

**THE
UNIVERSITY
OF RHODE ISLAND
COLLEGE OF
NURSING**

Nursing Skills and Simulation Lab Policy Manual

PreLicensure

White Hall

Rhode Island Nursing Education Center

Fall 2024-Spring 2025

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I. Introduction

This handbook was developed to provide students with general simulation information and to familiarize them with policies, expectations, and procedures related to skills and simulation experiences at the University of Rhode Island's College of Nursing (URICON). It is the student's responsibility to become familiar with and abide by the information and policies described in this handbook along with requirements stipulated in the [University](#) and [College of Nursing's student handbook](#).

The inclusion of simulation into nursing education prepares nursing students to develop competencies to manage real patient situations in the clinical setting. The Simulation experiences at the URICON follow [the International Nursing Association for Clinical Simulation and Learning \(INACSL\) Standards of Best Practice](#) and is dedicated to sustaining best practice through cycles of continuous quality improvement.

Simulations are a life-like situation that uses manikins, standardized patients, or computer-generated scenarios that focus on psychomotor skills, problem solving, and clinical reasoning (Jeffries, 2005). Simulation learning experiences take place in the College of Nursing Simulation Centers (CNSC) on the Kingston campus as well as the Rhode Island Nursing Education Center (RINEC). The two state-of-the-art simulation centers provide a variety of instructional methodologies to support student-centered, nursing, and inter-professional education.

Each simulated clinical experience is facilitated by a simulation faculty/staff member with expertise and ongoing training in simulation pedagogy. The Simulation Education Coordinator (SEC) and Nursing faculty will collaborate to implement the integration of simulation throughout the program of study to assist nursing students with clinical competencies required to translate theory to 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. The faculty and staff members of the URICONSP demonstrate ongoing commitment to excellence in education by designing and implementing rigorous learning experiences that are grounded in evidence-based practice, collaboration, and respect for diversity, inclusion, and ethics. The URI College of Nursing is **accredited in the area of 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 is preparing nurses to excel as outstanding and compassionate clinicians, scholars, and leaders who will enhance the health and health care of individuals, families, communities, and populations both locally and globally through innovative, evidence-based simulation.

B. Vision Statement

The simulation program will support the College of Nursing's vision as a dynamic catalyst for improving health and transforming health care through innovation and excellence in

education, knowledge development, discovery, and professional practice to meet the needs of a global society through innovative, evidence-based simulation.

C. Values

The URICONSP incorporates the values of the URICON into the 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

The URICONSP has adopted and is committed to the principles set forth in the [Healthcare Simulationist Code of Ethics](#). The Healthcare Simulationist Code of Ethics asserts key aspirational values important to the practice of simulation:

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

The Healthcare Simulationist Code of Ethics aims to promote, strengthen, and support an ethical culture among all individuals and organizations engaged in healthcare simulation.

E. Assumptions

The URICONSP makes these basic assumptions:

- Everyone participating in activities through the URICONSP is intelligent, motivated to learn, cares about doing their best, and strives to improve. (Appendix A)
- Clinical education is any learning activity that helps students achieve clinical learning objectives making high-quality simulation a form of clinical education.
- The URICONSP utilizes a simulation-to-clinical hour ratio of 1 hour of simulation with live synchronous pre-brief and debrief equals 2 hours of traditional clinical education.
- The URICONSP utilizes the [NLN Jeffries Nursing Education Simulation Framework \(Jeffries, 2015\)](#) as a guiding theoretical model for simulation practices and follows [INACSL Standards of Best Practice](#) as well as the [NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs](#).

