University of California Irvine

Medical Education Simulation Center Policies and Procedures

Academic Year 2017-2018

Author Acknowledgements

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1. General Information

1.1 Mission Statement and Core Values

Mission

To provide state-of-the-art health care education and research using simulation technology to promote superior clinical care and patient safety by delivering quality immersive education to healthcare professionals and the community

Core Values

Accountability
Respect
Integrity
Innovation
Service through Teamwork
Excellence

1.2 Governance
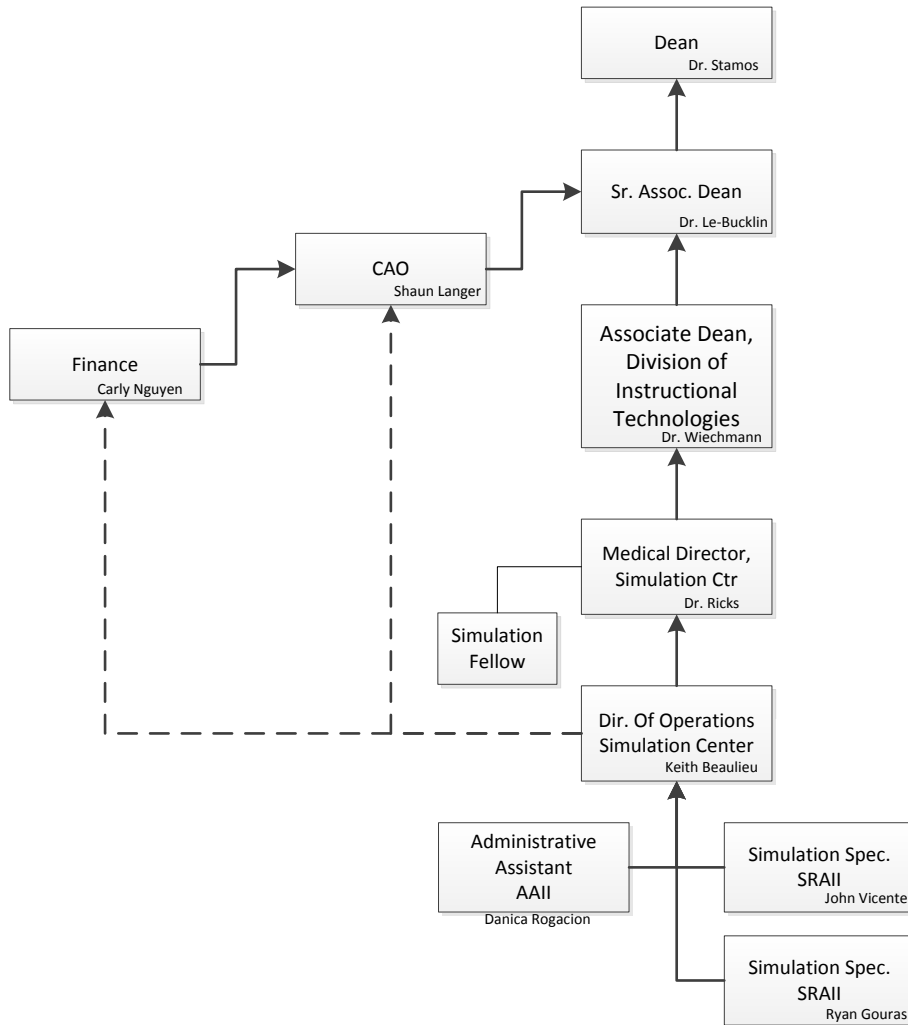
1.3 Decision-Making Process

This center operates on a hierarchical organizational structure within the Medical Education, School of Medicine. All decisions are made by the director, assoc. director and/or director of operations. Day-to-day operations are the responsibility of the director of operations. All scheduling is funneled through the administrative assistant to the director of operations for evaluation. Scheduling conflicts, customer service issues, disagreements with policy or other uncertainties is the responsibility of the director of operations. If such issues cannot be resolved, the issue(s) will be elevated up the chain of command. Decisions regarding equipment purchases and prioritizing projects rests with the directors and director of operations with counsel from the simulation specialists.

1.4 Required Event or Course Acknowledgements

The Medical Education Simulation Center will be acknowledged in all photographs, research, abstracts, publications, presentations where the Medical Education Simulation Center had a part. The simulation center shall be acknowledged as "University of California Irvine Medical Education Simulation Center." *Any and all photographs, research, abstracts, publications, presentations, where the Medical Education Simulation Center had a part, will be submitted minimum two (2) months prior to external customer reveal to the Director, Medical Education Simulation Center.* This is to ensure that the Medical Education Simulation Center has quality representation and is in the best interest of both the School of Medicine, and the Medical Education Simulation Center.

Non-faculty use of the Medical Education Simulation Center or UC Health branding or presentations that have or implicate the UC Irvine Medical Education Simulation Center will require approval by the medical director or director of operations.

1.5 Simulation Brand Use Policy

The Medical Education Simulation Center will be acknowledged in all photographs, research, abstracts, publications, presentations where the Medical Education Simulation Center had a part. The simulation center shall be acknowledged as "University of California Irvine Medical Education Simulation Center." *Any and all photographs, research, abstracts, publications, presentations, where the Medical Education Simulation Center had a part, will be submitted minimum two (2) months prior to external customer reveal to the Director, Medical Education Simulation Center.* This is to ensure that the Medical Education Simulation Center has quality representation and is in the best interest of both the School of Medicine, and the Medical Education Simulation Center.

1.6 Privacy Policy

The UC Irvine Medical Simulation Center abides by and follows UC Irvine and UC Office of The President policies regarding privacy. We do abide by HIPAA and FERPA where ever applicable.

We will, on occasion, collect personal information from a variety of sources for simulation and/or curriculum operations to include: name, address, contact details, gender, and occupation. We reserve the right to use the information collected for the specific primary purpose it was collected. We do not sell or distribute the collected information to third party or marketing agencies.

See also section 1.*11 Information Technology User Agreement*, section 1.13 *Access to information*, applicable file plan, and section 12.3 *Security of Information*.

1.7 Hours of Operation

The Medical Education Simulation Center operates normally on a 0800-1600, Monday – Friday duty schedule. There may be times when the center may be open or in operation outside those normal duty hours with prior approval from the director of operations and/or director. There may also be times when the simulation center will not be available during duty hours because of some other meeting, event or prior commitment.

Customers/clients will be charged appropriately for all sessions outside the normal duty schedule to include cost of overhead and overtime associated with their session.

The simulation center is closed on all federal holidays and school holidays. The holidays that the simulation center is closed, subject to change by the university are:

New Year's Holiday	M.L.K Jr. Holiday	President's Day
Cesar Chavez Day	Memorial Day	Independence Day
Labor Day	Veterans Day	Thanksgiving Holiday

The campus is closed from 24 December – 1 January

1.8 Parking and Parking Reciprocity

UC Irvine is a permit campus. All parking is permit only; all staff and visitors are required to purchase a monthly or daily parking permit. Parking permits are available through the parking office or daily parking passes are available at the kiosk in parking lot 83 and other parking lots across campus. This is enforced 24 hours a day, 7 days a week.

UC Irvine Medical Education Simulation Center and/or the School of Medicine are not responsible for parking citations accrued by visitors, students, faculty or staff. Parking permits are the employee's responsibility.

See Also Section 7.8 Scheduling: Parking Permits

As a convenience to employees and students who use parking facilities at both the campus and UCIMC, the reciprocity charts below outline where **monthly and quarterly** UCIMC permits are valid on campus and where Campus permits are valid at UCIMC. Please note that a vehicle parked on the campus with a UCIMC "B," "FHC," "MED," or "ROP" parking permit must also display a supplemental permit. The supplemental permit may be purchased at a Campus Information/Permit Sales Kiosk or at the Campus Transportation and Distribution Services main office. Daily permits from other campuses are not accepted at the Medical Center.

Campus Parking Permits	UCIMC Parking Areas
X (Executive)	All campus parking areas except disabled parking and reserved patient stalls.

AR (Faculty/Staff Preferred) **DAR (Departmental Reserved)**	Triangle Lot- in TA parking stalls on the corner of The City Drive and Chapman Ave, and in B stalls surrounding the 200 Manchester Building. Not valid in D stalls.
C (Faculty/Staff General) **CP (Faculty/Staff Carpool)** **S (Student General)** **R (Student Resident)** **P (Student Preferred)** **GNA (Visitor)** **CN/MX (Student or Faculty/Staff)**	Crystal Cathedral parking lot. For specific parking information and shuttle details, please visit the UCIMC Parking web pages or contact their office at (714) 456-5636. Patient/Visitor Parking: http://www.ucirvinehealth.org/patients-visitors/parking/ Faculty/Staff Parking (UCIMC employee user login required): https://intranet.ha.uci.edu/sites/Parking/default.aspx
DSA (Departmental Service)	South Parking Structure, corner of City Drive and Dawn Way
VS (Vendor Service)	Valid in South Parking Structure, corner of City Drive, Dawn Way and Posted Service stalls on Medical Center grounds with (3) hour limit.
MX (Motorcycle)	Designated motorcycle parking areas only. Please contact the UCIMC Parking Office for specific locations.
Daily	Daily permits from the main UC Irvine campus are NOT accepted at the Medical Center.

UCIMC Parking Permits	Campus Parking Areas
X (Executive)	All campus parking areas except disabled parking.
AP (Attending Physician), CA	Valid in AR/Reserved and unmarked parking stalls, except lot 80. In lot 80, AP and CA permits are valid ONLY in the AP-designated stalls. AP and CA permits are not valid in the AR-designated stalls in lot 80.
A (Intern) **MA** **MNUH** **TA**	Valid in unmarked parking stalls and the AR/Reserved stalls in lots 81 and 84.
VA (Volunteer Attending)	Valid in unmarked parking stalls in lots 82 and 83.
D (Staff On Site Preferred)	Valid in unmarked parking stalls and AR/Reserved parking stalls (except in lots 80, 81, 3A, and 2).

CTD **CD** **D200** **DT**	
B (Staff Off Site) **B200** **MB** **WB** **CTB**	Unmarked parking areas with the purchase of a **supplemental parking permit** from the campus parking office. **Monthly Supplemental:** $23.00 **Daily Supplemental:** $6.00
FHC (Family Health Center)	Unmarked parking area with the purchase of a **supplemental parking permit** from the campus parking office. **Monthly Supplemental:** $23.00 **Daily Supplemental:** $6.00
CP (Carpool)	Valid in unmarked parking stalls.
12 Use Rideshare Permit	Valid in unmarked parking stalls.
DS (Departmental Service)	Department Service Permits are valid in any service stall (i.e. the stall does NOT have to be marked for departmental use only), unmarked stalls, and AR/Reserved stalls. Must obey time limits posted in service stalls where applicable. Must be displayed with personal UCIMC parking permit. Supplemental permit not required.
VS (Vendor Service)	Valid in Service parking stalls and Department Service Permit stalls.
MXA (Motorcycle)	Valid in Motorcycle parking stalls.
Daily	Daily permits from the Medical Center are NOT accepted at the main UC Irvine campus.

If you have questions regarding parking permit reciprocity, please call the campus Transportation and Distribution Services Office at (949) 824-PARK or e-mail parking@uci.edu.

1.9 Terminology

This section sets forth the guidance on terminology going forward in this manual.

From here forward the University of California Irvine Medical Education Simulation Center may be referred to as the "center," or "simulation center."

Below is a list of commonly used terminology in healthcare simulation. Please note that not all terms will be used in this manual.

ASSESSMENT
A judgment on whether someone's performance reaches a certain level, measured against criteria.

COLLABORATION
The process where two or more people or organizations work together to realize shared goals.

COMMUNICATION
The exchange of thoughts, messages, or information.

COMPETENCY
Having a state or quality of being adequately or well qualified to do a job properly.

CONFEDERATE
An individual other than the patient who is scripted in a simulation to provide realism, additional challenges, or additional information.

CRISIS RESOURCE MANAGEMENT
Originally defined by the airline industry as "crew resource management," promotes safety through the use of both non-technical skills: teamwork and communication, with that of the technical skills.

DEBIEF(ING)
This is a conversation that typically revolves around a particular session for the purpose of examining and reflecting behavior and/or performance.

EDUCATION
It is the broadest means through which the aims and habits of a group of people from one generation to the next.

EDUCATIONAL THEORY
The theory of education that guides, explains, or describes educational practice.

ELECTRONIC EDUCATIONAL ENVIRONMENT (EEE)
The learning management system for staff and students at University of California Irvine.

FACILITATION
Term used to describe an activity which makes tasks for others easy, or tasks that are assisted.

FELLOWSHIP
A period of training that a physician can undertake after completing a residency program.

LEARNING
Acquiring new or modifying existing, knowledge, behaviors, skills, values, or preferences.

PERSONALLY IDENTIFIABLE INFORMATION
Data used to distinguish individual identity. Examples include: name, address, email, phone number, inpatient record number, social security number, driver's license number, date of birth, etc…

RESEARCH
Creative work undertaken systematically to increase the stock of knowledge. It is often used to confirm facts, reaffirm results, or refute facts.

SCENARIO (AKA SIMULATED CLINICAL EXPERIENCE)
The pre-determined schedule of events that has planned and programmed to assist in achieving learning outcomes/goals

SESSION
Is a group of one or more scenarios followed by a debriefing

SIMULATED PARTICPANT
The student or learner involved in the simulation.

SIMULATED PATIENT (STANDARDIZED PATIENT)
An individual who is trained to act as a real patient in order to simulate a set of symptoms or problems.

SIMULATION
The imitation of the operation of a real-world process or system over time.

SIMULATION CENTER
An institution designed to conduct simulation, simulated events, debriefings, and educational activities.

SIMULATION AREAS
This is defined as the ED/OB, Ward, ICU, and OR simulation space

STRESS
The feeling of strain and pressure, feelings of anxiety and being overwhelmed.

<u>STUDENT</u>
Is a learner, or someone who attends an education activity.

1.10 Food and Drink Policy

There should be absolutely no food items (solid or liquid) in the simulation areas (defined in Sec 1.8). All food is restricted to the debriefing room (debriefing room #1). This includes coffee or other liquids with lids and in spill proof containers. Moreover, there will never be food or drink being transported through the simulation space.

Instructors and SPs helping to run simulation sessions may have food and drink in the control room. All food and drink must remain on the back cabinet and away from computers.

This policy also applies to group/organization/department sessions where outside food is brought in.

It is the responsibility of the group/organization/department to clean up foodstuff and any paper wear after their session. Large items such as catering boxes, cake boxes, coffee containers, and or bagel containers or cream or dairy based foodstuff must be taken to the dumpster on level one and not be left in the simulation center debriefing room.

1.10.1 Failure to comply

First offense, the group/organization/department will be notified, by Director of Operations, of breach in policy and the food and drink policy will be reiterated.

Second offense, the group/organization/department will be notified, by Director of Operations, of breach in policy and the food and drink policy will be reiterated. A Cc will be sent to the Medical Director.

Third offense, the group/organization/department will be notified that, going forward, they will not be allowed to bring food or drink into the simulation center.

1.11 Computer Usage Policy

Debriefing Room Computers
The computers in the debriefing rooms are there to function to facilitate learning (i.e. video review/debriefing, and presentations). The computer systems will only be used by staff and instructors. The use needs to be directly related to their position at UCI, and not to be used for personal enjoyment/business. This includes, but not limited to: social media, personal email, other business entity work, identified gaming websites, pornographic materials, and banking or other business not pertaining to the user's position at UCI.

See UC Office of the President Information Technology User Agreement http://www.ucop.edu/information-technology-services/policies/ucop-it-policies-and-guidelines/acceptable-use-of-ucop-electronic-information-resources.html

Students should not be using the computer or teleconference equipment in the room within advanced permission and coordination with the simulation staff.

Control Room Computers
The computers in the control room are there to function to facilitate operation and coordination of simulation functions. The computers in the control room require UCINetID for log in (exception, there are 2 designated non-UCINet ID computers for external instructor use). The use needs to directly related to their position at UCI, and not to be used for personal enjoyment/business. This includes, but not limited to: social media, personal email, other business entity work, identified gaming websites, pornographic materials, and banking or other business not pertaining to the user's position at UCI.

Any use, in part or totally, are subject to campus policies and practices concerning electronic communication (Sec. 714-18: Computer Network Use Policy). Any violation of these practices may result in denial of use of simulation center computer equipment or denial of the right to utilize the simulation center. Violations are subject to Federal Electronic Communication and Privacy Act of 1986, and/or California Penal Code section 502 (Computer Crime).

This includes the laptops designated for the simulators.

Task Training Room Computers
The UCI supplied laptops located in the task training room are to remain in there at all times. These laptops will not be borrowed by any internal or external organization. The laptops are designated for HeartCode © as a primary function. At the direction of the Director of Operations, the usage of laptops for other internal purposes may be applied.

Personnel Computers
Computers are designated for personnel to complete their day-to-day task in accordance with their job descriptions. All employees will comply with and are subject to campus and UC policies. Any use, in part or totally, are subject to campus policies and practices concerning electronic communication (Sec. 714-18: Computer Network Use Policy). Any violation of these practices may result in denial of use of simulation center computer equipment or denial of the right to utilize the simulation center. Violations are subject to Federal Electronic Communication and Privacy Act of 1986, and/or California Penal Code section 502 (Computer Crime).

1.12 Student Study Space

It is the policy of this center to dissuade the use of the simulation center facilities for non-simulation related activities. In the event that the all the student allocated study space is occupied, then the debriefing room #1 may be used as a contingency study area for the students if the following conditions are followed:

1. There are no simulation sessions or courses or internal simulation meeting scheduled
2. Requestor will request usage to the simulation program office prior to approval
3. Requestor understands that they will pick up/clean up after themselves, all foodstuff trash needs to be deposited in the outside trash receptacle
4. Hours of availability will vary; however, will always end at 1700, unless prior arrangements have been made with the simulation program office.
5. The requestor will not use the teleconference/computer equipment in the room.

1.13 Dress Code

Students
Participants will dress professionally (business casual) and wear white coats. *No shorts, hats, beachwear, or flip-flops are allowed in the simulation center.*

UCI School of Medicine Student Handbook:

> It is recommended that male students wear a dress shirt, collar and tie and female students dress in a neat and professional manner. All students are required to wear a lab coat and their student physician nametag. Students are to introduce themselves as medical students.

Residents
Dress professionally (business casual) or clean scrubs (if applicable) and wear white coats. *No shorts, hats, beachwear, or flip-flops are allowed in the simulation center.*

Instructors/Staff (incl. Simulation Fellows)
Dress professionally (business casual) or clean scrubs (if applicable) and wear white coats. *No shorts, hats, beachwear, or flip-flops are allowed in the simulation center.*

1.12.1 Failure to Comply

The student/participant/instructor may be asked to leave the simulation center until they can procure the appropriate attire.

1.14 Access to Information

Because UCI is a public university, much of what we do is subject to the taxpayers' scrutiny. Many documents, particularly financial documents, are public records, open to inspection by any member of the public during all business hours. Such information disclosure is regulated by

the California Public Records Act. At the same time, state and federal laws protect certain personal records and documents.

There are also certain Family Educational Rights and Privacy Act (FERPA), http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html regulations that come into play when dealing with students and records. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- o School officials with legitimate educational interest;
- o Other schools to which a student is transferring;
- o Specified officials for audit or evaluation purposes;
- o Appropriate parties in connection with financial aid to a student;
- o Organizations conducting certain studies for or on behalf of the school;
- o Accrediting organizations;
- o To comply with a judicial order or lawfully issued subpoena;
- o Appropriate officials in cases of health and safety emergencies; and
- o State and local authorities, within a juvenile justice system, pursuant to specific State law.

A Student is any individual who has been admitted to and has enrolled in, or registered with, any academic program of the University. For purposes of clarification, "registered with an academic program of the University" occurs at the time of submission of the applicant's Statement of Intent to register form.

Additional information can be found at http://www.policies.uci.edu/adm/procs/700/720-10.html

The staff of the Medical Education Simulation Staff will follow the media relations and information access policy as descried in Appendix 7.18

1.15 Illness

Student/Learner Illness

If a student presents themselves to the Director, Medical Student Simulation or any of the designated instructors as being ill. That student will be dismissed from the medical simulation. The simulation staff will notify the course director that the student left the session due to illness. There will be no makeup simulations due to illness. The simulation staff may be able to work the student into another simulation day. (e.g. the student was sick for Tuesday's CV Physiology simulation – the simulation staff may be able to get them in to Thursday's CV Physiology simulation)

Staff/Instructor Illness

The staff will notify the Director of Operations via email, text, or phone call correspondence in the event that they "call out sick." Sick leave in excess of 3 business days will be required to submit satisfactory proof of inability to work, via physician's note. *(UC Policy 2.210 Absence from Work)*

It is the instructor's duty to call the simulation center as far in advance as possible if the instructor cannot make the session. The simulation center will attempt to find an instructor replacement. If no replacement can be found, the simulation session will be cancelled. At no time will the session commence without an instructor/facilitator.

Instructor No SHOW Contingency

Clinical Instructor Does not Show

Notification

Administrative Assistant to call instructor and/or POC

Notify the Medical Director and Director of Operations

Notify the department

Action/Decision

1. Dr. Ricks if Available

2. Simulation Fellow if Available

3. Technician run BLS/ACLS Sim

   Beaulieu if Available

4. Technician run BLS/ACLS Sim

   Tech run/feedback

5. Task Training

1.16 Alcohol and Substance Abuse Policy

Also see Sec. 2.1.

Staff

The University of California recognizes drug and alcohol dependency as treatable conditions and offers Employee Support Programs for University employees with substance-dependency problems, Employees are encouraged to seek assistance for drug- and alcohol-related problems and may request leaves of absence for this purpose, in addition to using approved vacation or sick leave, or attending Employee Support Programs outside regular working hours. Information obtained regarding an employee during participation in an Employee Support Program will be treated as confidential.

The University strives to maintain a workplace free from the illegal use, possession; or distribution of controlled substances [as defined in schedules I through V of the Controlled Substances Act, 21 United States Code 812, as amended]. Unlawful manufacture, distribution, dispensation, possession, or use of controlled substances by University employees in the workplace or on University business is prohibited. In addition, *employees shall not use illegal substances or abuse legal substances in a manner that impairs performance of assigned tasks.*

Employees found to be in violation of this Policy may be subject to corrective action, up to and including dismissal, under applicable University policies and labor contracts, or may be required, at the discretion of the University, to participate satisfactorily in an Employee Support Program.

Special requirements for employees engaged on Federal contracts and grants:

The Drug-Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D) requires that University employees directly engaged in the performance of work on a Federal contract or grant shall abide by this Policy as a condition of employment and shall notify the University within five days if they are convicted of any criminal drug statute violation occurring in the workplace or while on University business. The University is required to notify the Federal contracting or granting agency within ten days of receiving notice of such conviction and to take appropriate corrective action or to require the employee to participate satisfactorily in an approved drug-abuse assistance or rehabilitation program.

Student

The School of Medicine recognizes substance abuse/chemical dependence is a potentially treatable condition. The school also recognizes that physician impairment constitutes a serious breach of professional conduct that has significant potential consequences with respect to patient safety. The school further recognizes that student participation in substance abuse or unlawful behavior involving drugs or alcohol may place their ability to obtain a license to practice medicine in jeopardy.

Accordingly, the School of Medicine adheres to the following policies pertaining to substance abuse and chemical dependence:
1. Any medical student with suspected substance abuse/ chemical dependence as reported by themselves, peers, faculty, or staff, or who receive a substance abuse related charge such as driving under the influence, public intoxication, or sales or illegal distribution of alcohol or drugs, shall be immediately placed on an interim investigatory leave.

2. If the student is found to have engaged in substance abuse or unlawful behavior related to drugs or alcohol they will be referred to the Committee on Promotions and Honors for consideration of disciplinary action under the provisions of the professional conduct policies pertaining to student academic standing. Such disciplinary action may include a recommendation for disqualification from the School of Medicine or placement on professional conduct probation status.
3. In addition all students who have direct patient care responsibilities (third and fourth year students) will be required to undergo a "fitness for duty" assessment by the School of Medicine psychologist or psychiatrist prior to removal from leave status.
4. At its discretion, the Committee on Promotions and Honors may also require students who do not have direct patient care responsibilities (first and second year students) to undergo a determination of need for substance abuse related treatment to be performed by the School of medicine psychologist or psychiatrist.
5. All students who are referred for substance abuse related treatment must complete all substance abuse treatment recommendations and comply with all aftercare and random testing requirements that are prescribed for the full duration of their enrollment in the School of Medicine
6. All students who undergo treatment and monitoring for substance abuse will have this documented in their Medical Student Performance Evaluation (Dean's letter).
7. Any student who fails to comply with the provisions of their assessment, treatment or aftercare as outlined above, or who have a positive test for alcohol or drugs during their aftercare program will be subject to immediate disqualification from the School of Medicine
8. The policies above will in no way preclude the School of Medicine from initiating additional disciplinary procedures should the student's alcohol or substance abuse related conduct have violated any University Policies on conduct and discipline.

1.17 Disability

1.17.1 General

The UC Irvine Medical Educational Simulation Center will make attempts for reasonable accommodation for an employee, student, or visitor's disability as annotated in *PPSM-81: Reasonable Accommodation*.

What you, the employee, should do		How you should do it
1	Request a reasonable accommodation	1. Inform your supervisor of your need for a reasonable accommodation in one of the following ways: • in person • by email • by telephone

	What you, the employee, should do	How you should do it
2	Provide medical documentation from a licensed healthcare practitioner	1. Submit a physician statement to your supervisor that defines your physical limitations.
3	Contact the Disability and Rehabilitation Consultant	1. Telephone (949) 824-9756 or 2. E-mail wcdm@uci.edu
4	Meet with the Disability & Rehabilitation Consultant and your supervisor	1. Attend the interactive meeting between the Disability & Rehabilitation Consultant and your supervisor at an agreed upon location. 2. Participate in identifying a reasonable accommodation.

Students with disabilities who request or qualify for reasonable accommodations must have the appropriate documentation on file at the UCI Disability Services Center (DSC). This documentation is confidential. UCI-DSC is responsible for determining the appropriate accommodations after consultation with the student. In rare cases when adjustments in academic requirements may be appropriate, the Disability Services Center consults with the academic department or school for proper review.

