

THE UNIVERSITY OF RHODE ISLAND COLLEGE OF NURSING

Nursing Skills and Simulation Lab Policy Manual

PreLicensure

White Hall

Rhode Island Nursing Education Center

Fall 2026-Spring 2027

Table of Contents

I.	Introduction: 4
II.	Purpose: 4
	A. Mission
	B. Vision
	C. Values
	D. Code Of Ethics
	E. Assumptions
	F. Theoretical Framework
III.	General information: 6
	A. Location
	B. Contact information
	C. Simulation and Skills Lab Operating Hours and Schedule
	D. Personnel
	E. Grading of Simulation Experiences
	F. Feedback During the Simulation Experience
	G. Student Evaluation of the Simulation Experience
	H. Complaints
IV.	Physical and psychological safety: 10
	A. Safe Learning Environment
	B. Campus Resources
	C. Fluids and Medications
	D. Latex
	E. Waste Disposal
	F. Cleaning Agents
	G. Sharps
	H. Safe Word
	I. Emergencies
	J. Medical emergencies
	K. Reporting Injuries
	L. Non Medical Issues
V.	Confidentiality/consent, photography, and video recording: 12
	A. Integrity
	B. Confidentiality of Information
	C. Audio-Visual Recording
VI.	Guidelines for Simulation and Responsibilities: 13
	A. Equipment Utilization and Responsibilities
	B. Faculty Responsibilities
	B. Student Responsibilities
VII.	Components of the Day:16
	A. What to Expect
	B. Pre briefing
	C. Simulation/Clinical Scenario

- D. Debriefing in Simulation
- E. Learner Evaluation of Simulation

VIII. Skills Lab: 18

- A. Open Lab
- B. Remedication

IX. Appendices: 19

- A. Basic Assumption 20
- B. Fiction Contract 21
- C. Confidentiality Contract 22
- D. Video Release 23

X. References: 24

I. Introduction

This handbook provides students with general simulation information and outlines the policies, expectations, and procedures for skills and simulation experiences at the University of Rhode Island's College of Nursing (URICON). Students are responsible for reviewing and abiding by the guidelines in this handbook, as well as those in the University and College of Nursing student handbooks.

Integrating simulation into nursing education helps students develop the competencies needed to manage real patient situations. Simulation experiences at URICON follow the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice and are dedicated to continuous quality improvement.

Simulations are life-like situations using manikins, standardized patients, or computer-generated scenarios to focus on psychomotor skills, problem-solving, and clinical reasoning (Jeffries, 2005). These experiences take place at the College of Nursing Simulation Centers (CNSC) on the Kingston campus and the Rhode Island Nursing Education Center (RINEC). Both state-of-the-art centers use diverse instructional methodologies to support student-centered, nursing, and interprofessional education.

Each simulated clinical experience is facilitated by a faculty or staff member with expertise in simulation pedagogy. The Simulation Education Coordinator (SEC) and nursing faculty collaborate to integrate simulation throughout the curriculum, helping students translate theory into clinical practice.

II. Purpose

The College of Nursing Simulation Program (URICONSP) fosters the development of evidence-based knowledge, skills, and attitudes required for high-quality, patient-centered care in complex environments. URICONSP faculty and staff are committed to excellence in education, designing and implementing rigorous learning experiences grounded in evidence-based practice, collaboration, and respect for diversity, inclusion, and ethics. The URI College of Nursing is accredited in Teaching/Education by the Society for Simulation in Healthcare.

A. Mission Statement

Consistent with the mission of the University of Rhode Island (URI) and the College of Nursing (CON), URICONSP prepares nurses to excel as outstanding, compassionate clinicians, scholars, and leaders. Graduates will enhance the health of individuals, families, communities, and populations both locally and globally through innovative, evidence-based simulation.

B. Vision Statement

The simulation program supports the College of Nursing's vision to serve as a dynamic catalyst for improving health and transforming healthcare. We achieve this through innovation and excellence in education, knowledge development, discovery, and professional practice to meet the needs of a global society.

C. Values

URICONSP integrates the core values of URICON into all simulation activities:

- Social justice, diversity, inclusivity, and civic engagement.
- Respectful, ethical, humanistic, and compassionate care.
- Intellectual curiosity, innovation, and scholarly inquiry.
- Leadership, lifelong learning, and excellence in practice.

D. Code of Ethics

URICONSP adopts and commits to the principles of the Healthcare Simulationist Code of Ethics. This Code outlines key aspirational values central to simulation practice:

- Integrity
- Transparency
- Mutual Respect
- Professionalism
- Accountability
- Results Orientation

By embracing these tenets, the program aims to promote, strengthen, and sustain an ethical culture among all individuals and organizations involved in healthcare simulation.

E. Assumptions

URICONSP operates under the following foundational assumptions:

- Everyone participating in URICONSP activities is intelligent, motivated to learn, cares about doing their best, and strives to improve (Appendix A).
- Clinical education encompasses any learning activity that helps students achieve clinical learning objectives, thereby making high-quality simulation a valid form of clinical education.
- The program applies the NLN Jeffries Nursing Education Simulation Framework (Jeffries, 2015) as its guiding theoretical model and follows the INACSL Standards of Best Practice alongside the NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs.