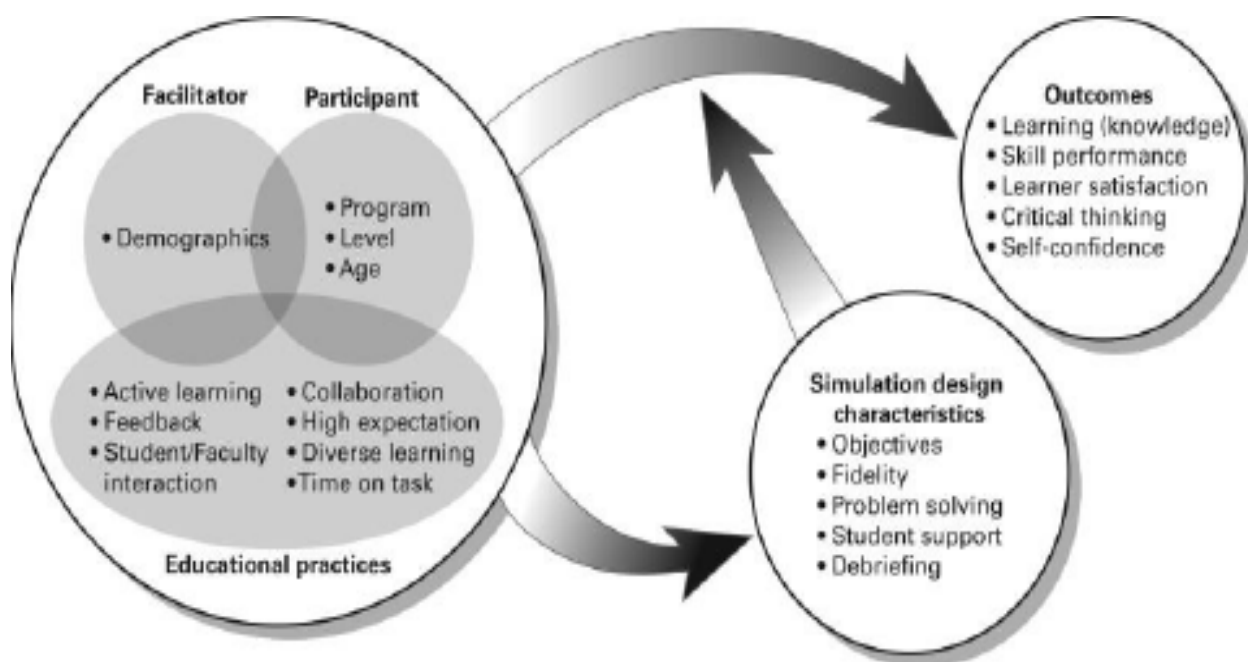
Simulation hours do not make up more than 50% of clinical hours for a course. The percentage of simulated clinical time in lieu of traditional clinical time varies by course. A 1:2 ratio of simulation time to traditional clinical time (1 hour simulation = 2 hours traditional clinical time) is approved if a trained faculty member provides synchronous pre-briefing and debriefing. This ratio was determined based on the following:

- Use of evidenced-based simulation learning experience design (INACSL, SSIH, ASPE, NLN, etc.)
- Landmark study by NCSBN (Hayden et al., 2014) and resulting Simulation Guidelines (Alexander et al., 2015)
- Guidance from the RI Department of Health, initially obtained during the Covid-19 pandemic, remaining unchanged in this post pandemic period.

F. Theoretical Framework

The URICONSP utilizes the [NLN Jeffries Nursing Education Simulation Framework \(Jeffries, 2015\)](#) as a guiding theoretical model for simulation practices. Combining best educational practices with optimal simulation design leads to 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:

Students enrolled in Nursing 203, Nursing 234, and Nursing 314 will attend simulation activities at:

White Hall (CNSC)
39 Butterfield Rd.
Kingston, RI 02881

Students enrolled in Nursing 334, Nursing 354, Nursing 444, and Nursing 417 will attend simulation activities at:

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 MS, RN, CCM CHSE

JSkaltsis@uri.edu

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

C. Simulation and Skills lab hours (open practice and required attendance)

Operational hours are predicated upon the approved simulation schedule to complement course objectives, while respecting the clinical and didactic schedules. The simulation lab is open Mondays through Friday from 7:00 am to 11:00 pm. The operational hours of the Skills lab may differ based on day/time/needs of the College. Up to date skills lab hours can be found on Brightspace each semester. Schedule of required skills and simulation activities will be posted on Brightspace prior to the beginning of classes each semester.

D. Personnel:

The Simulation Education Coordinator (SEC):

The Simulation Education Coordinator (SEC) manages the day to day operations including scheduling and oversees all instructional and operational aspects of the Nursing Simulation Lab. The SEC works collaboratively with faculty to provide technical and managerial support for the College of Nursing Simulation Program on both the Kingston campus and RINEC location.

