



Superior Simulation Center



"Redefining the Classroom"

MYMI/LSSU Superior Simulation Center External Users Guide

Revised: July 2022
Reviewed: July 2022

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Definitions

1. **Debriefing:** A session after a simulation event where learners can review and reflect on their actions and identify what went well, what could be improved, and what they learned. This is the key component of simulation education, where learners will be able to reflect on themselves to learn from experience, change their future behaviors, and increase their skills.
2. **Event:** A series of scenarios for a particular group.
3. **High-Fidelity Simulation:** A simulation scenario that reproduces an actual life event scenario to a high level of realism by including its physical, environmental, and psychological factors.
4. **High-Fidelity Simulator:** A model mannequin with a high level of realism and functionality that simulates various body functions and procedures to portray a high level of education and training experience.
5. **Instructors/Educators/Staff/Faculty:** Individuals who are routinely involved in simulation education curriculum and responsible for the content, implementation, and evaluation of the curriculum.
6. **Low-Fidelity Simulator:** A model mannequin with a low level of realism and functionality. They are typically used for task training.
7. **Moulage:** A technique of art that produces special effects to mock wounds or manifestation in simulation. This adds context and realism to the simulation environment.
8. **Pre briefing:** Information that is provided to learners about a patient situation or scenario. Additional review of standards may be included.
9. **Scenario:** Is a teaching tool used in the learning process of simulation. The scenario includes goals, objectives, and components of the simulation.
10. **Simulation scenario:** A case study that entails specific learning outcomes/objectives which can be reproduced in a simulation lab with high fidelity simulators or standardized participants.

For more information on simulation definitions, you may refer to [Healthcare Simulation Dictionary \(ssih.org\)](http://www.ssih.org), Society for Simulation in Healthcare website as a reference guide.

MYMI/LSSU Superior Simulation Center

General Information

Welcome to the Superior Simulation Center!

The MYMI/LSSU Superior Simulation Center (SSC) is committed to supporting and offering high quality education and training to all those who use the Sim Center. The Simulation Center is conducted in accordance with the International Nursing Association for Clinical Simulation and Learning (INACSL) and Society for Simulation in Healthcare (SSH). Code of Ethics is followed by the individual profession who utilize the Simulation Center. This external user guide is not a substitute for other policies and procedures, but a complement to other policies and regulations held by Lake Superior State University.

Contact Information: Superior Simulation Center
Lake Superior State University
650 W. Easterday Avenue
Sault Ste. Marie, MI 49783

Telephone: (906) 635-2195

E-mail: simulationcenter@lssu.edu

Website: [Simulation Center - Lake Superior State University \(lssu.edu\)](http://Simulation Center - Lake Superior State University (lssu.edu))

MYMI/LSSU Superior Simulation Center

Mission

The mission of the Superior Simulation Center (SSC) is to provide an immersive learning environment using clinical simulation for the enhancement of education and practice in the healthcare setting.

Vision

The vision of the Superior Simulation Center is to ensure growth in future healthcare professionals; that they are able to make judgments and carry out safe, quality care based on critical thinking and research-based knowledge to facilitate disease prevention, health promotion, health maintenance, health restoration and rehabilitation.

- Summary: Welcome to the Superior Simulation Center! The information in this packet is designed to help provide you with a better understanding of what simulation is and its role in healthcare education. This packet also serves as a reference tool that can be used throughout your simulation experiences at Superior Simulation Center.

Simulation is defined by *Society for Simulation in Healthcare* as "the imitation or representation of one act or system by another...a bridge between classroom learning and real-life clinical experience"(2017).

Simulation provides (INASCL, 2021);

- ✓ A structured environment that represents an actual or potential situation in education, practice, and research.
- ✓ The opportunity for learners to develop or build upon knowledge, skills, and/or attitudes.
- ✓ The ability to analyze and react to a realistic situation in an environment where true patient harm cannot occur.

MYMI/LSSU Superior Simulation Center

Reference Guidelines

General Rules:

- ✓ No eating or drinking in the simulation suites.
- ✓ Cell phones or other electronic devices are allowed for educational purposes
- ✓ All simulators and equipment will be used appropriately and handled with respect.
- ✓ All users of the simulation center are expected to display courteous and professional conduct at all times.
- ✓ Any violations of the behaviors listed above will be asked to leave the Simulation Center.

Hours of Operation:

- ✓ Superior Simulation Center's regular hours of operation are Monday through Friday from 8:00 AM-5:00 PM. Accommodations for requests outside of regular days and hours of operations are considered on a case-by-case basis and must be approved by the Simulation Director.

Requesting Simulation:

- ✓ Fill out the Simulation Center Request form for each event. The form can be filled out online on LSSU-Superior Simulation Center webpage.
- ✓ The Simulation Center Director will schedule a meeting with the requestor for event details.
- ✓ All requests require a minimum of three-week notice for scheduling and planning. Based on scenario and supplies, some scenarios may require additional planning time.
- ✓ The Simulation Director will coordinate with the requestor for scheduling simulations based on availability
- ✓ In the event that the simulation room requested is not available, the Superior Simulation Center will ensure that an alternative simulation room meets all learner sim objectives and needs.
- ✓ Payment must be received within 2 weeks after the simulation event.