F. Simulation-to-Clinical Hour Ratio

Simulation hours may not exceed 50% of the total clinical hours for any course, and the exact percentage of simulated time varies by course.

A 1:2 ratio is approved (1 hour of simulation equals 2 hours of traditional clinical education) provided that a trained faculty member conducts live, synchronous pre-briefing and debriefing.

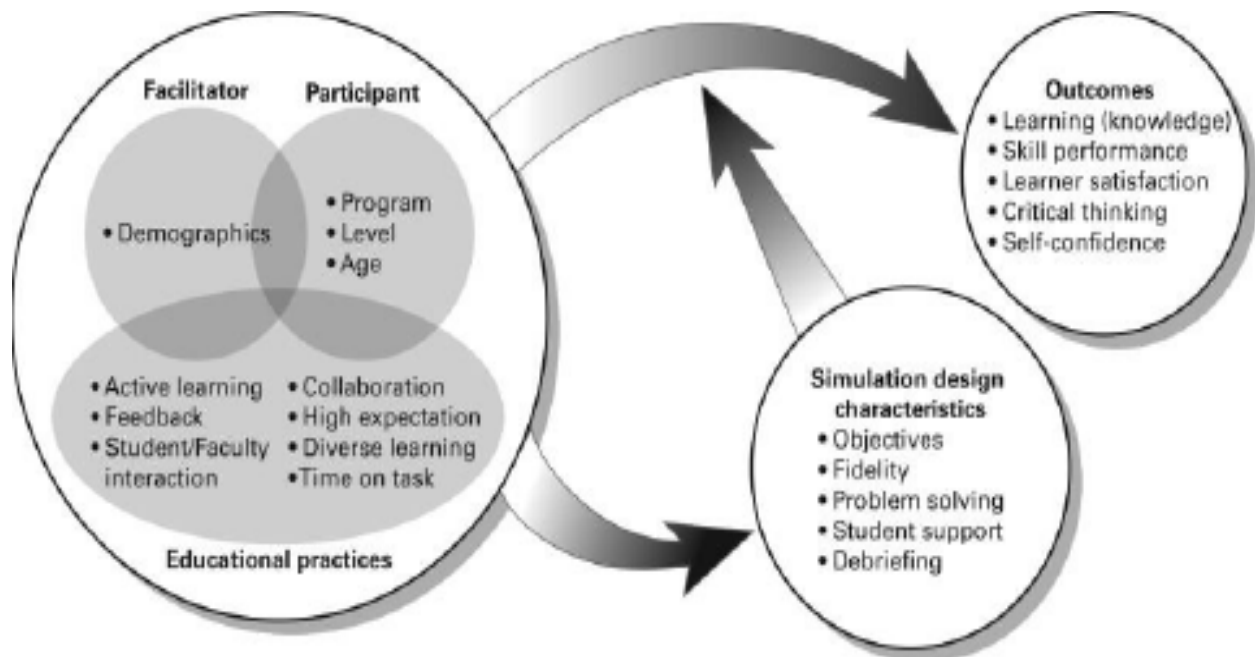
This ratio is justified by:

- Evidence-Based Design: Alignment with established simulation frameworks (e.g., INACSL, SSH, ASPE, NLN).
- National Research: The landmark NCSBN study (Hayden et al., 2014) and the resulting NCSBN Simulation Guidelines (Alexander et al., 2015).
- Regulatory Guidance: Rhode Island Department of Health directives, which were initially established during the COVID-19 pandemic and remain unchanged in the post-pandemic period.

G. Theoretical Framework

URICONSP applies the NLN Jeffries Simulation Theory (Jeffries, 2015) as its guiding model for simulation practices. By combining best educational practices with optimal simulation design, the program fosters the acquisition of professional knowledge, skills, and attitudes.

Figure 1. The Nursing Education Simulation Framework



III. General information

A. Location

The University of Rhode Island's College of Nursing maintains skills and simulation facilities at two locations:

Courses	Location
Nursing 203, Nursing 234, and Nursing 314	White Hall (CNSC) 39 Butterfield Rd. Kingston, RI 02881
Nursing 334, Nursing 354, Nursing 444, and Nursing 417	Rhode Island Nursing Education Center (RINEC)

	350 Eddy Street Providence R.I. 02903
--	--

B. Contact information

All inquiries can be made to:

White Hall: whlab@etal.uri.edu

RINEC: simulation@etal.uri.edu

or you may contact the Simulation Education Coordinator:

Jessica Skaltsis DNP, RN, CHSE

JSkaltsis@uri.edu

(401) 874-5315 work (401) 874-9050 fax

C. Operational Hours

Operational hours are aligned with the approved simulation schedule to complement course objectives while respecting clinical and didactic schedules.

- Simulation Lab: Open Monday through Friday from 7:00 am to 8:00 pm.
- Skills Lab: Hours vary each semester based on the needs of the college. Up-to-date skills lab schedules are posted on Brightspace.

