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Introduction

The Clinical Learning Center (CLC) is dedicated to supporting the vision, mission, and philosophy of the McKenzie Elliott School of Nursing (MESON) at the University of North Carolina at Pembroke (UNCP).

- **Mission:** The mission of the CLC is to provide a safe, supportive, and interactive student-centered learning environment to promote quality multicultural education that is congruent with standards of professional nursing practice. This immersive clinical environment will integrate didactic content with innovative hands-on experiences to prepare students with lifelong learning, professional development, clinical decision making, and service to the community.

- **Vision:** The vision of the CLC is to achieve regional distinction as a leader of excellence in state-of-the-art simulation-based experiences (SBE) to promote excellence in nursing practice through problem solving, critical thinking, and clinical judgement. The CLC strives to design learning activities that replicate true-life clinical situations to the fullest extent, assisting students in their development of critical thinking, clinical reasoning and decision-making skills. Faculty who participate in SBE provide students with constructive feedback regarding individual and team performance through debriefing sessions and empower students with the ability to self-analyze their own performance during the reflective process. The CLC follows University Policy and the Guidelines of our clinical partners.

The following guidelines enhance learning and promote the physical and psychological safety of all participants participating in SBEs within the CLC. It is expected that all users and visitors of the CLC will adhere to these guidelines. The Simulation Committee will review and update the contents of this manual annually and will communicate changes to users and visitors as appropriate.

General Information

The CLC is a state-of-the-art simulation facility located in the Weinstein Health Sciences Building on the UNCP campus and is utilized by all levels of student nurses.

- The CLC is fully equipped for students to practice clinical nursing skills at all levels of nursing practice.
- Multiple observation rooms and a cutting-edge recording and debriefing learning management system facilitate the observation, debriefing, and evaluation of all SBEs.
- Experiences take place within seven individual laboratories and two classrooms:
  - Basic Care Lab
  - Advanced Care Lab
  - Pediatric Lab
  - Maternal/Newborn Lab
  - Psych/Mental Health – includes a Telehealth Lab
  - Health Assessment Lab

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
About Simulation

What is simulation?
- Simulation is “a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (Lioce et al., 2020).
- Simulating real-life experiences for students in a safe, simulated environment is conducive for developing psychomotor skills as well as critical thinking, clinical reasoning, and clinical judgment.
- A variety of SBEs are utilized including skills training, low-fidelity to high-fidelity, manikin-based, standardized participants, virtual reality, various technology, etc.

Simulation Scenarios
- The International Nursing Association for Clinical Simulation and Learning (INACSL) Healthcare Simulation Standards of Best Practice™ provide evidence-based guidelines for the practice and development of SBEs and serve as the foundation for planning, implementing, and evaluating all SBEs within the CLC.
- The MESON CLC has adopted the National League for Nursing (NLN) Simulation Design Template as the foundation for planning all simulated SBEs throughout the nursing curriculums (see Appendix A).

Debriefing
- Course faculty and/or CLC staff will facilitate a debriefing session after all SBEs.
- Debriefing involves a reflective, critical thinking analysis of the experience. It is an active process, driven by faculty and students, involving the identification and sharing of both the facts and the emotions associated with the experience.
- The MESON CLC has adopted the Debriefing for Meaningful Learning (DML) model for both clinical and simulation experiences and is reviewed immediately following the clinical or simulated experience (See Appendix B).
- Debriefing should be a positive experience that encourages students to think critically about what was done, what was not done, and what could be done differently in the future.

Evaluation
- Students and faculty will complete an evaluation of the SBE providing them the opportunity to provide constructive feedback to enhance the SBE for future students.
- Various NLN evaluation tools are utilized based upon the purpose of the SBE. (See Appendix C)
Clinical Learning Center Guidelines

Orientation to the Clinical Learning Center

• All users of the CLC, including faculty, staff, students, and community partners, are required to complete an orientation prior to utilizing any of the CLC resources.
• Information to be included in the orientation will include a tour of the facility, demonstrations of proper use of equipment and discussions of the CLC Policies and Procedures manual (see Appendix D).
• The CLC Coordinator maintains responsibility for ensuring that this orientation is provided and completed by all users of the CLC.

