



MetroHealth

Simulation Center

Policy and Procedure Manual

MetroHealth Simulation Center Staff

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MetroHealth
Simulation Center

Our Vision

Offer a world class simulation program that promotes sharing of clinical knowledge and skills across disciplines and practitioner populations to improve the quality and safety of patient care in our region and beyond.

Our Mission

The MetroHealth Simulation Center is an interdisciplinary training facility committed to the MetroHealth mission by providing innovative education and training leading to outstanding healthcare for our patients.

Our Motto

“It’s All About the Patients”



MetroHealth
Simulation Center

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Please take a few minutes to thoroughly read and understand the following Policies, Procedures and Guidelines for use.

1. General Information

- a. Location – The MetroHealth Simulation Center (MHSC) is located within the MetroHealth Medical Center Main Campus on the ground floor of the Hamman Building Room HG-32.
- b. Contact Information
 - Address:**
MetroHealth Simulation Center.
2500 MetroHealth Drive, HG-32
Cleveland, Ohio, 44109
 - Phone:** (216) 778-7826
 - Website:** www.metrohealth.org/sim
- c. Personnel – See Policy 2
- d. Hours of operation – MHSC generally operates 8:00 am to 4:00 pm Monday through Friday. “After hours” and weekend programs are possible, but require approval in advance by the MHSC administration.
- e. All faculty must have on file a signed *Acknowledgement of MHSC Policies and Procedures* form (Attachment A)
- f. In-Situ programs – These programs take place in real clinical settings (pre-hospital, medical transport, outpatient clinics, hospital units) and account for a portion of MHSC activities.
- g. Food and Beverages – Refreshments are permitted only in the reception area and debriefing room. No food is allowed in MHSC simulation rooms.
- h. Photography and Video – See MHSC Policy 8. All participants must have on file a signed and dated *Authorization Release for Photography and Video* form (Attachment B)
- i. Dress Code:
 - i. Staff and instructors are expected to always present a professional appearance.
 - ii. Participants are expected to wear appropriate attire for their department or organization and for the simulation program.
- j. Contact Information - All MHSC faculty and instructors must provide the MHSC administration current contact information. Participants will provide email; this will be entered into the B-Line system.
- k. Printing and photocopying is not available at the simulation center for learners/participants. Faculty and instructors are encouraged to print educational materials prior to arrival. Faculty may be granted permission from the MHSC Manager to photocopy under extenuating circumstances.
- l. Restrooms are available within the simulation center for individuals involved in MHSC programs.
- m. MHSC is not responsible for any loss or damage to personal property brought into the facility, including any rooms or other

locations. You may report any items lost or found to the MetroHealth Police.

2. Equipment and Facility Usage

- a. The MHSC is available for use by MetroHealth clinical departments and educational programs. It may be used by collaborators and outside organizations as approved by the MHSC Medical Director.
- b. All programs must be initiated through a *Request for Simulation* form (Attachment E)
- c. A consult with the MHSC staff must be completed to review expected program content, space requirements, and equipment needs prior to scheduling (see Policy 5 – New Program Development)
- d. Scheduling programs – see Policy 11- Program Scheduling.
- e. Changes to room configurations, equipment, or other aspects of the program must be made at least 48 hours in advance of the event.
- f. MHSC facilities and resources are to be used exclusively for events that involve simulation rather than other meetings, lecture classes, or conferences which should be held in general classrooms or conference rooms in other locations.
- g. MHSC has several types of simulators. All instructors and participants must be familiar with the basic functions of the equipment for their simulation program. Not all aspects of the simulators need to be addressed, just those that are pertinent to the specific course. If a client desires more in-depth information about how to operate or program a simulator, an appointment can be made with the MHSC staff.
- h. Equipment and supplies identified in the program request and development process will be provided by MHSC if available. There may be specialized equipment and supplies that are not available within MHSC. This will be addressed in the planning phase and will be the responsibility of the requesting Lead Faculty.
- i. The equipment and supply lists will be confirmed with MHSC staff during the planning process.
- j. Equipment will be inspected prior to the start and upon completion of all courses. Any damage beyond normal wear and tear to MHSC equipment during the course is the responsibility of the Lead Faculty and respective department. The department will be billed for the costs associated with repair/replacement.
- k. Troubleshooting – A MHSC staff member will be available during the program to troubleshoot all equipment. In the event that equipment is malfunctioning, he/she will attempt to repair the equipment. If the equipment cannot be repaired, a replacement will be provided, if possible. Rarely, a program may need to be rescheduled due to equipment failure.

3. Materials Used in MHSC Programs

- a. Latex – MHSC is NOT a latex-free facility. If you have a latex allergy, use the same protective measures employed by The MetroHealth System.
- b. Medication Usage – Simulated medications are used within MHSC and during in-situ programs. All individuals are responsible for assuring that simulated medications, vials, bags, syringes are left in the MHSC facility or with the MHSC manager for proper handling. See Policy #10.
- c. Written and electronic materials (scenarios, cases, checklists, evaluations, etc.) developed in conjunction with MHSC for simulation programs shall be managed and maintained by MHSC. MHSC may use these resources for other programs.

4. Audio-Video Recording

- a. Debriefing is an essential component of quality simulation programs. AV recording of simulation activities, programs, and scenarios is a powerful tool, allowing learners and instructors to immediately review and provide feedback on performance.
- b. MHSC includes a fully integrated AV recording system including cameras in each simulation room and auxiliary inputs (potentially useful for EPIC, ultrasound, laparoscopic cameras, endoscopic cameras, and other components).
- c. A mobile AV recording cart, fully integrated with the main system, is available for use with scheduled in-situ programs. This must be operated by the MHSC manager.
- d. Small handheld cameras are available for use when needed. These may be operated by MHSC Faculty and Instructors.
- e. Recordings will be stored, maintained, and deleted by MHSC according to Policy – Audio/Video Recording and Photography. See Policy 8.
- f. MHSC Faculty may wish to create a more permanent AV record by downloading recordings of their learners. MHSC can set appropriate permissions in the software to facilitate this process. Instructors who do this, assume responsibility for these recordings and must abide by the Confidentiality and Authorization Release for Photography and Video (Attachment B & C) completed by the included learners.

5. Faculty and Instructor Activities

- a. It is in the best interest of learners, participants, and the Mission of MHSC to assure that faculty incorporates sound simulation-based methods in their programs. To this end, faculty and instructors are

expected to complete required educational programs. See Policy #12.

- b. Faculty must complete designated training in order to schedule programs with MHSC. This includes completing available LMS Modules and attesting familiarity with MHSC Policies and Procedures.
- c. To assure a standard, high-quality learner experience, the lead faculty for each department is responsible for assuring that all adjunct Instructors have reviewed the Instructor Guide and are appropriately trained to perform simulation-based instruction.
- d. The MHSC can refuse the use of MHSC resources to those who have not completed appropriate preparation.
- e. MHSC Faculty are strongly encouraged to participate in the broader healthcare simulation community on a regional, national, and international level. This may include research, publications, and presentations. Appropriate recognition of MHSC-affiliation should be included in such activities. See Policy #16
- f. A high degree of collaboration between MHSC faculty and instructors is encouraged in the development of multidisciplinary and multi-specialty programs, research projects, and presentations
- g. Collaboration with other institutions and simulation centers is encouraged. The MHSC Medical Director and Manager are available to provide assistance in allocating resources and should be involved in the planning process. Approval of the MHSC Medical Director is required for projects that involve use of MHSC resources.

6. Creating a Program / Course

- a. A “Request for Simulation” (Attachment E) is required for all programs in order to properly design a high-quality simulation program. Various elements must be addressed and all sections must be completed. MHSC manager and Medical Director will work with faculty to complete the request.
- b. MHSC staff will work with lead faculty prior to the program date to assure that the program is implemented in accord with elements of the Request for Simulation and pre-planning meeting(s).
- c. Simulation cases must be developed based on sound educational or testing methodology, including clear goals, objectives, outcomes, and evaluation metrics.

7. Conducting a Program / Course

- a. Lead Faculty will provide a list of participants to the manager at least 48 hours prior to the program so they may be entered into the management software.

- b. Faculty and Instructors should arrive prior to the scheduled program, allowing enough time to confirm with the MHSC staff that all resources are in place for a successful program.
- c. Control Room - In order to provide high-quality programs, MHSC Manager has the final authority to determine who can be in the control room at any time. Learners/participants are generally not allowed in the control room. Faculty and instructors are allowed in the control room to observe and direct simulations for their learners. Verbal conversations should be kept to a minimum while a scenario is running.
- d. Learners/participants should congregate in the reception area prior to the start of the program. When not actively participating in a scenario or training activity, participants should remain in the reception area, in the outer lobby, or in the conference room.

8. Program Cancellation

- a. Courses may be cancelled or denied due to lack of available resources or scheduling restrictions.
- b. If circumstances arise within MHSC that prevent program execution, including equipment, space or personnel issues, MHSC staff will contact lead Faculty as soon as reasonably possible after the issue is discovered. MHSC will work with Faculty to resolve the issue in order to arrive at a solution or reschedule the program.
- c. MHSC will follow the MetroHealth System policies and reserves the right to cancel simulations based on inclement weather.
- d. If faculty must cancel a program, they must contact the MHSC administration no later than 48 hours prior to the program to prevent unneeded set-up/reparation.
- e. Professional courtesy dictates that lead faculty notifies MHSC as soon as possible so as to free up resources for other departments.
- f. Faculty is responsible for notifying participants/learners of course cancellations.
- g. Participants who are unable to attend a program should notify the lead faculty directly, rather than MHSC.

9. In-Situ programs – Special Considerations

- a. Lead faculty will assist the MHSC Manager in securing appropriate clinical space and equipment for in-situ programs. See policy #7.
- b. Lead faculty and Instructors will assist the MHSC staff with restoring the clinical space after a program to assure that all simulation materials, supplies, equipment are cleared and the environment is returned to its pre-program state.
- c. Practical measures will be taken by Faculty, Instructors and MHSC staff to assure insulation of simulation activities from patients, family, and visitors. Reasonable efforts will be made to inform

individuals that a simulation event is taking place to minimize alarm and disruption.

10. Standardized Patients / Professionals (SPs)

- a. SPs are incorporated in simulation programs as one of the many methods to achieve stated objectives of a program or scenario. See policy #20.
- b. SPs roles and scripting are incorporated as part of the program development process.
- c. MHSC recruits SPs for specific programs and maintains a database of eligible individuals which characteristics important to link specific SPs to program requests.
- d. MHSC provides SP training to consistently and reproducibly portray a real encounter. MHSC staff and Faculty collaborate on SP program-specific scripting and training.
- e. The Standardized Patient Manual (Attachment H) provides guidelines to assist instructors in working with SPs and the development of detailed scenarios.

11. Precautions, Safety, Security

- a. While practicing skills at the simulation center, learners should practice the same safety precautions that they would follow in a clinical setting. Learners will be expected to use the same universal precautions.
- b. Hand washing or use of hand sanitizers shall be part of practice in the simulation center.
- c. Fire Evacuation plans – in the event of a fire, the simulation center must be evacuated according to the plans set out by MetroHealth Medical Center.
- d. Medical Emergencies – Any medical emergency occurring at the simulation center will be treated as it would be anywhere else on the MetroHealth Campus.
- e. Sharps – It is the joint responsibility of both learners and instructors to ensure that all sharps used during a session (i.e. IV needles, suture needles, scalpels) are disposed of properly and safely in sharps containers before leaving. Under no circumstances may sharps or supplies be removed from MHSC or in-situ simulation areas.
- f. All injuries shall be reported to the MetroHealth Simulation Faculty/ Staff immediately. See policy #18.

12. Conduct

- a. All Faculty, Instructors, and Participants are expected to support the mission of the MetroHealth Simulation Center. All should

exercise the highest level of professionalism, integrity, ethics, and mutual respect.

