UNIVERSITY OF ARKANSAS AT MONTICELLO

SCHOOL OF NURSING

SIMULATION HANDBOOK

2025-2026

Revised: 05/09/2024

Purpose

The purpose of the School of Nursing (SON) Simulation Handbook is to identify guidelines for the use of simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of clinical hours. The SON uses a ratio of 1:3 for clinical simulation hours (1 simulation hour = 3 clinical hours). Faculty may count pre and post simulation assignments as time toward the clinical hours required for each course. The Simulation handbook provides an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

Definitions

Assessment – Refers to processes that provide information about or feedback about individual participants, groups, or programs by observations of progress related to knowledge, skills, and attitudes (Lioce, 2024, p. 9).

Clinical Skills Laboratory – A designated area in which equipment and supplies are provided to simulate a clinical facility, allowing skills and procedures to be demonstrated and practiced.

>   Main Lab → East Wing; Room 214
>   Suite Lab →West Wing; Room 200
>   Sim Classroom → Room 208

Clinical Judgment – requires a strong, solid knowledge base. It involves a process that consists of recognizing and analyzing the cues, prioritizing hypotheses, generating solutions, taking actions, and evaluating outcomes of the client's condition to determine whether change has occurred. It also involves careful consideration of the client's condition, medications, and treatment in the evaluation of his health status (Treas, 2022, p.6).

Clinical Reasoning – is the process of synthesizing knowledge and information from numerous sources and incorporating experience to develop a plan of care for a particular client or case scenario (Treas, 2022, p. 33).

Clinical Scenario – The plan of an expected and potential course of events for a simulated clinical experience. A detailed outline of a clinical encounter that includes: the participants in the event, briefing notes, goals and learning objectives, participant instructions, patient information, environmental conditions, manikin or standardized patient preparation, related equipment, props, and tools or resources for assessing and managing the simulated experience (Lioce, 2024, p. 14). The clinical scenario provides the context for the simulated patient care experiences, which can vary in length and complexity, depending on the objectives. The clinical scenario design includes:

1. Student preparation/pre-work;
2. Pre-briefing (briefing): review of student objectives, instructions prior to implementation of scenario, questions, or other resources used in the scenario;
3. Patient information describing the situation to be managed;

4. Environmental conditions, including manikin, setting, or standardized patient preparation;
5. Related equipment, props, and tools or resources for assessing and managing the simulated experience to increase the realism;
6. Roles, expectations, or limitations of each role to be played by students;
7. A progression outline including a beginning and an ending;
8. Debriefing of experience; and
9. Evaluation criteria.

Coaching – A method of directing or instructing a person or group of people to achieve goals, develop specific skills, or develop competencies (Lioce, 2024, p. 14).

Critical Thinking – Using an analytic problem-solving process to make judgments that are goal directed, ethical, and based on standards of professional nursing practice (School of Nursing, 2025-2026).

Cueing (prompting) – Information that redirects the student to progress through the clinical scenario to achieve student learning outcomes (Lioce, 2024, p. 16).

CUS: A term allowed by the students to use at any point during a simulation that informs the facilitator that there is an issue. The simulation will cease, and time will be spent addressing the concern(s).

I am **C**oncerned.
I am **U**ncomfortable.
There is a **S**afety Issue.

Debriefing – The purpose of debriefing is to move toward assimilation and accommodation to achieve student-learning outcomes. Debriefing follows a simulation experience and led by a trained faculty facilitator. Students' reflective thinking is encouraged, and feedback is provided regarding the students' performance (Lioce, 2024, p. 17).

Evaluation – A broad term for appraising data or placing value on data gathered through one or more measurements. It involves rendering a judgment and using formative and summative feedback to identify strengths and weaknesses. Evaluation measures quality and productivity against a standard of performance (Lioce, 2024, p. 20).

Facilitator – Qualified nursing faculty employed by the UAM SON program who provides guidance, support, and structure during the SPCE. The faculty facilitator has specific simulation education provided by formal academic coursework, continuing education offerings, and/or targeted work with an experienced mentor (Lioce, 2024, p. 22).

Feedback – Information given or dialogue between faculty facilitator, scenario role players, simulator, or peer with the intention of improving the understanding of concepts or aspects of performance (Lioce, 2024, p. 22).