The comprehensive schedule for all required skills and simulation activities is posted on Brightspace prior to the start of classes each semester.

D. Personnel and Committees

- **Simulation Education Coordinator (SEC):** Manages day-to-day operations, including scheduling, and oversees all instructional and operational aspects of the nursing simulation labs. The SEC works collaboratively with faculty to provide technical and managerial support across both the Kingston campus and RINEC. This role plans, designs, implements, and evaluates simulation-based learning, maintains Certification as a Healthcare Simulation Educator (CHSE), and serves on the Simulation Committee.
- **Simulation Facilitator / Faculty / Educator:** Faculty or staff members (also called Simulationists) who implement simulation learning experiences. Selected for their content expertise, facilitators receive specialized training in simulation design,

facilitation, and debriefing. They ensure activities meet course objectives, teach across the curriculum, and serve on the Simulation Committee.

- **Graduate Assistants, Student Workers:** Work under the direction of the SEC or Simulation Facilitator. They set up and tear down events, assist with psychomotor skills lab sessions and guided practice, help maintain equipment and supplies, and serve on the Simulation Committee.
- **Simulation Operations Specialist (SOS) / Lab Specialist:** Oversees and directs support for simulations and skills activities. This includes event setup/teardown; preparation, inventory, maintenance, and repair of medical equipment, task trainers, and audio/visual peripherals; and monitoring facility access and activities.
- **Healthcare Simulation Technology Specialist (HSTS) / IT:** A dedicated staff member responsible for all technology related to simulation operations. The specialist quickly troubleshoots and resolves technical, logistical, and operational issues.
- **Simulated Participant (SP):** Individuals trained to portray specific roles within a scenario (e.g., student workers, community volunteers, or professional actors). SPs may also be referred to as standardized patients, embedded participants, or confederates. All SPs adhere to the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (Lewis et al., 2017).
- **Simulation Committee:** A core group of stakeholders charged with ensuring that the simulation needs of learners and the organization are met. Comprising frequent simulation users, institutional leaders, educators, and students, the committee meets two to four times a year to oversee activities, review and approve policies, and advise on future purchases.

E. Grading and Expectations (The 4 P's)

All simulation activities are formative learning experiences unless otherwise specified. If an activity is used for high-stakes testing, students will be notified in advance, and the testing will be conducted separately from routine formative sessions. Graded elements may be included in course prework; these will be clearly outlined in the course syllabus.

Students earn clinical hour credits by fulfilling the 4 P's:

- **Preparation Work:** All prep work and assignments are posted on Brightspace at the start of the semester. Students must complete and submit all required work via Brightspace or in person at the start of the activity.
- **Presence:** Full attendance is required. The simulation schedule is posted on Brightspace at the beginning of each semester; simulation days may not align with your regular clinical day. Students must attend their assigned session. Requests to switch or reschedule

will be denied. Students should report to the lab no more than 15 minutes before the start time. If a session is missed, students must immediately contact the Simulation Education Coordinator (SEC) to request a make-up, which is subject to resource, time, and faculty availability.

- **Professionalism:** The simulation lab must be treated as a live clinical environment. Students must wear the full uniform required by the URI College of Nursing Student Handbook. Treat all manikins and actors with the same professional respect given to live patients. Professional conduct, communication, and mutual respect are required at all times. Cell phones must be silenced and put away. All simulation scenarios, participant actions, and student performance data are strictly confidential and must never be discussed outside the lab.
- **Participation:** Active engagement is mandatory. Every student will serve as a primary participant in a scenario at least once during the day. When not in a primary role, students must act as Active Observers—taking notes on the actions required, reflecting on clinical choices, and actively contributing to the mandatory Debriefing session at the conclusion of the scenario.

Policy on Non-Compliance

To maintain professional standards, a violation of any of the following will result in dismissal from the lab for the day and a grade reduction equivalent to a missed clinical day:

1. Arriving unprepared without completed prework.
2. Arriving 15 minutes or more late to a scheduled session.
3. Failing to adhere to the required uniform policy.
4. Engaging in unprofessional, disrespectful, or uncollaborative behavior.
5. Failing to complete an approved make-up session for an absence.

F. Feedback of Student Performance

Students receive regular performance feedback to support their growth. Knowledge, skills, and attitudes are developed in a safe environment through debriefing or one-to-one remediation. Reflection and constructive feedback are shared multidirectionally: between peers, from students to faculty, and from faculty to students. All feedback is instrumental in meeting student learning needs, achieving simulation objectives, and fulfilling program goals. Please see Section VIII (Debriefing) for detailed information on the debriefing process.

G. Student Evaluation of the Simulated Experience

After each simulation day, students will receive a link to an online, anonymous survey. Completion of this survey is expected. Student feedback is strictly confidential and is used directly to identify opportunities for program improvement.

To maintain the highest standards of simulation-based education (SBE), the program utilizes the following validated evaluation instruments:

- Simulation Effectiveness Tool-Modified (SET-M): Used continuously for over 10 years to measure student confidence and satisfaction.
- Debriefing Assessment in Healthcare Simulation (DASH ©): Used to evaluate debriefing practices and help faculty reflect on best educational practices.

