

**JOHNS HOPKINS**
SCHOOL *of* NURSINGCENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

Administrative Policy and Procedure Manual

About This Manual

The Johns Hopkins Center for Immersive Learning and Digital Innovation (CILDI) was developed in 2011 under the name of the Johns Hopkins Simulation Center, but its name was changed to its current name in July 2021, when the organizational structure was revised and the original Simulation Center expanded to include a virtual reality lab and a digital innovation lab.

This manual was originally drafted on July 01, 2011, and revised in August 01, 2014, July 01, 2021, and January 15, 2022. This manual was developed and revised by CILDI members who are experts in simulation program operations, administration, and management.

This manual will provide guidance on the various operations of the CILDI based on simulation best practices.

Author Acknowledgements

Lead Authors

- Vinciya Pandian PhD, MBA, MSN, RN, ACNP-BC, FAAN, FAANP, FFMRCISI
 - Executive Director
 - Assistant Dean of Immersive Learning and Digital Innovations
 - Associate Professor, Johns Hopkins School of Nursing

- Nancy Sullivan DNP, RN, CHSE
 - Director of Immersive Learning
 - Assistant Professor, Johns Hopkins School of Nursing

- Kristen Brown DNP, CRNP, CPNP-AC, CHSE-A, FAAN
 - Director of Immersive Learning & Digital Innovation Practice
 - Assistant Professor, Johns Hopkins School of Nursing

Contributing Authors

- Sandy Swoboda MSN, RN
 - MSN (Entry into Nursing) Simulation Coordinator

- Amanda Rohde DNP, CRNP, AGPCNP-BC
 - DNP-AP Simulation Coordinator

- Jessica Ockimey CHOS
 - Simulation Laboratory Manager

Table of Contents

About This Manual	2
Author Acknowledgements	3
General Information	12
A. Mission Statement	12
B. Vision Statement	12
C. Code of Ethics	12
Organizational Chart	13
CILDI Personnel	14
A. Executive Director	16
B. Director of Immersive Learning	16
C. Director of Immersive Learning and Digital Innovation Practice	Error! Bookmark not defined.
D. Director of Immersive Learning and Digital Innovation Research	16
E. Master’s Entry into Nursing Simulation Coordinator	16
F. Doctor of Nursing Practice, Advance Practice Simulation Coordinator	17
G. Computer Programmer/Developer	17
H. Simulation Operation Specialist Lead	17
I. Simulation Operation Specialists	17
J. Student Workers as Laboratory Assistants	17
K. Standardized Patients	18
Additional Governance for the Center	19
A. Nursing Advisory Board	19
B. Immersive Learning and Digital Innovation Advisory Board	19
C. Members of the Advisory Board	19
<i>Stakeholders within JHSON</i>	20
<i>Stakeholders External to JHSON</i>	20
D. Decision-Making Process	21
E. Required Disclaimers and Pre-event Statement	21
F. Required Event or Course Acknowledgements	21
G. Simulation Faculty “Brand” Use Policy	21
H. Hours of Operations	22

<i>Start Up and Shut Down Policy</i>	22
<i>Procedure</i>	22
I. Personnel	23
Glossary of Simulation Terminologies	24
Administrative Information	31
A. Support Staff and Contact Tree	31
B. Overtime Policy	31
C. Scope of Work/Description for Each Personnel Classification	31
D. Organizational Chart	31
E. Staff Quality Improvement and Professional Development	31
Fiscal	32
A. Fee Structure for Use (Internal and External Use)	32
<i>Internal Use</i>	32
<i>External Use</i>	32
B. Required Reporting (Type and Frequency) and to Whom	32
C. Annual Budget Reporting Requirements	33
D. Required Fiscal Year End Documentation	33
E. Purchase and Acquisition Procedure	33
F. Reimbursement Process	33
G. Financial Accounting	33
H. Conflict of Interest	33
I. Purchasing Equipment	33
J. Purchasing Approval Process	34
J. Payroll	34
Operations	35
A. Utilization of Simulation Program Staff	35
<i>i. Work expectations</i>	35
<i>ii. Communication</i>	35
<i>iii. Time off/vacations</i>	35
B. Start-up and Shut Down Process	35
<i>i. CILDI Simulation Laboratory</i>	35
<i>ii. CILDI Virtual Reality Laboratory</i>	37
C. Security of Information	37


D. Simulator Maintenance	37
E. Course Supplies	37
E. Course Preparation	37
G. Course Turnover	38
H. Extra-Curricular Simulation Center Access	38
I. After Hours Access	38
Scheduling Courses and Rooms	39
A. Approval Process	39
B. Scheduling Process	39
<i>i. Extracurricular activities</i>	39
<i>ii. Prioritization of simulation activities</i>	39
<i>iii. Notifications</i>	39
<i>iv. Recording of scheduled events (e.g., calendar structure and information)</i>	39
<i>v. Scheduling Disputes: Resolving schedule conflicts</i>	39
<i>vi. Final arbiter of scheduling needs policy</i>	40
<i>vii. Cancellation policy</i>	40
<i>viii. Observation for non-participants</i>	40
Course Directors and Facilitators	41
A. Facilitator Development	41
<i>i. International Nursing Association of Clinical Simulation and Learning (INACSL) Standard of Best Practice</i>	41
<i>ii. Simulation faculty</i>	41
B. Course Content	41
<i>i. Simulation modalities</i>	41
<i>ii. Respectful environment</i>	41
<i>iii. Feedback and reflection</i>	41
<i>iv. Simulation technology</i>	41
<i>v. Code of conduct</i>	41
<i>vi. Course development policy</i>	42
<i>viii. Course registration</i>	42
<i>ix. Equipment utilization</i>	42
Standardized Patients	43
A. Safe Work Environment (Safe Work Practices, Confidentiality, and Respect)	43
B. Case Development	43

C. Standardized Patient Training	43
<i>i. Basic SP training</i>	43
<i>ii. In-person group training</i>	43
D. Program Management	43
E. Professional Development	43
Safety and Security	44
A. Sharps Containers	44
B. AED Locations	44
C. Identification Badges	44
Course Participants	45
A. Course Preparation	45
B. Code of Conduct	45
C. Cell Phone Usage	45
14. Course Observation	46
A. Observation of Simulation Policy for Course Participants	46
B. Observation Policy for Non-Participants	46
C. Required Disclaimers and Pre-Event Statements	46
D. Required Event or Course Acknowledgements	46
15. Simulation Courses	47
A. Course Approval Process	47
B. Funding and Course Finances	47
C. Mandatory Elements of a Course	47
16. Scenarios	48
A. Scenario Development	48
B. Scenario Structure	48
<i>i. Objectives</i>	48
<i>ii. Roles</i>	48
<i>iii. Off going shift report</i>	48
<i>iv. Diagnostics</i>	48
<i>v. Debriefing questions</i>	48
<i>vi. Evidence-based references</i>	48
C. Authorship	48
D. Audiovisual Storage	49