Fidelity – The degree to which a simulated experience approaches reality- as simulation fidelity increases, realism increases. The level of simulation fidelity is determined by the environment, the tools and resources used, and many factors associated with the students. Simulation Fidelity can involve a variety of dimensions, including: (a) physical factors such as environment, equipment, and related tools; (b) psychological factors such as emotions, beliefs, and self-awareness of students; (c) social factors such as student and faculty motivation and goals; (d) culture of the group; and (e) degree of openness and trust, as well as students' modes of thinking (INACSL, 2021c).

    a. Physical Fidelity includes factors such as the patient, patient environment, medical equipment, standardized patients, manikins, and props.
    b. Conceptual Fidelity insures that all elements relate to each other and are accurate.
    c. Psychological Fidelity maximizes the simulation experience by adding in contextual elements such as active dialogue between the patient and student, noise and lighting, family members, distractions, time restraints, and prioritization.
    d. It is important to note that moulage, task trainers, and manikins may be used to create high-fidelity simulations.

Guided Reflection – Process used by the faculty facilitator during debriefing that reinforces the critical aspects of the experience and encourages insightful learning, allowing the student to assimilate theory, practice, and research to achieve student-learning outcomes (Lioce, 2024, p. 26).

High Fidelity Simulation – Simulation experiences that create a high level of realism and interactivity for the students (Lioce, 2024, p. 29).

High-Stakes Evaluation – An evaluation process associated with a simulation activity that has a major academic, educational consequence (such as a grading decision, including pass or fail implications; a decision regarding competency or progression) (INACSL, 2021j, p. 55).

Manikin-based Simulation – The use of manikins to represent a patient using heart and lung sounds, palpable pulses, voice interaction, movement, bleeding, and other human capabilities that may be controlled by a facilitator using computers and software (Lioce, 2024, p. 37).

Moulage – Techniques used to simulate injury, disease, aging, and other physical characteristics specific to a scenario. Moulage supports the sensory perceptions of students and supports the fidelity of the simulation scenario with use of makeup, attachable artifacts (e.g., penetrating objects), and smells (Lioce, 2024, p.41).

Participant – One who engages in a simulation-based learning activity for the purpose of gaining or demonstrating proficiency in knowledge, skills, and attitudes needed to achieve student learning outcome (Lioce, 2024, p.46).

Pedagogy – The art or science of instructional methods. The study of teaching methods, including goals of education and the ways those goals can be achieved.

Pre-briefing (Briefing) – An information or orientation session held prior to the start of a simulated patient care experience in which instructions or preparatory information is given to the students. The purpose of the pre-briefing or briefing is to set the stage for a scenario and assist students in achieving scenario objectives. Suggested activities in a pre-briefing or briefing include an orientation to the equipment, environment, mannequin, roles, time allotment, objectives, and patient situation (INACSL, 2021b).

Psychological Safety – A feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment (Lioce, 2024, p. 50).

Reflective Thinking – The engagement of self-monitoring that occurs during or after a simulation experience. It allows participants to assimilate the knowledge, skills, and attitudes uncovered through the experience with pre-existing knowledge (Lioce, 2024, p.52).

Return demonstration/Competency check-off – Faculty evaluated performance of a skill/competency at a required level of performance as prerequisite for the SPCE.

Safe Learning Environment – A conducive learning environment where students feel at ease taking risks, learning from mistakes, or extending themselves beyond their comfort zone. It is an environment of mutual respect, support, and respectful communication (Lioce, 2024, p. 54).

Scenario – See Clinical Scenario.

Scenario Role Player – (also known as embedded participant/actor, such as family member, healthcare provider, standardized patient, patient, student, etc.) an individual who participants in the scenario. The participation may be assigned as positive, negative, neutral or as a distracter, depending on the objective(s), the level of the students, and the scenario. Although the scenario role player is part of the situation, the purpose of the role may not be revealed to the students in the scenario or simulation.

Simulation-Based Education – A learning experience which replicates some or all essential aspects of clinical experiences using one or more typologies to promote, improve and/or validate student achievement of student learning outcomes (Lioce, 2024, p. 57).

Simulation Learning Environment – A physical location which can be included within or ancillary to the clinical skills laboratory which has current, appropriate, and adequate financial support, equipment, supplies and resources to meet student learning outcomes within established budget.

Simulated Patient Care Experience (SPCE) – Pertaining to or founded on simulated assessment and care of individuals, families, or groups in health care settings, as distinguished from theoretical. Learning in simulated clinical environment(s) permits opportunities for application of nursing practice during pre-briefing (briefing), simulation, debriefing, and evaluation of the simulation. Standardized patients, medium or high simulation fidelity mannequins are required for SPCE. The experience allows the students to incorporate critical thinking, nursing processes,

and nursing actions to meet student learning outcomes and manage the situation in a safe simulation learning environment.