- b. All simulation center users, including learners, instructors and standardized patients, are expected to be punctual.
- c. Out of consideration for other programs taking place at the simulation center users are asked to keep noise to a minimum.
- d. Users must remain in the space or spaces designated to their session and not wander the simulation center unless accompanied by a simulation center staff member.
- e. Access to the store room and utility room is restricted to simulation center staff only.
- f. Unauthorized photography and AV recording is not permitted in the simulation center. Anyone requiring photographs for a presentation or poster must obtain permission from the MHSC Manager who will ensure that written consent is obtained from anyone featured in the photographs.
- g. MHSC administration reserves the right to suspend privileges of Faculty, Instructors, or Participant/Learners for misconduct or misbehavior. A notice will also be sent to the appropriate department Chair notifying him/her of the reason for the individual(s) suspension. Reinstatement may take place after appropriate remediation and agreement between the MHSC Director, applicable Department Chair and Chief Medical / Nursing Officer.
- h. Anyone found intentionally damaging MHSC property or removing property or supplies from the simulation center without permission will be reported to the appropriate Faculty, supervisor(s), and MetroHealth Police Department

13. Confidentiality

- a. Due to the nature of the programs that take place at the MetroHealth Simulation Center, confidentiality is of utmost importance. Faculty learners and instructors agree to not discuss program content outside of the program. This helps to preserve the experience for others.
- b. Learner performance data is available to only that individual learner, MHSC staff and Program Faculty / Instructors who must maintain confidentiality in accordance with MHMC Education policies.
- c. Standardized patients agree that they will not disclose any information related to MetroHealth Simulation Center programs.
- d. Many MHSC programs are recorded to facilitate immediate debriefing and review of performance. MHSC Faculty, Instructors, Staff, and Learners/Participants may review relevant recordings using the management system. MHSC assigns appropriate levels of security access within the system. See Attachment B & C.

14. Reporting Problems / Issues

- a. Equipment – Malfunctioning equipment must be reported to the simulation staff who will attempt to resolve the issue. If the issue cannot be resolved, a room change or equipment replacement will occur whenever possible.
- b. Human Resources – For concerns about staff or instructors, please contact the MHSC Director.

15. Miscellaneous

- a. MetroHealth System Policies and Procedures complement those stated in this document, but supersede those of MHSC if there is a conflict.

MetroHealth Simulation Center

Mission / Motto	POLICY No: 1
Originated By: MetroHealth Simulation Center	Original date: April, 2012
Revised: NA	Approval: DRAFT

I. **POLICY:** The MetroHealth Simulation Center (MHSC) will establish and abide by its founding mission and motto.

II. **PURPOSE:** The mission and motto reflect the guiding principles for MHSC operations and resource allocation.

III. **SCOPE:** The MetroHealth Simulation Center

IV. **DEFINITIONS:**

A. MHSC Mission

“The MetroHealth Simulation Center is an interdisciplinary training facility committed to the MetroHealth mission by providing innovative education and training leading to outstanding health care for our patients.”

B. MHSC Motto

“It’s All About the Patients”

I. **CROSS REFERENCE:**

II. **ATTACHMENT:**

MetroHealth Simulation Center

Organization & Personnel	POLICY No: 2
Originated By: MetroHealth Simulation Center	Original date:
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) is organized in such a way as to take advantage of the skills, training, and experience of an interdisciplinary team of healthcare professionals, administrators, and support staff serving the MHSC mission.
- II. **PURPOSE:** This policy outlines the organization, roles and responsibilities of MHSC-affiliated personnel.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. Medical Director - Responsible for oversight and direction of all MHSC activities including strategic planning, allocation of resources, program development and execution. Works with all other MHSC personnel to assure resources are in place to execute high quality programs that serve the MHSC mission.
 - B. Administrative Director - Responsible for administrative direction and oversight including strategic planning, budget allocation, human resources issues, policy adherence, and alignment of MHSC operations within the MetroHealth System.
 - C. Manager - Responsible for day-to-day operations of MHSC, program planning and implementation, simulator programming, moulage, equipment management, AV system operations, and data management. Works with Director and Faculty to design and implement simulation scenarios and programs. Actively participates in strategic planning. Oversees operations to assure that MHSC policies are followed and programs are carried out as planned. Supervises activities of (future) simulation technician.
 - D. Administrative Assistant – Assists Directors and Manager in program scheduling, data entry and management, purchasing, meeting support, and day-to-day operations.
 - E. Faculty - Healthcare professionals specifically trained in simulation methods. Training includes all applicable aspects of simulation pertinent to their specialty (program planning, scenario design, simulation equipment, debriefing, designing and implementing evaluation metrics). MHSC faculty serve as lead simulation instructors for their department or division. They are responsible for coordination of programs within their department, working in conjunction with MHSC Director and Manager. They must show evidence of training

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and continued professional development in simulation methods via internal or educational offerings.

- F. Instructors - Under the direction of MHSC Faculty, instructors support simulation programs by facilitating/directing scenarios, providing procedure-specific instruction, participating in / leading debriefing sessions, performing evaluations. Instructors tend to be faculty, residents, CNS, or other departmental educators recruited on an “ad hoc” basis. MHSC faculty are responsible for assuring proper training of instructors (using MHSC or other applicable educational materials) to provide a reliable, standard level of quality for the learners.
- G. Confederates - Individuals from a variety of backgrounds who role-play within the scenario based on defined elements, often taking direction from scenario director/instructor.
- H. Standardized patients/professionals - Standardized patients (SPs) are individuals specifically trained to reliably and reproducibly portray patients, family members, healthcare professionals, or others to provide learners with an opportunity to practice vital assessment and communication skills.
- I. Learners/Participants - Individuals from a variety of backgrounds who participate in simulation programs with the goal of improving clinical skills, healthcare quality, and patient safety through training, education, evaluation, and feedback.
- J. Observers - Individuals from a variety of backgrounds who wish to observe simulation programs for the purpose of general information, collaboration, public relations, or MHSC support.

V. PROCEDURE:

- A. Organization
 - 1. The organization of MHSC is designed to serve the MHSC mission. The overriding spirit is one of collaboration and teamwork.
 - 2. The MHSC Medical Director and Administrative Director each report to the Chief Medical Officer.
 - 3. The MHSC Manager reports to the Medical Director and Administrative Director for all matters related to MHSC operations.
 - 4. The MHSC Faculty work collaboratively with the Medical Director, Manager, Instructors and each other to design and implement high-quality simulation programming.
 - 5. The Administrative Assistant reports to the Administrative Director to support MHSC operations.

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VI. CROSS REFERENCE:

VII. ATTACHMENT:

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Hours of Operation / Off-Hours Use	POLICY No: 3
Originated By: MetroHealth Simulation Center	Original date: October, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) resources, including personnel, space, equipment and supplies are available during limited times.
- II. **PURPOSE:** To establish and define the hours of operation and guidelines for off-hours use of MHSC resources.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. Hours of operation – MHSC generally operated 8:00 am to 4:00 pm Monday through Friday.
 - B. MHSC is accessible off-hours (evenings, nights, weekends) only in the presence of the MHSC Director or Manager.
 - C. Off-hours programs are possible but require special approval by the MHSC Director in consultation with the Manager.
 1. Requests for off-hours programs need to be made when the *Request for Simulation* form is submitted.
 2. Off-hours programs may include:
 - a) CME/CE programs
 - b) Programs for learners / participants who work evening, night and/or weekend shifts.
 - c) Programs that require such scheduling for realism, particularly with regards to systems or process improvement.
 - D. MHSC operates a Surgical Skills and Procedures Satellite (SSPS) to afford trainees the opportunity to practice skills off-hours.

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1. SSPS is located on the 5th floor of the Hamman Building, Room 577 Code: 3-1-4.
 2. The room is accessed via key pad (code: 3-1-4) and is monitored.
 3. Access must be approved by MHSC administration and the applicable clinical department. Each department has responsibility over their learners. Access may be revoked if an individual is found to be in violation of MHSC policies.
 4. Damage to equipment beyond normal wear and tear is the responsibility of the individual trainee and his / her department.
 5. Intentional damage or removal of equipment from SSPS is prohibited and will be reported to an individual's supervisor and the MetroHealth Police Department.
- E. Equipment lending (task/procedure trainers) for off-hours use by trainees is generally not available outside of scheduled MHSC programs

VI. CROSS REFERENCE:

VII. ATTACHMENT:

MetroHealth Simulation Center

Confidentiality	POLICY No: 4
Originated By: MetroHealth Simulation Center	Original date: October 30, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC), its staff, faculty, instructors, and learners/participants agree to maintain the confidentiality of the Learners/Participants as it relates to their performance and the content of MHSC programs.
- II. **PURPOSE:** To maintain the confidentiality of MHSC program content and Learner/Participant performance in order to create a beneficial and safe environment for learning and evaluation.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. Simulation Management System (SMS) – The Simulation Center is currently using the “B-Line” system which includes AV recording capabilities (via cameras and microphones within MHSC and on a mobile cart), management software, digital storage, associated hardware and software.
- V. **PROCEDURE:**
 - A. All users of MHSC resources including staff, faculty, instructors, learners/participants, and standardized patients/professionals will sign a Confidentiality and Authorization Release for Photography and Video (Attachment).
 - B. All users of MHSC resources agree not to discuss program content outside of the program in order to preserve the experience for others.
 - C. Learner performance data is available to only that individual learner, MHSC staff and program-specific faculty and instructors.
 - D. Standardized patients / professionals agree not to disclose any information outside of the program regarding program content or learner performance.
 - E. Individuals found to be in violation of this policy or the Confidentiality and Authorization Release for Photography and Video, will have their MHSC privileges immediately suspended. A report will be made to that individual’s supervisor and the appropriate disciplinary bodies.

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I. **CROSS REFERENCE:**

II. **ATTACHMENT:**

Attachment B – Confidentiality and Authorization Release for Photography and Video

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New Program Development & Implementation	POLICY No: 5 (Attachment - E, F, G)
Originated By: MetroHealth Simulation Center	Original date: September, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC), its faculty, staff, and instructors will follow this procedure to develop and implement new simulation programs.
- II. **PURPOSE:** To provide a standardized, efficient process for program development using the resources of the MetroHealth Simulation Center.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Staff, Faculty, Instructors - see policy 2
- V. **PROCEDURE:**
 - A. Request for Program
 1. MHSC Faculty will complete a “Request for Simulation Program” (Attachment E) and submit to the MHSC Manager no later than 6 weeks prior to the anticipated program date. The form will include all elements of sound education program design including goals, objectives and evaluation metrics.
 - B. Request Review
 1. Within 1 week of submission, the MHSC Manager will review the request and schedule a planning meeting with the MHSC Director, Manager, and requesting Faculty to review program details, assuring mutual understanding of program needs and design elements.
 2. MHSC Medical Director and Manager will work with Faculty to optimize program design to assure desired output.
 3. MHSC Medical Director and Manager will work with Faculty to outline required resources to execute the program.

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C. Program Scheduling

1. Following receipt of the “Request for Simulation Program” form, the MHSC Manager will work with requesting Faculty to schedule the program considering program needs, scheduling restraints, and MHSC resources.
2. The program will be tentatively scheduled on a “first-come, first served” basis. After the planning meeting occurs, the final date(s) will be confirmed based on appropriateness, completeness, and readiness.
3. If two or more programs request the same date/time, every reasonable effort will be made on the part of the MHSC to accommodate each request based the order of request confirmation and available resources. This may require Faculty to assume additional responsibility for program execution (ie. “running the mannequin”, set up, take down, etc). It is expected that this will be handled in a collegial manner in keeping with the MHSC Mission.
4. If a program cannot be accommodated at the requested date/time, every effort will be made to find a mutually acceptable alternative.

D. Cancellation

1. Every effort must be made to carry out a program once a date is confirmed. MHSC is a shared resource across virtually every department within the MetroHealth System. Considerable resources go into planning and implementation for each program. Cancelling a program has obvious implications for efficiency, resource utilization and lost opportunity for other departments.
2. On the rare occasion when a program must be cancelled by the requesting Faculty, that individual must notify the MHSC Manager by email immediately - no later than 2 weeks prior to the scheduled program. Faculty are encouraged to build redundancies in the program structure to allow for unexpected illness, limited resources, etc.
3. Every effort will be made to avoid cancellation on the part of MHSC by providing overlapping resources in the form of support personnel and proactive Faculty training. On the rare occasion when a program must be cancelled by MHSC, the MHSC Manager or Medical Director will notify the requesting faculty immediately. The program will adjusted, if possible, or be rescheduled altogether.

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E. Dry Run

1. A “Dry Run” may be necessary prior to a program date. This is done to assure all elements for a successful program are in place prior to execution. Generally, this will be applicable to complex or “high-stakes” programs.
2. The “Dry Run” may be requested by the MHSC Director, Manager or program Faculty. Recognizing that this may lead to adjustments in the final program, it will be scheduled no later than 48 hours prior to the program.

F. Evaluation

1. As a quality assurance measure, the MHSC Manager, Medical Director and program Faculty will conduct a post-program debriefing and evaluation. The information garnered from this process will be used to improve future programs.
2. The post-program debriefing & evaluation should take place immediately following the program using in-person communication as well as written/electronic feedback tools.

