Initial next to each item then print & sign below

Womack Medical Simulation Center Handbook - Provided
Review Mission/Vision/Values Statement

Access/Hours of Operation (Monday thru Friday, 0700-1530) Closed on Weekends & Federal Holidays

Authorized uses for after Hours (GME Residents for self-practice use, GME Program Directors and residents for individual hands on, GME Resident training to be scheduled during normal hours when tech is present and simulator pick up or turn-in for authorized personnel ONLY)

Procedures & Policies: Located in Handbook

Sign in Rosters/Surveys/Feedback

Clinical vs. Education Materials

Safety (including Fire Extinguishers, Exists, Meeting Areas, Sharps, Electrical [lights, simulators, Spills)

Simulator use (Simulation Orientation and set upper request)

Training Request

Printed Name & Date ___________________________ Signature ___________________________

Security badge # number for after-hours access
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1. Introduction

Welcome to the Womack Medical Simulation Center. The mission of the WMSC is to support Continuing Medical Education (CME), Graduate Medical Education (GME), Nursing, and Provider simulation training at Womack Army Medical Center (WAMC). We strive to improve patient safety, practitioner efficiency and competency in the clinic, hospital, and operational environment and prepare these healthcare professionals and soldiers to provide the best medical treatment possible. Our primary goal is to bring together healthcare professionals and soldiers in realistic environments where skills, communication, teamwork, and critical thinking are taught, practiced and improved to optimize patient outcomes.

The WMSC is supported by the U.S. Army Medical Command's (MEDCOM) Central Simulation Committee (CSC) which was developed in 2006 under the direction of the Office of the Surgeon General (OTSG) with the intent to support GME simulation training within the Army Medical Department. The mission statement of the CSC is as follows: "The Army CSC will be a worldwide leader in managing and directing the multi-disciplinary simulations training to enhance Graduate Medical Education, assist in Redeployment training, and improve Patient Safety. We will ensure that our providers are "Trained, Competent, Safe, and Ready" to care for our Soldiers and their families."

The mission of the WMSC is to enhance medical training of military personnel through the Technology Assisted Training for the Advancement of Military Medicine (TATAMM). The WMSC utilizes specific simulation technology, hardware and software geared to train personnel in gaining expertise and knowledge of procedural, emergency, and nursing skills. The WMSC provides an environment suitable for acquiring skills through the practice and testing of these skills and provides feedback to the student about their progress. This handbook outlines institutional policies and procedures for the WMSC.

The WMSC and the CSC have one common goal which is to be at the forefront of patient care by developing confident and competent healthcare providers, across disciplines, improving performance, and reducing errors, through comprehensive medical care simulation training.

MISSION: The multifaceted mission of the WMSC is to provide medical simulation support for credentialed staff continuing and sustainment education, undergraduate & graduate medical education, nursing education, and medic/technician education as both individual providers and healthcare teams. We prepare all levels to enhance learning, application of knowledge and research in order to provide the best medical treatment.

VISION: The Womack Medical Simulation Center's vision is to be a premier medical simulation center, preparing healthcare professionals to care for patients in a complex, multi system environment using hands-on learning that is safe and realistic, while providing uniform excellence in training and assessment. Enhancing medical readiness.
through research and advancing the field of simulation will be a major focus at the WMSC.

VALUES: The health and safety of our patients is our first priority. We pride ourselves on being a premier healthcare simulation program that supports, develops and provides quality simulation education; advancing confident, competent, astute health professionals.

2. Hours of Operation

Center Hours of Operation: Monday thru Friday from 0700-1530.

Weekend/off hour training is available by advanced special request only

3. Medical Simulation Advisory Committee

The Medical Simulation Advisory Committee (MSAC) membership includes the Simulation Champions from the clinical areas, the Medical Director of the WMSC, Director of GME, and all WMSC staff. Changes to by-laws, policies, and budgetary actions are recommended to the Graduate Medical Education Program Committee (GMEC) for approval.

The MSAC meets on the (When & Where). Meeting days and locations are subject to change to the following week if the meeting day falls on a holiday. Written minutes of the MSAC are maintained.

The MSAC maintains oversight responsibilities of the following:

The quality of the WMSC learning and working environment with WAMC.

The quality of educational experiences in each program that lead to measurable achievement of Educational outcomes.
4. The Accrediting Counsel for ACGME

The ACGME was established in 1981 and is a private, nonprofit council that evaluates and accredits medical residency programs in the United States. The mission of the ACGME is to improve healthcare by assessing and advancing the quality of resident physicians' education through accreditation. The ACGME has 28 review committees (one for each of the 26 specialties, one for a special one-year transitional-year general clinical program, and one for institutional review). Each residency committee comprises about 6 to 15 volunteer physicians. Members of the residency review committees are appointed by the AMA Council on Medical Education and the appropriate medical specialty boards and organizations. Members of the Institutional Review Committee and Transitional Year Committee are appointed by the ACGME Executive Committee and confirmed by the Board of Directors. The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Council of Medical Specialty Societies. Member organizations each appoint four members to the Board of Directors, which also includes two resident members, three public directors, the chair of the Council of Review Committee Chairs and a non-voting federal representative.

ACGME Competencies

In 1996, the ACGME identified the 6 general core competencies. These competencies are considered the essential ingredients of a complete physician. It is not enough to just pass your licensing exams if you do not meet professional standards expected of a physician. It is not enough to be friendly/caring if you are unable to generate a differential diagnosis and devise a patient management plan. WAMC programs integrate the ACGME competencies into their curricula. Educational and assessment tools are used within the programs to effectively teach and evaluate resident/fellow performance.

5. Central Simulation Committee

The CSC was developed in 2006 under the direction of the Office of Surgeon General with the intent to support Graduate Medical Education simulation training within the Army Medical Department, started an initiative to create a Central Simulation Committee (CSC) for 10 different medical specialties that train residents at the 10 Army Medical Treatment Facility's (MTF). This was proposed as a method to address new GME training requirements as well as the pressing needs of our providers returning from deployment with regards to skills degradation. In addition to creating a standardized state-of-the-art simulation curriculum and centralized electronic evaluation system, the CSC will also assist in the Redeployment training of our providers to ensure that any retraining issues are addressed in the safety of a simulation rather than with live patients. The WMSC operates locally, but is supported centrally by the CSC.
6. Supervision

The essential learning activity for students is interaction under the guidance/supervision of faculty members who give value, context, and meaning to those interactions. These program specific policies have goals of assuring the provision of safe and effective care to the individual patient; assuring each student's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

7. Professionalism

The WMSC, educators and learners actively ensure a culture of professionalism that supports patient safety and personal responsibility. Both residents and faculty members will demonstrate an understanding and acceptance of their personal roles in the following:

- Assurance of the safety and welfare of patients entrusted to their care
- Provision of patient and family centered care
- Assurance of their fitness for duty
- Management of their time before, during, and after clinical assignments
- Recognition of impairment, including illness and fatigue, in themselves and in their peers

8. Harassment

Womack Army Medical Center (WAMC) has a policy covering sexual and other forms of harassment that allows staff/students access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations.

