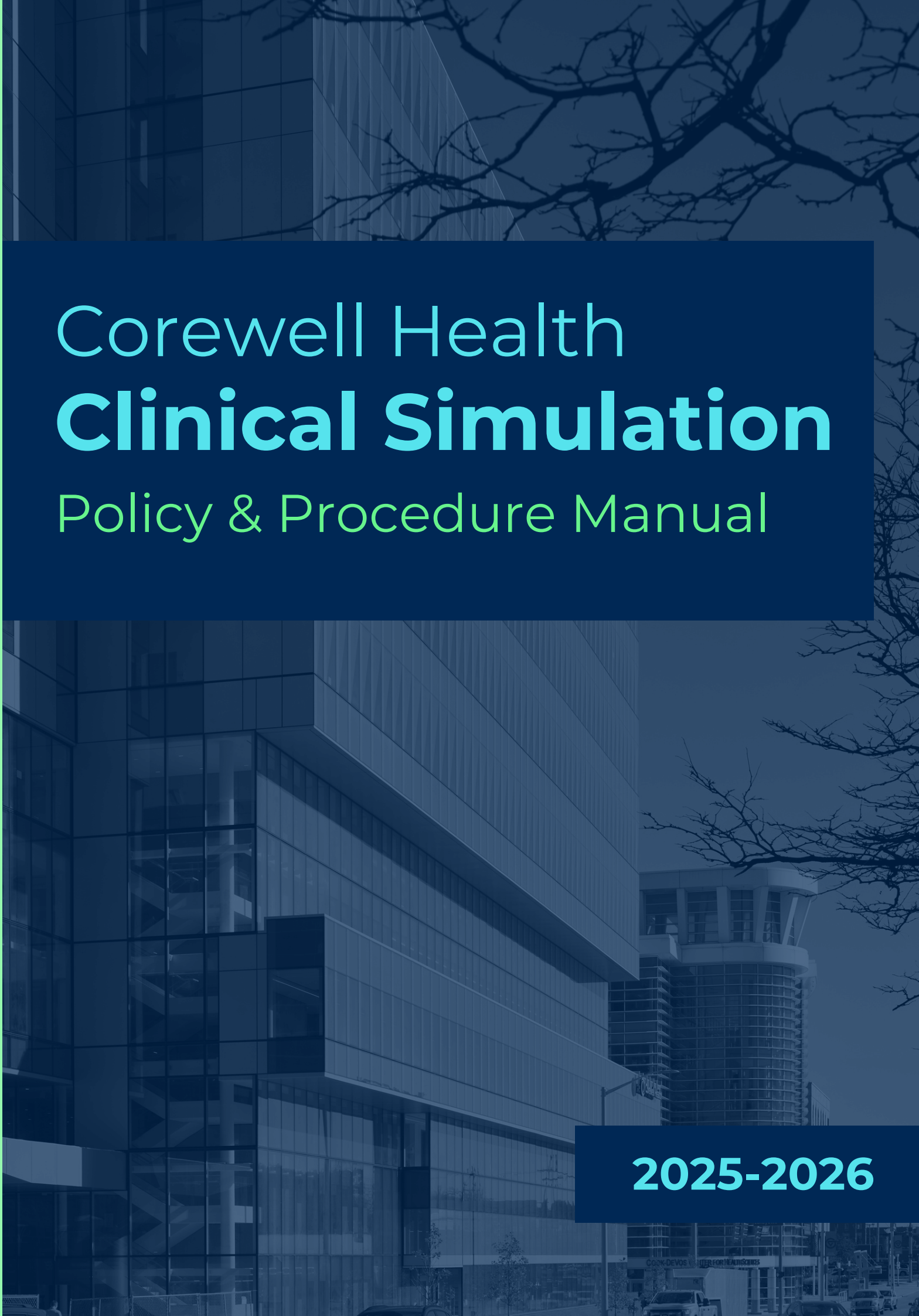

Corewell Health
Clinical Simulation
Policy & Procedure Manual

2025-2026

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As a department within Corewell Health, the Clinical Simulation Program primarily follows the policies and procedures of the institution. This manual outlines the department's supplemental procedures and processes and provides links to institutional policies. The Corewell Health Clinical Simulation Department will be abbreviated as CHCSD throughout this manual. Click any section title below to navigate directly to that part of the document.

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General Information

This Policy and Procedure Manual is not a substitute for other policies, but a compliment to other policies, procedures and codes held by Corewell Health which regulate the behaviors of team members at Corewell Health.

Contact Information

Corewell Health Clinical Simulation Center (CHCSC)
275 Michigan St. Floor 2
Grand Rapids, MI 49503

Corewell Health Clinical Simulation (Doug Meijer Medical Innovation Building)
109 Michigan St., Suite 300
Grand Rapids, MI 49503

Telephone (Director): 616.732.6247

Email: CHWClinicalsimulation@corewellhealth.org

Website: https://corewellhealth.org/simulation/west-michigan?tabContent=

Business Hours

Regularly scheduled business hours are Monday to Friday from 7:00am to 4:30 pm. Business hours may be extended or may include weekends to accommodate special events. Such requests will be considered and decided on a case-by-case basis.

Requests for events occurring off-hours are vetted through the simulation manager for proposed events at the Doug Meijer Medical Innovations Building (DMMIB), and the simulation director for events at the Corewell Health Clinical Simulation Center (CHCSC). Special events affecting team members work hours are approved through the team members direct upline (i.e., simulation director or simulation manager). After hours events will be limited to 5 events per year for each bio skills events and non-bio skills events, which will be approved by the simulation director.

Residents in select residency programs who require 24/7 access to simulators for independent practice, are approved through the simulation director. Access is granted through badge access and tracked.

Parking

The simulation team provides parking instructions directly to learners. Corewell Health team members with Grand Rapids assigned parking are directed to park in their assigned parking area. During the months of November – April or during inclement weather learners may be directed to park in the Ellis parking ramp for events at DMMIB and will receive parking validation. Learners whose assigned parking is outside the Grand Rapids area or external to Corewell Health may use the Ellis parking ramp events at DMMIB, or Ramp 7 for events at CHCSC, and will receive parking validation. For those attending events with paid registration fees, parking is incorporated into the registration fee.

Mission & Vision

Mission Statement

The mission of clinical simulation at Corewell Health West is to transform patient safety, quality, education and research through experiential learning and technological advancements in a controlled training environment.

Our Vision for Clinical Simulation

Learning Environment

- Offering a multi-modal simulation environment utilizing an interdisciplinary approach to education
- Cultivation of compassionate, skilled, and innovate healthcare professionals
- Creating an environment that fosters collaboration
- Striving for healthcare education that champions the highest standards of patient safety and quality improvement

Resource Development

- Stewardship and accountability of resources
- Fostering quality, safety, and efficiency through collaborative partnerships
- Leadership in innovative use of simulation-based education technologies for healthcare education
- Providing enhanced community outreach
- Establishing leadership, expertise, and support
- Investing in technology, education, and infrastructure to empower healthcare learners to deliver high quality, accessible healthcare

Evidence-Based Practice

- Employing simulation best practices
- Cultivate an environment of continuous quality improvement
- Leveraging technology to enrich learning, teaching, and research endeavors
- Employing evidence based clinical decision making and evaluation methods to uphold best practices

Clinical & Academic Excellence

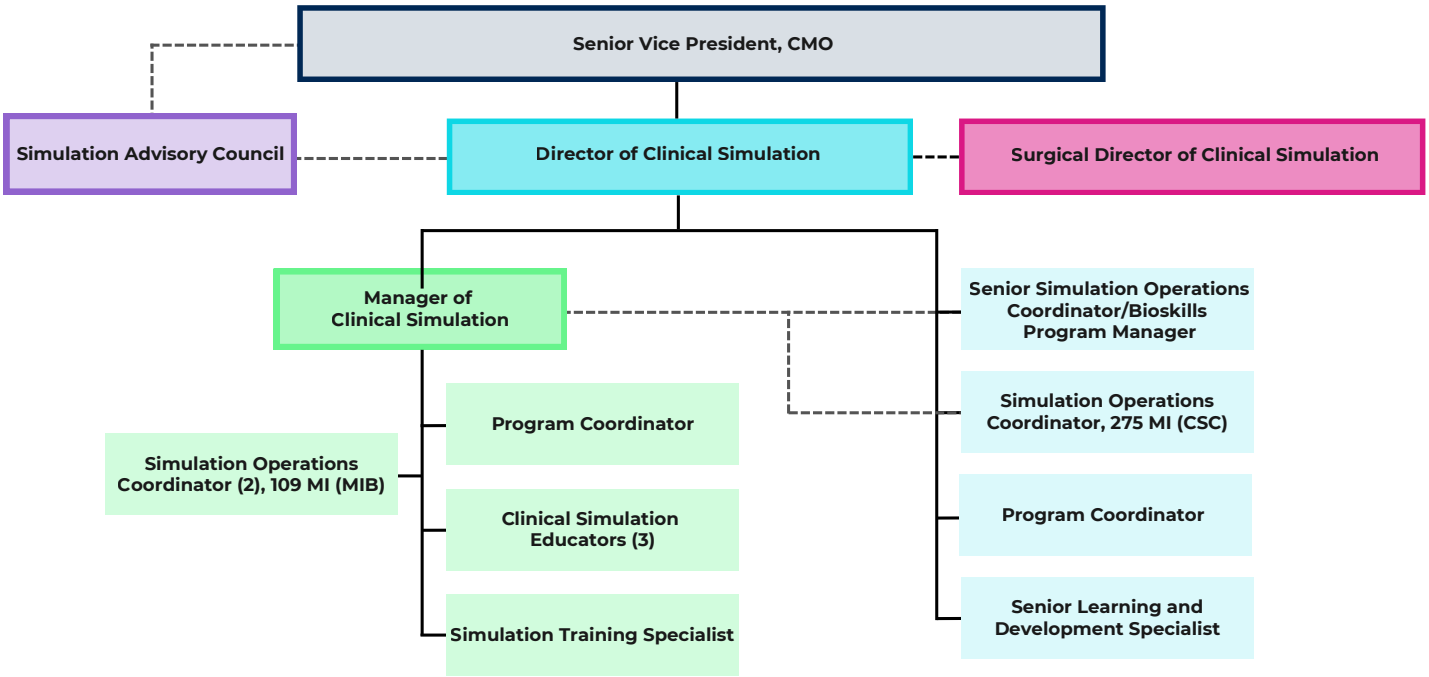
- Mission/vision driven
- Enhance teaching to inspire learning, and promote improved patient outcomes
- Incorporate hospital strategic plans into the simulation environment
- Leveraging simulation as a teaching modality, utilizing cutting-edge technology to drive strategic plans
- Cultivate healthcare teamwork while advancing high reliability principles
- Providing simulation as an option to rehearse complex cases for optimal patient outcomes

Code of Ethics

All Corewell Health team members and contractors adhere to the Corewell Health Code of Ethics. Additionally, Corewell Health Clinical Simulation Department (CHCSD) leaders and team members have adopted and adhere to the SSH Simulationist Code of Ethics.

Simulation and Bio-skills Code of Conduct: Framed posters outlining expectations are displayed in all simulation labs and classrooms. To preserve costly equipment, no food or beverages are allowed in the laboratory space where simulation equipment is housed.

Organizational Structure and Governance



Roles & Responsibilities

Decision Making

Simulation Advisory Council: Serves in an advisory capacity for overall guidance to the CHCSD. See the Simulation Advisory Council Charter Statement in appendix.

Decision Making Process: The simulation director and simulation manager meet regularly to discuss operations and make decisions. An institutional roadmap is used to plan for capital equipment, based on projected needs and the expected lifespan of current assets. Purchases are made through the institution's System Existing Asset Replacement (SEAR) process. Minor equipment is budgeted for annually and the simulation director approves purchases.

For decisions related to events, activities are scheduled through the Academic Year Planning Process, which is standard work. Outside of the Academic Year Planning Process, event requests are received and vetted based on alignment with the mission/vision, staffing and space availability. See the Reservation and Utilization Procedure and the Priority Matrix in the appendix.

All decisions are made with the best interest of the CHCSD and ultimately the corporate institution. At the discretion of the simulation director, decisions are escalated to the Chief Medical Officer.