VI. **CROSS REFERENCE:**

VII. **ATTACHMENT:**

Attachment E – Request for Simulation Form

Attachment F – Template for Simulation Case

Attachment G – Evaluation Form

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Established Programs	POLICY No: 6 (Attachment E)
Originated By: MetroHealth Simulation Center	Original date: October, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) encourages the use of established programs to efficiently serve a large number and variety of learners/participants over time
- II. **PURPOSE:** To outline the process for conducting programs that have previously been developed and executed.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. Established programs – those programs that have been previously developed and executed at least once. These programs are generally intended to be repeated to serve a large number and variety of learners over an extended period of time. – see Policy 6
- V. **PROCEDURE:**
 - A. New programs are developed according to Policy 5 – New Program Development.
 - B. Scheduling is conducted according to Policy 11 – Program Scheduling.
 - C. Established programs must have a completed *Request for Simulation* form (Attachment E) on file.
 - D. Lead Faculty must provide any updates/alterations to previous program in a reasonable timeframe to the MHSC Manager (no later than 2 weeks prior to the program).
 - E. Lead Faculty must provide an updated list of instructors and learners no later than 1 week prior to the program.

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- F. MHSC may request further information or clarification prior to the program. Lead Faculty are responsible for responding to such requests in a timely fashion. Failure to do so may result in cancellation and/or rescheduling of the program.

VI. CROSS REFERENCE:

Policy 5 – New Program Development

Policy 11 – MHSC Program Scheduling

VII. ATTACHMENT:

Attachment E – Request for Simulation

MetroHealth Simulation Center

In-Situ Programs	POLICY No: 7 (Attachment M)
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center conducts in-situ programs at the request and with the assistance of departmental lead faculty to help achieve defined program objectives.
- II. **PURPOSE:** To outline the procedure for the execution of in-situ programs for MHSC.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. In-situ – in a real clinical environment / at the point where clinical care is delivered.
- V. **PROCEDURE:**
 - A. Program requests will be made in accordance with New or Established program policies, as appropriate (see policies 5 and 6).
 - B. During the program development phase, a program will be identified as ‘in-situ’. Development and planning must take into account the special requirements for preparation and execution. A clear delineation of needs and responsibilities among MHSC staff and faculty will be made.
 - C. The MHSC staff members require access to the in-situ environment prior to the start of the program to set up simulators and equipment. The time and resources necessary to accomplish this will vary based on the program. This will be defined during the planning stages.
 - D. Lead faculty members are responsible for working with their respective department to secure appropriate space and personnel to conduct in-situ programs.
 - E. MHSC staff will create a checklist or similar tool to aid in accounting for all simulation equipment and supplies taken into the clinical environment. This checklist will be used to assure that all simulation

MetroHealth Simulation Center Policies and Procedures

equipment and supplies are removed from the environment at the conclusion of the program.

- F. Any simulated medications used will be labeled appropriately so as to clearly identify them as simulation-use only / not for patient use.
- G. A sweep of the area will be conducted by both an MHSC staff member and the lead faculty member prior to leaving the area and making it available for clinical use once again.
- H. All reasonable efforts must be made to avoid disturbing existing patients. This is a shared responsibility among MHSC staff, faculty, instructors, and participants. Patient privacy must not be violated.

VI. CROSS REFERENCE:

Policy 5 – New Program Development

Policy 6 – Established Programs

VII. ATTACHMENT:

Attachment M – In-situ Program Checklist sample

MetroHealth Simulation Center

Audio-Video Recording and Photography	POLICY No: 8 (Attachment B, C)
Originated By: MetroHealth Simulation Center	Original date: October 30, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center creates audio-video recordings and still photography of simulation courses, programs, scenarios, and debriefings to aid in learner evaluations, debriefings, MHSC quality assurance and instructor/faculty education.
- II. **PURPOSE:** To outline the processes involved in the creation, usage, and storage of AV recordings and photography related to MHSC programs.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. Simulation Management System (SMS) – Currently, the “B-Line” system which includes AV recording capabilities (via cameras and microphones within MHSC and on a mobile cart), management software, digital storage, associated hardware and software.
- V. **PROCEDURE:**
 - A. Permissions
 1. All users of MHSC resources including Staff, Faculty, Instructors, Learners/Participants, and Standardized Patients/Professionals will sign a Confidentiality and Authorization Release for Photography and Video (Attachment B).
 2. Access to the SMS is protected via username and password. Individual usage is tracked within the system and is viewable by the MHSC staff.
 3. MHSC assigns permissions within the SMS commensurate with an individual’s role to access various capabilities including viewing and downloading recordings.

MetroHealth Simulation Center Policies and Procedures

- a) MHSC Director and Manager have full administrative permissions, as do support personnel from MetroHealth Information Services and SMS (B-Line) technical support.
 - b) Faculty are able to view and download recordings of their departments' programs.
 - c) Instructors are able to view recordings of programs in which they participate.
 - d) Learners/Participants are able to view their own recordings.
 - e) Additional permissions may be granted for the purpose of training and quality assurance.
4. The use of cameras and personal recording devices including "smart phones" by participants/learners, instructors, and faculty is prohibited.

B. Storage

1. Location – recordings are stored on MHSC servers, currently located at the Old Brooklyn campus. They are maintained and secured by Information Services.
 - a) Recordings created within MHSC are immediately uploaded to the main server.
 - b) Recordings created using the mobile cart are stored on the local device ("SimCapture" tower) and later uploaded to the server.
2. Duration – As storage space is limited, recordings will be maintained for a limited period of time.
 - a) For routine programs, recordings will be stored for a period of 3 months.
 - b) On or about the first day of the month, recordings greater than three months old will be deleted by MHSC staff.
 - c) At the discretion of the MHSC Director or Manager, or at the request of Faculty, specific recordings may be maintained for longer periods for the purposes of instruction or quality assurance.
 - d) MHSC Faculty may wish to create a more permanent record by downloading recordings of their learners from the SMS. Instructors who do this assume responsibility for these recordings and must abide by the Confidentiality

MetroHealth Simulation Center Policies and Procedures

and Authorization Release for Photography and Video
(Attachment B) completed by their learners.

C. Usage

1. Recordings are not to be disseminated or used for purposes other than those outlined here, commensurate with the MHSC Mission.
2. Recordings are to be used for the following purposes
 - a) Debriefings
 - b) Learner evaluations
 - c) Instructor education and evaluations
 - d) MHSC quality assurance and improvement
3. Occasionally, MHSC may have a need to use recordings for demonstration, presentation or public relations purposes. In this case, special written permission will be obtained from all identifiable individuals.

I. **CROSS REFERENCE:**

Policy 2 – Organization & Personnel

II. **ATTACHMENT:**

Attachment B – Confidentiality and Authorization Release for
Photography and Video

Attachment C – Authorization Release for Photography and Video for
Educational, Promotional, and Marketing Purposes

MetroHealth Simulation Center

Tours and Observers	POLICY No: 9
Originated By: MetroHealth Simulation Center	Original date: October 30, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) welcomes tours and observers with permission from the Director or Manager.
- II. **PURPOSE:** To outline the process and circumstances under which tours and observers are allowed within the Center and its in-situ programs.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. Permission for tours and observations must be requested from the MHSC Director or Manager prior to the time of the event.
 1. Permission will generally be granted to groups and individuals interested furthering the MHSC mission via collaboration on program development, research, or funding opportunities.
 2. Permission will generally be granted to MetroHealth clinical departments for the purposes of recruitment and orientation.
 - B. A responsible individual must be designated as the point of contact for all tour groups. This individual will be responsible for the conduct of the group.
 - C. Tour participants and observers must maintain the confidentiality of Learners / Participants and must not disclose details related to specific learner performance or program content.
 - D. Observers are not permitted to photograph or video record MHSC Learners / Participants without written permission from the Director and each Learner / Participant involved.
 - E. Observers are not permitted to photograph or video record MHSC equipment or facilities without the permission of the MHSC Director or Manager.

MetroHealth Simulation Center Policies and Procedures

- F. Observers are to be escorted in MHSC at all times by MHSC Staff or Faculty.
- G. During active programs, observers are asked to keep conversations and noise to a minimum.
- H. Tours or observations by members of the media must be coordinated through the MetroHealth Media Relations Department, following all applicable MetroHealth System policies and procedures.

VI. CROSS REFERENCE:

VII. ATTACHMENT:

MetroHealth Simulation Center

Medical Supplies and Simulated Medications	POLICY No: 10
Originated By: MetroHealth Simulation Center	Original date: October, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** Medical supplies and simulated medications are used in MetroHealth Simulation Center (MHSC) programs to provide learners with an appropriate level of realism to practice and be evaluated on their clinical skills. Reasonable precautions are taken to distinguish simulation supplies and simulated medications from real medications.
- II. **PURPOSE:** To delineate a process for the safe and effective use of supplies for simulation and simulated medications in MHSC programs.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. General
 1. MHSC works with representatives from the MetroHealth Pharmacy to adhere to MetroHealth System Policies and Ohio Board of Pharmacy Guidelines for the use of simulated medications for healthcare provider training and evaluation.
 2. Real medications are not to be used in MHSC programs.
 3. MHSC Staff, Faculty and Instructors share the responsibility for monitoring adherence to this policy among Learners / Participants.
 4. Expired and discarded medical supplies that have not been in direct contact with patients are often used in MHSC. Appropriate measures are taken to distinguish them as such and to prevent them from re-entering the real clinical realm.

MetroHealth Simulation Center Policies and Procedures

- B. Preparation and storage of simulated medications and medical supplies
 - 1. Medication containers, including vials, bags, bottles, etc, must be emptied of real medications and disposed of according to MetroHealth System Policies.
 - 2. Empty containers are filled with (??) to simulate medication. Modifications using non-toxic ingredients may need to be made to specific simulated medications (eg. propofol) to achieve a realistic appearance.
 - 3. Medication containers will be clearly and appropriately labeled to distinguish them from real medications.
 - 4. Simulated medication containers are stored either within the MHSC on a mobile cart for in-situ programs. The mobile cart is secured during transport and controlled during programs by MHSC staff.
 - 5. Medical supplies are secured within MHSC and are made available for simulation programs. Medical supplies are not to be removed from MHSC any faculty member, instructors, standardized patients, or participants.
 - 6. MHSC Staff may provide medical supplies for in-situ programs. Such supplies will be clearly labeled so as to indicate that they are for simulation purposes only and not for patient use. (See policy VV – in-situ programs).
- C. Simulated medication use during programs and scenarios
 - 1. Faculty members will provide a list of required medications, concentrations and amounts likely to be used in a program as part of the program planning process.
 - 2. MHSC staff will ensure that simulated medications will be made available during programs and scenarios as outlined in the program planning process.
 - 3. Only simulated medications provided and prepared by MHSC will be used in MHSC programs.
 - 4. Simulated medications are not to be removed from MHSC or from the immediate area of an in-situ program by faculty members, instructors, standardized patients, or participants.
- D. Clean up
 - 1. For programs that take place within the simulation center, MHSC staff will clean up and store simulated medications.

MetroHealth Simulation Center Policies and Procedures

2. For in-situ programs, MHSC staff, faculty, and instructors will aid in “sweeping” the environment to ensure that simulated medications are removed from the clinical setting. MHSC Staff will store and return simulated medications to the simulation center. (see policy 7 – in-situ programs)

VI. CROSS REFERENCE:

Policy 2 – Organization & Personnel

Policy 7 – In-Situ Programs

VII. ATTACHMENT:

MetroHealth Simulation Center

Program Scheduling	POLICY No: 11
Originated By: MetroHealth Simulation Center	Original date: October, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** Considerable resources go into planning and implementation for simulation programs. Those requesting to use MetroHealth Simulation Center (MHSC) personnel, equipment, and/or space for execute scenarios, programs, and courses must follow this established procedure to schedule appropriate resources.
- II. **PURPOSE:** To establish a procedure for scheduling and allocating MHSC resources.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. MHSC Equipment – includes simulators, task/procedure trainers, supplies, AV recording equipment, and other pieces acquired and maintained by MHSC.
 - D. New Programs – those programs that have been developed but have yet to be executed for the first time.
 - E. Established programs – those programs that have been previously developed and executed at least once. These programs are generally intended to be repeated to serve a large number and variety of learners over an extended period of time.
- V. **PROCEDURE:**
 - A. Program scheduling requests must be generated by MHSC Faculty.
 - B. The MHSC schedule is accessible in the Simulation Management System (SMS) – currently “B-Line”. MHSC Staff, Faculty, Instructors, Standardized Patients/Professionals, and Learners/Participants are able to view this schedule via secure log-on & password-protected interface.

