

Mark and Huldah Buntain School of Nursing
Simulation Laboratory
Policy and Procedure Manual



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This Buntain School of Nursing Simulation Policy and Procedure Manual serves as a comprehensive guide to the policies, procedures, and best practices governing the operation of the simulation laboratory. This manual ensures that students, faculty, and staff adhere to standardized protocols that promote a safe, ethical, and effective learning environment. Grounded in the **International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice** and the **Society for Simulation in Healthcare (SSH) Code of Ethics**, this document establishes the framework for delivering high-quality, evidence-based simulation experiences. By integrating advanced technology, standardized patient interactions, and virtual reality applications, the simulation lab enhances clinical reasoning, decision-making, and technical skills in a controlled yet realistic setting.

Faculty, staff, and students are expected to uphold the highest standards of professionalism and integrity, ensuring that all simulation-based education aligns with the **INACSL** best practices for prebriefing, debriefing, psychological safety, and scenario design. Furthermore, adherence to the **SSH Code of Ethics** ensures that all simulation activities are conducted with respect, accountability, and a commitment to ethical decision-making. This manual serves as a foundational resource for maintaining excellence in nursing simulation education and fostering a culture of patient-centered, innovative learning.

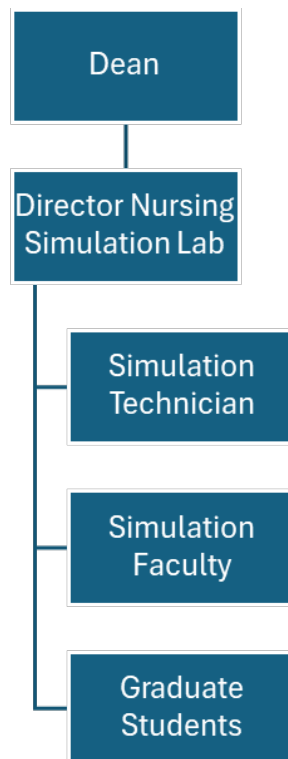
Mission Statement

The Buntain School of Nursing's simulation laboratory is dedicated to providing a dynamic and immersive learning environment that fosters excellence in nursing education.

Vision Statement

The Buntain School of Nursing's simulation laboratory strives to be a leading lab that transforms nursing simulation education and practice through cutting-edge technology, evidence-based methodologies, and a steadfast commitment to patient-centered care. A future is envisioned where graduates are at the forefront of healthcare innovation, setting new standards for excellence and ethical practice in the nursing profession.

Governance



Northwest University

Buntain College of Nursing

TITLE:

Simulation Committee Description

Date Issued: 11/25/2019

Date Revised:

Date Reviewed:

The Simulation Committee oversees and provides leadership for the implementation and evaluation of the simulation-based education for the Buntain College of Nursing. The committee is responsible for the systematic review and evaluation of all simulation-based education in the Buntain College of Nursing. The committee assures that simulation-based education is in the alignment with the mission, philosophy, and core values of the Buntain College of Nursing, and for its adherence to standards of best practice.

Roles and Functions:

- Develop and revise a simulation-based education strategic plan that is congruent with the mission, philosophy and core values of the Buntain College of Nursing and Northwest University.
- Implement a systemic plan of evaluation for simulation-based education based on the National League for Nursing/Jeffries Simulation Framework, the International Association of Clinical Simulation and Learning Standards of Best Practice: SimulationSM, and other evidence-based simulation best practices and guidelines.
- Develop and revise simulation-based education policies and procedures.
- Review new proposals for simulation-based education scenarios and projects.
- Provide guidance to the college dean regarding simulation-based education faculty training and professional development.
- Advise the college dean on simulation-based education budget priorities.
- Assist the dean in creating quarterly and annual simulation-based education reports.
- Ensure the alignment of simulation-based education practices with the simulation practices and expectations of clinical partners.

Composition of the Simulation Committee

The committee shall be comprised of:

- At least three nursing faculty
 - At least one of the three should be a faculty member assigned to simulation instruction
 - At least one of the three should be a tenured or tenure-track faculty member involved in clinical instruction

- At least one of the three should have greater than two years of experience in utilizing simulation
- At least one simulation program staff member (i.e. simulation technician or simulation operations coordinator)
- At least one student member from each year of the traditional BSN nursing program
- The dean of the college is an ex-officio member

Selection of Students

Students will be selected via the following process:

- Roles and function of the committee are presented to students during fall orientation.
- A sign-up list is posted the first week of fall semester that is accessible for all students.
- Student representatives are selected from the sign-up list the first month of fall semester.
- Criteria for student representative selection includes demonstration of professionalism and meeting academic expectations in all courses.
- The invitation is extended to the selected student(s) via email.

General Information

This Policy and Procedure Manual is not a substitute for other policies and codes, but a complement to other codes, policies, and regulations held by the Buntain School of Nursing and Northwest University which regulate the behaviors of faculty, staff, and learners of nursing simulation lab. This document outlines the simulation laboratory's supplemental policies and procedures.

Physical Address

5520 108th Ave NE
Kirkland, WA 98033

Phone

425-889-7822

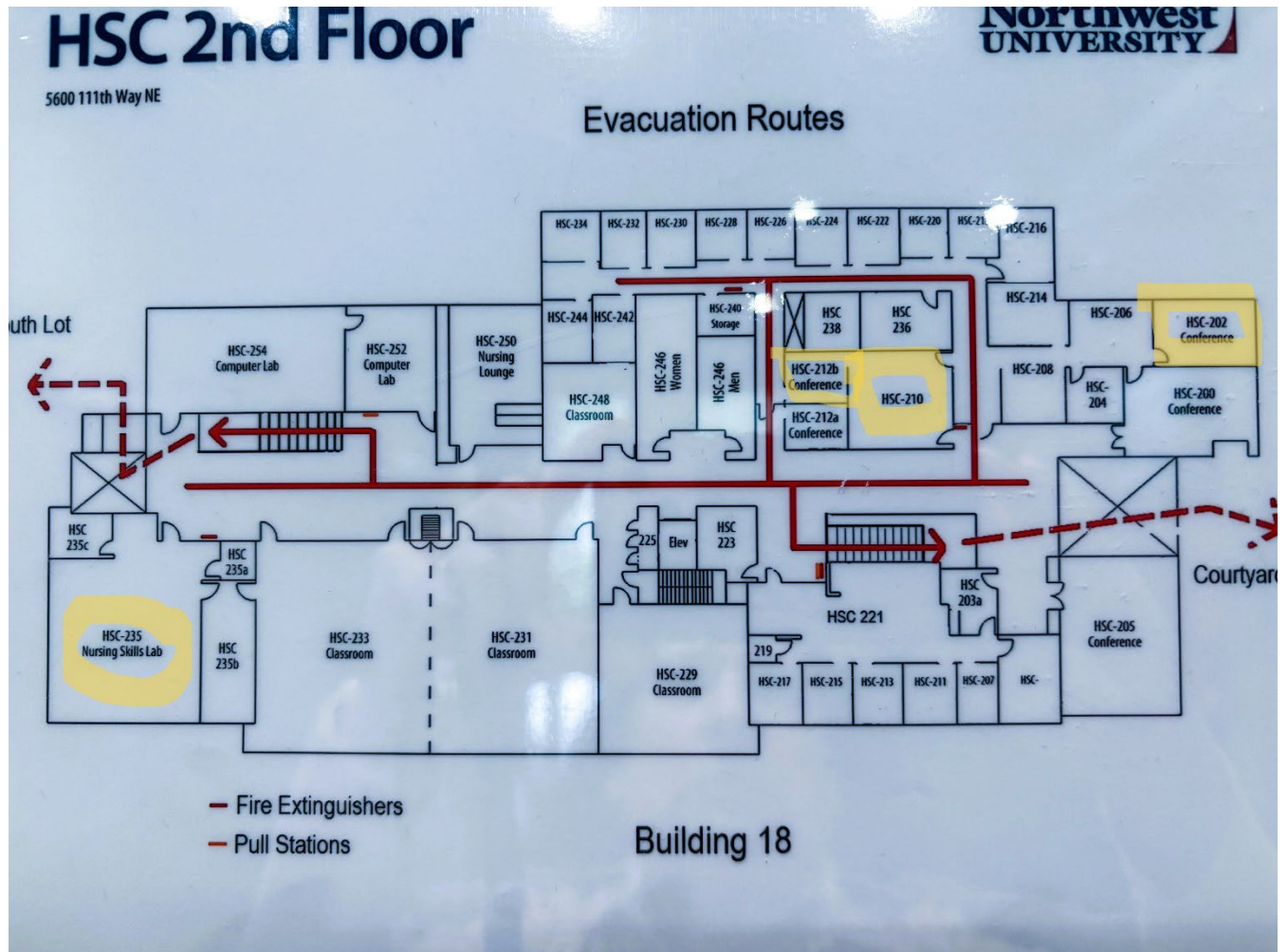
Email

Nursing@northwestu.edu

Business Hours

The laboratory's regular hours of operation are Monday – Friday from 8:00 am - 5:00 pm. There may be times when the simulation laboratory is in operation outside of normal business hours in order to accommodate special programs. During these times, a designated staff/faculty member or other approved individual must be present. The Simulation Laboratory is closed on all NU designated closures and holidays.

Central Layout



Northwest University	Date Created: February 2, 2025
Buntain School of Nursing	Date Issued: February 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Ethics Policy	

Purpose

The purpose of this policy is to define ethical standards that simulation faculty and staff abide by during simulation and related activities.

Policy

All faculty and staff participating in simulation activities will adhere to the Society for Simulation in Healthcare (SSH) code of ethics and the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice. Faculty, students, and staff will also adhere to the University's student handbook and Institutional Review Board (IRB) guidelines when conducting business at the simulation laboratory or any program related activities.