Personnel and Scope of Work

Simulation Director: Is a key leadership position responsible for overseeing all instructional, operational, business, and strategic planning aspects of the clinical simulation department. This role includes oversight of the Corewell Health Clinical Simulation Center and medical education simulation events at the Doug Meijer Medical Innovation Building. The director creates a shared programmatic vision and in collaboration with key stakeholders, plans, designs, implements, and evaluates simulation-based learning and technology across the continuum of learning. The director also ensures simulation-based activities are in alignment with the program's strategic goals and support the mission of the institution.

Simulation Manager: Provides management of CHCSD staff and daily operations. Provides leadership of the system simulation efforts to increase patient safety and decrease errors in patient care. Provides operational management of activities on a day-to-day basis. The manager develops and implements outcomes-based simulation measures to ensure quality and safety metrics throughout patient care areas.

Simulation Surgical Director: Provides leadership and support for the CHCSD. Provides clinical leadership across disciplines to promote best practices in surgical simulation. Serves as a liaison to providers and executive leadership, supporting the use of simulation and bio-skills training to enhance education quality and improve patient safety. The surgical medical director will promote advanced medical education and research, ensuring alignment with the institutional mission. Engages with key stakeholders throughout Corewell Health to enhance the overall mission of the CHCSD.

Simulation Educator: Support the CHCSD simulation-based events (SBE) by providing learners and faculty with appropriate resources to facilitate evidence-based learning within the simulation environment. Educators support faculty through training and mentorship in simulation curriculum development, scenario creation, equipment utilization and design of SBEs. Teaches within scope of practice. Assists ongoing educational initiatives, integration of quality and safety measures, and facilitates academic year planning.

Simulation Training Specialist: In collaboration with educators and faculty, supports the development and delivery of various training programs and SBEs. Teaches within scope of practice. Programs and operates high fidelity simulation equipment.

Sr. Learning and Development Specialist: Responsible for developing curriculum and online learning initiatives, and for collaborating with educators to support educational needs. Additional responsibilities include managing data, supporting research activities, overseeing communication and marketing, and project planning and management.

Support Staff and Scope of Work

Simulation Operations Coordinator: Provides technical support for simulation operations and coordination of administrative aspects of the simulation program. Technical support includes preparation of simulation equipment, assisting facilitators in the running of scenarios; cleanup; maintenance and repair of simulators, associated computers/software, task trainers, and related multimedia peripherals. Administrative duties include coordinating simulation center utilization, daily operation, schedule, and inventory and maintaining information management systems.

Simulation Program Coordinator: Provides overall administrative support to the CHCSD and primarily supporting both locations. Responsibilities include, but are not limited to, financial processes and community outreach event support.

Contact Tree

A department contact tree is regularly updated and shared with all CHCSD team members. It uses branching logic to guide communication during emergency situations.

Overtime Policy

The CHCSD abides by the systemwide Work Time policy. Special events affecting team members work hours are approved through the team members direct upline (i.e., simulation director or simulation manager). Every effort is made to allow the team member to flex their work hours and avoid overtime.

Lead Faculty/Facilitators

Professional Expectations: All Corewell Health team members and contractors are expected to follow the Corewell Health Code of Excellence, along with all applicable rules, regulations and polices. Additionally, CHCSD leaders and team members adhere to the Simulationist Code of Ethics, as outlined in the Mission and Vision section of this manual.

Training: Simulation resources are available on the CHCSD internal SharePoint page and external website. Lead faculty and facilitators receive an online training module covering key topics such as SBE delivery, simulation modalities, prebriefing and debriefing techniques, learning theory, technology overview, evaluation methods, and feedback strategies.

Department simulation educators are available to support prebriefing and debriefing activities. To ensure successful simulation event delivery, lead faculty/facilitators are expected to participate in a practice run-through with the simulation team. This provides an opportunity to become familiar with the equipment, scenario flow, learning objectives and debriefing topics. It also offers the simulation team the opportunity to assess the faculty/facilitator's comfort with debriefing.

The CHCSD event partnership process is outlined in the training module, which details each phase of planning. See the appendix for the Simulation Event Partnership Process and use the provided link to access the simulation facilitation training module on SharePoint.

Curriculum: In partnership with the simulation team, goals, objectives, and educational strategies are defined, reviewed and confirmed alignment with the department's vision and mission. Lead faculty and facilitators are responsible for developing curriculum incorporating current evidence-based practices and aligns with Corewell Health policies and procedures. Simulation educators are available to assist with scenario development.

Simulation Modalities and Technology: Various simulation modalities are available. The department's internal and external websites outline equipment availability. Procedural task trainers are available for independent practice or group learning. A range of low- and high-fidelity simulators representing both pediatric and adult patients are available at both locations and can also be provided in situ. The CHCSD supports two virtual reality immersive spaces that provide diverse environments and interactive gaming experiences. Multiple surgical simulators are available for training in arthroscopy, laparoscopy, angiograms, and use of the Da Vinci robotic system. Learners also have access to advanced ultrasound training using the latest technology. In partnership with the simulation team, appropriate modalities will be determined based on objectives.

Respectful Learning Environment: A pillar of the simulation team's mission and vision is maintaining a conducive learning environment. Mutual respect for each learner's role is emphasized at the start of every simulated events. Actively listening to others' perspective and seeking to understand helps minimizes psychological risk. The CHCSD is committed to creating a respectful and engaging simulation environment that supports effective learning through feedback and reflection.

Feedback and Reflection: Adequate time for learner reflection and feedback is essential when planning. LearningSpace recording is available and encouraged to allow learner self-reflection. Debriefing space can be designated outside of the simulation environment when space availability allows. Debriefing tools and videos are available in our simulation facilitator module made available to facilitators. Simulation educators are also available to assist with debriefing.

Learner Evaluations: All simulation events will be systematically and routinely evaluated by learners. A standard evaluation is shared at the end of each event via QR code. The evaluation provides tangible data for future department improvement. Evaluation results are shared with lead faculty/facilitators after the event. If requested, objective specific evaluations can be developed. Evaluations address feedback on the simulation and self-performance. For events with established curriculum governed by an accredited body such as certification courses, summative evaluations are used according to the course guidelines.

Lead Faculty/Facilitator Evaluations: Evaluations are provided to lead faculty/facilitators. Facilitator evaluations provide the simulation team with feedback on how well facilitators were oriented to the simulation space and equipment. They also offer CHCSD insight into any latent safety threats identified during the session. Lead faculty and facilitators will have the opportunity to provide input on curriculum development and proposed changes as needed. The CHCSD adopted the Simulation Facilitator Peer Evaluation Tool to evaluate all simulation educators. Faculty and instructors may also request a formal peer observation. Evaluation criteria include preparation, scenario facilitation, promotion of psychological safety, debriefing skills, and the quality of feedback provide.

Learner Guidelines

Sign-in and Evaluation: Learners are required to sign in upon arrival at the simulation center using a departmental paper sign-in sheet. At the conclusion of the simulation event, learners are expected to complete an online evaluation to provide feedback on their experience.

Preparation: Preparation for each event varies. Some events require learners to complete pre-test and/or modules. Required prework is discussed in the event planning process and must be completed before the in-person event. Learners are expected to be on time. Communication regarding event start-end time is provided well in advance to the event date.

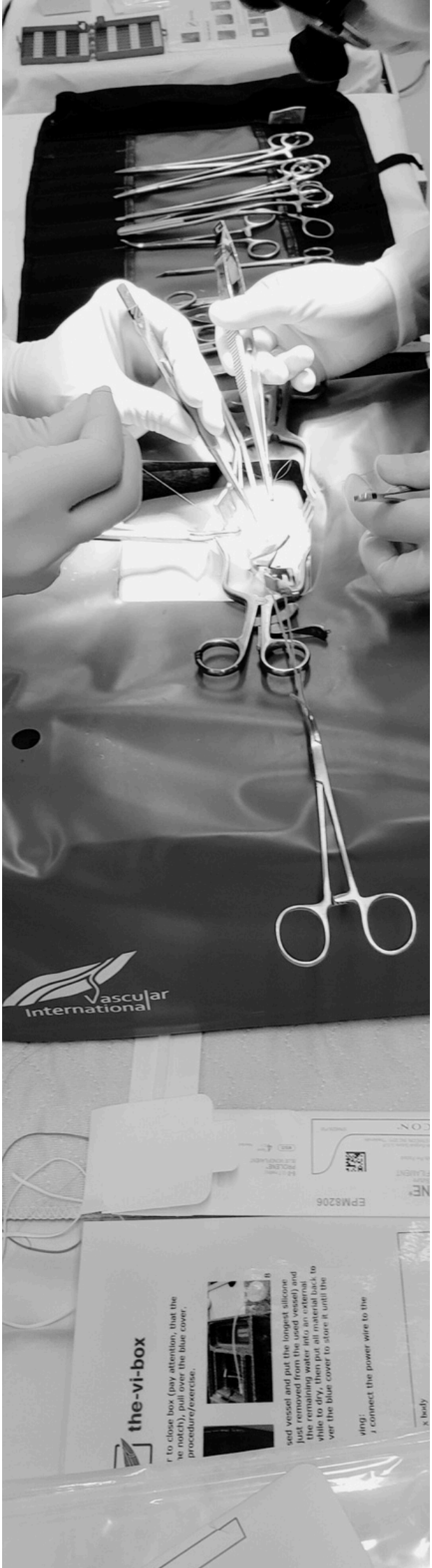
Cell Phone Usage: Cell phones are prohibited in the simulation labs. Learners are instructed to silence phones at the start of each event. Learners are encouraged to discuss exceptions with the event lead. Lockers are provided for learners when taking in-training exams. Cell phone recording is strictly prohibited.

Dress Code: Professional appearance with event-appropriate attire is expected at CHCSD events. Specific dress requirements are communicated as needed with learners. Internal employees must always wear visible identification badges.

Code of Conduct: Learners are required to display professionalism toward simulation staff, faculty and peers. Learners must act in a manner that does not disturb other activities in the building or learners. Disruptive learners will be asked to leave. Concerns with event leads or facilitators will be addressed with CHCSD leadership.

Food and Drink: Food and drink are prohibited in designated areas, including spaces near manikins, simulation technology, and task trainers. Signage is posted throughout the simulation environment to reinforce this policy.

Respect for Equipment: Gloves are to be used when handling task trainers and/or simulators. Never use pens or markers near or on equipment. If learner's identify broken equipment, they are expected to report the incident to the simulation team. Equipment must never be removed from the simulation space without simulation staff authorization.



Branding, Data Management & Confidentiality

Terminology

The CHCSD has adopted verbiage and terminology of the Society for Simulation in Healthcare's Healthcare Simulation Dictionary. This dictionary is a living document which is periodically updated. An online copy is stored in the program's shared drive and can also be found on the SSH Website link https://www.ssih.org/healthcare-simulation-dictionary.

Required Disclaimers & Brand Use

Department procedures must be followed to ensure that all presented materials align with the standards of the CHCSD. Additionally, events should be referred to using the official department name to maintain consistency and recognition. Corewell Health Brand Central and Corporate Communications ultimately set policies for branding. See our Required DisclaImers and Pre-event Statements and Required Event and Course Acknowledgements - External Audience Procedures in the appendix.

Confidentiality

The Clinical Simulation Department follows the Corewell Health Confidentiality Policy and does not use real patient information. Facilitators outline confidentiality expectations during the prebrief, and all actions and discussions are to remain within the session. Learners are informed in advance if a simulation is recorded, including the purpose and retention process. For struggling-learner sessions, results may be shared with GME faculty, and learners are notified beforehand. See our Confidentiality Procedure in the appendix.

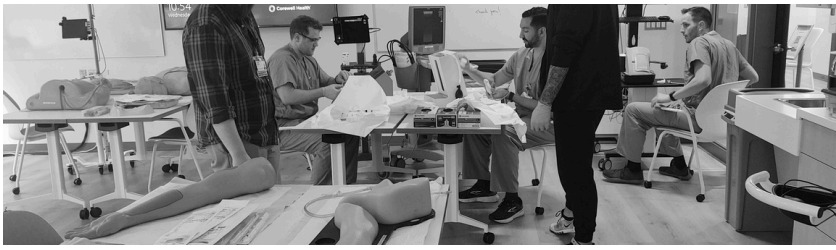
Data Retention

We follow Corewell Health's Record Management, Retention, and Destruction policy requiring documents and records, including operational files, scenario materials, learner activity records, evaluations, and equipment or technology documentation, to be retained for 11 years. Video recordings made in LearningSpace are the primary exception; they are stored on a secure network for 30 days unless an extended retention period is approved for research or academic purposes, after which they are automatically deleted.