The SEC plans, designs, implements, and evaluates simulation-based learning across the curriculum and serves as a leader and resource during scheduled simulation days. The SEC facilitates simulation scenarios, skills stations, or tabletop exercises on scheduled simulation days. The SEC maintains Certification as a Healthcare Simulation Educator (CHSE). Serves on the Simulation Committee.

Simulation Facilitator/Faculty/Educator:

A faculty or staff member who implements simulation learning experiences is called a simulation facilitator or Simulationist. Simulation facilitators are selected for their familiarity with the content and concepts of the simulation learning experiences. Simulation facilitators receive training in simulation design, facilitation, and debriefing. Simulation facilitators work in conjunction with the content experts, staff, and students to meet the designated student learning outcomes of the simulation learning experiences.

Simulation facilitators ensure skills and simulation activities meet course learning objectives and implement simulation-based learning across the curriculum, teaching in the nursing program, skills lab, and/or simulation center. Simulation faculty facilitates simulation

scenarios, skills stations, or tabletop exercises on scheduled simulation days. Facilitators serve on the Simulation Committee.

Graduate Assistants, Student Workers, and Lab Staff:

Student Workers work under the direction of the SEC or the Simulation Facilitator. Student workers set-up and tear-down for events, assist with simulation activities, in the psychomotor skills lab, psychomotor skills guided practice sessions, and health assessment practice sessions. Student workers are responsible to maintain equipment and supplies and serve on the Simulation Committee.

Simulation Operations Specialist (SOS)

The SOS oversees and directs the support for simulations including set-up and tear-down for events, preparation, maintenance and repair of simulation and medical equipment, task trainers, and related multimedia (audio/visual) peripherals; equipment inventory; providing direction to learners, faculty, and standardized patients during exams and simulation activities; monitoring access and activities in the facility.

Healthcare Simulation Technology Specialists (HSTS)

A staff member responsible for all technology related to simulation operations. Healthcare Simulation Technology Specialists will troubleshoot and resolve any technical, logistical, and operational issues.

Simulated Participant (SP)

Human role players trained to portray specific roles within a simulation. Simulated participants (SPs) may be student workers, community volunteers, or professional healthcare actors who have completed the simulated participant training course. There are a variety of names for SPs, including standardized patients/ participants, embedded participants, and confederates. SPs adhere to the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (Lewis et al., 2017).

Simulation Committee

This is a core group of stakeholders to whom the SEC reports and is charged to ensure that the learners' and organization's simulation needs are met. This committee comprises individuals who use simulation often within the organization, other institutional leaders, students, and educators. This group meets two to four times a year to oversee the activities, review/approve policy and procedures, and advise/approve future purchases.

E. Grading of Simulation Activities

Simulation is a formative experience unless otherwise specified). Most activities are for learning purposes and not high-stakes testing. Should an activity be high stakes, students will be informed in advance, and such an activity will not take place along with normal formative learning simulations. See course syllabus for more information. Please note, as of Fall 2024, nursing 314 will have graded aspects. These will be clearly presented to students in the syllabi) Students earn credit for clinical hours based on the 4 P's:

- **Preparation Work:** All preparation work and assignments will be emailed to students or posted to the course Brightspace page at the beginning of the semester. All prep work and assignments must be completed and handed in via BRIGHTSPACE or during the skills and simulation activity. Students who arrive unprepared will be sent home from lab/simulation and will receive the appropriate reduction in course grade, equivalent to a missed clinical day.
- **Presence:** The URICONSP utilizes simulations and off-campus clinical experiences to provide the most holistic learning environment for students to apply didactic content in evidence-based clinical practice. Any student who does not attend all scheduled simulation experiences must contact the Simulation Education Coordinator to arrange a make-up of the designated clinical simulation experience. The Simulation Education Coordinator will coordinate with the simulation facilitator to identify dates and times for make-up, as needed, based upon availability. Failure of a student to make-up missed simulation experiences may result in a reduction in course grade, equivalent to a missed clinical day. Make up of simulation is not guaranteed and is based on availability of resources, time, and faculty.
 - The Simulation schedule will be emailed to students at the beginning of each semester and posted to the undergraduate student resource page on Brightspace. The simulation day may not be the same day of the week as the clinical day.
 - Students are expected to attend skills and simulation activities during their assigned day/time. Switching or rescheduling requests will be denied.
 - Students are to report to the Nursing Simulation Lab no more than 15 minutes prior to the scheduled start time.
 - Students who arrive 15 minutes or more late will be dismissed and will receive the appropriate reduction in course grade, equivalent to a missed clinical day.
- **Professionalism:** Arriving on time, in uniform, and maintaining professional behavior in the simulation lab is essential to earn credit for the activity. Complying with the uniform policies in simulation is an important demonstration of the professional role of the student nurse in the College of Nursing. Students who do not adhere to the policy will be sent home from lab/simulation and will receive the appropriate reduction in grade, equivalent to a missed clinical day. All on campus laboratory experiences (e.g., Simulation Days and clinical skill learning days), require students to wear the uniform described in the URI [College of Nursing Student Handbook](#).
 - Professional conduct and communication are expected at all times in the Nursing Simulation Lab. Students will be participating in and observing others during simulation experiences. It is expected that all participants maintain a respectful learning environment.
 - The Nursing Simulation lab should be treated as a real clinical setting at all times. We recognize the manikins are not real. However, all manikins and actors should be treated with the same respect and professionalism you would treat them with if it were a real experience.