WAMC has zero tolerance for any form of harassment or exploitation. Defined policies and procedures whereby sexual harassment and exploitation may be addressed and is found in AR 600-20, Army Command Policy, and Chapter 7 and filed through the Equal Opportunity (EO) Office.

9. Accommodation of Disabilities
WAMC has a policy regarding accommodation that applies to staff/students with disabilities that provide resources to implement reasonable accommodations consistent with all applicable laws and regulations.

10. Audio Visual Support

If audio visual support beyond the capabilities of the WMSC is necessary, requestor will coordinate with the Administrator in advance for such support. The WMSC Staff will not be responsible for any last minute request.

11. Educators/Program Directors Survey

The WMSC requires that Educators and Program Directors in each program participate in an annual consult visit with the WMSC Medical Director. This survey inquires about the Educators/Program Directors perspective of how the WMSC is meeting their needs and training requirements.

12. Personnel

Director of Graduate Medical Education: Medical military officer who provides oversight ensuring Hospital Commander is aware of important events and operational requirement of the Womack Army Medical Simulation Center

Medical Simulation Operations Specialist: Civilian personnel responsible for WMSC regarding simulators, simulator system programming, other training equipment. Technical subject matter expert (SME). Responsible for the day to day operations of the training activities of the WMSC. Orients Course Facilitator on appropriate use of WMSC equipment. Assists the WMSC Directors in providing direction in integrating simulation with health care providers/Services and specialty specific training needs.

Simulation Program Administrator (Womack Medical Simulation Center/Army Central Simulation Committee): Civilian personnel responsible for financial, statistical and manpower management, procurement of supplies/equipment, and research of simulation technology, participates in research studies. Is responsible for
directing and coordinating marketing, training, supply, and budget requirements of the WMSC. Performs administrative functions internally and externally for the WMSC. Responsible for special projects and participates in protocols and research studies. Assists in daily operations as needed.

Course facilitators are required to supply any additional personnel that are needed to assist in their training. If arrangements are made in advance, it is possible that the WMSC staff can be available to assist with training and provide technical support.

13. Training Options

The following are examples of supported Education programs. Additional training can be scheduled arranged with consultation through the WMSC Administrator or the Medical/Surgical Simulation Directors.

Fundamentals of Laparoscopic Surgery (FLS) - The FLS program is a comprehensive, web-based, educational module and assessment tool designed to teach the fundamental knowledge, judgment and technical skills required in basic laparoscopic surgery. It is felt that the learning and application of these fundamentals will help ensure a minimal standard of care for all patients undergoing laparoscopic surgery. FLS also offers a proctored exam that gives surgical residents and fellows the opportunity to assess and document those skills.

Healthcare Provider Simulation Training - Provides individual and group skills development and competency evaluation achieved by exposing the participants to psychomotor and critical thinking exercises. These exercises include: basic physical care and observation, physical assessment, clinical skills, infection control, wound care, oxygenation skills, cardiovascular skills, elimination skills, medication administration, and peripheral and central intravenous skills. Scenarios exist for mock codes, conscious sedation, pediatrics and other trauma situations.

Physician Based Simulation Training - Provides clinical competency improvement training through the following simulators: OB/GYN Noelle Birthing Simulator and task trainers, Lumbar Puncture Simulator, Central Line Access, Cricothyrotomy, Sonosite Ultrasound, Accutouch Endoscopy System (Bronchoscopy, Colonoscopy, Sigmoidoscopy, and EGD), Difficult Airway Management, Anesthesia, Chest Tube insertion and Needle Decompression, Suture Tutor Trainee Kit.
Simulation Faculty Development Program: Program for training facilitators in simulation education and debriefing principles as well as providing hands on training with WMSC simulators specific to their specialty.

Physician/Nursing Based Simulation Training - Provides clinical competency improvement training. Simulation task trainers, high fidelity manikins, and virtual reality simulators are available to support training needs.

14. Simulators Available

The following is a list of simulation systems, simulators, and task trainers available at the WMSC. Please note that we are continually updating our inventory so the number and types of simulators available will change with time. For a simulator not listed here please contact the WMSC staff and we will investigate the ability to obtain the equipment (limited to GME education requirement).

High Fidelity Mannequins
Noelle- Birthing Mannequin
Victoria- Birthing Mannequin
SimBaby
SimJunior Advanced
SimMan Essential
SimNewB

Part Task Trainers
Blue Phantom trainers:
Central Line
Abdominal
Vaginal
Joint Injection Trainers
Lumbar Puncture Trainer
Chest Tube Trainer
F.A.S.T. Module for Sonorio
Kyoto Lumbar Puncture/Epidural Lumbar Trainer
Multipurpose Venous Training Arm
Neonatal Intubation Trainer
NG Tube & Trach Care Trainer
Shoulder Joint Injection
Standard Venipuncture Arm

FLS Boxes

Virtual Reality Trainers
DaVinci with Simulation Backpack
AccuTouch Endoscopy Simulator
LapVR
Definitions

Course Facilitator: A provider responsible for the use and operation of the medical simulators for training of their personnel while at the WMSC. Service specific facilitators are designated by their Service Program's Director. Course Facilitator must be present during entire training and is responsible to train their group users on the appropriate use of the simulators.

Debriefing: SSH defines debriefing as a formal, reflective stage in the simulation learning process. Debriefing is a process whereby educators and learners re-examine the simulation experience and fosters the development of clinical judgment and critical thinking skills. It is designed to guide learners through a reflective process about their learning.

Graduate Medical Education (GME) Residency programs: Current GME programs include: Family Medicine, Obstetrics/Gynecology, Pediatrics, Podiatry

'High-Fidelity' simulation - A simulation experience designed to mimic as closely as possible an actual patient encounter. This includes both the environment within which the simulation takes place and the simulator used. This type of simulation typically, but not always, involves a sophisticated computerized simulator that is software supported and electronically controlled. An example would be a mock code of a patient in a simulated OR who is intubated on the anesthesia machine with the full anesthesia and surgical team involved in the simulation.

'Low-fidelity' Simulation- A simulation experience not designed to mimic an actual patient encounter. This type of simulation typically, but not always, involves simple static simulators that are not software supported or electronically controlled. An example would be a skills lab on suturing using a simple rubber suturing pad.