MetroHealth Simulation Center Policies and Procedures

- C. New programs are initiated via a “Request for Simulation” (Attachment E) and follow the “New Program Development” policy - 5. Scheduling will take place during the development process.
- D. Established programs must follow the “Established Programs” policy - 6. Scheduling request must be made in writing/email to the MHSC Manager no later than 4 weeks prior to the anticipated date of the program.
- E. Scheduling generally takes place on a “first come, first-served” basis and with consideration of program appropriateness, completeness, and readiness.
- F. Scheduling considerations include program needs, scheduling restraints, and available MHSC resources.
- G. Conflicts - If two or more programs request the same date/time, every reasonable effort will be made on the part of the MHSC to accommodate each request based the order of request confirmation and available resources.
 - 1. Resolution of conflict may require Faculty to assume additional responsibility for program execution (ie. “running the mannequin”, set up, take down, etc). It is expected that this will be handled in a collegial manner in keeping with the MHSC Mission.
 - 2. If a program cannot be accommodated at the requested date/time, every effort will be made to find a mutually acceptable alternative.
 - 3. MHSC Director will have final responsibility for resolving conflicts.
- H. Cancellation
 - 1. Every effort must be made to carry out a program once a date is confirmed. Cancelling a program has obvious implications for efficiency, resource utilization and lost opportunity for other departments.
 - 2. On the rare occasion when a program must be cancelled by the requesting Faculty, that individual must notify the MHSC Manager by email immediately - no later than 2 weeks prior to the scheduled program. Faculty are encouraged to build redundancies in the program structure and personnel to allow for unexpected illness, limited resources, etc.
 - 3. Every effort will be made to avoid cancellation on the part of MHSC by providing overlapping resources in the form of support personnel and proactive Faculty training. On the rare occasion

MetroHealth Simulation Center Policies and Procedures

when a program must be cancelled by MHSC, the MHSC Manager or Director will notify the requesting faculty immediately. The program will be modified if possible, or rescheduled if necessary.

VI. CROSS REFERENCE:

Policy 5 – New Program Development

Policy 6 – Established Programs

VII. ATTACHMENT:

Attachment E – Request for Simulation

Attachment O – MHSC Personnel and Roles

MetroHealth Simulation Center

Faculty and Instructor Resources and Training	POLICY No: 12 (Attachment D)
Originated By: MetroHealth Simulation Center	Original date: November, 2012
Revised: NA	Approval: DRAFT

- I. **POLICY:** To provide a quality experience for our learners, MetroHealth Simulation Center (MHSC) faculty and instructors must achieve and maintain skills and abilities specific to simulation-based education, training and evaluation. As a result, they are provided access to the full array of resources of MHSC.
- II. **PURPOSE:** To outline resources and training for MHSC Faculty and Instructors.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. Faculty and Instructors – See Policy 12
 - B. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
- V. **PROCEDURE:**
 - A. MHSC will provide an array of educational materials for faculty and instructors via the web page (www.metrohealth.org/sim), sharepoint site (mhsharepoint/mhsc), learning management system (LMS), and periodic distribution of supplementary materials.
 - B. MHSC will periodically offer instructor training programs for faculty and instructors to augment and practice their simulation-specific knowledge and skills.
 - C. MHSC will make simulation resources (personnel, equipment, space) available to Faculty for programs and courses in accordance with MHSC Policies and Procedures.
 - D. Faculty and Instructors must complete assigned LMS modules within 3 months of assignment in order to schedule programs with MHSC.
 - E. Lead Faculty are responsible for assuring that their instructors are adequately trained to provide a quality simulation experience for a given program. This will include providing details well ahead of program execution including learning objectives, scenario or procedure details, debriefing plans, and evaluation metrics.

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- F. Instructors are responsible for reviewing all program details as well as the “MHSC Instructor Guide” prior to a program.
- G. Faculty and Instructors are encouraged to participate in programmatic debriefings as a quality assurance measure.
- H. Faculty are expected to actively participate in regional and national simulation organizations including the Society for Simulation in Healthcare and those of their respective specialty societies.
- I. Faculty are encouraged to generate academic products resulting from simulation activity.

VI. CROSS REFERENCE:

Policy 2 – Organization and Personnel

Policy 5 – New Program Development

Policy 6 – Established Programs

Policy 11 – Program Scheduling

Policy 12 – Faculty & Instructor Resource and Training

VII. ATTACHMENT:

Attachment A – Acknowledgement of MHSC P&P Review

Attachment D – MHSC Instructor Guide

MetroHealth Simulation Center

Participant Emotional Stress	POLICY No: 13
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center provides a safe, supportive environment to facilitate programs for training and evaluation. MHSC takes measures to prevent undue emotional stress. In the rare event when participants experience undue emotional stress, MHSC provides a process to support the participant while serving the MHSC mission.
- II. **PURPOSE:** To establish guidelines for the prevention and management of unplanned emotional stress on the part of a participant.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. MHSC employs measures to optimize participant emotional activation level with the goal of achieving programmatic goals and objectives.
 - B. Participants are provided an orientation prior to their simulation program in part to decrease anxiety, improve comfort level with the experience, and focus them on the goals of the exercise.
 - C. MHSC staff, faculty, instructors and facilitators should be alert to identifying signs of unusual participant emotional stress.
 - D. If, during the course of a program, a participant is noted to show signs of unusual stress (eg. crying, “freezing”, outbursts), MHSC staff, faculty, instructors and facilitators should take measures to mitigate the extent and effects. Methods may include:
 1. Continuing the scenario with additional support
 2. Continuing the scenario, but ratchet down the realism/immersion
 3. Stopping the scenario and debriefing actions to that point.

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- E. The participant's emotional response/concerns should be debriefed in a private setting. MHSC will provide a space if necessary.
- F. The lead instructor for the program is likely to be most familiar with the individual and thus should take the lead in addressing the participant. He/she may delegate as appropriate.
- G. The lead instructor or his/her delegate is responsible for assuring that the participant's concerns are addressed appropriately. This may involve follow up after the program.
- H. At the discretion of the lead instructor or at the request of the participant, information about the Employee Assistance Program or the MetroHealth Department of Psychiatry, as appropriate, will be provided to the participant to aid in addressing concerns not adequately addressed to this point.
- I. The lead instructor must notify the MHSC Director of any situations considered to represent unusual emotional stress under this policy. This is done as a quality assurance measure for MHSC operations.

VI. CROSS REFERENCE:

VII. ATTACHMENT:

MetroHealth Simulation Center

Competency, Credentialing, and Certification	POLICY No: 14
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) provides resources to train and evaluate healthcare providers and other professionals, but does not certify competence, credential, or otherwise provide a warranty as to their capabilities. All activities of MHSC involving healthcare providers are considered quality assurance/quality improvement activities.
- II. **PURPOSE:** To inform interested parties of the above policy. MHSC assumes no liability for the actions of inactions of providers after completion of a program.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. Goals, objectives and other various elements of scenario and program design take place in the planning phases in consultation between MHSC staff, departmental faculty and instructors.
 - B. Performance data, including but not limited to video recordings, evaluations, and notes are considered confidential elements of a participant’s portfolio. Access is limited to the participant, their instructors, faculty, and MHSC staff.
 - C. Faculty and Instructors may choose to use performance data generated from MHSC programs for various purposes including overall evaluation, advancement, credentialing. The decision to do so and the application of such information is at the discretion of those faculty, instructors and any subsequent decision-making entities.

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VI. CROSS REFERENCE:

Policy 5 – New Program Development

Policy 6 – Established Programs

VII. ATTACHMENT:

Attachment B – Authorization Release for Photography, Video & Confidentiality Agreement

MetroHealth Simulation Center

Grievances	POLICY No: 15
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** If a participant, instructor or faculty member has a grievance with MetroHealth Simulation Center (MHSC) personnel, programs, policies or procedures, a structured process shall be followed to address such concerns.
- II. **PURPOSE:** To outline the process by which grievances shall be addressed.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. MHSC policies and procedures exist in part to outline expectations and processes in order to anticipate potential issues and prevent grievances from occurring.
 - B. All individuals are expected to conduct themselves in a professional manner within MHSC and when conveying a grievance.
 - C. Individuals should address specific issues to the individual source of concern whenever possible.
 - D. Grievances regarding departmental faculty and instructors should be addressed to the program’s lead faculty, program director, or chair. The program lead faculty shall notify the MHSC Director of any such grievances.
 - E. Grievances regarding MHSC personnel or operations should be addressed to the MHSC Manager and/or Medical Director.
 1. MHSC personnel will make every effort to appropriately address any grievance in accordance with MHSC and MetroHealth System policies and procedures.
 2. If the MHSC Manager is unable to satisfactorily address a grievance, it shall be referred to the MHSC Director. If the

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Director is unable to satisfactorily address the grievance, it shall be referred to the Chief Medical Officer.

- F. Grievances covered under this policy must be conveyed in written or electronic (email) form.

VI. CROSS REFERENCE:

VII. ATTACHMENT:

MetroHealth Simulation Center

Use of MHSC Brand	POLICY No: 16 (Attachment J, K, L)
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) name, brand, logo and graphic design are to be used in publications, presentations and products associated with MHSC activities with the written approval of the Director and in concordance with existing MetroHealth system Marketing and Communications guidelines.
- II. **PURPOSE:** To outline the circumstances under which the MHSC name, brand, logo and graphic design may be used and the process under which permission for use may be granted.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. MHSC name – refers to “MetroHealth Simulation Center”, “Metro SIM Center” and similar terms that may reasonably be construed as representing MHSC.
 - D. MHSC brand – includes name, term, sign, symbol or design or a combination of them intended to identify the goods, services of MHSC and to differentiate them from those of other similar entities.
 - E. MHSC logo – see attachment L
 - F. MHSC graphic design – see attachment K
- V. **PROCEDURE:**
 - A. Products including research, publications, presentations, and programs, resulting in part or entirely from the use of MHSC resources (personnel, equipment, intellectual material, space, supplies), shall include appropriate acknowledgement of the MHSC contribution.
 - B. Faculty, instructors must adhere to the MHSC Confidentiality agreement and all other applicable policies and conventions (eg.

MetroHealth Simulation Center Policies and Procedures

Marketing and Communications, IRB, Media Relations, etc.) when creating and disseminating products resulting from MHSC activities.

- C. The requesting party shall make a written or electronic (email) request for permission to use the MHSC brand.
- D. The MHSC brand may not be used without the written or electronic (email) permission of the MHSC Director.
- E. Use of the MHSC brand without appropriate permission will be reviewed by the MHSC Director and Chief Medical Officer and may be grounds for suspension or termination of MHSC privileges.

VI. CROSS REFERENCE:

VII. ATTACHMENT:

Attachment J – MetroHealth Identity Guidelines

Attachment K – MHSC Graphic Design

Attachment L – MHSC logos

MetroHealth Simulation Center

Vendor and Conflict of Interest Policy	POLICY No: 17 (Attachment N)
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) adheres to the highest standards when interacting with healthcare and simulation-related vendors and industry representatives.
- II. **PURPOSE:** To outline expectations of vendors and staff in ongoing interactions related to MHSC activities.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes the MHSC space as well as activities executed ‘in-situ’. MHSC is a shared resource across virtually every department within the MetroHealth System.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. Vendor - includes equipment, service, pharmaceutical or device providers who are either providing services to MHSC currently or who are likely to provide services to MHSC in the future
- V. **PROCEDURE:**
 - A. MHSC will adhere to existing MH System policies, specifically, “Vendor and Conflict of Interest Policy” VIII-28. Modifications specific to the simulation/education environment are outlined below.
 - B. Vendors often provide expired supplies and equipment to MHSC which may not be used on real patients. These items have no value other than for teaching purposes as, once expired, are essentially trash and of no other value. They are thus not considered gifts under existing MH System policy.
 - C. Vendors may provide “demo” equipment on loan for use in MHSC. Purchasing/Supply chain will be notified of such arrangements.
- VI. **CROSS REFERENCE:**
- VII. **ATTACHMENT:**

Attachment N – MH System Policy VIII-28

MetroHealth Simulation Center

Injury	POLICY No: 18
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC), its staff, faculty, instructors, and learners/participants agree report all injuries to the MHSC Manager or Director. If the injury involves an employee of The MetroHealth System, the injury shall be reported in accordance with existing MetroHealth System Policies.
- II. **PURPOSE:** To ensure the appropriate reporting and handling of injuries that occurs within MHSC or in relation to MHSC activities.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed ‘in-situ’ as well as within the MHSC space.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. Should an injury occur within the MHSC or in conjunction with MHSC activities/programs, the injured individual must report it to the MHSC Manager or Director immediately.
 - B. All reasonable measures shall be taken to assure that the individual is provided appropriate first aid/stabilizing care. The injured individual shall subsequently seek appropriate care to treat the injury. MHSC staff, faculty, and instructors may provide appropriate interventions and help facilitate subsequent care.
 - C. If the injury involves a MetroHealth System employee, existing MH System policies shall be followed (see MH System Policy II-30(p)).
- VI. **Cross-Reference:**

Employee work-related Illness/Injury Investigation Policy II-30(p)

MetroHealth Simulation Center

Continuing Education Credit Programs and Courses	POLICY No: 19
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) offers programs and courses for continuing education credit for various healthcare providers.
- II. **PURPOSE:** To outline the process by which continuing education programs are developed and executed.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed within the MHSC space as well as ‘in-situ’.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. MHSC brand – includes name, term, sign, symbol or design or a combination of them intended to identify the goods, services of MHSC and to differentiate them from those of other similar entities.
- V. **PROCEDURE:**
 - A. Programs and courses using MHSC resources for the purpose of offering continuing education credit will be developed as a collaborative effort between the MHSC Director, Manager, and applicable faculty and instructors.
 - B. Continuing education courses may originate from the MHSC Medical Director/Staff or from a MetroHealth Department (“sponsoring department”) wishing to use MHSC resources to execute a course/program.
 - C. MHSC will aid the lead faculty member or course coordinator from the sponsoring department in completing all necessary forms and applications necessary to designate a particular program or course for continuing education credit.
 - D. Continuing medical education courses will be coordinated in concert with the MetroHealth Graduate Medical Education office and personnel in accordance with existing policies and procedures.