Other anonymous evaluation tools may be implemented as needed to assess learning outcomes, track student achievement, and drive continuous quality improvement.

H. Complaint and Grievance Procedure

Students have the right to present grievances regarding any occurrence within the skills and simulation environment. Issues must be addressed sequentially through the following chain of command:

1. Initial Discussion: The student must first discuss the issue directly with the involved simulation faculty member, facilitator, or instructor.
2. Coordinator Review: If the issue remains unresolved, the student may bring their concerns to the Simulation Education Coordinator (SEC). The SEC will then discuss the matter with the involved simulation faculty member.
3. Formal Written Complaint: If a resolution is still not reached, the student may submit a written complaint to the Associate Dean for Undergraduate Programs. The Associate Dean will consult with the instructor and issue a formal written decision, including recommended actions, to both the student and the instructor.

IV. Physical and Psychological Safety

Safe Learning Environment

URICONSP follows all campus safety policies and strictly adheres to the health, safety, and conduct requirements outlined in the University and College of Nursing student handbooks.

- Physical Safety and Security: In conjunction with University campus security, URICONSP protects the safety of all participants and their belongings. Students should only bring items required for their simulation day and must keep personal belongings secure. Harmful or hazardous substances are strictly prohibited in the simulation labs.

- **Psychological Safety:** The primary goal of URICONSP is to provide a professional, psychologically safe learning environment. Simulation facilitators are trained in industry best practices (SSH, INACSL, ASPE, NLN) to protect learner psychological safety. Simulation offers a safe space to make consequence-free choices, allowing students to explore clinical reasoning without risk of patient harm. Students are encouraged to safely push their limits and view clinical mistakes as vital learning opportunities.

Managing Student Stress and Anxiety

The physical simulation environment is dynamic and realistic—utilizing advanced simulators, medical equipment, supplies, and multimedia tech. This realism can occasionally heighten student anxiety and emotional stress, which may impact learning.

To support student-centered learning, faculty will proactively help students manage anxiety and provide psychological support before, during, or after simulations. If a student or visitor experiences undue emotional distress, a faculty or staff member will immediately intervene, provide support, and assist them in connecting with appropriate campus counseling services.

Campus Resources:

- **URI Counseling Center:** 401.874.2288 (available 24 hours a day)
 - Provides on-campus individual counseling at no cost.
- **Psychological Consultation Center (PCC):** 401.874.4263
 - Provides on-campus individual counseling as part of the graduate training program. Sliding scale available.
- **URI Health Services:** 401.874.2246
 - Provides medical care and appropriate referrals as necessary

Lab Materials & Environmental Safety

- **Fluids & Medications:** Prescription or controlled substances are strictly prohibited. All simulation medications are purchased from approved vendors, labeled for simulation use only, and must never be used for medical treatment.
- **Latex Safety:** URICONSP makes every effort to procure latex-free equipment and supplies; however, exceptions exist. Students and instructors are responsible for notifying simulation staff in advance if latex-free accommodations are required.
- **Waste Disposal:** Personal protective equipment (gloves, gowns, masks) must be discarded in the provided trash receptacles. No real human body fluids are used during simulation events.

- **Cleaning Agents:** Various chemical agents are used for simulation cleaning and maintenance. To mitigate safety and health risks, equipment must be used strictly as intended according to manufacturer instructions.
- **Sharps & Needle Safety:** All needles and sharps are for simulation use only and must never be used on humans. Users must follow universal standard precautions, infection prevention, and hygiene practices. All sharps must be disposed of immediately in the designated biohazard sharps containers. Faculty and staff are responsible for securing these containers, and the Simulation Education Coordinator coordinates professional medical waste disposal.

Immediate Needlestick & Exposure Protocol

If a participant experiences a needlestick, sharps injury, or exposure to hazardous chemical irritants, they must execute the following CDC-recommended immediate actions:

1. Wash: Clean needlesticks, punctures, and cuts immediately with soap and water.
2. Flush: Rinse any skin, nose, or mouth splashes thoroughly with water.
3. Irrigate: Flush eyes using clean water, saline, or sterile irrigants.
4. Report: Immediately inform the simulation faculty and lab coordinator.
5. Seek Care: Seek immediate professional medical evaluation (details below).

Emergency Contact Protocols

For all immediate, non-simulation crises on campus, follow this designated communication tree:

- **Medical & Life-Threatening Emergencies:** Call 911 immediately. Once emergency responders are dispatched, you must notify [URI Public Safety](#) to assist emergency vehicles navigating to the building.
- **On-Campus Security & Urgent Assistance:** Call the [URI Department of Public Safety](#) dispatch center directly at 401-874-4910.
- **Post-Injury Medical Care:** After initial first aid is administered, the injured party must seek evaluation at the nearest emergency medical facility, their primary care provider, or the [URI Health Services Center](#).
- **Accident Reporting:** Once the injury is managed and stabilized, the student and faculty member must collaborate to file an official accident report via the URI Risk Management Portal.