Data is collected through paper sign-in sheets, restricted-access attendance files, encrypted anonymous evaluations, and, when applicable, simulation video recordings. If a shared folder becomes corrupted or data is accidentally deleted, IT can restore files through established data-recovery procedures. Access to all data is restricted to authorized simulation center personnel or individuals with a defined operational need and is protected through institutional privacy and information-security standards, including secure digital storage and locked physical files. While event requestors typically maintain learner evaluations, the Simulation Center securely stores any data it retains. Research data collected under an IRB-approved protocol is handled according to that protocol and retained for the duration required by these regulations.

When retention periods end, all records are securely destroyed using approved institutional methods. See the full Data Management policy in the appendix.





Course Planning & Scheduling

Certification Courses and Events

Approval Process: Requests go through an intake process ensuring the request aligns with the department mission and vision. Newly developed or requested events are approved by the simulation advisory panel semi-annually. Ad hoc events are subject to our department intake process detailed below.

Department Intake Process: To request an event or equipment, please complete the department intake form, available on both SharePoint and our external webpage. Once submitted, a simulation educator will review your request and reach out within two weeks. After the initial paperwork is completed, the department intake committee meets every two weeks to review submissions. If your request is approved, you'll be assigned an operations or education lead who will guide you through the event planning process and help complete the necessary documentation.

Responsibility: Event lead faculty/facilitators are responsible for faculty, educator, and instructor performance during events.

Registration: Registration is required for certification courses the CHCSD coordinates. Registration is made available through online course platforms or coordinated by the course coordinator. Learner registration for non-certification simulation events is the responsibility of the event lead.

Remediation/Make-up: Remediation is available for certain events with the guidance of the lead faculty member. Each event varies based on the event lead's discretion. Certification courses follow remediation guidelines. For cancelled events requiring rescheduling in the simulation department, requestors are encouraged to work with the Clinical Simulation department on a reschedule date.

Scheduling and Room Reservation

Event Scheduling Process/Priority Use: Events are scheduled according to the academic year calendar (i.e., July–June). Priority is given to the Nursing Practice and Development (NPD), Graduate Medical Education (GME) departments, or any other department who implements an annual planning process for yearlong curricula. These departments may submit reservation requests between December and February. Once NPD and GME space needs are confirmed, additional event requests are considered on a first-come, first-served basis, provided the educational content aligns with the CHCSD mission and vision and resources are available. Scheduling follows the Reservation and Utilization procedure, and any conflicts are resolved using the Prioritization Matrix.

All new event requests are evaluated through our formal event intake process. Event objectives are reviewed to ensure they meet the department's mission and vision. To request an event or equipment rental, the following information must be provided: Event title, preferred date(s), number of learners, specific equipment needs and anticipated simulation staff support needs. Requests are triaged and reviewed on a biweekly basis. Approval decisions are made based on space availability and team resource capacity.

Certification Course Scheduling Process: The CHCSD coordinates Pediatric Fundamental of Critical Care courses (PFCCS), Fundamental of Critical Care courses (FCCS), Initial Provider Advance Trauma Life Support courses (ATLS), ATLS renewal courses and Advance Surgical Skills for Exposure in Trauma (ASSET) courses. Certification courses are scheduled one year in advance because some are required for employment. Corewell Health employees are given priority in course registration, with remaining spots filled by external learners. See the appendix for a link related to the following procedure: GME Academic Year Simulation Education Planning/Longitudinal MIB/CSC Room Reservation Process.

Prioritization Matrix & Utilization Procedure: The CHCSD is committed to ensuring that resources and processes are utilized appropriately to provide high quality education, while promoting patient and team member safety. The department reservation and utilization procedure defines prioritization criteria as indicated in the priority matrix scoring education criteria according to significance of system impact. See the reservation and utilization process and matrix graph in the appendix.

Recording of Scheduled Events: For detailed guidance on audio visual use, photography, and video storage procedures, please refer to the Appendix.

Final Arbitrator of Scheduling Needs: If a conflict cannot be resolved using the scheduling process and priority matrix, the simulation manager will escalate to the simulation director for a final decision. At the director's discretion, this may be discussed with the chief medical officer to gather an opinion. Conflicts and conflict resolution may be a reported agenda item for oversight with the Simulation Advisory Council and potential future process development.

Observation for Non-Participants: All observers of SBE are required to follow the CHCSD procedures, especially pertaining to confidentiality and psychological safety. All Corewell Health policies and the Code of Conduct must be followed. Also refer to Bio-skills Visitors in the Cadaver area procedure linked in the appendix.

Severe Weather: Corewell Health has a Severe Weather policy Corewell Health - Plan Severe Weather v.7 located in the system's Policy Tech platform. Emergency plans for the CHCSD are in the department's shared drive in the Emergency Preparedness folder. If a tornado warning is issued during business hours, all team members and anyone utilizing the facilities must seek shelter. Shelter locations for the DMMIB facility are the restrooms. Shelter locations for the CHCSC are the East and North stairwells. Do not use elevators. See the appendix for DMMIB/CHCSC Emergency preparedness information.

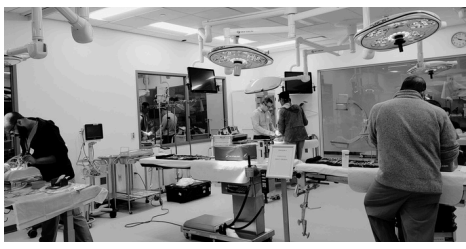
Cancellation Policy

Certification Course Refund Policy: A registration fee is collected for certification courses; costs vary based on course and learner discipline. The department's fee schedule is available internal and externally. The CHCSD maintains an online payment portal where fees are collected. Internal department transfers are available as well. A refund is provided if cancelled no later than 10 business days prior to the date of the course.

External Reservations: Master agreements and reservation event worksheets are fully executed. Customers will be invoiced upon completion of the event. Events cancelled with greater than 10 days' notice are responsible for a 5% fee and the cost of supplies already purchased. A cancellation of less than 10 days' notice results in a 50% fee and the cost of supplies already purchased.

Internal Reservations: We request the event lead notifies the department lead or administrative support coordinator of any cancellation. Simulation staff will regularly review space usage, cancellation and no-show events. History of repeated cancellation and/or no-shows may trigger a review of the end user and could negatively affect future reservations. Extenuating circumstances will be considered. Refer to the appendix for the department Cancellation Procedure.





Tours

Requesting Tours: Tour request forms are submitted through the Clinical Simulation SharePoint site or external website. Scheduling of all tours is on a first-come-first served basis. Tour requests are evaluated based on the information provided while considering various CHCSD factors. If approved, when details are finalized, the event is scheduled on the CHCSD team Outlook calendar. The date is confirmed and sent to the requester.

Schedule Disputes: Any scheduling disputes for all tour requests will be decided by and at the sole discretion of the simulation director.

Requirements: The CHCSD requires that any tour is led by leadership or staff of the CHCSD. The purpose of the tour must align with department and/or institution strategic plans, mission and vision. Requests for high school student tours or workshops will be limited to three times annually and the purpose must be related to those students who are interested in pursuing health care careers.

Tour Participants: The CHCSD welcomes tour participants; however, due to age-sensitive topics, skills trainers, manikins, and positioning devices, the minimum requirement for a tour attendee is high school age. Tour requests for exceptions to the high school age limit must be made in writing and submitted to the simulation director. A determination of approval or denial will be made by and at the sole discretion of the simulation director.

Simulation Design & Delivery

Scenarios

Development and Structure: Scenario development is a collaborative and structured process that ensures clinical simulations are relevant, evidence-based, and aligned with institutional goals and accreditation standards. Scenarios are developed by interprofessional teams that may include physicians, nurses, educators, and simulation specialists, drawing on actual clinical cases, safety events, or educational gaps identified through needs assessments. Each scenario is designed to reflect the complexity of real-world hospital care, including both inpatient and outpatient encounters, and is customized to meet specific learning objectives, clinical competencies, and team-based communication goals. Scenarios incorporate current guidelines, hospital protocols, and equipment used in the actual care environment to enhance realism and transferability.

CHCSD scenario(s) follow a standardized structure to ensure consistency, educational value, and alignment with medical best practice guidelines and hospital system policies/ procedures. Scenarios are designed during the Event Planning Phase outlined in the Simulation Partnership Process. The structure includes a detailed case overview, equipment, moulage and environment setup, and a chronological timeline of expected events. Prebriefing and debriefing components are integral to each session, with a strong emphasis on psychological safety, learner engagement, and reflective learning. A department template is available for use.

Utilization of Scenarios: Scenarios are reviewed by a simulation educator and/or subject matter expert during the preparatory phase of planning to validate the scenario meets current standards of care and updated policies and procedures. Revisions are completed as appropriate and sent for review.

Audiovisual Storage: Events may be video-recorded and/or photographed for learning, training or debriefing purposes. Prior to any video recording, the learners are informed of the plan to record. The CHCSD uses CAE LearningSpace, a video recording and electronic storage system. The LearningSpace system can provide audio and visual recording, live streaming, retention and replay of sessions. Videos may be stored within LearningSpace on a secured network for a retention period of 30 days, or for an alternate approved period for research or other academic purposes. Not all events are routinely recorded. If recording is requested, the rationale for recording must be provided before approval. To ensure confidentiality of information, simulation event recordings are accessible only to event lead faculty/facilitators and CHCSD staff. Any use of audiovisual recordings outside of the learning purpose is strictly prohibited. Refer to the Audio Visual Use, Photography & Video Storage Procedure in the appendix.

Clinical Quality Assurance: To maintain scenario relevance, and alignment with current standards of care, each scenario undergoes a structured review process to validate clinical accuracy, consistency with hospital protocols, and alignment with the learning needs of the target audience. Content is reviewed by subject matter experts and simulation staff before use or in response to updates in clinical guidelines and/ or outcomes evaluation data. The review process aims to maintain scenario clarity, realism, and educational value.

Debriefing: Healthcare debriefing at Corewell Health is a structured, reflective practice conducted after clinical simulations or real-life patient care events to enhance learning, support team performance, and improve patient safety. Aligned with Corewell Health's commitment to high reliability, psychological safety, and continuous professional development, debriefings are facilitated by trained educators using evidence-based frameworks. These sessions promote open dialogue, critical thinking, and systems-based reflections, allowing teams to examine clinical decisions, communication and workflow.

Standardized Patients

Utilization of Standardized Patients (SP) is a vital component of our healthcare simulation program, designed to support experiential leaning, clinical competency developments and person-centered communication. SPs are trained individuals who portray patient roles in a safe, controlled environment, allowing leaners to practice history taking, various assessment skills, shared decision making, sensitive communication skills and delivery of difficult news. SP encounters are developed and facilitated by simulation educators following best practices in scenario design, standardization, and confidentiality, ensuring alignment with Corewell Health standards of excellence in psychological safety, and professional development across all disciplines. The department utilizes ultrasound models for training, who agree to be scanned and sign a consent form prior to the session.

Simulated Medical Equipment and Supplies in a Clinical Setting

Simulated medical equipment and supplies are used exclusively in designated simulation environments to create realistic, safe, and immersive learning experiences for healthcare professionals and learners. Simulated medical equipment and supplies must be clearly labeled “Not for human use/education/simulation only” to prevent confusion with real clinical items. This separation mitigates the risk of cross-contamination or inadvertent clinical use. In accordance with evidence-based guidelines from the International Nursing Association for Clinical Simulation Learning (INASCL and the Society for Simulation in Healthcare (SSH), CHCSD ensures that all equipment used in simulation is appropriate for educational objectives, accurately represents clinical function when feasible and is routinely assessed for fidelity, function, and safety based on our departments Separation of Patient Care and Simulation supplies procedure and department guidelines. Refer to the Appendix for Separation of Patient Care and Supplies Procedure as well as guidelines for labeling and storing equipment and supplies.

Resources & Logistics

Equipment Use

Utilization: Simulation equipment is entered into the department's simulation software called LearningSpace. The simulation operations coordinators are responsible for entering equipment, documenting maintenance checks and maintaining up to date warranty information in LearningSpace. A department equipment outlook calendar tracks equipment leaving the department's simulation space.

Internal Equipment Requests: Internal CHW departments may request equipment by submitting the Clinical Simulation Request Form located on SharePoint. Training is required for those using equipment. Staff will complete a loan form which includes acknowledgement of responsibility, date the equipment is loaned out, anticipated date of return, and date the requestor training was completed. Equipment tip sheets are provided with each task trainer. Operating standard work for high fidelity simulators are available on the CHCSD internal SharePoint page.