Clinical Learning Center Code of Conduct/Behavior

All users of the CLC are expected to:

1. Complete a CLC orientation prior to utilizing the CLC or the equipment.
2. Adhere to all CLC guidelines.
3. Adhere to all policies as outlined in the MESON Student and Faculty Handbooks regarding clinical expectations – including the clinical dress code – while participating in all CLC learning experiences.
4. Report to all simulated experiences prepared and ready to actively engage in all simulated experiences.
5. Demonstrate professional conduct and communication with others.
6. Maintain a respectful and safe learning environment for colleagues while participating and observing in simulated learning experiences.
7. Maintain confidentiality and refrain from any discussion regarding details of the SBE or the actions of fellow students outside of the lab experience.
8. Utilize infection control measures that are utilized in actual client care environments.
   a. Wash hand before and after all client contact – to include manikins. Natural oils found on hands can destroy the manikin “skin”.
   b. Utilize gloves as they are utilized in the actual clinical setting.
9. Treat all manikins and equipment with proper care and respect as if they were real, human clients.

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
10. Keep all manikins in the beds at all times. Equipment should only be relocated or removed as instructed by the CLC Coordinator.

11. Return all equipment and supplies to their appropriate location upon completion of simulated exercises. Beds should be made and left in their lowest position after each use. Bed rails should be lowered when unoccupied by manikins. Gowns should be properly placed back on the manikin after each use.

12. Report damaged, missing, or malfunctioning equipment to the CLC Coordinator or nursing faculty (see attached form).

13. Keep ink pens, felt-tipped markers, iodine, betadine, and KY jelly off and away from manikins. These items permanently stain task trainer and manikin skins.

14. Turn off all devices (cell phones, iPads, computers, etc.) unless instructed to utilize them by course faculty.

15. Keep all food and beverages out of all areas of the CLC, to include Room 204.

16. Utilize CLC labs for teaching and learning purposes only and not for personal use. (Ex. Appliances and furniture in the simulated apartment are not to be utilized for personal use by faculty, staff, students, or visitors)

Confidentiality

- Users and visitors of the CLC are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality.
- To preserve the realism of scenarios and to provide an equitable learning experience for each student, all persons utilizing the CLC are required to sign a Simulated Learning Contract and Confidentiality Agreement each year (see Appendix E).
- Students are expected to protect information pertaining to the actions of peers and are expected to keep these experiences within the clinical group for learning purposes only.
- Students agree to report any violations to the CLC Coordinator or nursing faculty.
- Simulated experiences have the potential of being recorded, and students must protect these recorded simulations in the same manner they would protect real client situations.
- Student consents for photography and/or video are obtained during CLC orientation. These photos and videos will only be utilized by the CLC for educational and public relations purposes. Students are not permitted to share these recordings/photos with anyone.
• Any sharing of recorded CLC activities, such as on YouTube, is inappropriate and will result in disciplinary action.

Remediation

• Remediation of SBE performance as well as actual clinical performance is recommended by clinical faculty on an individual basis.
• If it is determined that remediation is necessary in the CLC, the student is referred to the CLC utilizing the electronic student referral form located on the MESON website: https://www.uncp.edu/departments/nursing/forms.
• The student is asked to return to the CLC based on the recommendation of the Coordinator, CLC staff or clinical faculty.
• Students who are referred to the CLC are notified via email within 3 days by the CLC Coordinator and will collaborate with the CLC Coordinator regarding the day and time of remediation.
• Any remediation is documented and kept in the student’s permanent file.
• A student is also permitted and encouraged to self-refer for additional practice as needed.

Communication

• A weekly schedule is located outside the CLC entrance and will assist users/visitors in identifying scheduled activities and locations.
• All telephones, iPads and other technological equipment housed within the CLC are to be used for simulation purposes only.
• Students may utilize personal electronics during any SBE for educational purposes only and if approved by the simulation faculty member.
• I Tutor is utilized for communicating client health data and healthcare provided.

CLC Lab/Classroom Reservation

• Faculty needing to reserve a CLC lab or classroom should submit the electronic request form located on the MESON website at least 6 weeks in advance of anticipated need.
• https://www.uncp.edu/departments/nursing/forms

Inventory and Supplies

• Personal clinical supplies such as stethoscopes, penlights, bandage scissors, goggles and pens are the responsibility of students and will not be provided.
• Supplies required for SBEs are provided by the CLC.
• Faculty should notify the CLC Coordinator of any specific supplies/equipment needed for each SBE at least 6 weeks in advance of anticipated need utilizing the electronic request form located on the MESON website.
Reusable supplies should be returned to the same cabinet in which they were found.

