

# *Acute Care Simulation Standard Operating Procedure*

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# Rationale for SOP

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1. Standardization for faculty training & future research
2. Provides clear standards for performance feedback
3. Reduce cognitive load of simulation faculty by providing specific guidance with consistency
4. Strive for excellence/incorporate SSH accreditation standards
5. Practice according to Healthcare Simulation Standards of Best Practice (HSSOBP)
6. Adhere to VA BON regulations + AACN + CCNE accrediting body criteria

# Daily Operations Overview

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## a.m. Session

1. **0800** student arrival, 2 admission tickets, screening
2. **After 0815**, students sent home for being late (DO NOT SHARE THIS TIME WITH STUDENTS)
3. **0800-0815** students complete 2 pre-encounters
4. **0815-0830** Basic Assumption, Fiction Contract, students assigned to 2 groups, leave debrief room with simulation faculty, prebrief (See Prebriefing\_Debriefing template for guidance)
5. **0830-0835** simulation faculty gives patient report inside or outside patient room as appropriate
6. **0835-0840** students HUDDLE and complete Clinical Reasoning Activity (CRA)
7. **0840** start 1<sup>st</sup> simulation scenario
8. **0840-0910** 30 minute scenario or until learning objectives met
9. **0910-0955** debrief
10. **0955-1005** students complete post encounter survey
11. **1005-1015** simulation faculty prebriefs opposite group for 2<sup>nd</sup> scenario, HUDDLE, CRA
12. **1015** start 2<sup>nd</sup> simulation scenario
13. **1015-1045** 30 minute scenario or until learning objectives met
14. **1045-1130** debrief
15. **1130** students complete post encounter survey

# Daily Operations Overview

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p.m. Session

1. **1200** student arrival, 2 admission tickets, screening
2. **After 1215**, students sent home for being late (DO NOT SHARE THIS TIME WITH STUDENTS)
3. **1200-1215** students complete 2 pre-encounters
4. **1215-1230** Basic Assumption, Fiction Contract, students assigned to 2 groups, leave debrief room with simulation faculty, prebrief (See Prebriefing\_Debriefing template for guidance)
5. **1230-1235** simulation faculty gives patient report inside or outside patient room as appropriate
6. **1235-1240** students HUDDLE and complete CRA
7. **1240** start 1<sup>st</sup> simulation scenario
8. **1240-1310** 30 minute scenario or until learning objectives met
9. **1310-1355** debrief
10. **1355-1405** students complete post encounter survey
11. **1405-1415** simulation faculty prebriefs opposite group for 2<sup>nd</sup> scenario, HUDDLE, CRA
12. **1415** start 2<sup>nd</sup> simulation scenario
13. **1415-1445** 30 minute scenario or until learning objectives met
14. **1445-1530** debrief
15. **1530** students complete post encounter survey

# Additional notes to daily overview

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## *Students:*

- *If students are attending 6 hours of simulation per day, a minimum lunch break of 30 minutes is mandatory. (students need a mental and physical break as well as faculty)*

## *Faculty:*

- *Arrive 0730 turn on equipment*
- *0800 – 0815 students signing on to SimIQ (Admin or work study should assist)*
- *0815 – 1130 a.m. session*
- *1130-1215*
- *1215 – 1530 p.m. session*

# No Downtime

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Any “downtime” jeopardizes BON regulations for direct clinical care hours and any possible consideration for a 2:1, clinical hour : simulation hour ratio.

**STUDENTS MUST BE ACTIVELY ENGAGED IN PATIENT CARE FOR 3 FULL HOURS.**

Suggestions for time management or challenging debriefs:

- If learners are not meeting the learning objectives due to apparent lack of knowledge or skill ability, simulation faculty may incorporate repetitive, deliberate practice
- Do not turn off equipment until end of debrief
- Provide opportunity for students to complete a short segment of the scenario where they struggled the most
- Attempt discussion with reflection again
- Depending on the level of the learner, it may be appropriate to include a greater proportion of direct feedback during debrief (incorporate “active learning” strategies over teaching when possible)

*\*Advantage for simulation accreditation standards = ↑ psychological safety. Students given opportunity for success vs feeling defeated.*

# Scenarios

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Scenarios are reviewed and validated annually during summer months.