Procedure

- A. The Buntain School of Nursing (BSON) simulation program uses the SSH code of ethics and the INACSL Healthcare Simulation Standards of Best Practice. BSON also follows the Northwest University Undergraduate Community Handbook and Northwest University (NU) IRB guidelines.
 1. The SSH code of ethics can be found at: <https://www.ssih.org/SSH-Resources/Code-of-Ethics>
 2. The INACSL Standards of Best Practice in Simulation can be found at: [https://www.nursingsimulation.org/article/S1876-1399\(21\)00093-1/fulltext](https://www.nursingsimulation.org/article/S1876-1399(21)00093-1/fulltext)
 3. Northwest University Undergraduate Community Handbook can be found at: <https://eagle.northwestu.edu/departments/student-development/files/2024/03/Community-Handbook-2023-2024.pdf>
 4. The current BSON student handbook can be found at: <https://eagle.northwestu.edu/academics/school-of-nursing/files/2024/05/24-25-Trad-Student-Handbook.pdf>
 5. NU IRB guidelines can be found at: <http://irb.ufl.edu/index/irb-policies-guidelines-and-guidances.html>

Policy Posting and Dissemination: *(last Page)*

Instructions: When writing the policy please check the boxes to indicate who should be notified.

Post here	Done		Post Here	Done	
☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Simulation Handbook	☒	☐	Email Faculty
☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: January 31, 2025
Buntain School of Nursing	Date Issued: February 24, 2025
	Date Revised:
SIMULATION POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Code of Conduct	

Purpose

This Code of Conduct is intended to give all users of the simulation and skills laboratories (learners, faculty, staff, and external individuals) guidelines for conducting themselves to maintain a safe and productive learning environment.

Policy

All users of the simulation and skills laboratories will adhere to the guidelines of the code of conduct.

Procedure

1. Professionalism is expected by all users, faculty and staff at all times. All users must act in a manner that does not disturb the academic activities occurring in the simulation or skills labs.
2. Disrespect toward students, faculty, staff, the space and its resources will not be tolerated.
3. All learners are expected to be prepared for all simulation activities. All pre-activity work assigned should be completed before scheduled simulations.
4. The simulation laboratory is a shared space. As such, users are expected to clean up after themselves. Simulation spaces, control rooms, and debriefing rooms should be cleared of all supplies, papers, and equipment that are not part of the standard room set up by the end of each day. Garbage should be thrown away.
5. All consumable supplies that can be reused should be left neatly in their designated area.
6. Any damage to equipment or operating problems should be reported to the Buntain School of Nursing simulation technician or director promptly.
7. NEVER use ink pens, felt-tipped markers, iodine, betadine, or acetone near the manikins or task trainers. These items will permanently stain or harm the equipment.
8. Do not use the equipment for any purpose other than that specified.
9. Food and drink are not permitted inside the simulation or skills lab areas.
10. All spills must be reported immediately to the simulation or skills laboratory staff.
11. Learners participating in educational and performance assessment activities will adhere to the same clinical dress code as they would for their respective discipline. Only closed-toe shoes may be worn.
12. A visible school badge is required at all times.
13. Violations of the Code of Conduct are handled at the discretion of the lead faculty or director.
14. This policy applies to all courses conducted by or with the support of the BSON simulation and skills laboratories.

Policy Posting and Dissemination: *(last Page)*

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Post here	Done		Post Here	Done	
☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Simulation Handbook	☒	☐	Email Faculty
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Northwest University	Date Created: February 11, 2025
Buntain School of Nursing	Date Issued: February 18, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Visitor Code of Conduct	

Purpose

The purpose of this policy is to protect the visitors, staff, and simulation equipment of the Buntain School of Nursing (BSON) simulation and skills laboratories.

Policy

To protect the visitors, staff, and simulation equipment of the BSON simulation and skills laboratories, tour or visitor groups are expected to adhere to the following procedures:

Procedure

Safety and Access

Groups will be granted access to the learning environment by the director.

- Check in with the simulation technician upon arrival.
- Contact the Director or designee.
- Do not leave groups unattended.

Dress Code

- Casual clothing permitted.
- Closed toed shoes are required.

Recordings

- No photos or videotaping permitted without approval.

Food and Drinks

To prevent damage/staining of equipment/facility rooms and to prevent attracting insects and rodents:

- No food or drinks allowed in the simulation laboratory or related facilities.
- No chewing or bubble gum allowed.

Cell Phones/Digital or Wireless Devices

- All cell phones and other digital devices must be placed in silent mode prior to entering.

Children/Pets

- Children and pets are NOT allowed.

Exceptions

- Children touring as a part of a sanctioned recruiting event.
- Children or pets included in a simulation or other learning activity.
- Children accompanied by a parent or guardian as part of a previously approved activity.

Behavior

- Service animals as defined by The Americans with Disabilities Act (ADA).
- Do not touch any equipment or mannequins, unless permitted by simulation staff.
- Do not sit on any surface other than chairs that have been provided.
- Do not discuss cases or scenarios outside of the simulation laboratory.
- No pens; only pencils may be used.

Non-Compliance

These policies are in place to ensure a safe and supportive learning environment for all entering the laboratory.

- Visitors arriving at the simulation or skills laboratories intoxicated or under the influence of drugs or alcohol will not be admitted.
- Actions observed by or reported to simulation staff or faculty that jeopardize the safety of another individual or show a willful disregard for simulation mannequins or equipment will result in an immediate end of the tour.
- Actions that repeatedly violate the policies stated above or create a disruptive learning environment will result in an immediate end of the tour.

Policy Posting and Dissemination: *(last Page)*

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Post here	Done		Post Here	Done	
☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Simulation Handbook	☒	☐	Email Faculty
☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: February 11, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Tour and Immersive Experience Policy	

Purpose

The BSON simulation laboratories provide opportunities for outside guests and potential students to learn about experiential learning and simulation.

Policy

All requests for tours and immersive experiences at the simulation laboratory will be initiated by contacting the director.

Procedure

1. All requests are made by reaching out to the simulation laboratory director at least 30 days prior to the activity (if possible).
2. If approved, all visitors must comply with the Visitor Code of Conduct provided to the contact person for each group prior to arrival.
3. Visitor groups are limited, when possible, to a minimum of five (5) individuals and a maximum of ten (10) individuals per tour.
4. If a tour is specifically for a school class, the minimum age is 12 years old.
 - a. Tours will be limited to reduce disruption to learning activities.
 - b. A maximum of one (1) immersive experience will be scheduled per week to reduce disruption to simulation laboratory operations.
 - c. Immersive experience may include CPR with the high-fidelity mannikins, virtual reality experiences, and task trainer demonstrations (injections/intravenous catheter insertion, etc.).
5. Observation of live simulation activities may interfere with the student learning experience. Tours will not be given during this time.
6. The simulation laboratory director will review and resolve any schedule conflicts, confirm the type of simulation activity, and resources needed with simulation team members. Unresolved conflicts will be forwarded to the dean.

Policy Posting and Dissemination: *(last Page)*

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☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Simulation Handbook	☒	☐	Email Faculty
☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: February 11, 2025
Buntain School of Nursing	Date Issued: February 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Student and Employee Dress Code	

Purpose

This Buntain School of Nursing (BSON) dress code policy outlines how students and employees are expected to dress during times the simulation and skills laboratories are in use. Employees should be aware that their appearance matters when representing our program in front of faculty, students, and visitors.

Policy

The BSON faculty, staff, and students will follow established dress code guidelines. The main guiding principle for the dress code is to wear attire that is appropriate for a professional working environment.

Procedure

1. All employees and students must be clean and well-groomed. Grooming styles dictated by culture and ethnicity are not restricted.
2. All clothes must be work-appropriate. Workout clothing, shorts, or clothing typically worn for outdoor activities is not permitted.
3. Students should dress as if they are going to a clinical area and wear their clinical uniforms. Hoodies or sweatshirts are not appropriate attire.
4. All clothes must project professionalism. Clothes that are too revealing or deemed inappropriate are not permitted.
5. All clothes must be clean and in good condition. Discernible rips, tears, or holes are not permitted.
6. Clothing with logos that are offensive or inappropriate is not permitted.
7. Closed-toe shoes are required for safety purposes.
8. Jewelry and hair must not interfere with job performance or the safety of self or others.

Refer to the BSON student handbook for further information on the student dress code
<https://eagle.northwestu.edu/academics/school-of-nursing/files/2024/05/24-25-Trad-Student-Handbook.pdf>.

Policy Posting and Dissemination: *(last Page)*

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☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Student Handbook – MSN	☒	☐	Email Faculty
☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: February 28, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Learner Orientation to Simulation Equipment and Environment	

Purpose

The purpose of this policy is to ensure that nursing students receive comprehensive orientation to the simulation environment and equipment.

Policy

The aim of the orientation is to familiarize students with task trainers and high-fidelity mannequins, enhance their confidence in using simulation technology, and promote a safe and effective learning experience that supports clinical skill development.

Procedure

A. Orientation Session Overview

1. All junior nursing students attend a mandatory simulation orientation session before participating in any simulation-based learning activities.
2. Senior nursing students are to receive a refresher orientation prior to their first simulation of the year.
3. The session will cover the purpose of simulation, expectations, safety protocols, and equipment usage.
4. Review of psychological safety policy.

B. Introduction to the Simulation Environment

1. Students will be introduced to the simulation lab, including the layout, emergency exits, and available resources.
2. An overview of the simulation control room, debriefing areas, and designated zones for different learning experiences will be provided.

