Policies are guides or set of rules for an organization. These rules would be enforced and followed as normal business practices.

Policies typically require review and executive level approval prior to implementation.

Policies usually have the following characteristics:

- Have widespread application.
- Are non-negotiable.
- Address operational concerns.

Procedures are a structured, detailed way to accomplish each of the policies identified. Typically, procedures are expressed in a detailed, step by step method of how to accomplish the policy.

Procedures can be utilized to document a course of action to be accomplished in a structured order.

Procedures usually have the following characteristics:

- Detail the process.
- Are subject to continuous change.
- Provide detailed description of how to accomplish the policy.
- Have very limited or narrow focus.

Before Getting Started!

Search your parent organization for information. Many of your needed policies may already exist in your parent organization. We suggest you take some time to collect the relevant policies and procedures from you parent organization prior to creating your manual. The table of contents in this document can help guide which of the larger organization policies might apply to your simulation program. Create a list of those policies that apply.

Once you have that created, it is best to then standardize your format for the development of your simulation program specific policies and procedures. Many organizations have an approved format that can easily be adopted to ensure continuity and consistency. If one does not exist, we suggest the creation of a template to use for ease of completion and consistency in development. Below is a list of recommended policy and procedure items that should be included in a template for development.

Consider also whether your larger organization has an approval process and required items when creating new policies and procedures for your simulation program.

Topic:

Policy Name:

Area of Application:

Policy # (if applicable):

Procedure:

Definitions:

Applicable To:

Date Authored:

Author(s) Name:

Department:

Approval Name:

Date Approved:

Date Revised:

Effective Date:

Next Review Date (if applicable)

Table of Contents

1. General Information

a. **Mission statement:** Create a statement specific to the simulation program, yet in alignment with the parent institution, (e.g., university or hospital). A mission statement is brief and states the purpose of your simulation program.

b. **Vision statement:** This statement can be the same vision statement as the parent institution. The vision statement reflects a larger ambition in that it defines where you want to be in 5 – 10 years.

c. **Code of Ethics:** Consider whether your simulation program should adopt the Healthcare Simulationist Code of Ethics (aspirational). Your larger organization may have additional codes of ethical conduct, as might the various professions served by your simulation program. All of these codes of ethical conduct are important and often complementary, and should be made public to faculty, staff, and simulation participants due to their guiding principles. Additional policies and procedures may need to be created and/or adopted in order to incorporate ethical constructs and conduct.

d. **Governance – Organizational chart:** Develop a chart that identifies the stakeholders and defines specific reporting lines within the simulation program; it delineates levels of authority for reporting, evaluations, and decision making.

e. **Decision-making process:** This process defines how decisions are made regarding equipment purchases, prioritizing projects, resolving scheduling conflicts, and other disagreements or uncertainties. This section goes together with the organizational chart.

f. **Required disclaimers and pre-event statements:** This policy should address outside presenters (e.g., guest facilitator vendor) for a simulation-related class or event hosted or sponsored by the university/hospital. This policy ensures that the material presented is in alignment with your values and the simulation program is well represented. The primary purpose is to protect the identity of the simulation program and respect the philosophy of using simulation-based learning.

g. **Required event or course acknowledgements:** This policy addresses using the name of the simulation program when presenting projects to external audiences. The policy should clearly state when, how, and by whom these presentations must be approved; and if non-faculty are presenting, then this must be cleared with the director of the simulation program. The intent of this policy is to ensure that the simulation program always has quality representation.

h. **Simulation facility "Brand" use policy**: Create a policy stating how the simulation program is to be acknowledged in documents to establish consistency (e.g., if you have a specific name and sequence you want to be included in published writings). The statement should include guidelines regarding when the simulation program needs to be acknowledged in a publication. Consider documenting an approval process for use of the program name.

i. **Hours of operations:** Develop a clear statement identifying when the simulation program is open for business. Be sure to consider the time requirements for set-up and clean-up when scheduling simulation sessions. Also, you will need to determine internal use times and external use times and prioritize these when time conflicts arise. You should also address off hours use of your facility here. Explain clearly what your normal business hours are and the approval process for activities outside of these times.

j. **Simulation program terminology:** Prepare a guideline of what simulation terms are used at your simulation program and how they are used (e.g. a session – is a session defined as a series of scenarios followed by a debriefing or a single scenario followed by a debriefing). It is a tool to have clear, concise, and consistent taxonomy used within the facility by all.

k. **Personnel:** This statement accompanied by a personnel chart should explain your structure within your program and how facilitators and participants are to interact with them. Additional information pertaining to conflict resolution is described further in this document. A list of personnel, roles, and contact information can be supplied here as well.

2. Administrative Information

a. **Support staff and contact tree:** The contact tree is helpful in case the program needs to be shut down for an emergency. Its basic function is to assist a designated number of people with the contacting of staff, instructors, and participants. Those not reached by phone should be sent a follow-up text message if possible. It is also advisable to announce any emergency closings on the program's website.

~~b.~~ **Overtime policy:** This policy is typically set by the entity that governs the program. Unless the program is understaffed (i.e., needing to backfill a position), overtime should be approved prior to accrual for a specific purpose. Ideally, overtime should only be utilized for courses where the program may charge a fee to recover the cost of overtime. Courses requiring overtime should provide, at minimum, one-week advance notice to assure approval and staffing availability. Be sure that all course directors / clients know the procedure for submitting an overtime request as well as the program's defined standard work hours.

c. **Scope of work/description for each personnel classification:** This policy allows people to have direction on what their function is at the simulation program. The size of the simulation team may vary depending on funding, space, and the priority stakeholders of a given program. Include personnel lists and reporting structures. A scope of services should also be provided.

d. **Organizational chart:** This chart is necessary for staff and/or visitors to know the reporting and/or personnel structure of the facility.

e. **Staff Quality Improvement & Professional Development:** While annual reviews are common in most programs, tying staff quality improvement to a staff member's desired

professional development can improve morale and job performance. While career ladders and national conference attendance may not be in your program's budget consider encouraging and supporting staff to attend local/regional conferences, webinars, etc.; hosting journal or book clubs to discuss latest publications in the field; encouraging staff to pursue additional certifications, continuing educational opportunities, etc.
Additionally, practicing 360 feedback reviews (when appropriate) allows staff a fuller reflection of their performance as it includes feedback from all staff (peers, direct reports), instructors, and directors.