E. Utilization of Scenarios	49
F. Clinical Quality Assurance	49
G. Debriefing.....	49
17. Remediation	50
A. General Remediation Policy	50
B. Policy for Facilitators.....	50
C. Policy for Participants	50
D. Documentation	50
E. Ethical Guidelines	50
F. Learner Remediation	50
G. Signage/Scheduling of Remediation	50
18. Video Recording	51
A. Consent Form	51
B. Video Recording Policy	51
C. Procedures Guiding Storage/Distributions	51
D. Procedure Guiding Video Destruction	51
19. Equipment	52
A. Standard Program Equipment	52
B. Inventory	52
C. Acquisition Policy and Process.....	52
D. Maintenance and Care of Equipment	52
<i>i. Internal</i>	<i>52</i>
<i>ii. External</i>	<i>52</i>
E. Loan Policy	52
F. Off-Site Utilization	52
20. Supplies.....	53
A. Acquisition.....	53
B. Organization	53
C. Inventory	53
D. Budget Source	53
E. Usage and Re-Usage	53
21. Biohazardous Material	54
A. Authorization For Use.....	54

B. Preparation	54
C. Removal	54
D. Cleaning	54
22. Customer Relations	55
A. Dispute Resolution	55
B. Marketing of Program	55
C. Policy on Use of Program’s Name	55
D. Web Usage	56
E. Information Dissemination	56
F. Official Media Policy	56
23. Tours	57
A. Requesting Tours	57
B. Tour Details	57
C. Tour Requirements	57
D. Tour Cancellation	57
24. Travel and Meeting Attendance	58
A. Meetings	58
<i>i. Meetings/Conferences</i>	58
B. Approvals	58
C. Reimbursement Policy	58
D. Covered Expenses	59
E. Priority Scheduling in Case of Conflict	59
25. Research	60
A. IRB Policy	60
B. Approval	60
C. Procedures	60
D. Scheduling	60
E. Roles of Simulation Staff and Faculty	60
F. Publication Policy	61
G. Authorship Guidelines	61
H. General Guidelines If Different from Parent Institution	61
<i>Consent</i>	61
<i>Security</i>	61

<i>Fiscal impact</i>	61
<i>Dissemination policy</i>	61
<i>Authorship rules</i>	61
<i>Data collection responsibility</i>	61
CILDI Specific Research Protocol	62
A. Objectives	62
B. Indications for Use	62
C. Definitions	62
D. Responsibilities	62
<i>i. CILDI Leadership Team</i>	62
<i>ii. CILDI Research Director</i>	62
<i>iii. Director of Immersive Learning or the Director of Immersive Learning & Innovation Practice</i>	62
<i>iv. Staff</i>	62
<i>v. Supervisors/Managers</i>	62
E. Procedure	63
F. Reportable Conditions	63
G. Documentation	63
H. Supportive Information	64
Appendix 3A. Organizational Structure	65
Assistant Dean of Immersive Learning and Digital Innovation	65
Strategic Leadership and Center Management	66
Job Title: Program Manager, Center for Immersive Learning and Digital Innovation	68
Director of Immersive Learning MSN (Entry into Nursing) Program	72
<i>Major Responsibilities</i>	72
Director of Immersive Learning & Digital Innovation Practice	75
<i>Major Responsibilities</i>	75
<i>Program Leadership</i>	75
<i>Academic and research responsibilities</i>	76
<i>Fiscal</i>	76
<i>External Relationships & Outreach</i>	77
<i>Qualifications</i>	77
Doctor of Nursing Practice-Advanced Practice (DNP-AP) Simulation Coordinator	78
<i>Appendix 8.A: Confidentiality and Safety Confidentiality</i>	84

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Appendix 8.B: CILDI Code of Conduct 86

General Information

A. Mission Statement

The Center for Immersive Learning and Digital Innovation (CILDI) at the Johns Hopkins School of Nursing (JHSON) will foster the development of an internationally recognized immersive learning and digital innovation ecosystem, leveraging technology to enhance the overall mission of the Johns Hopkins University School of Nursing.

B. Vision Statement

Our vision is to be a global leader in innovative simulation, virtual and augmented reality, and artificial intelligence-enabled solutions to advance nursing and interdisciplinary education and healthcare delivery to promote patient safety.

To realize the vision and mission, CILDI's strategic goals are:

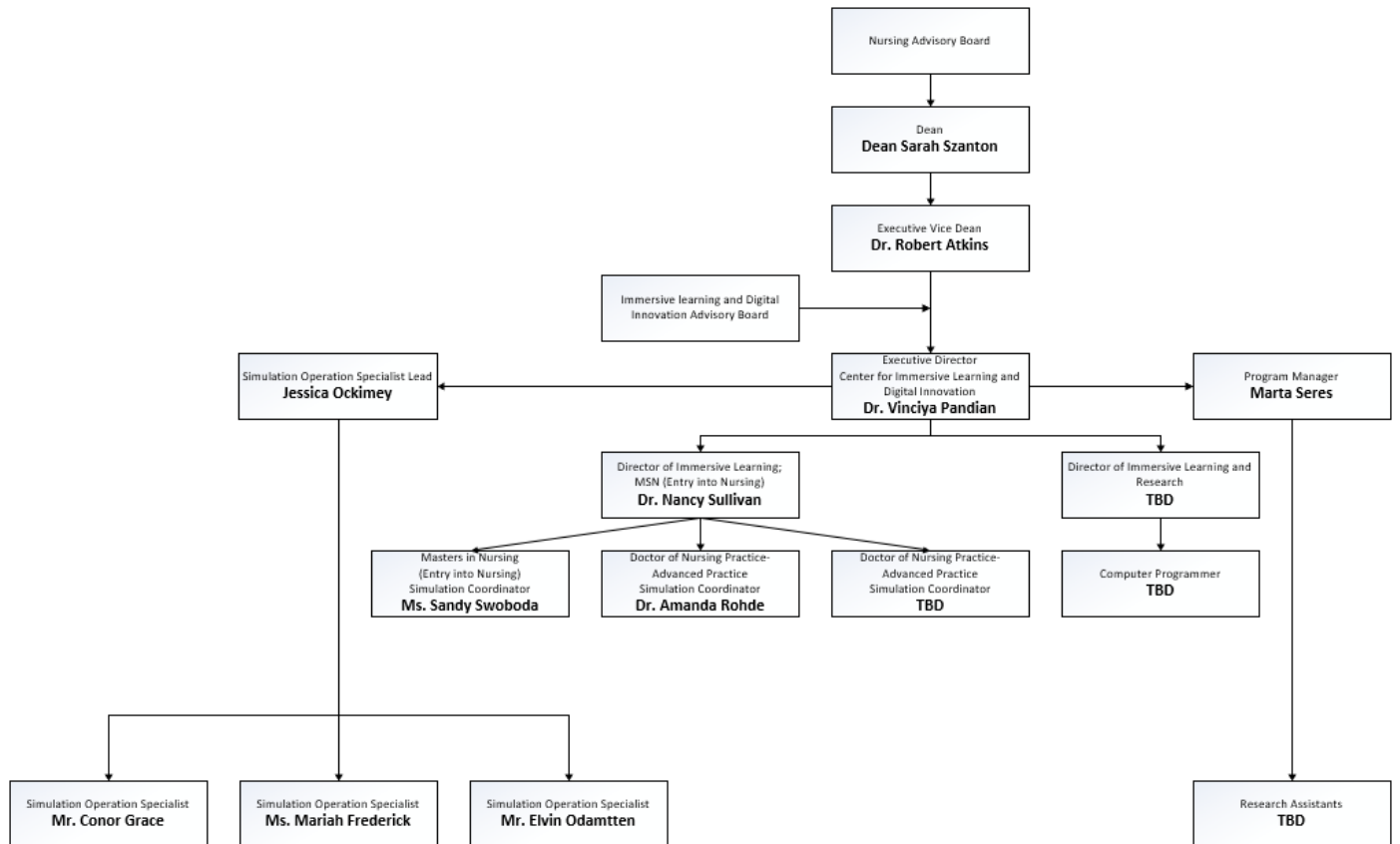
1. Drive global innovation through research, interdisciplinary collaboration, & dissemination
2. Revolutionize training ecosystem for nursing students and faculty
3. Design innovative educational programs and skills training mechanisms
4. Develop strategic partnerships with foundations, industry, and government