External Equipment Requests: Rentals are available by submitting a Clinical Simulation Request Form located on the CHCSD internal and external websites. When submitted, a simulation operations coordinator will engage with the requestor for further intake details. An equipment rental contract is required with associated fees clearly outline. Training is required for those using department equipment. Staff will complete a rental form which includes acknowledgement of responsibility, date the equipment is loaned out, anticipated date of return, and the date training was completed. Details regarding the Simulation Equipment Loan and Rental Procedure can be found in the Appendix.

Inventory: The simulation operations coordinator at each location will maintain a log of supplies with par levels. Supplies are located and organized in clearly labelled cabinets, bins, carts and shelving units. Supplies used for skills practice and simulation may be re-used at the discretion of the simulation staff. Sharps containers are in various areas throughout both locations for proper disposal. The department's full equipment inventory list is located on the CHCSD internal and external websites.

Acquisition Process: For acquisition of new equipment, the simulation director is the decision maker. Minor capital equipment is budgeted through the operation budget. Capital equipment is planned for 5 years in the future and vetted through corporate finance. Acquisition of equipment purchased through other departments' philanthropy funds which require ongoing operational expenses, are vetted through a business case process presented to the CHCSD and corporate finance.

Warranty Tracking: Warranty tracking is the responsibility of the simulation operations coordinator at each location. A warranty workbook will be maintained routinely and monitored for warranty expiration dates. The coordinator will communicate with the vendor to ensure invoices are received timely to avoid a lapse in warranty periods. Invoices will be sent to the appropriate administrative coordinator who will save the invoice, submit payment to accounts payable and document on the expense tracker.

Maintenance of Equipment: The care and proper use of all equipment and simulators within the simulation department are the responsibility of the individual(s) facilitating and utilizing the equipment. The simulation training specialist is responsible for basic equipment repairs. The simulation operations coordinator is responsible for contacting manufacturers to schedule services in accordance with warranty agreements. Learners and/or staff found to be mistreating simulation equipment will be restricted from future use. Reports of mistreating of equipment will be reported to a simulation leader for further investigation. See the Equipment Maintenance Care Procedure outlined in the appendix.

Routine Care: Routine care includes wiping down equipment after use, powering off unnecessary items, draining fluids, removing adhesive/moulage, assessing for damage and storing equipment and supplies properly.

Preventive Care: Monthly inspections will be completed on task trainers and simulators by the simulation operations coordinator and the simulation training specialist as outlined in the departments Equipment Maintenance Care Procedure. When applicable, manufacturer's recommended guidelines and/or terms of the warranty will be followed.

Equipment Repair: All equipment concerns should be directed to the simulation operations coordinator. If a simulation staff member identifies damage or a need for repair, they must notify the coordinator responsible for the location where the equipment is housed. Broken equipment will be tagged appropriately and taken out of service. All equipment breakage and repair will be documented on the repair log and in the CHCSD database. A log will be maintained by the simulation operation coordinator at each location. The log is located on the M-drive/Equipment Information/Warranty – Repair log. The repair log will include the name of equipment, description of equipment, warranty information for equipment Vendor contacts, identified issue and plan of action that will be taken. After the repair has been completed and confirmed by the simulation operations coordinator, the incident is documented as resolved. Certain equipment, such as defibrillators and C-arm, are tagged and maintained by system departments such as bio-med and radiology.

Supplies

Acquisition: The lead team member assigned to the event is ultimately responsible for ensuring all supplies are available and ready for a scheduled event. The simulation operations coordinator is responsible for supply ordering and follows the institution ordering process, whether internal or external. A working relationship is established with the institution's central supply for acquisition of expired supplies.

Organization: Supplies are organized in the storage and supply/prep rooms by groupings of similar items. Cabinets, shelves, and/or bins are clearly labeled. Supply bins are labeled according to course or procedure.

Budget Source: Revenue from course registration fees, equipment and space rentals are applied to the simulation cost center to off-set operational expenses. An expense tracking spreadsheet is utilized and located in the department's shared drive. Additionally, expenses are tracked by the institution within the Workday software system. This tracking is more generalized; however, the financial analyst and the simulation director can generate reports. Additional budget sources include in-kind and private donations.

Usage and Re-usage: It is the responsibility of the simulation operations coordinators to inspect and decide if a supply is in proper condition to be re-used. For cost-savings and sustainability, re-utilization of supplies is always considered when possible.

Department Resource Utilization - Operations

Utilization of Space: Providing care in the clinical environment requires specialized knowledge, skills and confidence to prepare providers for the challenges of the contemporary healthcare system. Simulation offers experiential learning opportunities to refine technical and clinical skills. All healthcare disciplines are able and encouraged to utilize the CHCSD's services and resources.

Utilization of Simulation Staff: Staff resources are reviewed during weekly operations meetings. Each event is reviewed in detail, evaluations of simulation resources are discussed, and staff are assigned based on role, availability and work location. The simulation operations coordinator assists with setup/tear down. The simulation training specialist operates simulators and educators assist with objectives, scenario development, teaching, and debriefing.

Utilization Reporting: The department tracks the following data for each event held within the CHCSC or DMMIB. Tracking and reporting are documented within the outlook calendar entry and the data spreadsheet located on the Corewell Health M-drive in the Clinical Simulation folder. This data obtained contains, but is not limited to: Title of Event, Department/Organization served, Type of Event, Event Date, Instructors, Learner Type, Learner Count, Location & Spaces, Start & Stop Times, Educational Modalities and Topics Presented/Discussed.

This tracking and reporting are utilized to create an annual impact report highlighting the volume of learners, departments serviced and number of events the simulation department completed throughout the year.

Security of Information: The CHCSD abides the by the Corewell Health confidentiality policy. No personal health information is utilized in the simulation department. Event documents are maintained according to the Corewell Health Record, Management, Retention and Destruction policy. Written tests are securely locked within the department within the employee only area. Video recordings in LearningSpace are automatically deleted after 30 days. Appendix: Confidential Communications Requests Policy v.5 and Record Management, Retention and Destruction Policy v.11

Event Supplies: Event-specific supplies and/or disposable supplies are requested 6 weeks prior to the event. Any unexpected or urgent request for supplies and/or disposables made outside of this window is subject to the current stock of supplies. Supplies and/or disposable requests are never guaranteed since we are always limited to our vendor's ability to deliver what was requested and ordered. Also, see "Acquisition" above.

After-hours Access: Surgical residents are provided 24/7 access to the CHCSC and the DMMIB to utilize Fundamentals of Laparoscopic Surgery trainings, surgical simulators and the da Vinci surgical system. Demonstrating competency on equipment is required prior to granting 24/7 access. Learners are expected to respect the space, sign in and immediately report technology issues. Industry renting space in the bio-skills lab after business hours are provided a binder of expectations and checklist outlining instructions on closing the lab, disposal of trash and instrument cleaning. Additional details regarding expectations outside of regular operating hours can be found in the After-Hours Resident Access and Wet Lab After Hours procedures linked in the appendix.

Evaluation & External Relations

Facilitator Peer Observation

To support professional development and maintain high standards, an "Educator Peer Review" process for simulation educators will be conducted annually. This assessment will happen in alignment with the Corewell Health Annual Snapshot timeframe, which historically runs October 1 through January 31. Each simulation educator will be observed by a peer, assigned by the simulation manager. Observations will be documented using the designated peer evaluation tool, currently stored in the department SharePoint Page. Completed evaluation forms will be submitted directly to the simulation manager, who will securely store them in personal documentation files. Evaluators are expected to share their completed evaluations with the observed peer to promote transparency and constructive feedback. These peer evaluations will also serve as an additional resource for evaluation during the Annual Snapshot review process.

Customer Relations

Dispute Resolution: For more information on resolving disputes, please refer to the Dispute Resolution Department Procedure outlined in the Appendix.

Marketing of Program, Web Usage, and Media: Simulation Department team members are permitted to professionally engage in customer outreach and promotional activities in accordance with the Corewell Health Code of Ethics. Program information is shared internally on Corewell Health's intranet. The simulation sr. learning and development specialist maintains the internal and external websites with oversight by the simulation director and manager. Brochures and other marketing material are approved by the simulation director. Media is directed to and led by the Corewell Health Corporate Communications.


Financial & Administrative Policies

Fiscal

Fee Structure: Fee structures are determined by simulation department leadership with consultation and input from the institution's legal counsel and facilities representatives. There are internal and external fee schedules. There is approved discount criteria. See Sharepoint and external website for fee schedules.

Required Reporting and Annual Budget Reporting: The simulation director reports to the Chief Medical Officer. Fiscal reporting is conducted through the Finance Department. Monthly expense reports are provided to the simulation department by the financial analyst. It is the responsibility of the director to monitor expense reports and be fiscally responsible. Annual budget planning and approval is done in collaboration with the Finance Department.

Purchase and Acquisition: Institutional processes are followed. For capital equipment, a rolling 5-year roadmap for new and replacement equipment is provided to the capital equipment finance team who supports the simulation department. The SEAR capital replacement funding process is implemented to purchase this equipment (Director and above: See the Lobby on the intranet to begin the process). For donated equipment, the director works with the Corewell Health West Foundation representative or directly with the clinical service line for in-kind donations and gain-share funded donations.

Reimbursement Process: The institution is responsible for reimbursement. Team members must submit new expense requisitions within Workday for items that are acceptable reimbursements. For internal payments to other departments, quarterly cost center transfers are implemented by the simulation manager and administrative support coordinator. These expenses and reimbursements are tracked on the expense tracking spreadsheet in the CHCSD shared drive.

Conflict of Interest: For more information on conflicts of interest, please refer to the Conflicts of Interest Program linked in the Appendix.

Professional Development

The CHCSD follows the systemwide Travel and Reimbursement Policy. Professional development of all team members is encouraged. Licensed personnel must follow their license requirements as well. Conferences and professional development opportunities are discussed with and by department leadership. Every effort is made to alternate conference attendance between team members to have annual CHCSD representation. For those who do not attend in person, we recommend prioritizing virtual learning opportunities to support ongoing professional development through accessible online resources. Simulation staff are encouraged to obtain certification through the Society of Simulation in Healthcare appropriate to their role.

Clinical Simulation Research

All research activities must be submitted to the Simulation Department for review using the Clinical Simulation Request Form. In compliance with Corewell Health policy, IRB approval is required prior to initiating any study involving human subjects or data collection. All data must be stored securely and in compliance with institutional data protection policies. Study participants must be informed of their rights, including the right to withdraw without penalty. Confidentiality of participants and data must be maintained. Video recordings used for research must have signed participant consent and be stored in encrypted formats.

Priority is given to research projects integrated within scheduled training or events. The use of simulation equipment, space, and personnel must be coordinated in advance. Research activities must not interfere with scheduled educational programs.

While we encourage involving one of our simulation educators or the sr. simulation learning and development specialist on your project, authorship must reflect actual contributions. However, the CHCSD must be acknowledged in all publications resulting from its support. Copies of published work must be submitted to the CHCSD for archival and reporting purposes.

Researchers may be asked to submit a report summarizing findings, impact, and recommendations to the CHCSD. Additionally, the CHCSD may request updates on the status of ongoing projects. Research outcomes may be used to inform simulation curriculum and quality improvement initiatives.

There are many research related policies in the institution's Policy Tech program, and it is the researchers' responsibility to become familiar with them and follow them. All questions related to simulation research can be directed at the sr. simulation learning and development specialist or simulation surgical medical director. Key institution policies on research are linked in the appendix.

Safety & Compliance

Emergencies

Information about each of the following processes can be found linked and/or available in the appendix.

Medical Emergencies: Dial 911 from cell phone or 33911 from office desk phones See appendix: 275 MI Emergency Pathways; CHW 109 Michigan St. Emergency Preparedness Procedures.

Non-Medical Emergencies: The phone number for Corewell Health Security Services is 616.391.1425. Utilize 33911 for emergency response from local police or fire. Panic buttons are located at both simulation facilities and will engage Corewell Health Security. Locations: CHCSC: Underneath the front registration desk; DMMIB: near elevators.

AED Locations: Simulation educators and simulation training specialists are trained on the use of an AED. You will find a map for AED locations at both centers in the appendix.