V. Confidentiality, Consent, and Media Recording

Integrity

Students must conduct themselves in alignment with the core values and principles of the University during all simulation sessions. Maintaining explicit confidentiality, accountability, and respect for others is imperative to upholding the professional integrity required in nursing.

Confidentiality of Information

All participants—including faculty, staff, simulated participants (SPs), and students—must keep all simulation details strictly confidential. Because scenarios are repeated across different student cohorts, students are strictly prohibited from sharing any simulation content or events. This restriction includes, but is not limited to:

- Scenario setups, progressions, and related medical details.
- Simulated participant (SP) or manikin roles and case profiles.
- Individual student or SP performances during the clinical scenario.
- Learning opportunities discussed during the scenario and subsequent debriefing.

Fiction and Confidentiality Agreement

To preserve an effective learning environment, all students must read and sign the Fiction and Confidentiality Agreements (Appendices B & C) annually prior to participation. Signing these agreements confirms a student's commitment to maintaining strict confidentiality regarding all aspects of the simulation.

Failure to abide by this agreement may result in immediate dismissal from current or future clinical simulation experiences, alongside disciplinary actions aligned with the College of Nursing Student Handbook. Any observed breach of confidentiality must be reported to a faculty member immediately.

Media and Recording Restrictions

Utilizing electronic devices to capture unauthorized audio, video, or photographic records of any individual or scenario in the simulation lab is strictly prohibited. Storing, sharing, or distributing unauthorized media by any means is a severe violation of policy.

Audio-Visual Recording

URICON is equipped with audio-visual technology to stream and record simulation experiences for educational and evaluative purposes. To maintain strict confidentiality, these recordings are

strictly restricted to course faculty, simulation facilitators, simulation operations specialists, and the active participants.

Before any recording begins, participants will be notified of the educational intent, the role of the video in professional development, and the requirement for written consent. Video files are securely hosted on the CAE platform and permanently deleted after three years. Please refer to the Video Recording Agreement for Simulation Learning (Appendix D).

VI. Guidelines for Simulation and Responsibilities

Equipment Utilization and Workspace Expectations

Proper care of laboratory equipment and supplies ensures a safe, high-quality learning environment. All simulation facilitators, lab instructors, and students are expected to maintain a clean, orderly workspace. Failure to adhere to these regulations may result in disciplinary action aligned with the College of Nursing Student Handbook.

General Workspace Maintenance:

- **Clean and Reset:** Clean all equipment and workspaces after each use or at the end of class. Return all supplies to their designated storage locations.
- **Waste Disposal:** Discard non-reusable supplies in standard trash receptacles. Dispose of all sharps, needles, and syringes immediately in labeled biohazard containers, and notify staff when containers are full.
- **Food and Drink Policy:** Food and beverages are strictly prohibited in the URICONSP health assessment labs, skills labs, and simulation rooms. They may only be consumed in debriefing rooms with instructor permission. Failure to comply will result in a loss of privileges.
- **Equipment Mobility:** Do not move or relocate any equipment from its designated area without prior approval.
- **Reporting Issues:** Report malfunctioning, unsafe, or damaged equipment to faculty or staff immediately.

Manikin and Simulator Care:

- **Adhesive Removal:** Properly position simulators and clean off all tape, dressings, and adhesive residue using alcohol at the completion of each session.
- **No Ink/Markings:** Never mark simulators with pens, ink, markers, or Betadine.
- **Approved Lubricants Only:** Use only manufacturer-approved lubricants on simulators.
- **Intended Use:** Restrict medical equipment and supplies strictly to demonstration and simulation purposes.

- **Power Management:** Follow all manufacturer guidelines regarding battery charging and wall plug schedules.

Faculty Responsibilities

To support student success, faculty and simulation facilitators will:

- **Orient:** Orient students to the simulation environment, educational models, and simulators.
- **Facilitate:** Deliver and facilitate simulation-based learning experiences.
- **Demonstrate:** Initiate skill demonstrations and procedural models.
- **Supervise:** Guide, supervise, and evaluate student performance during return demonstrations.
- **Feedback:** Provide timely feedback regarding simulated performance and assess competency achievement.
- **Design:** Create goal-oriented, practical scenarios based on measurable learning objectives.
- **Realism:** Build sufficient realism into each simulation so learners receive the necessary clinical clues to solve problems.
- **Environment:** Foster a safe, productive, and highly collaborative learning environment.
- **Integrity:** Maintain the pedagogical integrity of all simulation activities.
- **Debrief:** Drive engaging post-scenario discussions that foster deep reflective practice.
- **Remediate:** Identify student performance gaps and work collaboratively to close them.
- **Oversight:** Maintain ultimate responsibility for the lab space during sessions and contact the coordinator for supplies or technical issues.

Student Responsibilities

Preparation and Accountability:

- **Self-Direction:** Demonstrate active engagement by arriving fully prepared to meet simulation learning objectives.
- **Safety:** Maintain strict personal accountability for safe performance during all return demonstrations.
- **Required Gear:** Bring a laptop, assigned prep paperwork, and vital clinical tools (e.g., stethoscope, watch with a second hand, penlight) required for active participation.
- **Resource Respect:** Respect all equipment and property in the lab, adhering strictly to the guidelines in Section VI.
- **Supply Management:** Empty all pockets prior to leaving the simulation center. All lab supplies are strictly for simulated use and must remain in the facility to prevent accidental transport into actual healthcare environments.