Psychological Safety- A team-level construct representing a sense of confidence that the work group or team will not embarrass or punish a member for expressing his/her thoughts truthfully.

Service Specific - Applies to any simulator designed to train a specific target group. Examples include laparoscopic surgical simulators used for training in laparoscopic surgery.

Simulation- The artificial representation of a situation, environment, or event that provides an experience for the purposes of learning, evaluation, or research, an educational tool.
Society of Simulation in Healthcare (SSH): The SSH was established in January 2004, to represent the rapidly growing group of educators and researchers who utilize a variety of simulation techniques for education, testing, and research in health care. A broad-based, multidisciplinary, multi-specialty, international society with ties to all medical specialties, nursing allied health paramedical personnel, and industry. Recognizing that simulation represents a paradigm shift in health care education, SSH promotes improvements in simulation technology, educational methods, practitioner assessment, and patient safety that promote better patient care and can improve patient outcome

Task Trainer: Device use to practice a single clinical skill (i.e., suture block, intubation head, lumbarpuncturetrainer).

Virtual reality trainer: - Applies to a computer simulation of a real or imaginary system that enables a user to perform operations on the simulated system and shows the effects in real
Policy 1. Scheduling/cancelling of Simulation Events and Courses

Purpose:

This policy is to designate the appropriate resources for all simulation training requests. Designated resources include WMSC staff, faculty, space, supplies, and equipment to include manikins, partial task trainers, virtual reality simulators as well as Standardized Patients (SPs). This will promote effective educational experiences to include skills development, sustainment, competency, validation, for all typologies of simulation.

Policy:

All requisition requests are subject to availability at the time of a request. To ensure fair and equitable allocation of the resources available through the WMSC, all partners (external and internal) are required to submit a scheduling request. Any changes to the initial request must be notified via e-mail. Deadlines for scheduling requests will vary according to complexity and demands for various simulated training events. However, one month is the minimum amount of time typically required for most scheduling requirements. Exceptions can be granted on a case by case basis depending on complexity of event and amount of resources requested. If needed, the WMSC faculty and staff shall modify, without prior notice, the space allocation based on assessed needs and availability of resources, to include: audio-visual capabilities, simulators, standardized patients, faculty and the determination for prioritization based upon a degree of consequences. Priority will be given to Graduate Medical Education. Each year in early spring, the WMSC will hold an academic year planning session; this session will be the primary opportunity for program directors and educators at Womack Army Medical Center (WAMC) to request simulation dates for their perspective programs. Programs will also be able to schedule throughout the year, if new requirement or need arises it will be scheduled on a first come first serve basis.

Procedure:

1. Requisition request deadlines for space, supplies, equipment and simulators vary due to the needs and type of simulation training being requested. A minimum of one month prior to the start of the event date will be given before requesting any resources listed above. More complex simulation events/events requiring use of standardized patients must be received six weeks prior to the event start date

A. Official training request can then be made via email at this time

1. Official requisitions will include a training Request Form with time line and a draft curriculum

2. Optional; Standardized Patient Script (Draft)

2. The Operations Specialist assigned WMSC Staff shall:

A. Confirm requested space based on the complexity of the skill and availability. Select, prepare, and stage according to the needs and objectives of the simulated event.
B. When conflicts arise, the Operations Specialist will work with faculty and customers to accommodate specific needs of all parties.

4. Confirmation of all training requests shall be delivered via e-mail within 48-hours of the official request.

5. Curriculum will be reviewed at least one week prior to the event by the Medical Simulation Administrator and saved in a digital file for the department/program for future use. Final Standardized Patient (SP) scripts must be provided to the actors at least two weeks prior to the event. SP events require a rehearsal date at least one week prior to the event. (see Policy#30, Curriculum Development and Standardized Patient (Do’s & Don’ts).

If the requesting party fails to provide the curriculum documents, the event Program Director will be notified that the event will be cancelled. Certification courses that are facilitated through the Graduate Medical Education Department will not be required to complete the simulation training packet. They must provide a course specific accountability sheet and post course report in the accrediting agency's required format. Note: When scheduling, please be sure to allot enough time for set-up, debriefing, and cleanup.

6. Cancellations: Notification of cancellation/changes to training times and duration should be received within 72 hours of the event. Changes within 72 hours may require rescheduling. All cancellations need to be sent to the WMSC Administrator.

Note: Due to unforeseen circumstances such as staff shortages or to prepare high priority deploying unit training, the WMSC will notify the Department/Service POC and reschedule any cancelled training (if needed).
Policy 2: Operating Hours

**Purpose:** This policy is to provide users with WMSC regular business hours. Allowing adequate time for scheduling of activities ensures learners have an optimized learning experience with access to trained personnel, supplies, space and equipment.

Main Center: Monday - Friday, 0700 – 1530

**Policy:**

In order to properly secure and maintain the equipment and facility, access to the WMSC must be closely coordinated. The simulation rooms can be accessed during regular operating hours and will be closed on all official government holidays and weekends. WMSC staff will be available to assist the learner during specific times listed above. If after duty hours, staff support will not be available and learners must sign in on the roster for equipment accountability purposes.

1. All users of the WMSC are required to leave the area in the condition that it was found prior to their departure. If areas are found in poor condition after an event the individual/department will be notified and asked to clean the area. Failure to clean up training areas could result in the suspension of future events until the department/individual is retrained on proper use of WMSC facilities (see Policy #5, Cleaning of Manikins & Equipment).

**Procedure:**

2. Utilization of the WMSC outside of regular operating hours can be arranged with the Medical Simulation Administrator. Outside of regular hours scheduling can be done by special request with at least 2 weeks advanced notice. After-Hours access based on special arrangement.
Policy 3: Official use and check out of equipment, simulators and supplies

Purpose:

The purpose of this policy is to ensure proper documentation & equipment/simulator/task trainer knowledge before loaning any type of equipment/simulator/task trainer from the WMSC.

Policy:

The WMSC allows students, faculty and partners to check-out specific equipment, simulators/task trainers, supplies and/or videos. The WMSC understands that even with reasonable use equipment/simulators/task trainers will break or stop working correctly. Users should inform WMSC staff immediately if this happens so that we can have the item repair quickly. In the event that equipment/simulators/task trainers appear to suffer from abuse (improper handling, loss or misuse) monetary compensation may be required. Any equipment to be signed out by a student will require written approval from their supervisor. Check out of equipment by faculty and partners must be coordinated by the Hand Receipt Holder and Simulation Operations Specialist.

Procedure:

Check out of Equipment

I. All equipment and/or simulators evaluated in excess of $10,000 shall have the WMSC faculty accompany the equipment and shall provide the set-up, tear down and manikin mouldage for the specific training requested.