3. Course Directors and Facilitators

a. **Facilitator Development:** Establish a policy and standards for teaching and facilitation within your simulation program. Encourage staff to become Certified Simulation Healthcare Educators® (CHSE®). The development and delivery process of simulation-based educational programs should be standardized. Facilitator development is central to this standardization and should include content related to the following: developing course content, incorporating simulation modalities, creating a respectful environment and allowing for feedback and reflection. Consider incorporating International Nursing Association of Clinical Simulation and Learning (INACSL) Standard of Best Practice: Simulation℠ Facilitation in policy development

   i. **Course content:** Course authors develop simulation-based training experiences to achieve participant outcomes. Course authors identify qualified facilitators to assist with experience and ensure adequate facilitator development. Course content should be tested and validated prior to implementation with learners.

   ii. **Simulation modalities:** Courses can utilize various pieces of simulation equipment and technologies within the simulation program. Simulation program staff should collaborate with the course author and facilitators to incorporate simulation equipment within the course.

   iii. **Respectful environment:** Course authors and facilitators must understand the importance of creating a supportive learning environment

   iv. Feedback and reflection: Course authors and facilitators should include time for feedback and reflection (Debriefing) following the simulation experience.

   v. **Simulation technology:** Courses can utilize various pieces of equipment within the simulation program. Most course authors are not experts on the equipment. Simulation program staff should work with the course author and facilitators on teaching them how to utilize the equipment pertinent to their courses. Simulation program personnel can be used as additional actors or actresses for sessions if needed.

b. **Code of conduct**: The simulation learning environment should be safe, supportive and encourage honest reflection upon performance with suggestions for improvement. Develop a policy that describes basic behavior, confidentiality and compliance expectations of personnel and participants. Facilitators, students and staff are expected to act professionally and respectful. The course facilitator and simulation staff have the right to remove any participant from the program for unprofessional or disrespectful behavior. Document the process for removal and management of complaints. Consider incorporating INACSL Standards of Best Practice: Simulation[SM] Professional Integrity.

c. **Course development policy:** Develop a standardized template for the creation of courses within your simulation program. This section should explain that process. There should be no exceptions to this process, as it ensures standardization and quality control. Consider incorporating INACSL Standards of Best Practice: Simulation[SM] Simulation Design and Outcomes & Objectives in policy.

d. **Evaluation policy:** Simulation evaluation policies should address two areas: Participant evaluation of simulation experiences and Evaluation of participant performance.

    i. Participant evaluation of simulation experience: Create a policy that describes the evaluation process for simulation-based courses. All courses should have an evaluation component. Include a *general* section where participants can comment on the program, the infrastructure and the staff. A *course-specific* component should address the course content, quality, and effectiveness of the simulation sessions and lectures. In the final component, each *facilitator* should be evaluated. This policy should specify who has authority to review and access evaluation data. Evaluation data should be used to foster ongoing quality improvement for simulation programs.

    ii. Evaluation of course participant performance: Develop an "evaluation of course participants policy." State that participants will be evaluated and explain the administrative process and implications for the evaluations. Consider incorporating INACSL Standards of Best Practice: SimulationSM Participant Evaluation in policy.

e. **Course registration:** Explain how all participants and facilitators should register for courses or any other events that are held at the simulation program. More specifically, this section should state what information (such as course name, course date / time, department, professional title) should be identified during registration.

f. **Equipment utilization:** Identify and develop policies on equipment utilization within the simulation program with specific do's and don'ts. Identify who has responsibility and authority for equipment maintenance routine and maintenance. For example: *DO NOT use pen on any manikin within the program. Ensure all projectors are 'powered off' when the session is complete*.

g. **Facilitator travel:** Create a policy that describes travel protocols. If facilitators travel on behalf of your simulation program, clear policies should be established regarding the

source of funding for the travel, persons responsible for shipping equipment, and key contact persons to assist the facilitator.

4. **Course Participants**
    - **a. Course Preparation**
        i. Must complete all assigned pre-class key elements.
        ii. Must show up for class on time.
        iii. Must contact the facilitator if they cannot meet class requirements or not able to attend class.
    - **b. Code of Conduct**
        i. Issues with classmates should be addressed to facilitator.
        ii. Disruptive participants will be removed from the simulation program.
        iii. Participants are expected to arrive at the program in proper attire.
        iv. Issues with a facilitator or staff member should be addressed to simulation program leadership.
    - **c. Cell Phone Usage**
        i. The use of cell phones during classes at the simulation program is strictly prohibited.
        ii. All public use of cell phones should be conducted in an area outside of the simulation program.
        iii. The use of cell phones for purpose of recording video, audio, or photographs within the simulation program is prohibited.