Students should check for expiration dates on supplies, but it is understood that supplies that are expired are intended for practice purposes only and are utilized for that purpose.

Unless soiled, all linen should be refolded and placed back onto the linen cart in each storage area.

Needles and other sharps are not to be reused under any circumstance and should be disposed of in the nearest sharps container.

Checking Out Equipment

- Faculty, staff, students, and clinical partners may check out equipment (teaching stethoscopes, models, manikins, etc.) for teaching/learning experiences as approved by the CLC Coordinator.
- Requests for checking out equipment/supplies must be submitted to the CLC Coordinator at least two weeks prior to anticipated need utilizing the electronic request form located on the MESON website.
- Equipment must be returned to the CLC Coordinator within two weeks of checkout unless pre-approved by the CLC Coordinator for an extended checkout period.
- https://www.uncp.edu/departments/nursing/forms.

Clean-Up

- All users of the CLC have the responsibility for maintaining the CLC in proper working condition.
- The CLC should be left in the manner in which it was found so that those who follow will have a positive lab experience.
- All trash should be disposed of appropriately.
- Beds should be remade and left in the lowest position with the bed rails down (if unoccupied by manikins).
- Curtains should be placed back against the wall.
- Over-bed tables should be placed at the foot of the bed.
- Bedpans, urinals, and/or basins need to be washed, dried and placed in the bedside drawers.
- Soiled linen is placed in covered linen hampers that may be temporarily located in the simulation lab during linen changes and then returned to their storage location in the soiled utility room (bathroom connected to the simulation lab).
- Linen hamper bags should only be filled to ¾ capacity, tied securely, and left in the soiled utility room.
- Soiled linen is washed and dried by the CLC staff utilizing the washer and dryer housed within the CLC.
- Reusable supplies should be returned to their designated locations when not being used.
• Sharps containers should be replaced when they become 2/3 full. All faculty members and CLC staff are responsible for replacing sharps containers that are full, but the CLC Coordinator maintains responsibility for disposing of filled sharps containers appropriately.
• Manikins and task trainers in the skills lab are to be cleaned with mild soap and water, rinsed, and dried after each use.
• All tubes, catheters, dressings, tape, etc. must be removed and the area cleaned appropriately upon completion of simulated exercises.
• Manikins are to be left in the bed and are not moved unless directed by the CLC Coordinator.
• All injection pads need to be squeezed of any fluid and left to dry.
• All drainage bags must be emptied, disposed of and cleaned appropriately for later use.
• Lights should be turned off upon leaving the lab area.

Audiovisual Files

The CLC has the capability of displaying a variety of media.
• Cameras designated for recording SBEs are located throughout the CLC and may be on at any time.
• Audiovisual equipment should only be utilized by those who have received appropriate training.
• Recordings are used for educational purposes and debriefing opportunities with the appropriate faculty, staff, students, and other users.
• No recordings or photographs will be published unless a written consent is signed. (Note: nursing students sign a global consent upon entry into the UNCP MESON.)
• The confidentiality agreement signed by students protects privacy and discourages inappropriate discussion of video content or student performance in the SBEs.
• Any unethical viewing or publication outside of the classroom, such as posting on YouTube, is unacceptable and will result in disciplinary action.
• Recorded media is saved in the SimCapture Cloud.