- Cellular phones are not to be used during your simulation day and should be off or silenced.
- All simulation information is considered confidential and is not to be discussed outside of the Nursing Simulation Lab.
- All participants in simulation scenarios are to be treated in a professional manner. No student performance information may be discussed outside of the Nursing Simulation Lab.
- **Participation:** All students are expected to actively participate in the simulation activity in order to earn credit for the day. All students will be assigned the role of an active participant in a simulated scenario at least once during the simulation day. Those who are not actively participating in the currently running simulation will be ACTIVE OBSERVERS. Active Observers are not participating in the scenario but are responsible for observing and making notes of the knowledge, skills, and actions required of the participants, and reflecting on what their behaviors would be, if they had been actively participating. All students are expected to participate in DEBRIEFING at the conclusion of the scenario.

F. Feedback of Student Performance:

Students will receive feedback on performance. Knowledge, skills, and attitudes are developed through debriefing or one-to-one remediation in safe environments. Reflection and constructive feedback are shared between students (peer feedback), students to faculty, and faculty to students. All feedback is viewed as instrumental in meeting students' learning needs, simulation objectives, and achieving program goals. See Debriefing Section VIII for more information on debriefing and receiving feedback.

G. Student Evaluation of the Simulated Experience

Students will be sent a link to an online, anonymous survey after each simulation day which all students are expected to complete. Student feedback is used to identify areas of opportunity and potential improvement in our simulation program. The program has been measuring student confidence and satisfaction with simulation for over 10 years using the [Simulation Effectiveness Tool-Modified \(SET-M\)](#). Additionally, the URICONSP uses the [Debriefing Assessment in Healthcare Simulation \(DASH ©\)](#) tool to evaluate simulation practices. The DASH © tool allows faculty the opportunity for reflection on best practices in simulation-based education (SBE). Other evaluation tools may be used as needed to evaluate the simulation learning experience or achievement of learning outcome and use for quality improvement. The data collected from the evaluation form(s) is anonymous and confidential.

H. Complaints:

If the student has a complaint about anything that has occurred within the skills and simulation environment, the student has the right to present their grievance through the following steps:

1. The student shall first discuss the issue with the simulation faculty/facilitator/instructor
2. If unresolved, the student shall discuss concerns with the Simulation Education Coordinator, who will discuss the matter with the simulation faculty/facilitator/instructor.

3. If still unresolved, the student may submit a written complaint to the Associate Dean for Undergraduate Programs, who will discuss the matter with the Instructor. The Associate Dean shall issue a written decision to the student and the instructor which includes the Associate Dean's recommended actions.

IV. Physical and psychological safety

A. Safe Learning Environment

URICONSP follows all [College Safety on Campus policies and procedures](#) and adheres to all health, safety, and conduct requirements of [University of Rhode Island](#) and the College of Nursing for all students as outlined in the student handbooks. The URICONSP committed to providing safety and security to the students and their belongings. In conjunction with the University's security, students' cooperation is essential in making these measures effective. Students should only bring items required for the simulation and keep their belongings secure. Students are not permitted to use harmful substances in the simulation lab.