Technology Restrictions:

- **Academic Device Use:** Restrict the use of center computers and personal technology entirely to academic work.
- **Cell Phones:** Keep mobile devices silenced and put away. Cell phone use is prohibited during simulation unless explicit permission is granted by a facilitator, though phones may be used during designated breaks.
- **Media Ban:** Abide by the signed Fiction and Confidentiality Agreement (Appendices B & C) by never taking pictures or videos on personal electronic devices.

Engagement & Realism:

- **Suspend Disbelief:** Suspend judgment regarding simulation limitations in exchange for the opportunity to learn new knowledge and skills.
- **Commitment:** Maintain a genuine desire to learn, even when fully immersing yourself in the scenario is difficult.
- **Enter the Spirit:** "Enter into the spirit" of the simulation. Engage with manikins, actors, and healthcare teammates with the same empathy, care, and professional respect required in real clinical practice.

VII. Components of the Simulation Day

What to Expect During Simulation**Pre-Briefing**

Pre-briefing combines student preparation with an introductory briefing to ensure learners are ready for the educational content and understand the ground rules of the experience (INACSL Standards Committee, 2021). During this time, the facilitator sets the tone to create a psychologically safe space where students feel empowered to stretch their clinical reasoning and view mistakes as learning opportunities.

Rather than a lecture, pre-briefing is a student-led discussion. Facilitators guide topic selection and correct misunderstood concepts, while encouraging students to share information gathered during their independent preparation to ensure they understand the content needed for the scenario (Wittmann-Price & Price, 2019).

Recommended Pre-Briefing Order:

1. **Establish Ground Rules:** Review the Basic Assumption (Appendix A), Fiction Contract (Appendix B), Confidentiality Agreement (Appendix C), and Video Recording Agreement (Appendix D, if applicable).
2. **Align Objectives:** Outline the specific simulation learning objectives for the day.
3. **Review Prework Concepts:** Conduct a student-led, faculty-facilitated review of prework topics (e.g., pathophysiology, signs/symptoms, medication mechanisms, calculation checks, and nursing considerations).
4. **Assign Roles:** Select roles for active participants and assign focused observation criteria for active observers.
5. **Provide Logistics and Safety Data:** Orient active students to the physical simulation room, emergency equipment, and lab logistics.
6. **Clarify Simulated Participant (SP) Boundaries:** Detail SP involvement. Explicitly limit physical assessments, vital sign checks, or invasive procedures on human actors unless they are wearing dedicated task-training technology.
7. **Deliver the Hand-Off:** Provide the baseline scenario background using a standardized SBAR (Situation, Background, Assessment, Recommendation) report.

C. Simulation and Clinical Scenarios

Simulation scenarios replicate authentic clinical situations in which participants are expected to respond appropriately and in accordance with evidence-based practice guidelines [1]. Students enter each scenario and perform actions as if delivering live nursing care.

URICONSP utilizes diverse modalities—the specific types of simulation technology applied to an activity—including task trainers, manikin-based systems, standardized/simulated patients, computer-based programs, virtual reality, and hybrid designs (Society for Simulation in Healthcare).

Virtual and Remote Modalities:

Live-streamed, remote, or virtual simulation experiences may be implemented when face-to-face sessions are unavailable or when a virtual format is the optimal choice to achieve specific learning outcomes. For these remote experiences to count toward required clinical hours, trained simulation facilitators must provide live, synchronous pre-briefing and debriefing.

D. Structure and Process of Debriefing

The purpose of debriefing is to identify and address gaps in knowledge, skills, attitudes, and communication across individuals, teams, and systems. Its primary goal is to foster clinical insights, enhance future performance, and facilitate the transfer of learning into practice.

Debriefing with Good Judgment

URICONSP applies the *Debriefing with Good Judgment* framework (Rudolph et al., 2006) [2]. This theory emphasizes that learners must reflect on their own actions to recognize underlying assumptions, allowing them to dismantle ineffective habits and embrace positive change [2]. The method operates on three core principles:

1. **Actions Stem from Frames:** Learners make clinical decisions based on internal "frames"—which are deeply influenced by their existing knowledge, assumptions, and emotions [2].
2. **Reframing Drives Growth:** By uncovering a learner's internal frames, instructors help them "reframe" their perspective, positively shaping future clinical practice [2].
3. **Instructors as Cognitive Detectives:** Instructors use intentional inquiry to understand the learner's frame of reference [2]. Rather than cataloging errors, actions are treated as puzzles to be solved collaboratively. Facilitators share transparent, objective observations while remaining advocates for the student's professional development [2].

Comparison of Debriefing Approaches:

- **Judgmental Debriefing (Avoided):** Focuses strictly on highlighting mistakes and assigning blame. This causes embarrassment and discourages active learner participation.
- **Nonjudgmental Debriefing (Avoided):** Sandwiches criticism between superficial compliments. This passive-aggressive style implies the instructor is universally right while the learner is wrong, hindering open dialogue about mistakes.
- **Debriefing with Good Judgment (Applied):** Values the context of adult learners, assuming that all participants are highly motivated and striving to do their best [2]. It pairs the instructor's clinical expertise with the learner's unique insights through open, psychologically safe dialogue [2].