5. Scheduling Courses and Rooms

- **a. Approval process:** All initial courses or events should be approved by operational or administrative leadership of the simulation program. There are four main components to the approval process:
    i. The course must be approved by designated leadership.
    ii. Does this course meet the training missions of the simulation program?
    iii. How this course is financially supported?
    iv. Can this course be taught by utilizing simulation or components of simulation?
- b. **Scheduling process:** Once a course has been created, it can be scheduled accordingly. Most programs utilize some form of a reservation process to accomplish this. This section should explain the process for requesting a course to be scheduled and might include an information form to designate rooms, equipment, and staff requirements. Timelines for scheduling must also be identified and published.
- c. **Notifications:** Once a course has been approved, the facilitator should be notified. Additionally, establish whose responsibility it would be to notify the participants. This should be clearly outlined in this section.
- **d. Priority of use:** Most programs now operate under a “First Come, First Serve” policy. Whatever your program’s policy is, you should explain it here. You should also explain that courses can be cancelled at the discretion of the simulation program.

e. Cancellation policy: There are many issues to consider when cancelling a course:

i. Reasons for cancellations (what is allowable).
ii. Timelines for cancellation (what is allowable).
iii. Who can make cancellation decisions (external and internal to the simulation program).
iv. Notification to the simulation program (if external cancellation origin).
v. Notification to the facilitators.
vi. Notification to the participants.
vii. Costs associated with cancellation (as appropriate where fees have been charged)
viii. The details of who will contact what group should be clearly explained in this section. Example: A course gets cancelled, the facilitator calls the program, the program then sends emails and / or calls all participants. Specify a timeframe for cancellation.

f. **Recording of scheduled events (e.g., calendar structure and information):** It should be the policy of the simulation program to keep an accurate account of what courses ran at the program, dates of the course, number of participants, departments, etc.

g. **Scheduling Disputes:** (conflict resolution)
This policy should address how the program will resolve scheduling conflicts. Some common conflicts include items like over booking of rooms and multiple schedule requests for the same date and time**.**

h. **Final arbiter of scheduling needs policy**: This policy should explain how a scheduling conflict between two or more courses is resolved and who has the final authority to resolve the dispute. This section should also explain how the program handles complaints from facilitators or students.

i. **Severe weather policy:** Most simulation programs are affiliated with a medical program / hospital / college / university and should follow their department's policy for severe weather and/or unanticipated closures. In this section you should explain the process for simulation program staff, facilitators and participants.

j. Observation for non-participants

i. Create a policy that addresses the observation of courses by non- participants. This would include tours and youth programs.

6. Tours

a. **Requesting tours:** Tours require simulation facility time and resources. This policy should provide an overview to those requesting tours. It should include:

i. Process for scheduling and requesting tours.
ii. Contact person.
iii. Hours tours are permitte
iv. Specific areas the person would like to visit (.
v. Medical considerations (latex allergies, etc.)

b. **Tour requirements:** This policy should cover the specifics regarding each tour. Considerations should include:

i. Time frame for tour.
ii. Tour length.
iii. Minimum and maximum number permitted in each tour.

iv. Areas or activities that are not available for tours (e.g. due to privacy, intellectual property, etc)
v. Depending on circumstances, any fees associated with it.
vi. Documentation that must be completed by those participating in the tour, e.g. confidentiality agreements.

c. **Tour cancellation**: This policy should state that the tours need to be cancelled within a certain time frame of the tour date. Consider the resources and needs of the individual program when determining this time frame. You should also state the exact process for cancelling the tour, and the notification process for the requestor confirming cancellation.

7. Equipment

a. **Standard program equipment**: Create a description of the basic equipment available for use at the program, how to access the equipment, how to use the equipment, and how to return the equipment. In some instances, the equipment (such as AV equipment) may require an orientation prior to use. If this is the case, you may want to consider a sign-off form to document that the user has been trained and understands the use of the equipment.
b. **Inventory:** This section should discuss how a regular inventory of equipment should be conducted and documented in a format that the facility and infrastructure support. One option is to create a database or Excel spreadsheet that lists date of purchase, cost, vendor, serial number, and storage location for each piece of equipment.
c. **Acquisition policy and process:** Prepare a description on how users can request equipment (a form is likely required) for the simulation program. This may include a statement of need and rationale, and who may benefit from the acquisition. The policy should state how requests are prioritized and the decision-making process for acquiring new equipment.
d. **Maintenance and care of equipment:** There may be one overall policy identifying the individual(s) who is/are responsible for the maintenance and care of the equipment, the frequency of the maintenance, including any warranty work. There should also be specific maintenance and care instructions for each different piece of equipment (e.g. what type of chemicals can and cannot be used, how to disassemble and reassemble). This may simply be the user guide that comes with the equipment, but it must be available for the user. Detailed records of PM and cleanings should be maintained.
e. **Breakage and repair policy (internal and external):** The policy needs to state the reporting procedure to alert the Operations Manager (or other appropriate individual) of the broken piece of equipment. A form may be used in this process that describes how the equipment broke, what was being done when the equipment broke. This information may be helpful in identifying patterns if equipment is breaking on a regular basis. The repair policy identifies who may responsible for the repair (e.g. warranty, maintenance agreement, personal responsibility). The personal responsibility comes in under your loan policy and the in-situ use as well.
f. **Loan policy:** Develop a policy statement describing who may borrow equipment, the type of equipment available for loan, the responsibility of the individual/department

who is borrowing the equipment, the return policy, and any terms/fees that need to be included. In addition, a form should be created with a process of completion (name, contact information, pick-up date, return date, any special instructions regarding the loaned item, etc.) and a tracking system to follow-up on missing items.
Some training on the equipment may be required prior to borrowing. Some programs utilize a sign in / out book for all equipment being borrowed.

g. **Off-site utilization:** in-situ versus in-facility use: Develop a policy to outline what equipment can only be used in the lab and what equipment can be taken out for in-situ simulations. Depending on the facility, they may have two dedicated sets of equipment, one for in-situ and one for in-facility use. Either way, there needs to be an inventory of the equipment, supplies, and a regular maintenance check of the equipment.