C. Familiarization with Task Trainers

1. Students will be shown various task trainers, including IV arms, airway trainers, catheterization models, wound care models, and other procedural trainers.
2. Faculty or lab personnel will demonstrate proper use and maintenance of task trainers.
3. Students will have hands-on practice under supervision to ensure competency in using task trainers.

D. Introduction to High-Fidelity Mannequins

1. Explanation of different high-fidelity mannequins available in the lab (e.g., adult, pediatric, obstetric models).
2. Demonstration of basic functions, including:
 - Breathing patterns
 - Heart and lung sounds
 - Pulses

- Verbal and non-verbal responses
- Physiological responses to interventions
- 3. Overview of software operation and interaction with the instructor through the control room.
- E. Simulation Safety and Professionalism**
 - 1. Emphasis on maintaining a professional and respectful learning environment.
 - 2. Guidelines on infection control, equipment handling, and reporting malfunctions.
 - 3. Review of confidentiality agreements and professional etiquette.
- F. Hands-on Practice**
 - 1. Students will be given time to interact with both task trainers and high-fidelity mannequins under faculty guided supervision.
- G. Documentation and Acknowledgment**
 - 1. Students must sign an orientation acknowledgment form confirming their attendance and understanding of the equipment and policies.
- H. Ongoing Support and Refresher Training**
 - 1. Lab sessions may be scheduled for students to revisit equipment and seek further clarification.
 - 2. Faculty will be available for additional support as needed throughout the semester.

References

OpenAI. (2025). *ChatGPT -4* (February 28 version) [Large language model]. <https://chat.openai.com/chat>

Policy Posting and Dissemination: *(last Page)*

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☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: February 27, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Simulation Faculty Expectations	

Purpose

The purpose of this policy is to establish a structured framework for nursing simulation faculty to ensure high-quality, evidence-based simulation education that aligns with the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice (HSSOBP) (2021).

Policy Statement

All nursing simulation faculty will adhere to the INACSL HSSOBP to ensure high-quality simulation-based education. Faculty will engage in structured training, ongoing evaluation, and continuous professional development to maintain and enhance their simulation facilitation and debriefing skills. This policy is structured around the four domains of INACSL's Cornerstones of Best Practice: Prebriefing, Facilitation, Professional Integrity, and Debriefing.

Procedure

1. Training

- a. All simulation faculty are expected to complete The [GW Simulation MOOC Certificate Course](#) available through Coursera. The course must be successfully completed prior to independently facilitating simulation sessions. Forward the completed certificate to the simulation director.
- b. The following courses are strongly suggested
 1. INACSL Simulation Education Program (ISEP) OR
 2. INACSL, The Cornerstones of Best Practice

2. Prebriefing

- a. Faculty will ensure that all simulation experiences include a structured prebriefing session to establish psychological safety, clarify learning objectives, and outline expectations.
- b. Prebriefing will incorporate best practices, including scenario orientation, confidentiality agreements, establishing psychological safety, and the importance of giving/receiving professional constructive feedback.
- c. Faculty will be trained in effective prebriefing strategies to optimize learner engagement and readiness.

3. Facilitation

- a. Newly hired faculty will be mentored by the simulation director and will receive direct observation and feedback on facilitation and debriefing practices.
- b. Faculty facilitators are expected to
 - 1. Implement best practices for facilitation, ensuring a psychologically safe environment that promotes learner engagement and reflective thinking.
 - 2. Have an awareness of how the diversity of participants and others involved in the simulation-based experience (SBE) may impact the learning experience.
 - 3. Become familiar with all aspects of the intended SBE.
 - 4. Achieve scenario fidelity by delivering consistent SBEs across cohorts of participants.
 - 5. Discuss ground rules to create and maintain a safe and noncompetitive learning environment.

4. Professional Integrity

- a. All faculty involved in SBE are expected to
 - 1. Uphold the [Healthcare Simulationist Code of Ethics](#)
 - 2. Follow standard of practice, guidelines, principles, and ethics of the nursing profession.
 - 3. Create and maintain a safe learning environment.
 - 4. Practice inclusion by respecting equity, diversity, and inclusivity among all involved and in all aspects of SBE.
 - 5. Provide clear communication and feedback in an effective, respectful manner.
 - 6. Require confidentiality of the performances and scenario content.
- b. A culture of transparency and respect will be fostered, helping to ensure that learners feel supported and valued in the simulation environment.

5. Debriefing

- a. Simulation debriefings follow the *PEARLS (Promoting Excellence and Reflective Learning in Simulation)* (Appendix A) framework to ensure structured and effective reflective discussions.
- b. Debriefing will occur within or directly after a SBE occurs.
- c. The debriefer is expected to be knowledgeable and familiar with the case or procedure and its objectives as well as the expected or desired performance of the learner(s).
- d. Debriefing period will allow adequate time to assist the learner(s) in achieving the activity's desired outcomes, address critical elements, and discuss identified performance or systems gaps while being mindful of cognitive overload.
- e. A Socratic approach using open-ended and/or reflective questions, and advocacy to guide the conversation within the group to promote review, self-awareness, and critical and reflective thinking should be used.
 - 1. Minimal to no lecturing should occur during the debriefing phase.

6. Evaluation

- a. Simulation faculty will undergo the following evaluations by the simulation director
 1. Formative evaluation using the *Debriefing Assessment for Simulation in Healthcare (DASH)* (Appendix B) tool during the mentorship period, annually, and as needed.
 2. Summative evaluation using the *Facilitator Competency Rubric* (Appendix C) at the end of the mentorship period, annually, and as needed.
- b. Simulation effectiveness will be rated by the students after every SBE experience using the Simulation Effectiveness Tool – Modified (SET-M) (Appendix D).

7. Professional Development

- a. Faculty are encouraged to pursue *Certified Healthcare Simulation Educator (CHSE)* certification through the Society for Simulation in Healthcare (SSH) after two full years of active simulation involvement.
- b. Simulation faculty who are not CHSE/A certified must complete 8 hours of simulation-related professional development annually (Washington Administrative Code, 2024).

8. Compliance and Review

- a. Compliance with these policies will be monitored through periodic reviews and feedback mechanisms.
- b. Those who do not meet the outlined requirements may be subject to additional training or remediation as deemed necessary by the simulation director or dean.

References

International Nursing Association for Clinical Simulation and Learning. (2021). Cornerstones of best practice. <https://www.inacsl.org/cornerstones-of-best-practice>

International Nursing Association for Clinical Simulation and Learning. (2021). Healthcare simulation standards of best practice. <https://www.inacsl.org/healthcare-simulation-standards-gl>

OpenAI. (2025). ChatGPT -4 (February 27 version) [Large language model]. <https://chat.openai.com/chat>

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

Washington Administrative Code, WAC 246-840-5341. (2024). <https://app.leg.wa.gov/Wac/default.aspx?cite=246-840-5341>

Policy Posting and Dissemination: (last Page)

Instructions: When writing the policy please check the boxes to indicate who should be notified.

Post here	Done		Post Here	Done	
☐	☐	Student Handbook – Prelicensure	☒	☐	Email Students: ☒ Traditional
☒	☐	Simulation Handbook	☒	☐	Email Faculty
☐	☐	Post Student Lounge Bulletin Board	☐	☐	NU Digital Signage

Northwest University	Date Created: February 28, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Standardized Patients	

Purpose

To establish a structured, ethical, and high-quality framework for the recruitment, training, and utilization of Standardized Patients (SPs) in simulation-based education.

Policy

This policy ensures the safety, effectiveness, and integrity of SP programs by adhering to the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). The policy aims to create a supportive environment for SPs, optimize their role in simulation-based learning, and uphold best practices in scenario development, feedback delivery, and program management.

Procedure

When working with SPs, simulation educators should:

A. Safe Work Practices-

1. All stakeholders (including standardized patients) are entitled to a safe psychological and physical learning environment.
 - a. Ensure safe working conditions in the design of the activity (breaks, physical/cognitive/psychological challenges in role portrayal).
 - b. Anticipate and recognize potential occupational hazards, including threats to SP safety in the environment (e.g., allergenic substances, exposure to sharps, air quality, live defibrillators).
 - c. Screen SPs to ensure that they are appropriate for the role (e.g., no conflict of interest, no compromising of their psychological or physical safety).
 - d. Allow SPs to opt out of any given activity if they feel it is not appropriate for them to participate.
 - e. Brief SPs so they are clear about the guidelines and parameters of a simulation activity.
 - f. Provide SPs with strategies to mitigate potential adverse effects of role portrayal and prevent physical injury or fatigue.
 - g. Inform SPs and clients about the criteria and processes for terminating a simulation if they deem it harmful. Disclaimer: Client refers to individuals or groups who contract with an SP program for various activities.
 - h. Structure time and create a process for de-roling and/or debriefing.
 - i. Monitor for and respond to SPs who have experienced adverse effects from participation in an activity.
 - j. Provide a process for SPs and clients to report adverse effects from participation in an SP activity (e.g., documentation and action steps to resolve the situation).

- k. Support SPs who act in accordance with delineated program expectations if a complaint is made about them.
 - l. Manage client expectations of an SP's possibilities and limitations.
 - m. Work with clients to clearly define the expected scope of SP involvement in work assignments.
- 2. Confidentiality
 - a. Ensure that SPs understand and maintain the principles of confidentiality related to specific simulation events.
 - i. Standardized patients must
 - Understand the specific principles of confidentiality that apply to all aspects of each simulation event.
 - Protect the privacy of the personal information of all stakeholders, including that which may be revealed within a simulation activity.
- 3. Respect
 - a. Respect SPs' self-identified boundaries (e.g., modesty, limits to physical touch, impact on person).
 - b. Provide SPs with adequate information so that they can make informed decisions about participation in work assignments.
 - c. Ensure that SPs understand if and how they are being compensated before accepting work (e.g., may include payment for training and work time, travel expenses, food vouchers, gift cards).