Faculty Preparation Before Simulation-Based Experiences

Adequate faculty preparation prior to SBE implementation is a necessary component of a well-designed simulation. Faculty are expected to:
• Provide the CLC Coordinator with specific objectives and supplies needed for a SBE at least 2 weeks prior to the scheduled experience.
• Review all simulation scenarios thoroughly prior to the scheduled experience.
• Work directly with the CLC Coordinator to obtain props and other needed equipment.
• Schedule a rehearsal time with the CLC Coordinator at least one week prior to presenting the scenario to students. Rehearsing allows faculty to adjust the simulation as necessary to ensure established objectives are met.
Safety Guidelines

Infection Control

• Participants of SBEs are expected to adhere to all standard precautions and transmission-based precautions as recommended by the Centers for Disease Control and Prevention (CDC).
• Simulated clients, as well as any equipment coming into contact with them, are considered contaminated and must be handled accordingly.
• Personal protective equipment (PPE) is utilized and disposed of just as it is in actual client situations.
• Needles and other sharps are placed into the designated sharps containers located throughout the CLC.
• Sharps containers must be changed out and disposed of when they are 2/3 full.
• Handwashing stations and hand sanitizers are located in every CLC lab and classroom.
• COVID-19: All users and visitors of the CLC will adhere to UNCP guidelines regarding COVID-19. https://www.uncp.edu/about/update-coronavirus-covid-19

“Clean” Needle Stick Guidelines

• In the event of a “clean” needle stick, the CLC Coordinator or nursing faculty should be notified immediately so first aid can be provided.
• The CLC Coordinator/course faculty should ensure an incident report form is completed and reported according to the MESON guidelines.

Latex Warning

• All users and visitors of the CLC must be aware that some of the equipment and supplies in the CLC contain latex.
• Those with a known sensitivity/allergy to latex should contact the CLC Coordinator.
• Every effort is made to replace equipment with latex-free substitutions.
• Users or visitors of the CLC who suffer from a latex sensitivity/allergy should take precautions while using or handling latex parts by wearing non-latex gloves.

Security and Emergencies

• All faculty members are to ensure that lab rooms are secure and safe when using the rooms.
• Surveillance cameras are located in the main hallway and all CLC labs/classrooms. These cameras are monitored by UNCP Campus Security, 24 hours a day/7 days a week.
• The doors to the CLC should be locked at all times when not in use.
• University Police and Public Safety should be notified if the CLC is going to be utilized after regular business hours (evenings/weekends).

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
• It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the Weinstein Health Science Building.
• In case of a fire, all persons are expected to evacuate the building and Police and Public Safety needs to be notified immediately at extension 6235.
• Fire extinguishers are located upon entering door 207 (area leading to the control room between the Pediatric and Maternal labs) and door 213 (area leading to the control room between the Basic and Advanced care labs).
• A fire pull alarm and another fire extinguisher are also located at Stairwell A, located across from the Brenda B. Brooks Home Simulation Apartment.

Physical Safety

• All students are instructed on safe handling, repositioning, and transfer techniques prior to practicing on manikins and/or each other.
• All users should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance.
• Proper body mechanics should be utilized during all simulated practice and clinical experiences. Wheels of all equipment (beds, wheelchairs, stretchers, etc.) should remain locked.
• A first aid kit is stored in the Basic Care Lab in case injuries should occur.
• There should be no running in the CLC, and any accident or injury needs to be reported immediately to faculty and/or the CLC Coordinator.
• The CLC Coordinator will complete and maintain all incident reports. The incident report is located in each lab as well as the faculty handbook.

** All users of the CLC must sign the *Acknowledgment of CLC Policies and Procedures* form upon completion of orientation (see Appendix F).
References


International Nursing Association for Clinical Simulation and Learning (INACSL) (2022). Healthcare Simulation Standards of Best Practice™. www.INACSL.org


Appendix A

Simulation Design Template
(revised May 2019)
(name of patient) Simulation

Date: 
Discipline: Nursing 
Expected Simulation Run Time: 
Location: 
Today's Date::

File Name: 
Student Level: 
Guided Reflection Time: Twice the amount of time that the simulation runs. 
Location for Reflection:

Brief Description of Client

Name: 
Date of Birth: 
Gender: Age: Weight: Height: 
Race: Religion: 
Major Support: Support Phone: 
Allergies: Immunizations: 

Attending Provider/Team: 
Past Medical History: 
History of Present Illness: 
Social History: 
Primary Medical Diagnosis: 
Surgeries/Procedures & Dates: 

Psychomotor Skills Required of Participants Prior to Simulation
(list skills)
Cognitive Activities Required of Participants Prior to Simulation
(textbooks, lecture notes, articles, websites, etc.)