8. Supplies

a. **Acquisition:** This section should state who is responsible for making sure that all supplies are available for a given course/session and when their availability needs to be confirmed. Depending on the individual facility, one may work directly with the hospital supply warehouse for supply acquisition. If supplies need to be purchased through an outside vendor, one month prior to its need is ideal. The amount of time from purchase to delivery can be lengthy. You should consider your local policies when establishing guidelines for ordering of supplies.

b. **Organization:** This section should discuss how supplies will be organized by the Simulation Program Operations Team with clear labeling and understanding of where items live. Organizing with the use of colors, letters or numbers with a map and clear descriptions is essential. Depending on courses/programs, disciplines may consider organizing supplies by course/program.

c. **Inventory:** This section should discuss that a regular inventory of supplies should be conducted and documented in a format that the facility and infrastructure support. A database or Excel spreadsheets organized by skills lab training or simulation sessions is an option. The database should include location, source and par level for each item.

d. **Budget Source:** Discuss funds, which come from participant lab fees, can be applied for off-setting the supply budget. When facilities are first starting, it is important to track costs to better understand sustainability needs and expectations.

e. **Usage and Re-usage:** In simulation and skills sessions there are many items that can be reused. There should be a standardized description of what items will be reused and what items will be discarded. For example, one could reuse an IV flush; however, needles would be disposed of in the sharp's container. Note: It is also important to partner with your local hospitals and clinics to acquire supplies that are expired for patient use but can be used for training purposes. Sometimes meeting with your surplus partners will be a huge cost saver, which will help with sustainability considerations.

9. **Scenarios**

   a. **Scenario development:** The Program should develop a standardized scenario template which may be used to develop simulation-based cases. If you plan on achieving SSH Accreditation, you will need a process and documentation for the process as well. The document should include the following: scenario goals and objectives, case presentation, narrative for participant, pertinent patient history, chief complaint, appropriate student responses, timing of events, and expected scenario flow. Once completed, the scenario template may be used by the Program's simulation staff to program and prepare for the course. It is strongly suggested that the simulation staff receive the completed scenario template no later than one month prior to the program. Testing of Scenarios should be completed within one month of the actual course. This will allow for revisions and further testing. Clearly establish timelines for development of scenarios and expected time frames. This should be done to assure the program staff are not being asked to develop scenarios within an unrealistic time frame.
   b. **Scenario structure:** The structure of the scenario template must encompass all aspects and pertinent physiologies of the patient, expected timeframes, equipment, supplies, and necessary case information. Some recommendations include, but are not limited to:
      i. Case Title
      ii. Goals and Objectives
      iii. Patient Chief Complaint
      iv. Patient Information (name, age, gender, weight, height)
      v. Case Presentation (information given to the participant prior to the beginning of the case)
      vi. Starting Vital Signs
      vii. Past Medical History
      viii. Medications
      ix. Allergies
      x. Events (actions taken by the participant)
      xi. Result of Event (decrease in B/P, increase in HR etc.)
      xii. Staff Needed
      xiii. Equipment/props needed
      xiv. Simulator type
      xv. Environment
   c. **Authorship:** The Program should develop a policy by which authors of a scenario are recognized based on their involvement with the development and implementation of the case. You will also want to state the intended use of the scenario and who is authorized to use / edit the scenario once developed.
   d. **Audiovisual storage:** The Program should develop a policy that addresses the length of time that an audiovisual recording of the scenario is to be retained and/or preserved. These guidelines should take into consideration whether the recordings will be used during the course for debriefing or saved for future review and research. The policy should be standardized for all audiovisual recordings. It is recommended that the Program seek advice regarding this issue from legal counsel. Additionally, the Program should have a policy regarding confidentiality of the recording. Should the Program desire to allow others not involved in the case to view a recording, a written release should be obtained by the participants.

e. **Utilization of scenarios:** Develop a policy stating that it is the responsibility of the authors of the scenario and the Course Director to ensure the case follows current, acceptable standards of care, best practices, and hospital policies. Resources used in the preparation of the scenario should be listed.
f. **Clinical quality assurance:** The Program should have a policy in place that ensures that each scenario continues to follow the current clinical standards of care. As these standards change, changes to the scenario need to be updated as well.
g. **Debriefing:** Develop criteria for debriefing. Debriefing is the most critical component of the simulation exercise. It is recommended that each Program should develop a standard process in which participants can reflect on their performance during the scenario and receive constructive feedback about their performance. Audiovisual technology and playback could also be considered as part of the debriefing process if feasible and available. In certain circumstances, the best facilitators may not necessarily make the best debriefers.

10. Operations

a. **Utilization of Simulation program staff**
    i. Simulation program staff is there to support learning. Each staff member has specific roles. Any variation of use for that staff member must be approved by the appropriate program leadership. Unplanned events may lead to use of staff members to cross cover roles. Work flow should be reviewed to ensure intended work to be completed.
b. **Start-up and shut down process:** The policies in this section should include step-by-step instructions for accessing the facility, disarming any security alarms, turning on and turning off every simulator model and adjunct equipment including compressors, audio/video recording and presentation equipment. The policies should specify what categories of users are qualified to "open up" the program and whose responsibility it is to shut everything down. Furthermore, it should be stated who is expected to clean up after simulation activities as well as how to account for supplies that may need to be replaced and problems with any equipment. This may include functional checks of equipment to ensure readiness for use. It is very helpful to the users to include photos of the procedures and equipment in separate course procedure documents.
c. **Security of information:** This section should address where printed and digital information related to simulation activities should be stored and who will have access to the files. Specific policies should address storage of electronic and artifacts such as simulation scenarios, sign-in and attendance records, video records, equipment manuals, maintenance logs, and purchasing, inventory on both onsite and off-site equipment, updated versions of software, and other documentation.
d. **Simulator maintenance:** A separate maintenance policy including a maintenance checklist should be developed for each simulator and adjunct equipment following the manufacturer's recommendation. It should include daily, weekly, monthly, and yearly tasks related to keeping the simulator clean and operational as well as keeping an ongoing log of performance issues and fixes applied. The policy should identify staff members who are responsible for performing each maintenance task. Effective warranty dates should be clearly noted. Warranties can be voided if not followed