B. Case Development

- 1. Preparation
 - a. Ensure that cases align with measurable learning outcomes. (See INACSL Standard: Outcomes and Objectives.)
 - b. Identify and engage relevant subject matter experts to assist in the creation of materials.
 - c. Ensure that cases are based on authentic problems and respect the individuals represented in a case to avoid bias or stereotyping marginalized populations.
 - d. Ensure that case development process allows sufficient time to draft, review, and edit case materials prior to implementation.
 - e. Ensure that changes arising from dry-runs or other piloting processes are addressed prior to implementation of the case.

C. Standardized Patient Training

- 1. Preparation for training
 - a. Review the purpose, objectives and outcomes (see INACSL Standard: Outcomes and Objectives), logistics, and case materials of the activity.
 - b. Address one's own knowledge gaps, if any.
 - c. Create a training plan that is responsive to the context and format of each activity (e.g., group training for standardization, video review, practice with simulation equipment).
 - d. Gather training resources to supplement training.
 - e. Gather administration documents and special instructions.
- 2. Training for role portrayal
 - a. Review with SPs the key objectives, responsibilities, context (e.g. formative, summative, level of learner, placement in curriculum) and format (e.g., length of encounter, type of encounter) of each activity.

- b. Engage SPs in discussion and practice of role portrayal features (e.g., affect, signs and symptoms, behaviors).
 - c. Provide SPs with strategies to deal with unanticipated learner questions and behaviors.
 - d. Ensure consistency and accuracy of role portrayal of individual SPs, and among groups of SPs portraying the same role.
 - e. Ensure SP readiness for the simulation activity through repeated practice and targeted feedback.
- 3. Training for feedback
 - a. Review with SPs the fundamental principles of feedback as they relate to the planned activity.
 - b. Inform SPs of the feedback objectives and level of the learners with whom they will be learning.
 - c. Inform SPs of the feedback logistics and setting (e.g., one-on-one feedback with learner, small group feedback, simulation debrief).
 - d. Train SPs to use their observations, responses, and knowledge to provide feedback on observable, modifiable behaviors in learners.
 - e. Ensure SP readiness through repeated practice and targeted feedback.
- 4. Training for completion of assessment instruments
 - a. Ensure that SPs understand the nature, context, and objectives of the assessment.
 - b. Ensure that SPs understand the format of the assessment instrument.
 - c. Ensure that SPs are able to complete assessment instruments in the time allotted.
 - d. Provide SPs with practice completing assessment instruments with a variety of learner behaviors.
 - e. Ensure that SPs understand both the principle and receptive experience of any physical exam maneuvers they will be assessing.
 - f. In formative assessment, ensure consistent and accurate completion of an assessment instrument within individual SPs, and among groups of SPs performing the same task.
 - g. In high stakes assessment, verify inter-rater reliability, in which a learner would achieve the same score when rated by different SPs.
 - h. In high stakes assessment, verify intra-rater reliability, in which SPs would assign the same score to an identical performance at different points in time.
- 5. Reflection on the training process
 - a. Reflect on one's own training practices for future improvement (e.g., evaluation forms, debriefing, video review). (See also Domain 4.6: quality management).

D. Program Management

- 1. Purpose
 - a. Articulate a mission statement for the program.
 - b. Develop program goals.
 - c. Identify measurable objectives for each goal (where appropriate).
- 2. Expertise
 - a. Possess depth of knowledge in SP methodology.
 - b. Advocate for the integration of SP methodology into the curriculum where appropriate.
 - c. Identify when SPs should be incorporated into a simulation activity.
 - d. Collaborate with subject matter experts to design SP cases, training, and assessment materials.
 - e. Train SPs according to scenario or project parameters.

3. Policies and Procedures
 - a. Develop and document policies to guide program activities.
 - b. Develop and document policies that take into consideration disability access and inclusion.
 - c. Develop and document business processes and procedures, including but not limited to creating financial management, business, and strategic plans.
 - d. Ensure policies and procedures are kept current and accessible.
 - e. Distribute policies and procedures to relevant stakeholders.
 4. Records Management
 - a. Collaborate with subject matter experts to develop a system for reporting learner performance to stakeholders (e.g., learners,
 - b. Ensure that policies are in place for case sharing and archiving.
 - c. Develop and document methods for securely storing, archiving, and destroying confidential data (e.g., SP records, learner data, video data, consent forms, release forms).
 5. Team management
 - a. Consult with legal, financial, and human resources experts to ensure that status of SPs (e.g., employee, independent contractor, volunteer) and compensation structure (if applicable) comply with institutional requirements.
 - b. Develop processes to identify, screen, interview, select, debrief, and maintain SPs and staff.
 - c. Recruit and maintain a cohort of SPs that reflects the diversity of the people they represent in simulation activities.
 - d. Establish policies and procedures for the psychological, physical, and environmental safety of SPs, learners, staff, and faculty.
 - e. (See the Domain 1: Safe Work Practices section.)
 - f. Advocate for ongoing professional development opportunities for all staff, including SPs.
 6. Quality Management
 - a. Gather data regularly to assess the alignment of program activities with legislated, institutional, and program policies and procedures.
 - b. Gather feedback regularly from SPs, learners, faculty, and other users regarding the quality of services provided by the program.
 - c. Analyze data and other feedback in a timely manner.
 - d. Implement changes for continuous improvement.
 - e. Inform stakeholders of changes made based on their feedback.
- E. **Professional Development** - SP educators engage in professional development to promote excellence in their own practices, within the community of practice, and among stakeholders. Three principles inform professional development:
1. Career development
 - a. Develop and promote expertise in knowledge, skills, and attitudes related to SP-based simulation.
 - b. Develop and promote expertise in theories, principles, and processes of education and assessment relevant to the context of one's practice (e.g., medical education, nursing education, legal, and law enforcement training).
 - c. Maintain membership in professional simulation societies (e.g., ASPE, ASPIH, INACSL, SESAM, SSH).

- d. Engage in educational opportunities (e.g., professional conferences, courses, degree programs, certifications).
 - e. Develop personal management skills (e.g., time management, wellness strategies, career planning).
 - f. Seek out opportunities for career mentoring.
- 2. Scholarship
 - a. Develop an understanding of the range of opportunities for scholarship in SP methodology.
 - b. Identify and/or develop new contexts for SP methodology.
 - c. Contribute to the evolution of best practices through innovation, research, and dissemination of emerging methods in various venues e.g., publications, presentations).
- 3. Leadership
 - a. Promote understanding and development of SP methodology locally, nationally, and internationally.
 - b. Mentor and support SPs and other SP educators within one's institution and within the community of practice.
 - c. Seek out and advocate for growth of leadership skills (e.g., collaboration, team building, change management, interpersonal effectiveness, conflict resolution).

References

International Nursing Association for Clinical Simulation and Learning. (2021). *Healthcare Simulation Standards of Best Practice™*. <https://www.inacsl.org/healthcare-simulation-standards>

Lewis, K.L., Bohnert, C.A., Gammon, W.L. *et al.* (2017). The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Advances in Simulation*, 2(10).
<https://doi.org/10.1186/s41077-017-0043-4>

OpenAI. (2025). *ChatGPT -4* (February 28 version) [Large language model]. <https://chat.openai.com/chat>

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Northwest University	Date Created: January 31, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Virtual Reality – Faculty Training	

Purpose

This policy establishes guidelines to ensure that Buntain School of Nursing faculty understand the role of virtual reality (VR) in the curriculum and receive adequate training prior to implementing VR as either clinical hours or classroom activities.

Policy

To provide nursing faculty with training related to the use of virtual reality hardware and software. This policy applies to all nursing faculty involved in VR simulation. (Students have a separate policy).

Procedure

1. Introduction to VR

- a. All faculty are to receive an orientation session on the use of VR technology, including the setup and operation of VR equipment prior to implementing the technology.

2. Training Sessions

- a. Faculty training sessions are to include all the following:
 - i. Online training course created by UbiSim
 1. Click on the link below and select the new user option to register and create an account
 - a. <https://labster.instructure.com/enroll/7R8NAM>
 2. Complete all of the training modules.
 - ii. Review [WAC 246-840-5341](#) related to the use of virtual reality as a clinical experience (1:2 ratio)
 - iii. View VR headsets video: [Meta Quest 3: A complete beginners guide](#)
 - iv. Accessing and navigating the current VR software platform being used ([UbiSim](#))
 - v. Watch UbiSim training videos
 1. [UbiSim Getting Started – In the Simulation](#)
 2. [UbiSim Tutorial](#)
 - vi. [UbiSim](#) VR tutorials (single player)
 1. Tutorial – Hospital Room Orientation
 2. Tutorial – Medication Administration Orientation

3. Technical Support and Maintenance

- a. The simulation technician

- i. Will be available to assist with issues related to VR equipment during VR sessions.
- ii. Provide regular maintenance and updates of VR headsets to ensure optimal performance.

4. Faculty Training

- a. Faculty members will receive training on the use of VR technology and the facilitation of VR simulation.
- b. Faculty are expected to pursue professional development to stay current with best practices in simulation (WAC, 2024).

5. Evaluation and Improvement

- a. The effectiveness of VR simulations will be regularly evaluated through student feedback, performance assessments, and program outcomes.
- b. Continuous improvements will be made to the VR training program based on evaluation results and emerging trends in nursing education.

References

CoPilot. (2025). *Copilot 365* [Large language model]. <https://copilot.cloud.microsoft/>

UbiSim. (n.d.). *VR nursing simulation: A complete guide by UbiSim*.

<https://www.ubisimvr.com/guides/complete-guide-to-immersive-vr-simulation-nursing>

Washington Administrative Code, WAC 246-840-5341.