- *Scenarios should not be revised during academic year unless a blatant error needs to be immediately corrected.*
- *Director and faculty team must approve needed changes or any “ad lib” to programmed scenarios (e.g. family member scripts verbalized by faculty, additional vocals not programmed in a scenario, missing assessment vocals in LLEAP programming, etc.) with a majority vote.*
- *Scenarios designed for prelicensure nursing students with common themes: **nursing process, QSEN, AACN Essentials, team approach to care** (even though some patients likely cared for by 1 nurse in practice; not practical to conduct acute care simulation 1:1, student:patient), & **professionalism** with an emphasis on **clinical reasoning**.*

# “We don’t pretend”

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*Simulation faculty expected to incorporate high fidelity modalities and mannequin capabilities into all scenarios as applicable.*

*Examples:*

- *Use fluid for urine, sweat, tears, etc. if applies to scenario*
- *Take pride in paying attention to detail (e.g. take the 5 minutes to put a new medication label on an IV bag or vial that is neat and is not expired; place the contents of a urinary catheter tray in the tray neatly with no missing items, etc)*



# Daily Clean-Up by Faculty

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1. *Each individual simulation faculty is ultimately responsible for facilitating each scenario from preparation and set-up to completion and clean-up.*
2. *Appropriate tasks may be delegated to classified staff, part-time staff, interns, teaching assistants, or work study students as available. However, simulation faculty are ultimately responsible and considered Lead Facilitators.*
3. *Set up room for the next business day **before leaving**. (reduces stress the morning of simulation in case other technical issues are encountered, etc.)*
4. *Always think ahead of the next person and have things ready for the next day (for faculty and students).*

# Specific Clean-Up Duties

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1. *Simulator maintenance: empty fluid bags (blood bags behind head of bed), flush IV lines and simulator according to manufacturer's instructions (e.g. 70% alcohol in 3G). IMPORTANT TO MAINTAIN SAFETY, MANNEQUIN LIFE, AND WARRANTIES!!!*
2. *Power down all equipment in rooms: mannequins, patient monitors (sleep mode), IV pumps, SCD machines, etc. Turn down head wall lines (oxygen, medical air, suction). Control room computers: sleep or hibernate mode, SimPads – off, Gaumard Surface tablet – sleep mode.*
3. *Exit DocuCare on JACO cart computers and set to “sleep”.*
4. *Change linens as needed. Mannequins should NEVER be left on wet sheets. (The motherboards on the large simulators are located on the back.) Urine and/or blood stains can also confuse students depending on the learning objectives of the scenario.*
5. *Medications in Pyxis: refill all medications, ensure exp date current unless part of scenario, ensure labels clear and barcode scanning works. Resolve any discrepancies or non-recovered drawers between scenarios and at end of each day. Pyxis support line is very responsive and helpful when needed. Contact info located on Pyxis. Pyxis medstation used for every scenario. Pyxis supply station only used if student familiar with how to obtain supplies.*

# Specific Clean-Up Duties

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6. *Restock supplies on counter or in cabinet in patient room. Ensure extra supplies or supplies that are not likely to be in a patient's room are stocked and accessible in supply Pyxis.*
7. *Refill saline flushes and restock in med room/area each day. Empty syringes and restock in labeled bags before placing in med room/area each day.*
8. *Urinary catheters: rinse immediately after scenario, then hang to dry. Wipe out catheter tray also (remove leftover jelly so it doesn't dry and can re-use tray). Let dry overnight if needed. Catheter trays should be repackaged no later than by end of next business day. If catheters to be used the next day, must repackage at end of day they are used.*
9. *Keep supply closets, drawers, cabinets neat and tidy and free of "junk boxes" or used supply pile-ups.*
10. *Remove sticky residue and any moulage that may stain skin daily.*

# Background: Standard Operations formerly called “Traditional”

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- ❑ *During the COVID-19 pandemic, the CSC experienced faculty turnover and staffing challenges. TeleSim used as a back-up approach to meet student simulation needs.*
- ❑ *The CSC was reaccredited based on the TeleSim Facilitator Guide: includes 2 simulation faculty who co-debrief.*
- ❑ *Need more data to establish positive learning outcomes with standard operation vs TeleSim approaches.*
- ❑ *VASSA issued guidelines for 2:1 clinical hour:simulation clock hour ratio before a Board of Nursing representative Aug 2022. TeleSim does not meet guidelines for 2:1 ratio at this time. The guidelines are part of a living document that will be revisited and reviewed based on current research and any recommended changes or additions to the Virginia BON regulations and/or HSSOBP.*

Reviewed by Dr. C. Keller, DNP, RN Director Clinical Simulation Center  
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