MetroHealth Simulation Center Policies and Procedures

- E. Programs and courses will be developed according to existing MHSC policies and procedures (see Policy 5 and 6 – New Program development and Existing Programs)
- F. Participant registration may be coordinated through the sponsoring department or through MHSC. This will be determined during the planning process.
- G. MHSC will charge a fee either on a course-wide basis or “per participant” basis for any continuing education course that charges a fee to participants and/or generates revenue. Participant registration fees will have to account for this in addition to the portion of the fee allocated to the sponsoring department and costs attributable solely to continuing education credit certification. The amounts will be determined during the planning process as agreed upon by the MHSC Medical Director and sponsoring department.

VI. CROSS REFERENCE:

MHSC Policy 5 – New Program Development

MHSC Policy 6 – Established Programs

VII. ATTACHMENT:

MetroHealth Simulation Center

Standardized Patient Program	POLICY No: 20 (Attachment H)
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) maintains a standardized patient/professional (SP) program.
- II. **PURPOSE:** To outline the process by which the SP program operates.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed within the MHSC space as well as ‘in-situ’.
 - B. MHSC Personnel and Roles – see Policy 2
 - C. Standardized patient / professional – an individual specifically trained to reliably and reproducibly portray patients, family members, healthcare professionals, or others to provide learners with an opportunity to practice vital assessment and communication skills.
- V. **PROCEDURE:**
 - A. Recruiting
 1. MHSC SPs are generally volunteers who provide an invaluable service to healthcare education and the MHSC mission. For select programs, paid SPs may be recruited based on the role, duration, “invasiveness”, or other factors. Whether a particular role will be volunteer or paid will be clearly defined in the program planning stages.
 2. Volunteer SPs shall be recruited through the MetroHealth Volunteer Services Department and through personal efforts of the MHSC staff, faculty, instructors and other interested parties.
 3. Potential SPs may express interest by emailing MHSC via simcenter@metrohealth.org
 4. MHSC Staff will refer potential volunteers to the Volunteer Services Department which will coordinate any appropriate documentation, registration and MH system orientation.

MetroHealth Simulation Center Policies and Procedures

5. MHSC Staff will refer potential paid SPs as independent contractors to Human Resources for appropriate documentation, registration and MH system orientation.
6. Once a potential SP has cleared the appropriate process, he/she will be eligible to participate in MHSC programs.
7. MHSC maintains an internal database of volunteer SPs and potential SPs for hire. This database includes demographic and personal attributes that aid in selecting SPs for particular programs and scenarios.
8. Once a programmatic requirement is identified, MHSC staff will contact potential SPs to arrange scheduling.

B. Training

1. Scripting for the SPs shall be developed according to program needs, objectives, and evaluation metrics.
2. SPs shall participate in a training session in advance of the program date. The training is facilitated by the MHSC manager, faculty and/or instructors in order to achieve a reliable, standardized performance that will yield predictable responses and actions.
3. SPs will be asked to sign an "Authorization Release for Photography and Video & Confidentiality Agreement" (Attachment B)
4. SPs will be given access to applicable MHSC policies and procedures.

C. Performance

1. SPs will arrive well in advance of the program start time in order to prepare. This may involve changing clothes, moulage, etc. SPs must be ready to execute their role at the designated program start time.
2. In order to maintain realism and learner "buy-in", SPs will refrain from interacting with participants except within the confines of the scenario.
3. SPs will maintain the confidentiality of participants and MHSC program content. (see Policy 4)

D. Feedback

1. MHSC Medical Director, Manager, faculty, and instructors may provide feedback or coaching to the SP in order to refine elements of his/her performance.

MetroHealth Simulation Center Policies and Procedures

2. SPs are encouraged to provide feedback to the MHSC manager with regards to various elements of the program development, design or implementation.
 3. SPs may be asked to provide feedback to participants with regards to their performance. If this is the case, faculty and instructors will provide guidelines to the SP to help structure such feedback.
- E. Important additional information can be found in the MHSC Standardized Patient Manual. (Attachment ZZ) which will be provided to SPs as part of their initial training or orientation.

VI. CROSS REFERENCE:

Policy 4 – Confidentiality

VII. ATTACHMENT:

Attachment B – Authorization Release for Photography and Video & Confidentiality Agreement

Attachment H – MHSC Standardized Patient Manual

MetroHealth Simulation Center

Lending Simulation Equipment	POLICY No: 21
Originated By: MetroHealth Simulation Center	Original date: January, 2013
Revised: NA	Approval: DRAFT

- I. **POLICY:** The MetroHealth Simulation Center (MHSC) maintains a number of simulators, task trainers and other pieces of equipment to help execute simulation-based programming. In order to maintain the functionality and availability of such equipment for all, it is the general policy of MHSC not to lend it out. Limited exceptions may apply on a case-by-case basis.
- II. **PURPOSE:** To outline the process and criteria by which some equipment may be lent out to MetroHealth Departments.
- III. **SCOPE:** The MetroHealth Simulation Center
- IV. **DEFINITIONS:**
 - A. MetroHealth Simulation Center – includes activities executed within the MHSC space as well as ‘in-situ’.
 - B. MHSC Personnel and Roles – see Policy 2
- V. **PROCEDURE:**
 - A. The MHSC Manager and Director will determine which equipment may be available to lend. In general, any pieces of equipment that require more than a basic orientation as to operation, maintenance, and damage prevention will not be available for lending.
 - B. Only those with an established relationship with MHSC (faculty, instructors, etc.) may borrow equipment.
 - C. The borrower and departmental Chair/Administrator must sign an Equipment Lending Agreement (Attachment EE) that will include documentation of equipment condition. The borrower/department will acknowledge receipt of the equipment, provide a cost center number, and accept responsibility for any damage or destruction that may occur during the borrowing period. Any repair or replacement costs will be charged to individual’s department.
 - D. The MHSC manager will maintain a log of equipment lending including date borrowed and returned.
 - E. MHSC will provide a receipt to the borrower at the time of return, attesting to the condition of the item(s) and documenting damage, if any.

MetroHealth Simulation Center
Policies and Procedures

VI. CROSS REFERENCE:

VII. ATTACHMENT:

Attachment I – Equipment Lending Agreement

MetroHealth Simulation Center ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, _____, acknowledge that I have received a copy of the MetroHealth Simulation Center Policies and Procedures manual. I have read and understand the content of the manual. I am aware that there may be changes made to this manual from time to time, and that I will be responsible for reading and abiding by any such changes. I am further aware that I may contact the MetroHealth Simulation Center Administration in regards to any questions or concerns. As lead faculty I understand I am responsible for disseminating this information to instructors and participants. I understand that failure to abide by the terms of this manual may lead to a suspension (temporary or permanent) of MetroHealth Simulation Center privileges.

Signature

Date

Print Name

Employee #

Please sign and date this form, and return to the MHSC administration prior to use of MHSC facilities and equipment, faculty will not be permitted to use MHSC facilities without a signed Acknowledgement of Policies and Procedures form. Thank you for your cooperation.

- MHSC Staff

MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio



MetroHealth
Simulation Center

**MetroHealth Simulation Center
Authorization Release for Photography and Video
&
Confidentiality Agreement**

I, _____, understand that the MetroHealth Simulation Center (MHSC) may photograph and/or record (via still photos, video and/or audio) the simulation experience.

I understand with my signature below, I will forfeit all rights of this material, and will not receive any payment or special services now or in the future.

I understand that any photo or audio/video recordings may be used during the debriefing of a scenario and/or following the program for internal review and quality improvement by MHSC staff, faculty and instructors. I further understand that no recording will be used for promotional or marketing purposes without additional permission.

I agree to maintain and hold confidential all information regarding the performance of all individuals and the details of the programs and scenarios, which are the intellectual property of MHSC.

I understand that I may revoke my authorization at any time by providing a written request to:

Jackelyn Csank
Manager, MetroHealth Simulation Center
MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio 44109

Participant Signature Date MHSC Staff Signature Date

Name Printed Emp ID # _____

MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio



MetroHealth Simulation Center
Authorization Release for Photography and Video for Educational,
Promotional, and Marketing Purposes

I, _____, understand that the MetroHealth Simulation Center (MHSC) may photograph and/or record (via still photos, video and/or audio) the simulation experience.

I understand with my signature below, I will forfeit all rights of this material, and will not receive any payment or special services now or in the future.

I understand that any photo or audio/video recordings may be used during the debriefing of a scenario and/or following the program for internal review and quality improvement by MHSC staff, faculty and instructors.

Further I grant permission to MHSC to use photos and audio/video recordings for:

_____ Education and demonstration purposes for MHSC learners, faculty, and
(initials) instructors.

_____ MHSC marketing and promotion purposes.
(initials)

I understand that I may revoke my authorization at any time by providing a written request to:

Jackelyn Csank
Manager, MetroHealth Simulation Center
MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio 44109

Participant Signature Date MHSC Staff Signature Date

Name Printed Emp ID # _____

MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio



MetroHealth Simulation Center

Instructor Guide for Simulation Programs



MetroHealth
Simulation Center

June 15, 2012

Attachment D

Prior to the Program:

1. Review all case materials in detail prior to the program date. Refresh yourself on content/teaching points, if necessary. Know the objectives, critical actions and scenario transitions.
2. Delineate expectations for the learners (formative/summative).
3. Orient participants to the environment and the simulation methods.
4. Set the tone so that the participants are appropriately activated for optimal learning. They should perform as if they are caring for a real patient.

General Points

1. Start the scenario based on real situation to activate the learner: "I need some help in here!"
2. The simulator/SP should be the patient (in character) from the time the participants enter until they leave the room.
3. Force the learners to perform tasks, examine the patient, hook up/troubleshoot equipment, etc. They should do what they would normally do with a real patient in a real setting.
4. Allow the team to recognize and manage the problem. Try to be the "fly on the wall" (or even better out of sight) without interfering in the scenario. Your role is to facilitate by providing information that they can't garner from the simulator/SP and to prevent the scenario from going off the tracks simply because of technical limitations.
5. Allow the case to follow a natural progression based on actions or inactions of the learners.
6. Allow reasonable time to elapse to assess the effect of interventions (a 1 liter NS bolus does not raise the BP in 3 seconds).
7. Facilitate the progression of the case to a reasonable conclusion.
8. Try to end the scenario with the lead participant providing a summary/handoff communication.
9. At the conclusion of the case, close with "The scenario is over, proceed to debriefing room" or something similar.

Debriefing Points

1. The debriefing is a facilitated discussion, not a lecture. Your goal is to guide observations, eliciting thought processes and perspectives in order to reveal the objectives, critical actions, positive aspects of performance and opportunities for improvement.
2. A good way to start, allowing the learner to clear their thoughts and prepare for feedback is to say "So what are your initial thoughts?" Use reflective listening skills.

Attachment D

3. Follow this with a brief summary of the case to frame the discussion: “This is an 18 y/o male with status asthmaticus who required....” Review case objectives and expected interventions.
4. Avoid general statements such as “great job”. Be specific. Incorporate your direct observations, those from the participants and from the video.
5. Use the objectives and critical action checklists as your debriefing guide.
6. Provide a summary of teaching points at the end. “So in summary, this is a case of status asthmaticus in which we covered....These are the things you did well, these are things that you can improve on.” Finish with something positive. “I really liked that you did_____ well, and I think as a result of today’s program, you’re better prepared to handle...”
7. Address any questions and provide resources for additional learning.