II. All equipment and/or simulators costing $1,000 - $9,999, when utilized outside the WMSC will require faculty training on the specific equipment and/or simulators requested. Customer must have adequately documented training in the use of the specific equipment and/or simulator. The WMSC Staff shall provide an in-service of the specific equipment and/or simulators. Individuals checking-out the equipment and/or simulators must accept responsibility for the return of the equipment and/or simulators/task trainers and accept the responsibility of monetary compensation for misuse, loss or improper handling.

III. All equipment, supplies, and/or simulators costing less than $1,000 when utilized outside the WMSC shall require sign-out and sign-in only. All equipment loans will be captured using a hand receipt (DA Form 206/DA Form
Signed hand receipt will be returned to the WMSF or an automated hand receipt through DMLSS and must be routed through and approved by the perspective hand receipt holder. Signing a hand receipt means that you are responsible for appropriate use and care and return of the equipment and/or simulator/task trainer.

IV. Individuals at the receiving facility who will be running the simulated experience will be required to attend an orientation/faculty development related to the specific equipment.

All property, equipment and/or simulators leaving the grounds of WMSC must comply with local directives in addition to the requirements outlined above per installation security.

- Designated simulator check-out will be at the discretion of the WMSC faculty.

- Equipment and supplies to teach certification courses may be checked out after approval by the Hand Receipt Holder and Simulation Technician. Courses other than Advanced Trauma Life Support should be requested through HESD.

- Under no circumstances may sharps, medical consumables, medical supplies or bio-medical equipment (stretchers, crash carts, cardiac balloon pumps, Laparoscopic equipment and tools, expired medical consumables and defibrillators) be signed out unless approved by the WMSC Medical Director for offsite use. All equipment utilized in the WMSC is to be considered non-critical items and WILL NOT be utilized for patient care. When practical, equipment and supplies will be labeled “NOT FOR PATIENT USE.”

Care of Equipment

- Any malfunction of the manikin/simulator must be reported to one of the SIM Center staff upon return.

- All manikins used in the field environment must be returned clean and in good operating condition.

- All moulage, makeup, tape, dressing, etc. must be removed at the end of each day.

- Manikins must be handled with care.
• No markers, pens, acetone, iodine, or other staining materials are to be in the simulation lab at any time unless specifically approved by WMSC Staff.

• Manikins should be cleaned with a warm wet washcloth and simple detergent.

• Goo Gone can be used to remove sticky areas from tape residue.

• Manikins should never be soaked or immersed in water due to electrical components.

Always utilize appropriate personal protective equipment (PPE) when cleaning equipment. Always inspect equipment to ensure cleanliness prior to storing.
Policy 4: Maintenance of Equipment

Purpose: The purpose of this WMSC policy is to ensure proper maintenance, timely repair and service in order to ensure longevity of the WMSC's equipment.

Policy:

Proper maintenance, timely repair, and service must be ensured for the longevity of the WMSC's equipment. Notification of broken or malfunctioning equipment, simulators, or task trainers is paramount to ensuring proper care for required training. Equipment that is out of service interferes with scheduled training and disrupts curricula. Equipment, simulators, and task trainers that are supplied with an ECN will be maintained and repaired by the WMSC staff and Vendor as warranted. We are not allowed to purchase maintenance agreements or additional warranties. When there is an issue with a piece of equipment, the Lead Simulation Technician will attempt to troubleshoot, and when possible, resolve the situation.

For those pieces of simulation equipment covered under warranty agreements that include annual services checks, the Medical Simulation Administrator will contact the vendor several months prior to that date to schedule an onsite visit. The Lead Simulation Technician is responsible for day-to-day service and care of all simulation equipment, cleaning, refilling fluids, making basic repairs and replacing disposable parts as needed and being aware of the current maintenance status of all equipment in the WMSC.

The WMSC submits capital requests on an annual basis. If there is a piece of equipment that has been serviced adequately but due to life-cycle replacement or increased usage, it will be included in the annual request. This system of maintenance also holds true for the computers, AV and software systems.

To assist in the longevity of the WMSC's equipment, students must use the equipment only as directed under the supervision of an instructor. If there are any questions as to the proper use of a piece of equipment, the Lead Simulation Technician should be consulted. The students and/or his/her department may be responsible for any damage to equipment that is the result of behavior that is careless or contrary to instructional use. Below is a maintenance plan with timeline for all task trainers, manikins and medical equipment.

Procedure:

After Each Use - Maintenance Plan for Trainers/manikins/equipment

1. Wipe down all manikins and low fidelity skill trainers to remove all adhesives, moulage and markings.
2. Drain all fluids and the flush tubing system and top off all fluids as needed.

3. Assess all task trainers, manikins and medical equipment for obvious damage, leaks, necessary part replacements and cleanliness. If not in use or scheduled to be used, once wiped, drained and dried store in appropriate area.

4. Check supply of sheets, replace as needed. Change dirty/wet linen and clothing.

5. Set aside course disposables to be inventoried by Lead Simulation Technician. Once inventoried, unused disposables should be returned to storage.

6. Power off simulators, pcs and wall monitor.

Weekly - Maintenance Plan for Trainers/manikins/equipment

1. Clean and inspect all equipment.

2. Wipe down skin/covers remove any adhesive moulage or markings left on skin.

3. Calibrate all sensors and monitors (including VR systems).

4. Turn on and test all electronic devices, check/replace batteries as needed.

5. Turn off associated programs that control equipment.

6. Drain all fluids and the flush tubing system top off fluids as needed.

7. Change dirty/wet linen and clothing.

Monthly - Maintenance Plan for Trainers/manikins/equipment

1. Inspect and if needed replace all disposable parts.

2. Assess for wear and tear that might need major work or factory service.

Annual - Maintenance Plan for Trainers/manikins/equipment, if under warranty: Preventative maintenance package completed by respective vendor if wider warranty or Maintenance Agreement.
As Needed - Maintenance Plan for Trainers/manikins/equipment: Contact vendor for on-site maintenance if equipment issue is unable to be successfully resolved by Tech.
Policy 5: Separation of Clinical Educational Materials

Purpose: The purpose of this policy is to prevent the utilization of simulation equipment or materials on actual patients.

Policy:

The WMSC will not use equipment that is designated for clinic use. See #2 below.

Procedure:

1. The WMSC will prioritize segregation of all clinical and simulation equipment based on the isolation of the WMSC facilities from all clinical areas.

2. No transfer of equipment between simulation and clinical areas except for in-situ simulation or maintenance and storage of specialized equipment.

3. Approval for use of clinical equipment can only be authorized with prior approval by the head of the clinical and/or the WMSC Medical Director.