C. Code of Ethics

CILDI will follow the School of Nursing Honor Code that is grounded in the following principles:

1. Act with honesty and integrity in the performance of all academic assignments, examinations and in all interactions with others
2. Engage in providing requested input to improve faculty understanding of the learning needs of students
3. Respect self, faculty, staff, fellow students and members of the health team
4. Respect and protect the confidentiality of information
5. Advocate for patients' best interest
6. Respect the diversity of persons encountered in all interactions
7. Respect property
8. Respect policies, regulations and laws
9. Abstain from the use of substances in the academic and clinical setting that impair judgment or performance

Organizational Cart



CILDI Personnel

FACULTY AND STAFF	Name and Credentials	Role within the Center
	Vinciya Pandian PhD, MBA, MSN, ACNP-BC, FAANP, FAAN, FFMRCIS Associate Professor Assistant Dean	Executive Director of CILDI
	Nancy Sullivan DNP, RN, CHSE Assistant Professor	Director of Immersive Learning, MSN (Entry into Nursing)
	Sandy Swoboda, RN, MS	MSN (Entry into Nursing) Simulation Coordinator
	Amanda Rohde DNP, CRNP, AGPCNP-BC, CNE Assistant Professor	DNP-AP Simulation Coordinator
	Colleen King Goode DNP, MA, FNP-BC, CRNP, CNE	DNP-AP Simulation Coordinator
	Marta Seres BA, MS, MBA	Program Manager
	Jessica Ockimey	Simulation Operation Specialist Lead
	Conor Grace	Simulation Operation Specialist
	Mariah Frederick	Simulation Operation Specialist



JOHNS HOPKINS
SCHOOL of NURSING

CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

Effective Date

January 15, 2022

Supersedes

July 01, 2021

	Elvin Nii-Koney Odamtten	Simulation Operation Specialist
--	--------------------------	---------------------------------

A. Executive Director

Vinciya Pandian, Assistant Dean of Immersive Learning and Digital Innovation serves as the Executive Director of CILDI. She serves as the leader of innovative strategies for digital and immersive learning across academic programs and promotes innovation in the research mission. She directs the activities of the Center for Digital and Immersive Technologies. Dr. Pandian also leads faculty and staff across a range of immersive activities including simulation, virtual and augmented reality as well as the application of technology in research. She also leads discovery and learning in immersive learning activities and is internationally recognized as a thought leader and innovator. She oversees the application of an interactive learning environment, either physically or virtually, to teach or explore skills and techniques and/or simulate events.

Dr. Pandian promotes innovative and collaborative activities to enable our learners to be able to:

- Provide state-of-the-art patient care and develop as confident and competent practitioners
- Function in interprofessional teams and engage in reflective practice
- Engage in research to foster health outcomes and promote innovation in teaching and learning

Dr. Pandian reports to the Executive Vice Dean and works in close collaboration with the teaching and research operations of the school and external stakeholders. Key responsibilities include: (1) lead strategic operations and initiatives in digital and immersive activities; (2) ensure integrated staff operations and processes; (3) identify and implement synergies and a sustainable organizational structure that promotes excellence in teaching, learning and research in immersive learning, and (4) Identify and plan for emerging technologies in immersion-based learning.

B. Director of Immersive Learning

Dr. Sullivan serves as the faculty leader of strategy development and execution for immersive learning for all programs and promotes innovation in the research and practice mission. The Director of Immersive Learning reports to the Assistant Dean of Immersive Learning and Digital Innovation and works collaboratively with the Director of Immersive Learning and Digital Innovation Practice, the Director of Immersive Learning and Digital Innovation Research, Assistant Dean for Business Innovation and Strategic Relationships, Senior Business Development Manager, and Johns Hopkins Tech Ventures. She assists in directing activities of CILDI, including a range of immersive activities such as simulation, virtual and augmented reality as well as the application of technology in practice. Dr. Sullivan is responsible for directing the activities of the MSN and DNP-AP Simulation Coordinators leading faculty in delivery of quality of DNP-AP simulation education.

C. Director of Immersive Learning and Digital Innovation Research

This Director will serve as the faculty leader of strategy development and execution for digital and immersive research across academic programs and promote innovation in the research and practice mission. The Director reports to the Assistant Dean of Immersive Learning and Digital Innovation and works collaboratively with the Director of Immersive Learning & Simulation, the Director of Immersive Learning & Digital Innovation Practice, Assistant Dean for Business Innovation and Strategic Relationships, Senior Business Development Manager, and Johns Hopkins Tech Ventures. The Director will assist in directing activities of CILDI, including a range of research activities such as virtual reality, augmented reality, and robotics.

D. Master's Entry into Nursing Simulation Coordinator

The MSN Entry into Nursing Simulation Coordinator report to the Director of Immersive Learning and serves as the coordinator of simulation education for pre-licensure. The MSN Entry into Nursing Simulation Coordinator coordinates the efforts of faculty, staff, and student workers assigned to pre-licensure simulation education and works

collaboratively with the simulation team. The coordinator develops and continually evaluates, improves, and delivers high-quality immersive learning consistent with the mission, values, and strategic goals of the Johns Hopkins School of Nursing (JHSON), Johns Hopkins University, and the nursing profession.

E. Doctor of Nursing Practice, Advance Practice Simulation Coordinator

The DNP Advanced Practice Simulation Coordinators reports to the Director of Immersive Learning and serves as the coordinators of simulation education for advanced practice tracks and post- master's certificates specifically for the nurse practitioner and clinical nurse specialist programs. The DNP-AP Simulation Coordinator coordinates the efforts of faculty, staff, and student workers assigned to advanced practice simulation education and works collaboratively with the simulation team. The incumbent will develop and continually evaluate, improve, and deliver high-quality advanced practice immersive learning consistent with the mission, values, and strategic goals of the Johns Hopkins School of Nursing (JHSON), Johns Hopkins University, and the nursing profession.