After the program

1. Debrief with lead faculty and simulation staff to provide feedback with aim of continual quality assurance and improvement of program.
2. Formally gather and analyze learner feedback using standardized, anonymous feedback tools.

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Cleveland, Ohio



**Request for Simulation Program
MetroHealth Simulation Center**

Thank you for your interest in utilizing the resources of MHSC. So we can best meet your needs, kindly provide the information below at least 6 weeks prior to your program date.

Submission Date _____ Requesting Department _____

Lead instructor _____

Departmental Contact _____ Office Phone _____

Email Address _____ Fax _____

Simulation Course Name: _____

Desired date of simulation: _____

Desired frequency: _____

Preferred Day of week _____ Time of day: _____ Duration: _____

Reason for request:

- Skills acquisition or maintenance
- Team training
- Critical event (please describe)

Other (please list) _____

Participants:

<u>Category</u>	<u>Number</u>
<input type="checkbox"/> Resident Physicians/Fellows	_____
<input type="checkbox"/> Staff Physicians	_____
<input type="checkbox"/> Nursing/APN	_____
<input type="checkbox"/> RT	_____
<input type="checkbox"/> Pharmacists	_____
<input type="checkbox"/> Pre-hospital	_____
<input type="checkbox"/> Other (please list)	_____

Type of simulation:

- Multidisciplinary/team training
- Single discipline

Attachment E

Type of simulator:

- Procedural trainer
- Mannequin Simulator (adult/infant)
- Standardized Patient
- Hybrid/Multimodality (please list) _____

Location:

___ In-Situ (location) _____ ___ Sim Center

AV/Debriefing Needs:

Special

Notes: _____

Signature of Requestor: _____

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Cleveland, Ohio



MetroHealth
Simulation Center

MetroHealth Simulation Center Template for Simulation Case

Goals:

1. ...

Objectives:

1. ...

Case Summary

Provide a catalogue-type description of case, including major teaching points and a broad overview of flow.

Patient Information:

Information given to participants at start of case

Play of case:

Detailed description of case as it plays out. Start with the expected "best" performance, followed by consequences of various actions/inactions. If/then statements work well.

Critical Actions:

List of critical actions tied to objectives and competencies

1. ...

Equipment

List each piece of equipment and supplies necessary to execute scenario, including SPs, mannequins, procedure trainers, etc.

Environment/Moulage:

Describe environment (in-situ ICU, OR, Sim Center)

Describe any moulage of SPs, mannequins, room configuration, etc.

Stimuli:

List/include images, ECGs, etc.

Simulator States:

Provide description of various states, correlating with play of case

Debriefing Guide

Provide description/ list of evaluation tools, discussion point

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Evaluation Form

Name of Program: _____

Date of program: _____

Were course objectives met? Yes _____ No _____

Was the course free from commercial bias? Yes _____ No _____

Please respond to each of the following statements by circling the number that best reflects your evaluation of the item. **1-Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree**

1. The program helped me apply knowledge and skills I need for clinical practice.	1	2	3	4	5	N/A
2. MHSC provided an effective learning environment (sim center or in-situ).	1	2	3	4	5	N/A
3. The program was well-prepared and well-organized.	1	2	3	4	5	N/A
4. The instructors were well-prepared and well-organized.	1	2	3	4	5	N/A
5. I would recommend this program to a colleague.	1	2	3	4	5	N/A

6. Please comment on the positive aspects of the program.

7. Please comment on aspects of the program that can be improved.

8. What effect will this program have on your clinical practice?

9. Additional Comments:

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Cleveland, Ohio

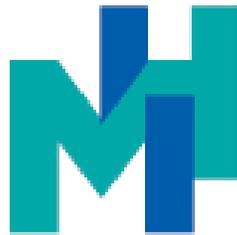


MetroHealth
Simulation Center

MetroHealth Simulation Center

Standardized Patient Manual

Guidelines for developing scenarios using standardized patients



MetroHealth

Simulation Center

June 14, 2012

Standardized Patients (SPs) are people who have been trained to accurately and consistently recreate the parameters set-up in a scenario of an actual patient at a specific point in time. In order for the SPs to portray the patient as accurately as possible, a clear, specific scenario is required. Following are some guidelines to assist you in the development of detailed scenarios.

Teaching and learning goals

- Identify clear goals and objectives for each scenario
- Learning outcomes for the student should be clear and specific.
 - If the objectives are not clear, the student may focus on making a diagnosis when the objective is taking a patient history. This would be problematic for the SP in trying to keep to the expected role. This may also diminish the students learning experience.
- Ensure the scenario encompasses relevant information for the level of the student (differential diagnosis they are familiar with)
- Use scenarios developed from real patient problems that have occurred in settings appropriate to the goals and objectives

Physical/ mental characteristics of the patient

- Each scenario must address the patient profile (e.g. age, gender, language, etc..)
- reason(s) for the patient's visit
- pertinent past medical history
- history of the present illness
- medications
- allergies the patient has
- patient's personal history and/or family history.

Props required in the room and/or on the patient

- What items should be in the room in addition to what is usually found in a hospital room?
- What should the patient be wearing (e.g. gown, own clothes, pajamas)?
- Does the patient require any scars or bandages?
- Are there any limitations of mobility? If so, provide details.

What type of examination will the patient undergo?

- Based on the scenario, you will have identified the type of patient encounter (e.g. patient history taking, physical assessment, etc...).
 - If physical assessment is part of the scenario:
 - Will the patient need to disrobe?
 - Will there be palpating and if so, in what area?
 - Where can the SP be expected to be touched?

Will the Standardized Patient be expected to provide feedback to the student?

If you would like the SP to provide feedback to the student on specific items this must be stated within the scenario. Many of the SPs have received formal training in providing feedback. In order for the feedback to be a valuable and constructive learning experience for the student.

Additional Considerations for Standardized Patient Parameters

- Will you need an accompanying family member; a wife, a child, particular ethnic background?
- If required, state the exact response standardized patients should respond with
- For open-ended questions such as "what can you tell me about that?" include responses for standardized patients.
- If you want the standardized patient to prompt the student, the time and suggested wording must be indicated
- Include any questions the standardized patient **MUST** ask and **MAY** ask
- Write from the standardized patients point of view and in laymen terms; instead of 'patient felt constriction in chest' write 'I felt a tightness in my chest'
- Remember to include information on the patients alcohol, smoking, recreational and prescriptions drug use, if they are relevant to the case. Provide details such as 'I smoke about 15 cigarettes a day' or 'I drink one or two beer every night'
- Indicate the props, costumes and or make up required by the standardized patient

Once you have completed your scenario, please submit it to the MHSC Administration at least 4 weeks prior to your scheduled session. This will allow ample time to cast the standardized patients and go through a 'dry run' a minimum of 1 week before.

Guidelines for a dry run with standardized patients

When developing and playing out scenarios, it is important that the Standardized Patients (SPs) understand the objectives of each scenario and how they relate to your course. All Standardized Patients will be given their scenarios prior to the Dry Run. This gives the SPs time to memorize the details and prepare for the role. Most of the SPs are professionally trained actors. Some are retired teachers, retired Nurses, etc. All have been chosen for their role playing abilities, sensibility and communication skills. They are there to assist you in meeting your scenario objectives.

What is a Dry Run?

A Dry Run is a rehearsal where you will have the opportunity to meet with the Standardized Patient assigned to your station and run through the scenario.

When should a Dry Run take place?

A Dry Run should take place when both the SP and Instructors are available prior to the scheduled course date.

Where should a Dry Run take place?

The Dry Run should occur in the clinical exam room where the scenario will be played out. This allows for you and the SP to determine if there are any special requirements for the room, such as how the room should be arranged; or specific equipment etc...

Why is a Dry Run Necessary?

A Dry Run allows for the opportunity to address questions surrounding the details of the scenario. Specifics about how the scenario will be played out will be decided between you and the Standardized Patient. This provides the opportunity to standardize the station allowing the scenario to be played out consistently and fairly for all students.

How long will the Dry Run take?

This depends on the requirements of each scenario. We suggest a minimum of 20 minutes for each scenario.

Changes to Scenarios

During the Dry Run notes are taken on any changes to be made to the scenario. These are handed to the SP Coordinator/Trainer immediately following the Dry Run. Scenarios will then be updated and sent back to you for approval. Changes to scenarios WILL NOT be made on the day of the course.

Deadlines for Submitting Scenarios

Out of fairness to the SP and to ensure that your objectives are met, we ask that Scenarios be forwarded at least 4 weeks prior to the scheduled course date. (add link to Manager e-mail) This allows enough time to review the scenarios and cast SPs appropriately.

Examples of Possible Questions asked by SPs

- How much information do you want me to volunteer?
- What are the primary issues of the scenario?
- What information must I reveal during the interview (prompts)?
- What information must I hold back from giving, unless asked?
- If the student strays from the topic, would you like me to steer them back in the right direction?
- How do you want this patient to be played out? Aggressive? Friendly? Hysterical? Shy?
- Does my problem manifest itself physically?

MetroHealth Simulation Center
2500 MetroHealth Dr.
Cleveland, Ohio



MetroHealth
Simulation Center

MetroHealth Identity Guidelines



2013



The Brand Name

MetroHealth

(Univers 67 Bold Condensed)

The brand name MetroHealth builds on our reputation and defines the purpose of our organization. The simplicity of the name expresses the accessibility and quality of our services. In contrast to the symbol, color palette and typographic style, the MetroHealth brand name communicates our identity not only visually, but also in every form of the written and spoken word.

INCORRECT USAGE of the BRAND NAME

~~MetroHealth~~

Incorrect Color

~~MetroHealth~~

Do not reshape the logo

~~MetroHealth~~

Do not rotate logo

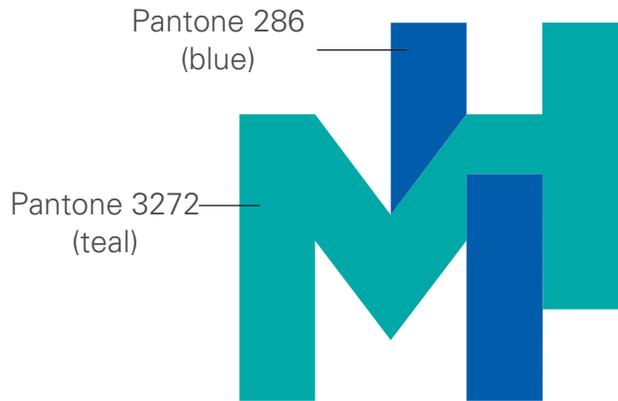
~~Metro
Health~~

Do not split words or alter shape

~~MetroHealth~~

Incorrect or Older Font

The Symbol



The MetroHealth symbol combines the capital letters of the brand name MetroHealth. The two letter forms, created with three shapes, are joined in a way that expresses the integration of diverse services within The MetroHealth System. The MetroHealth symbol is the first of four cornerstones of our identity. The full impact of the identity is achieved through the effective, combined use of our symbol, brand name, color palette and typographic style.

The MetroHealth symbol quickly identifies all of our institutions, programs and services as part of MetroHealth. The use and function of the symbol depend on the application. For example, the symbol is the most prominent design element on our letterhead and quickly identifies a letter as coming from MetroHealth.

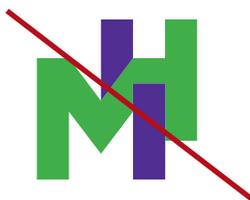
The symbol does not always need to be the most noticeable design element. In publications, for example, our brand name, color palette and typographic style also convey the MetroHealth identity. When it appears on the cover with the publication title and other visual elements, the symbol becomes an integral part of the overall design. The symbol identifies the publication as MetroHealth, and the other design elements reinforce the identity and describe the topic of the brochure.

The MetroHealth symbol – a custom design – consists of three parts: one continuous, ascending shape and two vertical strokes. The height and width of the symbol are equal. **Its proportions are fixed and must never be altered in any way**

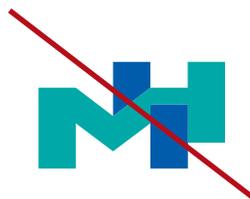
Allow negative (white) space around the logo.