Skill/competence – Nursing intervention performed safely to a given standard.

Standardized Patient – A person trained to portray a patient consistently or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation (Lioce, 2024, p. 64).

Student Learning Outcome (SLO) – A measurable result of the student's progress toward meeting a set of objectives. Expected outcomes are the change in knowledge, skills, or attitudes resulting from the simulated patient care experience.

Simulated Learning System – Computer-based simulation or online resource that guides learning in a virtual healthcare environment where the patients and conditions are constantly changing are not synonymous with SPCE (Lioce, 2024, p. 58).

Note: The UAM SON uses policies and procedures to assure quality consistent simulation experiences for the students.

Assumptions

UAM SON identifies and sustains an annual budget for faculty to participate in simulation-related professional development such as webinars, conferences, journals, clubs, readings, and certifications with a focus on simulation.

UAM SON is dedicated to providing and sustaining simulation opportunities by providing adequate facilities, personnel, educational and technological resources, and equipment to meet the intended objectives.

Professional integrity, in reference to conduct and ethical behaviors, is expected to be upheld by all members involved in the simulation-based experiences (SBE) (INACSL, 2021h).

There are "varied methods of facilitation that are available, and use of a specific method is dependent on thelearning needs of the student(s) and the expected outcomes" (INACSL, 2021d, p.22).

Skill acquisition and task training alone, as in the traditional skills lab, do not qualify as Simulated Patient Care Experience and therefore does not meet the requirement for clinical learning experience/clinical hours.

Nursing programs will document the number and type of Simulated Patient Care Experiences (SPCE's) used to replace clinical hours on an annual basis.

Simulations provided through algorithms and predefined patient findings may be used up to 50% of allowable SPCE.

Established Guidelines

The following established UAM SON guidelines must be met to substitute simulated patient care experience for clinical experiences:

A. One hour of Simulated Patient Care Experience (SPCE), from pre-briefing to the end of the exercise, to include student time in preparing on-site or off-site, is equal to three hours of clinical learning experiences in the clinical setting.

B. Simulation Design (INACSL, 2021c): "Simulation-based experiences are purposefully designed to meet identified objectives and optimize the achievement of expected outcomes." (INACSL, 2021c, p.14). Programmatic outcomes are linked to simulation activities. Simulations must meet the following criteria:

   1. Designed by content experts and facilitators who are trained in pedagogy.
   2. Objectives are based on a need assessment.
   3. Objectives are measurable with appropriate modality.
   4. Case scenarios include a situation, background, script, planned cues, and evidence-based performance measures.
   5. Uses several types of fidelity to create the perception of realism.
   6. Corresponds to the students' knowledge level and experience.
   7. Includes a pre-briefing, debriefing, and evaluation.

C. Objectives (INACSL, 2021g): are designed to help the learners meet desired outcomes and to prepare them for clinical practice. Two frameworks are used to guide the development of the objectives: Bloom's Taxonomy and S.M.A.R.T (Specific, Measurable, Achievable, Realistic, and Time phased).

D. Pre-briefing (INACSL, 2021b): Is completed prior to the simulation (preparation) and right before the start of the simulation-based experience (briefing); prior to the simulation-based experiences (SBE), an orientation will be conducted. This includes:

   a. Reviewing required literature to set the stage for a scenario;
   b. Presenting the background and situation of the SBE;
   c. Providing students with roles and expectations;
   d. Method being used for evaluation;
   e. Orienting to equipment, manikins, technology, SP, setting, and other environmental factors;
   f. Establishing a psychologically safe learning environment; and
   g. Communicating the expected knowledge, skills, attitudes (KSA), and behaviors from the students during the SBE (INACSL, 2021b)

E. Debriefing (INACSL, 2021e): Performed after completion of the simulation by a facilitator who observed the simulation and who has had training in debriefing. Debriefing aids in the connection of actions with new and previous knowledge, increase clinical performance and skills, encourage reflective thinking, and promotes clinical reasoning. The process may

include the use of unidirectional feedback and guided reflection. Some questions that may be asked during the debrief are as followed:

1. What went well?
2. What would you have done differently?
3. What are some take away from this simulation?
4. What was your thought process during the simulation-based experience?

F. Evaluation (INACSL, 2021j)

 1. Formative Evaluation:

   a. Used to provide information to students for improving performance and behaviors associated with the three domains of learning: cognitive (knowledge), affective (attitude), and psychomotor (skills).
   b. Based on developmental objectives that are designed to (1) meet student outcomes, (2) provide feedback, and (3) remedy errors in thinking and practice;
   c. Accommodates students who need extra learning time; and
   d. Appropriate for the level of experience of the students.