F. Computer Programmer/Developer

The computer programmer/developer will be a post-doctoral fellow who assists the center with the development of technology solutions including immersive methods, that have the capacity to improve the quality of learning for nursing students and improve healthcare outcomes. They will report to the Director of Immersive Learning and Digital Innovation Research and collaborate with the CILDI team.

G. Simulation Operation Specialist Lead

Ms. Ockimey is responsible for the day-to-day smooth operation of the simulation and virtual reality labs. She oversees the Simulation Technician and practice lab assistant and creates their daily/ weekly assignments. She oversees ordering supplies and confirms that the necessary equipment and supplies are available to run the simulations and lab classes that will be held. Ms. Ockimey along with the Simulation Technicians offers first line technical support to the faculty related to simulation.

H. Simulation Operation Specialists

Mr. Grace, Ms. Frederick, and Mr. Odamtten are responsible for setting up simulation and practice labs for teaching experiences, including gathering supplies, moving human patient simulators and other models, moving equipment and furniture as needed, and providing moulage to manikins or standardized patients. They assist with cleaning up after simulations and labs. They provide support to faculty during simulation center classes including Foundations, Health Assessment and simulation sessions. They assist with inventory control for disposable supplies. They pickup borrowed equipment and supplies from central stores, Pharmacy, CPR office, JHU SOM sim center, etc. They maintain a clean and safe environment in the Simulation and Virtual Reality Labs. They participate in manikin cleaning and maintenance and assist in tours or special events if requested.

I. Student Workers as Laboratory Assistants

We have a total of 4 student workers at any given time who are paid to provide administrative support to each of the Directors within CILDI. They will assist with preparing supplies and equipment for labs and simulations. They will help to maintain a clean and safe environment in the Simulation and Nursing Practice Labs. The lab assistant will assist with virtual reality equipment cleaning and maintenance. Simulation Lab Assistant may assist other tasks throughout the Immersive Learning and Digital Center.



J. Standardized Patients

Standardized patients are hired from a pool of standardized patient employees from Johns Hopkins University. They receive annual training through the Johns Hopkins School of Medicine Simulation Center and we provide additional training necessary to meet the simulation activity's curricular requirements.

Additional Governance for the Center

A. Nursing Advisory Board

Promoting the Johns Hopkins School of Nursing's goals and missions is of the utmost importance to making an impact on nursing, both locally and globally. The Nursing Advisory Board (NAB) does just that—advocating for the interests of the school to make it one of the best learning centers in the world. The NAB serves as a source of advice and support to the Dean and brings diverse insights and expertise to bear on issues critical to the global success of the Johns Hopkins School of Nursing.

B. Immersive Learning and Digital Innovation Advisory Board

Our Immersive Learning and Digital Innovation Advisory Board consists of administrative and research leaders from the Johns Hopkins Schools of Nursing, Medicine, Engineering, & Public Health, Johns Hopkins School of Nursing Office of Research Administration, Johns Hopkins Health System, Johns Hopkins University Provost's Digital Initiative Network and representatives from the Johns Hopkins Patient and Family Advisory Council (JHPFAC) and the Johns Hopkins School of Nursing Advisory Board. The advisory board meets in person/virtually three times a year at the end of the Spring, Summer, and Fall seasons to receive guidance for critical questions that may impact CILDI.

C. Members of the Advisory Board

- MSN (Entry into Nursing)
 - Joanne Silbert-Flagg – Program Director
 - Angela Capello – Associate Director for Theoretical Foundations of Practice
 - Cecilia Tomori – Public Health
 - Jessie Casida – Health Organizational Leadership
 - Kathryn Kushto-Reese – Simulation Facilitator
 - Krysia Hudson – Simulation Facilitator
 - Laura Lucas – Associate Director for Clinical Practice
 - Nicole Warren – Curriculum chair

- DNP
 - Kimberly McIltrout – Program Director
 - DNP-AP
 - Susan Renda – Associate Program Director
 - Acute Care – Tammy Slater
 - Adult/Gero Primary Care – Marianne Fingerhood
 - CNS Adult & Peds – Michelle Patch
 - CRNA – Catherine Horvath
 - FNP – Catherine Ling
 - Peds Dual - Shawna Mudd
 - Peds NP – Joanne Silbert-Flagg
 - Psych – Tamar Rodney
 - DNP-Executive
 - Brigit VanGraafeiland

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>


- PhD
 - Jennifer Wenzel – Program Director
 - Kamila Alexander – Associate Program Director

Stakeholders within JHSON

- Anna Beeber – Associate Dean for Faculty development
- Cheryl Dennison – Vice Dean for Research
- Danielle McCamey – Associate Dean for Clinical Practice
- Gloria Ramsey – Associate Dean for Diversity, Equity, and Inclusiveness
- Nancy Reynolds – Associate Dean for Global Affairs
- Nicole Mollenkopf – Director of Interprofessional Education
- Rita D’Aoust – Associate Dean for Teaching and Learning

Stakeholders External to JHSON

- Patient and Family Advisory Committee
 - Jane Sumergrade Webster
- Johns Hopkins University Schools
 - School of Nursing
 - Sarah Szanton
 - Marie Nolan
 - Cheryl Himmelfarb
 - School of Medicine
 - David Hager
 - Carey Business School
 - Yuval O’Bar
 - Bloomberg School of Public Health
 - Ira Gooding
- Human factors and systems engineering
 - Johns Hopkins Armstrong Institute for Patient Safety and Quality
 - Michael Rosen
 - Center for Health Care and Human Factors
 - Ayse Gurses
 - Center for Infectious Disease and Nursing Innovation
 - Jason Farley
 - Johns Hopkins Technology Ventures
 - Debra Brodlie
- Engineering
 - Whiting School of Engineering
 - Johns Hopkins Biomedical Engineering
 - Malone Center for Engineering in Healthcare
 - Axel Krieger

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

- Laboratory for Computational Sensing and Robotics
 - Russell Taylor
- Johns Hopkins Simulation and Design Centers
 - School of Nursing
 - Nancy Sullivan
 - School of Medicine
 - Julianne Perretta
 - Geoffrey Will
 - Applied Physics Laboratory
 - Constantine Demetriopolis
 - Arts as Applied to Medicine
 - Timothy Phelps
- Johns Hopkins Health System
 - Deborah Baker
 - Deborah Sherman

D. Decision-Making Process

CILDI operates on a hierarchical organizational structure within the Johns Hopkins School of Nursing. Day-to-day operations are overseen by the Directors of Learning and Practice who also create strategic plans. All strategic decisions are made by the Executive Director of the Center, in collaboration with the Executive Vice Dean for Academic Affairs. Scheduling related to teaching is funneled through Simulation Operation Specialist Lead and Scheduling related to administrative and research are funneled through the Program Manager.

Scheduling conflicts, customer service issues, disagreements with policy or other uncertainties are the responsibilities of the Directors of Learning and Practice. If an issue cannot be resolved, the issue(s) will be escalated up the chain of command. Decisions regarding equipment purchases and prioritizing projects rests with the Directors with consultation from the simulation operation specialists.