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Northwest University	Date Created: January 31, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Virtual Reality – Student Training	

Purpose

This policy establishes guidelines to ensure that Buntain School of Nursing students understand the role of virtual reality in the curriculum and receive adequate training prior to the live virtual reality (VR) sessions.

Policy

To provide nursing students with comprehensive training related to the use of VR hardware and software. This policy applies to all nursing students involved in VR simulation. (Faculty have a separate policy).

Procedure

1. Introduction to VR

- a. Students receive an orientation session on the use of VR technology, including the care and use of and operation of VR equipment. This shall occur during the beginning of junior year with a refresher at the beginning of senior year.
- b. Students will sign the Confidentiality/Fiction/Video Consent agreement prior to the orientation.
- c. Students are briefed on the objectives and benefits of VR simulation in nursing education.

2. Training Sessions

- a. Junior students training sessions include the following:
 - i. Rationale for using VR in the classroom and clinical setting.
 - ii. Viewing VR headsets video: [Meta Quest 3: A complete beginners guide](#)
 - iii. Accessing and navigating the current VR software platform being used ([UbiSim](#))
 - iv. UbiSim training videos
 1. [UbiSim Getting Started – In the Simulation](#)
 2. [UbiSim Tutorial](#)
 - v. [UbiSim](#) VR tutorials (single player)
 1. Tutorial – Hospital Room Orientation
 2. Tutorial – Medication Administration Orientation
 - vi. Synchronous group debriefing after training session includes

1. How do you feel? What went well? Do you feel prepared to do VR in the classroom or clinical setting when the time comes? What additional training or resources do you need?
 - b. Senior students
 - i. At the beginning of the year, senior students complete the following single-player tutorials as a refresher:
 1. [UbiSim](#) tutorial videos (single player tutorials)
 - a. Tutorial – Hospital Room Orientation
 - b. Tutorial – Medication Administration Orientation
3. **Technical Support and Maintenance:**
- a. Technical support via the simulation technician or designated faculty is available to assist with any issues related to VR equipment and software during the student training and refresher sessions.

References

CoPilot. (2025). *Copilot 365* [Large language model]. <https://copilot.cloud.microsoft/>

UbiSim. (n.d.). *VR nursing simulation: A complete guide by UbiSim*.

<https://www.ubisimvr.com/guides/complete-guide-to-immersive-vr-simulation-nursing>

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Northwest University	Date Created: January 21, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
SIMULATION POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Virtual Reality Headsets - Care and Use of	

Purpose

This policy outlines the proper use, maintenance, and care of virtual reality (VR) headsets to ensure safe and effective learning, maximize the lifespan of equipment, and maintain hygiene standards in simulation-based education.

Policy

All individuals using VR headsets for educational, training, or research purposes will adhere to the following guidelines regarding the care and use of virtual reality headsets.

Procedure

1. General Use

- VR headsets are educational tools and must be used only for institution-approved purposes.
- Users must complete an orientation session covering device operation, safety, and hygiene protocols prior to their first use.
- VR headsets are to be handled with care to avoid physical damage. Dropping, forcefully bending components, or exposing headsets to extreme temperatures or moisture is prohibited.
- Individuals experiencing dizziness, nausea, or discomfort must immediately remove the headset and inform a facilitator.

2. Hygiene and Cleaning

- Hand hygiene must be done before and after each VR head set use.
- Users must ensure their face and hands are clean and free from makeup or oil before using the headset.
- Headsets must be cleaned and sanitized before and after each use using approved cleaning materials. Alcohol-based products are not to be used for cleaning and sanitizing.
- Lenses are to be cleaned with approved lens cloths only. Do not clean with cleaning wipes or chemicals. This will scratch the lenses.
- Disposable VR face covers, or cleanable face pads are required to maintain hygiene, especially for multiple users. These face covers must be cleaned at the end of each session and in between users.

3. Storage

- VR headsets must be stored in designated protective cases or secured areas when not in use to prevent damage.

- b. Devices should be stored in a secure, cool, dry environment and kept away from direct sunlight.
- c. All cables and accessories must be coiled or secured properly to avoid tangling or breakage.

4. Maintenance

- a. Regular maintenance checks (at least monthly and before student sessions), including software updates and inspection for physical damage, are to be conducted by the simulation technician.
- b. Users are prohibited from attempting repairs or modifications to the device.
- c. Any malfunction or damage must be reported immediately to the simulation technician or Director.

5. Data Privacy

- a. Any data collected during VR sessions must comply with institutional privacy policies and applicable regulations. Personal or sensitive information should not be recorded or stored on any device.

6. Accountability

- a. Users are responsible for the proper use and care of the equipment while in their possession.
- b. Lost, stolen, or damaged devices due to negligence may result in disciplinary action or financial responsibility for replacement or repair.

Roles and Responsibilities

Simulation Technician

- a. Ensure equipment is sanitized and maintained.
- b. Perform periodic software updates on headset devices.

Simulation Facilitators/Faculty

- a. Train users on proper VR headset use and care.
- b. Monitor VR sessions to ensure user safety and compliance with this policy.

All Users

- a. Follow all usage, safety, and hygiene protocols.
- b. Report any issues or concerns immediately to a facilitator or technician.

Simulation Leadership

- a. Oversee the implementation and adherence to this policy.
- b. Conduct periodic reviews of equipment conditions and policy effectiveness.
- c. Perform updates as needed to UbiSim (or other) educational software.

Policy Review and Updates

This policy will be reviewed annually and updated as needed to reflect advancements in VR technology and best practices in education.

References

Meta Quest 3. Manufacturer guidelines for VR headset use and care.

OpenAI. (2025). *ChatGPT -4* (January 21 version) [Large language model]. <https://chat.openai.com/chat>

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Northwest University	Date Created: March 4, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Student Check Out of Virtual Reality Equipment	

Purpose

The purpose of this policy is to outline the procedures for the checkout and return of virtual reality (VR) equipment to ensure proper use, accountability, and maintenance of equipment for Buntain School of Nursing (BSON) students.

Policy

BSON is committed to providing students with access to cutting-edge technology while ensuring the responsible use and maintenance of VR equipment. This policy establishes the guidelines for the checkout, use, and return of VR equipment to promote accountability and equitable access among students. Failure to adhere to this policy may result in loss of checkout privileges and further disciplinary action.

Eligibility

- Equipment checkout is limited to currently enrolled BSON students who have completed an official VR orientation.

Procedure

Check-Out

1. Students check out VR equipment through the simulation technician.
2. A valid driver's license or official government-issued ID must be exchanged for the equipment and will be held until the VR equipment is returned.
3. Students sign the check-out sheet provided, acknowledging receipt of the equipment and agreeing to all terms of use (Appendix H).
4. Students cannot leave the Argue/HSC building while VR equipment is in their possession.
5. Use of VR equipment is limited to a maximum of **two (2) hours** per session.

Check-In

1. Students are to return VR equipment directly to the simulation technician at the designated return location.
2. All equipment must be returned in **clean and sanitized condition**, with all components included.
3. The simulation technician will inspect the equipment to ensure all parts are accounted for and in working order.
4. Students sign the check-in sheet upon returning the equipment.
5. The student's ID will be returned upon successful check-in of the equipment.

Responsibilities & Compliance

1. Students are responsible for the proper care and handling of the VR equipment while in their possession.
2. Any damage, loss, or malfunction must be reported immediately to the simulation technician.
3. Failure to return equipment on time, cleaned and in proper working condition, or with missing components may result in **suspension of checkout privileges** or other disciplinary action as determined by the simulation director or dean.

Sanitization Requirement

1. VR equipment must be sanitized after use and prior to check in following the cleaning guidelines.
2. Cleaning supplies will be made available by the simulation technician.

References

OpenAI. (2025). *ChatGPT -4* (March 4 version) [Large language model]. <https://chat.openai.com/chat>

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Northwest University	Date Created: January 31, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Virtual Reality – Use of in Clinical and Classroom	

Purpose

The purpose of this policy is to provide nursing students with comprehensive training using virtual reality (VR) simulation to enhance their clinical skills, decision-making, and patient communication.

Policy

Virtual reality may be used to augment/replace clinical hours or may be used as a classroom learning tool. This policy applies to all nursing students involved in VR simulation regardless of clinical or classroom setting.

Procedure

1. Introduction to VR

- a. All students will receive a training session on the use of VR technology, including the care and use of headsets policy and operation of VR equipment during the beginning of their junior year. At the beginning of their senior year, they will receive a refresher session.
- b. Students will be briefed on the objectives and benefits of the use of VR in nursing education.

2. Simulation Sessions

- a. Each VR simulation session will include a
 - i. Ticket to learning class exercise based on active learning principles.
 - ii. Prebriefing to outline the scenario, objectives, and expected outcomes.
- b. Students will engage in immersive VR scenarios that replicate real-world clinical situations.

3. Debriefing and Assessment

- a. Following each simulation, students will
 - i. Complete post-learning activities and evaluations.
 - ii. Participate in synchronous debriefing sessions to reflect on their performance, discuss learning points, and receive feedback.

4. Technical Support and Maintenance

- a. Technical support will be available via the simulation technician to assist with any issues related to VR equipment and software.

- b. Regular maintenance and updates of VR systems will be conducted to ensure optimal performance.
- 5. **Faculty Training**
 - a. Faculty members will receive training on the use of VR technology and the facilitation of VR simulations.
 - b. Annual professional development is expected to keep faculty updated on simulation best practices (WAC, 2024).
- 6. **Evaluation and Improvement**
 - a. The effectiveness of VR simulations will be regularly evaluated through student feedback, performance assessments, and program outcomes.
 - b. Continuous improvements will be made to the VR training program based on evaluation results and emerging trends in nursing education.