appropriately. A policy to adhere to vendor warranties for periodic maintenance (PM) of equipment should be included. Vendor warranties can be voided if not followed appropriately.

e. **Course supplies:** Supplies should be organized by the simulation program staff with clear labeling and understanding of where items are stored. Organizing with the use of colors, letters or numbers with a map and clear descriptions is essential. Depending on courses/programs, disciplines may consider organizing supplies by course/program. It may be useful to have a bin containing the necessary supplies and props for certain courses. A policy should be in place to notify the person in charge of replenishing supplies when an item is depleted.

f. **Course preparation:** For each course, a set of pre-course checklists should be developed that specify what tasks need to be accomplished and when. For example:
    i. 1 month before the course
        1. Schedule the course
        2. Send out invitations
    ii. 1 week before the course
        1. Confirm attendees
        2. Confirm facilitators
        3. Confirm staff participants
    iii. 1-2 weeks before the course
        1. Prepare paperwork
        2. Check supplies
        3. Remind participants
    i. The day of the course
        1. Configure simulator
        2. Configure AV equipment and software
        3. Configure environment
        4. Support facilitators
        5. Support participant completion of post survey's or other tasks
        6. Organize reconfiguration of the environment for next course or activity
        7. The policies should state who is responsible for each task, either the simulation program staff or the client department.

g. **Course turnover:** Like course preparation, this section should include post-course checklists that specify what tasks need to be accomplished immediately after the course completion (e.g., shut down equipment, clean up, file paperwork) and what needs to be done later (e.g., follow-up surveys, CME/CE certificates).

h. **After-hours access:** This policy should state under what conditions access to the simulation program is allowed outside of regular business hours. The following questions should be addressed: What activities are allowed after hours? Whose approval is needed to allowed after-hours simulation? Who can conduct after-hours simulations? How are expectations for after-hours activities different from regular activities? What information needs to be recorded in a log? Room closures for maintenance can occur.

11. Video Recording

a. **Consent Form:** Prior to the first simulation activity, every participant in simulation and clinical learning must sign a Consent Form that includes the policies below. The essential components of these policies should be included in the *consent form* for each participant to review and sign to document they have reviewed the policies. As these standards change or if there are specific simulation projects, changes to the policy need to be updated.

b. **Video Recording Policy**: The Program should have a policy in place to ensure each participant is aware of the recording policy determined for the varying simulation courses. The policy should include:

   i. Policy should include the acknowledgement that video recording capabilities are Program wide, i.e., cameras are placed throughout the Program and can be actively recording.
   ii. Policy should state the details of what the expectations of the facility are in terms of participation and to fully disclose how videos and photos will be used.
   iii. Describe how recordings can be used. Examples include for evaluation, debriefing, research, etc.
   iv. Describe how the recordings are stored. Examples may include on a secure server on-site, a cloud server, etc. and access to these recordings are limited.
   v. Describe how access to these videos will occur for students, faculty, others.

c. **Video Distribution Policy:** The Program should have a policy in place that clearly states when and how videos will be distributed/accessed. If the video will only be viewed after the fact by participants and facilitators, this information should also be clearly stated.

d. **Video Destruction Policy:** The Program should have a policy in place that clearly defines when videos will be destroyed and deleted. This may vary depending on the level of the participants. For example, videos of students may be saved until successful graduation whereas clinician's videos may be immediately deleted. Participants should have a clear understanding of this process.

12. Course Observation

a. Observation of simulation policy for course participants: This policy should explain how and where course participants can observe simulation involving their peers. It is important to emphasize the confidentiality policy that protects participants from judgments and opinions of their performance. The participants should "pledge" not to discuss each other's performance in simulation scenarios outside of the simulation program. Another reason for the confidentiality pledge is to ensure that participants do not divulge scenario information to other participants.

b. Observation policy for non-participants: This section should describe what procedures need to be followed for the protection of the students, facilitators, and staff. Who can approve observation by non-participants? Is it the Program Director or course facilitators, or both? How far in advance must the request for observation be made? Under what conditions are the observers allowed to take still pictures or video? Are observers allowed into the control room? Who is permitted in the debriefing room? Are observers allowed to interact with simulation staff and participants?

c. **Required disclaimers and pre-event statements:** Observers need to be informed of confidentiality expectations. Just like students are expected to pledge confidentiality, so too should observers and facilitators. Observers should pledge not to divulge information on students' performances outside of the program. This should include a non-simulation program staff (including tour participants, facilitators, visitors and students).
d. **Required event or course acknowledgements:** This section should include any sponsorship information or an explanation that simulation is a teaching tool, not a testing tool (if appropriate). Also, the Program might state that taking a simulation course does not necessarily translate into achieving competency in the clinical arena.