Students are responsible for directly contacting their instructors during the first week of each quarter to identify themselves, the nature of their disability, and accommodation needs. Students are not expected or required to provide faculty with detailed documentation about their disabilities; in fact, from a legal standpoint, it is strongly advisable that faculty not expect or request such detailed documentation from the student. It is, however, appropriate for faculty to request the student to provide verification from DSC as to the fact that he/she is registered with ODS and the required accommodations for the course.

1.17.2 Staff

	What you, the employee, should do	How you should do it
1	Report the injury / illness to your supervisor	1. Inform your supervisor of your work-related injury or illness in one of the following ways: • in person • by telephone

		• by email
		2. If your injury or illness developed gradually, such as tendonitis or hearing loss, report it as soon as you learn it was caused by your job. Immediate action will prevent delays in receiving benefits as well as the medical care you may need to avoid further injury. If the University does not learn of your injury **within 30 days**, you could lose your right to receive workers' compensation benefits.
2	If necessary, obtain immediate medical attention	1. Treatment may be provided at one of the following clinics by having your Supervisor or Department Administrator contact the clinic directly: • **Newport Urgent Care**, Newport Beach (949) 752-6300 (located off campus, map) • **Occupational Health Clinic**, Orange (714) 456-8300 (at UCI Medical Center, map) • **ProCare Work Injury Center**, Irvine (949) 752-1111 (located off campus, map) • **Kaiser Occupational Health Center**, Santa Ana (714) 830-6660 (located off campus, map) • **East Edinger Urgent Care**, Santa Ana (714) 541-8464 (located off campus, map) • **Occupational Services**, Long Beach (562) 933-0085 (located at Long Beach Memorial Hospital, map) 2. If you are unable to seek medical attention at one of these clinics, contact the Workers' Compensation Unit, at (949) 824-9152, for clinic referral. In the event a Supervisor or Department Administrator is not available go directly to the clinic.
3	Submit an Incident Report	1. • Report a work-related injury/ illness using **one** of the options below: • Online - complete each section of the Incident Report online to report any incident/ accident/ injury or illness arising

		out of and in the course of your employment. • Telephonic - report any incident/ accident/ injury or illness arising out of and in the course of your employment by calling 1-877-6UC-RPRT (1-877-682-7778) to submit an incident report. You will be connected to a call center for Sedgwick CMS, our Insurance Administrator. Note: the call center can accommodate employees speaking a language other than English. If you are unable to complete either option, your supervisor must complete it on your behalf.
4	If only reporting an incident/ accident, keep the DWC-1 claim form for your records	1. Your supervisor must provide you with the Claim for Workers' Compensation Benefits form (DWC-1) 2. If you are **NOT** pursuing a workers' compensation claim, keep the DWC-1 for your records. If you decide at a later time to pursue a claim for workers' compensation benefits complete the claim form and return it to your supervisor.
5	If initiating/ pursuing a claim, complete and sign the employee portion of the DWC-1 claim form	1. You can obtain the Claim for Workers' Compensation Benefits form (DWC-1) from your supervisor or from the Workers' Compensation unit in Human Resources. 2. Complete the 'Employee' section, lines 1 through 8 of the DWC-1 form. 3. Describe your injury or illness completely. Include **every** part of your body affected by the injury/ illness. 4. Make a duplicate of the form for your records. 5. Return the original form to your supervisor for further completion and your supervisor will forward to the Workers' Compensation Unit. 6. By returning the form you are **actually filing a claim**. This notifies the employer that you, the employee, are pursuing workers' compensation benefits. Only complete the DWC-1 if you are filing a claim for workers' compensation benefits, including obtaining medical care from one of our doctors.

6	Notify EH&S of a work-incurred hospitalization or work-incurred death	1. If an employee is hospitalized for 24 hours or more, the department must immediately inform EH&S at (949) 824-8024 and provide: • Time and date of accident; • Employer's name, address and telephone number; • Name and job title, or badge number of person reporting the accident; • Address of site of accident or event; • Name of person to contact at site of accident; • Name and address of injured employee(s); • Nature of injury; • Location where injured employee(s) was (were) moved to; • List and identity any other law enforcement agencies present at the site of accident; and • Description of accident and whether the accident scene or instrumentality has been altered. 2. Work-incurred deaths must be reported immediately to EH&S at (949) 824-6200, as required by California Division of Occupational Safety and Health.

Disability
Checklist: http://apps.adcom.uci.edu/cms/public/HumanResources/WorkersCompensation/DisabilityChecklist.pdf

1.18 Occupational Exposure and Injuries

All University of California, Irvine employees have the right to a safe and healthful workplace. Environmental Health & Safety (EH&S) ensures that UCI complies with applicable health, safety and environmental laws, regulations and requirements; and, that activities are conducted in a manner that protects students, faculty, staff, visitors, the public, property, and the environment. UCI is committed to excellence in health, safety and environmental performance and strives to achieve:

Zero injuries or illnesses
Zero environmental incidents
Zero property loss or damage

See Section 2.1, Policies and Procedures, also http://www.ehs.uci.edu/

The Medical Educational Simulation Center is not a functional patient care environment, thus does not have the same requirements as a clinical environment.

The simulation center does have a number of hazards that are accounted for. The occupational exposure and injuries located in the Medical Education Simulation Center are:

Risk
Sharps (needles/scalpels)
Sani-Wipes
Compressed Oxygen
Compressed Nitrogen
Compressed Carbon Dioxide
Fall Risk
Crush Risk
Musculoskeletal Injury Risk
Ergonomic Risk

1.19 Medical Emergencies

The Medical Education Simulation Center is not a patient care environment and does not stock the necessary equipment to handle the myriad of medical emergencies that could potentially exist. In general, any medical emergency, **the simulation center staff will activate emergency medical services by calling 9-1-1** and providing as much information as they can over the telephone.

1.20 Policy and Procedure Manual Update Policy

The policy and procedure manual will be updated, at a minimum, yearly by the Director of Operations or designee to reflect current operations. This is done in July each year.

1.20.1 Mid-cycle Update

If a policy needs revision during the academic year, an interim policy will be drafted, approved, and signed. Once the annual update occurs, the interim policy will be added to the policy and procedures manual and no longer will be considered interim.

2. Personnel

The **Medical Director** will report to the Sr. Associate Dean, Educational Affairs

The **Director of Operations** will report day-to-day to the Medical Director. The director of operation's reporting chain is the chief administrative officer, Medical Education.

Simulation Specialists and Administrative Assistant will report to the Director of Operations. The simulation specialists and administrative assistant positions are not deemed supervisory positions and do not have direct reports; therefore, no one specialist is ahead or above the other staff.

All simulation staff will interact or have the potential to interact with faculty and instructor personnel. Once a simulation session is scheduled, the specialist assigned will have direct contact with that instructor to ensure that the necessary preparatory work for the session is complete to include email correspondence with the instructor concerning scenarios and media files. The simulation specialists will also interact with the students during their initial orientation to the simulation center, as "confederates," voice of the patient, or as staff of the simulation center. The administrative assistant is the gatekeeper into the organization. This position interacts with both faculty/instructors and students on a routine basis for the purpose of coordination and scheduling.

All interactions between staff and faculty, staff and instructors, staff and outreach group, and staff and students will be in <u>a professional manner only</u>.

2.1 Policies and Guidelines

All employees are governed by policies and procedures. (Note – not all policies and procedures may be listed.

UC Office of the President Personnel Policies for Staff Members

University staff members make valuable contributions in supporting the University's overall mission of education, research, public service, and patient care. Managers and senior professionals provide leadership and professional expertise at the highest levels to major University units, programs or fields of work, and are accountable for their areas of responsibility. Positions at this level are responsible for identifying objectives, formulating strategy, directing programs, managing resources, and functioning effectively with a high degree of autonomy. Professional and support staff provides administrative, professional, technical, and operational support through independent judgment, analytical skill, and professional or technical expertise, or are responsible for providing clerical, administrative, technical, service, and maintenance support for University departments, programs, and fields of study.

As public sector employees, University of California staff is considered to be employed by statute. The provisions contained here and in implementing policies and procedures at University locations are designed to inform employees about the expectations and entitlements of the University with regard to their employment. The University reserves the right to amend, modify,

or delete these policies at any time and they supersede all previously issued University staff personnel policies.

Employment

12   Nondiscrimination in Employment

22   Probationary Period

23   Performance Management

Compensation

30   Salary

31   Hours of Work

32   Overtime (non-exempt employees)

36   Classification of Positions

Absence from Work

2.210   Absence from Work

       Family Medical Leave Act General Notice

       California Family Rights Act of 1993 and Pregnancy Disability Leave

Disciplinary and Separation Actions

62   Corrective Action – Professional and Support Staff

Other Policies

80   Staff Personnel Records

81   Reasonable Accommodation

84   Accommodations for Nursing Mothers

       Substance Abuse

UC Irvine Administrative Policies and Procedures

Computing and Information Systems:

       Computer and Network Use Policy (Sec. 714-18)

Business and Financial Affairs:

Policies on Gifts, Gratuities and Conflict of Interest (Sec. 700.09)

Guidelines of Discrimination Resolution (Sec. 700-18)

Guidelines for Sexual Harassment Complaint Resolution (700-17)

Information Access and Disclosure (Sec. 720-10)

Faculty Code of Conduct (Sec. 700-06)

Communications:

UCI Guidelines for the UC Electronic Communications Policy (Sec. 800-15)

Physical Environment and Properties:

Environmental Health and Safety (EH&S) Policy (Sec. 903-10)

2.2 Union Contracts

The Simulation Specialist is a unionized position (union-represented employee) under contract for Research Support Professionals Unit (RX) University of California and the University Professional and Technical Employees (UPTE).

For current contract, please click here

The Director of Operations is a unionized position (union-represented employee) under contract for Research Support Professionals Unit (RX) University of California and the University Professional and Technical Employees (UPTE).

For current contract, please click here

The Administrative Assistant is a unionized position (union-represented employee) under contract for Technical Unit (TX) University of California and the University Professional and Technical Employees (UPTE).

For current contract, please click here

2.3 Personnel & Human Resource Contact

Kristie Heck   Human Resource Manager   714-456-3646

SOMHR@uci.edu   General Email

2.4 Personnel Job Descriptions

2.4.1 Medical Director/Associate Medical Director

See Appendix A10.1

2.4.2 Director of Operations

See Appendix A10.2

2.4.3 Simulation Specialist

See Appendix A10.3

2.4.4 Administrative Assistant

See Appendix A10.4

2.5 Performance Standards

2.5.1 Simulation Specialist

See Appendix A11.1

2.5.2 Administrative Assistant

See Appendix 11.2

2.6 Graduation Activities

The staff of the Medical Education Simulation Center will be required to participate in graduation activities in late-May on a yearly basis as determined by the MedEd steering committee. Overtime will be granted on a case-by-case basis. Comp time will be granted.

2.7 Simulation Fellows

The UC Irvine Medical Education Simulation Fellowship is either a one year, two year, or 6-month mentored fellowship that offers advanced training in simulation education, instruction, curriculum design, and research for a graduate of an accredited residency program. The fellow develops skills in simulation education and instruction through access to various modalities in the fellow's department and in cooperation with the School of Medicine Medical Education Simulation Center.

This is not an ACGME accredited fellowship as there are no ACGME accredited fellowships in Medical Simulation.

Departments seeking to have a simulation fellow and access for educational opportunities at the UC Irvine Medical Education Simulation Center must adhere to the policy as outlined below.

//FELLOWSHIP POLICY//

1. **General Responsibilities (applicable to all fellows)**

The simulation fellowship is tailored to meet the specific interests of the simulation fellow, however, the simulation fellow is expected to gain experience with various levels of learners and departmental groups utilizing simulation.   The simulation fellow should become familiar with simulation for medical students (MS1- MS4), nursing students, paramedics/ firefighters, other graduate medical education (residency) programs, the general public, high school outreach, and community physician groups.

1.1 The Fellow shall:

   1.1.1   Operations and Curriculum

      1.1.1.1 Participate in all aspects of the simulation courses as determined appropriate by departmental fellowship director and simulation administration.

      1.1.1.2 Attend all departmental simulation and UC Irvine Medical Education Simulation Center meetings, as well as all departmental faculty meetings, journal clubs and grand round conferences per departmental policies.

      1.1.1.3 The simulation fellow educational and curriculum agenda will be designed and approved by their fellowship director. The fellow will have experience and exposure both at the departmental and simulation center level with:

         1.1.1.3.1   Curriculum development

         1.1.1.3.2   Medical student simulation sessions

         1.1.1.3.3   Resident simulation sessions

         1.1.1.3.4   Operation of the simulator

            1.1.1.3.4.1 Basic Operation (turn on/off)

            1.1.1.3.4.2 Set-up

            1.1.1.3.4.3 Network connection to the simulator

            1.1.1.3.4.4 Advanced operations (as time permits)

            1.1.1.3.4.5 Programming (as time permits)

         1.1.1.3.5   Debriefing and feedback

      1.1.1.4 Scheduling

         1.1.1.4.1   In effort to provide the most comprehensive and well-rounded experience for the fellow the departments and Medical Education Simulation Center shall:

            1.1.1.4.1.1 The Medical Education Simulation Center will forward all SOM/medical student dates including operations dates to the department at the beginning of the academic year for planning purposes.

            1.1.1.4.1.2 The department and/or fellow shall provide the Medical Education Simulation Center with schedule availability as far in advance as possible

   1.1.2 Research

      1.1.2.1 Assist departmental and simulation faculty and staff with:

         1.1.2.1.1   Medical education and/or simulation research

            1.1.2.1.1.1 Analysis and literature review

            1.1.2.1.1.2 Design

            1.1.2.1.1.3 Development

<div style="text-align: right">

1.1.2.1.1.4 Implementation

1.1.2.1.1.5 Evaluation

</div>

        1.1.2.1.2   Abstract or manuscript authoring

1.1.3 Education

        1.1.3.1 Attend one (1) Simulation Instructor Training Course (SITC).

        1.1.3.2 Assist instructing elements/portions of the Simulation Instructor Training Course (SITC)

        1.1.3.3 Take an active role in the development and authoring of the UCI Simulation Newsletter

        1.1.3.4 Take an active role in the management and function of the UCI Medical Simulation Interest Group

        1.1.3.5 Present at a minimum one (1) grand round or journal club session on a simulation topic of choosing

1.1.4 **Clinical Responsibilities**

        1.1.4.1 The home department shall set compensation, with no remuneration by the UC Irvine Medical Education Simulation Center. As such, the simulation fellow's schedule will be driven by departmental policies and agenda while simultaneously maximizing the opportunities for fellow involvement in all relevent and approved simulation activities.

        1.1.4.2 The home department shall set the fellow's clinical responsibilities.

        1.1.4.3 Vacation/Educational Leave

            1.1.4.3.1   The fellow shall be entitled to vacation hours as set by the home department.

            1.1.4.3.2   The fellow shall notify the department and Medical Education Simulation Center of all pending vacations, conferences, leave

2. **One (1) and two (2) year Fellowship Specific Responsibilities**

    2.1 Education

        2.1.1   The fellow shall:

            2.1.1.1 Instruct (minimum 6-10 sessions) first and second year medical student curriculum each academic year

            2.1.1.2 Submit a minimum of three (3) simulation scenarios/curriculum for publication in either a medical education journal or the MedEd Portal during their fellowship time

            2.1.1.3 Attend the International Meeting for Simulation in Healthcare (IMSH) yearly

                2.1.1.3.1   Funding must be supplied by home department or through fellow educational fund

                2.1.1.3.2   There may be a small amount of additional funding available through the Medical Education Simulation Center (year by year basis)

            2.1.1.4 Be an active participant in any presentation/workshops given at IMSH on behalf of UC Irvine Health

3. **Six (6) Month Fellowship Specific Responsibilities**

    3.1 Education

        3.1.1   The fellow shall:

            3.1.1.1 Instruct (minimum 4-8 sessions) first and second year medical student curriculum each academic year

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3.1.1.2 Submit a minimum of three (3) simulation scenarios/curriculum for publication in either a medical education journal or the MedEd Portal during their fellowship time.

4. **Simulation Center Resources for fellow**

4.1 The simulation center shall provide the fellow the resources needed to effectively fulfill their fellowship requirement while working at the medical simulation center. These resources include but are not limited to:

4.1.1   A designated desk and workspace in a quiet environment that is not located in a common area

4.1.2   A designated computer that the fellow can access using their UCINetID

4.1.3   Access to printing and copy services

4.1.4   Access to administrative personnel

4.1.5   Financial support for simulation related activities (when funds permit)

4.1.6   Access to medical education building room reservation for educational sessions and purposes.

Note: Session reservations subject to simulation center policies on priority given. Simulation center administration will work with the fellow to best schedule sessions.

Responsibility Comparison

1 Year Simulation Fellow Responsibilities	2 Year Simulation Fellow Responsibilities	6 Month Simulation Fellow Responsibilities
Participate in <u>all</u> aspects of the simulation courses as determined appropriate by departmental fellowship director and simulation administration. This includes internal and external learners (community, OC Fire, outreach groups)		
Attend all departmental simulation and UC Irvine Medical Education Simulation Center meetings, as well as all departmental faculty meetings, journal clubs, and grand rounds conferences per regular departmental policies.		
Attend 1 Simulation Instructor Training Course (SITC)		
OPERATIONS and CURRICULUM		
Assist departmental and simulation faculty and staff with: - Curriculum development - Medical Student simulation sessions (SOM) - Resident simulation sessions (Dept.) - Operation of the simulator - Programming scenarios (if applicable) - Debriefing and feedback		
RESEARCH		

Assist departmental and simulation faculty and staff with:
 - Medical education and/or simulation research
      o Analysis and Literature review
      o Design
      o Development
      o Implementation
      o Evaluation
 - Abstract or manuscript authoring		

EDUCATION		
Instruct (minimum 6-10 sessions) MS 1-2 medical student simulation each academic year (each fellow)		Instruct (minimum 4-8 sessions) MS 1-2 medical student simulation each academic year (each fellow)
Assist instructing elements/portions of Simulation Instructor Training Course (SITC)		
Take an active role development and authoring of the UC Simulation Newsletter (May, Sept., Jan)		
Take an active role in the management and function of the UCI Medical Simulation Interest Group (MSIG)		
Submit at least <u>3</u> simulation scenarios/curriculum for publication in either a medical education journal or Med Ed Portal during the fellowship time.		Submit at least <u>1</u> simulation scenarios/curriculum for publication in either a medical education journal or Med Ed Portal during the fellowship time.
Present at least one grand rounds or journal club on a simulation topic of his or her choosing.		
Attend the International Meeting on Simulation in Healthcare (IMSH) in January. Funding must be supplied by the home department or by the simulation fellow.		
Be an active participant in any presentation/workshops given at IMSH of behalf of UC Irvine		

Successful Simulation Fellowship

Education

Program Operations

Research/Capstone

Program Sustainability/management

Simulation Fellow Activities

Education
- Inter-professional/interdisciplinary Education
- In Situ Education
- Community/Outreach Education
- Undergraduate Medical Education
- Graduate Medical Education
- Faculty Education
- Scenario Development
- Debriefing

Program Operations
- Manikin Operations
- A/V Operations
- Moulage
- Tours/exhibits
- Scheduling
- Mobile Operations

Research/Capstone
- Journal Review
- IRB
- Grant Application
- IMSH/conference participation
- Manuscript Submission
- Research Abstract Submission

Program Sustainability/management
- Curriculum
- Finance
- Center Management
- Logistics
- Center Representation

Medical Education Simulation Center

2.8 Simulation Residents (Resident Rotators)

//Deleted 2015-2016//

2.9 Simulation Elective 615A

This course is available to UC Irvine students

Course Description: This medical simulation experience allows students to gain experience in curriculum development in medical simulation under the guidance of a faculty simulation instructor. Students will observe simulations, perform literature review, develop a unique simulation course, and teach using simulation technology.

Periods Available: January-December

Duration: 4 weeks

Number of Students: 1 per month

Prerequisites: Successful completion of 1st, 2nd and 3rd year curriculum.

Restrictions: Pre-Approval by Keith Beaulieu kbeaulie@uci.edu

Course Objectives:

- The student will be able to gain knowledge on the role of medical simulation technology in graduate medical education as well as undergraduate medical education.
- The student will be able to understand how to develop new educational curricula.
- The student will understand how to teach colleagues using simulation technology.
- The student will gain exposure to research studies and literature in medical simulation.

Key Topics:

- Medical simulation
- Simulation technology
- Medical education
- Crisis resource management

Competencies:

- Student as educator
- Curriculum design

Attitudes and Commitments: Students will gain an appreciation of the role of simulation in medical education and contribute to the development and enhancement of simulation programs at UC Irvine.

Educational Activities: Medical students will have the opportunity to observe and/or participate in all simulation program activities at the UC Irvine Medical Education Simulation Center. Medical students will be involved with creating and developing new simulation curricula or programs. Medical students will work closely with the Director, Associate Director and

simulation faculty to integrate simulation into various pre-clinical courses and clinical courses. Medical students will also have the opportunity to teach using simulation technology either in community outreach programs or other activities in the UC Irvine Medical Education Simulation Center.

What Students Should do to Prepare for the Rotation: Students will need to read the required articles for the rotation in advance.

Clinical Responsibilities of the Student: This is not a clinical rotation

Patient Care Responsibilities: This is not a clinical rotation

Call Schedule of the Student: None, however students will be expected to teach in occasional evening or weekend simulation programs.

Procedures to be Learned by the Student: This is not a clinical rotation

Percentage of Time Student will Participate in Ambulatory Setting: This is not a clinical rotation

Conference/Lecture/Small Group Sessions:

Topic	Modality	Length
History of Medical Simulation	Lecture	1 hour
Debriefing	Lecture	1 hour
Educational Theories	Lecture	1 hour
Cognitive Errors	Lecture	1 hour
Contingency Planning	Lecture	1 hour

Course Hours Summary:

40	Small Groups (Simulation)
120	Other (Developing curricula)
160	Total

2.10 Simulation Preceptorship

The Medical Education Simulation Center does offer a simulation preceptorship on an as-is requested basis. This preceptorship may qualify for CME credit, based on the learner needs. The preceptorship is designed to immerse the individual in many aspects of medical simulation. During this preceptorship, the learner will have ample time to watch medical simulation of medical students and residents. Other events that are typically scheduled (subject to change):

- Simulation Instructor Course
- Simulation Programming Course
- Curriculum Development Course
- Operations and Management Course
- Meeting with Sr. Assoc. Dean of Academic Affairs and Chief Administrative Officer, Medical Education
- Meeting with Clinical Skills Staff
- Observation of OSCE testing
- Meeting with Nursing and tour of Nursing Simulation
- Travel to another Simulation center for tour

2.11 Program Development

The simulation center provides for overall program development, generally, in the following ways:

Program Development		
Curricular Development	**Organizational Development**	**Faculty Development**

Medical Student	CME
Residencies	SITC
Nursing (SON)	

Policy & Procedures
Staff Development

Core Faculty Instructors	Resident Instructors
Clinical Foundations Faculty	Student Instructors
	Guest/other Instructors
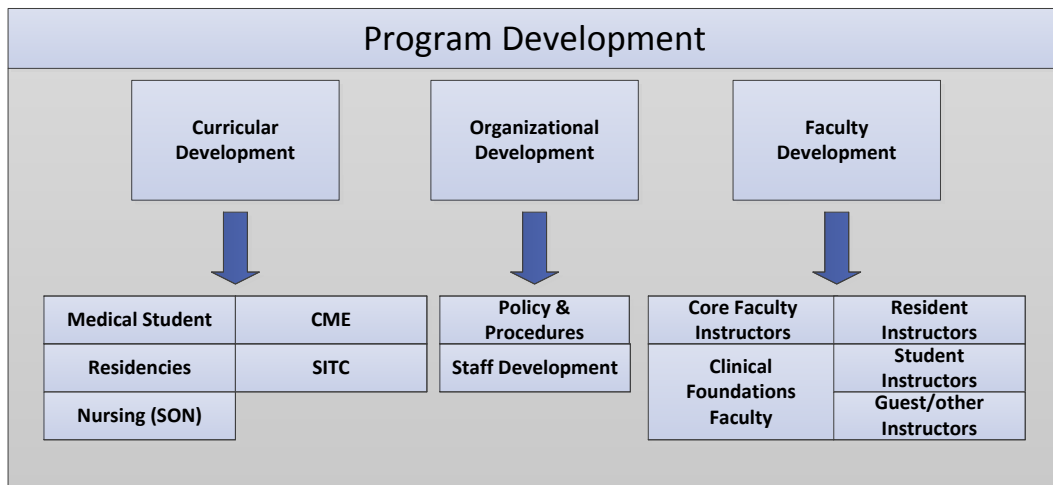
Curricular Development Methods

1. Curricular Reform
2. Simulation Instructor Course
3. Elective
4. Mentorship
5. Workshops

Organizational Development Methods

1. Meetings
2. Conference
3. Research/presentation
4. Policy Reform

Faculty Development Methods

1. Meetings
2. Workshops
3. Individual Consultation/feedback
4. CME
5. Academic Societies and other school programs

3. Administration Information

3.1 Support Staff and Contact Tree

| Name	Position	Contact Number
Cameron Ricks	Medical Director	858-344-4806
Keith A. Beaulieu	Director of Operations	951-616-9263
Ryan Gouras	Simulation Specialist	949-824-3342
John Vicente	Simulation Specialist	949-307-1986
Danica Rogacion	Administrative Assistant	949-824-8835
Shaun Langer	Chief Admin Officer Med Ed	949-824-1567
Sue Ahearn	Building Manager	949-824-4634
Carly Nguyen	Medical Education Financial Analyst	949-824-5798
Nguyen Q. Nguyen	IT and Computer Support	949-824-1215

Flow of Information

3.2 Overtime Policy

This policy is governed by the University of California's human resource policies. Policies PPSM-31: *Hours of Work* and PPSM-32: *Overtime.*

In general, overtime is authorized for CME or fee-based services held after normal duty hours or on weekends. Comp time will be given for additional work for extended duty hours[1]. This will be authorized by the director of operations.

3.3 Organizational Chart

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[1] This will be based on what the employee has elected; overtime versus comp time.

3.4 Hiring and Orientation

All hiring practices follow UC Irvine and the UC system's polices regarding hiring of employees. The Director of Operations will initiate the hiring process after authorization and approval from Medical Education. The director of Operations will work closely with the Medical Education Chief Administrative Officer and the HR personnel at the dean's office to establish the job description and post the position on hiring manager.