The primary goal of URICONSP is to provide a professional and safe learning environment. Simulation facilitators receive training related to the best practices in simulation (SSH, INACSL, ASPE, NLN, etc.) with a focus on learner psychological safety. Simulation is a safe place to make consequence-free choices, where students can explore their skills and critical thinking without harm to patients. Students are encouraged to take risks and make mistakes as opportunities for learning.

The simulation laboratory provides an enabling environment that will enhance the learner-centered approach. The physical environment is dynamic and stimulating, consisting of, but not limited to, simulators/accessories, electrical appliances, cabinets with supplies, adjustable beds, smartboard projectors etc. The learning environment may increase the anxiety of the student(s) that may also lead to increased emotional stress affecting the acquisition of knowledge. To enhance student-center learning, the faculty will assist students to be in the right frame of mind and provide psychological support for any impediment to the acquisition of knowledge and skills before, during or after simulations.

In the event a participant or visitor is experiencing undue stress, anxiety, or emotional distress, a member of the URI CON faculty or staff will intervene, provide support and assist the participant in reaching the appropriate campus service.

B. 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

C. Fluids & Medications:

No prescription or controlled substance medications are utilized or permitted for use in the URICONSP. All simulation medications are purchased via approved vendors, are labeled for simulation purposes only and are not to be used for medical treatment.

D. Latex:

Every attempt is made to obtain equipment and supplies in the URICONSP that are latex-free; but there are exceptions which may require the use of latex items. It is the responsibility of the student and instructors to inform the simulation faculty and/or staff if latex-free safe accommodations are necessary.

E. Waste Disposal:

All personal protective equipment (i.e., gloves, gowns, masks, etc.) may be disposed of in the trash receptacles provided in the URICONSP areas. No body fluids are used during simulation events.

F. Cleaning Agents:

The URICONSP utilizes various chemical agents for simulation and cleaning purposes that if used improperly may pose a safety or health risk. Do not utilize any equipment or supplies other than for its intended use and abide by all written manufacturer instructions.

G. Sharps:

All sharps and needles are for simulated use only and should not be used on humans. All sharps and needles must be disposed of in the provided biohazard sharps containers. Simulation faculty and staff are responsible for securing sharps containers in the laboratory. Sharps containers will be disposed of by local medical waste disposal companies and will be arranged by the Simulation Education Coordinator.

Nursing students and faculty are expected to follow universal standard precautions, infection prevention, and general hygiene practices consistently to mitigate the risks of sharp-related injuries. Users should safely handle and dispose of needles and other sharps during simulation and in skills practice. The student should immediately report any injury to the faculty and simulation lab coordinator. The student and faculty are expected to prepare an accident report after taking appropriate measures to reverse the extent of the injury. See:

<https://web.uri.edu/riskmanagement/>

The Center for Disease Control (CDC) recommends immediate measures for the person who experienced needlestick or sharps injury or are exposed to irritants, blood or other body fluid of a client during work:

1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to the nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile irrigants.
4. Report the incident to your supervisor.
5. Immediately seek medical treatment.

H. Safe Word:

The URICONSP utilizes the safe word “Real World Emergency”. Should a participant experience illness or become overwhelmed, in any capacity, they should stop the simulation and use the statement “Real World Emergency”. A faculty or staff member will intervene to maintain the safety and wellbeing of all participants.

I. Emergencies:

Per College policies, Public Safety must be notified as soon as possible for all emergencies. 911 for emergencies or 401.874.4910 for non-urgent calls

J. Medical:

In the event of a medical emergency 911 or the local emergency response number should be contacted immediately. After 911 is called, URI's College Public Safety must be notified.

K. Reporting of Injuries:

After appropriate measures to reverse the extent of the injury are taken, care should be sought at the nearest healthcare agency, the injured persons primary care practitioner, or by the College [Health Services](#) Center. The student should immediately report any injury to the faculty and simulation lab coordinator. The student and faculty are expected to prepare an accident report after taking appropriate measures to reverse the extent of the injury. See:

<https://web.uri.edu/riskmanagement/>

L. Non-Medical:

For all other emergency or non-emergency assistance contact 401.874.4910

V. Confidentiality/Consent, Photography, and Video Recording**A. Integrity**

During all simulation sessions, students are expected to conduct themselves in a manner supportive of the core values and principles of the University. Maintaining confidentiality, integrity, respect for the person and property of others are important and it is imperative that the people in the nursing profession have integrity.