E. Required Disclaimers and Pre-event Statements

All presentations and activities using the Center of Immersive Learning and Digital Innovation name must be in alignment with the INACSL Standards of Best Practice: Simulation and Evidence-Based Practice along with required approval from the CILDI Executive Director. CILDI reserves the right to cancel or postpone any activity due to unforeseen circumstances. In this event, the University will refund the registration fee but is not responsible for travel expenses. Additionally, as necessary, we reserve the right to change the learning activity rooms to a comparable room. Under such circumstances, registrants will be notified as soon as possible.

F. Required Event or Course Acknowledgements

Any product that emanates from CILDI should be credited with CILDI’s logo and name. Also, all presentations using the Center of Immersive Learning and Digital Innovation name must be in alignment with the INACSL Standards of Best Practice: Simulation and Evidence-Based Practice along with required approval from the CILDI Executive Director.

G. Simulation Faculty “Brand” Use Policy

The Johns Hopkins School of Nursing Center of Immersive Learning and Digital Innovation brand represents a collection of elements used to express, represent, identify and differentiate Johns Hopkins School of Nursing from other simulation centers. It embodies who we are in a clear, consistent way. To protect our identity and distinguish ourselves from other institutions, we’ve developed guidelines surrounding the use of Johns Hopkins School of Nursing Center of Immersive

Learning and Digital Innovation name and logos. Brand consistency is created by having standards for print, web, digital, signs and other applications by the Johns Hopkins School of Nursing Marketing and Communications department. The Johns Hopkins School of Nursing logos are trademarked and may never be altered or combined with another organization's name or logo. This includes, but is not limited to, vendors, technology licensees, research funders, donors, commercial or industry affiliated programs, members, and collaborators. Or in a manner that endorses or implies endorsement of a non-Johns Hopkins entity, or programs, products or services by a non-Johns Hopkins third party, is prohibited.

H. Hours of Operations

CILDI normally operates 7:30 am to 4:30 pm Monday through Friday but is flexible based on the Johns Hopkins School of Nursing students' curricular needs. After hours and weekend activities require preapproval by the Director of Immersive Learning, prior to scheduling. After hours use of the Skills and Procedures Laboratory is limited to individuals and groups participating in an approved activity or with proper orientation by CILDI. Access may be granted by Director of Immersive Learning by filling out a request form on the CILDI website. The approved-users list will be reviewed on an annual basis. If emergency access to the facility after hours is needed, the Simulation Operation Specialist Lead is the required contact. CILDI will be closed on holidays approved by the Johns Hopkins University. CILDI will prioritize the educational needs of the Johns Hopkins School of Nursing students prior to scheduling other internal or external requests. The set-up and clean-up for simulation activities is variable depending on type of activity and number of concurrent activities/events on a given day.

Start Up and Shut Down Policy

In order to have a standardized set up and shut down, the Johns Hopkins School of Nursing Center for Immersive Learning and Digital Innovation staff need to have a shared understanding of the requirements for each.

Procedure

CILDI Simulation Laboratory

1. Clean tables
2. Clean pillow cases (whenever you've put your head on them)
3. Gowns and cloth drapes in laundry basket
4. Extra tables removed
5. Extra chairs put away carefully in the back
6. Tools returned to box and put away - BP cuffs in cases
7. Oto-Ophthalmoscopes plugged in to charge
8. Papers picked up
9. Personal items picked up (water bottles, etc.)
10. Ancillary teaching materials used (charts, screens, etc.) returned and put away
11. White board erased
12. Each room should have 1 table, 2 chairs (in corner), & one stool
13. Doors remain locked when not in use
14. The simulation operation specialists will open doors for all activities and grant access if requested by faculty.
15. Take out garbage (if needed)
16. Log off Computer
17. Look for needles and thread and dispose of in sharps containers
18. Arrange chairs neatly around table and along walls in accordance with the fire hazard codes

CILDI Virtual Reality Laboratory

1. Clean headsets in the UV box using the instruction manual provided near the UV box
2. Replace headsets safely in the
3. Take out garbage (if needed)
4. Turn off switches
5. Turn off VR computers
6. Close and lock door

Digital Innovation Laboratory

1. TBD

I. Personnel

All key personnel within the Johns Hopkins School of Nursing Center for Immersive Learning can be reached individually through Microsoft Teams within Johns Hopkins Institution or through SON-CILDI@jh.edu during business hours.

Glossary of Simulation Terminologies

All terminologies used within the Johns Hopkins Center for Immersive Learning and Digital Innovation are based on the definitions provided by the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Simulation glossary. Clinical Simulation in Nursing, 12(S), S39-S47. <http://dx.doi.org/10.1016/j.ecns.2016.09.012>.

© 2016 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved

Affective: Refers to a domain of learning that involves attitudes, beliefs, values, feelings, and emotions. Classification of this domain of learning is hierarchal where learning occurs along a continuum of stages related to internal personal and professional growth.

Assessment: Refers to processes that provide information about or feedback about individual participants, groups, or programs. Specifically, assessment refers to observations of progress related to knowledge, skills, and attitudes (KSA).

Avatar: A graphical representation, typically three dimensional, of a person capable of relatively complex actions including facial expression and physical responses while participating in a virtual Simulation Based Experience (SBE). The user controls the avatar through the use of a mouse, keyboard, or a type of joystick to move through the virtual SBE.

Backstory: A narrative, which provides a history and/or background and is created for a fictional character(s) and/or about a situation for an SBE.

Clinical: Pertaining to an actual or SBE related to the care of individuals, families, or groups in health care settings, which permits opportunities for application of KSA.

Clinical Judgment: The art of making a series of decisions to determine whether to take action based on various types of knowledge. The individual recognizes changes and salient aspects in a clinical situation, interprets their meaning, responds appropriately, and reflects on the effectiveness of the intervention. Clinical judgment is influenced by the individual's previous experiences, problem-solving, critical- thinking, and clinical-reasoning abilities.

Clinical Reasoning: A process that involves both thinking (cognition) and reflective thinking (metacognition) to gather and comprehend data while recalling knowledge, skills (technical and nontechnical), and attitudes about a situation as it unfolds. After analysis, information is put together into meaningful conclusions to determine alternative actions.

Coaching: A method of directing or instructing a person or group of people in order to achieve a goal or goals, develop a specific skill or skills, or develop a competency or competencies.

Cognitive: Refers to a domain of learning that includes knowledge, comprehension, application, analysis, synthesis, and evaluation. The goal of learning in this domain is to help participants progress to higher levels of learning so they are able to make judgments about the subject at hand.

Competence: Demonstrates the ability to perform a specific role or skill based on standardized criteria. Individuals

having the state or quality of being adequately or well qualified to do a job properly. The criteria may include a set of defined behaviors that guide the identification, development, and evaluation of one’s ability to perform a specific role.