4. All materials/scenarios containing patient information will be de-identified prior to use in simulation environments (see Policy #11, Confidentiality Policy)
Policy 6: Universal Precautions, Safety, Psychological Wellbeing and Security

Purpose: The purpose of this policy is to ensure universal precautions, safety and security are implemented throughout the WMSC.

Policy:

The WMSC is dedicated to providing our learners with a safe learning environment.

Procedure:

I. Food is not allowed in the simulated training environment. Drinks with lids are allowed in the classroom only. Any food/drink will be disposed of properly in the trash or the proper recycling receptacles found throughout the building.

2. Individuals with identified medical conditions may require exceptions and should be discussed with their instructing faculty. WMSC staff must be made aware of the exception by the learner.

3. Under no circumstances may sharps, medical consumables, medical supplies or bio-medical equipment (stretchers, crash carts, cardiac balloon pumps, laparoscopic equipment and tools, ventilators, anesthesia machines, expired medical consumables and defibrillators) be used in patient areas. All rooms and supplies should be clearly marked "NOT FOR PATIENT USE," "FOR TRAINING PURPOSES ONLY."

4. Hand-washing/use of hand sanitizers shall be part of practice throughout the WMSC and training/exam rooms.

5. All injuries shall be reported to the WMSC staff immediately. The learner or staff member will be referred to the Emergency Department and Occupational Health as necessary.

6. Any damage to equipment or operating problems is to be reported to the WMSC staff. WMSC staff shall attempt to correct the issue(s).
7. The WMSC is under the same regulatory guidelines as Womack Army Medical Center (WAMC) to include both safety and environmental compliance procedures.

8. In emergency situations where evacuation is needed the WMSC staff will direct learners to emergency exits. All learners will be briefed by a staff member prior to their training event on emergency procedures to include egress, fire extinguisher locations, and rally point.
9. In case of a medical emergency, WMSC staff will call 911.

10. If an active shooter event occurs in the WMSC staff will help learners find the nearest egress or safety area.

11. Please see WMSC Staff for first aid items. In the event of fire, activate safety procedures as stated in each site's Safety Binder. Accidents and injuries should be reported immediately to faculty/staff. The WMSC Administrative Staff will assist as necessary with accident reporting.

12. In the event of a real emergency, WMSC staff will inform all users that this is not a Simulation Event.

Psychological Safety Procedures:

1. Participation in simulation-based medical education can be an emotionally stressing experience and some individuals may experience adverse psychological consequences from involvement in simulation training; specifically, military personnel participating in simulation trauma training who have prior experience with combat trauma may suffer from the symptoms of post-traumatic stress disorder (PTSD) including troublesome memories or flashbacks. Any individual experiencing adverse psychological consequences of simulation training in the WMSC should report this to the facilitator or staff immediately. In-house psychiatric consultation is available at WAMC and the Behavioral Health Clinic, which is adjacent to the Womack for any individual experiencing significant psychological distress related to simulation training.

2. Video or audio recordings utilizing non-simulation center equipment are not allowed without the direct approval of WMSC leadership.
Policy 7: Confidentiality

Purpose: The purpose of this WMSC policy is to ensure a commitment to maintaining confidentiality of its events, learners, and staff, in order to ensure the highest quality services that the WMSC meets its obligations to its participants.

Policy:

Students, trainees, faculty, employees and others utilizing the facilities are responsible for protecting all forms of confidential information, including personal health information, protected academic or test related information, security information or other protected government/ institutional information from unauthorized disclosure whether internal or external, deliberate or accidental. All individuals using simulation resources (equipment, personnel, etc.) must know:

Just as we expect others to respect our confidential information, the WMSC respects the confidential information of other parties. It is policy to use only legal and ethical means to collect, use, trade, and secure information in order to better accomplish our mission and goals. We will not collect or use another party's confidential information without party's permission.

Procedure:

As a matter of policy, all users of the WMSC resources should use the following guidelines with regards to confidentiality and information and physical security.

1. Protect all information as if it were confidential information, regardless of the media in which the information is conveyed (e.g., in person, printed or electronic files, e-mail, verbal conversation, or video).

2. Protect all confidential information for the entire life cycle of the information--from creation, storage, use, transmittal, retention through disposal.

3. Contact a WMSC representative or the Judge Advocate General if you need help determining whether certain information is confidential.
4. Share confidential information inside the WMSC only with those who have a need to know.

5. Per Department of Defense and hospital policy, wear your identification badge at all times while at the WAMC/WMSC and ensure that others are authorized to be in your area and are authorized to have access to the WMSC information.

6. Promptly report any actual or suspected unauthorized access or use of Simulation Center systems or information to the Medical Director or Medical Simulation Program Administrator.

7. Avoid talking about confidential information in public places, such as elevators, hallways, cafeterias, or common areas, where you can be overheard.

8. Do not leave confidential information unattended within the WMSC.

9. Do not copy confidential information onto non-DoD computers or systems, or access confidential information through non-DoD computers or systems.

10. Do not disclose/share confidential information to anyone who does not have a need to know the information.

11. All simulation information is the property of the WMSC. Storage and/or dissemination of this information will be through the WMSC.

12. Courses utilizing the WMSC will be allowed to maintain documentation according to their accreditation requirements.
Policy 8: Complaint resolution

**Purpose:** The purpose of this WMSC policy is to ensure all complaints are addressed and handled appropriately.

**Policy:**

The WMSC is committed to resolving any complaints that should arise as quickly as possible. Some forms of complaints are already governed by the Department of Defense (DoD), Womack Army Medical Center (WAMC), and Eastern Regional Medical Command (ERMC) policies, including but not limited to: WAMC Equal Opportunity Policy, Occupational Health and Safety Policy, Anti-Fraud Policy, Sexual Harassment (SHARP) Policy and good-faith reporting of improper activities (whistle blowing).

In the event that an incident/complaint cannot be resolved internally, the complaint will be put in writing and forwarded to the WMSC Administrator. If the situation still remains unresolved, the Director of Medical Education and the appropriate faculty member, or person responsible for Student/GME Affairs will be notified. All complaints will be treated confidentially and the appropriate individuals will be contacted only when acceptable to both parties.

For Undergraduate Medical Education (UME) Students or Graduate Medical Education (GME) Learners: Additional resources include USUHS Associate Dean for Student Affairs, Office of the General Counsel (http://www.usuhs.mil/vocg) and the NCC Trainee ombudsperson and NCC Trainee Helpline. The complete bylaws are available at http://www.usuhs.mil/gme.

For Instructors/Educators/Employees: If complaint should arise about a situation/person (WMSC staff, instructor, faculty member, standardized patient or fellow colleague) during a program at the WMSC, concerns should be directed to the WMSC Administrator.