Identification Badges

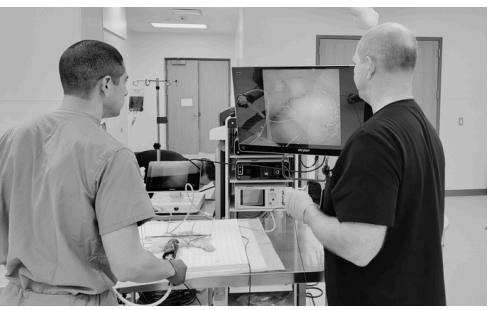
In alignment with institutional policy, all Corewell Health employees are required to always wear their badges. Name badges are provided during certification courses. During in situ events, role identification badges are worn by simulation personnel.

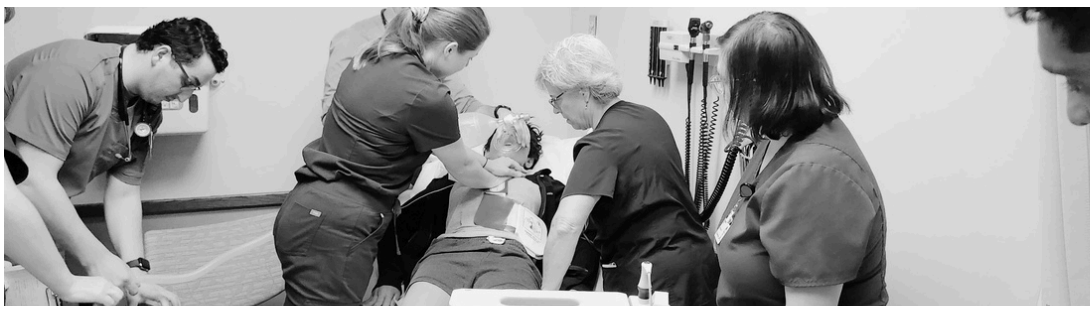
Biohazardous Material and Cadaveric Use

The use of the bio-skills lab by internal Corewell Health team members and providers is requested during the annual academic year planning or through the Clinical Simulation Request Form located on the CHCSD SharePoint and external website. External industry use requires a fully executed contract. All institutional policies are adhered to. The processes, room readiness, set up and tear down, specimen ordering, maintenance, and all related documentation are the responsibilities of the simulation bio-skills operations coordinator/technician. Course requests are vetted through the simulation manager and the bio-skills operations coordinator. External industry use is vetted through the simulation director prior to contract negotiation initiation.

All applicable simulation team members adhere to annual bloodborne pathogen training and bio-skills lab training conducted through the human resources software system. All external Corewell Health learners are required to view the required training module and completion is tracked. All learners must complete the required training prior to admittance into the bio-skills lab. Copies of policies and procedures are provided before lab use, and there is a hard copy of the bio-skills policy and procedure manual within the bio-skills lab. Key bio-skills procedures are linked in the appendix.

Specimens are only acquired through certified willed-body programs and contracts are fully executed with these institutions. Requirements of these institutions and contracts are followed. Access to the bio-skills lab and cadaver storage room is badge access only, limited to simulation department and approved personnel





Appendix

Department Procedures (in order of appearance in manual, click title to go to page)

Policy and Procedure Links Referenced in Manual (in alphabetical order)

- After Hours Resident Access
- Anatomical Specimen Traceability
- BBP Training - Clinical Simulation
- Bio-skills Consent Waiver
- Bio-skills Lab Code of Conduct
- CHCSC Bio-skills Rules and Regulations
- Cleaning and Reprocessing of Instruments
- Clinical Simulation Department Scenario Building Template
- Clinical Simulation Event Evaluation - Standard
- Confidential Communications Requests Policy v.5
- Conflicts of Interest Program v.6
- Corewell Health Code of Excellence
- Corewell Health Dress Code and Identification (ID) Badge Policy
- Corewell Health - Plan Severe Weather v.7
- Corewell Health Record Management, Retention and Destruction policy
- Debriefing Resources
- Equipment/supplies labeling and storage guidelines
- GME Academic Year Simulation Education Planning/Longitudinal MIB/CSC Room Reservation Process
- Operating standard work for high fidelity simulators
- Professional Expectations
- Record Management, Retention and Destruction Policy v.11
- Simulationist Code of Ethics
- Simulation Facilitator Peer Evaluation Tool
- Simulation Instructor Post Course Evaluation
- Travel and Reimbursement Policy
- Visitors in the Cadaver Area
- Wet Lab After Hours Procedure
- Work Time policy

Appendix

Key Institutional Policies (in alphabetical order)

- Bloodborne Pathogen Exposure Control Plan
- Employee Responsibility in a Radiation Environment
- Hazard Communication Right-to-Know Program
- Hazardous Material Management and Spill Response – Laboratory
- Initiating a Research Study
- Medical Waste Management Plan
- Personal Protective Equipment (PPE)
- Research - Investigator Responsibilities
- Research Requiring IRB Approval and Oversight
- Safety Pause Team Member Event Reporting System
- Temperature Controlled Storagey

Simulation Advisory Council Charter

Established Charter Date: 5/22/2024	**Charter Review Date:** 2/18/25
Executive Sponsor: Josh Kooistra, SVP, CMO Hospital Care; Charles Gibson (Interim)	

Purpose

The Simulation Advisory Council serves to advance the mission, vision, and values of Corewell Health West and the Corewell Health Clinical Simulation Center (CHCSC) by establishing and maintaining principles to ensure optimal and equitable use of simulation resources.

Multidisciplinary Membership

The Simulation Advisory Council shall consist of:

- DIO or ADIO, Graduate Medical Education
- Department Chiefs representatives
- Director, Nursing Practice and Development
- Director, Clinical Simulation
- Surgical Director, Clinical Simulation
- Manager, Supply Chain Sourcing
- VP, Research Administration
- Quality, Safety, Experience representative
- Compliance representative
- Manager, Clinical Simulation
- Medical Director, Clinical Simulation
- Other individuals as appropriate

Members are recommended by the Director and Medical Director, Clinical Simulation as well as service line and department leadership to maintain a multi-disciplinary forum. Members are encouraged to attend all meetings or delegate an approved representative from their area to attend.

Guiding Principles

The Simulation Advisory Council will:

- Serve in an advisory capacity for overall guidance to the Corewell Health Clinical Simulation Center (CHCSC)
- Serve as a forum for discussion, collaboration, insight, and information sharing among key stakeholders across the organization
- Promote decision-making by consensus of those members present at the council. Robert's Rules of Order will not be utilized. The CHCSC leadership will seek advice and support, however, cannot be hindered by lack of council member attendance
- Identify gaps and needs in simulation-related education and resources
- Assist in removal of barriers in simulation-related education and resources
- Increase the organization's awareness of simulation contributions to improved patient outcomes and/or patient safety
- Ensure current and historical philanthropic intent is maintained

Roles and Expectations:

Co-Chairs: Director and Medical Director, Simulation	• Facilitate meetings • Provide meeting agenda • Annual report to stakeholders and members • Serve as liaison to executive leadership • Provide regular communication as warranted
Council Members	• Engage in discussions and participate in shared decision-making • Represent the voice of the area/specialty • Actively participate in deliverables • Advise on institutional values and practices, as well as program policies and procedures related to use of cadaveric specimens and Body Donor programs
All	• Support the continued development of effective, innovative, and integrated simulation training for all learners • Review, promote, and steward simulation resources to help meet educational needs across the organization • Advance a model of simulation-enhanced education that is interprofessional, clinically focused, evidenced-based, and contributes to improved patient outcomes • Review charter annually and recommend revisions when needed
Scribe	• Document meeting minutes • Disseminate agenda, notices, and reminders of upcoming meetings

Meeting Frequency: The Simulation Advisory Council will meet quarterly at a minimum, and more frequently as needed to fulfill its responsibilities.

RESERVATION AND UTILIZATION PROCEDURE

EFFECTIVE DATE: 07/10/2024 **REVIEW DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To address the reservation and utilization process for education, space, and /or equipment requests for all simulation users.

2. GUIDING PRINCIPLES

The Clinical Simulation department is committed to ensuring that resources and processes are utilized appropriately to provide high-quality education, while promoting patient and team member safety. Having a process which reflects prioritization objectives will help ensure sufficient resource management to best meet the needs of users.

2. RESPONSIBILITIES

Applicable to all staff and users of the Clinical Simulation Center in conjunction with Corewell Health West (CHW) policies and standard work.

3. PROCEDURES

3.2 Prioritization

A. Corewell Health West programs and stakeholders are prioritized. Other requests will be considered on a case-by-case basis, based on available resources, active contracts, and agreements. All competing requests will be assessed utilizing the Simulation Prioritization Matrix.

3.2 Long term reservations

A. Long term reservations reflect academic year planning for stakeholders with required and/or longitudinal curricula and are planned on an annual basis through an intake process with clinical simulation team members. The academic year is July – June and this process occurs on an annual basis.

B. Annual planning occurs during a designated period, typically December - February. Educational requests that are outside of the planning period will be on a first come first served basis.

3.2 Simulation request and intake process

A. To request an event or equipment, please complete the department intake form, available on both SharePoint and our external webpage. Once submitted, a simulation educator will review your request and reach out within two weeks.

B. After the initial paperwork is completed, the department intake committee meets every two weeks to review submissions. If your request is approved, you'll be assigned an operations or education lead who will guide you through the event planning process and help complete the necessary documentation

C. In the event of conflict, the prioritization matrix will be utilized, and the simulation team will make every attempt to find an acceptable resolution.

3.2 Cancellation and no-show events

A. The simulation team will regularly review space usage, cancellation, and no-show events. History of repeated cancellations and/or no-shows may trigger a review of the end user and could negatively affect future reservations.

B. If an event needs to be cancelled, please contact Diane.Batts@corewellhealth.org, extenuating circumstances will be considered.

PRIORITIZATION MATRIX

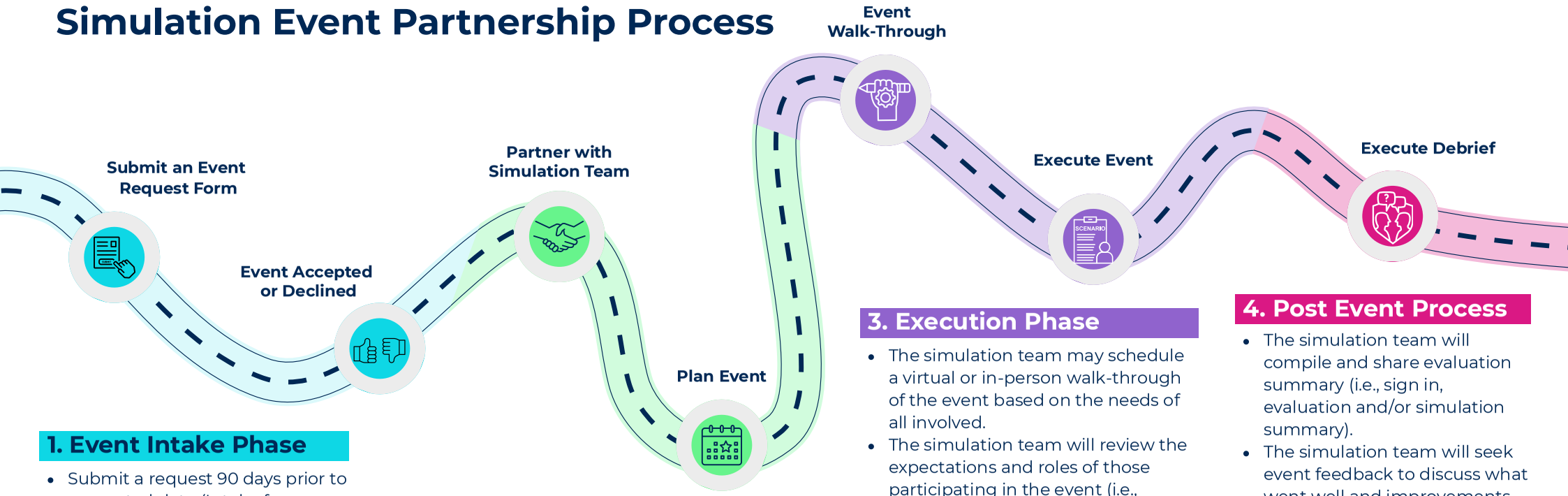
EFFECTIVE DATE: 07/10/2024 **REVISION DATE:**

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

Criteria	0=No	1=Low	2= Medium	3=High	Comments	Total Score
Accreditation, Regulatory, Compliance, and/or Mandated Training	No			Yes (e.g., Accreditation requirements, Joint Commission, GME Training. Graduation or Milestone requirements)		
Safety Event or System Initiative	No	Part of an identified change	Part of a non-urgent safety event, near miss and/or ERS report	Urgent request around a serious safety event		
Impact on Competency	No gaps in practice identified with simulation intake or during needs assessment. Not low volume/high-stakes riskpatient populations and/or procedures	Gaps identified in simulation intake or during needs assessment: • Procedure/skills training • Review of existing practice	Essential competency curriculum (e.g., ACLS/PALS foundations, resident training, orientation training etc.)	Major change in practice (e.g., COVID, new patient population, etc.) Gaps in practice have impacted patient outcomes such as increasing inpatient days or transfer to a higher level of care Research that impacts patient care/outcomes		
Event and/or Resource Complexity	Not Complex	Discipline specific and not interprofessional Requestor conducted simulation in the part year on the same topic	May involve multiple disciplines Interprofessional training	Potential impact identified related to outcomes, metrics, reduced staffing/time, or cost Involved multiple units and/or disciplines simultaneously Interprofessional		
Organizational Impact and/or Alignment	No impact identified related to outcomes, metrics, reduced staffing/time, or cost			Aligns to historical philanthropy/donor intention Grant-related	Clear outcome is identified, will be tracked, and reported for the project	
Scheduled and/or Reserved	Event not currently reserved			Event is currently reserved or scheduled External agreement or contract has been executed	Events scheduled with down payment received or pending within terms will not be superseded	

Corewell Health Clinical Simulation Event Partnership Process



1. Event Intake Phase

- Submit a request 90 days prior to requested date (Intake form can be found on the Clinical Simulation SharePoint page or our external site for external requests).
- A simulation educator will review the request within 1 week of submission.
- A simulation lead will reach out the the requestor within 2 weeks of submission.
- Attend a virtual or in-person meeting to discuss broad overview of the request which will be scheduled by the Simulation Team lead. Recommendations and next steps will be discussed.