B. Confidentiality of Information

All participants involved in the simulation learning experience (faculty, staff, SPs, students, etc.) are expected to keep all information related to the simulation learning experience confidential. The simulated learning experiences are typically the same for each group. Students may not share the content or events of the simulation with anyone. This includes but is not limited to:

- Scenario set up and progression
- Simulation scenario related information
- SP / Manikin scenario information
- Student performance during the clinical scenario
- Simulated participant performance
- Learning opportunities during the clinical scenario and debriefing discussion

To protect, enhance, and preserve an effective learning environment, students utilizing the simulation laboratory are required to read and sign a Fiction and Confidentiality Agreement (Appendix B & C) annually prior to any participation. The signing of the Fiction and Confidentiality Agreement (Appendix B & C) acknowledges the participant's willingness to maintain explicit confidentiality pertaining to all aspects of the simulation experience, participant performance, scenario, and debriefing discussion. Failure to abide by the signed Fiction and Confidentiality Agreement (Appendix B & C) may result in dismissal from any current or future clinical simulation experiences and/or disciplinary action at the discretion of the Simulation Education Coordinator, Simulation Faculty, and/or Dean of the College of Nursing and shall be consistent with the current [College of Nursing Student Handbook](#).

It is prohibited to use electronic or other means to make a video, audio or photographic record of any person in the simulation lab without the person's prior knowledge, when such a recording is likely to cause injury, distress, or damage to reputation. This includes, but is not limited to, taking audio, video, or photographic images. The storing, sharing, and/or distributing of such unauthorized records by any means is also prohibited. Any breach of confidentiality must be reported to faculty.

C. Audio-Visual Recording

The URICON is equipped with audio-visual technology that may be utilized for streaming and/or recording simulation experiences for the purposes of education. To ensure confidentiality of information and educational evaluation, recordings of simulation experiences are accessible by course Faculty, Simulation Facilitators, Simulation Operations Specialists, and simulation participants. Prior to any video and/or audio recording, the simulation participants will be informed of the intent to record the experience, the necessity of the recording for educational evaluation and professional development and explaining the need to obtain the written consent of all participants to be recorded. Video will be housed securely on the CAE site and discarded after 3 years. See Video Recording Agreement for Simulation Learning (Appendix D).

VI. Guidelines for Simulation and Responsibilities

A. Equipment Utilization & Responsibilities

Proper care and utilization of all laboratory equipment and supplies ensures that every student can practice and learn in a safe environment. Maintaining a clean workspace at the completion of the scheduled lab class allows the next user to learn in a clean working environment. Failure to abide by the following regulations may result in disciplinary action at the discretion of the Simulation Education Coordinator, Simulation Faculty, and/or Dean of the College of Nursing and shall be consistent with the current [College of Nursing Student Handbook](#).

To maintain the lab environment, it is the expectation that simulation facilitators, lab instructors, and students will:

- Clean all equipment and the workspace after each use and/or at the end of class and return all supplies and equipment back to its designated location.
- Dispose of any non-reusable supplies in the appropriate waste receptacle. All sharp items, needles and syringes should be disposed of in labeled biohazard sharps containers.
- Notify faculty or staff of full sharps containers.
- Ensure food and drink are not brought into the URICONSP health assessment lab, skills lab, or simulation rooms. Food and drinks may be consumed in the debriefing rooms with instructor permission. Failure to keep the area clean will result in the loss of privileges.
- Not move or relocate equipment from its current location without prior approval.
- Properly position and clean simulator equipment with alcohol from tape, dressings, and adhesive at the completion of each use.
- Not mark the simulators in any way with pen, ink, marker, or betadine.
- Use only approved lubricants on the simulators in accordance with the manufacturer recommendations.
- Use medical equipment and supplies for demonstration and simulation purposes only.

- Report any concerns of malfunctioning, unsafe, or damaged equipment to the faculty or staff immediately.
- Follow battery and wall plug schedules as indicated by manufacturer recommendation.