Everyone participating in programs at the WMSC is asked to keep in mind that the WMSC is a learning environment where people are not chastised for making mistakes. These mistakes may be acts of commission and/or omission. If an inappropriate comment is made or inappropriate language is used during a simulation session, it could be the result of the stressfulness of the scenario. However, if it is felt that individual's conduct was abusive, inappropriate/unacceptable; parties affected are asked to speak to their instructors and to the WMSC Medical Director.

All formal complaints will be documented and kept in a secure location by the WMSC Administrator. Once resolved, access will only be granted after formal written requests have been made with the Medical Director or the GME Director.
Procedure:

1. When dealing with in-person learner issues/complaints, it may be either the learner/instructor who brings the complaint directly to the attention of the staff. When a staff member learns of an issue, he/she will classify the complaint into one of three categories using the classification system described below.

   **Priority 1:** Complaint received, immediate action required - This might be a complaint about an instructor or peer making an inappropriate comment, or equipment or website malfunctioning. Immediate action can and will be taken on this class of complaint.

   **Priority 2:** Complaint received, action required - This might be a grievance about a process that needs to be revised, such as a course format or a request to provide course materials in advance. Action will be taken, but additional research or planning may be required to best address the complaint.

   **Priority 3:** Complaint received, no action required - This might be a complaint about a process that has no realistic solution at this time, such as complaints about why a particular course is offered. In these cases we will respond to the learner if contact information is provided to let them know their complaint has been heard. If certain issues consistently arise, staff will continue to revisit them and identify an alternative solution.

2. If the criticism is a Priority 1 complaint and requires an immediate response, the staff member who received it may either resolve the complaint him/herself or escalate it to the Medical Director (preferred), or appropriate Commander based on its scope. The Medical Director can in turn, either resolve the issue or bring it to the attention of the Director of Medical Education. If the dispute involves certification courses such as ACLS, BLS or PALS, the chain of escalation would also include the HESD and the AHA Regional Faculty Member.

3. Both Priority 2 and Priority 3 complaints will be handled in a timely manner and will be discussed at the weekly staff meeting. The discussion will be recorded in minutes to ensure resolution has been achieved or that it is decided that the complaint cannot be addressed at the current time and why.
Purpose: The purpose of this WMSC policy is to ensure a commitment to continuous quality improvement in all simulation activities that provides our customers with the highest quality services and ensures that it meets its obligations to its customers.

Policy:

The WMSC seeks to implement continuous performance improvement in all aspects of its mission. Quality improvement opportunities are identified through a variety of mechanisms to include program review, evaluations, after action reports, and organizational meetings. Assessment of this data leads to development of plans for the implementation of both informal and formal performance improvement projects. When available, outcomes data is used to assess the effectiveness of changes. Furthermore, the WMSC is committed to participating in WAMC and Central Simulation Committee (CSC) performance improvement projects.

We feel that learner and instructor feedback provides the best means to identify areas of opportunity and potential improvement. To encourage this type of dialogue, we use open ended questions about how the learner's and instructor's event at the centers could be modified to better suit their needs. Staff Meetings and Medical Simulation Advisory Committee Meetings (MSAC) are another means by which the administrators and oversight body can review and discuss current practices and receive feedback from key stakeholders.

All complaints and suggestions, regardless of category level, are taken very seriously and continue to be discussed in departmental meetings until a successful resolution is reached. Learner feedback has enabled the WMSC to identify ways to improve courses, debriefing, groups serviced by our center, enrollment and access to simulation based learning and education.

It is the WMSC's policy to be active in Quality/Performance Improvement measures throughout the DoD, DHA, MHS, and each site QI programs. One key part of the WMSC's mission is to improve patient safety and clinical outcomes through the use of medical simulation. In this respect, each part actively contributes toward quality improvement initiatives identified by the Military Health System (MHS). These initiatives may stem from areas of vulnerability identified through the sentinel event reporting, patient complaints, and through recent deficits in medical knowledge as evidenced by standardized test scores or board certification/pass rates, among others.

Procedures:

1. To contribute to the systematic QI process, staff members participate in project committees and develop
simulation-based education to support proposed initiatives.

A. Business processes, procedures, and policies (Curriculum, Assessments, Faculty and Research Programs).

B. Simulation Fellowship

C. In addition to contributing to quality improvement initiatives, the staff, faculty and governing body are continually looking for ways to improve and streamline regional and military wide simulation processes.

D. The primary means of data acquisition for the QI process for the WMSC is through course evaluation forms via electronically or hardcopy. General course evaluation forms should be freely available within the WMSC at all times. These digital evaluation forms should be distributed to all trainees using the WMSC by the facilitators/WMSC Staff conducting the training. The WMSC Administrator is then responsible for collating the results of the digital course evaluations and reporting the results to the WMSC Medical Director and staff on a regular basis. Hardcopy forms should be turned into the WMSC Lead Simulation Technician in a timely fashion. Additionally, if any staff members or any course facilitators have specific suggestions for how it improves the quality of training provided by, or the operation of, the WMSC they should feel free to bring these to the attention of the WMSC staff at any time.
Policy 10: Research, Grants and Publications

**Purpose:** The purpose of this WMSC policy allows for the coordination of research, grants, and publication activities.

**Policy:**

The WMSC encourages multi-disciplinary and inter-professional collaborative research. Any research, grant, and publication activities that require use of the WMSC and its resources and/or time from its faculty/staff should be coordinated with the WMSC Medical Director. All research projects must be approved through the Department of Clinical Investigation. Adequate time is required for coordinating and scheduling research related activities. Requesting assistance at least 3-6 months prior to the requested research activity (based upon IRB approval, grant deadline, or publication submission is required). Contact the WMSC Medical Director as early as possible in the preparation process.

**Procedure:**

1. Prospective researchers must complete Human Subjects Protection training through the Collaborative Institutional Training Initiative (CITI) and/or complete an internal training program through DCI entitled Advanced Research Training

2. Faculty exploring funding opportunities shall complete necessary forms required from the DCI Office.

3. During the planning phase, prospective researchers must meet with the WMSC Medical Director 3-6 months prior to a planned research activity.
   
   A. Researchers shall be prepared to discuss logistical considerations for the activity, such as the role of the WMSC faculty, timeframes, supplies, space and personnel required.

   B. Requestors should consider how the WMSC faculty shall be involved as the grant/research co-investigator and publication co-author relevant to the level of involvement they expect of the WMSC faculty.

4. Any publications/presentations completed as a collaborative effort with the WMSC shall have the WMSC referenced.
Policy 11: Photograph and Video Retention

Purpose: The purpose of this WMSC policy is to ensure proper storage and disposition of photographs or videos filmed at the WMSC for educational purposes.