13. Fiscal

a. **Fee Structure for use (internal and external use):** It is critical to establish a pricing structure for internal and external users of the program. This is an opportunity for the program to have additional income. Internal users are typically given a lower rate for use of the program. External users can be charged at a rate that the market will bear, depending on the geographical location of the simulation program, the services requested, and relationship with the simulation program or parent organization (if applicable).
b. **Required reporting, (type and frequency) and to whom**: Each simulation program is typically required to provide some sort of report to either the governing body of the simulation program or the department/hospital where the program resides. This report may be something simple, such as how many days the program is utilized, or a breakdown of how much each user group used the facility and what courses are run there. It is important to ensure that accurate and detailed records are kept of the financial undertakings of the program, as well as the use of the facility from the beginning.
c. **Annual budget reporting requirements:** The budget is one of the most fundamental infrastructure documents of a simulation program. Each program has different requirements that they must provide, and this is where that information would be placed. Everything from staffing requirements to projected direct/indirect costs to confirmed or potential income for the upcoming fiscal year should be included.
d. **Required fiscal year end documentation**: In this section, a list of year end documentation that must be reported should be listed. Examples are purchases that were made for the year, income for the year, and any other fiscal documents that are needed to report to the stakeholders of the simulation program.
e. **Purchase and acquisition procedure**: Establish a policy to outline the procedures for purchasing and other acquisitions of which the simulation program is a part of.
f. **Reimbursement process**: Develop a policy to describe reimbursement protocols. Unless the program is an independent program, reimbursement for expenses falls under the policy of the institution that hosts the simulation program.
g. **Financial accounting**: This section includes all the reports needed by the simulation program so that all staff, as well as primary stakeholders know where the financial information is located.
h. **Conflict of Interest**: Develop a policy to discuss any "conflict of interest" issue for facilitators. You should also prepare a legal document to support your program's conflict

of interest protocol. You may be able to find this within your parent organization.

i. **Purchasing equipment**: Purchasing equipment is a major expense in operating a simulation program. In this section, the proper steps for requesting the purchase of a piece of equipment and the actual process that is involved with purchasing equipment would be done here.
j. **Purchasing approval process:** Develop a policy to describe your purchasing options for personnel. Some purchases are approved at the administrative level where as some are required to have much higher approval. Include processes that are needed for any purchase and provide details on what the approval steps are, as well as what can be done in case a purchase has been denied.
k. **Payroll**: In this section key payroll contacts should be indicated as well as what the employee payroll process.

14. Courses

a. Course Approval Process: In this section you should describe, in detail, the process for course development approval at your program. Each course that will be created at your program should include the person overseeing development at your program, administrator if possible, and the course director. Most courses need to meet the following criteria for development:
   i. Clear learning objectives.
   ii. Clinically relevant or applicable.
   iii. Available funding if necessary (supplies, equipment).
   iv. Meets the mission of the simulation program.
   v. Can be performed within the simulation program or in-situ.

b. Funding and Course Finances: All courses cost money to develop and deliver. Your program should consider creating a course development form to use by administrative personnel to determine costs. This form should be shared with the potential user at the time of completion as well. The form should include the following:
   i. Supplies
   ii. Equipment
   iii. Development time.
   iv. Administrative costs (copies, binders, catering).

c. Mandatory Elements of a Course: In this section you should describe your key elements of a course and what is expected at each element. Below are recommended key elements:
   i. Course Description
   ii. Course Objectives
   iii. Target Audience
   iv. Pre-course Learning
   v. Day of Course Learning
   vi. Post Course Learning
   vii. Evaluations (Pre and Post)
   viii. Demographic Survey

15. Remediation

a. **General remediation policy:** If simulation is used for remediation in a given Program, then participants should be aware of their involvement from the beginning. The Program should have a policy in place that explains the process of remediation training.
b. **Policy for facilitators:** If simulation is used for remediation in a given Program, then facilitators need to be aware of it and consistent with its use. Ideally, a simulation expert should work with facilitators to determine if simulation is the best route for a remediation.
c. Policy for participants: If simulation is used for remediation in a given Program, then participants should have the information and access to the policy at their first simulation encounter and at any time in the future.
d. Documentation: If simulation is used for remediation in a given Program, then a standard form should be created for documentation and keeping track of the dates and details of the events that led up to the remediation and the remediation itself.
e. Ethical guidelines: If simulation is used for remediation in a given Program, then participants should be aware of that from the beginning. The Program should have a policy in place that clearly states if this will affect their current or future employment.
f. Learner Remediation: There are times where learners may be remediated at your simulation program. The sensitivity to these sessions should be addressed from a confidentiality, observation, and psychological safety standpoint.
g. Signage / Scheduling of Remediation: When Program is posting signage for remediation events have common nomenclature that ensures learners know where to go. Program may want to consider naming that protects the learners and provides the necessary confidentiality of the situation.

16. Customer Relations

a. **Dispute resolution:** This policy should explain how a dispute is processed and resolved at the program and who has the final authority regarding the dispute. This section should also explain how the program manages complaints from facilitators or students or to staff.
b. **Marketing of program:** This section should specify:
    i. Who can initiate customer (client) solicitation? What are the differences between approaching an internal customer (within the institution) and an external customer (outside the institution)?
    ii. Through what channels can the services of the program be promoted?
    iii. A clear description of authorization should be identified here.
c. Policy on use of program's name: The policy should state the official name of the program and its acronym to be used in all communications and publications. It might also be helpful to list names and acronyms that should NOT be used. If the program has a word mark, logo, seal or color motif, they should also be identified in this section.
    i. In addition, this section should state who has authorization to use the program name and in what context. The appropriate approval process for the use of the program name should be clearly identified.
d. Web usage: This section should describe:
    i. What information belongs on the Program website? Who decides?
    ii. Who oversees updating content on the website?

iii. Who is responsible for replying to requests or questions from the website?

e. Information dissemination: This section should explain through what channels information about Program services is disseminated (such as printed materials, web, and e-mail); and if information is, who is responsible for approval of this. Maintaining a data base of users and visitors could assist in the delivery of information.

f. Official media policy: Prepare a policy regarding how your program will work with or respond to various media outlets. Normally, the simulation program works with the PR department of its parent institution. Therefore, the following questions should be addressed in the policy:

i. What is the procedure for media requests?
ii. Who is authorized to talk to the media?
iii. What activities are members of the media allowed to observe?
iv. Approval process for media within the program structure, and with your parent organization.