2. Event Planning Phase

- With guidance from the Clinical Simulation Team, **PARTNERSHIP from the requestor will be expected** to define:
  - Goals and objectives
  - Methods, modalities, and educational strategies
  - Review evaluation tool(s)
- A subject matter expert may be required to participate in the planning process.
- Simulation team will create the equipment/supply list (note: orderable supplies requested must be provided 4 weeks prior to event date.) Items requested outside this time frame will be considered on a case-by-case basis.

3. Execution Phase

- The simulation team may schedule a virtual or in-person walk-through of the event based on the needs of all involved.
- The simulation team will review the expectations and roles of those participating in the event (i.e., facilitator, subject matter expert, event lead, etc.).
- **Note:** Events will be cancelled and/or postponed if simulation scenarios are not received prior to the execution phase or 2 weeks prior to the event date.

4. Post Event Process

- The simulation team will compile and share evaluation summary (i.e., sign in, evaluation and/or simulation summary).
- The simulation team will seek event feedback to discuss what went well and improvements for next time. Post event debrief modality will be based on input from all teams/participants involved.

REQUIRED DISCLAIMER AND PRE-EVENT STATEMENTS

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To ensure material presented by outside presenters is in alignment with the Corewell Health Clinical Simulation Department's values and quality standards, while respecting the philosophy of utilizing simulation-based learning.

2. RESPONSIBILITIES

External presenters

3. PROCEDURES

3.1 External presenters must align with Corewell Health values. The Corewell Health Code of Conduct is embedded in the executed master agreement. When external presenters, including vendors as instructors, present at simulation-related classes or events, team members and/or the department manager will monitor feedback. If a presenter receives negative feedback, the simulation manager or simulation director will review and discuss it with them. If negative feedback continues, the presenter will no longer be invited to participate in future events.

3.2. Presenters or instructors presenting for the first time will be vetted by the simulation manager. The department manager and/or educators will vet course material.

3.3 Physicians who are paid by the Corewell Health Simulation Department are required to have a fully executed contract.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

Reviewer(s): Joy Tompkins, Simulation Manager; Cassandra Kearney, Sr. Learning and Development Specialist; Tracy Cramer, Simulation Educator

Approved: Pam Jager, Simulation Director

REQUIRED EVENT AND COURSE ACKNOWLEDGEMENTS-EXTERNAL AUDIENCE

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To establish a standard procedure for the use of the simulation program's name when presenting to external audiences, ensuring that the program always has quality representation.

2. RESPONSIBILITIES

Department leadership, team members, and presenters to external audiences

3. PROCEDURES

3.1 The name "Corewell Health Clinical Simulation Department" shall be utilized when referring to the simulation program during courses or presentations. Corewell Health Clinical Simulation Department is the approved name of the department. These names shall be utilized by the presenter.

3.2. The accurate department name shall be utilized by the presenter. Expectations listed in 3.1 will be conveyed during the event planning process and is included in writing in the event planning process.

3.3 Proposed presenters not employed by Corewell Health must be approved by the clinical simulation director during the planning phase.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

Reviewer(s): Joy Tompkins, Simulation Manager; Cassandra Kearney, Sr. Learning & Development Specialist; Tracy Cramer, Simulation Educator

Approved: Pam Jager, Simulation Director

DATA RETENTION PROCEDURE

EFFECTIVE DATE: 1/23/2026 **REVISION DATE:**

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The purpose of this procedure is to outline the standards and processes for data retention within the Clinical Simulation Center, ensuring compliance with Corewell Health policies and supporting secure, consistent handling of all operational, educational, and research-related data.

2. RESPONSIBILITIES

Simulation Personnel, course coordinators, instructors and research personnel

3. PROCEDURES

3.1 All documents and records must be retained for 11 years per Corewell Health policy.

3.2 Video recordings in LearningSpace are stored for 30 days unless otherwise approved.

3.3 Videos are automatically deleted after 30 days unless designated otherwise.

3.4 Event data is acquired via sign-in sheets, Excel files, online evaluations, videos.

3.5 Corewell Health Digital Services may restore corrupted/deleted shared files.

3.6 Access is restricted to authorized staff with operational need.

3.7 Confidential data is stored securely.

3.8 Research data follows IRB/federal retention, whichever longer.

3.9 Records are destroyed at the end of the retention period using approved methods.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Cassandra Kearney, Sr. Learning & Development Specialist

Reviewer(s): Joy Tompkins, Simulation Manager; Eryn Hart, Simulation Surgical Director

Approved: Pam Jager, Simulation Director

CONFIDENTIALITY PROCEDURE

EFFECTIVE DATE: 1/23/26 **REVISION DATE:**

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The purpose of the confidentiality policy is to provide expectations for confidentiality, when it's utilized, to what extent, and to provide psychological safety to team members and learners.

2. RESPONSIBILITIES

Simulation team members, facilitators, and instructors.

3. PROCEDURES

3.1 Corewell Health's Confidentiality policy is adhered to. No patient information is utilized in the Clinical Simulation Department.

3.2. Most simulations provided are formative in nature and unless different, the simulation facilitator/leader will during the prebrief, provide expectations about the confidentiality of what happens and/or is verbalized during the simulation is expected to remain within the simulation and debrief.

3.3 When a simulation is being recorded, the learners will be informed of such, the purpose for recording, and the retention procedure.

3.3 For special struggling learner sessions, the GME program director may share results with program faculty, in which case, the learner will be informed prior to the simulation.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Eryn Hart, Surgical Simulation Director; Cassandra Kearney, Sr. Learning & Development Specialist; Tracy Cramer, Simulation Educator

Approved: Pam Jager, Simulation Director

SAFE WORK ENVIRONMENT - PHYSICAL SAFETY

EFFECTIVE DATE: 10/1/2025 **REVISION DATE:** 01/20/26

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To establish a safe work environment

2. RESPONSIBILITIES

All team members, learners and anyone participating in simulation

3. PROCEDURES

3.1 Medical Emergencies: For life threatening emergencies call 911. Refer to the emergency response plan located:

- **a.** CSC: M:\Clinical Simulation\Emergency Preparedness\CSC
  - **o** AED locations: Floor 2 on pillar outside of back(north) badge entrance to the Simulation Center
- **b.** MIB: M:\Clinical Simulation\Emergency Preparedness\MIB. See medical emergency section of the 109 Michigan St. Emergency Preparedness policy.
  - **o** AED locations: Floor 3 corridor across from large restrooms

3.2 Environmental Emergencies: Refer to Corewell Health plans and each building plan

- **a.** CSC: M:\Clinical Simulation\Emergency Preparedness\CSC
  - **o** Emergency supplies are stored in filing cabinet under front desk, labeled Emergency Evacuation Supplies
- **b.** MIB: M:\Clinical Simulation\Emergency Preparedness\MIB

3.3 Use of medications in the simulation department: No medication for patient use is utilized or stored in the department in any location. Simulated medications with original labels are required.

3.4 Equipment: “For simulation only” or “not for human use” labels are required on Equipment that enters clinical space. Sticker confirmation is done prior to in situ simulation during simulation designated prep time. Equipment that is identical to clinical use is serviced by the Biomed Department or the department that is responsible for it (e.g., Radiology for the radiology equipment). Refer to Equipment Labeling guidelines for additional labeling requirements.

3.5 Standardized patients will not be exposed to sharps or hazardous chemicals, nor the use of live restraints or weapons of any kind. Wearable task trainers may be utilized. No invasive procedures will be performed.

3.6 Teaching materials are stored in private areas at workstations or dedicated storage spaces, such as filing cabinets. Testing materials are always stored in dedicated, locked filing cabinets

3.7 Biohazardous material: See Bio-skills lab procedures.

4. RELATED PROCEDURES

4.1 Bio-skills lab procedure

4.2 In-situ simulation procedure

5. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

Reviewer(s): Joy Tompkins, Simulation Manager; Eryn Hart, Simulation Surgical Director; Cassandra Kearney, Sr. Learning and Development Specialist; Niky Rusche, Simulation Educator

Approved: Pam Jager, Simulation Director

SAFE WORK ENVIRONMENT - PSYCHOLOGICAL SAFETY

EFFECTIVE DATE: 10/1/2025 **REVISION DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To establish a safe work environment, in which all team members and participants are respected and feel psychologically safe.

2. RESPONSIBILITIES

All team members, learners and anyone participating in simulation

3. PROCEDURES

3.1 The Corewell Health Code of Conduct, as well as the Society for Simulation in Healthcare Simulationist Code of Conduct, will be implemented. Simulation Code of Conduct signs are posted in all simulation labs.

3.2 Issues with co-learners should be addressed to the facilitator, privately In person and in real time, if possible.

3.3 Disruptive participants will be addressed by the simulation facilitator to determine if the event triggered the behavior. The facilitator may remove the disruptive learner from the simulation event. If a team member feels their safety is at risk, they will cease the simulation and will contact Corewell Health security at their discretion.

3.4 Issues with facilitator or a team member should be addressed to simulation program leadership.

3.5 Facilitators will routinely conduct a pre-briefing, stating that the simulation setting is a safe environment where confidentiality is expected. Suspension of disbelief during simulation-based learning may also be discussed.

3.6 The simulation event is an environment where learning is a priority and participants will learn from their mistakes during a formative event.

3.7 Team members will treat standardized patients and ultrasound models with respect, as they are considered part of the team. After the event, facilitators will conduct a debriefing with participants, during which any issues or concerns will be addressed.

3.8 Private areas are provided for dressing that are out of sight of learners. Training is provided to standardized patients so they feel comfortable with equipment and the scenario.

3.9 If a learner becomes distressed, the simulation facilitator should separate the learner from the situation. If the facilitator is unable to remediate the situation, they should escalate the matter to the simulation manager or simulation director, who will speak with the distressed learner. Corewell Health has multiple well-being resources including an Employee Assistance Program and several readily available online wellness resources.

3.10 The simulation event will conclude with standard debriefing.

3.11 All team members will be cognizant that remediation is a sensitive event. When remediation is necessary, it will take place in a private setting and confidential manner.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

Reviewer(s): Joy Tompkins, Simulation Manager; Eryn Hart, Simulation Surgical Director; Cassandra Kearney, Sr. Learning and Development Specialist; Niky Rusche, Simulation Educator

Approved: Pam Jager, Simulation Director

CANCELLATION PROCEDURE

EFFECTIVE DATE: 10/1/2025 **REVISION DATE:** 01/22/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The purpose of the cancellation policy is to state the expectations for the cancellation of activities, events, room rentals and certification courses in the simulation center.

2. RESPONSIBILITIES

Simulation Personnel

3. PROCEDURES

3.1 The simulation director, manager or department designee will be notified, via the most appropriate means, of all cancellations of a scheduled simulation or lab activity in a timely manner or as soon as the course coordinator determines an activity will be cancelled.