References

CoPilot. (2025). *Copilot 365* [Large language model]. <https://copilot.cloud.microsoft/>

UbiSim. (n.d.). *VR nursing simulation: A complete guide by UbiSim*.

<https://www.ubisimvr.com/guides/complete-guide-to-immersive-vr-simulation-nursing>

Washington Administrative Code, WAC 246-840-5341. (2024).

<https://app.leg.wa.gov/Wac/default.aspx?cite=246-840-5341>

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Northwest University	Date Created: February 28, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Simulation Scenario Development	

Purpose

To establish a standardized process for the development, implementation, and evaluation of simulation scenarios that align with the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice (HSSOBP).

Policy

Simulation scenarios created and used in the Buntain School of Nursing (BSON) must be developed using the Simulation Committee approved NLN simulation design template and incorporate INACSL's HSSOBP. This policy applies to all faculty, staff, and simulationists involved in the design and delivery of simulation-based learning experiences within BSON.

Procedure

1. Needs Assessment

- A. Prior to creating a simulation scenario, faculty will
 - 1. Form a development team comprised of subject matter experts and simulation educators.
 - 2. Perform a needs assessment for a new simulation scenario based on curricular reviews, emerging clinical practices, and other relevant industry information.
 - 3. Establish active learning objectives that align with course competencies and AACN Essentials (2021).

2. Scenario Development

- A. Every BSON simulation scenario developed will
 - 1. Follow INACSL HSSOBP with respect to prebriefing/briefing, facilitating, debriefing, and professional integrity.
 - 2. Utilize the approved NLN simulation design template to create a structured scenario that follows best practices of simulation design (Appendix E).
 - 3. Define psychomotor skills and cognitive activities required of the students.
 - 4. Create at least 3 learning outcomes.
 - 5. Incorporate active learning preparation activities for students that serve as a ticket to entry for all simulations.
 - a. Students who do not complete the required preparation activities will be unable to participate in the simulation experience.
 - 6. Establish a prebriefing script with a structured orientation to orient learners to objectives, simulation-based learning environment, equipment, and simulation expectations.
 - 7. Establish a psychologically safe environment.

- a. Each prebriefing script must include the approved psychological safety syllabus statement. This statement is scripted and should be read out loud to students.
 8. Develop role assignments, ensuring clear expectations for learners and standardized patients or embedded participants.
 9. Create a detailed scenario progression outline, specifying time intervals, expected actions, and cues for facilitators and simulation technicians to follow.
 10. Identify equipment, supplies, and medications necessary for the scenario.
 11. Include the approved note taking guide for student use during each simulation (WAC, 2024).
 - a. Junior Note Taking Guide (Appendix F)
 - b. Senior Note Taking Guide (Appendix G)
 - B. No changes/revisions/additions are to be made to the standardized template without prior approval from the Simulation Committee.
3. **Facilitation**
 - A. All newly created simulations are reviewed and approved by the Simulation Committee prior to implementation.
 1. Pilot testing of the scenario before being formally implemented with students and annually is required.
 - B. Simulation sessions are to be scheduled at least three months in advance to ensure adequate space and resources, and to avoid scheduling conflicts.
 1. Lead simulation faculty will reserve the simulation date on the master calendar and link all documents needed by the simulation technician in the notes section of the calendar.
 - a. Add the simulation technician as a required participant in the calendar event invitation.
 2. Reserve the debriefing room (Argue 202).
 3. Notify students of the schedule and all other relevant details related to the simulation.
 - C. Trained nursing faculty facilitators will
 1. Conduct prebriefing sessions with students prior to implementing the scenario to review roles, confidentiality agreements, psychological safety expectations, and answer student questions.
 2. Facilitate the simulation using standardized patients, embedded participants, mannikins/task trainers, taking measures to ensure realistic and interactive learning experiences.
 - D. Each simulation experience may not have more than 10 students per group. The maximum facilitator to student ratio is 1:10 (WAC, n.d.).
 - E. Nursing faculty facilitators are to have no role in the technical or operational responsibilities of the simulation (WAC, 2024).
4. **Debriefing**
 - A. Trained nursing faculty debriefers will
 1. Implement a structured debriefing session immediately following the simulation.
 2. Use the [PEARLS Healthcare Debriefing Tool](#) to guide the debriefing session.
 3. Use open-ended Socratic questions with minimal to no lecturing.

4. Encourage learners to self-reflect and analyze their performance while receiving faculty guidance.
 5. Monitor for student cognitive overload.
 6. Instruct the students to evaluate the simulation by completing the Simulation Effectiveness Tool – Modified (Appendix B) appropriate for their scenario before concluding the debriefing session.
5. **Annual Review and Revision**
- A. There is to be a formal review of all simulation scenarios by the Simulation Committee initially upon creation and annually thereafter.
 - B. Scenarios are to be revised, and pilot tested annually to ensure learning objectives are met and improvements are validated before full implementation.

References

American Association of Colleges of Nursing. (2021). The Essentials: Core competencies for professional nursing education.

<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

International Nursing Association for Clinical Simulation and Learning. (2021). *Healthcare Simulation Standards of Best Practice™*. <https://www.inacsl.org/healthcare-simulation-standards>

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Northwest University	Date Created: January 21, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
SIMULATION POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Simulator Moulage Policy	

Purpose

The intent of the simulator moulage policy is to provide a standardized approach to applying moulage in a way that maintains the integrity of the high-fidelity simulators.

Policy

All simulation technicians will use an acceptable barrier before applying moulage to a high-fidelity simulator. Appropriate and thorough cleanup will occur immediately after the simulation to prevent staining and maintain the integrity of the simulators.

Procedure

- NEVER APPLY MOULAGE DIRECTLY TO SIMULATOR
- Use moulage sparingly
- Types of moulage: colored creams, color palettes, wax, premade lacerations
- Always use a barrier before applying moulage
- Acceptable barriers: transparent dressing, simulated skin, silicone tape
- Always clean up immediately following a simulation

Types of Moulage

There are several options for different types of moulage. It is great for creating burns, bruises, lacerations, and other effects.

Colored Creams

Colored creams are the most damaging to simulators as they stain very easily. When applying a colored cream, always make sure there is a barrier. Never apply directly to simulator skin. These creams are extremely pigmented and very little is needed to create an effect. Excessive use of these creams creates unnecessary staining and cleanup. Use them sparingly. These are best used on top of a simulated skin.

Color Palettes

Color palettes do not stain as much as colored creams. They should also always be applied on top of a barrier. They are more difficult to work with than colored creams but often give a more realistic effect. Use the spray bottle of alcohol to activate these palettes for use (where applicable). These are easy to use on top of transparent dressings.

Wax

Wax is great for creating 3D effects such as scars and lacerations. They will not stain the simulator but should also be applied on top of a barrier. This is easy to use on top of simulated skin.

Premade Lacerations

There are many premade lacerations that can be applied directly to the simulator without a barrier. These are plastic and have no risk of staining. Use appropriate body adhesive to stick directly to the simulator. They are easy to remove and clean up.

Types of Barriers

Simulated Skin

Simulated skin comes in different tones and can be cut into different sizes and shapes. Always use a skin as a barrier. Moulage can be applied directly to the simulated skin. These skins are designed to be stained and are consumable. Simulated skin can cover arms, legs, neck, and torso.

Transparent Dressing

Sometimes moulage is required on parts of the simulator that would be difficult to use a simulated skin such as the face, hands, and feet. These body parts also need to be protected from stains as they are quite visible. Before applying moulage, place a transparent dressing in the place where you wish to moulage. Apply the moulage directly to the dressing transparent dressing creates a slippery surface, so to avoid smudging, apply another piece of transparent dressing over the moulage. This keeps the simulator and our learners free of accidental stains. If a transparent dressing topcoat is not desired, use baby powder on a clean applicator wedge to dab on top of the moulage. This takes away the shiny coat of the transparent dressing and helps “set” down the moulage.

Clean Up

Cleanup is the most important step in maintaining the integrity of the simulators and task trainers. After each scenario, clean all moulage off the simulator immediately to avoid staining or skin damage. Acceptable cleaning materials include alcohol wipes, alcohol diluted with distilled water in 70:30 ratio, adhesive remover wipes, and mild dishwashing soap. **Do not use anything with an acetone base**, such as nail polish remover. Make sure to thoroughly check the simulator/task trainer to ensure all moulage is removed.

Adhesive Remover

Transparent dressing and tapes can leave a sticky residue on the simulators. This should be cleaned up immediately to avoid adhesive buildup. Adhesive remover wipes make it easier to clean sticky surfaces. These wipes leave a slippery film on the mannequin so make sure to wipe it down afterward with the dilute alcohol solution.

Policy Posting and Dissemination: *(last Page)*

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Northwest University	Date Created: January 24, 2025
Buntain School of Nursing	Date Issued: February 3, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Use of Screen-Based Simulation for Clinical and Clinical Makeup	

Purpose

The intent of screen-based simulation policy is to provide guidance on the use of these activities as a replacement for 1:1 clinical and clinical make up student experiences. Screen-based simulation experiences may not count as a 1:2 clinical replacement and may not exceed 50% of the clinical hours for a particular course (WAC 246-840-534; WAC 246-840-5341). Screen-based simulation experiences are considered formative student learning experiences and will not be formally graded.

The number of students participating shall not exceed 10 students per clinical group (INACSL, 2021; WAC 246-840-532).

Policy

To ensure a quality experience for all learners in each course clinical faculty and facilitators will adhere to the following guidelines:

1. Each faculty member must be knowledgeable about
 - a. simulation best practices, particularly debriefing best practices.
 - b. each screen-based learning experience being used.
 - c. BSN simulation policies and procedures.