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives (limit to 3 or 4)

For Faculty: References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:
Setting/Environment

- Emergency Room
- Medical-Surgical Unit
- Pediatric Unit
- Maternity Unit
- Behavioral Health Unit
- ICU
- OR / PACU
- Rehabilitation Unit
- Home
- Outpatient Clinic
- Other:

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin's Needed:

Recommended Mode for Simulator:
(i.e. manual, programmed, etc.)

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:
- ID band
- IV tubing with primary line fluids running at ___mL/hr
- Secondary IV line running at ___mL/hr
- IVPB with ________ running at mL/hr
- IV pump
- PCA pump
- Foley catheter with ___mL output
- 02
- Monitor attached
- Other:

Other Essential Equipment:

Medications and Fluids:
- Oral Meds:
- IV Fluids:
- IVPB:
- IV Push:
- IM or SC:

Equipment Available in Room:
- Bedpan/urinal
- 02 delivery device (type)
- Foley kit
- Straight catheter kit
- Incentive spirometer
- Fluids
- IV start kit
- IV tubing
- IVPB tubing
- IV pump
- Feeding pump
- Crash cart with airway devices and emergency medications
- Defibrillator/pacer
- Suction
- Other:

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Roles

- Nurse 1
- Nurse 2
- Nurse 3
- Provider (physician/advanced practice nurse)
- Other healthcare professionals: (pharmacist, respiratory therapist, etc.)
- Observer(s)
- Recorder(s)
- Family member #1
- Family member #2
- Clergy
- Unlicensed assistive personnel
- Other:

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate.

Report Students Will Receive Before Simulation

(Use SBAR format.)

Time:

Person providing report:

Situation:

Background:

Assessment:

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Recommendation:

Scenario Progression Outline

<table>
<thead>
<tr>
<th>Timing (Approx.)</th>
<th>Manikin/SP Actions</th>
<th>Expected Interventions</th>
<th>May Use the Following Cues</th>
</tr>
</thead>
</table>
| 0-5 min          | (Verbal information provided by manikin or SP should be in quotes so a script can be created for individuals in those roles.) | Learners should begin by:  
• Performing hand hygiene  
• Introducing selves  
• Confirming patient ID | Role member providing cue:  
Cue: |
| 5-10 min         |                     | Learners are expected to: | Role member providing cue:  
Cue: |
| 10-15 min        |                     | Learners are expected to: | Role member providing cue:  
Cue: |
| 15-20 min        |                     | Learners are expected to: | Role member providing cue:  
Cue: |

Debriefing/Guided Reflection

Note to Faculty
We recognize that faculty will implement the materials we have provided in many different ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Themes for this scenario:

- 
- 
- 

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). Remember to also identify important concepts or curricular threads that are specific to your program.

1. How did you feel throughout the simulation experience?
2. Give a brief summary of this patient and what happened in the simulation.
3. What were the main problems that you identified?
4. Discuss the knowledge guiding your thinking surrounding these main problems.
5. What were the key assessment and interventions for this patient?
6. Discuss how you identified these key assessments and interventions.
7. Discuss the information resources you used to assess this patient. How did this guide your care planning?
8. Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
9. Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
10. What information and information management tools did you use to monitor this patient’s outcomes? Explain your thinking.
11. How did you communicate with the patient?
12. What specific issues would you want to take into consideration to provide for this patient’s unique care needs?
13. Discuss the safety issues you considered when implementing care for this patient.
14. What measures did you implement to ensure safe patient care?
15. What other members of the care team should you consider important to achieving good care outcomes?
16. How would you assess the quality of care provided?
17. What could you do improve the quality of care for this patient?
18. If you were able to do this again, how would you handle the situation differently?
19. What did you learn from this experience?
20. How will you apply what you learned today to your clinical practice?
21. Is there anything else you would like to discuss?
Appendix B
Debriefing for Meaningful Learning Student Worksheet

DML Student Worksheet

Client’s Initials:

1. What is the first thing that comes to mind about the clinical/simulation experience?

2. What went right and why?

3. What would you do differently and why?

Framing: (What is the client's story?)

Focused Key Problem/Nursing Diagnosis:
Problem# ...........................................