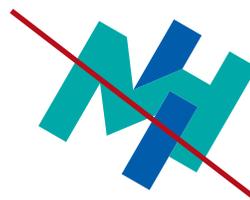
INCORRECT USAGE of the SYMBOL



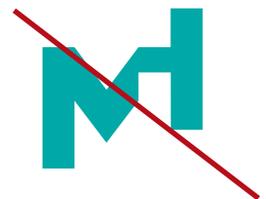
Incorrect Colors



Do not distort the symbol



Do not rotate the symbol



Do not alter the shape

The Symbol on colored backgrounds



For colored backgrounds use a 1 color logo. White on darker colors and black on lighter colors



The 3 color logo should only be used on a white or grey background

Use of the Symbol and Brand Name Together



There are two ways to link the symbol and the name – horizontally and vertically. **When using either of these two combinations, the relationship between the symbol and name must not be altered.**

3 color horizontal



3 color vertical



1 color versions



Use of the Symbol and Brand Name with Advertising Taglines



For advertising campaigns, taglines have been used in conjunction with the official layout of the symbol and brand name. These layouts are used specifically for marketing of the system by the advertising team. Use of these logos should not be used to represent MetroHealth in any other venue unless specifically identified by the Marketing and Communications Department of The MetroHealth System.

INCORRECT USAGE of TAGLINES with the MetroHealth Symbol and Name



Logo with Primary Department Names

Only primary department or center names should be used with the brand logo.

Univers 67 Bold Condensed

Preferred Method



Univers 45 light

Preferred Method with Address



Addresses, phone numbers and web addresses should all be placed under this line. The text should be smaller than the department name.

2500 MetroHealth Drive
Cleveland, Ohio 44109
www.metrohealth.org

Vertical Variation



Logo with Programs



MetroHealth Dialogue



MetroHealth Select



MetroHealth

metrohealth.org



MetroHealth Care Plus

MH Letterhead Template

1"

1/2"

MH MetroHealth

Date
Name
Department

ahsdhajhasfhash fasdfshlxhschsfldhshlcshlhvshcxlvscvlnsdiisdhghisli-
jmskdfjvmcsdkvjsdjvmcsjzxcjkljckvclcnljxhlsjdljsldvclxvlshclihsxdfxscs-
jdfcjcsca

ishlkcsahlshglsilfhslichgal;ishflihgihlglihl;ixhclicshgliashghxhxlgghlghlghalis
hglihgliahglihlihglihgghlhcglcshgclscshglicshlishlishlihgcl achgc c gs ililasc
hl hgilasc cilslilshglias hl ish gliasc hglsaligh lsai gh lis lishg lis hlish
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pegjp9eug perg9jerpguerpiogjpeiorgjplojgpoerjgep qpoerjgoperjge]
gopergop[qer jgp]eiorgj]eprogjqe[rog ergoerjgo[e ge gl0qe gl0ejgeol
gjeipgj pgi eojg pej rg9q3u g9]afhlidng lkasngl idf nbleglusb d

The MetroHealth System 2500 MetroHealth Drive Cleveland, Ohio 44109-1998 www.metrohealth.org
MetroHealth and Case Western Reserve University, affiliated since 1914, partners in advancing patient care through research and teaching.

Arial font at 6 pt.
Medium gray

1/2"

In Microsoft Programs text used should be Arial in lieu of the official Univers font of the identity. 11pt text with 14pt leading.

MH & Case Letterhead Template

1"

1/2"

M MetroHealth

SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

Date
Name
Department

ahsdhahasfhash fasdfshlxhschsfldhshlcshlhvshcxlvscvlnsdiisdhghisli-
jmskdfjvmcsdkvjsdjvmcsjzxcjkljckvcvlnljxhlsjdljsldvclxvlshclihxdlfxscs-
jdfcjcsca

ishlkcsahlshghsilfhslchgal;ishflihgihlglihl;ixhclicshgliashghxhxlgghlghlghalis
hglihgliahglihlihglihgghlhcglcshgclscshglicshlishlishlihgcl achgc c gs ililasc
hl hgilasc cilsli ilshglias hl ish gliasc hglsaligh lsai gh lis lishg lis hlish
g'aep ug pae;rgjp9 g;sh gp9e gejpgperj gpa sug

g iwehrgo ierog erih ieh gioerhgioehgpehpqehgpejpgpgej gpoe jpe
pegjp9eug perg9]erpguerpiogjpeiorgjp]ojgpoerjgep qpoerjgoperjge]
gopergop[qer jgp]eiorgj]eprogjqe[rog ergoerjgo[e ge g[0qe g[0e]geol
gjeipgj pgi eojg pej rg9q3u g9]afhliidng lkasngl idf nbleglusb d

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MetroHealth and Case Western Reserve University, affiliated since 1914, partners in advancing patient care through research and teaching.

1/2"

Arial font at 6 pt.
Medium gray

In Microsoft Programs text used should be Arial in lieu of the official Univers font of the identity. 11pt text with 14pt leading.

Powerpoint slide templates

Ttiles should be 36 pt
and left justified

Bullets should be 28 points
with a 20 or 24 pt sub bullet.

In Microsoft Programs text used
should be Arial in lieu of the official
Univers font of the identity. 11pt
text with 14pt leading.

MetroHealth slide template

Case Western Reserve University and MetroHealth slide template

The MetroHealth System

The following report is proprietary information of The MetroHealth System and will not be disclosed in whole or part to any external parties without the express consent of the MetroHealth System. This document is intended to be used internally for MetroHealth System discussion.

 MetroHealth

 MetroHealth

 MetroHealthMetroHealth and Case Western Reserve University, affiliated since 1914,
partners in advancing patient care through research and teaching. SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

Basic Flyer Template

The diagram illustrates the layout of a flyer template. It features a vertical blue stripe on the left side, a header area with the MetroHealth logo, and a main content area with a drop shadow effect. Dimensions are provided for the stripe, logo, and header. A vertical dashed line indicates the logo is centered on the page.

1/2"

Centered on page

1 1/2"

3/4"



MetroHealth

Drop Shadow
Opacity - 50%
Distance - .1875"
Size - .0694"

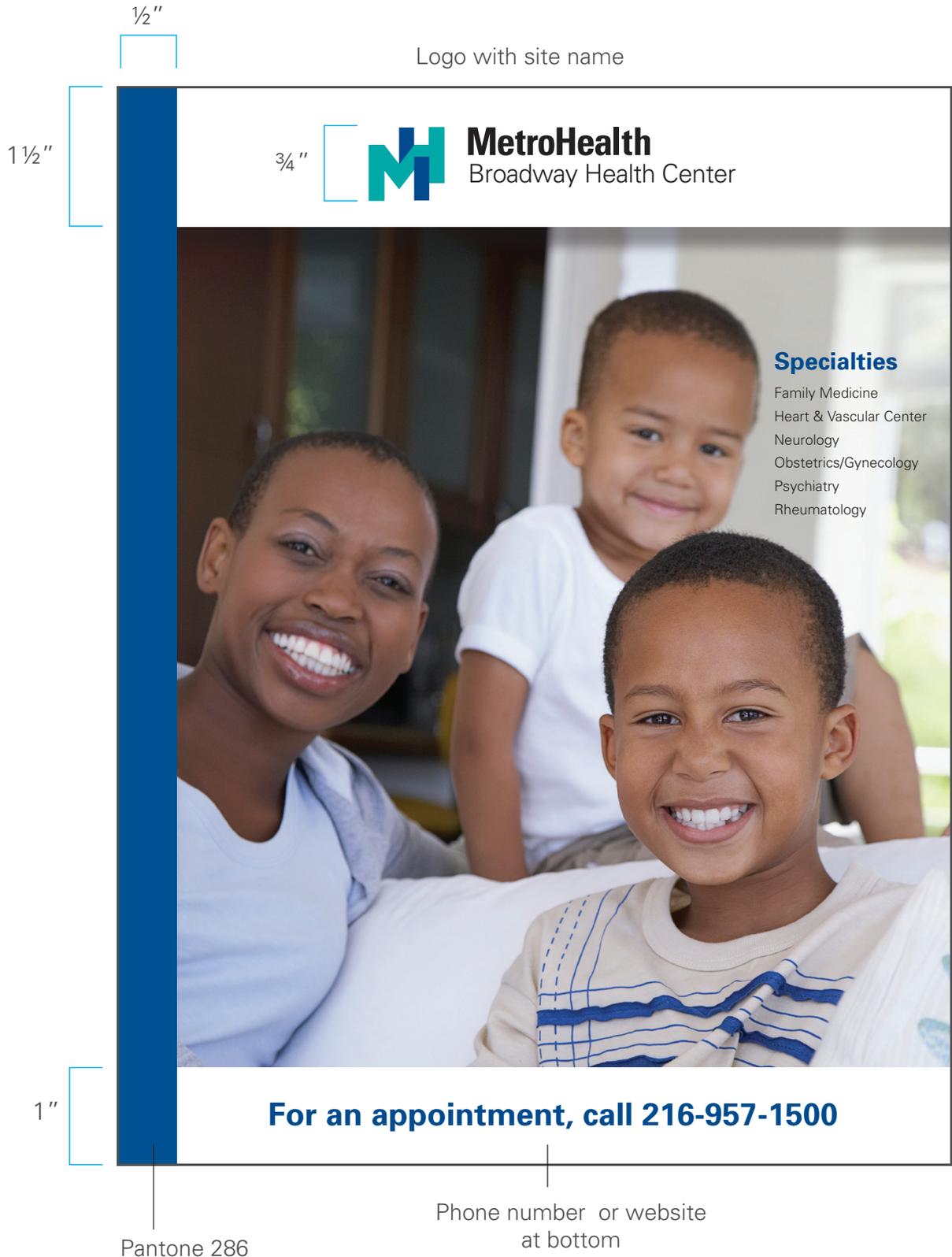
Additional pages will contain the 1/2" blue stripe only.

Any print item that is sent to the internal print shop must have a .25" white border and no bleeds.

In Microsoft Programs text used should be Arial in lieu of the official Univers font of the identity.
11pt text with 14pt leading.

Pantone 286

Site Flyer Template



- Site flyers can be 2 page or 4 page.
- The photograph must take up the remainder of the cover that is not designated with other elements, and must have head room to add specialties.
- Specialties are located in the top right corner of the photo and must not overlap subjects.

Brochure overview

Capabilities Brochures

- 4" x 9"
- Can be mailed in a #10 commercial envelope (4 1/8 x 9 1/2)
- Can be tri-fold (6 panel), 4 panel, or 2 panel
- Paper
 - **80#** Endurance Silk **Cover** stock - (thicker, need to score it, more expensive)
 - **100#** Endurance Silk **Text** stock - (easier to fold, cheaper)

Service Line Brochures

- 6" x 9"
- Can be tri-fold (6 panel), 4 panel, 2 panel, or multiple page booklet
- Paper
 - **80#** Endurance Silk **Cover** stock - (thicker, need to score it, more expensive)
 - **100#** Endurance Silk **Text** stock - (easier to fold, cheaper)

CME Brochures

- 5.5" x 11"
- Direct Mailing
- Can be tri-fold (6 panel), 4 panel, 2 panel, or multiple page booklet
- Paper
 - **80#** Endurance Silk **Cover** stock - (thicker, need to score it, more expensive)
 - **100#** Endurance Silk **Text** stock - (easier to fold, cheaper)

Capabilities Brochure (4 x 9")

1/4"

1"

Department Name — Nutrition Services

Program Name — Diabetes Self-Management Education Program

9"

4"

- These brochures can be set as a 6 panel tri-fold or as a 2 page
- Sub-titles are in Universe 65
Bold and copy is 11pt
Universe 45 light

Service Line Brochure (6 x 9")

1/2"

One color black logo

1 1/2"

1/2" MetroHealth 3/4"

1/2" Cancer Care Center

9"

6"

Photo should fill space but have sufficient head room for department title.

Color of side bar and type is based on department standards previously set.

- These brochures can be set as a 6 panel tri-fold or as a multiple page booklet.
- Sub-titles are in Universe 65 Bold and copy is 11pt Universe 45 light

CME Brochure (5.5 x 11")

1 1/2"

1/2"



Comprehensive Burn Care Center

**40th Annual Eastern Great Lakes
Burn Care Conference**
Advancing the Frontiers of Burn Care



Embassy Suites - Rockside
5800 Rockside Woods Blvd. Independence, OH
Thursday, September 27, 2012
Friday, September 28, 2012



11"

5.5"

- These brochures can be set as a 6 panel tri-fold or as a multiple page booklet.
- Sub-titles are in Universe 65 Bold and copy is 11pt Universe 45 light

Direct Mail Pieces



Need an OB/GYN?

Choose One You Can Trust Throughout Your Lifetime

Did you know every woman age 21 and older should have an annual evaluation? An annual OB/GYN visit helps build the foundation of health and wellness for women of all ages.