Cancellation Policy:

- ✓ If any request for cancellation, the person who scheduled the simulation needs to contact the Simulation Center Director within seven days prior to the scheduled event.
 - ❖ It is the requestor's responsibility to inform learners of the cancellation.
 - ❖ A \$250 cancellation fee will be assessed if simulation canceled after 7 the days.

Simulation Prioritization Usage:

Prioritization will be determined below when determining time conflict and scheduling

- ✓ First Priority- Internal Simulation Users (students/staff/faculty).
- ✓ Second Priority- External Simulation Users with simulations.
- ✓ Third Priority- External Simulation Center users without simulations (meetings and task training).

Audio/Video

- ✓ The use of audio/video recording can be used to enhance the debrief process and is encouraged to be used in the debrief meeting rooms. All video recordings are subject to WMH/LSSU Superior Simulation Center video recording policy regarding use. Please see the Confidentiality and Video Release form for further information.

Scenarios

1. Obstetrics	a. Normal Birth
	b. Pre-eclampsia
	c. C-Section Prep
	d. Postpartum Hemorrhage
	e. Normal Birth with Complications
	f. Delivery with Newborn Resuscitation
2. Mental Health- Pediatric or Adult	a. Acute Psychosis
	b. Depression
	c. Abuse
3. Respiratory- Pediatric or Adult	a. Asthma
	b. Anaphylaxis
	c. Pneumonia
4. Seizures- Pediatric or Adult	a. Tonic-Clonic
5. Trauma- Pediatric or Adult	a. Fracture (hip, arm, leg)
	b. Stabbing
	c. Gun Shot
	e. Brain Injury
	f. Hemorrhage

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6. Cardiac	a. Chest Pain-Adult
7. Geriatric	a. Sepsis
	b. Home Health
	c. End of Life
	e. Stroke
8. Burns- Pediatric or Adult	a. 1st Degree
	b. 2nd Degree
	c. 3rd Degree
9. Diabetes- Adult	a. Hyperglycemia
	b. Hypoglycemia

Task Training and Skills Stations

Please contact the Simulation Center Director to discuss task training and/or skills stations.

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External Program Fee

- Each high-fidelity event includes one simulator, scenario, moulage, and realistic environment.
- Session costs include scenario setup, tear down, supplies, simulator use, simulation lab use, maintenance, recording, and room usage. Additional cost may be added upon request for instructor time.
- Customization of a new scenario may occur upon request with additional fee. If a customized scenario was created for an external group of learners then Lake Superior State University has the right to maintain the Master Copy. A copy will be given to the external group.

<u>External Simulation Fee Schedule On-Site M-F 9-5</u>		
Debrief Room Rental (up to 6 hrs.)		\$150
	*Learning room for up to 7-10 learners. Includes technical capabilities, setup, and clean-up. Can be used for task learning.	
Hospital Room Rental (up to 4 hrs.)		\$200
	*Learning room for up to 10-15 learners. Includes technical capabilities, setup, and clean-up. Can be used for task learning.	
Low Fidelity Simulator Usage (up to 4 hrs.)		\$250
	*For task/skills training. Low realism (no scenarios), has some technical capabilities.	
High Fidelity Simulator/software (up to 4 hours, 8-12 learners)		\$650
	*Includes realistic scenarios and high technical capabilities	
	Additional consumable Supplies fee	\$50
	*Includes Moulage	

****Please contact the Simulation Center Director for after hours and weekend additional fees.



Superior Simulation Center



MYMI/LSSU Superior Simulation Center Use Form

Superior Simulation Center welcomes the opportunity to partner with other programs and organizations to advance learning. The Simulation Center provides students and professionals with unique resources that are both essential for continued training and education. Use of these facilities, therefore is strictly regulated. If you are interested in using any of the simulation spaces, please submit your request to Superior Simulation Center a minimum of fourteen days prior to the date you propose to use the space(s). The submission of a request does not guarantee access to the room or rooms and/or resources. The Simulation Center staff will contact you regarding the specifics of your request and determine if we can accommodate your needs.

Name: _____

Contact phone number: _____ **Email:** _____

Organization/Department: _____

Date(s) Requested: _____

Course/information to be taught:

Number of attendees expected: _____

Spaces Needed:

HiFi Lab LowFi Lab Home Setting (Debrief (meeting) Room Clinic Space

EMS Lab Hospital Room(s) Other _____



Confidentiality Agreement & Video Release Form

As a patron of the Simulation Center, I understand the significance of confidentiality with respect to information concerning simulated patients and fellow peers. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator/instructor.