General Goal:

Desired Client Outcome:

Nursing Interventions:  

Associated Client Responses:

Evaluation and Summary of Client Progress Toward Desired Outcome:

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
<table>
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<th>Key Problem/ND#</th>
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<tr>
<td>______</td>
<td>______</td>
<td>I don't know how this fits with the key problems:</td>
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<td>Key Assessments:</td>
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<td>_ _</td>
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</tr>
</tbody>
</table>

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Reflective Thinking

- Thinking-in-Action

- Thinking-on-Action

- Thinking-beyond-Action
## Evaluation Tools

### Simulation Design Scale (Student Version)

In order to measure if the best simulation design elements were implemented in your simulation, please complete the survey below as you perceive it. There are no right or wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Use the following rating system when assessing the simulation design elements:

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree or disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly Agree with the statement
- NA - Not Applicable; the statement does not pertain to the simulation activity performed.

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives and Information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>2. I clearly understood the purpose and objectives of the simulation.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>3. The simulation provided enough information in a clear manner for me to problem-solve the situation.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>4. There was enough information provided to me during the simulation.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>5. The cues were appropriate and geared to promote my understanding.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>6. Support was offered in a timely manner.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>7. My need for help was recognized.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>8. I felt supported by the teacher's assistance during the simulation.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
<tr>
<td>9. I was supported in the learning process.</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
<td>NA</td>
<td>O1</td>
<td>O2</td>
<td>O3</td>
<td>O4</td>
<td>O5</td>
</tr>
</tbody>
</table>
## Simulation Design Scale (Student Version)

Use the following rating system when assessing the simulation design elements:

1 - Strongly Disagree with the statement  
2 - Disagree with the statement  
3 - Undecided - you neither agree or disagree with the statement  
4 - Agree with the statement  
5 - Strongly Agree with the statement  
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Rate each item based upon how important that item is to you.

1 - Not Important  
2 - Somewhat Important  
3 - Neutral  
4 - Important  
5 - Very Important

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem Solving</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. Independent problem-solving was facilitated.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I was encouraged to explore all possibilities of the simulation.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. The simulation was designed for my specific level of knowledge and skills.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. The simulation allowed me the opportunity to prioritize nursing assessments and care.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. The simulation provided me an opportunity to goal set for my patient.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Feedback/Guided Reflection</strong></td>
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</tr>
<tr>
<td>15. Feedback provided was constructive.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Feedback was provided in a timely manner.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. The simulation allowed me to analyze my own behavior and actions.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Fidelity (Realism)</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19. The scenario resembled a real-life situation.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Real life factors, situations, and variables were built into the simulation scenario.</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
<td>O</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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**Educational Practices Questionnaire (Student Version)**

In order to measure if the best practices are being used in your simulation, please complete the survey below as you perceive it. There are no right or wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>2. I actively participated in the debriefing session after the simulation.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>3. I had the opportunity to put more thought into my comments during the debriefing session.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>4. There were enough opportunities in the simulation to find out if I clearly understand the material.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>5. I learned from the comments made by the teacher before, during, or after the simulation.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>6. I received cues during the simulation in a timely manner.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>7. I had the chance to discuss the simulation objectives with my teacher.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>8. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>9. The instructor was able to respond to the individual needs of learners during the simulation.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
<tr>
<td>10. Using simulation activities made my learning time more productive.</td>
<td>O</td>
<td>1</td>
<td>O</td>
<td>2</td>
<td>O</td>
<td>3</td>
<td>O</td>
<td>4</td>
<td>O</td>
<td>5</td>
<td>O</td>
</tr>
</tbody>
</table>

Use the following rating system when assessing the educational practices:
- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree or disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly Agree with the statement
- NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Rate each item based upon how important that item is to you.
- 1 - Not Important
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- 3 - Neutral
- 4 - Important
- 5 - Very Important

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Educational Practices Questionnaire (Student Version)