UC Irvine maintains a non-discrimination in employment policy (Policy 12), http://www.policies.uci.edu/pps/pps12.html

Affirmative Action Policy (Policy 14), http://policy.ucop.edu/doc/4010392/PPSM-14

Recruitment Policy (Policy 20), http://policy.ucop.edu/doc/4010393/PPSM-20

Employees to the Medical Education Simulation Center, on their first day, will be given a binder that contains the following information and forms:

Welcome Letter from Director of Operations
Simulation Center Mission Statement

Section 1
New Employee Checklist
Orientation Checklist

Section 2
Job Description
Performance Standards

Section 3
Substance Abuse Policy
Absence from Work: Leaves Related to Life Events Policy
Absence from Work: Sick Leave Policy
Absence from Work: Vacation Leave Policy
Absence from Work: Holidays Policy
Smoking Policy
Computer and Network Use Policy

Section 4
UCI Code of Conduct
UCI Principles of Community Statement
Simulation Center Organizational Structure
UCI Staff Holidays
Miscellaneous Employment Notices and Campus Contact Information
UC Irvine Main Campus Map

Payroll Schedule

Section 5
Sample Performance Evaluation Form
Performance Evaluation Rating Guide

Section 6
UCI Emergency Procedures
UCI Methods of Emergency Communication on Campus
Building Evacuation Zones

Section 7
Timesheet Reporting System

Additionally, on the employee's first day they will be required to complete paperwork with human resource personnel and required to complete the NEO on the SNAP website.

3.5 Supervision and Appraisals

See Section 2, Personnel

The director of Operations will directly supervise (direct report) all simulation specialists and the administrative assistant. The director of operations will also directly supervise any student or temporarily hired personnel.

Within 30 days of start date, the director of operations will sit down with the employee and perform an initial feedback. The purpose of this feedback session is to lay out standards and expectations, go over the job description and performance standards, and answer any questions.

Between the 180 and 270 day mark, the director of operations will sit down will all employees and discuss how things have been progressing, and include an employee self-evaluation. The purpose of this document to gain insight on where the employee thinks they are with relation to standards.

Just prior to the 365 day mark, the director of operations will conduct an annual appraisal of each employee and sit down with each employee to go over the appraisal as it will be submitted. During this appraisal, goals for the next year will be set. This appraisal will be turned into HR.

See Appendix A.14, Employee Feedback Form

See Appendix A.13, Annual Performance Review

3.6 Liaison Committee on Medical Education (LCME) Accreditation

Accreditation is a voluntary, peer-review process designed to attest to the educational quality of new and established educational programs. The Liaison Committee on Medical Education (LCME) accredits complete and independent medical education programs leading to the M.D. degree in which medical students are geographically located in the United States or Canada for their

education and which are operated by universities or medical schools chartered in the United States or Canada. Accreditation of Canadian medical education programs is undertaken in cooperation with the Committee on Accreditation of Canadian Medical Schools. By judging the compliance of medical education programs with nationally accepted standards of educational quality, the LCME serves the interests of the general public and of the medical students enrolled in those programs.

The Medical Education Simulation Center is committed to quality education for all stakeholders, and while the simulation center is not a reportable line item for accreditation, medical simulation falls under a number of standards:

Standard 3: Academic and Learning Environments

      3.5   Learning Environment/Professionalism

Standard 5: Educational Resources and Infrastructure

      5.5   Resources for Clinical Instruction

Standard 6: Competencies, Curricular Objectives, and Curricular Design

      6.1   Format/dissemination of Medical Education Program Objectives and Learning Objectives

      6.5   Elective Opportunities

      6.7   Academic Environments

Standard 7: Curricular Content

      7.2   Organ Systems/Life Cycle/Primary care /Prevention /Wellness / Symptoms/ Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors

      7.4   Critical Judgment/Problem-Solving Skills

      7.5   Societal Problems

      7.7   Medical Ethics

      7.8   Communication Skills

      7.9   Inter-professional Collaborative Skills

The Simulation Center will work with the administration and other directors' on an as needed basis for the purposes of justifying simulation involvement on the above categories that simulation plays a role. The Medical director and Director of Operations will take part on this process.

3.7 Maintenance of Certification in Anesthesia (MOCA) Administration

The Medical Education Simulation Center maintains a close relationship with the Department of Anesthesia to conduct CME MOCA courses.

UC Irvine Medical Education Simulation Center is endorsed by the American Society of Anesthesiologists® to provide Maintenance of Certification in Anesthesiology (MOCA®) simulation training. The course fulfills one requirement of the American Board of Anesthesiology's (ABA) Maintenance of Certification in Anesthesiology Program (MOCA®) Part IV. During the one day course, each diplomat will be in the "hot seat" and manage one critical care scenario and view and/or provide clinical assistance in other scenarios. Diplomats will also identify a process improvement plan to be implemented within their home institution.

Target Audience

- Board Certified Anesthesiologists who need to fulfill their Maintenance of Certification in Anesthesiology (MOCA®) Part IV requirements or who would like to gain experience in critical cases in a simulated environment.

Learning Objectives

Upon completion of the course, by participating in a simulated environment and reflecting on difficult clinical situations, participants should be able to demonstrate skills necessary to complete the following goals:

- Decrease the instance of vague or disorganized communication, and thereby improve patient safety though the use of communication verification tools and clear multi-departmental communication.
- Decrease the occurrence of morbidity and mortality through effective timing and utilization of resources in emergency situations.
- Provide effective management of hemodynamic and respiratory critical events in anesthesia.
- Provide a broader differential diagnosis during debriefing sessions by recognizing and eliminating potential areas of cognitive bias.
- Reflect on optimal teamwork, leadership and communication skills required in crisis management.
- Develop a process improvement plan to implement at home institution.

The program/course is managed through the Simulation Center Program Office. All instructors are board certified and have approval of the course director.

Also see Maintenance of Certification in Anesthesia (MOCA) Appendix 12

3.8 Web Presence

The Medical Education Simulation Center maintains a web presence through the university website, www.medsim.uci.edu. Additionally, the simulation center also maintains a Facebook account, which is managed by the simulation program office.

The university website offers up information concerning courses and operations.

The website is managed by the Internet Technology Group (ITG) at Medical Education. Any changes to the website will be relayed to ITG to make. ITG is charged with this function because of university rules and standardization policy.

4. Course Directors and Instructors

Dr. Cameron Ricks
Director, Medical Education Simulation Center
Director, Medical Student Simulation

4.1 Medical Students and Residents

Suzanne Strom, MD
Associate Clinical Professor

Khan Van Le-Bucklin, MD
Senior Associate Dean, Educational Affairs

Penny Murata, MD
Associate Director of Clinical Foundations
Clerkship Director, Pediatrics

Deena McRae, MD
Associate Dean for Graduate Medical Education

Dawn Elfenbein, MD
Clinical Foundations I & II Director

Eric McCoy, MD
Director of Emergency Medicine Clerkship Simulation

Jeffrey Suchard, MD FACEP FACMT
Director, Medical Pharmacology Course, UC Irvine School of Medicine

Wirachin Hoonpongsimanont, MD
Director, EM Clerkship

Megan Osborn, MD
Course Director, Clinical Foundations IV

Mohsen Davoudi, MD
Interventional Pulmonology
Chief, Pulmonary and Critical Care Medicine

Steven Mills, MD FACS, FASCRS
Core Clerkship Director -- General Surgical Clerkship, School of Medicine

Behnoosh Afghani, MD
Director of Summer Pre-Med Program

4.2 Nursing School

Miriam Bender, PhD
Maureen Movius, RN, MN, CNS
Bernadette Milbury, RN, MSN, ANP-BC, OCN

4.3 Faculty and Instructors

Cameron Ricks, MD
Suzanne Strom, MD
Roger S. Mecca MD*
Mehrdad Jalili, MD
Jason Cook, MD
Corey Nelson, MD
Kenneth Seiff, MD*
Joseph B. Rinehart, MD
Nafiz M Kiciman, MD
Nicole Bernal, MD
Jill E. Endres, MD
Omar Darwish, OS
Bharth Chakravarthy, MD, MPH
Kimberly Gimenez, MD
Christine Hollister, MD
Mark Langdorf, MD, MHPE, FACEP, FAAEM, RDMS
Abraham Rosenbaum, MD

*Volunteer Faculty

4.4 Instructor Training

All instructors who desire to teach within the Medical Education Simulation center will we required to go through and successfully complete the center's "Simulation Instructor Training Course," or have proof of attending a simulation instructor course at UCLA, WISER, or CMS. They will also be required to take part in any instructor meetings/webinars that the center has as a continuing education (non-credit) effort.

All new course development must include a center approved instructor of the course will not be approved.

4.5 Code of Conduct

The Medical Education Simulation Center is aligned and governed by the University of California system, University of California, Irvine. All university code of conduct policies are applicable and will be followed. An electronic copy of the UCI Code of Conduct is available upon request.

Physicians are held to the highest standards of professionalism. It is expected that the learning environment for student physicians will facilitate and reinforce behaviors and attitudes of mutual respect between medical school teachers (faculty, residents, and staff) and medical student learners. It is the policy of the University of California, Irvine School of Medicine that all student-resident and student-faculty relationships be held to the highest professional standards, and specifically, be free of abuse, discrimination, mistreatment or harassment while in the university environment including all university affiliated sites. Students subjected to abuse, discrimination, mistreatment or harassment have a right to seek timely and effective remediation with the full support of the School of Medicine and the University of California, Irvine.

4.6 Equipment Utilization

All equipment utilization is strictly maintained and observed by the simulation staff. A simulation staff member will always be present when an entity is using simulation equipment.

- There will be no ink pens near the simulators or task trainers
- There will be no newspaper or papers with easily removable ink near the simulators or task trainers
- There will be no food or drink near the simulators or task trainers

Medical Education Simulation center will loan out certain task trainers based on certain criteria:

1. Must be affiliated with UC Irvine
2. Must have written faculty approval to take responsibility
3. Must have placed a request for equipment through proper channels (e.g through the center program office).
4. Requester provides a recharge code, in case of damage to equipment
5. The trainer is available

If all the above criteria are met, the approval will be given through the Simulation Center administrative office. The administrative office will have 7 days to review and respond. This is to confirm that the piece of equipment is available, will not be needed for that timeframe, and is in good working order.

If the request is placed with less than 7 days' notice, it is up to the director of operations or the directors for approval.

All approval will be generated through e-mail medium so as to have written documentation of requests and events.

Upon approval, specific instructions will be sent to the requester for a time to pick the piece of equipment. The pick-up location will be the administration office (bldg. 836, room 2118). At time of pick up, the requestor will fill out the required information on the log. This will be their agreement to bring the equipment back clean and in good working order.

Responsibilities

Administration – Process request, process pick up and return, and ensure proper documentation

Simulation Specialists – Ensure that the piece of equipment is in good working order, clean, and placed in the task room or the administrative office on the pickup day. Inspect the equipment upon return for damage.

At no time will the simulation staff be responsible for delivering equipment to individuals or automobiles, as this presents a safety and ergonomic risk to the employees.

Procedures for the request and administration are located in the Procedures manual.

Replacement Fees

Depending on the item borrowed, there will be replacement fees assessed/recharged. Fees will charged based on actual procurement value + applicable shipping. The director of Operations will evaluate if the borrowing individual/organization will be assessed based on certain criteria:

1. Item to be borrowed
2. Is the borrowed piece of equipment a Blue Phantom or TraumaMan?
3. Will any invasive instruments be applied to the trainer?
4. Number of people training on equipment.

The borrower will be told up front by the simulation staff of the charges that will be incurred. Additionally, if the borrowed equipment is received back to the simulation center in non-operational condition, the borrowing agency will be charged for additional repair or replacement.

No charges will be sought before service; however, a recharge number must be on file with the simulation center office.

5. Course Information

Course participants, instructors, and faculty will be respectful of the simulation center environment and personnel at all times.

5.1 Course Development Policy

The Medical Education Simulation Center strives to provide exemplary customer service and support new courses for its clients and stakeholders. This new course development policy, along with procedures, is designed to provide the clients and stakeholders all the necessary information that is required to develop a new course for implementation at the Medical Education Simulation Center.

Per this policy, any and all new course requests will be required to fill out a new course request that is conveniently located on the center website, www.medsim.uci.edu. Once the request is submitted, the center has 7 working days to look over the information and approve or bounce back the request for more information.

The Medical Education Simulation Center requires a pilot test of all new courses.

Note: Course approval does not automatically mean courses will be scheduled. Simulation scenario submissions are required to schedule a pilot. This can occur no earlier than 2 weeks after submission of proposed simulation scenarios. This time is essential in allowing the simulation specialists to program and prep for the piloting session.

External customers will be changed for piloting session and administrative overhead.

Scenario development can be accomplished by the Medical Education Simulation Center on a fee basis.

The Medical Education Simulation Center primarily utilizes the Duke Template. Any and all courses should be formatted in this template.

5.2 Course Preparation

Students will be directed via email or by Ilios for any assigned pre-class assignments. Students are expected to show up to class on time for their assigned simulation session. It is the student's individual responsibility to contact the simulation center program office or Dr. Ricks directly if there is an issue with scheduling or an emergency arises.

5.3 Course Registration

All course registrations will be routed through the center's website. This includes medical student simulation, resident simulation, AHA courses, and CME courses. This can be accessed by going to www.medsim.uci.edu.

5.4 Course Evaluation Policy

<u>General</u>

All sessions, the students/learners have the opportunity to provide feedback to the staff and instructors regarding the simulation session through the center's general survey. This survey has been created and is stored in the University's EEE platform.

<u>Course Specific</u>

Course specific evaluations, such as, pre and posttests, and surveys are available to the learner/students based on the curriculum and instructor of that session. Some medical student simulations have a pre and posttest component. The center is also open to evaluation tools such as checklists based on the individual program need. The evaluation method must be included during the new course development phase or at the piloting phase.

<u>Instructor</u>

Debriefing clinical simulation experiences is increasingly understood as a crucial step in clarifying and consolidating insights and lessons from simulations. The Debriefing Assessment for Simulation in Healthcare (DASH©) is designed to assist in evaluating and developing debriefing skills. Debriefing is a conversation among two or more people to review a simulated event or activity in which participants explore, analyze, and synthesize their actions and thought processes, emotional states and other information to improve performance in real situations. High participant engagement is a hallmark of strong debriefings, because it leads to deeper levels of learning and increases the likelihood of transfer to the clinical setting.

The DASH© evaluates strategies and techniques used to conduct debriefings by examining concrete behaviors. It is based on evidence and theory about how people learn and change in experiential contexts. The DASH© is designed to allow assessment of debriefings from a wide variety of disciplines and courses, varying numbers of participants, a wide range of educational objectives, and various physical and time constraints.

The DASH© is based on extensive literature review as well as the best debriefing practices derived from an expert panel. The DASH© was contrived at the Center for Medical Simulation, Boston, MA.

In keeping with the standards of the leaders in medical simulation, and part of the center's QA/QI program, the simulation center has an instructor debriefing QA policy utilizing DASH© methodologies.

The directors and director of operations will periodically watch/review debriefing sessions, and then using the DASH© form, provide instructors feedback. The feedback, if time allows, will be given during the same session. If time is a factor on either parties, then the scored DASH© form with comments will be mailed to the home or campus offices.

Each instructor/potential instructor is notified during the UC Irvine Simulation Center's Instructor Course that there will be periodic evaluations of debriefing techniques.

This program is in no way punitive in nature, and meant only as means for increasing effectiveness of medical education throughout our facility.

Reporting

The evidence of the DASH© form will be kept with the instructor. The simulation center will only keep statistical information for trending and/or to re-evaluate the center's teaching methodologies, and not the results of individual evaluations.

Research

This policy strictly serves as guidance for debriefing QA of instructors. Any and all potential research would have to have expressed consent from the evaluatee. The center reserves the right to use/publish the statistical information gained from this program.

Staff

Staff will be evaluated for job performance based on the University of California System, university employee evaluation policies. The directors and the director of operations will have daily oversight on simulation center activities

5.5 HeartCode ©

HeartCode © is a program offered by the Medical Education Simulation Center that allows for credentialing of Basic Life Support, and Advanced Cardiac Life Support for internal and external uses.

HeartCode © is a 2-part course curriculum in which the learner will take the first part of the course on-line, at their convenience, in a self-directed approach. The second part of the course, the learner will make an appointment and physically come to the center to perform the skills portion of the certification either via manikin or live instructor.

The program works off of a license approach, meaning that yearly, the simulation center will purchase a lump sum of licenses from HealthStream based on projections. Each time a user is assigned to a course, a license is used. **If the course is never started the license can be pulled back; however, if the learner has started the course in any way, that license is used and the learner will be charged for that license regardless of completion**. Only simulation staff has administrator access to this system to ensure the integrity of the licenses, PII, and budgetary constraints.

6. Course Participants/Learners

6.1 Code of Conduct

The Medical Education Simulation Center is aligned and governed by the University of California system, University of California, Irvine. All university code of conduct policies are applicable and will be followed. An electronic copy of the UCI Code of Conduct is available upon request. Additionally, the medical students enrolled have an honor system in which they are required to abide by.

6.2 Cellular Phone Usage

While participating in simulation sessions, it is the expectations that all cellphones will be placed on vibrate and only take calls in an emergency. Students and learners may use smartphones for looking up reference materials or to gain access to medical school curriculum. Students and learners will, if they need to take/make an emergency call will excuse themselves and take the call outside of the simulation center as not to disturb the learning environment of others.

Any faculty members' who are on-call must notify the instructor that they may need to step out to take a patient related call.

At no time will cellular phones and/or tablets will be used to record video or photography with consent from the simulation center.

6.3 Dress Code and Other Requirements

See Section 1.12, Dress Code

If participants were given iPads, they will be required to bring them, as it is necessary for the simulation session. Additional requirements will be emailed and placed on Ilios and/or Canvas.

6.4 Fiction Contract

The simulation staff has set up simulated encounters that are as realistic as we can make them with the resources available. During the simulation session the student will encounter electronic manikin patients, trainers to help you practice procedural skills, and various people (actors) in the environment. During the session, the actors will take this very seriously and the simulation staff asks that the students do as well.

The manikins have heart sounds, lung sounds, and some have bowel sounds. The adult patients have palpable carotid, brachial, radial, femoral, and pedal pulses. The pediatric patients will have different pulses depending on the age of the patient.

Clinical monitors can be available depending on the clinical setting. Clinical exams (i.e. imaging, laboratory, pathology) can be ordered if appropriate for your patient care.

The patient may or may not have IV access at the beginning of the student's scenario. If not explicitly told, the student/learner should not assume you have access. The IV fluid will be placed on an IV pole and the tubing will have a stopcock where all IV medications can be administered. The student/learner must actually administer fluid to produce the desired effect. The student will need to specify the type of fluid you would like to administer and how much. If the student feels the need to give blood products, and they are available, the student will hang the desired amount but do not spike the bags. The student MUST administer the desired medication in order to get the desired effect.

The patient can breathe spontaneously, has chest rise and fall, responds to O2, and can be mechanically ventilated if necessary. The patient's pulmonary compliance can change. The patient can be masked, intubated, or an LMA can be inserted. A fiber optic bronchoscope will work. A surgical or needle cricothyroidotomy can be performed if necessary. The suction does not actually work.

Chest compressions can be performed on a poorly perfusing patient and must be done correctly to have a beneficial effect.

The defibrillators in the simulation center are real and will deliver live energy. Placing the pads on the metal discs on the patient's chest will display the cardiogram on the defibrillator screen. The patient can be shocked or paced, but the patient will not "jump".

6.5 Participant/Learner Tardiness

In effort to provide a quality simulation experience for both students and instructors, the UC Irvine Medical Education Simulation Center has enacted a student tardiness policy.

Student Tardiness Defined

Student tardiness is defined as the student is sufficiently late that they have missed the <u>entire</u> simulation orientation at the beginning of the session.

Rationale

An orientation to the simulation space and equipment is an essential part of the simulation curriculum and session. An orientation is conducted at the beginning of every session for reasons of safety, adaptation to environment, center/session rules, and any specific session-specific information. Having students arrive after orientation has been concluded, is not only a safety concern, but is disruptive to the other students and instructors, and also has the potential cause for the session to not complete a number of terminal and/or enabling objectives.

Policy

The UC Irvine Medical Education Simulation Center's policy of student tardiness is such that if the student is sufficiently late that they miss the <u>entire</u> simulation orientation, then the student will

be directed to return to their service/department for further instructions. If the student arrives during the simulation orientation, then he/she will be allowed to stay.

6.6 Evaluations/surveys

General

All sessions, the students/learners have the opportunity to provide feedback to the staff and instructors regarding the simulation session through the center's general survey. This survey has been created and is stored in Qualtrics.

Course Specific

Course specific evaluations, such as, pre and posttests, and surveys are available to the learner/students based on the curriculum and instructor of that session. Some medical student simulations have a pre and posttest component. The center is also open to evaluation tools such as checklists based on the individual program need. The evaluation method must be included during the new course development phase or at the piloting phase.

Instructor

Debriefing clinical simulation experiences is increasingly understood as a crucial step in clarifying and consolidating insights and lessons from simulations. The Debriefing Assessment for Simulation in Healthcare (DASH©) is designed to assist in evaluating and developing debriefing skills. Debriefing is a conversation among two or more people to review a simulated event or activity in which participants explore, analyze, and synthesize their actions and thought processes, emotional states and other information to improve performance in real situations. High participant engagement is a hallmark of strong debriefings, because it leads to deeper levels of learning and increases the likelihood of transfer to the clinical setting.

The DASH© evaluates strategies and techniques used to conduct debriefings by examining concrete behaviors. It is based on evidence and theory about how people learn and change in experiential contexts. The DASH© is designed to allow assessment of debriefings from a wide variety of disciplines and courses, varying numbers of participants, a wide range of educational objectives, and various physical and time constraints.

The DASH© is based on extensive literature review as well as the best debriefing practices derived from an expert panel. The DASH© was contrived at the Center for Medical Simulation, Boston, MA.

In keeping with the standards of the leaders in medical simulation, and part of the center's QA/QI program, the simulation center has an instructor debriefing QA policy utilizing DASH© methodologies.

The directors and director of operations will periodically watch/review debriefing sessions, and then using the DASH© form, provide instructors feedback. The feedback, if time allows, will be given during the same session. If time is a factor on either parties, then the scored DASH© form with comments will be mailed to the home or campus offices.

Each instructor/potential instructor is notified during the UC Irvine Simulation Center's Instructor Course that there will be periodic evaluations of debriefing techniques.

This program is in no way punitive in nature, and meant only as means for increasing effectiveness of medical education throughout our facility.

Reporting

The evidence of the DASH© form will be kept with the instructor. The simulation center will only keep statistical information for trending and/or to re-evaluate the center's teaching methodologies, and not the results of individual evaluations.

Research

This policy strictly serves as guidance for debriefing QA of instructors. Any and all potential research would have to have expressed consent from the evaluatee. The center reserves the right to use/publish the statistical information gained from this program.

Staff

Staff will be evaluated for job performance based on the University of California System, university employee evaluation policies. The directors and the director of operations will have daily oversight on simulation center activities

7. Scheduling

7.1 Approval Process

7.1.1 New Course

All scheduling is approved through the center administrative offices. Per policy, any and all new course requests will be required to fill out a new course request that is conveniently located on the center website, www.medsim.uci.edu. Once the request is submitted, the center has 7 working days to look over the information and approve or bounce back the request for more information. Once the course is approved, the requestor will be given a unique course number that they will use when booking future sessions.

The Medical Education Simulation Center requires a pilot test of all new courses.

Note: Course approval does not automatically mean courses will be scheduled. New course simulation scenario submissions are required to schedule a pilot. This can occur no earlier than 2 weeks (10 working days) after submission of proposed simulation scenarios. This time is essential in allowing the simulation specialists to program and prep for the piloting session.

External customers will be charged for piloting session and administrative overhead.

Scenario development can be accomplished by the Medical Education Simulation Center on a fee basis.

Please see new course development procedures.

7.1.2 Recurring Course

All scheduling is approved through the center administrative offices. Once a course or session request is received, the center administrative staff will determine if the course or session can be fit into the schedule. The request will then be looked over by our simulation specialists' to ensure they have everything they will need. The staff will then give approval, and a confirmation will be e-mailed to the requestor.

7.1.3 Recurring Course with New or Different Scenarios

All scheduling is approved through the center administrative offices. Once a course or session request is received, the center administrative staff will determine if the course or session can be fit into the schedule. New scenarios will have to be submitted to the simulation center ten (10) business days prior to session if programming of any sort is involved. Any and all media for the session must be submitted no later than five (5) business days prior to the session (See A7.3, New Scenario (Existing Course).

7.1.4 Identifying scenarios for a routine course

Many courses rotate simulation scenarios for their sessions. The simulation center must be notified no later than <u>5</u> business days prior the scheduled session to ensure the simulation staff has time to prepare.

7.2 Scheduling Process

All scheduling is approved through the center administrative offices. Course/session requests will be required to fill out a request that is conveniently located on the center website, www.medsim.uci.edu. See appendix for details.

Tour Scheduling is approved through the Simulation Program Office after it has been screen by staff. *Tour schedules are limited and will not affect the simulation education schedule*. With rare exception, tours will be scheduled at a time when there are no educational activities occurring in the Medical Education Simulation Center. See also 8.1

7.2.1 Annual department scheduling

The medical departments may send in scheduling requests at any time; however, all department requests will be held in queue until the school of medicine releases the medical school schedule. Once the SOM schedule is placed on the simulation center schedule, the Simulation Center Program Office will work to populate the departments in remaining available time slots.

See Section 7.5 for priority

Exception to policy
Summer camps/outreach/tours and programs that occur in June and July may be scheduled when the request is submitted.

7.3 Notification

Scheduling notification/approval/disapproval of session will be generated from the center's administrative office or designee. Any and all departments requiring communication with the simulation center can call the center program office or email the center. It is the School of Medicine/departments' responsibility to set up and schedule their students/learner's for sessions.

7.4 Cancellation Policy

It is the policy of the simulation center to send out reminders for the simulation session to the instructors in advance (one week to three days prior). We ask that instructors who know there is a conflict with the scheduled time, to please let us know so we can adjust session time (if practical) or cancel the session. Please cancel sessions <u>24 hours prior</u>. The center staff will then work with you or department to reschedule.