B. Faculty responsibilities

1. Orientate students to the simulation learning environment, educational models, and simulators.
2. Facilitate simulation learning experiences.
3. Initiate the demonstration procedures or skills set.
4. Guide and supervise the student's performance during the return demonstration.
5. Provide feedback to student(s) regarding simulated performance, and assessment of achievement of competencies.
6. Retain ultimate responsibility for the simulated lab during simulation.
7. Contact the simulation lab coordinator for additional supplies or usability of simulators or electronic devices.
8. Create goal-oriented, practical simulations based upon measurable learning objectives.
9. Add enough realism to each simulation so the learner receives sufficient clues to identify and solve a problem.
10. Create and maintain a safe, productive learning environment.
11. Maintain the integrity of simulation learning activities.
12. Provoke interesting and engaging discussions, fostering reflective practice.
13. Identify performance gaps and help close the gaps.

C. Student Responsibilities

1. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the simulation learning objectives.
2. Maintain accountability for safe performance during return demonstration.
3. Students must bring a laptop computer, assigned paperwork, and the necessary equipment (i.e., stethoscope, watch, penlight, etc.) required to actively engage and participate in the simulation learning experiences.
4. Students shall respect all resources, equipment, and property within the Simulation Lab and adhere to the Equipment Utilization and Responsibilities guidelines outlined in section VI.
5. Use of computers and technology in the simulation center is restricted to academic work and not for personal use.
6. Cell phone use is not permitted during simulation unless specific permission has been granted by the simulation facilitator or staff. Cell phones may be utilized during break periods.
7. As designated in the Fiction and Confidentiality Agreement (Appendix B & C), students shall not take pictures or video on personal electronic devices.

8. Suspend judgment of realism for simulation in exchange for the promise of learning new knowledge and skills.
9. Maintain a genuine desire to learn even when suspension of disbelief becomes difficult.
10. “Enter into the spirit” of the simulation, engaging with the “patient,” “family” and other members of your healthcare team with the same care and respect in real practice, even when utilizing mannequin, technologies, and other non-human modalities.

Students are reminded to empty pockets prior to leaving the simulation center. All supplies are for simulated use only and should be left in the center to minimize transport of simulated supplies to an actual practice environment.

VII. Components of the Simulation Day

A. What to Expect During Simulation

Pre-Briefing

Pre-briefing is a process which involves preparation and briefing. Pre-Briefing ensures that simulation learners are prepared for the educational content and are aware of the ground rules for the simulation-based experience (INACSL Standards Committee,2021). Pre-briefing is the time for the simulation facilitator to set the tone to create a psychological safe space, where students feel empowered to take risks and know that mistakes happen. During pre-briefing, the simulation facilitator encourages the students to share the information they gathered during their individual preparation, and to affirm that they understand the content necessary to succeed in the simulation (Wittmann-Price & Price, 2019). The students lead the pre-brief discussions. The simulation facilitator is guiding topic selection and correcting misunderstood concepts. Pre-Briefing is not a lecture.

B. Recommended order of pre-briefing:

1. Basic Assumption (Appendix A)
2. Fiction Contract (Appendix B)
3. Confidentiality Agreement (Appendix C)
4. Video Recording Agreement for Simulation Learning (If needed, Appendix D)
5. Review of Simulation Learning Objectives
6. Student led, faculty-facilitated, review of concepts/medications presented in the pre-work assignments (i.e., pathophysiology, signs and symptoms, nursing interventions, medication action, indication, dosing & administration, medication calculations, nursing considerations)
7. Role selection for both active participants and observers (observers may have specific topics to focus on-see Appendix)
8. Provide Logistic and safety information: orient active students to simulation room and equipment
9. Clarification of SP usage: Scenarios may incorporate simulated participants.
10. Clarification/limiting of physical assessment, including vitals, procedures, or physical skills performed on simulated participants, unless they are equipped with wearable technology specifically for those assessments, procedures, or skills.
11. SBAR report or background of scenario

C. Simulation/Clinical Scenarios:

Simulation scenarios replicate actual situations in which participants are expected to respond appropriately, in ordinance to evidence based practice guidelines. Students will enter into the scenario and complete the actions as if they were providing real nursing care. Simulations use many different modalities. Modalities is the term used to refer to the type(s) of simulation being used as part of the simulation activity, for example, task trainers, manikin-based, standardized/simulated patients, computer-based, virtual reality, and hybrid (Society for Simulation in Healthcare).