Computer-Based Simulation (Also Known as Computer-Assisted Simulation, Virtual Reality): A simulation-based learning activity designed to provide an experience through the use of an alternative medium. Learners can complete specific tasks in a variety of potential environments, use information to provide assessment and care, make clinical decisions, and observe the results in action. Feedback can be provided during and after the interaction.

Concept Mapping: A teaching strategy or method of visualizing relationships among various concepts. It includes a branching, hierarchical diagram of concepts showing how they are connected using arrows and labels to identify interrelationships.

Constructivism: Philosophical theory of learning that views knowledge as something that individuals create for themselves through their interaction with their environment. In constructivism, learning is a process of discovery whereby the learner seeks to understand issues, which guide the discovery process that is personally relevant. Simulation is based on constructivist theories.

Critical Thinking: A disciplined process that requires validation of data, including any assumptions that may influence thoughts and actions and then careful reflection on the entire process while evaluating the effectiveness of what has been determined as the necessary action(s) to take. This process entails purposeful, goal-directed thinking and is based on scientific principles and methods (evidence) rather than assumptions or conjecture.

Cue (Also Known as Prompts): Information provided that helps the participant(s) process and progress through the scenario to achieve stated objectives. Cueing comprises two types, conceptual and reality cues, with mode of delivery enacted via equipment, environment, or patient and role characters. Conceptual cues provide the learner with information to achieve expected outcomes in a SBE. Reality cues help the learner interpret or clarify simulated reality through information delivered by the simulated patient or role characters.

Debriefing: A reflective process immediately following the SBE that is led by a trained facilitator using an evidence-based debriefing model. Participants’ reflective thinking is encouraged, and feedback is provided regarding the participants’ performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations.

Decision-Making: An outcome of mental processes (cognitive process) leading to the selection of a course of action from among several alternatives.

Diversity: A concept, which includes an understanding of the uniqueness of individuals as well as a recognition of the differences among people. Dimensions of diversity include race, ethnicity, gender, age, religion, socioeconomic status, physical ability or disability, sexual orientation as well as religious, political, or other beliefs.

Domains of Learning: Three separate, yet interdependent components of learning outcomes achievable by human learners. These domains: cognitive, affective, and psychomotor, represent various categories and levels of learning complexity and are commonly referred to as educational taxonomies.

Embedded Participant (Also Known as Scenario Guide, Scenario Role Player, Actor, or Confederate): A role assigned in a simulation encounter to help guide the scenario. The guidance may be positive, negative, or neutral or as a distracter,

depending on the objective(s), the level of the participants, and the scenario. Although the embedded participant’s role is part of the situation, the underlying purpose of the role may not be revealed to the participants in the scenario or simulation.

Evaluation: A broad term for appraising data or placing a value on data gathered through one or more measurements. It involves rendering a judgment including strengths and weaknesses. Evaluation measures quality and productivity against a standard of performance. Evaluation may be formative, summative, high stakes, or related to the simulation program or process.

Formative Evaluation: Evaluation wherein the facilitator’s focus is on the participant’s progress toward goal attainment through preset criteria; a process for an individual or group engaged in a simulation activity for the purpose of providing constructive feedback for that individual or group to improve.

Summative Evaluation: Evaluation at the end of a learning period or at a discrete point in time in which participants are provided with feedback about their achievement of outcome through preset criteria; a process for determining the competence of a participant engaged in health care activity. The assessment of achievement of outcome criteria may be associated with an assigned grade.

High-Stakes Evaluation: An evaluation process associated with a simulation activity that has a major academic, educational, or employment consequence (such as a grading decision, including pass or fail implications; a decision regarding competency, merit pay, promotion, or certification) at a discrete point in time. High stakes refer to the outcome or consequences of the process.

Program or Process Evaluation: A systematic collection of information about the activities, characteristics, and outcomes of SBEs to make judgments about the program, improve or further program effectiveness, increase understanding, and inform decisions about future programming. Specifically, the process includes an appraisal of the participant(s), facilitator(s), the SBE, the facility, and the support team.

Facilitation: A method and strategy that occurs throughout (before, during, and after) SBEs in which a person helps to bring about an outcome(s) by providing guidance.

Facilitator: A trained individual who provides guidance, support, and structure at some or all stages of simulation-based learning including pre-briefing, simulation, and/or debriefing.

Feedback: Information given or dialog between participants, facilitator, simulator, or peer with the intention of improving the understanding of concepts or aspects of performance.

Fiction Contract: The implicit or explicit agreement among participants and facilitator(s) about how the participant is expected to interact with the simulated situation and how the facilitators will treat that interaction.

Fidelity: The ability to view or represent things as they are to enhance believability. The degree to which a simulated experience approaches reality; as fidelity increases, realism increases. The level of fidelity is determined by the environment, the tools and resources used, and many factors associated with the participants.

Fidelity can involve a variety of dimensions:

Conceptual Fidelity: Ensures all elements of the scenario or case relate to each other in a realistic way, so that the case makes sense to the learners (e.g., vital signs reflect the diagnosis).

Physical/Environmental Fidelity: Factors such as environment, manikins, room, moulage, equipment, noise, and/or props.

Psychological Fidelity: Factors such as emotions, beliefs, and self-awareness of participants; the extent to which the simulated environment evokes the underlying psychological processes that are necessary in the real-world setting for the participant. The degree of perceived realism, including psychological factors such as emotions, beliefs, and self-awareness of participants in simulation scenarios.

Frame(s): The invisible “lens” through which individuals interpret new information and experiences for the purpose of making meaning from the new experience. Frames are formed through previous experiences and can be based on knowledge, attitudes, feelings, goals, rules, and/or perceptions; the internal participant or facilitator mindset; knowledge, thoughts, feelings, actions (speech/body language), attitudes (verbal/nonverbal), and perceptions.

Haptic Device: Computer technology, generally three dimensional in nature, that integrates proprioception (touch) to allow the participant(s) to interact with and control the virtual equipment based on feedback from the system. Haptics can be used to simulate touching; palpating an organ or body part; and/or cutting, tearing, or applying traction on tissue such as when using simulated virtual chest tube or virtual intravenous insertion systems. Participant decision-making is greatly influenced by the feedback received from the system.

Hybrid Simulation: The use of two or more modalities of simulation modalities to enhance the fidelity of a scenario by integrating the environment, physiology, emotions, and dialog of a real patient encounter. For example, the use of a manikin to represent the patient, while the embedded participant assumes the role of the patient’s voice or takes on the role of a distraught family member.

In Situ: A SBE conducted in the actual patient care area/setting in which the health care providers would normally function in order to achieve a high level of fidelity.

Interprofessional Education: When students [or healthcare professionals] from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

Intervention Fidelity: Refers to the adherence and delivery of a research plan as designed. Any variation from the design must be addressed.

Knowledge, Skills, Attitudes (KSA): Acronym for knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the health care systems within which individuals work.

Knowledge: The awareness, understanding, and expertise an individual acquires through experience or education.

Skills: Ability acquired through deliberate practice and sustained efforts to carry out activities.

Attitudes: A tendency to respond positively or negatively toward an idea, an individual, or situation.