7.5 Priority

Generally the simulation center operates on a first come first serve basis, but there is priority established. The priority order is listed below:

1. Medical Student Year 1 (MS 1)
2. Medical Student Year 2 (MS 2)
3. Medical Student Year 3 (MS 3)
4. Medical Student Year 4 (MS 4)
5. School of Nursing
6. Residencies
7. External (Tours, outreach, etc…)

7.6 Recording of Scheduled Events

7.6.1 General

The simulation center staff will keep record of the date, group/group name, how long the session ran for, and the number of people attended. This information will be used in calculating metrics for center operations.

7.6.2 Photographic, Video, and Audio

Video and audio recordings will only be conducted if expressed consent has been signed for video and audio recordings. This will need to be expressed by the session requestor or instructor at any time prior to the start of the session. This includes use of photography.

7.6.3 Research

The use of photographic, video, and audio recording will be written into the research protocols, thus requiring expressed consent from the research staff, which will remain on file with the research data.

7.7 Severe Weather Policy

In the unlikely event of adverse weather conditions, the simulation center will follow all UCI guidelines and directions regarding emergency procedures. If there is warning of potential severe weather, the simulation center will do their best to notify all instructors that may be potentially impacted. Also see section 17, Security and Safety.

7.8 Utility/Electrical Failure

If there is a utility/electrical issue that will likely impact a scheduled session, the simulation center will do their best to notify all instructors that may be potentially impacted and work with them to reschedule their session.

7.9 Parking Permits

Per UC Transportation Services Administrative Policies and Procedures 904-11: University departments may not purchase parking permits for students, faculty, or staff.

Departments can purchase parking permits for guests, volunteers, and other non-compensated individuals via departmental recharge. Departments cannot purchase parking permits for University employees or students. All requests for departmental purchases of parking permits for individuals are referred to Internal Audit for approval before permits are issued. (904-11 A2d)

In addition, the UCOP's Master Plan for Education states:

> *"The operation of all such auxiliary services for students as housing, feeding, and parking be self-supporting. Taxpayers' money should not be used to subsidize, openly or covertly, the operation of such services.*
>
> *Also, when a department purchases a parking permit for employees, the value of the permit is taxable, and subject to audit and has IRS implications.*
>
> *UC Irvine Parking and Transportation does not make it a practice to sell departments parking permits for the employee's exclusive use. Individual employees must purchase their own permits using private funds. Parking is an auxiliary service that provides the campus with parking facilities, maintenance of these facilities, and some roadway projects. Expenses for these services are recovered through permit sales as we receive no state funds."*

8. Tours, Demonstrations, and Outreach

The goal of the Medical Education Simulation Center is to provide quality medical education training through many spectrums at University of California, Irvine and throughout the community. While we welcome the opportunity to showcase the Simulation Center and share its potential capabilities with those who are interested, we must prioritize the learning activities of the center.

8.1 Tour Request

Due to the high volume of educational activities that require the undivided attention of the excellent simulation staff and educators we are instituting this policy for all tours, observerships and visits to the Simulation Center. It is imperative that these non-educational activities not interfere with the important training sessions of our learners.

Requestors will complete the online Tour application form at www.medsim.uci.edu under "Reservations" and "Schedule a tour" to submit to the Simulation Center office. This will be reviewed by the Director of Operations and you will be advised as to whether your attendance at the center can be accommodated for the date and time you have requested. *Please allow a minimum of 14 days for us to receive, review and make a determination of your application.*

When present for the tour, all visitors and persons on the tour will be given a confidentiality agreement and tour policy to sign. Tours and visits will be contingent on proper paperwork. Agreements will be filled in the Simulation Center office for a period of 6 months and then will be dispositioned appropriately.

There will be no audio or video recordings of the tour, visitors, or spaces without prior consent of group.

8.2 Requirements

Tours

Defined: Tours are brief walkthroughs of the simulation center highlighting the space and the capabilities, and if time allow, a brief discussion.

Tours can be scheduled through www.medsim.uci.edu. Tours will be scheduled in increments of 30 minutes with 10 minutes in between. Tours will be guided by the directors or the director of operations. Only in very limited circumstances will the simulation specialists be required to tour individuals or groups. Simulation specialists may be required to assist the individual giving the tour. In general, tours will be 15 persons or less unless prior approval from the simulation center staff.

Tour events will follow the same priority as other requests. See 7.5.

Tours can be scheduled, generally Monday through Friday, 0800-1500

Tours scheduled as a function of medical education or the School of Medicine will be free of charge; tours to external agencies may incur a nominal fee. Tours to external agencies <u>cannot</u> be scheduled during on-going session times. This is to ensure the privacy of the students/learners.

<u>Demonstration</u>

Defined: demonstration is defined as groups or organizations that would like to utilize the centers for a set number of hours and actively do simulation activities. This may include summer camps and UC Extension.

Demonstration session requests will fall under the same priority policy as other requested events. See 7.5.

A quote/invoice will be disseminated to the point of contact to cover expenses.

Demonstrations can be scheduled through www.medsim.uci.edu.

<u>Outreach</u>

Defined: Outreach is defined as groups or organizations that would like to utilize the center for a set number of hours and may include simulation activities and or task training. This includes high school groups.

Outreach session requests will fall under the same priority policy as other requested events. See 7.5.

A quote/invoice will be disseminated to the point of contact to cover expenses.

Outreach can be scheduled through www.medsim.uci.edu.

8.3 Cancellation

Tours, demonstrations, and or outreach may be cancelled at any time prior to 24 hours before the start of the tour. If the event is cancelled with less than 24 hours prior to start time, a minor administrative fee may be assessed at the discretion of the program office.

8.4 Right to Refuse/Terminate

The Medical Education Simulation Center will make every effort to quell any unfortunate circumstances with the planning an operation of group/outreach or tour; however, the center staff has the right to terminate the session for safety and misuse of equipment and/or staff.

8.5 Parking Permits

Per UC Transportation Services Administrative Policies and Procedures 904-11: University departments may not purchase parking permits for students, faculty, or staff.

Departments can purchase parking permits for guests, volunteers, and other non-compensated individuals via departmental recharge. Departments cannot purchase parking permits for University employees or students. All requests for departmental purchases of parking permits for individuals are referred to Internal Audit for approval before permits are issued. (904-11 A2d)

In cases that a parking permit is requested or required, the simulation center program office will call and request a parking permits that the individual will then be able to pick up at the Mesa Parking Structure. Parking passes requested from the simulation center program office will be charged from the simulation center account.

All requests for parking passes for individuals and groups not directly connected with the direct operation of the simulation center (Ex. – faculty asking for a parking pass for an outside industry tour) will be directed to the Medical Education financial analyst for the parking pass. The financial analyst will act as an internal audit function to ensure that the requested is following university policy.

9. Equipment

9.1 Loan Policy

Medical Education Simulation center will loan out certain task trainers based on certain criteria:

1. Must be affiliated with UC Irvine
2. Must have written faculty approval to take responsibility
3. Must have placed a request for equipment through proper channels (e.g. through the center administration office).
4. Requester provides a recharge code, in case of damage to equipment
5. The trainer is available

If all the above criteria are met, the approval will be given through the Simulation Center administrative office. The administrative office will have 7 days to review and respond. This is to confirm that the piece of equipment is available, will not be needed for that timeframe, and is in good working order.

If the request is placed with less than 7 days' notice, it is up to the director of operations or the directors for approval.

All approval will be generated through e-mail medium so as to have written documentation of requests and events.

Upon approval, specific instructions will be sent to the requester for a time to pick the piece of equipment. The pick-up location will be the administration office (bldg. 836, room 2118). At time of pick up, the requestor will fill out the required information on the log. This will be their agreement to bring the equipment back clean and in good working order.

Responsibilities

Administration – Process request, process pick up and return, and ensure proper documentation

Simulation Specialists – Ensure that the piece of equipment is in good working order, clean, and placed in the task room or the administrative office on the pickup day. Inspect the equipment upon return for damage.

At no time will the simulation staff be responsible for delivering equipment to individuals or automobiles, as this presents a safety and ergonomic risk to the employees.

Replacement Fees

Depending on the item borrowed, there will be replacement fees assessed/recharged. Fees will charged based on actual procurement value + applicable shipping. The director of Operations will evaluate if the borrowing individual/organization will be assessed based on certain criteria:

- Item to be borrowed
- Is the borrowed piece of equipment a Blue Phantom or TraumaMan?

- Will any invasive instruments be applied to the trainer?
- Number of people training on equipment.

The borrower will be told up front by the simulation staff of the charges that will be incurred. Additionally, if the borrowed equipment is received back to the simulation center in non-operational condition, the borrowing agency will be charged for additional repair or replacement.

No charges will be sought before service; however, a recharge number must be on file with the simulation center office.

9.2 Standard Center Equipment

Item	Quantity	Can the item be loaned?	
Simulator			
Laerdal SimMan 3G	2	No	
Laerdal SimMan	1	No	
Laerdal SimBaby	2	No	
Gaumard Pediatric Hal	2	No	
Task Trainers			
Laerdal Mega Code Kelly	5	No	
Laerdal Resusci Anne (VAM)	3	No	
Laerdal Resusci Baby (VAM)	3	No	
Laerdal Neonatal Airway Trainer	2	Yes	
Laerdal Pediatric Airway Trainer	2	Yes	
Laerdal Airway Trainer	5	Yes	
Laerdal IV Insertion Training Arm	5	Yes	
Kyoto LP Trainer	2	Yes	
Blue Phantom Central Line Trainer	2	No	On-site only
Blue Phantom FAST Scan Model	1	No	
Blue Phantom Transvaginal US	1	Yes	On-site only
Blue Phantom Thoracentesis	1	No	On-site only
Limbs and Things Catheterization Model	1	Yes	
Male Foley trainer	3	yes	
Female Foley Trainer	3	Yes	
Blue Phantom DVT Trainer	1	Yes	
Blue Phantom Vascular Arm	1	Yes	
Simulabs TraumaMan	3	Yes	
Laerdal BP Training Arms	2	No	
Gaumard Advanced Airway Trainers	2	No	
Simulaid Autopulse Manikin	4	Yes	
Other Items			
Crash Carts	4	No	
Laerdal SimPad	1	No	
Laerdal SimPad Plus	4	No	
Long Spineboard	2	Yes	

| I/O Drill | 2 | Yes | On-Site Only |

9.3 Budget Source

The primary budgeting source for equipment resides in the yearly operating budget projections, under budget expense item (Simulator Repair/replacement)

Secondary funding sources would include, grants, re-allocated funding from the School of Medicine, and endowment.

9.4 Acquisition Policy and Process

All equipment that center wishes to be purchased requires the simulation center staff to thoroughly investigate the needs of the center/program against the needs and capability of the equipment. The center will have a budget expense line item for simulator replacement.

All requested equipment will require a dated quote.

For any equipment item >$5,000, the following items need to be gathered:

- Dated Quote from the company
- Dated Quotes from 2 other similar manufactures
- Sole source justification
- 21 point justification (when applicable)

For Equipment Items <$5,000, the following items need to be gathered:

- Dated Quote from the company
- Sole source justification

Once the paperwork has been assembled, the request will then be forwarded to MedEd financial analyst and/or CAO for approval prior to purchase. Once approved, the requisition will then go to the School of Medicine dean's office for purchase. A purchase order (PO) will be generated. The simulation center will be responsible for ensuring the PO gets to the company that we requested the equipment from. The simulation center will keep MedEd informed of the status of the procurement of the equipment and will make notification once it arrives.

Under certain circumstances, MedEd has the ability to purchase small items using the university PALcard. The MEdEd financial analyst retains the card. This will be reserved for small items such as replacement cables, small computer replacement items, etc…

9.5 Maintenance and Care

There is allotted time set aside at the end of each week for routine maintenance and cleaning of simulators and equipment, typically Friday afternoon. Additionally, during the last week of April/first week of March, the simulation center goes to a limited schedule so that extensive maintenance can occur if needed and the annual preventive maintenance on the SimMan 3Gs can occur.

The simulation staff will perform maintenance and cleaning when needed or directed due to operation requirements.

FRIDAY MAINTENANCE CHECKLIST

✓ Restock medicine carts
✓ Reset medications in medicine carts (pressors and sedation drugs)
✓ Clean all simulators with sani-cloths and Goo Gone
✓ Take used sheets to clinical skills hampers and restock with clean ones
✓ Restock OR shelf
✓ Clean OR table/bed
✓ Organize suture shelf
✓ Organize grey cabinets and silver carts
✓ Check batteries in laryngoscopes
✓ Wipe down simulator laptops and laptops in task training room
✓ Wipe down computers in control room
✓ Hang all headsets up properly (incl. Revo's)
✓ Wipe down counter tops in control room
✓ Organize control room cabinets
✓ Ensure all computers are logged out
✓ Ensure all simulation laptops are put away
✓ File paperwork and scenarios from the week
✓ Prepare for next week's sessions (pull scenarios, email instructors etc.)
✓ Wipe down anesthesia machine
✓ Check open endotracheal tubes for popped cuff/balloon
✓ Wipe down tables in debriefing rooms
✓ Reset chairs around the debriefing room tables
✓ Wipe down grey cabinets
✓ Wipe down tables in task training room
✓ Unplug simulators so they do not charge over the weekend
✓ Turn all gasses off
✓ Wipe down all VAMs

FRIDAY QUICK CLEAN (use for busy Fridays)

✓ Reset medications in medicine carts (pressors and sedation drugs)
✓ Wipe down all simulators with sani-cloths
✓ Check batteries in laryngoscopes
✓ Ensure Control room is clean in appearance
✓ File paperwork and scenarios from the week
✓ Hang all headsets up properly (incl. Revo's)
✓ Prepare for next week's sessions (pull scenarios, email instructors etc.)
✓ Check endotracheal tubes for popped cuff/balloon
✓ Reset chairs in the debriefing rooms
✓ Ensure all computers are logged out
✓ Ensure all simulation laptops are put away
✓ Wipe down all VAMs

9.6 Breakage and Repair Policy

The Simulation center maintains a budgeted expense line item for simulator equipment repairs. The center realizes that normal wear and tear occurs during the course of simulation activities throughout the year.

If a simulator or piece of equipment breaks or go down, the simulation center staff will make every effort to get it functioning within the timeframe. If this cannot be done, the session may have to be altered or cancelled and rescheduled. The director of operations will immediately be notified if this occurs.

If negligence or malicious intent by anyone, the simulation center will immediately remove that individual and notify:

Learner Group	Notification
Residents	Medical Director
	Residency Coordinator
Medical Students	Medical Director and DoO
	Course Director
	Sr. Associate Dean, Educational Affairs
Student Interest Groups	Medical Director and DoO
	Course Director
	Sr. Associate Dean, Educational Affairs
Tours and Outreach (incl. Camps)	Medical Director and DoO
	Group Point of Contact
External	Medical Director and DoO
	Group Point of Contact

The simulation center may seek monetary re-compensation of any damages to repair or replace to the condition prior to breakage that the individual caused. This repair or replacement will be sought at market value at cost.

Equipment Loan

If the borrowed equipment is received back to the simulation center in non-operational condition, the borrowing agency will be charged for additional repair or replacement.

No charges will be sought before service; however, a recharge number must be on file with the simulation center office.

9.7 Off Site Utilization (in-situ)

The simulation center may provide simulation activities in locations other than the simulation center to include "in situ" at the hospital. The simulation center simulation specialists will escort and transport all simulation center equipment. The simulation specialist will be the only ones to operate the simulation equipment to include set-up and tear down. Additional, non-trained help may be obtained to assist in setup/tear down, but will always be under the supervision of the simulation specialists.

Exception: CF4 ACLS Block

10. Supplies

10.1 Budget Source

The Medical Education Simulation Center has a budgeted expense line item for (Lab supplies). This expense line item is to be used to purchase clinical supplies that can no longer be re-used or have to be replaced. This expense line item is also used to procure clinical supplies that are needed for the clinical foundations courses and any other medical student simulation course. Lab supplies for external agencies and residencies will be required to both anticipate the clinical supply item needed and have us order it and the recharge their department or they will have to supply the supply for the session. For non-medical student sessions, standard airway and intubation equipment is provided; other equipment may or may not be provided. The simulation specialists will communicate with the instructor prior to the session if there is a supply issue.

Non-medical supplies are a different budget source (office supplies).

10.2 Acquisition Policy and Process

Clinical supplies are normally ordered through central distribution (UCI Medical Center). In the event that the clinical supply item is not available, then the simulation center will follow the procurement procedures just as if it were equipment purchase.

Any new vendors, such that UC Irvine has not done business with, will require the submission of a W-9 with the requisition. The W-9 Is supplied by the vendor.

Simulation Center Internal

Research → Request Quote and of other if required → Sole Source Justification and other if required → Submit to MedEd for approval
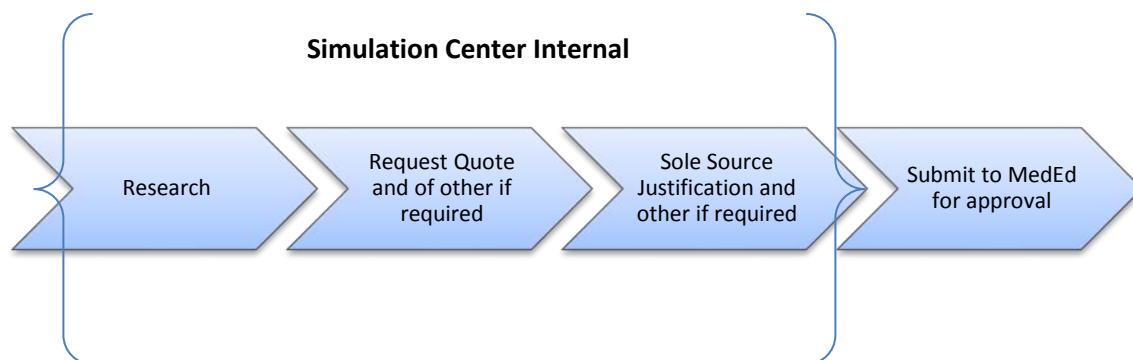
10.3 Organization

The Simulation Center will be organized by the simulation specialist primarily. Currently, all computer equipment is located and stored in the control room. There are carts in each of the simulation bays that how a minimal amount of equipment to include standard airway equipment and supplies. All reusable supplies that are used on a routine basis are housed/stored within the simulation center. All the supplies have a designated area and are

labeled if possible/applicable. There is an auxiliary storage space of the 4th floor of this building for storage of addition equipment and supplies.

Supplies designated for a particular program, such as clinical foundations, are procured using the just in time (JIT) model.

10.4 Usage and Re-Usage

Every effort will be made to re-use supplies even though it may be a consumable medical supply.   Items that cannot/will not be re-used include: sharps such as needles and scalpel. IV bags will be re-used and refilled whenever possible.

10.5 Skin Replacement

Original policy posted 7/12/20013

The Medical Education Simulation Center will charge the individual medical departments for replacement skins that are utilized during the course of their simulations.

Medical Student Courses
No charge
Residency Courses
At cost fee of the replacement skin +S/H
Interest Group/other
At cost fee of the replacement skin +S/H

11. Scenarios

11.1 Scenario Development

The Medical Education Simulation Center utilizes the *Duke Template* as the basis for all scenarios. This scenario template will be used by course directors to develop simulation based cases. Once completed, the scenario template may be used by the center's simulation specialists to program and prepare for the course. *For new courses, it is recommended that the scenario template be received no later than one (1) month prior to course/session date. The simulation center requires a pilot of scenarios for newly created courses; the simulation center recommends a pilot of all newly created scenarios for existing approved courses. This pilot will be completed at least two (2) weeks (10 working day) prior to course/session date.* This will allow for revisions and further tests prior to course date.

11.2 Scenario Structure

The structure of the scenario template must encompass all aspects and pertinent physiologies of the patient, equipment, supplies, and necessary case information. The *Duke Template* is used by the Medical Education Simulation Center.

Duke Template

Section 1: Demographics

- ✓ Case Title
- ✓ Patient Name
- ✓ Scenario Name
- ✓ Author
- ✓ Date(s) of Development
- ✓ Learner Group

Section 2: Curricular Information

- ✓ Learning Objectives
- ✓ Guided Study Questions
- ✓ References
- ✓ Didactics
- ✓ Assessment Instruments

Section 3: Preparation

- ✓ Equipment, supplies, supporting files, time
- ✓ Case Stem
- ✓ Patient Data Background and Baseline State
- ✓ Scenario States

UCI requirements for scenario templates dictate that any simulation scenario that has an invasive component, there must be a "timeout" objective listed on the learning objectives using the following language:

> ***"Demonstrate proper "time-out" protocol prior to invasive procedure(s), based on University of California Irvine Medical Center time out policy/protocols, without error"***

In addition, all residency designated scenarios will address the Accreditation Council for Graduate Medical Education (ACGME) milestones for the department

11.3 Authorship

Any scenario created will list the primary author first. Additional authorship additions and/or co-authors will be dependent on level of added work/value to the scenario. The last authorship spot is usually reserved for the senior author or mentor.

Scenarios developed by residents for the simulation center

- ✓ First author – scenario author
- ✓ Last author – Medical Education Simulation Center Medical Director

Scenarios developed by medical students for the simulation center

- ✓ First author – scenario author
- ✓ Last author – Medical Education Simulation Center Medical Director

Scenarios developed by fellows for the simulation center

- ✓ First author – scenario author
- ✓ Last author – Medical Education Simulation Center Medical Director

Scenarios developed by faculty for their individual course

- ✓ First author – scenario author
- ✓ Last author – Not necessary

11.4 Audio/visual Storage

All stored video is stored in the B-Line SimBridge storage array. This storage array is located on a separate network within the university network. The data stored at this location is also behind firewall software. A limited amount of people have access to the SimBridge.

The simulation center adheres to the University of California Irvine (UCI) policies, records management http://www.policies.uci.edu/adm/alphaindex.html, Sec. 721-12: Archives and the UC Office of the President Information Technology Services records disposition Schedules Manual, http://ucop.edu/information-technology-services/units/records-disposition-schedules-manual.html.

11.5 Utilization of Scenarios

It is the responsibility of the primary author/course director of the scenario to ensure the case follows current, acceptable standards of care and applicable hospital policy.

11.6 Quality Assurance

Each scenario developed "in house" or externally will follow current clinical practice guidelines or standards of care. As these standards change, changes/modifications to the scenario will be updated. Whenever possible, these changes will be performed by the primary author. There may be occasions that other faculty instructors or SMEs may review.

11.7 Debriefing

Debriefing is the most critical component in medical simulation. It is the policy of the simulation center that each instructor/faculty member who wishes to instruct at the simulation center have attended the Simulation Instructor Training Course. The simulation center understands that there are different learner levels associated with simulation at the simulation center; therefore, understands that debriefing methods may vary based on learner subset and level of training. Audiovisual technology and playback may be used as part of the debriefing process.

11.8 Scenario Media Requirements

If the instructor wishes to use media (e.g. chest x-rays, CT scans, etc.) Those need to be to the simulation specialist no later than 5 working days ahead of the schedule. All Campus/federal Holidays are excluded. The preferable format for photo media is in JPEG or .JPG format. The preferred format for video media is MPEG or .MPG or .MOV. Any media given to the simulation specialist after that deadline cannot guarantee that it will be ready and/or available for the session.

11.9 Scenario Programming Requirements

In general the scenarios are typically programmed before or after the pilot, depending on the type of scenario. If the course is adding new scenarios, the author/instructor needs to have any new or modified programming requirements in no later than 10 working days ahead of the scheduled session. This is to ensure that the scenario can be programmed properly and can be tested with the simulation software.

11.20 Scenario Piloting

The Simulation Center does not require piloting for new scenarios under approved courses; however, the media and programming suspense's (deadlines) still apply; see 11.8 and 11.9.

12. Operations

12.1 Utilization of Simulation Center Staff

The simulation staff is employed to support operations of the Medical Education Simulation Center. Each staff member has specific roles and responsibilities as outlined in the job description and performance standards. Any variation must be approved by the medical director and /or the director of operations.

Departmental simulation staff/directors and/or residency coordinators will not assign tasks or projects to the simulation staff beyond the scope of the individual simulation session. All operational direction will reside with the medical director and director of operations.

12.2 Start-up and Shut Down Process

Individuals qualified to start-up and shut-down operations in the simulation center are: Medical Director, Director of Operations, and simulation Specialists.

Disarming security alarms: N/A

Opening the simulation center: Medical Director, Director of Operations, and simulation Specialists. Administrative assistant will only open the center for maintenance personnel.

Turning on/off simulators: Medical Director, Director of Operations, and simulation Specialists

Audio/visual Recording: Director of Operations and Simulation Specialists

Simulation Center Program Office: Medical Director, Director of Operations, and Administrative Assistant

It is the responsibility of the Simulation specialists to open "unlock the doors" the simulation center on a daily basis. Simulation Specialists will be scheduled / assigned to courses and sessions. It is the simulation specialist's responsibility to adequately prepare for the session and test all equipment, A/V equipment, and ensure proper supplies are available. The simulation specialists are required to clean up at the end of simulation activities to include straightening up the control room.

For individual start-up procedures for the simulators, please see additional binder in the simulation center control room.

12.3 Security of Information

Printed Materials
All printed materials to include student rosters, surveys, evaluations, and attendance records are stored in the simulation center program office. Any information that has or the potential to have identifiable information will be stored in the program office.

Electronic Materials

Video

All stored video is stored in the B-Line SimBridge storage array. This storage array is located on a separate network then the university network. The data stored at this location is also behind firewall software.

A limited amount of people have access to the SimBridge. Simulation center staff have the only access to the SimBridge side. Clinical Skills staff has separate permissions for faculty and staff for use with the CS platform.

Tests/Quizes/surveys

Currently all test/quizzes/surveys are located and stored with the University of California's Electronic Educational Environment (EEE) or similar system. This is the university's learning management software and it is web based and on the university/hospital network. In order to access the files, a UCINet ID is required. Additionally, the individual who created the test/quiz/survey is the only individual allowed access to the results unless they give additional permissions. To date, the Medical Director and Director of Operations are the only ones that have permissions. On a limited basis, the director of operations may distribute an attendance roster to the course instructor. This is on an ad hoc basis and only when requested. The instructor is not given the test/quiz results. The simulation center may distribute aggregate survey data result intended to improve the course or session and as a quality improvement tool.

Research

Any and all documents related to research or proposals are located on the Medical Director and/or Director of Operation's personal drives for storage. This is on the university network, behind a firewall and has very limited access. Identifiable participant data is stored there prior to being de-identified.