Whether you need an OB/GYN for your routine annual visit, or you are thinking about starting a family, MetroHealth offers a team of women's health experts that you can trust.

To download a list of OB/GYNs throughout the community, visit www.metrohealth.org/obgyn



6"

11"

The MetroHealth Department of Obstetrics and Gynecology (OB/GYN) is recognized nationally and internationally as a Center of Excellence in Women's Health Care and Research. The team offers the most advanced services to women from teen years, to pregnancy, menopause and beyond.



2500 MetroHealth Drive
Cleveland, Ohio 44109

PRSRT STD
US Postage
PAID
Cleveland, OH
Permit No. 633

MetroHealth OB/GYNs are available at 11 convenient locations throughout the community.

MetroHealth Medical Center Main Campus 2500 MetroHealth Drive, Cleveland, OH 44109	MetroHealth Strongsville Health Center 16000 Pearl Road, Strongsville, OH 44136
MetroHealth Beachwood Health Center 3609 Park East Drive, Suite 300, North Building, Beachwood, OH 44122	MetroHealth West 150th Health Center 4330 West 150th Street, Cleveland, OH 44135
MetroHealth Broadway Health Center 6835 Broadway Avenue, Cleveland, OH 44105	MetroHealth West Park Health Center 3838 West 150th Street, Cleveland, OH 44111
MetroHealth Brooklyn Health Center 5208 Memphis Avenue, Cleveland, OH 44144	J. Glen Smith Health Center 11100 St. Clair Avenue, Cleveland, OH 44145
MetroHealth Buckeye Health Center 2816 East 116th Street, Cleveland, OH 44120	Thomas F. McCafferty Health Center 4242 Lorain Avenue, Cleveland, OH 44113
MetroHealth Lee-Harvard Health Center 4071 Lee Road, Suite 260, Cleveland, OH 44126	

To schedule an OB/GYN appointment near you, call 216-778-5990.



MetroHealth Simulation Center



MetroHealth
Simulation Center



MetroHealth
Simulation Center



MetroHealth
Simulation Center



MetroHealth Simulation Center



MetroHealth Simulation Center

In-Situ Program Checklist MetroHealth Simulation Center

Start End

- Simulator _____
- Mobile AV cart
- Airway box
- Code medication box

- Simulated Medication Vials/Syringes

Start End

- Name _____

-or-

- MHSC Crash cart
 Medication syringes
 Starting count _____
 Exit count _____

- Other _____

- Other _____

THE METROHEALTH SYSTEM POLICIES

Vendor and Conflict of Interest Policy			POLICY No: VIII-28
Originated By: Legal and Medical Affairs/Chief Medical Officer			Original Date: June 2011
			Policy Owner(s): Compliance
Last Review Date:			Approval: President and Chief Executive Officer or Designee Policy Committee (Signatures on file)
Last Revised Date: 04/2011			
AC Approval	04/2011		
MEC Approval	06/2011		

- I. **POLICY** : The MetroHealth System ensures compliance with regulatory agencies
- II. **PURPOSE:** The MetroHealth System will maintain the highest standards regarding vendor interactions. This policy outlines expectations of vendors and staff in on-going interactions.
- III. **SCOPE:** This policy applies The MetroHealth System.
- IV. **DEFINITIONS:** The term vendor is intended to include equipment, service, pharmaceutical or device providers who are either providing services to MetroHealth currently or who are likely to provide services to MetroHealth in the future
- V. **PROCEDURE**
 - A. Site Access by Vendor Representatives
 1. Vendors are required meet with the Pharmacy and Therapeutics Committee and other appropriate institutional groups to discuss the prescribing, educational, or other use of their product.
 2. Vendors may only have contact with individual faculty, nurses, trainees, ancillary providers or students only with the verbal approval of an attending physician, Nurse manager, or Department Supervisor.
 - B. Gifts from Vendors to Individuals

No gifts of any kind may be accepted from vendors by physicians, employees, trainees or students. This includes gifts of nominal value (pens, mugs, notepads, etc.).
 - C. Food from Vendors
 1. Only modest meals provided at [Continuing Medical Education] CME or [Continuing Educational Unit] CEU -accredited conferences are acceptable.

2. Vendors who are invited to have contact with hospital employees to promote products or provide in-services may not provide food during these sessions.
- D. Standards of Conduct and Administration of Industry-supported CME-Accredited Conferences or CEU conferences
1. Basic principles of industry-funded CME or CEU conference
 - a) Will promote objective scientific and education activities and discourse
 - b) Will further knowledge of the attendees on the topic being presented
 - c) Will include an appropriate disclosure of financial support or conflict of interest [COI]
 - d) Content, faculty, educational methods and materials for the educational program will be selected by and will remain the sole responsibility of conference organizers
 2. Subsidies for CME or CEU-Accredited conferences/professional meetings
 - a) Vendor/pharmaceutical companies may underwrite the cost of the meeting
 - b) Subsidies may be accepted by the conference organizer, and the organizer can then reduce the conference registration fee. Any reduction of the registration fee should be made across the board
 - c) Individual physicians or staff should not accept money or vouchers directly from the sponsor
 3. Reimbursement of attendees of CME or CEU-Accredited conferences
 - a) Non-faculty/non-consultant attendees
 - (1) Subsidies should not pay for costs of travel, lodging or other personal expenses of physician or staff attendees
 - (2) Subsidies can pay for modest meals
 - b) Conference faculty or consultant attendees

- c) Conference faculty may accept reasonable compensation for teaching and reimbursement for travel, lodging, meal expenses
 - (1) Subsidies should not compensate for consultant or faculty time (does not preclude 3b1, 3b2, 4e).
 - (2) Token consultant or advisory arrangements cannot be used to justify compensation of consultant or faculty for time, travel, lodging or other out-of-pocket expenses

- d) Conference attendees who present papers or posters
 - (1) Reimbursing travel expenses by vendors for attendees presenting papers or posters at a scientific conference is not permitted (Note: See section V.d.3.d re: scholarships)
 - (2) Direct reimbursement by accredited Professional Organizations for attendees, e.g. officers, board members, honorees, etc. is permitted.

- e) Industry scholarships for trainees to attend CME-Accredited conferences (Fellows, Residents, Students)
 - (1) The MetroHealth Foundation should be responsible for coordination, receipt and disbursement of funds for educational activities
 - (2) Departmental or division leadership will select the recipients of industry-supported scholarships and will ensure the educational merit of the scholarship.
 - (3) There shall be no expectation that the recipient of the scholarship will provide any service to the industry sponsor in return for the support.
 - (4) Merit based scholarships or grants from regional or national scholarly organizations to support trainee attendance at CME-Accredited conferences are permissible.

- f) Industry sponsorship of CME-Accredited conferences at MHMC
 - (1) The MetroHealth Foundation should be responsible for coordination, receipt and disbursement of funds for educational activities

- (2) The content of conference should be monitored by the CME office to ensure the quality and objectivity of the education provided
- (3) Direct funding from Industry to individual faculty is prohibited
- (4) Full disclosure of conflicts of interest is required by Industry supported speakers
- (5) Payments to speakers may only be at fair market value

E. Scholarships for MHS Trainees (Fellows, Residents, Students)

1. The MetroHealth Foundation should be responsible for the coordination, receipt, and disbursement of all industry supported scholarships.
2. Departmental or division leadership will select the recipients of scholarships and will ensure that the scholarship has educational merit
3. There shall be no expectation that the recipient of the scholarship will provide any service to the industry sponsor in return for the support

F. Industry consulting, speaker bureaus, focus groups, etc.

1. MHS prohibits participation by their faculty in industry-sponsored speaker bureaus.
2. Meetings to train providers as speakers or faculty for education conferences are prohibited
3. Faculty may participate in consulting arrangements that involve substantive contributions in their area of expertise for the design of research, writing of grants or other applications, analysis and utilization of research data, or the optimal use of drugs or devices.
4. Faculty may participate on advisory boards that involve a limited number of physicians to provide substantive advice in their areas of expertise.
5. Compensation for such consultation or advisory boards must be market based. Compensation in excess of \$5000 in a year must be reviewed with the CMO or an appropriate

Conflict of Interest Committee prior to acceptance of the engagement.

6. Faculty should utilize vacation time or other personal time for those days involved in such consultant activity. Reimbursement monies that are paid for activities occurring on hospital time, including “hospital business time” accrue to the department. Such arrangements need to be in writing and agreed upon prior to the activity occurring. Activities that occur “off the clock”, e.g. on vacation time may accrue to the faculty member provided that no MHS resources have been utilized in the preparation, production or provision of such activity.

G. Industry Supported Non-CME Events

1. All MHS employees are prohibited from accepting payment, personal gifts, or meals from industry at such events.
2. This item refers to a lecture or program that is given by a speaker chosen by industry, is held at MHS, in an hotel or restaurant and is accompanied by a cocktail hour and/or dinner paid for by a vendor.
3. An appeal for exception can be made to the Vendor and Conflict of Interest Oversight Committee for programs, training, or research collaborations that are of significant value to MetroHealth. The Oversight Committee shall track and review these exceptions on an ongoing basis.

H. Drug Samples

1. Distribution of sample medications by pharmaceutical representatives can create potential problems. These include:
 - a) Negative influences on prescribing practices
 - b) Significant monetary fines for lack of appropriate documentation and monitoring.
2. Therefore, acceptance and distribution of sample medications is strongly discouraged. However, in unique cases, if members of a clinical unit believe that their clinical practice require the continued use of medication samples, the following guidelines must be followed:
 - a) Sample drugs, are only accepted if used for patient care. Nutritional supplements such as infant formula and non-prescription items are allowed.

- (1) Sample drugs should be stored in a secure, locked location
 - (2) Distribution of sample drugs shall be documented in the patient medical record and tracked in a log indicating the date, patient name, MRN and lot number
 - (3) Routine monitoring must occur for expiration dates on the samples
- b) Prescribers are encouraged, when clinically appropriate, to prescribe generic medications for those patients who cannot easily afford prescription medications.

I. Ghost Writing

1. Ghost-writing of publications, abstracts, case reports, or other scholarly work by vendor representatives on behalf of medical center staff is strictly prohibited. Performance of data abstraction and/or analysis tasks done under the direct supervision of the professional staff does not qualify as “ghost writing”.
2. Faculty and staff should be aware of published guidelines in the medical literature regarding taking credit for authorship of an article, abstract or other scholarly work.

J. Appeals and exceptions

An appeal for exception can be made to the Vendor and Conflict of Interest Oversight Committee for programs, training, or research collaborations that are of significant value to MetroHealth. The Oversight Committee shall track and review these exceptions on an ongoing basis.

K. Vendor and Conflict of Interest Oversight Committee

The CMO shall appoint a committee to oversee and adjudicate potential, perceived, or overt conflicts. Representation on the committee by members of the Legal and Compliance Departments, Ethics Committee, as well as physicians / professional staff is encouraged.

MHSC Roles

Director

Responsible for oversight and direction of all MHSC activities including strategic planning, allocation of resources, program development, etc....

Manager

Responsible for day-to-day operations of MHSC, program planning and implementation, equipment management, data management, people management, - basically everything (can even plug in a condensed version of job description)

Administrator

Responsible for administrative direction and oversight including budget, HR, etc.

Administrative Assistant

Responsible for coordinating scheduling, data entry and management, purchasing, meeting support, etc...

Faculty

Healthcare professionals (physicians, nurses, medics, RTs, Etc) specifically trained in simulation methods. Training includes all applicable aspects of simulation pertinent to their specialty (Program planning, scenario design, simulation equipment, debriefing, designing and implementing evaluation metrics). MHSC Faculty serve as lead simulation instructors for their department or division, responsible for coordination of sim programs working in conjunction with MHSC Director and Manager. Generally members of steering cmte.

Instructors

Under the direction of MHSC Faculty, instructors support simulation programs by facilitating/directing scenarios, providing procedure-specific instruction, participating in / leading debriefing sessions, performing evaluations. Training must be completed in each of these areas.

Confederates

Individuals from a variety of backgrounds who role-play within the scenario based on defined elements, often taking direction from scenario director/instructor.

Standardized patients/professionals

Standardized patients (SPs) are individuals specifically trained to reliably and reproducibly portray patients, family members, healthcare professionals, or others to provide learners with an opportunity to practice vital assessment and communication skills.

Learners/Participants

Individuals from a variety of backgrounds who participate in simulation programs with the goal of improving clinical skills, healthcare quality, and patient safety through training, education, evaluation, and feedback.

Observers

Individuals from a variety of backgrounds who wish to observe simulation programs for the purpose of general information, collaboration, public relations, or MHSC support.