Use the following rating system when assessing the educational practices:
1. Strongly Disagree with the statement
2. Disagree with the statement
3. Undecided - you neither agree or disagree with the statement
4. Agree with the statement
5. Strongly Agree with the statement
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboration</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>11. I had the chance to work with my peers during the simulation.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
</tr>
<tr>
<td>12. During the simulation, my peers and I had to work on the clinical situation together.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
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<tr>
<td><strong>Diverse Ways of Learning</strong></td>
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</tr>
<tr>
<td>13. The simulation offered a variety of ways in which to learn the material.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
</tr>
<tr>
<td>14. This simulation offered a variety ways of assessing my learning.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
</tr>
<tr>
<td><strong>High Expectations</strong></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15. The objectives for the simulation experience were clear and easy to understand.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
</tr>
<tr>
<td>16. My instructor communicated the goals and expectations to accomplish during the simulation.</td>
<td>〇</td>
<td>1</td>
<td>〇</td>
<td>2</td>
<td>〇</td>
<td>3</td>
<td>〇</td>
<td>4</td>
<td>〇</td>
<td>5</td>
<td>〇</td>
</tr>
</tbody>
</table>

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Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
Student Satisfaction and Self-Confidence in Learning

Instructions: This questionnaire is a series of statements about your personal attitudes about the instruction you receive during your simulation activity. Each item represents a statement about your attitude toward your satisfaction with learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the numbers that best describe your attitude or beliefs. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.

Mark:
1 = STRONGLY DISAGREE with the statement
2 = DISAGREE with the statement
3 = UNDECIDED - you neither agree or disagree with the statement
4 = AGREE with the statement
5 = STRONGLY AGREE with the statement

<table>
<thead>
<tr>
<th>Satisfaction with Current Learning</th>
<th>SD</th>
<th>D</th>
<th>UN</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The teaching methods used in this simulation were helpful and effective.</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2. The simulation provided me with a variety of learning materials and activities to promote my learning the medical surgical curriculum.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I enjoyed how my instructor taught the simulation.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The teaching materials used in this simulation were motivating and helped me to learn.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The way my instructor(s) taught the simulation was suitable to the way I learn.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-confidence in Learning</th>
<th>SD</th>
<th>D</th>
<th>UN</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I am confident that I am mastering the content of the simulation activity that my instructors presented to me.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I am confident that this simulation covered critical content necessary for the mastery of medical surgical curriculum.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. My instructors used helpful resources to teach the simulation.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. It is my responsibility as the student to learn what I need to know from this simulation activity.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I know how to get help when I do not understand the concepts covered in the simulation.</td>
<td></td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I know how to use simulation activities to learn critical aspects of these skills.</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. It is the instructor’s responsibility to tell me what I need to learn of the simulation activity content during class time.</td>
<td></td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Appendix D

**The University of North Carolina at Pembroke**  
**McKenzie-Elliott School of Nursing**  
Clinical Learning Center Orientation Checklist

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>CLC Staff/Faculty Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policies and Procedures (Manual posted on the CLC Intranet)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User Consent for Recording and Photographs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For all users of the CLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simulated Learning and Confidentiality Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For all users of the CLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Safe and professional behaviors toward other users, faculty, staff, and equipment is expected at all times.</td>
<td></td>
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</tr>
<tr>
<td>Clinical Dress Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MESON Clinical Dress code applies to all CLC activities</td>
<td></td>
<td></td>
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<tr>
<td>Food and Beverages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prohibited in all CLC labs/classrooms</td>
<td></td>
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<tr>
<td>Latex Allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use of non-latex protective gloves when handling latex parts (veins in task trainers/manikins, etc..)</td>
<td></td>
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<tr>
<td>Access and hours of operation</td>
<td></td>
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<tr>
<td>• 0600 – 2200 with Braves Card</td>
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<tr>
<td>CLC Referrals</td>
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<td></td>
</tr>
<tr>
<td>• Online form</td>
<td></td>
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<tr>
<td>Equipment and Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Notify CLC staff immediately of any malfunctioning equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requesting supplies and CLC space</td>
<td></td>
<td></td>
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<tr>
<td>Care of the CLC Space</td>
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<tr>
<td>• Simulation labs to be left in the same manner in which they were found; sharps containers changed with 2/3 full, linen hampers</td>
<td></td>
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<tr>
<td><strong>Task Trainers/Equipment</strong></td>
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<tr>
<td>General lab setup, equipment</td>
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<td></td>
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<tr>
<td>• Beds, oxygen, medical air, suction, classroom space</td>
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<td></td>
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<tr>
<td>General care of task trainers/manikins</td>
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<tr>
<td>• No felt-tipped markers, pens, acetone, betadine, or other staining substance</td>
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<td></td>
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<tr>
<td>• Mild soap and water for cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Trainers and Equipment (As applicable to course)</td>
<td></td>
<td></td>
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<tr>
<td>Beds</td>
<td></td>
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<tr>
<td>Medication carts/scanning</td>
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<tr>
<td>BP arms</td>
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<tr>
<td>IV arms/hands</td>
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<tr>
<td>Foley/Enema task trainers</td>
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<tr>
<td>IV pumps</td>
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<tr>
<td>PCA pumps</td>
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<tr>
<td>Medfusion pumps</td>
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<tr>
<td>Auscultation board</td>
<td></td>
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<tr>
<td>Eye/Ear assessment trainers</td>
<td></td>
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<tr>
<td>Ophthalmoscope/Otoscope</td>
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<tr>
<td>Audiometer</td>
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</tbody>
</table>