Procedure

1. Each activity must be preceded by a prebriefed: preparation and briefing session.
 - a. All students must complete and submit a ticket to learning exercise before each activity that is based on active-learning principles.
 - b. Students must be appropriately introduced and oriented to the screen-based simulation activity being used.
2. Screen-based activities may be completed during clinical class sessions or outside of class during the students' own time.
3. Each activity must be followed by a **synchronously** led group debriefing session occurring either in person or via video conferencing software.
 - a. Debriefing sessions use the PEARLS method of debriefing.
 - b. Sessions last 2 to 3 times the length of the learning activity.
4. Faculty report the number of simulation-based learning activities completed per term to either the dean or the simulation director.

Definitions

Screen-based Simulation: A simulation presented on a computer screen using graphical images and text, similar to the popular gaming format, where the learner interacts with the interface using keyboard, mouse, joystick, or other input device. Not to be confused with virtual or augmented reality.

Debriefing: A learning conversation between instructors and trainees that follows a simulation. A bidirectional, formal, collaborative reflective process within the simulation learning activity.

References

INACSL Standards of Best Practice. (2016). Simulation debriefing. *Clinical Simulation in Nursing*, 12, S21 – S25.

Maxworthy, J. C., Epps, C. A., Okuda, Y., Mancini, M. E., & Palaganas, J.C. (2023). *Defining excellence in simulation programs* (2nd ed.). Lippincott Williams & Wilkins.

WAC 246-840-532. (2016). *Faculty to student ratios for clinical and practice experience in nursing programs*. <https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-532>

WAC 246-840-534. (2024). *Use of simulation for clinical experiences at a 1:1 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state*.
<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-534>

WAC 246-840-5341. (2024). *Use of simulation for clinical experiences at a 1:2 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state*.
<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-5341>

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Northwest University	Date Created: February 27, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Installation and Maintenance of Virtual Reality Headsets	

Purpose

The purpose is to establish clear guidelines for the installation, registration, maintenance, and preparation of virtual reality (VR) headsets used in the Buntain School of Nursing (BSON). This helps to ensure that all VR equipment is properly configured, updated, and sanitized before student use.

Policy

This policy outlines the proper installation, registration, maintenance, and preparation of virtual reality (VR) headsets for student use in the BSON. The goal is to maintain the integrity of the VR learning experience, minimize technical disruptions, and ensure a safe and efficient virtual reality simulation environment.

Procedure

- A. Installation of Virtual Reality Headsets
 1. All VR headsets will be installed according to the manufacturer's instructions.
 2. Simulation technicians are responsible for verifying proper installation, setup, and maintenance of all headsets.
 3. If not already mapped, notify IT to have the bsonvr@northwestu.edu email address mapped to the sim tech email inbox.
 - a. VR headsets 1 through 8 are mapped to the bsonvr@northwest.edu shared mailbox.
 - b. Notify IT if any headsets other than the 8 currently being mapped are needed.
- B. Registration of New Headsets
 1. Email addresses for VR headsets 1 through 8 have already been created by IT. Each new VR headset must be set up and registered using the following naming convention:
 - a. **Username:** bson-vrdemoX@northwestu.edu (*where X is the next available number in the sequence*)
 - i. Example:
 - Headset #1 is bson-vrdemo1@northwestu.edu
 - Headset #2 is bson-vrdemo2@northwestu.edu
 - ii. Any time a new headset is added, IT will need to set up a new email address for the device. Use the naming convention listed above.
 - b. **Password:** bsonvrdemoX! (*where X is the next available number in the sequence*)
 - i. Headset #1 is bson-vrdemo1!
 - ii. Headset #2 is bson-vrdemo2!
 2. The registration process must be documented, and a secure log of assigned usernames/passwords should be maintained.

- C. Adding New Headsets to UbiSim (or Current VR Software Platform)
1. A similar naming convention will be followed when adding new headsets to **UbiSim** (or the current VR software in use) platform:
 - a. **Username:** bson-vrdemoX@northwestu.edu (*where X is the next available number in the sequence*)
 - b. **Password:** BSONvrdemoX! (*where X is the next available number in the sequence*)
 2. Each registration must be recorded in the system for tracking and security purposes.
- D. Maintenance and Preparation
1. Before use, all headsets must be:
 - a. Cleaned and sanitized following the approved cleaning protocol.
 - b. Fully charged and tested for functionality.
 - c. Updated with the most current operating software to prevent disruptions during student simulations.
 - d. Previewed to confirm that the VR simulation program (UbiSim) loads correctly.

References

OpenAI. (2025). *ChatGPT -4* (February 27 version) [Large language model]. <https://chat.openai.com/chat>

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Northwest University	Date Created: January 24, 2025
Buntain School of Nursing	Date Issued: February 3, 2025
	Date Revised:
SIMULATION POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Psychological Safety	

Purpose

The BSON acknowledges that simulation-based activities have the potential to cause psychological stress and potential harm to both learners and faculty facilitators during simulation-based activities and debriefing.

This policy establishes guidelines to ensure psychological safety for all participants in simulation-based education, in alignment with the INACSL Healthcare Simulation Standards of Best Practice (HSSOBP) and ethical principles in simulation. Psychological safety is critical to fostering an environment where learners can engage, reflect, and learn without fear of judgment, reprisal, or harm.

A copy of the syllabus statement will be placed in every course where simulation-based activities occur and in the pre-briefing section of each syllabus template.

Policy

To ensure psychological safety for all learners all BSON Facilitators will adhere to the following guidelines:

1. Provide a pre-brief prior to simulation events/scenarios.
 - a. Orientation to the simulated environment.
 - b. Establish a mutual contract for a successful simulation experience.
 - c. The pre-brief will serve as an orientation session prior to the start of the simulation- based learning experience in which instructions or preparatory information is given to the participants.

Procedure

1. During the pre-brief the facilitators will:
 - a. Review the orientation to the simulation environment script:
 - i. Remind learners of confidentiality and instruct the participants not to discuss the simulation events outside of the exercise.
 - ii. Instruct the participants to maintain confidentiality of the case.
 - iii. Acknowledge the artificial environment.
 - iv. Orient the participants to the simulator and the environment.
 - v. Define a length of time for the entire exercise.
 - vi. Instruct the participants on how to elicit additional resources if needed (e.g. phone and numbers to call).
 - vii. Instruct the participants to practice within their professional scope.
 - viii. Verbalize that mistakes are possible and this is our opportunity to improve our behaviors, skills, and ultimately our patients' outcomes.

2. If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a “real life” emotional frame, the student will be offered a private location until the end of the simulation. The facilitator will have a private one-on-one discussion with the learner in an attempt to resolve the issue.
3. The facilitator responsible for the learners will notify the simulation director of the event as soon as possible.
4. In the event the facilitator is unable to assist the learner and referral for assistance is needed, the learner will be referred to [NUhope Community Counseling Center](#).

Psychological Safety Syllabus Statement

Simulation-based learning activities are designed to provide a supportive, nonjudgmental space where students can engage, practice, and learn without fear of embarrassment, criticism, or risk of retribution. Students can make patient care mistakes in a safe environment. At Buntain School of Nursing, we are committed to fostering a psychologically safe environment during all simulation-based learning activities. Facilitators are trained to provide constructive feedback focused on growth and reflection, and participants are encouraged to communicate openly and respectfully. What happens during the simulation activity (this includes the prebriefing and debriefing) stays in the simulation room. This is to protect the integrity of the experience and provide a safe learning space for everyone.

Definitions

Psychological Safety: A shared belief that the simulation environment is safe for interpersonal risk-taking, characterized by mutual respect, open communication, and freedom from judgment or fear of reprisal. The ability of the learners to feel free to participate, speak up, share thoughts, and ask for help without the risk of retribution or embarrassment.

References

Maxworthy, J. C., Epps, C. A., Okuda, Y., Mancini, M. E., & Palaganas, J.C. (2023). *Defining excellence in simulation programs* (2nd ed.). Lippincott Williams & Wilkins.

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Northwest University	Date Created: February 10, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Audio Visual Use and Storage Policy	

Purpose

The purpose of this policy is to protect the rights and privacy of Northwest University employees and external participants engaged in educational simulation sessions. The Northwest University overarching policies will be followed, in addition to the process below.

Policy

The use of video and photography of simulation sessions may be retained for one or more of the following purposes:

1. Publications or promotional activities including but not limited to news media, websites, or brochures.
2. Research or teaching aids, scientific presentations, and potential scientific journal publications.
3. Records of the progress of patient safety activities.
4. When photographs and/or videos are taken during a simulation session, all participants are requested to sign a video release authorization form. Photographs or videos with individuals that have not signed consent will not be made public or shared.
5. At the beginning of their junior year, all nursing students are to sign the Confidentiality Fiction Agreement. Students that do not sign the agreement are unable to participate in simulation experiences.

Procedure

1. Promotion or Publicity
 - a. Any video and/or print media for promotional purposes must be approved by the Buntain School of Nursing dean or Director of Nursing Simulation Laboratory, and the Marketing and Communications department.
2. Research or Teaching
 - a. Any simulation team member who desires to use photographs, videos of simulation sessions for research, teaching and/or potential scientific journal publication must ensure a release and authorization from the participants of the simulation session has been obtained.
 - b. Use of recorded simulation media by NU employees outside of simulation laboratory is at the discretion of the dean.
 - c. The simulation laboratory maintains rights to all media.
3. Simulation Sessions
 - a. Video recordings may be made and kept on file for each simulation session. These records may be used at a later date as outlined in previous sections.