Miscellaneous

All other electronic data storage not otherwise noted is stored on the simulation center (S:\) drive

12.4 Simulator/Task Trainer Maintenance

The Medical Education Simulation Center routinely schedules Friday afternoon each week to perform simulator or other related maintenance.

Simulator

SimMan 3Gs	Weekly on Friday afternoon
	Preventive Maintenance by Laerdal Q1year
SimBaby	Weekly on Friday afternoon
Gaumard HALs	Weekly on Friday afternoon
SimMan	As needed, prior to use
Mega Code Kellie	In storage, prior to CF4
HPS	In Storage

Task Trainer

HeartCode Trainers	Prior to use or weekly Sensor Replacement as needed or prior to 1 July
Airway Trainer	Prior to use
Pediatric Airway	Prior to use
Neonate Airway	Prior to use

Other

SimMan Computers	Cleaned up and defragged monthly

Also please see 9.5, equipment maintenance and care

12.5 Course Supplies

Simulation Specialists are responsible for the set-up of each simulation session to include equipment and supplies needed. A preparation check sheet has been established to help assist in assuring that all equipment and supply needs are anticipated. There are carts in each of the simulation bays that how a minimal amount of equipment to include standard airway equipment and supplies. All reusable supplies that are used on a routine basis are housed/stored within the simulation center. All the supplies have a designated area and are labeled if possible/applicable. There is an auxiliary storage space of the 4th floor of this building for storage of addition equipment and supplies.

Supplies designated for a particular program, such as clinical foundations, are procured using the just in time (JIT) model.

The simulation specialists are responsible for making a list of depleted or near depleted items so that replacements can be ordered from central distribution or a local vendor.

12.6 Course Preparation

12.6.1 Medical Student/Resident Simulation Sessions

Simulation Specialist
It is the responsibility of the simulation specialists to anticipate the simulation schedule and contact the instructor of the upcoming simulation session to ensure that scenarios are chosen. Additionally, each course has a preparation check sheet has been established to help assist in assuring that all equipment and supply needs are anticipated, this includes any handouts and paperwork. The simulation specialist will notify the instructor if there is an issue that they anticipate during their session (e.g. – A/V not functioning, or simulator not-functioning)

Administrative Assistant

One week prior to simulation session, the simulation center administrative assistant will send out reminder emails to instructors.

Director of Operations

The Director of Operations will ensure that student rosters/schedules are posted on Ilios.   The Director of Operation will ensure that the test/quizzes/surveys are created and published in EEE as applicable.

12.6.2 External Courses/Symposiums

Simulation Specialist

It is the responsibility of the simulation specialists to anticipate the simulation schedule and contact the instructor of the upcoming simulation session to ensure that scenarios are chosen. Additionally, each course has a preparation check sheet has been established to help assist in assuring that all equipment and supply needs are anticipated, this includes any handouts and paperwork. The simulation specialist will notify the instructor if there is an issue that they anticipate during their session (e.g. – A/V not functioning, or simulator not-functioning)

One Week Prior:

- ✓ Ensure all Scenarios are loaded into computer (if applicable)
- ✓ Ensure the media is available
- ✓ Ensure the supplies and equipment are available
- ✓ Complete and assign roles as necessary (e.g. SPs)

One Day Prior:

- ✓ Prep with instructors (as necessary)
- ✓ Set-up supplies and equipment
- ✓ Set-up AV (if necessary)

Administrative Assistant

The Administrative assistant is the gatekeeper for registration into the simulation center. They will keep track of registrations and payments and ensure payments are in a timely manner. The administrative assistant will also handle scheduling and notification.

One Month Prior:

- ✓ Ensure scheduling of space/room
- ✓ Confirm Participants
- ✓ Order catering

One Week Prior:

- ✓ Reminder Email to Participants with agenda and pre-reading if applicable
- ✓ Education Materials Printed
- ✓ Name Badges and table tents Printed

One Day Prior:

- ✓ Re-confirm catering
- ✓ Gather tables (if necessary)
- ✓ Set out supplies

Day of:

- ✓ Set out signs
- ✓ Assist with lost guests/learners
- ✓ Be the point of contact for catering

One Day After:

- ✓ Tally Evaluations
- ✓ Submit Catering Invoice
- ✓ Submit Paperwork to CME Office (if applicable)
- ✓ Submit the Honorarium (if applicable)
- ✓ Update Roster (if applicable)

Director of Operations

The director of Operations will oversee all aspects of preparation prior to course and step in and assist as necessary to include playing a SP to ensure the smooth transition and success of the event.

The Director of Operations has the primary responsibility of ensuring that the presentation is complete, flows, and works with the venue.

12.6.3 Tours/Demonstrations/Outreach

Simulation Specialist

The Simulation Specialists will set up and conduct simulations as necessary. It is also their responsibility to set up for said event as directed by the medical director or the director of operations.

Administrative Assistant

The administrative assistant will be the primary contact for the group to answer questions and concerns. Once approved, the Administrative assistant will distribute invoices as necessary and conduct telephone/email correspondence for simulation center business.

<u>Director of Operations</u>
The Director of Operations will approve the event, draft a quote or invoice. When needed, the Director of Operations will coordinate staffing and agendas.

12.6.4 HeartCode© Administration

<u>Simulation Specialist</u>
The Simulation Specialists will set up and conduct HealthStream © HeartCode © skills testing. They are also responsible for card processing. They are also a back-up for signing individuals up and routine administration in the event that the administrative assistant is not available

<u>Administrative Assistant</u>
The Administrative Assistant is responsible for the intake of HeartCode © registrations, verifying payment, adding the requested assignment, and sending out log on instructions. The administrative assistant is also the primary point of contact for the scheduling for the skills portion of the HeartCode ©

<u>Director of Operations</u>
The Director of Operations serves as a backup to all HeartCode © administrative functions including skills testing if the simulation specialists are unavailable.

The Director of Operations serves as the site director for the HealthStream © EXPRESS learning management system.

12.7 Course Turn-over

The simulation specialists are required to clean up at the end of simulation activities to include straightening up the control room. This includes wiping the simulators down so that adhesive does not remain. They are required to put away necessary supplies and equipment to ensure that the center is not in disorder. Additionally, the control room will be policed after each simulation session and session documents will be placed back in course binders or will be taken to the simulation specialists' office. Computers will be logged off, per UC and UCIMC HS policy, and simulator laptops will be stowed in the metal cabinets. Cords on the desk will be placed as neatly as possible and the headsets will be placed in the off position and placed on their proper holding hook.

12.8 After hours/holidays Access

The Medical Education Simulation Center is generally a Monday – Friday, 800am-400pm operation; however, there are times with event will take place after normal business hours. All after hours sessions will be approved by the director of operations only after adequate staffing can be obtained. An invoice will be sent to cover any overtime and supplies for that session.

There are no after-hours access allowed without simulation staff present.

Approved simulation fellows may access the simulation center after hours. This is determined by the medical director. The fellow assumes complete responsibility for physical space and equipment regardless of primary department.

The university has published holidays, the simulation center will be closed on university holidays.

12.9 Student Study Space

See Section 1.11

13. Video Recording and Release

13.1 Confidentiality

Due to the considerable effort in the preparation of cases that have significant educational value, we would like to share these selected cases with as many trainees as possible. We ask that you limit your discussion with others to general statements about your experience. Please do not reveal the diagnoses to other students or residents as it may limit their learning opportunities and dilute their experience.

Every room in the UC Irvine Medical Education Simulation Center is equipped with recording and listening devices. During your training you may be recorded. These recording will be used as part of your educational training and will be immediately destroyed, unless you have signed consent for to participate in research. At no point will the recordings be made available or be used for in any capacity without your written consent. The recordings are held behind a UC Irvine approved firewall with access only to simulation staff.

13.2 Forms

The Medical Education Simulation Center uses a multitude of release forms depending on the situation. In general, all learners will sign a confidentiality agreement, and will be made aware of the video recording policy as stated below. If recording will be used for some sort of research endeavor, then consent forms will be given to the students

See Appendix 4

13.3 Video Recording Policy

The UC Irvine Medical Education Simulation Center is equipped with video and audio recording devices in every room. Videos are used solely for educational purposes within your training unless you have signed consent to participate in research or have signed a video release form. If you have signed a consent form, the video will be archived and accessed by the IRB approved research team per protocol guidelines. If you have signed a video release form for use in other educational activities, it will be archived under the scenario name and date. Your name or any other identifiers will not be stored.

If you have not signed consent or video release and we have recorded your education session, you have the right to sit with simulation staff to ensure deletion of the digital files containing your image or voice.

See Appendix 4

13.4 Video Distribution Policy

Video recording will not be distributed unless consent has been given. Certain individuals with permissions have the ability to access the video recording software, provided by B-Line, and review student performance. Normally this function is restricted to only the Clinical Skills

Center to review OSCE recordings. Any and all video distribution for the purposes of research, the parent agency will need to provide the simulation center with a research protocol narrative, and an approved IRB that has been reviewed for Family Education Rights and Privacy Act (FERPA) compliance.

13.5 File Destruction Policy

The simulation center adheres to the University of California Irvine (UCI) policies, records management http://www.policies.uci.edu/adm/alphaindex.html, Sec. 721-12: Archives and the UC Office of the President Information Technology Services records disposition Schedules Manual, http://recordsretention.ucop.edu/

The Medical Education Simulation Center maintains an Electronic File Plan.

13.5.1 Digital Video Recording

Digital video recording from either advanced patient simulation or standardized patients encounters shall be stored for duration of five (5) years. Digital recordings, for the purpose of research, shall be kept for a period of three (3) years following the conclusion of the research.

13.5.1.1 Office of Primary Responsibility (OPR)

All digital recordings requiring deletion from the SimBridge requires the Director of Operations or designee to perform that operation. Medical technicians, instructors, or faculty are explicitly forbidden to delete video recordings of learners and events without expressed consent from the Simulation program office.

13.5.2 Handwritten/Typed/Photocopied Curriculum

Materials (scenarios, cases, checklists, etc.) for standardized patient encounters and/ or advanced patient simulations shall be stored as long as administratively useful.

13.5.3 Student Rosters

Any and all student rosters will be kept for a period of one (1) year.

13.5.4 Administrative Documentation

Any documentation used for the purpose of simulation center operations and administrative tasks shall be stored as long as administratively useful. This may include potentially identifiable information (PII) such as instructor lists and contact information, and departmental recharge codes.

All storage of information is stored behind University of California Irvine firewall technology. Digital video recording are stored behind UC Irvine firewall technology and proprietary firewall technology from B-Line Medical.

Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996 (HIPAA) will apply where applicable.

13.5.5 Breach of Policy

Any breach in policy concerning video destruction will be immediately reported to the Director of Operations for further action. Individuals deemed to be in breach of destruction policy will have B-line rights immediately revoked and face university administrative action for not following policy. The Director of Operations will elevate the breach of policy per university policy which may include the Privacy Office, Office of Research, and/or Risk Management.

14. Fiscal

All fiscal activities will be captured in the KFS and maintained by the Medical Education Financial Analyst

14.1 Fee Structure (internal and external)

See Appendix 1

Fee for services can be paid by either departmental recharge, using a credit card via the campus credit card system (CCCS), or by check.

All fees are subjected to a SOM 10% overhead fee

All fees are subject to a UCI campus fee of 14.6% (external revenue sources only)

All organizations utilizing the CCCS will be subject to a 3%-5% fee

Checks are payable to "UC Regents" and mailed directly to the Medical Education Simulation, 836 Health Sciences Road, Suite 2118, Irvine, CA 92697.

14.2 Budget

The overall Simulation Center budget is approved by Medical Education and the Dean's office. The Director and Director of Operations are directly responsible for assessing, managing, projecting, and allocating funding in preparation of the budgetary process yearly to cover expenses for the upcoming year.

Items taken into consideration yearly during the budgeting process:

REVENUE (Sub 8)		
CME Course		Revenue generated from CME course (MOCA and Simulation Instructor Training Course)
HeartCode AHA		Revenue generated from HeartCode AHA courses
Non-UCI Revenue (general operations)		Miscellaneous Revenue generated from the day-to-day operations
Medical Education Restricted Funds (MERF)		Amount of funding the SOM provides to educate medical students
Residency		Amount of funding the residency programs provide to educate residents
Endowment/gift		Monies given to the simulation center as a gift of endowment
Grant		Monies awarded from private, NP, Gov't and NFP organizations for specific research
EXPENDITURES		
Staff Salary	Sub 2	Base salary based on FTE
Staff Benefits	Sub 6	Percentage of the base salary to cover benefits
Special Items	Sub 7	Represents the director stipend
Supplies and Materials	Sub 3	Represents the operating expenses of the simulation center
Travel	Sub 5	Monies budgeted for travelling to conferences and meeting
Overhead	Sub9H	Percentage of the total revenue to cover administrative expenses at the MedEd level

14.3 Required Reporting

14.3.1 Monthly Mandatory Reporting
1. Budget Variance Report
   a. This report will be generated by the MedEd financial analyst or designee and be presented on a monthly basis to the Dean's office. The director of operations will work closely with the financial analyst to ensure accurate inflows/outflows monthly.

14.3.2 Yearly Mandatory Reporting

1. July - Annual Report to the Dean
   a. The simulation center will prepare a center annual report highlighting center activities to the Dean, School of Medicine.
2. July - Center Annual Report
   a. The simulation center will prepare a center annual report highlighting center activities for all stakeholders. This report will be available on the center's SharePoint site, and will be distributed to department liaisons and other pertinent stakeholders.
3. September – Annual Recharge Audit Report
   a. This will be prepared by MedEd financial analyst or designee with input and work from the simulation center director of operations

14.4 Annual Budget Reporting Requirements

The simulation center is responsible for drafting a budget to submit to Medical Education. The draft budget is due to MedEd mid-February for review and discussion. The medical director, director of operations, division chief, financial analyst, and chief administrative officer will sit down and discuss the draft budget. The budget will be presented to the Dean's office mid-May. This may involve further discussion and/or revisions. Complete budget approval should occur in June. The budget cycle follows the academic year July 1 – June 30. The Medical Education financial analyst will forward all necessary annual financial reports on behalf of the Medical Education Simulation Center up to the Dean's office and/or campus finance organizations. The director of operations will work closely with the MedEd financial analyst or designee to ensure an accurate product exists leaving Medical Education.

14.5 Required Academic Year End Documentation

All required documentation will be provided in the annual report to the dean (13.2) as well as any financial documents generated by the financial analyst or designee pertaining to the operations of the Medical Education Simulation Center

14.6 Purchase and acquisition Procedure

Please see sections 8 (*Equipment*) and 9 (*Supplies*)

14.7 Reimbursement Process

Reimbursement falls under the prevue of the university policies. In general, any purchase with personal fund that wish to be reimbursed will have to be pre-approved.

14.8 Payroll

Payroll falls under the prevue of the university and HR policies. Simulation Specialists (total 2.0 FTE) and the Administrative Assistant (1.0 FTE) are unionized employees of the institution. They are non-exempt hourly employees. The Director of Operations (1.0 FTE) is a unionized exempt employee. Payroll is an operating expense on the simulation center budget and includes payroll and benefits. The medical director is paid by stipend to their home department. Their home department is responsible for their payroll.

- Simulation Specialists = paid bi-weekly
- Administrative Assistant = paid bi-weekly
- Director of Operations = paid monthly

The simulation specialists and administrative assistant are required to submit their hours on a daily basis through the time reporting system. In general, 8.0 hours and day, plus a ½ hour lunch is a work day.

> *Non-Exempt Employees*
> *For compensation purposes, the regular number of hours worked by a full-time, non-exempt employee is 40 hours in a workweek. An employee whose total workday is at least 5 hours will be provided with a meal period of at least 30 minutes. (PPSM-30)*

Any and all overtime has to be approved by the Director of Operations and MedEd.

The Director of Operations is required to submit the timesheet monthly through the university time reporting system.

15. Travel and Meeting Attendance

The Medical Education Simulation Center will travel and attend meetings for business purposes only. It is the policy of the University to comply with IRS regulations regarding the provision and reimbursement of business-related travel, and to conform with the IRS "accountable plan" rules.

Business Purpose Defined - The business purpose of a University traveler may include activities that contribute to any one of the University's major functions of teaching, research, patient care, or public service, or to any other substantial and bona fide University business activity.

15.1 Meetings/Conferences

Meetings common to the operations of the Medical Education Simulation Center and generally approved in the budget include:

- ✓ International Meeting of Simulation in HealthCare (IMSH)
    - o Medical Director
    - o Director of Operations
    - o Simulation Specialists (if approved in budget)
    - o Administrative Assistant/Office Manager
- ✓ Simulation Education Network (SEN)
    - o Medical Director
    - o Director of Operations
- ✓ American Society of Anesthesia (ASA)
    - o Medical Director
- ✓ Interservice/Industry Training, Simulation and Education Conference (I/ITSEC)
    - o Director of Operations

Any attendance of meetings/conferences will first have to be approved by the Director of Operations to ensure that the funding is available at the department level. The Director of Operations will then discuss the financial implications with the MedEd financial analyst to determine budgeting and approval.

If approved, the administrative assistant will help to coordinate the travel arrangements for the said meeting/conference.

The center carves out time each year on the schedule to attend IMSH. Historically, all staff attends; however, that may not always occur each year due to budget constraints or other limitations. In the case, the schedule will be opened up.

15.2 Reimbursement Policy

It is the policy of the University that all official travel shall be properly authorized, reported, and reimbursed in accordance with this Bulletin. Under no circumstances shall expenses for

personal travel be charged to, or be temporarily funded by, the University, unless otherwise noted in this Bulletin. When a University employee travels under the sponsorship of a non-University entity, travel expenses, including advances, prepayments, or billings, shall not be charged to a University account or billed to the University; airline tickets must be obtained from the sponsor.

University employees traveling on official business shall observe normally accepted standards of propriety in the type and manner of expenses they incur. In addition, it is the traveler's responsibility to report his or her actual travel expenses in a responsible and ethical manner, in accordance with the regulations set forth.

15.3 Covered Expenses

The university shall set policy on what expenses are covered. Prior to any authorized trip, the requester has a duty to know what is covered and what is not covered, university policy BFB-G-28, explains, http://policy.ucop.edu/doc/3420365/BFB-G-28

The university utilizes a proprietary system for entering qualified business expenses; however, employee may wish to track expenses personally. IRS Form 2106 can be used to track business expenses, http://www.irs.gov/pub/irs-pdf/f2106.pdf.

Meals and Incidental Expenses (M&IE)

- Up to **$71.00/day** (less than 30 day Travel)
- Actual Amount up to 100% of combined per diem (30 days or more)

Mileage
Mileage shall ordinarily be computed between the traveler's headquarters and the common carrier or destination. Expenses for travel between the traveler's residence and headquarters (commuting expense) shall not be allowed. However, mileage expenses may be allowed between the traveler's residence and the common carrier or destination if University business travel originates or terminates before or after the traveler's working hours, or if travel originates or terminates during a regularly scheduled day off.

When a traveler is authorized to drive a private vehicle to or from a common carrier terminal, mileage may be reimbursed as follows:
- One round trip, including parking for the duration of the trip; or
- Two round trips, including short-term parking expenses, when an employee is driven to a common carrier.

Airfare

Coach class or any discounted class shall be used in the interest of economy. This policy applies to all travel (domestic or foreign, or any combination thereof) regardless of the purpose or fund source.

<u>Lodging</u>

Amount of lodging reasonable actual costs for the location of travel

Business office expenses such as word processing services; equipment rentals; fax and computer expenses; copy services; overnight delivery/postage; purchase of materials and supplies, when normal purchasing procedures cannot be followed; rental of a room or other facility for the transaction of official business; local and long-distance telephone calls (including one reasonably brief, non-emergency, personal call home per day); and laundering, cleaning, or pressing of clothing (if a trip exceeds six days). .   (BFB-G-28, Sec. F)

Charges for checking and storing baggage necessary for the business purpose of a trip. Excess baggage charges are also allowable; however, justification for carrying excess baggage must be provided on the Travel Expense Voucher.   (BFB-G-28, Sec. F)

The occasional use of a one-day airline or airport membership may be approved, provided there is a significant business purpose of the use of the membership, such as a planned meeting or conference call. The cost of the membership is reimbursable as a miscellaneous travel expense. .   (BFB-G-28, Sec. F)

When a traveler lodges with a friend or relative while on official business for the University, a non-cash gift, such as flowers, groceries, or a restaurant meal, may be provided to the host. The actual cost of such a gift may be reimbursed up to $75. Under IRS regulations, a receipt must be provided for gifts costing $25 or more. Only one gift per stay may be provided to a host.

<u>Auto Transportation</u>

Travelers may use their private vehicle for business purposes if it is less expensive than renting a car, taking a taxi, or using alternative transportation, or if it saves time.

The standard reimbursement rate per mile will apply. This rate takes into account all actual automobile expenses such as fuel and lubrication, towing charges, repairs, replacements, tires, depreciation, insurance, etc.

A vehicle may be rented when renting would be more advantageous to the University than other means of commercial transportation, such as using a taxi. Advance reservations should be made whenever possible and may include up to an intermediate-size model, per the terms of UC-negotiated rental agreements. Vehicles up to an intermediate-size model should be used unless a no-cost upgrade is provided.

Charges for ferries, bridges, tunnels, or toll roads may be claimed by the vehicle operator. Reasonable charges for parking while an employee is on travel status or on University business away from regular duties also will be allowed for the following:
Day parking on trips away from an employee's headquarters;

Day and overnight parking on overnight trips away from an employee's headquarters or residence (a claim should not be made if free overnight parking is available); and

Parking charges incurred when an employee without a location parking permit is occasionally required to drive to and from headquarters.

Travelers should seek out the longer term parking accommodations at airports or common carriers when travel is expected to exceed twenty four hours.
Valet parking charges in excess of normal parking charges shall be borne by the traveler, unless the traveler obtains an exception.

Motorcycles, except those of University police department employees on motorcycle assignment, shall not be authorized for use on official University business, nor shall any reimbursement be made for the use of such vehicles.

15.4 Un- allowed Expenses

- Alcoholic beverages are beer, wine, or any beverage containing distilled spirits.

- Entertainment expenses that are lavish or extravagant under the circumstances;

- Expenses that represent additional taxable income to an employee or student1 under Internal Revenue Service (IRS) regulations;

- Monetary contributions to a political campaign or candidate;

- Entertainment expenses for employee birthdays, weddings, anniversaries, or farewell gatherings (excluding celebrations for retirement or for employees separating from University employment with at least 5 years of service);

- The purchase of property or services for personal use or for a non-business reason; and

- Expenditures that are not permitted under the terms governing restricted funds.

15.5 Documentation Requirements

The original of the following receipts must be submitted with the Travel Expense Voucher:
Receipts for all airline expenses. Receipts for all lodging expenses incurred for domestic travel, except where per diems are authorized for lodging expenses (i.e., long-term travel, use of non-commercial facilities, etc.). Since hotel receipts may include charges that are not reimbursable, the traveler shall not be reimbursed for lodging expenses unless the receipt University of California Policy BFB-G-28 Travel Regulations presented by the traveler contains itemized charges for the room, e.g., taxes, telephone, etc.

- Receipts for all rental car expenses.
- Receipts for exceptional meal expenses of $75 or more.
- Receipts for local transportation costing $75 or more.
- Receipts for each miscellaneous expense of $75 or more.
- Receipts for all private aircraft landing and parking expenses.
- Receipts for all extraordinary items, such as repair of accidental car damage, supported by appropriate justification.
- Receipts for gifts provided to a host costing $25 or more.
- An agenda, itemized receipt, or other supporting documentation for all registration fees.
- Any reimbursable item not specified above costing $75 or more.

Missing Receipts

When original receipts are required but cannot be obtained or have been lost and all measures to obtain a duplicate receipt have been exhausted, a statement should be provided explaining why such receipts are not being submitted with the Travel Expense Voucher. The statement must include a certification that the amount shown is the University of California Policy BFB-G-28 Travel Regulations amount actually paid and that the traveler has not and will not seek reimbursement from any other source.

15.6 Non-Exempt Employee Time

15.6.1 Travel Time

Assigned travel during an employee's normal working hours, including travel on his/her scheduled days off, is counted as time worked. However time between home and workplace is not time worked. (PPSM-30 Sec C.2)

15.6.1.1 Same Day

For travel that does not keep an employee away from home overnight, travel time to first destination and from last destination is not counted except in cases where the time of travel exceeds the normal everyday travel time. (PPSM-30 Sec C.2.d)

15.6.1.2 >24 hour Travel

For travel that keeps the employee away from home >24 hours is counted as time worked when it occurs during the employee's normal working hours, including scheduled days off. (PPSM-30 Sec C.2.d)

15.6.2 Work time

All receipts and travel documentation will be turned into Medical Education Finance.

16. Research

UCI's IRB is an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted by UCI faculty, staff, or students. UCI's IRB is composed of more than 50 members representing University faculty and staff, as well as the local community. The IRB reviews research which involves human subjects to ensure that two broad standards are upheld: first, participants are not unnecessarily exposed to risk; second, they willingly give, without undue influence or coercion, informed consent to participate in the research. A project is first reviewed in its proposal stage - even before participants are recruited.

16.1 IRB Policy

Research conducted at the Medical Education Simulation Center will follow the institution's policy to require an IRB, www.research.uci.edu/researchpolicies.htm. Information for parent organizations can be found at http://research.uci.edu/ . All expected paperwork and timeliness will be followed. In addition, because the Medical Education Simulation Center in the School of Medicine, the center requires that all research done on medical students/nursing students have a FERPA review.

e-app IRB application training video - http://www.research.uci.edu/assets/videos/irb-intro/html5/index.html

Prior to any scheduled research, the protocol will have to be approved for use in the simulation center, by first the Medical director, then, if necessary, Sr. Associate Dean of Educational Education.

Prospective research will have to follow the same process to develop a course and scenarios through the www.medsim.uci.edu website. To do this all potential research must submit a new course request form, located on the UC Irvine Simulation Center website http://medsim.uci.edu. On the new course form, there is a fill in block asking if this course is for research (yes/no). Once the course is submitted, the course request will follow nominal "new course request procedures" (See Course Scheduling Policy). The course will be looked at and approved/dis-approved based on information provided. The research proposal and research protocol along with all curricula is required for approval. The simulation center will approve/dis-approve/provisionally approve the course.

Scheduling

All scheduling will go through the simulation center. There will be no ad-hoc scheduling unless approved to do so by the Director of Operations. This is to ensure no simulation resource (equipment/staffing) conflicts are present.