Note: If an instructor identifies critical, high-risk safety gaps in a student's clinical skills during a scenario, a private, post-debriefing remediation session will be conducted.

E. Learner Evaluation of Simulation

Upon completing each simulation learning experience, all participants are requested to complete a feedback survey. URICONSP utilizes validated evaluation instruments, including the Simulation Effectiveness Tool-Modified (SET-M) and the Student Version of the Debriefing Assessment in Healthcare Simulation (DASH ©).

Other evaluation tools may be implemented as needed to assess learning experiences, measure the achievement of learning outcomes, and drive continuous quality improvement. All data

collected via these forms is strictly anonymous and confidential. For details on how this information is processed, please refer to the Quality Improvement Process section.

VIII. Skills Lab & Non-Course Resource Utilization

Open Lab Sessions

When resources permit, URICONSP schedules designated open lab periods to provide students with opportunities for deliberate practice and skill reinforcement. These sessions are coordinated at the start of each semester, are dependent upon staff availability, and are subject to change. The live schedule is posted directly to Brightspace.

To maximize your open lab experience, adhere to the following guidelines:

- **Reserve Space:** It is highly recommended that students email the lab coordinator in advance at nursing@etal.uri.edu to verify equipment and bench availability.
- **Mandatory Sign-In:** Every student attending an open lab session must check in via the prominent QR code posted inside the facility. This data tracks space utilization and justifies funding.
- **Policy Compliance:** Students must strictly abide by all laboratory conduct and safety policies outlined in this handbook. Open lab access is a privilege that may be revoked at the discretion of the Simulation Education Coordinator (SEC).
- **Attendance Restrictions:** Open lab sessions are reserved for independent study and practice; they cannot be used to make up official clinical course absences.

Skill Remediation

Remediation pathways are initiated when a faculty member identifies that a student requires additional focus to meet clinical competency metrics. The objective of remediation is to safely support a student in overcoming a specific skill weakness to ensure the competent delivery of patient care.

1. **Objective Alignment:** The identifying faculty member will discuss the target clinical weakness with the student and establish clear learning goals.
2. **Scheduling:** The faculty member will collaborate with the SEC to schedule focused open lab hours for the student.
3. **Follow-Up Re-evaluation:** The initiating faculty member retains full responsibility for reassessing and signing off on the student's competencies once the remediation hours are complete.

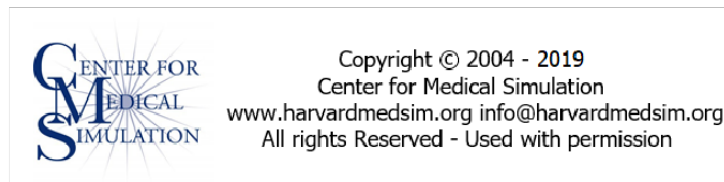
IX. Appendices

- Appendix A: The Basic Assumption
- Appendix B: The Fiction Contract
- Appendix C: The Confidentiality Agreement Form
- Appendix D: The Video Release Form

Appendix A

The Basic Assumption™

We believe that everyone participating in activities at URI's College of Nursing's Simulation Lab is intelligent, capable, cares about doing their best, and wants to improve©



Appendix B

Fiction Contract

The purpose of simulation-based training is for you to develop skills, including judgment and reasoning, for the care of real patients. Simulation fosters active engagement in a safe learning environment. Using patient simulators and simulation teaching techniques, your instructors will recreate realistic patient care situations. The realism of each simulation may vary depending upon the learning goals for the session. The simulated environment and patient have certain limitations in their ability to exactly mirror real life.

Your role is to “enter into the spirit” of the simulation, engaging with the “patient,” “family” and other members of your healthcare team as if the situation were real. This will provide

you with the best active learning opportunity possible. Additionally, when a gap occurs between simulated reality and actual reality, it is expected that you try to understand the goals of the learning session and behave accordingly.

Instructor Responsibilities:

- Create goal-oriented, practical simulations based upon measurable learning objectives.
- Add enough realism to each simulation so the learner receives sufficient clues to identify and solve a problem.
- Create and maintain a safe, productive learning environment.
- Maintain the integrity of simulation learning activities.
- Provoke interesting and engaging discussions, fostering reflective practice.
- Identify performance gaps and help close the gaps.

Learner Responsibilities:

- Suspend judgment of realism for simulation in exchange for the promise of learning new knowledge and skills.
- Maintain a genuine desire to learn even when suspension of disbelief becomes difficult.
- Treat the simulated patient with the same care and respect provided to actual patients.
- Maintain confidentiality regarding the performance of others and the details of the simulation scenarios.

By signing below, I acknowledge that I have read and understood this contract. I will maintain confidentiality about any observations, the performance of individuals, and the simulation scenarios themselves.