- b. Videos will be kept on file in a secure, password protected site within the Elevate Healthcare secure cloud-based network. Video records will be deleted as needed unless deemed to be of continuing educational value at the discretion of the dean or Director of nursing simulation laboratory.
 - c. Videos of simulation sessions will not be made public unless authorization forms have been signed and are on file for all the participants.
- 4. Northwest University Rights Reserved
 - a. The simulation laboratory and Northwest University reserve the right to restrict or refuse the photographing and/or video recording of any training session based on employee concern. This decision may be made by the training facilitator.
 - b. Buntain School of Nursing reserves the right to maintain audio and videos of simulation sessions for accreditation and endorsement purposes or for as long as required by the respective agency(ies).

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Northwest University
Buntain School of Nursing
Confidentiality Statement and Fiction Contract

Confidentiality Agreement: As a participant in the Simulation Lab, operated by the Buntain School 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, Buntain School of Nursing students, instructors, and staff. I will uphold the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and all other federal or state laws regarding confidentiality. Further, I agree to adhere to the stipulations stated below, and I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

- All patient and student 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 Buntain School of Nursing policy.
- The Simulation Lab is a learning environment. All scenarios, regardless of outcome, should be treated in a confidential, professional manner. Situations simulated in the lab are to be used as a learning tool and everyone will be treated with respect.
- Students will maintain confidentiality regarding the performance of other students in the Simulation Lab.
- Recording video, audio, or taking pictures using mobile phones or other devices is not permitted.
- You will maintain the strictest confidentiality about any individual's simulation performance and hold confidential all information regarding the performance of specific individuals.

Fiction Agreement: The simulation faculty and staff of the Buntain School of Nursing -Simulation Center have established simulated clinical experiences that are as realistic as possible with current technology. Given the simulators' limitations, the simulation faculty and staff members' objective is to make each simulation scenario as real as possible. **The simulation faculty and staff members commit to the following responsibilities:**

- Create or select goal-oriented, practical simulations based upon measurable learning objectives
- Add enough realism to each simulated clinical experience so that the participant receives enough information to meet the learning objectives
- Set and maintain an engaging learning environment
- Facilitate interesting and engaging discussions in briefing and debriefing that foster reflective practice

As the participant, you will be able to best attain the learning objectives if you conduct yourself as though you are in a real clinical situation. You should engage with the simulator or standardized patients as if they are real patient/family/healthcare team members. During the simulated clinical experience, faculty, staff, and actors will take their roles very seriously and we ask that you do as well. **By signing this form, the student participant commits to the following during the simulated clinical experience:**

- Practice skills as they would be performed on an actual patient, including perform hand hygiene, utilize personal protective equipment, and use correct ergonomics for patient and self, etc.
- Treat the simulated patient/standardized patient with the same care and respect as a real patient, family member, or healthcare team member. Suspend judgment of realism for any given simulation in exchange for the promise of learning new knowledge and skills.
- Act as if I am in a real clinical situation even when suspension of disbelief becomes difficult. Agree to completely engage in the simulation activity regardless of my role.
- Treat the mannikins/equipment with respect. Agree to promptly return any equipment that has been checked out in cleaned, working order.

Video/Audio/Photo Agreement: I authorize the Buntain School of Nursing to record my participation and appearance in clinical simulations on video, photo, and audio tape. I understand that this photo and video/audio recording may be used for marketing, educational, and instructional purposes within the School of Nursing and Northwest University.

Student must sign Code of Conduct, Confidentiality, Fiction, and Video/Audio/Photo agreement prior to participation in simulation. This contract will be valid for the length of time enrolled at Northwest University, Buntain School of Nursing until one year post graduation/leaving program.

Name (Print) _____ Name (Signature) _____ Date _____

Northwest University	Date Created: March 5, 2025
Buntain School of Nursing	Date Issued: March 24, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Systematic Plan of Evaluation	

Purpose

The purpose is to provide a structured and systematic plan of evaluation for the Buntain School of Nursing (BSON) simulation program that is in alignment with the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice (HSSOBP). The goal is to ensure continuous quality improvement, effectiveness, and alignment with evidence-based simulation practices to enhance learner outcomes.

Policy

BSON simulation program through the simulation committee will implement a comprehensive and ongoing evaluation process to assess the effectiveness, efficiency, and impact of simulation-based experiences on student learning, faculty development, and programmatic goals. The evaluation framework will be based on the INACSL HSSOBP and will integrate formative and summative assessment strategies.

Key Components of Evaluation

1. Alignment with INACSL Standards

- a. All simulation activities are expected to adhere to the INACSL HSSOBP including simulation design, prebrief/brief, facilitation, debriefing, evaluation, and professional integrity.
- b. A periodic review of the program's compliance with these standards will be conducted.

2. Evaluation Metrics

- a. **Learner Performance:** Assessment of student knowledge, skills, attitudes, and competency acquisition through pre/post-simulation evaluations, competency checklists, key assignments, and self-reflections.
- b. **Faculty Effectiveness:** Evaluation of simulation facilitators using peer reviews, student feedback, and faculty self-assessment.
- c. **Program Effectiveness:** Measurement of the impact of simulation-based learning on curriculum integration, student performance on standardized exams, and clinical preparedness.
- d. **Debriefing Quality:** Utilization of standardized debriefing evaluation tools to ensure effective reflective learning experiences.

3. Data Collection Methods

- a. Student and faculty formative and summative surveys
- b. Video review
- c. Peer observation and evaluation
- d. Junior and senior student debriefings

- e. Course debriefings with faculty and simulation content experts

4. Continuous Quality Improvement (CQI) Process

- a. Data will be analyzed and reviewed annually to identify trends, strengths, and areas for improvement.
- b. Stakeholder meetings will be held to discuss findings and implement enhancements to simulation practices.
- c. Action plans will be developed based on evaluation outcomes to drive programmatic improvements.

5. Reporting and Accountability

- a. Simulation committee meets monthly to discuss course content and simulation delivery methods, and makes any necessary adjustments based on learner and/or simulation team feedback.
- b. Evaluation results will be compiled in an annual report (example INACSL endorsement template).
- c. Findings will be shared with faculty, administrators, and stakeholders to support data-driven decision-making.
- d. Any necessary modifications to the simulation program will be documented and implemented in subsequent academic cycles.

Review and Revision

This policy will be reviewed annually by the simulation program director and the simulation committee to ensure its continued relevance and alignment with best practices.

References

OpenAI. (2025). *ChatGPT -4* (March 5 version) [Large language model]. <https://chat.openai.com/chat>

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Northwest University	Date Created: February 26, 2025
Buntain School of Nursing	Date Issued: March 17, 2025
	Date Revised:
POLICIES AND PROCEDURES	Date Reviewed:
TITLE: Simulation Technician Training and Evaluation	

Purpose

The purpose of this policy is to provide a standardized approach to the training and formal evaluation of Buntain School of Nursing Simulation Technicians (Sim Tech).

Policy

Sim Techs are expected to adhere to the International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice™ (HSSOBP) and the Healthcare Simulationist Code of Ethics. Training shall include steps to ensure high-quality simulation experiences that meet the educational needs of nursing students. Formal training is preferred. On-the-job training and relevant prior experience can be substituted when competency and proficiency can be demonstrated (INACSL, 2021).

Procedure

1. Initial Training
 - a. For less than two years of experience with simulation-based education, formal training is required. Recommendations include:
 - i. [SimGHOSTS Online Courses](#)
 - ii. [MS in Healthcare Simulation Education \(UW\)](#)
 - iii. [Center for Medical Simulation](#)
 - iv. [Medical Simulation Technician Training Course \(UND\)](#)
 - v. [WISER Online Training Program](#)
 - vi. Other training and shadowing as appropriate
 - b. [GW Clinical Simulation MOOC](#) (certificate option through Coursera)
2. Orientation by an experienced SimTech or Simulation Director to facilities, equipment and operations
 - a. Spaces utilizing simulation including Simulation Lab, Control Room, Skills Lab, Conference Room.
 - b. Equipment used to create a simulation scenario, including manikins and their respective hardware components, patient monitors, virtual reality headsets, laptops for electronic medical records, hospital beds and headboards, air compressors, and other related healthcare equipment.
 - c. Software used to operate mannikins and virtual reality simulations.
 - d. Audio/Visual systems used, including file creation, manipulation, storage, retention, and software troubleshooting.

- e. Procedures for regular equipment maintenance and software updates including recommended timeline.
 - f. Procedure for scheduling simulations.
 - g. Procedure for mannikin and related software maintenance.
 - h. List of resources available for support including vendor support and Northwest University Information Technology department, where applicable.
- 3. Supervision
 - a. Prior to operating independently, all new Sim Techs must be supervised by the Director to ensure that INACSL HSSOBP are understood and followed. The amount of time being supervised will vary according to experience.
 - b. After the initial supervisory period, Sim Techs will be expected to work collaboratively with other simulation faculty and staff.
- 4. Formal Evaluation
 - a. Three months after hire and annually thereafter, the simulation technician will receive a formal evaluation from the simulation Director.
- 5. Feedback
 - a. Sim Techs should routinely solicit feedback from simulation faculty and staff to optimize performance and ensure student learning objectives are being met.
- 6. Professional Development
 - a. Annual professional development is expected. Resources may include industry-sponsored conferences, workshops, webinars, and in-person training.
 - b. Routine participation with professional societies or regional networks to share resources and skills is expected.
- 7. National Certification
 - a. Within 2 to 3 years of employment, obtaining national certification as a Certified Healthcare Simulation Operations Specialist (CHSOS) is preferred.

References

International Nursing Association for Clinical Simulation and Learning. (2021). *Healthcare simulation standards of best practice*. <https://www.inacsl.org/healthcare-simulation-standards-ql>

Society for Simulation in Healthcare. (n.d.). *Healthcare simulationist Code of Ethics*. <https://www.ssih.org/SSH-Resources/Code-of-Ethics>

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