3.2 The course coordinator is responsible for notifying the designated course lead of the cancellation.

3.3 The course coordinator is responsible for notifying any other participants/faculty scheduled to support the activity.

3.4 For contracted courses and rentals with more than 10 days' business notice, the Licensee will be charged 5% of the total fee owed, as well as 100% of Licensor's cost in procuring supplies per the Reservation Worksheet. With less than 10 days' cancellation notice, Licensee will be charged 50% of total fee owed per Reservation Worksheet and 100% of Licensor's cost of procured supplies. No refunds will be issued for certification course fees with less than 10 days' cancellation notice.

3.5 Although rare, cancellations initiated by the simulation department (e.g., inclement weather, limited resources, etc.) may occur. In such cases, simulation personnel will contact the event lead as soon as possible. If an event is cancelled by the simulation department without due cause, a full refund will be issued.

3.5 For any conflict, the master agreement license verbiage will supersede any other notice.

3.6 For internal reservations, it is requested that the Event/Course leader notifies the simulation team leader of any cancellation or the Clinical Simulation department administrative coordinator via most appropriate means. Simulation personnel will regularly review space usage, cancellation and no-show events. History of repeated cancellation and/or no-shows may trigger a review of the end user and could negatively affect future reservations. Extenuating circumstances will be considered.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Cassandra Kearney, Sr. Learning & Development Specialist; Heather Blockland, Simulation Educator

Approved: Pam Jager, Simulation Director

AUDIO VISUAL USE, PHOTOGRAPHY AND VIDEO STORAGE PROCEDURE

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE: 01/20/2026**

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The purpose of this procedure is to outline necessary steps for the use of photography and videorecording of Corewell Health employees and external participants engaged in educational simulation sessions.

2. RESPONSIBILITIES

Simulation Personnel

3. PROCEDURES

3.1 Promotion or Publicity

a. Any video and/or print media for promotional purposes must be approved by the Director of Clinical Simulation. External participants are not allowed to be published on internal or external promotional material unless there is a signed consent.

b. Corewell Health does not require team members to sign a photo consent form. If a team member agrees to have their photo taken, this is considered implied consent. When simulation staff take photographs, they may verbally inform the learner group and explain how the photos may be used.

c. If a participant declines to be photographed, simulation personnel will comply with that wish.

d. To photograph non-Corewell Health employees, simulation personnel will obtain written consent utilizing the Clinical Simulation Department Photo Release form (Addendum A).

3.2. Research/Teaching

a. Photography and/or videorecording for the use of learning and research will follow the above steps.

b. Use of recorded simulation media by the simulation personnel is at the discretion of the Director of Clinical Simulation.

c. The Simulation Center maintains rights to all media.

3.3 Recorded Simulation Sessions

a. Video records may be made and kept on file for each simulation session. These records will be kept in LearningSpace and housed for 30 days prior to automatic learning space deletion.

b. Video records will be deleted unless deemed to be of continuing educational value at the discretion of the director.

c. Videos of simulation sessions may be made public if the above steps have been utilized. Video recordings of remediation will never be made public and will be restricted to learner and faculty use.

d. Learning Space access is only given to those approved by simulation personnel.

e. Learners will be notified if they are being recorded in a simulation.

f. Recorded simulation sessions are to be used for the purpose of learning/training.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Heather Blockland, Simulation Educator; Cassandra Kearney, Sr. Learning & Development Specialist

Approved: Pam Jager, Simulation Director

Photo/Videorecording Consent: Non-Corewell Health Employee
Corewell Health Clinical Simulation Department

1. By signing below, subject to Section 4, I hereby grant the Corewell Health Clinical Simulation Department personnel an unlimited right to make, take, use, create, re-create, modify, record, transmit, preserve, produce or reproduce and publish, exhibit, televise, display, or otherwise make available to others, images or likenesses of my face, body and/or voice, by any means including, without limitation, photograph, video, digital imagery, or other media not yet named or developed, in any Corewell Health related book, magazine, journal, publication, exhibit, newspaper, website, poster, ad, television spot, billboard, or other communications format.
2. I understand that Corewell Health's rights with respect to this Consent will continue indefinitely unless and until revoked by me in the manner set forth in Section 7 below.
3. I understand that the purpose of this Consent and the use of my personal image shall be:
   - ☐ to generate coverage in print, electronic, and other media formats;
   - ☐ to inform the general public (including the media) regarding various topics related to Corewell Health and its affiliates;
   - ☐ for purposes of promoting Corewell Health Clinical Simulation Department and its products and/or services; and/or
   - ☐ for educational purposes
4. I hereby place the following limitations on the use or disclosure of my personal image:

   _____

   _____
5. I understand that I may refuse to sign this Consent and that my relationship with Corewell Health will not be affected by any such refusal.
6. I understand that I have the right to revoke this Consent, if the revocation is in writing, except to the extent that Corewell Health has taken action in reliance upon this Consent.
7. I understand that in order to revoke this Consent, I must submit my revocation in writing to: Corewell Health Simulation Director, at 275 Michigan Street NE Floor 2, Grand Rapids, MI 49503.
8. I understand that if my personal image is used or disclosed pursuant to this Consent that it may also be subject to re-use and re-disclosure by the party or media outlet receiving the information, and such use or disclosure will not be protected by the law.

By signing this Consent, I acknowledge that I have read and understand this Consent. Further, I authorize the use or disclosure of my personal image in accordance with the terms of this Consent.

_____
Signature Date

_____
Printed name

_____
Witness Signature Date

_____
Signature Date
(Authorized Representative, if person is unable to sign or is a minor)

Description of Authorized Representative's authority to sign:

_____

SEPARATION OF PATIENT CARE & SIMULATION SUPPLIES PROCEDURE

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

Prevent the inappropriate utilization of equipment, supplies, or materials for actual patient care resulting from the Clinical Simulation Department events and/or In Situ activities.

2. RESPONSIBILITIES

Simulation Personnel

3. PROCEDURES

3.1 During in situ simulations, we utilize actual patient care supplies when possible, excluding medications.

3.2 During in situ simulations, no actual medication is utilized. We use simulated medications to minimize the risk to the patient care environment.

3.3 Simulation Supplies and equipment are labeled for “Not for Human Use” where appropriate.

3.4 Supplies and equipment will not be removed from simulation locations and taken into the clinical space, unless authorized by simulation personnel.

3.5 Training equipment and materials are stored separately from clinical environments by limiting their use to the simulation spaces at the Doug Meijer Medical Innovation Building and the Corewell Health Clinical Simulation Center.

3.6 Simulation equipment and supplies are maintained and stored in the dedicated space in both simulation locations.

3.7 During in situ simulations, equipment taken into the clinical environment will be accounted for by the simulation personnel utilizing a checklist prior to leaving the clinical space. Simulation equipment is clearly labeled.

3.8 Equipment and supplies are labeled and stored properly according to the department’s labeling guidelines.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Cassandra Kearney, Sr. Learning & Development Specialist; Heather Blockland, Simulation Educator; Eryn Hart, Simulation Surgical Director

Approved: Pam Jager, Simulation Director

SIMULATION EQUIPMENT LOAN AND RENTAL PROCEDURE

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The intent of this procedure is to provide availability of simulation equipment for all Corewell Health employees to meet learner needs for training and education.

2. RESPONSIBILITIES

Simulation training specialist and simulation operations coordinator

3. PROCEDURES

3.1 Simulation equipment will be stored and maintained per the simulation maintenance policy.

3.2 Simulation equipment borrowed by Corewell Health employees.

a. An equipment request form must be submitted on the Corewell Health internal SharePoint page a minimum of 10 days prior to the request date.

b. Requests are reviewed within one week of being received.

c. No fee is charged.

3.3 Simulation equipment requests will be evaluated every 2 weeks. Events will be reviewed along with clinical simulation resources. Equipment will be loaned out when it does not conflict with scheduled events.

a. Training on the equipment must be provided to the requestor by a member of the simulation department staff. Additional scheduled training may be necessary before approved to use the equipment initiated from the simulation department.

b. Equipment will be signed out via QR code with acknowledgement that training was complete.

3.4 Simulation equipment rented by those outside of Corewell Health.

a. An equipment request form must be completed from within our external department page or internal SharePoint page a minimum of 14 days prior to the request date.

b. Following review of the request, a quote will be provided to the requestor, and training will be scheduled.

c. Training on the equipment must be provided to the requestor by a member of the simulation department staff. Additional scheduled training may be necessary before approved to use the equipment initiated from the simulation department.

d. Staff will follow the Equipment Request standard work.

e. A signature will be obtained when the equipment is checked out, equipment will be inspected when it is returned.

f. The external requestor will be charged per department process and contract terms.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Cassandra Kearney, Sr. Learning & Development Specialist

Approved: Pam Jager, Simulation Director

SIMULATION EQUIPMENT CARE AND MAINTENANCE PROCEDURE

EFFECTIVE DATE: 04/23/2018 **REVISION DATE:** 01/22/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

The intent of this procedure is to ensure maintenance, integrity and service of simulation center equipment. Simulation equipment maintenance will occur as scheduled to maintain simulation equipment in good working order. Maintenance will be scheduled to avoid an interruption in learning activities.

2. RESPONSIBILITIES

Simulation operations coordinator with the support of all personnel.

3. PROCEDURES

3.1 Simulators, task trainers and medical equipment will be stored and maintained at both 109 Michigan and 275 Michigan locations.

3.2 The simulation department manager designates team members to be responsible for equipment preventative maintenance.

3.3 Simulator/Manikin/task trainer maintenance will adhere to manufacturer recommendations and guidelines for care and maintenance of equipment.

3.4 A written record of inspection for equipment, including servicing, cleaning, etc. will be maintained with documentation by following the department's standard work process titled: Equipment Maintenance

3.5 Simulation equipment will be maintained by the simulation center staff using the following schedule:

a. Manikins

o Preventative maintenance: Inspection and accessory checks completed with each use is the responsibility of the simulation training specialist or simulation operations coordinator involved in the event followed by documentation done monthly by the department simulation operations coordinator in the location where the equipment is located.

o Maintenance: to be performed within manufacturers' recommended guidelines and/or within terms of warranty when applicable. Refer to warranty workbook for details.

o Daily maintenance: after each use includes, powering off; Wipe down manikins, Remove adhesive, moulage and/or markings; Drain fluid; Assess for damage; Replace necessary parts; Store appropriately after dried.

b. Task Trainers

o Preventative maintenance: Inspection and accessory checks completed with each use is the responsibility of the simulation training specialist or simulation operations coordinator involved in the event followed by documentation done monthly by the department simulation operations coordinator in the location where the equipment is located.

o Maintenance: to be performed within manufacturers' recommended guidelines and/or within terms of warranty when applicable. Refer to the department warranty workbook for details.

o Daily maintenance: after each use includes, powering off; Wipe down task trainers after use, Remove adhesive, moulage and/or markings; Drain fluid; Top off fluids, if applicable; Task trainers to be returned dry; Store appropriately after dried.

c. Mentors/Ultrasound Equipment

o Set Up: Keep machines plugged in, assure ultrasound gels remain filled.

o Preventative maintenance: Inspection and accessory checks completed with each use is the responsibility of the simulation training specialist (MIB) or simulation operations coordinator (CSC) followed by documentation done monthly by the sim training specialist at the MIB and the Sim ops coordinator at CSC. Perform software updates when indicated.

o Maintenance: to be performed within manufacturers' recommended guidelines and/or within terms of warranty when applicable. Refer to department warranty workbook for details.

o Daily maintenance: after each use includes, Wipe down task trainers after use; Power off unnecessary equipment; Assess for damage; Store appropriately.

d. Inspection - Monthly

o Inspect manikins/task trainers/mentors

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

o Complete monthly checklist in Learning space on manikins/task trainers/mentors.

o ACLS/PALS/Airway carts/crash carts to be done monthly with manual checklist completed.

o Backpack contents of Apollo and Hal will be checked prior to use. See appendix for checklist.

e. Inspection - Annually

o Annual preventative maintenance will be completed on the pieces of equipment that qualify as the warranty outlines.

o Warranty Tracking: Warranty tracking is the responsibility of the simulation operations coordinator at each location. A warranty workbook will be maintained routinely and monitored for warranty expiration dates. The simulation operations coordinator will communicate with the vendor to ensure invoices are received timely to avoid a lapse in warranty periods. Invoices will be sent to the appropriate program coordinator who will save the invoice, submit payment to AP and document on the expense tracker.

o Damage/Repairs Identified:

– The simulation staff member who initially notes, observes, or identifies the breakage or need for repair shall notify the simulation operations coordinator in the location where the equipment resides. Broken equipment will be tagged appropriately and taken out of service.