Live streaming, remote, or virtual simulation learning experiences may be used to provide learning opportunities when face-to-face simulation experiences are not available, or the virtual experience is the better modality to reach learning outcomes. Trained simulation facilitators must provide synchronous pre-briefing and debriefing for these experiences to count as clinical hours.

D. Structure and Process of Debriefing:

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

Debriefing with Good Judgment, a debriefing theory developed by Rudolph, Simon, Dufresne, and Raemer in 2006, emphasizes the importance of learners reflecting on their own actions to recognize existing work practices and assumptions. This self-review enables learners to break away from ineffective habits and embrace change.

The method comprises three key components:

1. Learners make clinical actions and decisions based on frames, which are influenced by their knowledge, assumptions, and emotions.
2. By uncovering the learners' internal frames, instructors can help them "reframe" their perspectives, encouraging changes in future practice.
3. Instructors act as "cognitive detectives," utilizing inquiry to understand the learners' frames of reference. Instead of focusing on a list of errors, learners' actions are seen as puzzles to be solved.

During the discussion phase, instructors provide "constructive observations and subjective judgments" about the learners' actions, serving as advocates. This step also involves examining the frames of reference of the simulation facilitator/instructor to ensure a nonthreatening debriefing environment.

It is essential to note that debriefing with good judgment differs from other approaches:

1. It is not a judgmental approach that seeks to highlight obvious mistakes or assign blame, which can lead to embarrassment and discourage learner participation.

2. It is distinct from nonjudgmental debriefing, where criticism is sandwiched between compliments, potentially conveying a message of the instructor being right and the learner making an error, hindering open discussion of mistakes.

Debriefing with Good Judgment acknowledges the context of adult learners and their frames of reference, assumptions, and knowledge. The process encourages open sharing of opinions and assumes that learners are striving to do their best. It incorporates the instructor's frames of reference to facilitate dialogue and values both the instructor's expert opinion and the learner's insights.

In cases where the instructor has significant concerns about a learner's clinical skills, a post-debriefing session should be conducted for further follow-up.

E. Learner Evaluation of Simulation

After the completion of each simulation learning experience, all participants are requested to complete an evaluation. The URICONSP utilizes validated evaluations (i.e Harvard [Debriefing Assessment in Healthcare Simulation \(DASH ©\)](#) Student-Version, [Simulation Effectiveness Tool-Modified \(SET-M\)](#)). Other evaluation tools may be used as needed to evaluate the simulation learning experience or achievement of learning outcome and use for quality improvement. The data collected from the evaluation form(s) is anonymous and confidential. See Quality Improvement Process section for more details on use of collected data.

VIII. SKILLS LAB:

Non-Course Related Lab Use

A. Open Lab

As available, the URICONSP may schedule and provide students with designated open lab periods to allow students the opportunity to perform deliberate practice and reinforce skills previously learned. The open lab periods are scheduled by the Simulation Education Coordinator at the beginning of each semester and are dependent upon lab and personnel availability. The open lab schedule will be made available to students via Brightspace and is subject to change at any time.

It is highly recommended student email whlab@etal.uri.edu to ensure lab and equipment availability. Students who attend an open lab session are required to sign in via the QR code found in the lab. The QR code is utilized for data collection purposes and to track lab utilization. Students who choose to take advantage and attend open lab are required to abide by the policies set forth in this handbook. The open lab periods are a privilege and may be revoked at any time and for any reason at the discretion of the Simulation Education Coordinator. Open lab is not intended or utilized for the make-up of clinical absence(s).

B. Remediation

The URICONSP may be utilized for student remediation purposes if it is identified by the Faculty that a student would benefit from additional practice. The purpose of remediation is to identify a student who has demonstrated or exhibited an area of clinical or skill weakness that

requires additional focus and practice with the goal of obtaining safe and competent delivery of care.

Any Faculty member who determines that a remediation is necessary must discuss and identify learning objectives with the student and coordinate with the Simulation Education Coordinator a time for open lab hour attendance. The faculty who identified the learning need is responsible for evaluation following remediation.

VIII. Appendices:

- a. Basic Assumption
- b. Fiction Contract
- c. Confidentiality Agreement Form
- d. 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©



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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 CUniversity 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

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