Policy:

Occasionally, training conducted in the WMSC will be video recorded or captured with still photographs. Video recording and/or photos are to be obtained by the WMSC only for the purpose of review for educational purposes and WMSC public relations and/or accreditation. Other recordings of training will not be obtained by the WMSC staff. In general, all video and photos will be destroyed on the day they are shot, unless there is a need to retain them.

Video and photos retained for educational purposes will be turned over to the simulation facilitator if they need to be kept for a longer period (CD, DVD, etc.). The simulation facilitator is then responsible for the proper storage and disposition of these materials.

Video and photos retained by the WMSC for public relations and/or accreditation will be stored in a secure location, in an electronic format, on a password protected government computer.

Retained photos and videos will be reviewed on a yearly basis, and those which are no longer needed will be deleted. Photos and videos retained by the WMSC will not be made available to outside sources. When videos are obtained for public relations and/or accreditation purposes, simulation participants will be asked to sign a confidentiality agreement and a release for videotapes and still photography.
Policy 12: Medication Management

**Purpose:** The purpose of this WMSC policy is the proper use of oral, topical, intravenous, and injectable medications, enteral and parenteral administrations, fluids utilized for flushing, intravenous infusion, gavage, lavage, or irrigation stored or utilized within the WMSC.

**Policy:**

As much as practical, simulated medications shall be utilized for simulation. No narcotics or controlled substances will be maintained in the WMSC.

Any medications brought into, stored, and/or utilized in the WMSC are to be considered non-critical items and will not be utilized for patient care.

When practical, medication will be labeled "NOT FOR PATIENT USE."

Medications will be securely stored in the Omni cell or crash cart in the simulation lab.

No medication shall be taken out of the WMSC. For in-situ simulation sessions, medications will be provided by the area conducting the simulation and are the responsibility of the facilitator.

All medications utilized during an in-situ simulations session will be maintained under the direct control of the facilitator during the duration of the session. The facilitator will properly dispose of all medications utilized during the simulation session.

Policy 13: Class VIII Supplies
Purpose: The purpose of this WMSC policy is to properly evaluate donated supplies to ensure usability and need to include stocking and disposition.

Policy:

All donated items/supplies MUST be evaluated by one of the WMSC staff to ensure usability and need. The staff member who accepts medical supplies/equipment is responsible for stocking of the supplies/equipment or disposing of unwanted supplies/equipment.

The WMSC receives these supplies from departments/services as they become available and by ordering through DMLSS. The WMSC requests that users visit the WMSC or check with the Simulation Specialist prior to training to ensure that supplies required for training are available or need to be provided by the user.

These items are expired/donated supplies which are used to create a training environment as close to "real" as possible.

A crash cart with all basic supplies will be supplied for all general scenarios located in the WMSC to include general moulage supplies. This crash cart will be labeled "NOT FOR PATIENT USE."

Not all supplies used at MAMC are available at the WMSC. Course facilitators may need to bring required Class VIII for their courses (please coordinate with WMSC staff).
Policy 14: Facility Maintenance

Purpose: The purpose of this WMSC policy is to provide locations/information on supplies and equipment.

Policy:

1. Linen: Additional linen is available when required. Please ask WMSC staff for assistance.

2. Office Supplies: A printer is available for use. Pencils are provided as no ink pens are allowed in the simulation area. Please ask WMSC staff for assistance and location.

3. Telephones/Pagers: Telephones are available for use. Please check with staff as to where telephones are located. Cell phones should be turned off when high fidelity patient simulator systems are in use due to interference with system functions. Pagers should remain on vibrate during training sessions.

5. Storage Areas: Permission from WMSC staff is needed to access storage areas. Please ask WMSC staff for assistance if additional supplies/equipment is required.

6. Food/Drinks: Should not be co-located or consumed during simulation sessions. A separate area away from simulators and equipment is allowed.
Policy 15: Simulator Use and Equipment

**Purpose:** The purpose of this WMSC policy is to ensure proper usage of simulation equipment.

**Policy:**

1. All high fidelity simulators must be operated by trained facilitators.

2. Manikins and accessories may be loaned out and "hand-receipted" to trained WMSC Facilitators. Static manikins do not have to be accompanied outside of the WMSC, but must be inspected and "hand-receipted" prior to removal.

3. All high fidelity simulators scheduled for training outside of the WMSC must be accompanied by a WMSC staff member.

4. Any malfunction of the simulation equipment will be reported to WMSC staff.

5. All simulation equipment used in a field environment will be inspected for cleanliness and operating condition when returned.

6. Simulators and accessories may be loaned out for in-situ training. A "hand-receipt" will be completed by requester.

7. Simulators and/or WMSC Staff assistance must be scheduled in advance for in-situ training.
**Policy 16: Orientation Process**

**Purpose:** The purpose of this WMSC policy is to ensure all requirements are met and procedures are followed by new employees, instructors, facilitators etc. and that they are oriented to the WMSC and equipment.

**Policy:**

The WMSC staff is available to provide guidance and instruction for all instructors who wish to utilize the WMSC for teaching purposes.

In addition to this, all materials that are developed to be taught at the WMSC should be reviewed by a member of the WMSC staff after it has been reviewed by a clinical subject matter expert to ensure the applicability and feasibility of the training. Facilitators should take care to ensure that their training exercises are designed to:

1. Address a pertinent need in their learners.
2. Is appropriate for the level of the trainee.
3. Addresses ACGME competencies and milestones.
Policy 17: Facilitator Responsibility

Purpose: The purpose of this WMSC policy is to ensure a Facilitator has been trained and has all the proper tools to accomplish training.

Policy:
To operate simulation equipment independently, all users must be a trained facilitator.

The course facilitator is responsible for the content of their courses and the simulation training provided. We require all GME Program Directors to have their simulation facilitators attend WMSC training. These courses offer a general review of the service specific simulators available at WMSC and provide training in conducting simulation training and facilitated debriefing.

All formal courses will contain a method by which trainees have the opportunity to provide feedback on both the course content, how well it achieved stated objectives, and instructor performance. The way in which this is accomplished depends on the individual course. For example, courses that have outside requirements for certification, such as ATLS and ACLS already have standardized formats that must be completed for credit to be granted.

Other courses which offer CME under the DoD have a required online evaluation form that must be completed at the end of the class as well. For other courses where there is not a preexisting format for evaluation required, the WMSC uses a standard course evaluation form. All facilitators should be aware of this requirement and adherence is monitored by the WMSC Staff.

If specific issues arise with an instructor based on either formal evaluations or form complaints, the Program Director is responsible for investigating these further.