– All equipment breakage and repair will be documented on the repair log and in the simulation center database.

– A log will be maintained by the simulation operation coordinator at each location. The log is located on the M-drive/Equipment Information/Warranty – Repair log.

– The repair log will be maintained by the sim ops coordinator and will include the following:

- Name of equipment
- Description of equipment (may include pictures)
- Warranty information for equipment Vendor contacts
- Plan of action that will be taken.
- Date the equipment leaves and returns for repair.

– After repair has been completed and confirmed by the simulation operations coordinator, the incident is considered resolved, reported out in weekly operations meeting and documented.

f. As Needed

o Contact vendor for onsite maintenance or verbal/written guidance if equipment issue is unable to be successfully used.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Joy Tompkins, Simulation Manager

Reviewer(s): Rachel Holmes, Simulation Operations Coordinator

Approved: Pam Jager, Simulation Director

DISPUTE RESOLUTION DEPARTMENT PROCEDURE

EFFECTIVE DATE: 10/1/2025 **REVIEW DATE:** 01/20/2026:

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To manage and resolve any disputes, complaints or concerns that arise from a course, program or simulation delivered by the simulation department facilities or a member of the simulation team. It is optimal for these types of allegations to be handled by the simulation department.

2. RESPONSIBILITIES

Department leadership will investigate all concerns, disputes, complaints or allegations within the simulation department and facilities. All actions will be managed in a clear, respectful, impartial and organized manner that is consistent with the ethics, values and policies of the department and Corewell Health.

3. PROCEDURES

3.1 All learner complaints or concerns will be initially directed to the lead faculty, course coordinator, course director, or lead team member of the event. If learners are uncomfortable addressing the concerns to these individuals, the learner may directly contact the simulation director, simulation manager, or the simulation surgical director. A concern, which is a cause for worry, is considered more serious in nature than a complaint. A complaint expresses dissatisfaction with something.

3.2 If faculty, course coordinator, course director, or event lead is unable to resolve the issue, the simulation department leadership will investigate and attempt to resolve the concern within 30 calendar days after being made aware of the problem.

3.3 The individual lodging the concern should provide via email:

- **a.** Their name and all applicable contact information.
- **b.** The date, time, and location of the specific incident.
- **c.** A written detailed description of the dispute, concern, or allegation.
- **d.** Copies of all related correspondence, records, or other documentation.

3.4 Alternatively, if the individual wishes to remain anonymous and report a concern utilizing the Corewell Health system methods, the individual should follow the instructions provided within the system-wide policy Reporting and Investigating Compliance Concerns Policy v.6

3.5 If the concern cannot be resolved within the simulation department, the Director will escalate to the appropriate additional leadership, which could include the Human Resources Business Partner, GME DIO and/or Program Director, Chief Medical Officer.

3.6 All parties involved in the investigation and resolution process through the Clinical Simulation Department will be notified via email once the dispute, complaint, or concern has been reviewed by the department leadership.

3.7 The department or applicable institutional leadership will send a written notice of its findings to the parties involved, unless the concern was brought forward as anonymous.

4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

Reviewer(s): Joy Tompkins, Simulation Manager; Eryn Hart, Simulation Surgical Director; Heather Blockland, Simulation Educator; Cassandra Kearney, Sr. Learning & Development Specialist

Approved: Pam Jager, Simulation Director

PROCEDURE APPROVAL PROCESS

EFFECTIVE DATE: 10/1/2025 **REVISION DATE:** 01/20/2026

FUNCTIONAL AREA: Corewell Health Clinical Simulation: 109 Michigan St., Suite 300 (MIB) and 275 Michigan St., Floor 2 Clinical Simulation Center (CSC)

DEPARTMENT: Clinical Simulation

1. PURPOSE

To establish a standard process for the approval of department procedures.

2. RESPONSIBILITIES

Department management and upline

3. PROCEDURES

3.1 The simulation director will approve all procedures and determine if additional approval is necessary.

3.2 The simulation manager will review all proposed procedures.

3.3 The simulation surgical director will review and approve medical/surgical related procedures.

3.4 The institution's legal counsel will review procedures that require legal input.

3.5 The chief medical officer will review and approve procedures that are related to conduct of the medical staff.

3.6 Additional simulation personnel will review procedures at the request of the simulation director.

3.7 The simulation director will review all department procedures annually and determine if updates are needed.

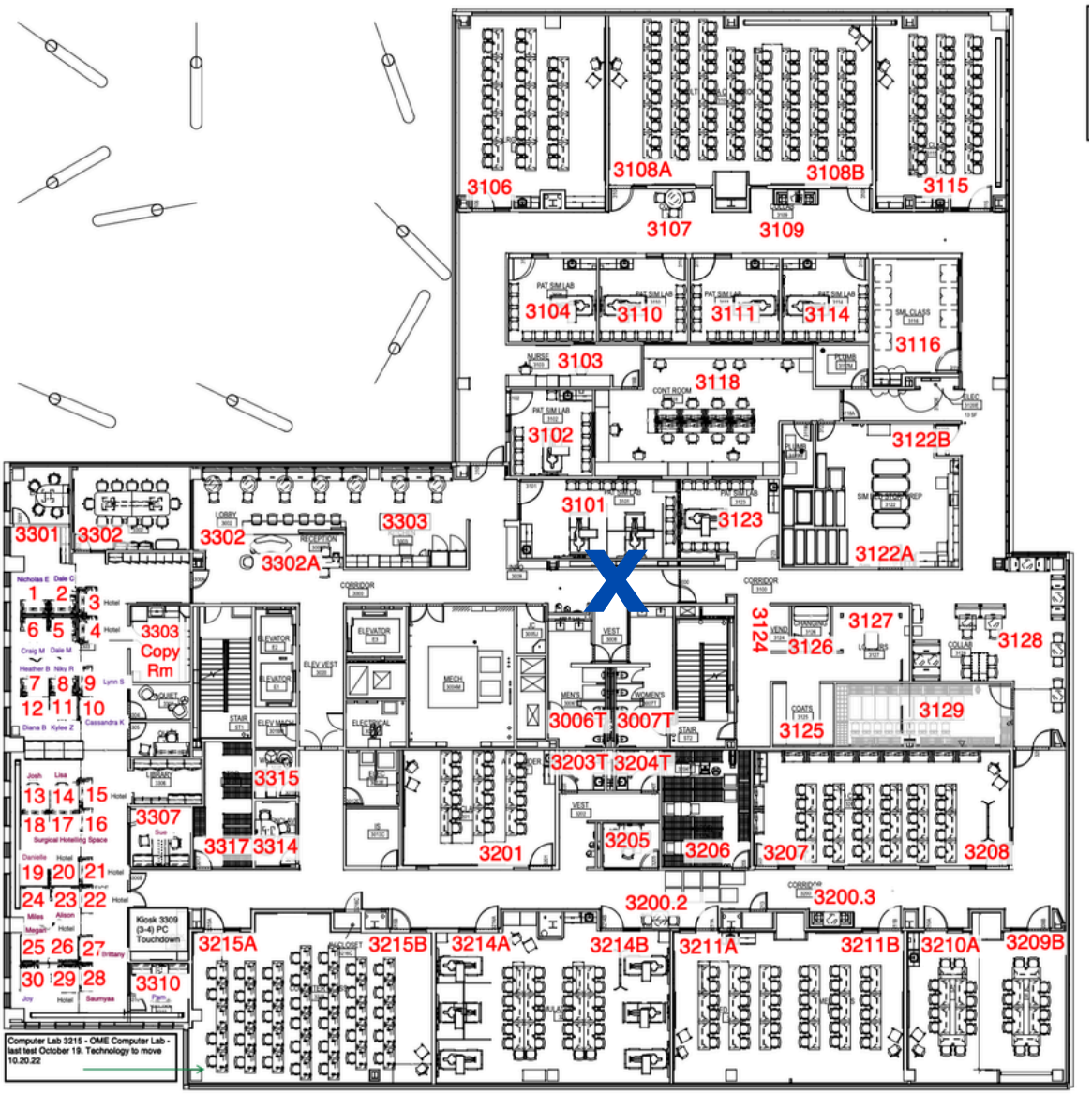
4. STANDARD OPERATING PROCEDURE DEVELOPMENT AND APPROVAL

Document Owner/Author: Pam Jager, Simulation Director

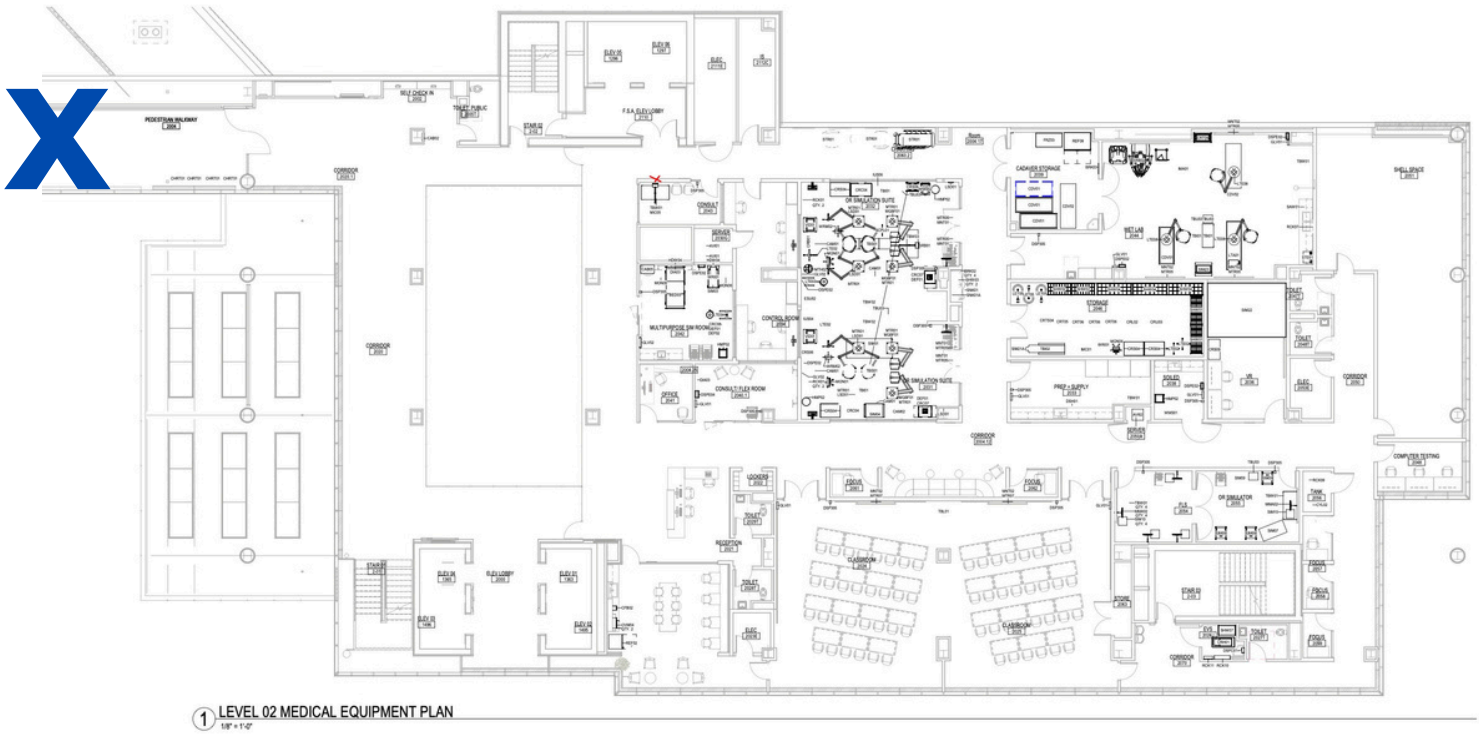
Reviewer(s): Joy Tompkins, Simulation Manager; Tracy Cramer, Simulation Educator; Eryn Hart, Simulation Surgical Director

Approved: Pam Jager, Simulation Director

AED LOCATION - DMMIB (Indicated with a blue X)



AED LOCATION - CHCSC (Indicated with a blue X)



Corewell Health Clinical Simulation Department

Policy & Procedure Manual

2025-2026