Life Savers: A methodology to manage unexpected events that occur during SBEs. Plans may be determined before and/or interventions may occur spontaneously during scenarios that allow participants to complete the simulation.

Modality: A term used to refer to the type(s) of simulation being used as part of the simulation activity, for example, task

trainers, manikin based, standardized/simulated patients, computer based, virtual reality, and hybrid.

Moulage: The technique of creating simulated wounds, injuries, diseases, the aging processes, and other physical characteristics specific to a scenario. Moulage supports the sensory perceptions of participants and supports the fidelity of the simulation scenario through the use of makeup, attachable artifacts (e.g., penetrating objects), and smells.

Needs Assessment: A systematic process of identifying gaps in knowledge, skills, or attitudes of the learner.

Objective: Statements of specific measurable results that participants are expected to achieve during an SBE. Statements may encompass cognitive (knowledge), affective (attitude), or psycho- motor (skills) domains of learning that match the learners’ level of knowledge and experience.

Outcome: Measurable results of the participants’ progress toward meeting a set of objectives. Expected outcomes are the change in knowledge, skills, or attitudes as a result of the simulation experience.

Participant: One who engages in a simulation-based activity for the purpose of gaining or demonstrating mastery of KSA of professional practice.

Pre-briefing: An information or orientation session immediately prior to the start of a SBE in which instructions or preparatory information is given to the participants. The purpose of pre-briefing is to establish a psychologically safe environment for participants. Suggested activities include reviewing objectives; creating a “fiction contract”; and orienting participants to the equipment, environment, mannequin, roles, time allotment, and scenario.

Procedural Simulation: The use of a simulation modality (e.g., task trainer, manikin, computer) to assist in the process of learning to complete a technical skill(s), or a procedure, which is a series of steps taken to accomplish an end.

Problem Solving: Refers to the process of selectively attending to information in the patient care setting, using existing knowledge and collecting pertinent data to formulate a solution. This complex process requires different cognitive processes, including methods of reasoning and strategizing, in order to manage a situation.

Professional Boundaries: Clear and defined limits which are established to maintain effective and appropriate interactions/behaviors among all participants involved with an SBE.

Professional Integrity: A trait exhibited by one’s ability to consistently and willingly practice within the guidelines of the code of ethics of a chosen profession.

Prompt (Also Known as Cue): A hint or clue given to a participant in a scenario.

Psychomotor: Refers to a domain of learning involving skills required in an area of professional practice.

Psychomotor Skill: The ability to carry out kinesthetic or physical movement efficiently and effectively, with speed and accuracy. Psychomotor skill is more than the ability to perform; it includes the ability to perform proficiently, smoothly, and consistently under varying conditions and within appropriate time limits.

Quality and Safety Education for Nurses: Quality and safety education for nurses are defined as quality and safety competencies for nursing. The overall goal of quality and safety education for nurses addresses the challenge of preparing nurses utilizing the attributes of KSA necessary to continuously improve the quality and safety of the health care systems in which they work.

Reflective Thinking: The engagement of self-monitoring that occurs during or after a simulation experience. Considered an essential component of experiential learning, it promotes the discovery of new knowledge with the intent of applying this knowledge to future situations. Reflective thinking is necessary for metacognitive skill acquisition and clinical judgment and has the potential to decrease the gap between theory and practice. Reflection requires creativity and conscious self- evaluation to deal with unique patient situations.

Reliability: The consistency of a measurement or the degree to which an instrument measures in the same way each time it is used under the same conditions with the same participants. It is the repeatability of a measurement. A measurement is considered reliable if a person’s scores on the same test given twice are similar. Reliability can be determined by a test/retest method or by testing for internal consistency.

Role: A responsibility or character assumed in an SBE.

Safe Learning Environment: The emotional climate that is created through the interaction among all participants (including facilitators). In this positive emotional climate, all participants feel at ease taking risks, making mistakes, or extending themselves beyond their comfort zone. Awareness of the psychological aspects of learning, the effects of unintentional bias, cultural differences, and attentiveness to one’s own state of mind helps to effectively create a safe environment.

Scenario: A deliberately designed simulation experience (also known as a case), that provides participants with an opportunity to meet identified objectives. The scenario provides a context for the simulation and can vary in length and complexity, depending on the objectives.

Self-Efficacy: An individual’s perception or belief in his or her ability to achieve. This may be reflected in how an individual behaves and/or performs.

Simulation: An educational strategy in which a particular set of conditions are created or replicated to resemble authentic situations that are possible in real life. Simulation can incorporate one or more modalities to promote, improve, or validate a participant’s performance.

Simulation-Based Experience(s): A broad array of structured activities that represent actual or potential situations in education, practice, and research. These activities allow participants to develop or enhance knowledge, skills, and/or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment.

Simulated Clinical Immersion: A planned SBE in which participants are engrossed in a situation or setting as they would be if they were in the real world. The goal is to evoke or replicate life-like aspects in a fully interactive fashion.

Simulation-Enhanced Interprofessional Experience: Simulation-based activities in which participants and facilitators from two or more professions are placed into a simulated health care experience in which shared or linked educational goals are pursued, while the individuals involved “learn from, about, and with each other to enable effective collaboration and improve health outcomes.”

Standardized Patient (Also Known as Simulated Patient): A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation.

Validity: The degree to which a test or evaluation tool accurately measures the intended concept of interest.



JOHNS HOPKINS
SCHOOL of NURSING

CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

Effective Date

January 15, 2022

Supersedes

July 01, 2021

Virtual Reality (Also Known as Computer-Assisted Simulation, Computer-Based Simulation): A computer-generated reality, which allows a learner or group of learners to experience various auditory and visual stimuli. This reality can be experienced through the use of specialized ear and eye wear.

Administrative Information

A. Support Staff and Contact Tree

To facilitate communication between the team for unexpected changes/emergencies before or during our day- to-day activities, faculty and staff use the established group text as a communication vehicle. The Director for Immersive Learning will follow up with impacted team members, as necessary. For school wide emergencies such as weather or unrest around the school, an emergency text from the University Emergency Management system is sent to all students, faculty, and staff to alert all of changes in school scheduling and safety procedures. Changes in the Center's schedules, specifically impacting students and faculty, are communicated through both the Center's learning management system and, to the specifically impacted courses, through the course learning management system.

B. Overtime Policy

Overtime is discouraged but when necessary to properly staff an activity, it is discussed and approved prior to accrual. When overtime is necessary due to a staffing emergency, it is discussed and approved by the Director for Immersive Learning.

University payroll policies are available on this website:

https://hr.jhu.edu/working-here/getting-started/new-managers/salary-administration/#:~:text=*Fair%20Labor%20Standards%20Act&text=and%20is%20exempt%20from%20receiving,hours%20in%20a%20work%20week.

C. Scope of Work/Description for Each Personnel Classification


See appendix 4.A for job descriptions.

D. Organizational Chart

See Appendix 3.A for the organizational chart.