Roles

The simulation staff is there to assist in research by providing space/resources and simulation operations consulting for your research project. Simulation staff roles include scheduling, and running the simulation session as the operator. The simulation staff will not consent subjects regarding research and will not be stewards of any research paperwork. No research data may be stored on site, with exception of any video/audio recording captured by the research case. The simulation staff may take part in the rough and final write-ups for the research and help with processing the final product, but will do so as the simulation schedule allows.

Exception
For internal research (research conducted by the simulation center) schedule blocking and additional administrative time may be added at the discretion of the director of operations.

16.2 Publication Policy

The name "*UC Irvine Medical Education Simulation Center*" will be acknowledged in any work intended for the public audience to see including: presentations of un-published works, workshops discussing the research and protocols of said research, on abstracts, and in peer-reviewed and non-peer-reviewed articles. This includes any research study collection performed at the simulation center by other departments (e.g. – Department of Emergency Medicine)

16.3 Authorship Rules

It is the policy of the Medical Education Simulation Center that any staff directly related to the research project and/or write-up is named as a contributing author in the abstract or final presentation.

16.4 Data Collection Responsibility

Roles

The simulation staff is there to assist in research by providing space/resources and simulation operations consulting for your research project. Simulation staff roles include scheduling, and running the simulation session as the operator. The simulation staff will not consent subjects regarding research and will not be stewards of any research paperwork. No research data may be stored on site, with exception of any video/audio recording captured by the research case. The simulation staff may take part in the rough and final write-ups for the research and help with processing the final product, but will do so as the simulation schedule allows.

16.5 Security

Please See Section 13 *Video Recording and Release*

16.6 Fee for Use

In general, the Medical Education Simulation Center charges a fee for the use of facilities and simulator time for all research. Organizations wishing to do research in the Medical Education Simulation Center should contact the medical director or director of operations.

16.1.1 Funded Research (grant/departmental)

Funded Research will always be required a fee for access or use. The simulation center should be listed a budgeted (service provided) line item on the organization's budget

16.1.2 Unfunded Research

Unfunded research may or may not require a fee for access or use. This will be determined by the director of the simulation center.

16.6.3 Arriving at a Fee

The simulation center will assess a fee based on the fee structure (listed in Appendix 1) and internal calculations based on the scope of work required by the simulation center and staff.

16.6.4 Exception to Policy

Exceptions to policy will be at the discretion of the medical director, Medical Education Simulation Center.

16.7 Industry Research/Usability/Beta Testing

The Medical Education Simulation Center does allow outside organizations access to the facilities to conduct independent research; however, the simulation center and Medical Education will determine if it is in the best interests of the university to do so.

16.7.1 Arriving at a Fee

The simulation center will assess a fee based on the fee structure (listed in Appendix 1) and internal calculations based on the scope of work required by the simulation center and staff.

16.7.2 Use of UC Irvine IRB Process

The use of the UC IRB for industry research/usability/beta testing will be on a case by case basis only.

16.8 Research Recordkeeping

The lead researcher is required to maintain all recordkeeping functions. The UC Irvine Medical Education Simulation Center will only submit IRB applications for projects that list the medical director, Medical Education Simulation Center as the lead researcher. The lead researcher will

designate the Simulation Center Program Office or Director of Operations to maintain an audit file per Office of Research policies.

16.8.1 Audit File

For any IRB initiated by the Simulation Center Program Office, the office will maintain an audit file that will contain the following items, in this order:

Section 1 Sponsor Correspondence (e.g. NIH, NSF)

Section 2 Investigator Assurance and other Documents (e.g. HHS 596, FDA Forms)

Section 3 IRB Approvals

3.1 Initial Approval

3.2 Modification Forms

3.3 Continuing Review

3.4 IRB Correspondence

3.5 FERPA Correspondence

3.6 Adverse Events Reports

3.7 Consent Forms

3.8 Approved Advertising

3.9 Study Closure

Additional information concerning subject heading can be found: http://www.research.uci.edu/compliance/human-research-protections/researchers/preparation-maintenance-research-audit-file.html

17. Security and Safety

The UC Irvine Medical Education Simulation Center follows the campus emergency management policies

17.1 Emergencies

17.1.1 Plans and Procedures

All campus emergencies are governed by [UCI Emergency Management Policy (Section 905-30)](#)

[Emergency Operations Plan](#)

[Emergency Campus Communications](#)

[Emergency Procedures Flip Book](#) (see Appendix 2)

17.1.2 Campus Evacuation/Assembly Areas/Search and Rescue

Primary Assembly Area = North, volleyball court area past Tampkin Lecture Hall

Secondary Assembly Area = Not Assigned

Click [here](#) for additional evacuation zones around campus

Emergency Update Form

See Appendix 3

Emergency Preparedness Roles and Responsibilities

https://snap.uci.edu/viewXmlFile.jsp?cmsUri=public/infoPageRolesResponsibilities.xml

17.1.3 Other Important Numbers

Police Department	9-1-1 or 949-824-5223
Facilities Management	949-824-5444
Emergency Management	949-824-7147

17.2 Physical and Psychological Safety of Individuals involved in Simulation

Psychological safety is a shared belief that the team is safe for interpersonal risk taking. In psychologically safe teams, team members feel accepted and respected. It is also the most studied enabling condition in group dynamics and team learning research.

17.2.1 Psychological Safety

Psychological safety impacts the learners' ability to engage in simulated events and critical reflection. Engagement in these activities is essential in fostering changes in critical behaviors.

Facilitators
The facilitators will be expected to have completed the Simulation Instructor Training Course, or equivalent to effectively facilitate and manage debrief sessions. Facilitators are to be vigilant to identify individuals' who may be having trouble with a particular session or scenario.

Simulation Specialists
Simulation Specialists routinely observe the learner in the normal course of their work. If the simulation specialist identifies a potential problem, he/she will notify the instructor and the Program Office.

Learners
If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a "real life" emotional frame, the learner will be excused from the simulation activity; the facilitator will have a one to one discussion with the learner or be referred to the SOM psychologist and/or escorted to mental health individuals.

17.2.2 Physical Safety/security

UC Irvine Medical Education Simulation Center abides by UCOP, UCI, and SOM policies regarding safety and security. (Sim Center 17) To that point:

Emergency Procedures and Evacuation
Emergency procedures and evacuation procedures are outlined in the Medical Education Simulation Center Policy Manual. In addition, the debriefing rooms, control room, and copy room contain "hard" copies of the Emergency Procedures.

Severe Weather, see Medical Education Simulation Center Policy 7.7.

Defibrillators
The defibrillators in the simulation center are real and will deliver live energy. Placing the pads on the metal discs on the patient's chest will display the cardiogram on the defibrillator screen. The simulation specialists re-iterate this at the beginning of each session.

Separation of real vs. simulation equipment
The Medical Education Simulation Center is located in the School of Medicine and physically separated from UCIMC. There is no need to separate real and simulated equipment. Several of the equipment items in the simulation center are real/operational items that are used for simulation activities. To the extent Possible, these equipment items have been labeled.

Real Medication vs. simulation medication

The simulation specialists will routinely audit the medications in the various carts to ensure that no real medication has been added to the simulation inventory.

Latex Allergy

Since the simulation center receives supplies from the hospital that may be expired or extra supplies, in rare cases there may be latex supplies that end up in the simulation center. (example: sterile gloves). There are posted signs throughout the center asking learners to self-identify a latex allergy so that staff can provide alternatives if available.

18. Customer Relations Policy

18.1 Dispute Resolution

18.1.1 Staff

Issues of dispute between staff members will try to be resolved within the parties. If a resolution cannot be reached the dispute will elevate to the Director of Operations. The director of Operations may handle the dispute or choose to elevate to the medical director.

Typically the Director of Operations is the final decision authority in all staff functions with regard to daily operations.

18.1.2 Staff and Instructor

Issues of dispute between staff members and instructors will try to be resolved within the parties. If a resolution cannot be reached the dispute will elevate to the Director of Operations. The director of Operations may handle the dispute, consult the medical director, or choose to elevate to the medical director to handle at the faculty level.

18.1.3 Staff and Student

Issues of dispute between staff members will try to be resolved within the parties. If a resolution cannot be reached the dispute will elevate to the Director of Operations. The director of Operations may handle the dispute or choose to elevate to the medical director.

18.1.4 Staff and Other

Issues of dispute between staff members and instructors will try to be resolved within the parties. If a resolution cannot be reached the dispute will elevate to the Director of Operations. The director of Operations may handle the dispute, consult the medical director, or choose to elevate to the medical director to handle at the faculty level.

18.2 Public Affairs/Communications

18.2.1 Talking to News Media

The Simulation Center staff will not talk to any news media representative without first having prior clearance from the School of Medicine. When applicable, the member of the news media will be directed to the Office of Strategic Communications.

http://communications.uci.edu/about-us/staff.php

General Press Inquiries: 949-824-6922

At no time with any of the staff discuss individual students or contain data that is deemed personal identifiable information (PII) (See 1.8, terminology) without the SOM and student consent.

18.2.2 Information Dissemination

Any and all information disseminated from the Medical Education Simulation Center will first be approved by the School of Medicine and the Medical Director or designee

18.3 Marketing

18.3.1 Direct Mail

The simulation centers, on occasion, will direct mail certain marketing segments to increase course participation. Any and all direct mail to recipients will have prior approval from the Director of Operations and or Medical Director.

Email correspondence in the form of marketing, on occasion, can either come from the Simulation Center program office or the support staff after approval to disseminate.

All direct mail marketing will be accomplished with the goal of increasing course registrations or to offer a product for purchase (if applicable)

18.3.2 World Wide Web

The Medical Education Simulation Center maintains a web presence through the university website, www.medsim.uci.edu. Additionally, the simulation center also maintains a Facebook account, which is managed by the Director of Operations.

The university website offers up information concerning courses and operations.

19. Continuing Medical Education

19.1 Current List of CME Approved Courses

> **Maintenance of Certification in Anesthesia (MOCA)**

19.2 Recertification Policy

Each year the simulation center is required to submit a recertification package to continue to do CME. The CME office will be in contact, and send applicable material. Recertification packages include:

- CME application and supplemental materials
- Budget Form

19.3 Fee Structure

CME Fee Schedule

Accreditation Fee	Grant Fees	Content Review
$1000.00/year day for conferences $3000./meeting series – per calendar year	5% of all grant and exhibit revenues received	0

The simulation center is charged $100.00/student/8 hour that will be billed to the simulation center on a <u>monthly</u> basis. This amount per student should be factored into the cost of the program for budgetary purposes.

19.4 Mandatory Elements and Documentation

The administrative Assistant prepares and ensures all documentation is complete and submitted.

- Evaluation and Outcomes summaries from past programs of the same topic area, if applicable
- Peer-reviewed literature as an evidence-based needs source
- Preliminary sample agenda (or past sample agenda)
- Speaker and Planning Committee list
- Budget

All items are submitted to Ellen Seaback, Office of CME, 949-824-1150, eseaback@uci.edu

836 Health Sciences Road, Rm. 3123
Medical Education Building #836
Irvine, CA 92697-4089

UCI Tax ID: 95-2226406

20. Quality Improvement/Assurance

The simulation center has multiple processes in place to track the quality of programs, courses, sessions, instructors, and operations.

20.1 Curriculum/courses

All curriculum documents will be reviewed by simulation center staff at various levels (leadership and simulation specialists) to ensure all required information is present <u>during the initial new course development phase</u>. Curriculum will be evaluated by leadership for completeness and the curriculum will be evaluated for simulation and technical aspects by the simulation specialist. Curriculum will be reviewed <u>annually</u> by course director/dept. to ensure that the curriculum meets current training needs/objectives.

Sea also Sec. 6.6, *Evaluations and Surveys*

20.2 Sessions

Individual sessions will be audited at <u>least annually</u> by center leadership to ensure that the instructor and session is following the approved course curriculum. The center leadership has the right to audit or address any issues that are noticed outside the normal QA/QI review window. The audit of sessions will include a review of the approved course in relation to what is being presented, and a DASH© instructor evaluation form will be completed on the instructor by the center leadership.

20.3 External/other

All accredited courses that the center presents/holds will follow the accrediting agencies evaluation guidelines. The Center leadership will routinely audit such courses to ensure compliance with course curriculum. This currently includes: Maintenance of Certification in Anesthesiology (MOCA), and American Heart Association (AHA) courses.

Instructor faculty debriefs will be evaluated for quality, based on the schedule set forth in the center's Debrief QA Policy

Simulation Instructor Course, Operations and Management, Curriculum Development, and Programming Course

All simulation instructor courses presented by the center directors and staff will provide course evaluations to the individual students. These evaluations are collected and the data is processed and an after-action review is conducted to determine if applicable changes to the course/curriculum are needed. This process occurs after every course.

Maintenance of Certification in Anesthesia

MOCA evaluations are given to the individual learners as a requirement for the ASA. These evaluations are collected and the data is processed and an after-action review is conducted to determine if applicable changes to the course/curriculum are needed. The evaluations are then transmitted to the ASA for processing. This process occurs after every course. Currently, this course is presented once a month on average.

This course requires an endorsement process that occurs every two years in which satisfaction surveys are looked at as part of the process among other things.

APPENDICES

Appendix 1
University of California Irvine, Medical Education Simulation Center
Fee Schedule

A1.1 On Campus Fees

All fees charged will be calculated and invoiced to the requestor by the simulation program office based on UCI policies, School of Medicine financial analyst involvement, and fair accounting practices based on services requested.

A1.2 Off-Campus Fees

All fees charged will be calculated and invoiced to the requestor by the simulation program office based on UCI policies, School of Medicine financial analyst involvement, and fair accounting practices based on services requested.

Appendix 2
University of California Irvine, Medical Education Simulation Center
Emergency Procedures

A2.1 Emergency Procedure Flip Chart

A2.2 Location of fire alarm/fire extinguisher/hose

UCI Medical Education Simulation Center

Icon	Label	Icon	Label
	Exit		Fire Hose
	Pull Alarm		Fire Extinguisher
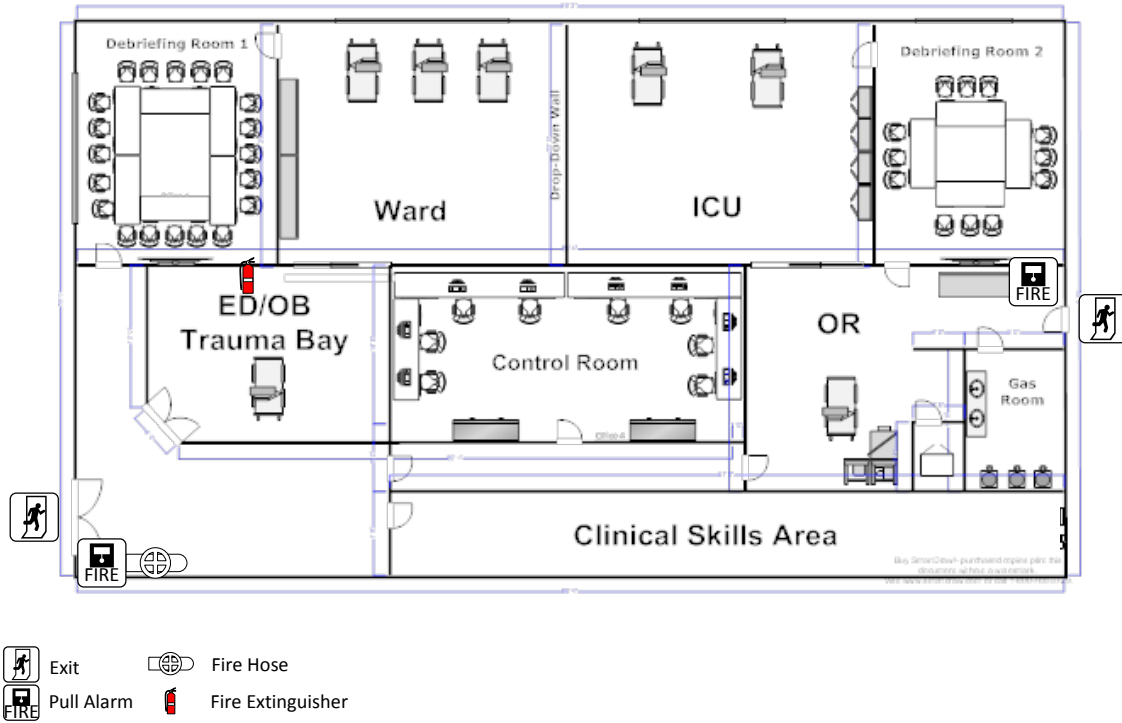
Medical Education
Simulation Center
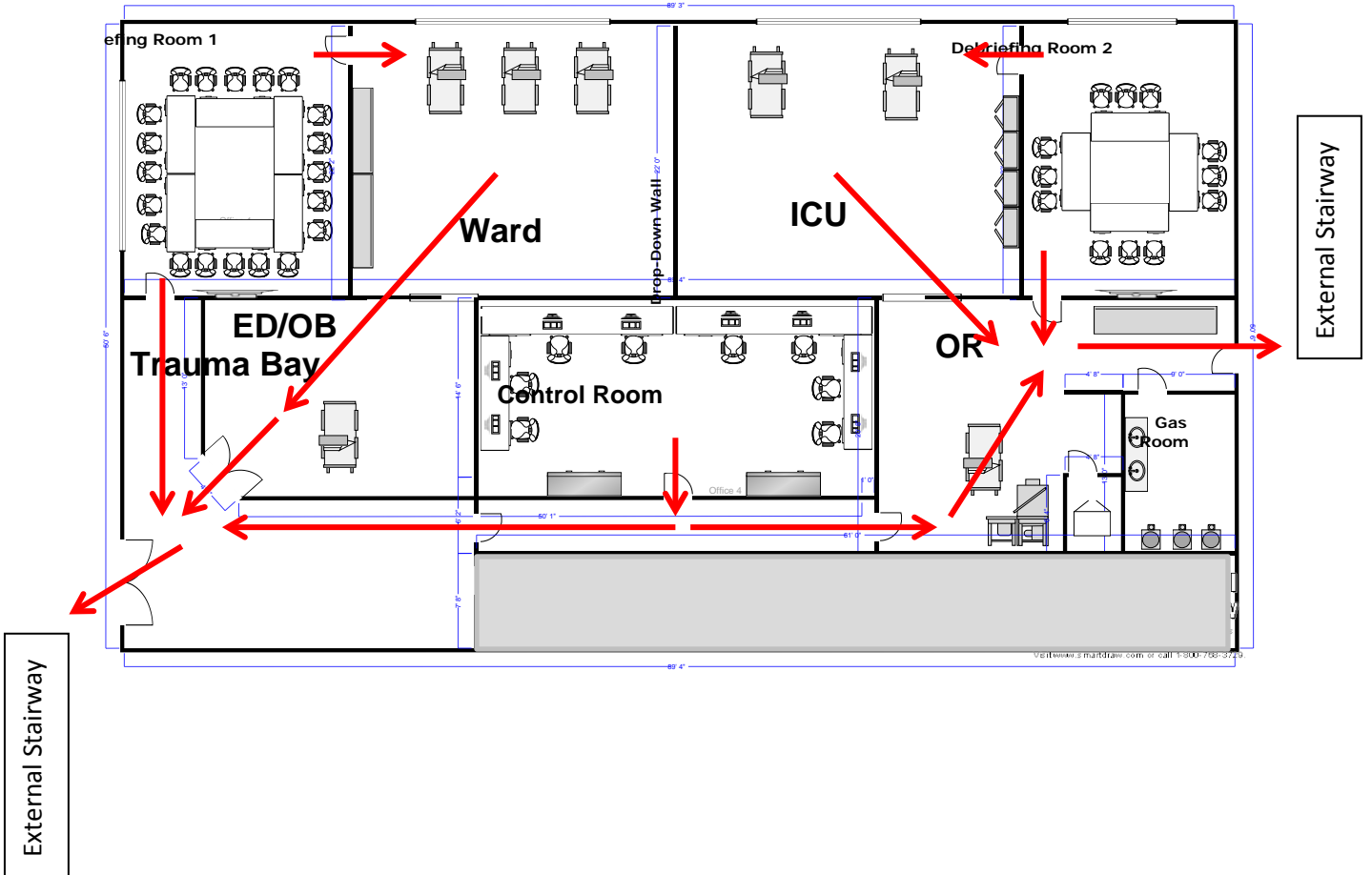
A2.4 Hazardous Materials Incidents

PERSONNEL EXPOSURES/CONTAMINATION

1. Remove exposed/contaminated individual(s) from area, unless it is unsafe due to medical condition of victim(s), or potential hazards to rescuer(s).

2. Notify: For medical attention - Police 9-1-1

During normal working hours - EH&S 824.6200

After hours - Police 9-1-1

3. Use nearest emergency eyewash/shower to flush contamination from eyes/skin.

4. Remove any contaminated clothing and place in a bag.

5. Administer First Aid as appropriate.

6. Stand by to provide information or assistance including the MSDS (Material Safety Data Sheet) to emergency response personnel in cases where they are dispatched.

SPILL/CONTAMINATION OF EQUIPMENT/FACILITIES

STOP THE SPILL – WARN OTHERS – ISOLATE THE AREA – MINIMIZE EXPOSURE

1. Avoid spreading contamination by restricting access to the equipment/area only to individuals who are properly protected and trained to deal with the type of hazard which exists (e.g., radioactive, corrosive, flammable, biological).

2. Notify: During normal working hours - EH&S 824.6200

After hours - Police 9-1-1

3. Evacuate all persons from the immediate area of the spill to a nearby location where they can be checked for contamination if deemed appropriate or directed by EH&S.

4. Do not attempt any clean up or decontamination procedures alone or without proper personal protective equipment (PPE). Persons performing decontamination of radioactive material need to have radiation monitoring equipment appropriate for the radiation emitted by the radionuclide involved in the spill.

5. Attempt spill clean-up if you feel it is safe, you are familiar with the properties of the spilled material, and are trained to handle spills.

6. If it is a liquid spill, attempt to contain it by using the appropriate absorbent material.

7. Decontaminate the equipment/area using appropriate methods under EH&S direction.

8. Dispose of waste material. Complete the appropriate Hazardous Waste Pick-up form on-line to request pick-up by EH&S. Temporarily store the bag of waste in the fume hood if material is volatile.

9. Stand by to provide information/assistance to emergency response personnel in cases where they are dispatched.

RELEASE TO THE ENVIRONMENT (AIR, WATER, SOIL)

1. Stop the release, if safe to do so.

2. Follow procedures described above for contamination of equipment/facilities.

A2.5 Blood Exposure and Medical Emergency

BLOOD EXPOSURE

An exposure is defined as contact with blood or other potentially infectious materials to the eyes, nose, mouth and other mucous membranes, or non-intact skin.

IF YOU ARE EXPOSED:

1. Immediately wash exposed area with soap and water for 15 minutes, or flush eyes with water for 15 minutes at the nearest eye wash station.

2. Notify your supervisor.

3. Seek medical attention at one of the locations listed below and notify EH&S of your exposure at 824.6200 or 824.9888.

MEDICAL EMERGENCY

CALL 9-1-1 if the condition is LIFE THREATENING or REQUIRES IMMEDIATE

MEDICAL ATTENTION BEYOND FIRST AID

From a cell phone call 9-1-1 or 949-824-5223 (UCI Police Department)

For Infectious Agent Exposure call 714-456-7890 request the Infectious Disease Fellow On-Call

If poisoning is suspected, contact the Poison Control Center at 1-800-222-1222

This information is updated periodically. Call UCI Worker's Compensation Desk at 949-824-9152 for the most current information. Notify your supervisor if condition is not life threatening and seek medical attention as follows:

Students (non-UCI employees)

Campus: Go to the Student Health Center (East Peltason & Pereira) or call 949-824-5304 or 949-824-5301.
Hours: Mon-Fri 8:00 am - 5:00 pm

After hours: Go to the nearest urgent care center or emergency room. Contact Student Health Center for follow-up care as soon as possible.

For further information, contact the UCI Student Health Center Health Insurance Program (GSHIP) or (USHIP) 949-824-5301or, see the GSHIP or USHIP web site available at the

ALL WORK RELATED INJURIES MUST BE REPORTED via the On-line Incident Form available at the Human Resources website at www.hr.uci.edu from the Workers Compensation link, by phone at 949- 824-9152 or by email at wcdm@uci.edu.

Employees, all student-employees, and volunteers with work-related injuries:

Employees and supervisors must contact UCI Worker's Compensation Desk at 949-824-9152 or by email at wcdm@uci.edu during regular working hours to obtain medical authorization within 24 hours of any injury.

Newport Urgent Care, 949- 752-6300. 1000 Bristol Street North, Suite 1-B, Newport Beach (Bristol & Jamboree) Hours: Mon-Fri 8am-9pm; Sat & Sun 9am-6pm; call for after-hours physician.

UCIMC 714-56-6011. 101 City Drive South, Orange. Hours: 24hrs/7days

East Edinger Urgent Care, 714- 541-8464. 1530 E. Edinger Ave. Santa Ana. Hours: 24hrs/7 days.

Appendix 3
University of California Irvine, Medical Education Simulation Center
Emergency Update Form

Emergency Status Report

University of California, Irvine

Emergency Operations Center
EH&S Building
EOC Phone x4-3610, x4-3611
800MHz Radio Zone 3, Channel 14

Use this form to gather information to communicate directly with the Emergency Operations Center (EOC). Use this form at any time to update your information to the EOC.

Building Coordinators: Complete checklist and give to Zone Captain.
Zone Captains: Collect sheets from all Building Coordinators and send or transmit promptly to EOC.
   ✓ Report initial status immediately to Zone Coordinator in EOC via 800 MHz radio, Zone 3 or C, Channel 14; or by runner.
   ✓ Report all updates to status to Zone Coordinator in EOC via 800 MHz radio, Zone 3 or C, Channel 14; or by runner; or as otherwise directed by Zone Coordinator.