17. Travel and Meeting Attendance

a. **Meetings:** This section should specify under what conditions a staff member could travel to attend a meeting, a description of the approval process, and the pre-and-post meeting expectations. In some programs, it may be necessary to state how many meetings per year an employee can attend and how many people can be away from the program at the same time (to ensure continued operational functionality).
b. **Reimbursement policy:** The reimbursement policy is usually the same as the university or health system in which the simulation program resides. If staff must use their own money in advance, provide them with the full reimbursement process/procedure in advance of any expenses and provide a realistic timeframe for reimbursements to be approved and distributed
c. **Covered expenses:** Create a policy to outline how your program will cover expenses. Most universities and health systems have a defined travel and expense policy. Expenses that are typically covered include meals (defined per diem by city), air fare, hotel, rental car/taxi/transit, mileage, parking, and incidental purchases that may be needed for the meeting (i.e., abstract poster, copies, etc.). Regardless of policy, always encourage staff to retain their original receipts (paper or digital/e-receipts) to ensure policy compliance and/or reimbursement.
d. **Priority scheduling in case of conflict:** If an individual is to attend a meeting and a conflict has arisen at the simulation program, the director of the program should determine if the conflict is a higher priority than the attendance of the meeting.

18. Research

a. **IRB policy**: This policy should discuss how researchers should follow the Internal Research Board (IRB) policies within their organizations. All expected paperwork and timelines will be followed per protocol.

b. **General guidelines if different from parent institution**: This policy should discuss how learners/participants must have informed consent for involvement in research. There are specific institutional guidelines that must be followed.
c. **Security:** This policy should discuss how researchers should follow the security guidelines outlined in the review process for both hard copy check lists and also for other research data collected. Any videos used in research will be kept locked and confidential per institutional protocol.
d. **Fiscal impact:** This policy should discuss how principal investigators need to partner with simulation teams within their institutions to better understand the resources that are needed to conduct simulation-focused research. It is important to allocate staff, facility, and equipment resources to achieve the research goals.
e. **Dissemination policy**: This policy should discuss how individuals involved with the simulation research will disseminate their findings. This can include poster presentations, podium presentations, local, national and international conferences and publications. The policy should also include a timeline of dissemination/publication after the study is complete. It is important to include the names of the team members that participated in implementing the simulation sessions in the dissemination/publication.
f. **Authorship rules:** This policy should discuss how authors will be accurately cited for involvement with simulation research. Discussion and agreements about first author will be driven by the Principal Investigator or Project Manager of a given research project.
g. **Data collection responsibility**: This policy should discuss how data collection responsibility will be determined by the Principal Investigator (PI) in collaboration with the Simulation Team. Ultimately it will be the responsibility of the PI to insure the data is being collected accurately and according to protocol.

19. Safety and Security

a. Emergencies

i. **Medical:** Create a policy that directs simulation program staff and personnel to contact the appropriate emergency response (e.g. 911, call EMS, or dial "0"). Identify the type of documentation needed upon stabilization or transportation of the patient.

ii. **Non-Medical:** Identify the process for handling non-medical emergencies (e.g. Are faculty/staff able to manage these situations and what type of reporting is required?).

iii. **AED locations:** Include a statement and map of the location of AEDs in the simulation program. Ensure AED training for simulation program staff is incorporated in orientation.

b. Identification badges: Develop a policy on badge requirements for students, faculty, guests, staff, etc. within the simulation program. In some cases, access into the simulation program is only by badge.

20. Biohazardous Material

- **a. Authorization for Use**
  - i. You should adhere to product and local policies and building policies on the use of materials deemed hazardous. Note, latex and sharps should be addressed in a separate policy.
- **b. Preparation**
  - i. Develop a policy on the proper preparation of the site (rooms) and the participant and facilitators. State how and what a person should do to get rooms ready for use and what should be done in case of an emergency.
  - ii. State the process for packaging any biohazard material and safe disposal.
  - iii. State the process for final cleanup and disinfection appropriate to the level of material used.
- **c. Removal**
  - i. Create a policy on the proper removal of the material. It should include numbers to call for removal agencies. Additionally, this policy should include information on what facilitators and participants should do with their materials (gowns, masks, etc.) when they have concluded their simulation activities.
- **d. Cleaning**
  - **i.** Create a policy on what to clean and how to clean it. You should also include the storage and disposal information of cleaning materials.