WM Staff is available to provide guidance and instruction for all instructors who wish to utilize the WMSC for teaching purposes. Based on the Central Simulation Committee's guidance for development of educational curricula, we give the instructor's access to the CSC Standardized Curriculum Template and get them in contact with a subject matter expert in the appropriate specialty.
Policy 18 Evaluation Tools

Purpose: The purpose of this WMSC policy is to provide tools for educators to evaluate the quality of the training they are providing.

Policy:

All educators conducting training in the WMSC should take the time to evaluate the quality of the training they provide. General course evaluation tools are available through the WMSC. These evaluation forms should be distributed to all trainees/students using the WMSC by the facilitators conducting the training and should be turned into the WMSC staff in a timely fashion. Facilitators are also welcome to develop and distribute their own tools as needed. A copy of those evaluations should be made and provided to the WMSC Staff.
Policy 19: Feedback

**Purpose:** The purpose of this WMSC policy is to ensure that feedback is obtained for not only the instructor/educator but for the WMSC.

**Policy:**

The SMSC requires that staff participate in a yearly survey. The survey process allows staff an opportunity to vocalize any concerns with the work environment, learning climate, duty hours, or facility resources.

The WMSC requires that Educators and Program Directors in each program also participate in an annual consult meeting with the WMSC Medical Director. This survey inquires about the Educators/Program Directors perspective of how the WMSC is meeting their needs and training requirements.
Policy 20: Curriculum Development and Standardized Patient

Purpose: The purpose of this WMSC policy is to ensure all requirements are met and procedures are followed for the Standardized Patient.

Policy:
Identify need for Standardized Patient: Departments determine what program elements require SP support. GME Program Directors will be asked as part of their yearly simulation consult what program events will require SP support. Scheduling SP event is best completed as part of this comprehensive program scheduling meeting.

Budget: The WMSC receives an annual budget depending upon approval from GMEC and the CSC. At this time, scheduling SP events is first come first serve for funding.

Review the Guidelines for requesting a SP and complete the SP Request Form. If you are requesting space at the WMSC for your event, complete the WMSC training request form. SP Request Form should be sent to the Simulation Program Administrator 8 weeks prior to an event.

Confirmation of Request for SP: The WMSC staff will contact you upon receipt of the SP Request Form and review the curriculum and SP requirements for your event.

Confirmation of SP: The WMSC staff will confirm the dates with SPs and validate the finalized dates and times for rehearsal and event.
Policy 21: Emergency Care/Defibrillator Management NOT FOR PATIENT USE TRAINING PURPOSES ONLY

Purpose: The purpose of this WMSC policy is to ensure that a properly stocked age-appropriate emergency crash cart and a properly functioning defibrillator will be readily available.

Policy:
An emergency crash cart is a cart that facilitates coordination and staff familiarity with emergency equipment. Pediatric color-coordinated carts are used to stock various equipment sizes. The WMSC has emergency "crash" carts and defibrillators routinely checked and maintained in a state of readiness for TRAINING PURPOSES ONLY.

UNDER NO CIRCUMSTANCES will the contents or equipment on these carts be used for patient care.

Procedure:

1. A WMSC Staff member is responsible for checking the crash cart, oxygen cylinder levels (if available), defibrillator, and documenting compliance with crash cart checklist.

2. Learners will be called upon to help restock crash carts at the conclusion of certification courses that use crash carts.

3. All emergency "crash" carts will be opened, checked, and restocked for contents once monthly (if not used) or following each use with learner/instructor assistance.

4. Laryngoscopes will be checked prior to placement on the cart and monthly.

5. Drawers of crash carts are to be clearly labeled to identify contents by general categories. Special procedure trays are kept on the bottom shelf in the carts.
Policy 22: Evaluating assessors/instructors

Purpose: The purpose of this WMSC policy is to ensure all requirements are met and procedures for evaluating the primary instructors, ancillary staff and program content facilitators.

Policy:
All instructors will be evaluated by their Program Directors and Learners. For life support classes and other programmatic courses, we will follow the regulations for assessing instructor staff. The WMSC has standard assessment forms. Data are stored electronically and the results are provided to the Program Directors and/or Event Coordinators.
Purpose: The purpose of this WMSC policy is to ensure all requirements are met and procedures are followed for the selection of evaluation tools for assessing learners, instructors and center performance.

Policy:
The WMSC utilizes evaluation tools for formative evaluations. Procedure assessments follow program approved checklists. Formative experiences utilize both Simulation Training Assessment Tool (STAT) and narrative debriefing. Faculty is strongly encouraged to use the STAT tool unless another assessment tool is available. The Essential Elements of Communication -Global Rating Scale 2005 (EEC -GRS) is utilized to evaluate performance for Standardized Patient encounters.
Policy 24: Develop and Select tools for assessment

**Purpose:** The purpose of this WMSC policy is to ensure all requirements are met and procedures are followed when developing tools for evaluation.

**Policy:**
The WMSC strives to utilize validated evaluation GME program approved tools for summative evaluations, e.g. fundamentals of laparoscopic surgery, fundamentals of endoscopic surgery. All other evaluation tools are vetted through the Program Director and the WMSC Medical Director. These are tested in a formative environment and feedback from students and other senior residents is compiled for review.
Policy 25: Inter-rater reliability (IRR)

Purpose: The purpose of this WMSC policy is to provide an understanding that the WMSC does not conduct high stakes summative evaluations.

Policy:

The WMSC does not conduct high stakes summative evaluations; therefore the center does not provide routine training for IRR.

WMSC orientation addresses the use of assessment tools and therefore provides a level of uniformity among facilitators within the same department.
Policy 26: Course Content

**Purpose:** The purpose of this WMSC policy is to ensure that simulation course content is centered on the needs of the Program Directors and GME milestones and or other applicable benchmarks.

**Policy:**

Programs of instruction are reviewed yearly by the WMSC Medical Director in conjunction with Program Directors to ensure they are providing training that matches GME milestone requirements. Program content is directed by the Program Director.

Instructors/Facilitators are selected by the Program Director.
Policy 27: No Live Patient Care

Purpose: The purpose of this WMSC policy is to ensure that no live patient care takes place in the WMSC.

Policy:

The WMSC ensures that during training events, all invasive assessments and procedures are performed on manikin simulators or task trainers. The WMSC medical equipment and expendable items are NOT indicated for patient care nor will they be used for live patient care. Any invasive procedures (injections, phlebotomy, etc.) are PROHIBITED in the WMSC.

In the event of a medical emergency, training staff or participants should not utilize training equipment to render aid,

but should call 911 for EMT support or send the patient to the Urgent Care Clinic or Emergency Department at WAMC.