Zone/Building: _____   Date/Time: _____

Your Name: _____   Your Phone/Radio: _____

Your Current Location: _____

How can you be contacted?: _____

❏ Initial Report   ❏ Update Report # _____ (ZC to assign number)

Report:	Exact location/details:
Evacuation? __Yes __No	_____
Shelter in place? __Yes __No	_____
Serious injuries? __Yes __No	_____
First aid station established: __Yes __No	_____
Nature of Emergency:	_____
___ Fire	_____
___ Hazmat/Radiation/BioHazard	Assistance requested:
___ Earthquake/Natural Disaster	
___ Police Emergency/Other	
Building collapse? __Yes __No	_____
People trapped? __Yes __No	_____
Disabled evacuated from building? __Yes __No	_____
Status of Emergency:	_____
___ Stable, on-going?	_____
___ Escalating, getting worse?	_____
___ Ready to terminate?	Resources available/on-hand:
Services functional?	
Electrical __Yes __No	_____
Emergency lighting __Yes __No	_____
Telephones __Yes __No	_____
Water __Yes __No	_____
Elevators __Yes __No	_____
Gas __Yes __No	_____

❏ **No major problems at this time.**

S:/Shared/Emergency Management/EOC/EOC Emer Stat Report.doc   Printed 4/28/2014

Appendix 4
University of California Irvine, Medical Education Simulation Center
Forms

Appendix 5
University of California Irvine, Medical Education Simulation Center
Maintenance and Care

FRIDAY MAINTENANCE CHECKLIST

- ✓ Restock medicine carts
- ✓ Reset medications in medicine carts (pressors and sedation drugs)
- ✓ Clean all simulators with sani-cloths and Goo Gone
- ✓ Take used sheets to clinical skills hampers and restock with clean ones
- ✓ Restock OR shelf
- ✓ Clean OR table/bed
- ✓ Organize suture shelf
- ✓ Organize grey cabinets and silver carts
- ✓ Check batteries in laryngoscopes
- ✓ Wipe down simulator laptops and laptops in task training room
- ✓ Wipe down computers in control room
- ✓ Hang all headsets up properly (incl. Revo's)
- ✓ Wipe down counter tops in control room
- ✓ Organize control room cabinets
- ✓ Ensure all computers are logged out
- ✓ Ensure all simulation laptops are put away
- ✓ File paperwork and scenarios from the week
- ✓ Prepare for next week's sessions (pull scenarios, email instructors etc.)
- ✓ Wipe down anesthesia machine
- ✓ Check open endotracheal tubes for popped cuff/balloon
- ✓ Wipe down tables in debriefing rooms
- ✓ Reset chairs around the debriefing room tables
- ✓ Wipe down grey cabinets
- ✓ Wipe down tables in task training room
- ✓ Unplug simulators so they do not charge over the weekend
- ✓ Turn all gasses off
- ✓ Wipe down all VAMs

FRIDAY QUICK CLEAN (use for busy Fridays)

- ✓ Reset medications in medicine carts (pressors and sedation drugs)
- ✓ Wipe down all simulators with sani-cloths
- ✓ Check batteries in laryngoscopes
- ✓ Ensure Control room is clean in appearance
- ✓ File paperwork and scenarios from the week
- ✓ Hang all headsets up properly (incl. Revo's)
- ✓ Prepare for next week's sessions (pull scenarios, email instructors etc.)
- ✓ Check endotracheal tubes for popped cuff/balloon
- ✓ Reset chairs in the debriefing rooms
- ✓ Ensure all computers are logged out

- ✓ Ensure all simulation laptops are put away
- ✓ Wipe down all VAMs

Appendix 6

University of California Irvine, Medical Education Simulation Center
Audio Visual Equipment

Appendix 7
University of California Irvine, Medical Education Simulation Center Procedures

Appendix 8
University of California Irvine, Medical Education Simulation Center Equipment Inventory

Appendix 9
American Heart Association Program Administration Manual, Current ed.

Appendix 10
University of California Irvine, Medical Education Simulation Center
Job Descriptions

A10.1 Medical Director

Simulation Center Director

FTE: 0.4 (Associate Dir. 0.2 FTE)
Other related job titles: Director, Associate Director
Annual salary range: $50,000-$100,000+
Pre-Req: Must be MD or PhD

Summary: The Director will be the key administrator and Educator, overseeing all instructional and operational aspects of the Simulation Center.

Instructional Responsibilities:

- Design, develop, implement and evaluate new courses, scenarios, and educational initiatives in collaboration with content experts.
- Validate existing courses, scenarios, and initiatives to ensure effectiveness of educational program.
- Ensure course content is aligned and consistent with curriculum and user expectations.
- Develop strategies to enhance programs and services, utilizing available resources and acquiring additional tools to create a realistic learning environment.
- Solicit instructor and student feedback following simulation experiences to analyze the impact of simulation on the learning process.
- Identify opportunities for improvement, innovation, implementation and integration of patient simulation technology into existing healthcare curricula.
- Teach clinical skills and critical thinking using simulation technology.
- Communicate in a positive, professional manner.
- Promote excellence in teaching through demonstrate respectful behavior and role modeling.
- Serve as simulation mentor and educator to clinicians, staff and management team.
- Integrate goals and teaching points from basic science and multidisciplinary clinical departments to promote collaboration and team teaching.
- Maintain professional growth and development through seminars, workshops, and professional affiliations to keep abreast of latest trends in field of expertise.
- Maintain professional skills and refine expertise through appropriate educational/developmental activities and professional affiliations, staying current with national and international advances in simulation and clinical skills activities.
- Publish and present simulation activities at national and international conferences.

Administrative Responsibilities:

- Determine Simulation Center priorities and goals and ensure that the mission is achieved.
- Develop and implement policies, procedures and practice standards consistent with Simulation Center mission and educational objectives.
- Provide oversight in the design, development, and implementation of all training programs.

- Provide the leadership required to ensure that simulation programs meet standards of quality assurance for breadth and depth of education, and user expectations.
- Assure that required certifications, licensures and accreditations are maintained on an ongoing basis. Liaise with appropriate training agencies to ensure delivery of accredited educational courses.
- Perform periodic review and evaluation of program; assess areas for growth and improvement.
- Prepare annual budget, monitor revenue/expenditures throughout the year and manage funding sources, ensuring contracts are maintained and revenue sources maximized.
- Identify and submit extramural grants/partnership funding opportunities (governmental, professional foundations, industry) for simulation education and patient safety research.
- Oversee optimal utilization of simulation center including recruitment of faculty and users, scheduling and coordination of sessions.
- Recruit, hire and manage Simulation Center staff to assure effective maintenance and operation of programs. Provide training, performance appraisal, disciplinary counseling and actions, scheduling, and work assignments.
- Develop working relationships with administrators, faculty, staff and students within the institution as well as with other simulation centers and educational organizations.
- Foster and supervise research activities, facilitating publication with multidisciplinary collaborations.
- Conduct research to validate simulation-based training programs, and measure effectiveness of equipment, interventions, and medical devices.
- Collaborate with faculty to develop ideas for innovative research, design study protocol, identify funding sources, collect and analyze data and report results of research projects.
- Promote the interests of the Simulation Center through participation in public relations events, development of new markets for simulation use, community outreaches, and serving on professional/civic service organizations and committee meetings as the Simulation Center representative.
- Interface with institutional leadership regarding activities of the simulation center. Facilitate tours and orientations of Simulation Center as needed to promote programs.
- Collaborate with regional, national and international users to advance the use of simulation in healthcare education.

Operational Responsibilities:

- Provide comprehensive strategic and operational planning initiatives in support of the Simulation Center.
- Oversee organization, recruitment, training and management of the operational support staff.
- Assign work to Simulation Center staff to ensure smooth daily operations.
- Promote and coordinate the use of simulation technology for the training of health professionals and others.
- Collaborate with physicians and other department managers to resolve operational problems and promote positive communications.
- Maintain proficiency in existing and emerging technologies, including basic theory, design and implementation.
- Monitor clinical simulator exercises, adjust parameters and responses, and provide feedback and evaluation to learners and staff.

- Anticipate, plan and integrate work activities to accomplish operational strategic results.
- Develop accurate, timely and reliable data as the basis for operational decisions.
- Maintain data confidentiality and security; prepare secured area for data storage and retrieval.
- Determine operational training and development needs.
- Plan for program expansion through design and utilization of available space to support goals of the center.

Qualifications
Education:

- Doctoral degree in a health discipline: Medicine, Nursing, Health Education/Administration, or other related field.

Experience:

- Faculty level candidate.
- Two years' experience in planning, developing, implementing, evaluating, and customizing clinical, educational or simulation programs.
- Four to five years professional experience as a practitioner in a clinical environment, with significant exposure to direct patient care.
- Previous experience in the delivery of clinical education.
- Formal training in business development, marketing, and finance preferred.
- Experience in the provision of clinical education.
- Certifications in BLS, ACLS and ATLS preferred.
- Ongoing involvement in active clinical work.

Skills and Attributes:

- Knowledge of simulation services, technologies and applications.
- Knowledge of business planning, modeling, concepts and tools.
- Knowledge of project management theories, principles, practices, and processes.
- Knowledge of human anatomy, physiology, medicine and the healthcare setting.
- Knowledge of principles and methods of adult education.
- Knowledge of educational theory and instructional technology.
- Knowledge of computer hardware equipment and software application relevant to simulator functions.
- Computer literacy in PC and Mac-based software applications, including Word, Excel, PowerPoint and Access.
- Demonstrated leadership abilities.
- Exceptional analytical, interpretive and problem solving skills.
- Outstanding communication, organizational and interpersonal skills.
- Ability to establish and maintain effective working relationships with all levels of organizational personnel, staff/faculty and students.
- Ability to interact with learners and healthcare community.
- Ability to effectively lead and empower teams.
- Ability to carry out responsibilities in a timely, meticulous and professional manner, demonstrating initiative and creativity.
- Ability to work well under pressure, set priorities and make critical decisions.

- Ability to maintain confidentiality regarding job assignments and sensitive issues.
- Must be able to work a flexible schedule that may include evening and weekend assignments.

A10.2 Director of Operations

Simulation Center Director of Operations

FTE: 1.0
Other titles: Operations Director, Laboratory Coordinator, Program Manager
Annual salary range: $31,000-$85,000
Summary: Under the direction of the Simulation Center Director, the incumbent will be responsible for coordinating all administrative and operational aspects of the Simulation Center.

Responsibilities:
- Schedule Simulation Center activities, including training sessions, meetings, routine maintenance/scenario programming time and tours.
- Maintain Simulation Center as a clean, safe, and operational facility and optimal learning environment.
- Set up and clean up rooms for training sessions and meetings.
- Ensure accurate maintenance of all education and training records (simulator use, instructor and student hours, course materials, and evaluations), assuring compliance with accreditation standards.
- Maintain appropriate levels of supplies and other disposable and non-disposable items including the gases necessary for the operation of the center.
- Perform related administrative duties such as record and categorize expenses and income, report balance sheets to supervisor, prepare invoices for equipment and users, and order supplies.
- Participate in committee meetings, take minutes, and disseminate information to staff and faculty.
- Operate and program simulator equipment for simulation sessions. Role-play as needed for simulated cases.
- Assure that simulator is in good working condition prior to the start of all simulations.
- Independently, or as part of a team, assist students in utilization of simulation equipment, providing an appropriate orientation to simulator features and the simulated learning environment.
- Monitor simulated exercises and provide evaluation forms for users to complete.
- Lead tours of the Simulation Center and demonstrate equipment to new users and visitors.
- Provide training for faculty and staff in the utilization of simulator equipment, scenario development and programming, and updates related to simulation education.
- Provide faculty instructors with instructional tools and technical or administrative support to carry out simulator sessions, including setting up simulator and room, preparing educational material for the course, and collecting feedback from students.
- Work with faculty in the design, development, implementation, and evaluation of new courses, scenarios, simulation tools, research studies and other educational initiatives to measure learning outcomes.
- Compile educational material and supportive documents and props to enhance teaching sessions. Keep up with current literature and news in the simulation community.
- Perform and synthesize literature searches, analyze and summarize relevant material, and maintain a reference library of simulation articles.

- Maintain proficiency in existing and emerging technologies and clinical applications, including basic theory, design and implementation.
- Design innovative ideas to improve in the technology and development of the simulation center; develop strategies to enhance programs and services.
- Solicit instructor and student feedback following simulation experiences to analyze the impact of simulation on the learning process.
- Contribute to the development and implementation of policies, procedures and practices for the Simulation Center.
- Draft proposals for grant submissions and compose reports to funding sources and administrators.
- Identify extramural grants/partnership funding opportunities (governmental, professional foundations, industry) for simulation education and patient safety research.
- Collaborate with faculty in developing ideas for innovative research, designing study protocol and preparing logistics for approval, initiation and implementation of research study.
- Coordinate simulator research data collection, management and analysis.
- Assist faculty with abstracts, PowerPoint presentations, poster printing, conference workshops, business reports, and manuscripts for publication.
- Maintain Simulation Center budget and manage funding sources, ensuring contracts are maintained and revenue sources maximized.
- Design and manage simulator program advertising and information dissemination, including brochure and web site development.
- Serve as liaison between the simulation center and the manufacturer of the simulator, community outreaches, and other simulation centers.
- Maintain data confidentiality and security.
- Develop professional working relationships with administrators and healthcare professionals.
- Recruit, train, and supervise technical staff and other Simulation Center employees to assure effective maintenance and repair of simulator and clinical equipment.
- Ensure that all work assignments meet deadlines and standards of quality.
- Monitor and control daily operations and assist with other special projects or initiatives.
- Perform other related duties as assigned.

Qualifications
Education:
- Bachelor's or Master's degree in Healthcare, Nursing, Education, Instructional Technology, or a related field.

Experience:
- Previous experience in clinical care and education is preferred.
- Experience in BLS, ACLS and/or PALS is preferred.
- Skills and Attributes:
- Knowledge of patient simulation services and instructional technologies.
- Knowledge of medical terminology, human anatomy, physiology and clinical applications.
- Knowledge of videotape recording, duplication, mixing and editing.
- Knowledge of project management theories, principles, practices, and processes.
- Knowledge of principles and methods of adult education.
- Computer proficiency in PC and Mac-based software applications: MS Word, Excel, PowerPoint, Access and web design.

- Strong organizational, analytical, and problem solving skills.
- Excellent communication (written and verbal) and interpersonal skills.
- Self-motivated and willing to learn new skills.
- Ability to work under pressure and reliably meet deadlines.
- Ability to prioritize work demands and work with minimal supervision.
- Ability to carry out responsibilities in a timely and meticulous manner demonstrating initiative and creativity.
- Ability to coordinate training assignments, tasks, and schedules.
- Ability to work effectively in a team environment with healthcare professionals.
- Ability to maintain confidentiality regarding job assignments and sensitive issues.
- Ability to assess situations and adapt to highly dynamic environment.
- Ability to work evening/weekends.
- Work requires occasional heavy lifting and use of specialized medical equipment.

A10.3 Simulation Specialists

Simulation Specialist

FTE: 1.0
Job Essential Function 1
Percent of Time: 60%

SIMULATION COURSE TECHNICAL SUPPORT

- Serve as simulator operator by programming, testing and running scenarios with faculty instructors, assuring that the facility and equipment are set up for educational courses.
- Acquire and install digital audiovisual hardware and software systems to record simulated sessions with subsequent editing and transfer into an archival format for analysis.
- Provide technical support for computer based multimedia systems and their components, including operation of digital cameras, video cameras, audio/video mixer, digital/analog converter, monitors, LCD projectors, anesthesia machines, electronic medical record, and other equipment.
- Support the use of digital media and web stream creation for educational and professional distribution, distribute content and back up data, and provide advanced troubleshooting.
- Understand the use and operation of different simulator technologies ranging from anatomic models and task trainers to screen-based simulations to full body patient simulators and virtual reality surgical simulators.
- Maintain proficiency in existing and emerging technologies, including basic theory, design and implementation.
- Install software and hardware upgrades and maintain functionality of manikin components as directed by manufacturer support.
- Interface with the equipment manufacturers regarding equipment troubleshooting and systems problems; maintain record of repairs.

Job Essential Function 2
Percent of Time: 10%

MARKETING AND PUBLIC RELATIONS

- Responsible for simulator program marketing and information management, including brochures and maintenance of website and calendars.
- Communicate in a positive, professional manner with faculty instructors, students and other users of the Simulation Center.
- Create innovative ideas, evaluate new equipment, and identify opportunities for technology improvement and integration into healthcare education.
- Provide scheduled tours of the Simulation Center to faculty, staff and the general public.

Job Essential Function 3
Percent of Time: 30%

SIMULATION CENTER OPERATIONS

- Maintain data confidentiality and security.
- Ensure that all work assignments meet deadlines and standards of quality.
- Schedule Simulation Center activities, including training sessions, meetings, routine maintenance/scenario programming time and tours.
- Maintain Simulation Center as a clean, safe, and operational facility and optimal learning environment.
- Set up rooms for training sessions and meetings, prepare all supplies for simulations, assure that simulator is in good working condition prior to the start of all simulations, and clean up after educational courses.
- Ensure accurate maintenance of all education and training records (simulator use, instructor and student hours, course materials, and evaluations), assuring compliance with accreditation standards.
- Maintain and order appropriate supplies and other disposable and non-disposable items including the gas cylinders necessary for the operation of the center.
- Perform related administrative duties such as record and categorize expenses and income, report balance sheets to supervisor, prepare invoices for equipment and users, and order supplies.
- Participate in committee meetings, take minutes, and disseminate information to staff and faculty.
- Monitor simulated exercises and ensure evaluation forms for all courses are completed.
- Monitor and control daily operations and assist with other special projects or initiatives.
- Support all Simulation Center research activities by assisting with data collection, consent, and preparation of publications and presentations.
- Participate in technical training as necessary; attend conferences to stay current with simulation technology.
- Conduct routine equipment maintenance, inventory updates and equipment purchases.
- Train faculty, residents and students in the operational aspects of simulation.

SKILLS, KNOWLEDGE AND ABILITIES:

Required:
- Education/Training: Technical diploma or Associate degree in technology or health-related field is required. Bachelor s degree preferred. (For specialized positions, a Bachelor s degree in Computer Science, Technology or Engineering is required).
- Experience: At least one year of experience in the related field is preferred.
- Knowledge of patient simulation services, technologies and applications.
- Knowledge of computer hardware equipment and software applications relevant to simulator functions.
- Knowledge of audio/video equipment and software for recording, duplication, mixing and editing.
- Proficiency in MS software applications including MS Outlook, Word, Excel and PowerPoint, Internet, and database use.
- Ability to express technical information clearly and simply to non-technical persons.
- Ability to learn new software and hardware quickly and independently.
- Ability to assess, troubleshoot and fix equipment failures in a timely fashion.
- Ability to work well under pressure, set priorities and make critical decisions.

- Ability to maintain confidentiality regarding job assignments and sensitive issues.
- Ability to work with internal and external individuals from different disciplines and different levels of training.
- Strong written and verbal communication skills.
- Self-motivated and require little to no supervision with the ability to work as a team member.
- Flexibility and adaptability in dynamic environment; able to work evening/weekends.
- Work requires occasional heavy physical lifting of equipment and management/utilization of advanced medical devices.

Below are general guidelines on the position's physical, mental, and environmental working conditions.

In accordance with applicable state and federal law, UCI provides reasonable accommodations for applicants with disabilities upon request. For more information, please contact Human Resources at (949) 824-5210.

Bend: Occasionally
Squat: Occasionally
Crawl: Occasionally
Climb: Occasionally
Kneel: Occasionally
Handle Objects: Frequently
Push/Pull: Occasionally
Reach Above Shoulder Level: Occasionally
Sit: Occasionally
Stand: Occasionally
Walk: Occasionally
Use Fine Finger Movements: Frequently
Carry/Lift Loads up to 25 Pounds: Occasionally
Carry/Lift loads between 25-50 lbs: Occasionally
Carry/Lift Loads over 50 Pounds: Not Applicable
Read/Comprehend: Frequently
Write: Frequently
Perform Calculations: Frequently
Communicate Orally: Not Applicable
Reason and Analyze: Frequently
Chemical/Biological Agent: Not Applicable
Construction Activities: Not Applicable
Contact with Water/Liquids: Not Applicable
Drive Motorized Equipment: Not Applicable
Confined Spaces: Not Applicable
Elevated Work Location: Not Applicable
Radioactive Materials: Not Applicable
Temperature Variations: Not Applicable
Gas System: Not Applicable

A10.4 Administrative Assistant

Administrative Assistant

FTE: 1.0
Essential Function 1
Percent of Time: 50%

ADMINISTRATIVE SUPPORT

- Manage telephone calls and direct to appropriate persons as necessary.
- Coordinate communication with internal staff and external staff.
- Receive and sort all mail and forward appropriately if necessary.
- Manage and coordinate Simulation Center schedule / calendar track, plot and monitor all appointments, meetings and weekly activities.
- Review schedule to ensure accuracy
- Monitor and file all meetings and conferences. Book air travel, hotel reservations and record in meeting file.
- Submit and track meeting expense submissions for reimbursement.
- Review and check all travel plans at least 1 week before meeting.
- Transcribe and file all dictation and academic material. Maintain organized S: drive files for these dictations. This includes, but is not limited to journal reviews, educational materials or handouts, AUA documents, meeting materials.
- Maintain Simulation staff curriculum vitae up-to-date with publications, invited/guest lectureships, association and academic positions. On a regular basis add visiting professorships, invited faculty appearances, new publications, new committee appointments or awards to the CV.

Essential Function 2
Percent of Time: 50%

ADMINISTRATIVE AND LOGISTICAL SUPPORT

- Serve as initial point of contact for customers (students, residents, faculty), vendors, EMS groups and partners.
- Orient and inform customers and visitors on services and products available. Coordinate tours of the Simulation Center.
- Calendar and schedule courses, meetings and tours of the Simulation Center and promptly respond to inquiries via e-mail and telephone.
- Coordinate appointments and training sessions.

- Communicate and coordinate curriculum development and implementation with the Surgical Education Coordinator to register Simulation Center activities in the ACS Accredited Education Institutes (AEI) data bank. This will entail obtaining course summary from faculty, course presenters or coordinators.
- Collect Course evaluations, consent forms for courses that are IRB research related, confidentiality forms, and attendance sheets.
- Maintain activity logs as necessary
- Maintain AHA & CME spreadsheets for Simulation Center.
- Make course handout copies or send electronically the handouts and references for courses to the attendees.
- Order food for medical students, internal faculty, and/or trainee courses when appropriate.
- Assist with the sending of materials and advertisements for the Simulation Center activities.
- Assist with printing and distribution of the Simulation Center newsletter and website as necessary.
- Assist with paperwork for the Simulation Elective for UCI Medical Students.
- Submit recharges reimbursements for the Simulation Center.
- Maintain Simulation Center e-mail account.

SKILLS, KNOWLEDGE, AND ABILITIES

- Under the supervision of the Associate Dean/Director of the Simulation Center and the Simulation Center Director of Operations, the incumbent will be responsible for scheduling meetings, managing files, preparing documents, organizing events and assisting with program activities and other projects as necessary for efficient operation of the Simulation Center.
- The incumbent will also be responsible for assisting with the coordination and implementation of day to day simulation activities and oversight of the center schedules, track attendance and other center activities, correspond with visitors and vendors, center inventory and purchase orders, and assist in other duties to facilitate educational sessions and research at the simulation center.

Required:

1. Ability to operate a PC computer with some proficiency in MS Word, Outlook, Excel, and Powerpoint to prepare documents and correspondence with speed and accuracy.
2. Exceptional written and verbal communication skills   speak clearly and use appropriate vocabulary and grammar to exchange information with faculty, staff, students, and the general public. As part of this skill serve as primary telephone contact.
3. Organization skills to keep materials in order, track various projects, maintain files, etc.
4. Ability to accurately record and maintain information.
5. Ability to set priorities, in conjunction with the Simulation Director of Operations, which reflect the relative importance of the job responsibilities.

6. Flexibility to move from one task to another based on changing priorities and frequent interruptions.

7. Ability to schedule appointments and meetings.

8. Ability to work as part of the team, including the ability to establish and maintain effective and cooperative working relationships with other staff members, faculty and students.

9. Ability to interact with individuals of diverse backgrounds.

10. Skill in recognizing when to refer possible problematic situations to other approved resources.

11. Ability to follow through on assignments to timely completion.

12. Ability to follow through on assignments and as a team member.

13. Ability to learn and master proprietary software.

14. Ability to carry 20 pounds and walk up to 1 mile.

Description

Physical Requirements, Mental Requirements and Environmental Working Conditions

Bend: Occasionally

Squat: Occasionally

Crawl: Not Applicable

Climb: Not Applicable

Kneel: Occasionally

Handle Objects: Occasionally

Push/Pull: Occasionally

Reach Above Shoulder Level: Occasionally

Sit: Frequently

Stand: Frequently

Walk: Frequently

Use Fine Finger Movements: Frequently

Carry/Lift Loads up to 25 Pounds: Occasionally

Carry/Lift Loads up to 25-50 lbs: Not Applicable

Carry/Lift Loads over 50 Pounds: Not Applicable

Read/Comprehend: Frequently

Write: Frequently

Perform Calculations: Frequently

Communicate Orally: Frequently

Reason and Analyze: Frequently

Chemical/Biological Agent: Not Applicable

Construction Activities: Not Applicable

Contact with Water/Liquids: Not Applicable

Drive Motorized Equipment: Not Applicable

Confined Spaces: Not Applicable

Elevated Work Location: Not Applicable

Radioactive Materials: Not Applicable

Temperature Variations: Not Applicable
Gas Systems: Not Applicable

Appendix 11
University of California Irvine, Medical Education Simulation Center
Performance Standards

A11.1 Simulation Specialist

Simulation Specialist Performance Standards

1. Job Knowledge

   1.1 *Administrative basic knowledge level*

   Includes: basic customer service, quality control, risk management principles, basic safety principles, HIPAA guidelines and release of information, infection control concepts, knowledge of applicable systems technology, and supply procedures.

   Education: Technical diploma or associates degree in technology or health-related field. EMT, EMT-P, clinical research, and/or allied health science a plus.

   1.2 *Clinical/Simulation based knowledge level*

   Includes: Ergonomics and proper lifting techniques, fundamentals of medical simulation, fundamentals of medical debriefing, simulation platform operations, simulation platform set-up/teardown, simulator storage considerations, basic to advanced simulator programming, basic clinic environment knowledge, and basic operating room environment knowledge.