 2. Summative Evaluation:

   a. Standardized in format and in scoring methods;
   b. Accompanied by specific students' objectives;
   c. Appropriate in its level of fidelity to achieve student outcomes;
   d. Explained before the start of the evaluation process;
   e. Held in an environment with equipment to which the student has been oriented;
   f. Based on pre-established guidelines pertaining to student errors; and
   g. Conducted by facilitators who are trained in the principles of simulation based experiences.

G. Facilities: The school of nursing will maintain appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Documentation for Simulation Coordinator

The simulation coordinator must maintain the following documentation for all simulation practice clinical experiences (SPCE's):

   a. SPCE student learning outcomes as they relate to the course and clinical objectives.
   b. Type of simulation
   c. Number of SPCE hours substituted for clinical learning experiences
   d. Methods of debriefing
   e. Documentation of the SPCE evaluation of students

The Simulation Coordinator must maintain documentation of simulation training and or mentorship from qualified vvendor training, formal education in approved education, or other qualified trainingprogram (Clinical Simulation Laboratory Experience Evaluation and Faculty Competency in the Clinical Simulation Experience, 2009). This documentation is shown on the curriculum vita.

Simulation Expectations

Simulated Patient Care Experiences

Simulation is the site for the student to enact the roles of provider of care, coordinator of care, and member of the discipline or professional. It is designed to allow the student an opportunity to apply theoretical concepts to practice. SPCE experiences are arranged in a variety of settings.

Simulated Patient Care Experience Competencies

Simulation competencies are evaluated as Met (M) or Progressing (P). An Unmet (U) may be assigned if the student fails to complete all preplanning material by the requested date and time. Any serious client endangerment as well as serious professional misconduct (violation of the ANA Code of Ethics or Professional Standards and HIPAA Regulations) may result in immediate dismissal from the nursing program with final approval by the dean of the School of Nursing. A failing grade in either theory or clinical will result in a failing course grade.

Simulated Patient Care Experience Attendance

Simulation experiences are unique and cannot be rescheduled; therefore, students are required to attend all SPCE experiences. A simulation absence is defined as missing any simulation day. Absences will be reflected in the evaluation of the student's ability to meet course and clinical objectives. Clinical objectives cannot be met when the student is absent. Please refer to the SON Student Handbook for the policy on absenteeism.

Simulated Patient Care Experience Evaluation Process

The student's clinical experiences are evaluated at designated times and are reviewed jointly by the student and the instructor. The student is responsible for scheduling the appointment with the instructor to review the evaluation. A narrative of the results is signed by the student and the clinical instructor and becomes a part of the student's permanentfile. The signature is an indication the student has been evaluated and is aware of the results, suggestions, and recommendations of the instructor. Clinical evaluation forms are included in allconcepts and principles course syllabi. Clinical performance is progressive throughout the semester and

throughout the program of study. The student is expected to progress to a higher level of performance with each succeeding semester. Violations of the ANA Code of Ethics or ANA Standards of Care may result in dismissal from clinical and the program.

Simulated Patient Care Experience Equipment

The student is required to purchase the following equipment for simulation and skills lab activities:

1. Bandage scissors
2. Watch with a sweep second hand; NO Smart Watches allowed in simulation
3. Two black ball-point pens and a small pocket notebook
4. Penlight
5. Stethoscope

Dress Code

When using the lab for clinical simulation, students will present with properclinical attire. Adherence to the dress code is an expected responsibility. See the Student Handbook under Clinical Dress Code.

Conduct

Professional conduct is mandatory.
- No excessively loud noise or disruptive behavior.
- No cell phone usage. Students are not permitted to be on cell phones at any time during simulation.

*See the Student Handbook for additional information regarding Conduct.

Equipment/Manikins

All persons requesting to use simulation equipment must have areasonable orientation.

- Handle manikins with care. This equipment is costly. Damage will occur if the equipment is allowed to become wet, if it is dropped, tampered with, or incorrectly used.
- Wash hands before providing care to manikins.
- If a manikin must be removed from the bed, place in a wheelchair. Do not place manikins on desks or bedside table.
- Wear clear vinyl gloves when handling all manikins.
- **Do not** use betadine or iodine on manikins. It will permanently stain them.
- Keep ink pens, newsprint, and papers with copy ink away from manikins. These will also permanently stain manikins.
- Manikins **must** be cleaned after every use. Clean with Clorox wipes (do not use bleach) or mild soap and water. Rule: If the cleaner comes in a can do not use!