Signature

Date**Appendix C**

University of Rhode Island College of Nursing Simulation Program
Confidentiality Agreement

As a participant in the Simulation Lab, operated by the University of Rhode Island, College of Nursing, I understand the significance of confidentiality with respect to information concerning patients, real or simulated, and other participants including, but not limited to, the University of Rhode Island, College of Nursing instructors, staff, and students. The Simulation Lab is a learning environment. All scenarios, regardless of outcome, should be treated in a professional manner. Situations simulated in the lab are to be used as a learning tool and everyone will be treated with respect.

I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience for myself and my fellow students. I also understand that in working side by side with my fellow students, I will be witnessing their performance. It is unethical for me to share information in any format (verbal, written, electronic) regarding student performance with persons outside the laboratory or classroom. I agree to report any violations of confidentiality that I become aware of, to my facilitator or instructor.

All simulation information is confidential regardless of format- electronic, written, overheard, or observed- and any inappropriate viewing, discussion, or disclosure of this information is a violation of the University of Rhode Island, College of Nursing policy.

No students are allowed in the Simulation Lab without a Faculty member or Instructor present. I acknowledge that I fully understand that the unauthorized release, inappropriate exchange, or mishandling of confidential information is prohibited, and serious consequences may occur if I violate this agreement, according to The College of Nursing professional behavior standards.

Name/Signature: _____

Date: _____

Appendix D

Video Recording Agreement for Simulation Learning

SUMMARY: By signing this form, you grant permission to be photographed, filmed, taped or otherwise recorded for educational or promotional activities of the University of Rhode Island and that you give this permission for free.

In the interest of promoting URI, informing the public or prospective students concerning activities at the University, or for educational, institutional, scientific, quality improvement, informational or promotional purposes, I consent to taking of audio recordings, videotape recording, motion pictures, photographs or other electronic images.

Section 1: Permission to Review Video Tapes for Quality Improvement and Research Purposes

As a participant in the URI simulation program, you will participate in high fidelity simulation scenarios aimed at enhancing individual and teamwork performance. Simulations will be videotaped, and videotapes will be used as an immediate source of feedback during debriefing sessions. The goal of these reviews is focused on quality improvement of our educational program. All reviews will be entirely anonymous and will not include any identifiers. Any manuscripts and/or publications that result from review of these tapes will also be entirely anonymous. This is facilitated by our focus on individual roles (i.e., Team leader) as compared to individual people.

By signing below, you acknowledge having read and understood this statement and allow the staff at URI to use videotapes obtained during your participation for quality improvement.

Signature

Date

Section 2: Release for Still Photographs and Videotapes.

I authorize educators and administrators of the URI Simulation Program to show still photographs and or videotapes depicting me during the course of simulation training for debriefing, faculty review, educational, administrative and marketing/publicity purposes. I understand that only exemplary performance will be shown. I understand that unless otherwise approved by me I will not be specifically identified. No commercial use of photographs (slides or prints) and or video tapes will be made without my written permission.

Signature

Date

References

Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., Kesten, K. S., ... & Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation*, 6(3), 39-42.

American Nurses Association (2018). Sharps Injuries Prevention. Retrieved from

www.nursingworld.org › health-safety › safe-needles

Department of health and human services, Centers for Disease Control and Prevention & National Institute for Occupational Safety and Health (2012). Retrieved from <https://www.cdc.gov/niosh/docs>.

Dreifuerst, K. T. (2015). Getting started with Debriefing for Meaningful Learning. *Clinical Simulation in Nursing*, 11(5), 268-275. doi:10.1016/j.ecns.

Durham, C. F. & Alden, K. R. (2008). Enhancing Patient Safety in Nursing Education Through Patient Simulation. In: Hughes RG (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Agency for Healthcare Research and Quality, USA.

Jeffries PR. A framework for designing, implementing, and evaluating simulations used as teaching strategies in nursing. *Nursing Education Perspectives*. 2005 Mar-Apr;26(2):96–103

Jeffries, Pamela R.; Rodgers, Beth; Adamson, Katie. NLN Jeffries Simulation Theory: Brief Narrative Description. *Nursing Education Perspectives* 36(5):p 292-293, September/October 2015.

J.K. Hayden, R.A. Smiley, M. Alexander, S. Kardong-Edgren, P.R. Jeffries
The NCSBN National Simulation Study: A longitudinal, randomized controlled study replacing clinical hours with simulation in prelicensure nursing education
Journal of Nursing Regulation, 5 (2) (2014), pp. S1-S64

McDermott, D. S., Ludlow, J., Horsley, E., & Meakim, C. INACSL Standards Committee. (2021, September). Healthcare simulation standards of best practice. Prebriefing: Preparation and briefing. *Clinical Simulation in Nursing*, 58, 9-13. <https://doi.org/10.1016/j.ecns.2021.08.008>.

Missouri Southern State University School of Health Sciences, Public Safety and Technology:
Policy and procedures manual simulation center for interdisciplinary clinical education.

Society for Simulation in Healthcare (2018) Healthcare Simulationist Code of Ethics.
<https://www.ssih.org/SSH-Resources/Code-of-Ethics>

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