2. Performance Expectations

   2.1 Technical Support
   - 2.1.1   Programming scenarios
   - 2.1.2   Testing programmed scenarios
   - 2.1.3   Running programmed scenarios
   - 2.1.4   Assist faculty in running sessions
   - 2.1.5   Assure facility and equipment are set-up for educational courses
   - 2.1.6   Install hardware and software upgrades
   - 2.1.7   Maintain functionality of simulation equipment per manufacturer specifications
   - 2.1.8   Maintain a record of issues and repairs

   2.2 Simulation Center Operations
   - 2.2.1   Maintain data confidentiality and security
   - 2.2.2   Strong written and verbal skills
   - 2.2.3   Self-motivated and require little supervision
   - 2.2.4   Work as a member of a team
   - 2.2.5   Flexibility and adaptability in dynamic environments
   - 2.2.6   Ability to work occasional evenings/ weekends
   - 2.2.7   Ensure all work meets suspense (deadline)

2.2.8   Ensure standards of quality of work

2.2.9   Ability to accept criticism and constructive feedback

2.2.10   Schedule simulation center activities, including sessions, meetings, routine maintenance, programming time and tours

2.2.11   Maintain the simulation center as a clean, safe, and operational facility

2.2.12   Maintain the simulation center control room as clean and orderly

2.2.13   Maintain the Simulation center debriefing rooms as clean and orderly

2.2.14   Maintain the simulation staff office as clean and orderly

2.2.15   Set-up for training sessions and meetings

2.2.16   Prepare all supplies and appropriate copies for simulations

2.2.17   Ensure each session's number of participants are correctly counted and reported to the director of operations

2.2.18   Maintain and order appropriate supplies including disposable and non-disposable items

2.2.19   Maintain and order appropriate gas cylinders as necessary

2.2.20   Participate in committee meetings as necessary

2.2.21   Support all simulation center research activities

2.2.22   Participate in technical training as necessary

2.2.23   Participate in simulation conferences as necessary

2.2.24   Train faculty, residents, and students in all operational aspects of simulation

2.2.25   Maintain center AHA program

2.2.26   facilitate faculty, residents, and students in AHA HeartCode system

2.3 *Marketing and Public Relations*

2.3.1   Communicate in a positive, professional manner with faculty instructors and other users of the simulation center

2.3.2   Create innovative ideas

2.3.3   Evaluate new equipment, and identify new opportunities for technology improvement

2.3.4   Provide scheduled tours of the simulation center to faculty, staff, and general public

2.3.5   Assist in the marketing and advertisement plan of the simulation center

A11.2 Administrative Assistant

1. Job Knowledge
   1.1 *Administrative basic knowledge level*

   Includes: basic customer service, quality control, risk management principles, basic safety principles, HIPAA guidelines and release of information, infection control concepts, knowledge of applicable systems technology, and supply procedures.

   1.2 Required:

   1. Ability to operate a PC computer with some proficiency in MS Word, Outlook, Excel, and Powerpoint to prepare documents and correspondence with speed and accuracy.
   2. Exceptional written and verbal communication skills   speak clearly and use appropriate vocabulary and grammar to exchange information with faculty, staff, students, and the general public. As part of this skill serve as primary telephone contact.
   3. Organization skills to keep materials in order, track various projects, maintain files, etc.
   4. Ability to accurately record and maintain information.
   5. Ability to set priorities, in conjunction with the Simulation Director of Operations, which reflect the relative importance of the job responsibilities.
   6. Flexibility to move from one task to another based on changing priorities and frequent interruptions.
   7. Ability to schedule appointments and meetings.
   8. Ability to work as part of the team, including the ability to establish and maintain effective and cooperative working relationships with other staff members, faculty and students.
   9. Ability to interact with individuals of diverse backgrounds.
   10. Skill in recognizing when to refer possible problematic situations to other approved resources.
   11. Ability to follow through on assignments to timely completion.
   12. Ability to follow through on assignments and as a team member.
   13. Ability to learn and master proprietary software.
   14. Ability to carry 20 pounds and walk up to 1 mile.

   Education: High School diploma or equivalent

2. Performance Expectations

   2.1 *Administrative Support*
   2.1.1   Manage telephone calls and direct to appropriate persons as necessary
   2.1.2   Coordinate communication with internal staff and external staff
   2.1.3   Receive and sort all mail and forward appropriately if necessary.

2.1.4   Manage and coordinate Simulation Center schedule / calendar track, plot and monitor all appointments, meetings and weekly activities.

2.1.5   Review schedule to ensure accuracy

2.1.6   Monitor and file all meetings and conferences. Book air travel, hotel reservations and record in meeting file.

2.1.7   Review and check all travel plans at least 1 week before meeting.

2.1.8   Transcribe and file all dictation and academic material. Maintain organized S: drive files for these dictations. This includes, but is not limited to journal reviews, educational materials or handouts, AUA documents, meeting materials.

2.2 *Administrative and Logistical Support*

2.2.1   Serve as initial point of contact for customers (students, residents, faculty), vendors, EMS groups and partners.

2.2.2   Orient and inform customers and visitors on services and products available. Coordinate tours of the Simulation Center.

2.2.3   Calendar and schedule courses, meetings and tours of the Simulation Center and promptly respond to inquiries via e-mail and telephone.

2.2.4   Coordinate appointments and training sessions.

2.2.5   Communicate and coordinate curriculum development and implementation with the Surgical Education Coordinator to register Simulation Center activities in the ACS Accredited Education Institutes (AEI) data bank. This will entail obtaining course summary from faculty, course presenters or coordinators.

2.2.6   Collect Course evaluations, consent forms for courses that are IRB research related, confidentiality forms, and attendance sheets.

2.2.7   Ensure all work meets suspense (deadline)

2.2.8   Maintain activity logs as necessary

2.2.9   Ability to accept criticism and constructive feedback

2.2.10   Maintain AHA & CME spreadsheets for Simulation Center.

2.2.11   Order food for medical students, internal faculty, and/or trainee courses when appropriate.

2.2.12   Assist with the sending of materials and advertisements for the Simulation Center activities

2.2.13   Assist with printing and distribution of the Simulation Center newsletter and website as necessary.

2.2.14   Assist with paperwork for the Simulation Elective for UCI Medical Students Prepare all supplies and appropriate copies for simulations

2.2.15   Submit recharges reimbursements for the Simulation Center Maintain and order appropriate supplies including disposable and non-disposable items

2.2.16   Maintain Simulation Center e-mail account

2.2.17   Ability to operate a PC computer with some proficiency in MS Word, Outlook, Excel, and Powerpoint to prepare documents and correspondence with speed and accuracy.

2.2.18 Exceptional written and verbal communication skills   speak clearly and use appropriate vocabulary and grammar to exchange information with faculty, staff, students, and the general public.

Appendix 12
University of California Irvine, Medical Education Simulation Center
Maintenance of Certification in Anesthesia (MOCA)

Maintenance of Certification in Anesthesia (MOCA)

Timelines

1 year to 6 months out	Set course dates
	Seek instructor availability (send out schedule)
	Seek SP availability
12 Weeks out	Lock down instructors for Course
6 Weeks out	Update any CME paperwork
	Lock down SPs
4 Weeks out	Get quotes for catering
	Place order for catering
2 weeks out	Ensure that there are enough office supplies
	Ensure that we have the clinical supplies
1 Week out	Confirm with the instructors
	Confirm with the participants
	Make participant packets
1-2 Days out	MOCA Preparation session (as needed)
	Set up simulation space
	Re-confirm catering and re-confirm times
	Last minute administrative
	Get/place necessary tables
Day of Course	Ensure participants can find the simulation center
	Run course
	Ensure Catering is on time
	Ensure course is on time
	Submit SP payment
	Submit Honorarium
	Submit invoice to MedEd for payment to Anes. Dept.
1-2 Days after Course	Submit ABA/ASA paperwork
	Submit CME Paperwork
	Email the staff the evaluations and comments

Financial Breakdown

Two UCI Department of Anesthesia Instructors

$1500.00/Department of Anesthesia Instructor Fee	$3000.00
$1000.00/Department of Anesthesia Instructor Administrative Fee	$1000.00
	$4000.00
	+33% of profit

One UCI Department of Anesthesia Instructor + one visiting Instructor

$1500.00/Department of Anesthesia Instructor Fee $1500.00

$1000.00/Department of Anesthesia Instructor Administrative Fee $1000.00

                                                                            $2500.00
                                                                            +33% of profit

        UCI Simulation Center to pay visiting instructor $1000.00
        UCI Anesthesia Dept. to pay visiting instructor $ 500.00

Sample Simulation Center Remittance

Remittance Breakdown

Revenue	
Course Fees	Amount of revenues taken in directly from course registration
Expenditures	
Departmental	Amount of instructor fee +administrative fee
Honorarium	Amount of Honorarium payment
SP	Amount of SP payment
Food	Cost of catering from breakfast, lunch, and refresh
Administrative	Miscellaneous simulation center administrative fees
CME	Cost/student for CME…This is held by the simulation center until an invoice is generated by CME office
ASA	Cost/student for ASA…This is held by the simulation center until an invoice is generated by ASA office

Administrative Fees

Based on $2000.00 Course Fee
Credit Card Merchant Rate (3%)	$60.00
Medical Education Overhead (10%)	$200.00
Campus Fee (14.6%)	$292.00
Office Supplies	$15.00
Staff Event Time	$250.00
Background Administrative	$91.86
Total/learner	$908.86

Based on $1800.00 Course Fee
Credit Card Merchant Rate (3%)	$54.00
Medical Education Overhead (10%)	$180.00
Campus Fee (14.6%)	$262.80
Office Supplies	$15.00
Staff Event Time	$250.00
Background Administrative	$91.86
Total/learner	$853.66

Appendix 13

University of California Irvine, Medical Education Simulation Center
Medical Education Building, 2nd Floor Plan

Simulation Center

Clinical Skills

Appendix 14

Simulation Based Research Guidelines

MEDICAL EDUCATION SIMULATION CENTER POLICIES AND PROCEDURES

Abstract/Manuscript Submission through
University of California Irvine

Beaulieu, Keith

Contents

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Medical simulation as an adjunct to traditional teaching methodologies has been increasing over the last decade partly because of availability and partly because it mimics actual patient care.

Although the quantity of simulation-based research is increasing, there is high variability in the type and overall quality of simulation based research. In a 2014 systematic review of simulation-based research, 22.5% of the studies had randomized controlled study design, 15.1% were multicenter studies, and 5.3% reported patient outcomes and or healthcare outcomes. (Wang)

Broadly medical simulation can be stratified into two categories: (1) medical research addressing the effectiveness of simulation as a training modality, and (2) research using simulation as an exploratory tool for environment, teams, and system-based training.
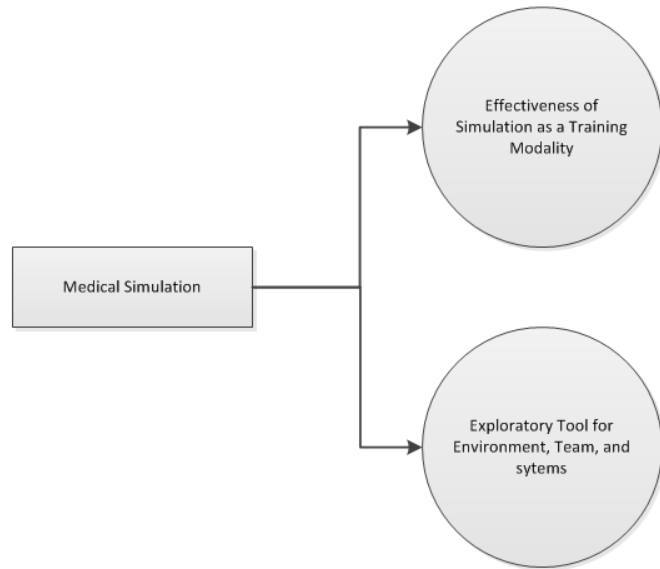
This general guideline document serves as a tool in assisting any/all who elicit research in medical simulation, and while much of this document is UC Irvine specific, many of the principles and components of manuscript creation still apply.

Research at UC Irvine

All medical simulation research from the UCI Medical Education Simulation Center goes through the institution's review board through the Office of Research. UCI requires lead researchers, all study team members, their spouses/registered domestic partners, and/or dependent children to disclose their financial interests related to all research projects conducted at UCI or using UCI resources or facilities that involve the use of human subjects, regardless of funding source, as part of the Application for IRB Review.

> Office of Research
> 5171 California Avenue, Suite 150
> Irvine, CA 92697-7600
>
> Telephone: (949) 824-4768
> Fax: (949) 824-2094
>
> www.research.uci.edu

In addition, the informed consent document should advise potential subjects whether or not anyone involved with the research has a financial interest in the project sponsor or in any entity that would be interested in the outcome of the study. Suggested language is included in the biomedical and the social/behavioral informed consent templates. These consent form templates are available on the Applications and Forms web page under the heading, "Human Research Protections."

TRAINING

In order for you to be assigned as a co-investigator you must complete the following two courses prior to narrative submission on the e-App.

CITI Training   http://news.research.uci.edu/irb-hrp/new-procedure-for-citi-training-2/
(you will need your UCINetID)

You need to take the *Social/Behavioral Investigators-Basic Course*

HIPAA Training
https://apps.research.uci.edu/tutorial/ (you will need your UCINetID)
Take the tutorial for credit

RESEARCH SUBMISSION

Electronic Application (e-APP)
https://apps.research.uci.edu//irbapp/index.cfm?CFID=d614299a-b73b-432f-ad49-6b0293d6c854&CFTOKEN=0&action=log_in&a=c

Note: If an application is being submitted on behalf of the director of the simulation center (Dr. Ricks) as the principle investigator, the director of operations will enter the information from the protocol narrative into the e-APP system. This is to ensure that positive control is established, with regards to, regulatory compliance to IRB auditing procedures.

How to Submit an IRB application Video

http://research.uci.edu/assets/videos/irb-intro/html5/index.html

Forms and Documents

http://research.uci.edu/forms/index.html

Doc	Title	Link
	Protocol narrative for exempt review	http://research.uci.edu/forms/docs/irb-forms/1_protocol_narrative_exempt_review.doc
	Protocol narrative for expedited and full committee Review	http://research.uci.edu/forms/docs/irb-forms/protocol-narrative-sbe.docx
	Information sheet on what qualifies for exempt review	http://www.research.uci.edu/compliance/human-research-protections/docs/categories-of-exempt-human-subjects-research.pdf
	Information sheet on what qualifies for expedited review	http://www.research.uci.edu/compliance/human-research-protections/docs/categories-of-expedited-human-subjects-research.pdf

Flow of Submitting Research through UCI
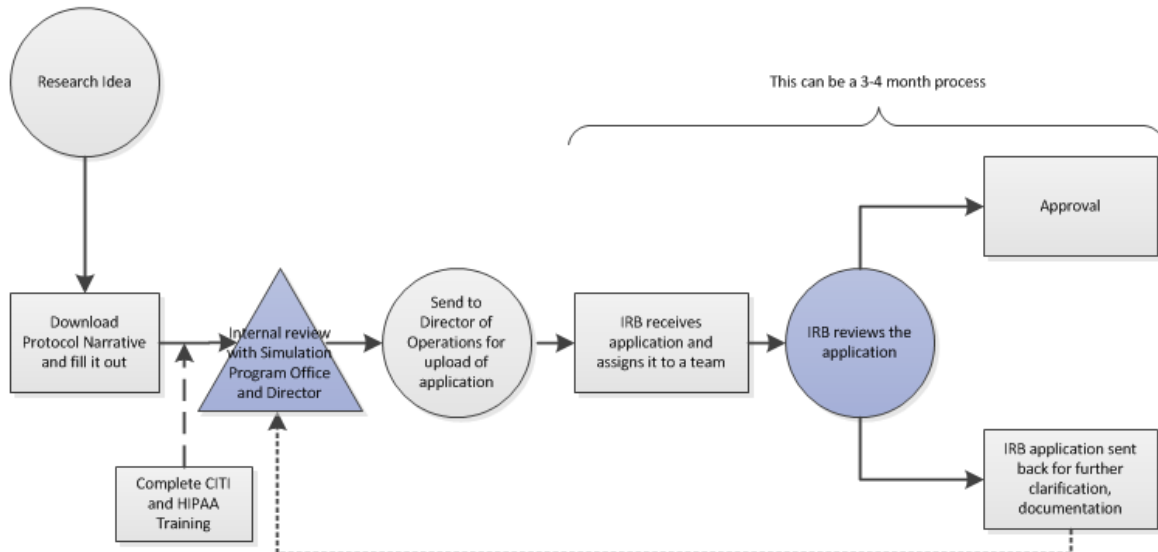
Key Elements for Simulation Manuscript

Item	Components	Notes
Title	Identification as a randomized trial/Prospective Trial/Retrospective Trial as applicable	
Abstract	Structures summary of the study research or trial design, methods, results, and conclusions	Character limits will vary based on the publication; some are 500 char incl. spaces while others are 1000 char including spaces. *Note: Usually best to wait until the entire manuscript is written before accomplishing the abstract.* In the key terms section, the keywords, at a minimum, should have, "simulation" or "simulated" or "medical education" Other notable key words include, "manikin," "simulator," "simulation-based," "healthcare," "undergraduate medical education," "graduate medical education," "simulation education," "crisis resource management," "CRM," and "Human performance"
Introduction	Background Provide the scientific background and explanation of rationale for the research project. List specific hypothesis and goals/AIM/objectives	
Methods	Research Design Provide description of research design Participants/subjects Provide eligibility criteria for participants and subjects Mention the setting and/or locations where consent and data was collected Interventions	If eligibility criteria ▲ after study commencement/IRB approval, provide commentary of changes and reasons

Provide commentary on the interventions for each group (control vs. intervention)

Outcomes
Define primary and (if applicable) any secondary outcomes and how they are measured

You want to include enough detail and explanation so that the experiment can be easily reproduced/replicated

Fully describe the methods of the assessment process to include; settings, instruments, simulator type, and timing

Sample size
Provide the total sample size
How was the sample size determined

Provide evidence of validity and reliability of assessment tools (if applicable)

Randomization
Provide method used to generate the randomization process
Describe additional details of randomization (as applicable)
Describe who generated the randomization

Blinding
Describe who was blinded (participants, researchers, etc…)

Simple vs. block vs. stratified randomization

Security of Information
List how the research team secures information

Describe any specific strategies to decrease any potential biases

Statistical Methods
Describe the statistical methods to compare the groups for outcomes
Describe the methods used for additional analyses

Electronic security, physical security,
Family Educational Rights and Privacy Act (FERPA), Privacy Act 1974, HIPAA, etc… (this will be addressed in IRB protocol narrative)

Example of research design
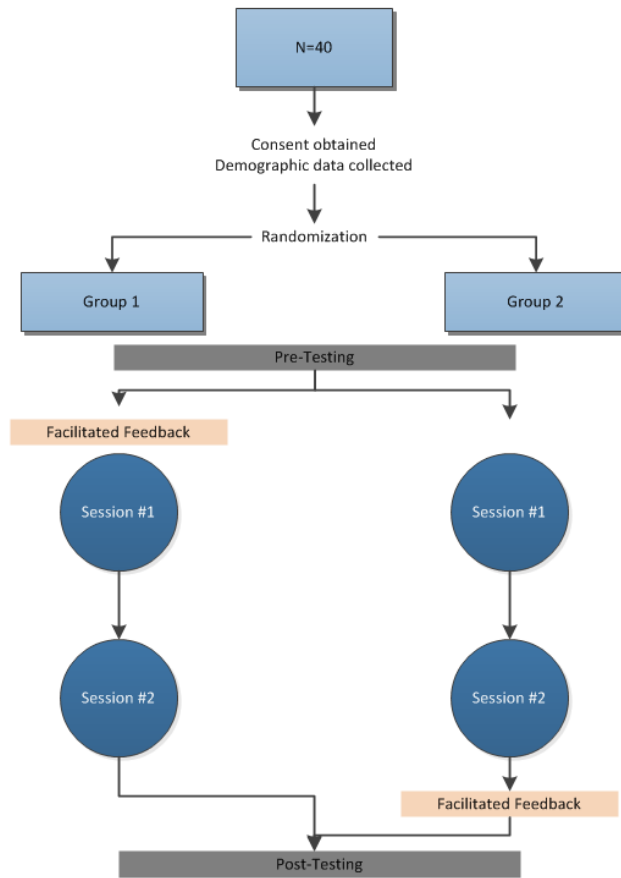
Results	<u>Participant/subject Flow</u> Describe the number of participants/subjects assigned to each group Describe the losses and exclusions after randomization for each group with reasons for exclusion <u>Recruitment</u> Define the periods of recruitment and follow-up periods <u>Baseline Data</u> Provide a graphic or explanation of baseline demographic data for each group <u>Outcomes and Estimation</u> Provide results for each group and the estimated effect and precision (such as 95% confidence)

Examples – age, gender, occupation, specialty, year of training, education, specific experience, height, weight, etc…
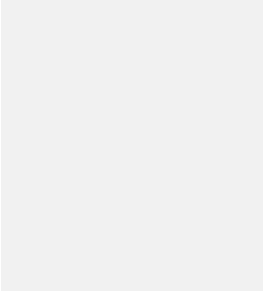
	Provide results of any other analyses	For research that has more than 1 rater, the interrater reliability should also be reported
	Adverse Events List all important harms or unintended effects in each group	
		Follow local IRB guidance
Discussion	Limitations List any study/trial limitations Define Potential bias and/or imprecision	Specifically discuss the limitation that simulation based research had on the study (if applicable)
	Generalizability Describe the general applicability of the study/trial findings	Describe how the results of the study outcomes can be translated to ↑ patient safety, ↑ patient outcomes, ↑ professional readiness, and/or save money
	Interpretation Make note how your interpretation of the results of the study is consistent with clinical environment	
Other Information	List sources of funding or support List conflicts of interest Acknowledgements	
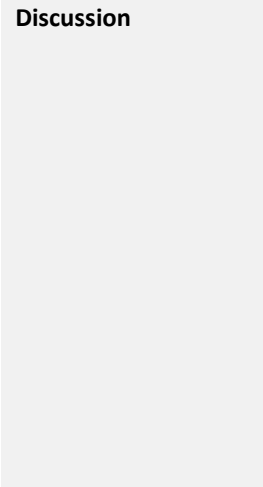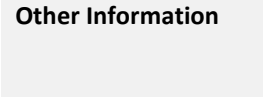
Other Key Elements to Report for Simulation-based Research

Item	Components	Notes
Participant orientation	• Describe how the subjects/participants were oriented to simulation equipment and environment	Method, content, duration
Simulator type	• List specific make and model • Describe any modifications	
Location of the simulation environment	• Describe where the study takes place	Simulation center vs. in situ, etc…
Simulated scenario	• Learning objectives • Event description • ACGME/EPA • Equipment/adjuncts • Facilitator characteristics • Pilot testing • Actors/standardized patients (SP)	If the scenarios correspond to ACGME or EPA criterion Required experience, training etc… You would want to describe the pilot testing, because you want the process as transparent as possible so the research can be reproducible If actors or SPs are used, you would need to include the script and triggers in a separate attachment and/or appendix *Note: when submitting educational content for publication, organizations want the entire curriculum and not just scenarios*
Instructional Design	• Instructional framework • Duration of program • Frequency/iterations • Standards/assessment	
Debriefing components	• Source of feedback • Duration of feedback • Facilitator characteristics • Video feedback • Scripting	
Miscellaneous	• Actor/SP scripts • Scenario programming • Scenario branching	List in appendix or separate media files

Types of Instructional Design Features Using Simulation

Clinical Variation
This describes High or mid-fidelity simulation (physical signs visible/palpable/audible) that augments live clinical activity and is able to make use of variations of potential diagnoses or patient conditions

Cognitive Interactivity
This type of activity includes telesimulation for teaching various tasks while a group observes the instruction or telesimulation for medical simulation where the instructor observes from a remote location and provides feedback

Curricular Integration
This type of instructional design feature introduces simulation-based education into the existing curriculum.

Distributed Simulation Practice
This type of instructional design feature introduces the short duration training over a specific period of time (spacing effect). For example a 1 hour mock code program each month for 24 months.

Feedback
This type of instructional design features feedback on performance based on either scripted or unscripted debriefing.

Group Simulation Practice
This type of instructional design feature bring together group of people together to train as a team. Most commonly seen in mock code training in the in situ environment, but can be delivered in an off-site location. This includes multi-disciplinary and inter-professional team training.

Multiple Learning Strategy
This type of instructional design feature combines two or more of the design features. For example, a high-fidelity simulation using cognitive interactivity, curricular integration, and repetitive practice.

Rapid-cycle Deliberate Practice (repetitive)
Repetitive task training and/or simulation where the same scenario is replayed/re-run for the participants and is started/pause/stopped based on facilitator interaction and student performance. This type of instructional design feature is commonly seen in mock code or resuscitation training. This type of instructional design feature is commonly seen in procedural task training.

Pilot Testing

Pilot testing scenarios and overall study flow before the start of the project will help to identify and correct any errors, potential biases, limitations, and variations before the data collection period. Piloting also provides an opportunity to train the simulation staff, the confederates/actors, and facilitators/instructors, prior to the research study. It also facilitates a shared mental model for all of the research team.

Performance Shaping Factors when using Simulation as an Environment for Research

Performance Shaping Factor	Focus of Simulation Research
Individuals	Assessing and describing the relationship between individual factors and performance
Teams	Assessing and describing the relationship between team processes and performance
Environments	Assessing the impact of the surrounding environment on performance
Technology	Evaluating effect of technology on performance
Systems	Used to uncover system failures and/or understand system level operations
Patient	Used to describe individual or team performance for specific patient conditions

Abstract Submission for International Meeting for Simulation in Healthcare (IMSH)

Generally all abstract submissions for IMSH in any given year is the first week of June.

All abstracts will be uploaded by the director of operations to ensure the center can address any queries and challenges that may arise from the submission.

The Society for Simulation in Healthcare set the limits on word count for the abstract. The past few years, each of the sections; Introduction, Methods, Results, and Conclusion had 1,000 character incl. spaces limits. There was no limits on references, and they allowed for a single attachment for graphic/visual. The format requirements are usually published in April each year.

If/when the abstract gets approved, the simulation program office will supply you with a poster presentation template (.ppt) to begin working on your poster presentation. The program office will get the poster printed for you to take to the conference.

Podium Presentation Submission for International Meeting for Simulation in Healthcare (IMSH)

Generally all podium presentation submissions for IMSH in any given year is the first week of June.

All podium presentations will be uploaded by the director of operations to ensure the center can address any queries and challenges that may arise from the submission.

The format requirements are usually published in April each year.

The simulation office will work with you to provide administrative support leading up to the presentation.

Abstracts and Podium Presentation Submission for Other Healthcare Conferences

Submission requirements for other healthcare conferences will vary based on their requirements. The simulation program office will assist you in reviewing and submitting.

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Appendix 15

File Plan

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