- After usage, remove tape from manikins and equipment. Clean any tape residue.
- After usage, remove any lubricant residue.
- Do not place any items on top of the manikins.
- Do not use colored gloves, linens, or colored clothing that could stain manikin.
- Use only water-based products with manikin.
- Food and drink should not come in contact with manikins.
- Notify instructor if manikins or any equipment needs repair.
- Laptops are for simulation use only. Students are not to login to laptops in the Simulation Lab.

Lab Maintenance

Always leave the lab in a manner that projects the image of a professional health care setting. It must always be left ready for usage.

- No food or drink in the lab as this can cause damage to the equipment
- Return all supplies, neatly, to their proper storage place after use.
- Beds must be re-made after practice or check offs.
- Do not sit on beds unless it is for practice or check offs.
- Do not sit on tables, bedside tables, or desks.
- Soiled linens must be placed in hamper.
- Supplies are not to be placed on the floor for storage.
- If supplies cannot be located or need repair (including linens) notify instructor.
- Sharps must be disposed of properly in the red sharps containers.
- If trash cans are filled the instructor is responsible for asking custodians to empty them.
- Lab will be cleaned after each usage.
- Students should assure that the door is locked when leaving the lab.
- The instructor will remove all soiled linens in hamper and take to School of Nursing secretary for laundering.
- No Children

Lab Safety

Safety should be maintained for all participants in the simulation lab. Each user is expected to adhere to the following guidelines:

- Refrain from use of latex products;
- Lab equipment is not intended for clinical use, but safety precautions must be employed with all equipment use.
- Medications must be mock medications with clear labeling not for human consumption;
- Medications and supplies donated to the lab must be labeled "EXPIRED, for skills use ONLY. NOT for Consumption;"
- All equipment must be in working order. Guidelines for maintenance and repairs should be kept for quick reference. All broken, damaged, or malfunctioning equipment must be reported to the simulation coordinator promptly and removed from the lab;

- Maintain a clean environment;
- Maintain appropriate infection control precautions and use of personal protective equipment;
- Dispose of all sharps in the red sharps container located in every room of the sim lab. Should the container be 2/3 full, refrain from adding new sharps. Promptly report the full container to the simulation coordinator for disposal;
- Adhere to occupancy limits of each room; and
- Locate the fire safety plan for each floor. Maintain a clear path should the need arise for a swift exit (NLN, 2022, Chapter 5: Skills Laboratory Test).

Skills/Lab Supplies

The School of Nursing holds no liability for any issues arising from the misuse of skills bags. Students are expected to exercise caution and implement security measures when handling skills bags at home. Supplies within the skills bag and skills laboratory are strictly intended for educational purposes and not for human use.

Disabilities

Learners with disabilities in the Skills Lab:

- Regardless of disability, all learners shall be held to the same academic standards;
- Accommodations are available for all learners to ensure the same opportunities can be achieved;
- Modification of policies and practices may occur to prevent discrimination against learners with disabilities in alliance with the Americans with Disabilities Act (ADA);
- The ADA does not require the alteration of academic standards;
- The learner must practice safely in order to progress in the program;
- Safe practice is defined by UAM as someone who upholds the competencies of a registered nurse as expounded by the American Nurses Association (ANA) and as laid out in the student handbook under Mission, Philosophy, and Organizing Framework;
- Learners with disabilities who require accommodations in the lab may require a plan specific to their learning needs (NLN, 2022, Chapter 5: Skills Laboratory Test).

Dismissal from Clinical

Students who are not prepared, or who fail to meet assigned clinical commitments, may be dismissed from the clinical experience. Noncompliance with the School of Nursing guidelines may result in disciplinary action by the Nursing faculty. Violation of the ANA Code of Ethics or ANA Standards of Care may result in dismissal from clinical and the program.

Disclaimer

Care has been taken to ensure that the information contained within the handbook is accurate and complete at the time of distribution however, due to constraining events

and/or circumstances which may necessitate change, School of Nursing faculty reserve the right to amend any information contained within this handbook. Students will be informed in a timely manner of any amendments made.

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University of Arkansas at Monticello
School of Nursing
Simulation Handbook Agreement

By signing this document, I certify that I have received a copy of the UAM SON Simulation Handbook. I understand that it is my responsibility to read the handbook in full and follow all the outlined policies and procedures. Should I have any questions, it is my responsibility to seek out clarification. Should there be an amendment, I am aware that I will receive notification via email or in person of the change(s) made. It is, again, my responsibility to then review the amendments in its entirety.

_____   _____
Printed Name   Date

_____
Student Signature