Revised 6/4/13, 6/16/14, 6/1/17, 1/15/19, 8/15/21, 8/2/22
<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>CLC Staff/Faculty Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Web-Based Electronic Resources</strong></td>
<td></td>
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<tr>
<td>EHR Tutor</td>
<td></td>
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<tr>
<td>SimCapture</td>
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<tr>
<td>Telehealth Lab – Medicat</td>
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<tr>
<td><strong>Simulators</strong></td>
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<tr>
<td>SimMan 3G</td>
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<tr>
<td>METI Man</td>
<td></td>
<td></td>
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<tr>
<td>Nursing Anne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SimBaby</td>
<td></td>
<td></td>
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<tr>
<td>SimJunior</td>
<td></td>
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<tr>
<td>CAE PediaSIM</td>
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<tr>
<td>Noelle</td>
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</tbody>
</table>
Appendix E

The University of North Carolina at Pembroke
McKenzie-Elliott School of Nursing Clinical Learning Center

Simulated Learning Contract and Confidentiality Agreement
(To be submitted electronically)

**Simulation Contract:** The McKenzie Elliott School of Nursing Clinical Learning Center has designed simulated experiences to best represent actual client situations. During these simulated experiences, the roles of clients, significant others, and members of the interprofessional team are fulfilled by students, volunteers, faculty and/or manikins. I am expected to engage with these simulated participants/manikins in a professional and realistic manner. The manikins are to be used with respect and be treated as if they were real clients. Situations simulated in the lab are to be used as learning experiences; thus, I will respect the roles of my faculty and peers as well as volunteers and follow the CLC’s Code of Conduct/Behavior during all simulation-based experiences.

**Confidentiality Agreement:** As a user of the CLC, I understand the significance of confidentiality with respect to information concerning simulated clients and fellow students. I will uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violation(s) of confidentiality that I become aware of to my instructor or facilitator, and I agree to adhere to the guidelines outlined below:

- All client information, actual or simulated, is considered confidential and any inappropriate viewing, discussion or disclosure of this information is a violation of UNCP McKenzie Elliott School of Nursing policy.
- All scenarios, regardless of their outcome, should be treated in a professional manner. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
- I am not to remove, release, or make publicly available any documented (written or electronic), observed, or recorded client or student information that may be accessible to me as part of a simulated learning experience.
- Simulation and debriefing sessions may be audiotaped and/or videotaped. This recorded information is privileged, and confidentiality must be maintained at all times.

**CLC Policies and Procedures:** I understand that I must uphold the stipulations outlined in the CLC Policies and the Simulated Learning Contract and Confidentiality Agreement as a component of successful progression in my educational program. I have continuous access to the policies and procedures with the option to download for saving/printing if desired on the CLC Intranet.

Name: ____________________________________________

Signature: ___________________________ Date: ____________
Appendix F

The University of North Carolina at Pembroke
McKenzie-Elliott School of Nursing Clinical Learning Center
Acknowledgement of CLC Policies/Procedures
(To Be Submitted Electronically)

I have reviewed and had the opportunity to discuss the contents of the UNCP McKenzie-Elliott School of Nursing *Clinical Learning Center Policy and Procedures Manual* with the Clinical Learning Center (CLC) faculty/staff. I, as a user of the CLC, agree to adhere to the policies and guidelines set forth. CLC policies and procedures are subject to change, and it is my responsibility to keep abreast of these changes.

Name: ____________________________________

Signature: ________________________________ Date: __________________