I agree to adhere to the following guidelines for the duration of my time at the Simulation Center:

- All simulations will be recorded. These recordings and any images from the records can and may be used for the following purposes:
 - Playback of the scenario during the debriefing session.
 - Advertisement of the Simulation Center, LSSU Nursing Program, or LSSU in a whole.
 - Faculty/Instructor/Staff development.
 - Tour/visitors of the Simulation Center.
- The simulation mannequins are to be used with respect and be treated as if they were live patients.
- No Betadine, ink pens, newspapers, etc. near the simulators.
- The undersigned authorizes and consents to the use of their name, voice, photograph, video recording, and likeness by WMH/LSSU Superior Simulation Center without reservation or limitation and with the understanding that the undersigned will not receive compensation.
- I hereby grant WMH/LSSU Superior Simulation Center the absolute rights and permission, with respect to the photographs, audio and recorded images (to include, but not limited to digital, videotaped or other types of image recording) (“Images”) taken of me or in which I may be included with others, to be used for training purposes of simulation faculty and instructors, as well as for advertisement of Lake Superior State University, War Memorial Hospital (WMH) and/or the Superior Simulation Center. Advertisement may include, but is not limited to;
 - LSSU, WMH, and/or Superior Simulation Center website.
 - Social media, such as Facebook, Instagram, and Twitter.

Signature: _____

Printed Name: _____

Witness: _____

Date: _____



Superior Simulation Center



Agreement and Release of Liability

PARTICIPANT'S NAME: _____ AGE: _____
Last First MI

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACTIVITY: _____ DATE(S) OF ACTIVITY: _____

I, the undersigned (or parent/guardian, if Participant is under the age of 18), understand that this is a legally binding Release for Liability Lake Superior State University (LSSU).

I/We request permission to participate in the activity described above. In consideration of being granted this permission, I/We agree as follows:

1. Voluntary Activity I understand and agree that participation in this activity is not required by LSSU.
2. Release of Liability I/We, on behalf of myself/the participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release LSSU, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from/or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of my participation in the activity from any cause whatsoever, to the extent permitted by law.
3. Acknowledgment of Risk I/We recognize and appreciate the dangers, hazards, and risks of the activity which could include serious or even mortal injuries and property damage. I/We attest that we have fully considered the risks and hazards, and I/we agree that I have individually assumed the risks involved in this activity. I also assume full responsibility for any and all claims and costs arising directly or indirectly from any Participant' activities, acts, or omissions while participating in this activity.
4. Fitness to Participate I/We hereby represent that I am physically and mentally able to participate in the above referenced activity and have no health problems which would present a risk to me in participating in this activity. I certify the participant has been seen by a healthcare provider within the last year.

OVER – SIGNATURE(S) REQUIRED →

Initials _____

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5. Emergency Medical Treatment I/We understand and agree that Releasees do not have medical personnel available at the location of the activity. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment.

6. Insurance I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

(1)

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release Lake Superior State University and its Releases from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced activity. It is my expressed intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I acknowledge that I have been made aware that participation in the activity has potential risks to the participant, and I hereby approve of the Participant's participation in the activity.

If participant is under age 18, complete the following:

I further state that I am the Participant's ____parent/ ____guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives or assigns to be bound by same.

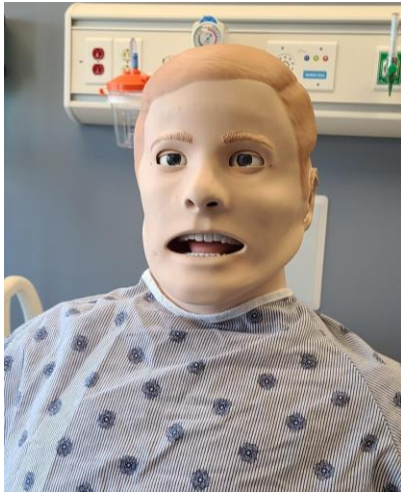
Participant Signature: _____ Date: _____
(If over age 18)

Parent/Guardian Name (please print): _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Meet the Simulators



Sim Man 3G



Sim Mom with Newborn



Sim Junior

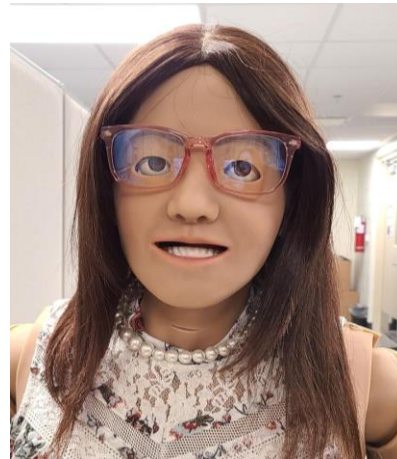


Sim Baby Classics (Twins)

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Sim NewB



Sim Anne



Simulance (Ambulance)

Contact Information

Director of Superior Simulation Center: Sheree Weems, BS-HSA, LPN

Email: sweems@lssu.edu

Office: (906) 635-2195

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