21. Cadaveric Use

- **a. Approval Process**
  - i. Who can approve the use of your facility for cadaveric use?
    Who approves the classes to be conducted at your program and what is the policy / procedure to decide approval?
- **b. Access to the Specimens**
  - i. Who has access to them?
  - ii. How do those with access permission get access to them?
- **c. Staff Roles During an Event**
  - i. What is expected of the program staff prior, during and post event.
- **d. Required PPE**
  - i. When entering the area
  - ii. When leaving the area
- **e. Storage**
  - i. If you plan to store specimens at your facility, you will need to assure they are kept secure during times when the program may be closed, or not in use. You will need to address how they will be stored as well. What will your procedure be for storage? Who will have access to them?
  - ii. In addition, you will need to think about how long in advance can your program accept delivery and how long your program can store them after event.

f. Room Preparation

i. This process can take a long time for programs that do not do this on a regular basis or do not have rooms allocated for such training. You can expect supplies and equipment from vendors prior to the event as well.
ii. State the required set up for each room. List what is mandatory.
iii. How long in advance is the set up?
iv. Identify the purpose and description of clean vs dirty zones.

g. Collection of Biohazardous Waste

i. Appropriate waste containers and use of them for the event
ii. Appropriate storage and disposal of waste post event.

h. Handling

i. Required PPE to handle specimens and waste.
ii. Certification of those handling.
iii. Specimen handling. Ethical issues related to handling specimens.

i. Vendors

i. Expectations of involvement during the event.
ii. Preauthorization by parent organization.
iii. Acceptable timelines for delivery and removal of supplies and equipment.

j. Media Policy

i. Use of cameras, audio, video. What is acceptable for the event? And who is authorized to do so.
ii. Follow parent organization media policy if applicable.

k. Room Cleaning

i. Required PPE for cleaning.
ii. Required cleaning timelines (immediately after event).
iii. Required cleaning solution type and method for cleaning.
iv. Required room down time prior to use after cleaning. Follow parent organization (same as operating room).

l. Medical emergency

i. In case of an accidental exposure to fluids, or needle stick, what should the staff of the program do? What should the person injured do?
ii. Reporting by simulation program. Who is responsible? What should be reported? To whom does the report go to?
iii. In cases of non-exposure medical emergencies, follow the programs policies and procedures for management of real medical emergencies.

22. Standardized Patients: Standardized Patient (SP) simulation includes the use of live actors to serve in the role of patients and/or family members and is one type of simulation based educational modality; a Standardized Confederate (SC) functions in a similar capacity as an SP, but often portray scripted healthcare professionals. Because live actors are integrated in the simulation environment, special considerations must be included in policy development. Simulation programs should develop policies that incorporate the Associate of Standardized Patient Educator (ASPE) Standards of Best Practice (2017). The policies should address the following SOBP domains: safe work environment, case development, SP training, program management and professional development.

a. Safe Work Environment (Safe work practices, Confidentiality, and Respect)

i. Examples of these considerations could include:

1. Isolation from learner prior to event, during breaks, and after conclusion of event.
2. Private dressing area (individual if possible, but not public and definitely out of sight of learners/participants).
3. Privacy during physical examinations (blinds drawn in rooms, protect against unnecessary observers, safeguard any video/digital recordings of examinations, etc.).
4. Address the mental and physical safety of the standardized patient during and post event (no exposure to sharps, no biohazardous materials, no live restraints or weapons, etc.; debrief with instructor, course director, or program staff following event to address any issues or concerns that arose during the session with participants, equipment, etc.).
5. Provide training to Standardized Patients / Confederates on any equipment being used by and/or upon the SPs / SCs.
6. Treat the Standardized Patient / Confederate with respect as they are part of the educational team.

b. Case Development

i. Some considerations include:

1. That case materials align with the learning objectives / goals of the event.
2. SME help to create the cases, and that they accurately reflect authentic patients and situation to avoid bias and stereotypes.
3. Adequate time to draft and practice the case prior to the event.
4. An appropriate assessment tool is paired with the case.
5. Accurate and sufficient details (i.e., medical history family history, social history, medications, etc.).
6. Do a practice Pilot session.
7. Offer case/scenario specific practice trainings.
8. Provide video examples.

c. SP Training

i. Basic SP Training would include: role portrayal, how to provide appropriate feedback to participants, and instruction on assessment tools.

1. In-person group trainings are ideal, allowing robust discussion and practice; video examples are useful for basic instruction and demonstrations, and are often more economical.

d. Program Management

i. Some things to consider:

1. Assign an instructor, staff member, or proctor to serve as a liaison to the Standardized Patients / Confederates during the event.
2. Provide Standardized Patients / Confederates, course directors, and instructors best practices for incorporating Standardized Patients / Confederates so that the expectations (do's / don'ts) are clearly defined.
3. If your program offers standardized patients as a learning option, state whether there will be an additional fee associated, and how that fee is determined (# of hours, # of learners, etc.)
4. Safety and integrity of teaching / testing materials is assured.

e. Professional Development

i. While Standardized Patient programs offer many opportunities for SP development, sharing feedback with SPs / SCs from course directors and instructors is a simple and invaluable resource.

23. Simulated Medical Equipment and Supplies in a Clinical Setting

Some programs have policies where no supplies or equipment can be utilized outside of the simulation program, but other programs do a substantial amount of in-situ training or training in other locations. Keeping accurate account of what is being utilized outside of your program's physical space is important to address the safety issues related with use of simulation equipment in a clinical setting. These may be through electronic means, paper forms, or some combination.

a. Sign in and sign out procedure

i. Keep an accurate account of who borrows the equipment, the condition of it when it left your program, the condition of it when it returns to your program, and anticipated return date.

b. Checklist for each event policy

i. Create a policy that requires the use of a checklist for supplies and equipment that must be checked prior to the event, immediately after the event, and immediately upon returning to the simulation program. To assure all equipment and supplies have been returned.

c. Labeling policy

i. Some programs have policies about simulated medical supplies being used outside of the simulation program. If your program allows the use of supplies outside of the program, consider appropriate labeling to note that "the equipment / supplies are for simulation training only and not for use on patients" is recommended.

References

Certified Healthcare Simulation Educator®, Society for Simulation in Healthcare, https://www.ssih.org/Credentialing/Certification/CHSE

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The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: Simulation℠. *Clinical Simulation in Nursing*, Volume 12, S48-S50. https://doi.org/10.1016/j.ecns.2016.09.012