E. Staff Quality Improvement and Professional Development

Core pre-licensure simulation faculty attend a simulation faculty meeting three times a year at the end of each semester. A training session such as providing feedback, or practice with debriefing is a component of every meeting. Educators working in DNP-AP simulation program have annual simulation training as well specific immersion training as needed for new activities. Faculty are encouraged to attend training through the Maryland Clinical Simulation Resource Consortium (MCSRC) and also through the NLN Simulation Leader program. Funded attendance at simulation conferences is evaluated based on specific learner objectives and added benefit to the program. All simulation faculty and staff are encouraged to attend monthly simulation educational sessions offered jointly by simulation center leadership at the School of Nursing and the School of Medicine.

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Fiscal

A. Fee Structure for Use (Internal and External Use)

Internal Use

- CILDI is supported through the collection of student semester fees. The University supports and allows appropriate and justified fees for courses and semester fees in colleges/areas where deemed appropriate. All internal Johns Hopkins School of Nursing simulation educational activities are guided by the Johns Hopkins School of Nursing Masters and Doctoral program curriculum committees. All simulation activities are discussed with the Directors of Immersive Learning and budgeted for using appropriate Cost Center or Internal Order numbers.
 - Other revenues supporting the program include:
 - Course Revenue generated from CE course (Simulation Instructor Training Course)
 - Bootcamps and workshops
 - Endowment/gift Monies given to the Center as a gift of endowment
 - Grant monies awarded from private, non-private, government and not for profit organizations for specific research
- All internal Johns Hopkins School of Nursing educational activities that are not guided by the Johns Hopkins School of Nursing Masters and Doctoral program curriculum such as a Boot Camp or Workshop specific to faculty’s expertise will be charged at a fee for service and will be paid for through Johns Hopkins School of Nursing Budget Analysts.
- All internal Johns Hopkins School of Nursing research activities are subject to a fee for service and should be paid through Johns Hopkins School of Nursing Budget Analysts.

External Use

- All external activities are subject to a fee for service and should be paid through Johns Hopkins School of Nursing Office of Finance Policies.
- Fees will be based on space, manpower, and equipment needs. These requests should be made through the CILDI website. <https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/CILDI-request-forms.html>
- All fees are subject to Johns Hopkins School of Nursing approved overhead fees Checks are payable to “Johns Hopkins School of Nursing CILDI” and mailed directly to 525 North Wolfe Street, Baltimore, MD, 21205.

B. Required Reporting (Type and Frequency) and to Whom

1. Monthly Mandatory Reporting
 - a. Budget Variance Report: This report will be generated by the Johns Hopkins budget analyst or designee and be presented on a monthly basis to the Dean’s office.
2. Yearly Mandatory Reporting
 - a. July - Annual Report to the Dean and stakeholders: CILDI will prepare a center annual report highlighting center activities to the Dean, School of Nursing.
 - b. September – Annual Recharge Audit Report: This will be prepared by Johns Hopkins School of Nursing Budget analyst or designee with input and work from the directors of CILDI.

C. Annual Budget Reporting Requirements

CILDI is responsible for drafting a budget to submit to the Director of Finance for each fiscal year. Each director of immersive learning will meet with the Director of Finance and Budget Analyst to discuss their draft budgets. The overall budget is submitted to the Director of Finance by mid-February. The budget will be presented to the Dean's office mid-May. Complete budget approval occurs in June.

D. Required Fiscal Year End Documentation

All required documentation is provided in the annual report to the Dean as well as any financial documents generated by the Budget analyst or designee pertaining to the operations of CILDI.

E. Purchase and Acquisition Procedure

The Center Directors perform a needs assessment through surveys and focus group meetings with Program Directors, Specialty Track Coordinators, and course coordinators prior to each academic year. They discuss the identified needs for supplies, equipment, and technology. If an item cost >\$5,000 estimates are obtained from three vendors. The estimated budget for each item is included in the budget proposal with clear justifications and submitted to the financial team for approval. Once approved, the CILDI Directors work with the Immersive Learning Laboratory Manager and/or Information Technology team to purchase necessary supplies, equipment, or technology.

F. Reimbursement Process

Reimbursement falls under the prevue of the Johns Hopkins University policies. Purchases made with personal funds that wish to be reimbursed have to be pre-approved by the Executive Director.

G. Financial Accounting

CILDI has a Center dedicated budget number for each arm of the Center to keep track of revenue and expenses for each arm of the Center. Information regarding CILDI's financial account is available upon request from the Johns Hopkins School of Nursing Office of Finance.

H. Conflict of Interest

The Center will follow the Conflict-of-Interest guidelines provided by the Johns Hopkins School of Nursing https://nursing.jhu.edu/faculty_research/research/sponsored-projects/documents/COI- Handbook.pdf

I. Purchasing Equipment

Purchases will be made after review and approval by the financial team. Capital equipment must be budgeted in advance. A detailed report of the need and purpose of the equipment must be submitted prior to purchase. This includes the following:

- a. Equipment description (including pictures and dimensions)
- b. Cost/Quote from the vendor
- c. Vendor contact information
- d. Needs assessment
- e. Curriculum design for the equipment
- f. Utilization prediction
- g. Where it will be located and/or stored

J. Purchasing Approval Process

Purchases under \$5,000 necessary for the general maintenance of the Center programs are made by the Center project manager after consultation with the Lead Simulation Specialist. Purchases over >\$5,00 require estimates from three vendors. The estimated budget for each item is included in a budget proposal with clear justifications and submitted to the financial team for approval.

J. Payroll

All employees of CILDI are employed b Johns Hopkins School of Nursing. Anyone, exempt and non- exempt employees, etc., will be vetted and hired through a process directed by the CILDI Executive Director. All payroll is submitted through the University SAP Human Resource Payroll/Time Input system, time is submitted and routed to the manager/director/supervisor for approval then routed to the Business Office for finalization prior to payroll processing.

Operations

A. Utilization of Simulation Program Staff

i. Work expectations

Simulation program staff are there to support the simulation learning experience. Each staff member has specific roles i.e. technology support, setup, and breakdown of sessions, but staff are cross trained and expected to be flexible to meet the needs of the specific day/experience. Roles and expectations for upcoming sessions are delineated each week in a team meeting for both pre-licensure and DNP-AP learning experiences.

ii. Communication

- a. Email correspondence is expected to be answered by the end of each working day.
- b. Staff are expected to communicate their activities during the day to each other, so all know where to find one another in case a question or need arises.
- c. Unexpected absences or lateness for any reason are communicated via a group text message that includes the Directors, coordinators, and all staff members so all are aware and can proceed through the day, as necessary. The appropriate Director will follow up as necessary.

iii. Time off/vacations


- a. All time off must be approved by the respective Director in advance.
- b. Time off is encouraged to be taken during school breaks but, if taken when school is in session, only one staff member can be off at a time. If during a break, two staff members may be off at a time.

B. Start-up and Shut Down Process

All simulation spaces including practices labs and the VR suite are locked by security/custodial services at the end of the day. Simulation center staff open up in the AM upon arrival. Simulation spaces are set up with supplies and manikins as needed the day prior to the experience. The morning of the experience, manikins, monitors, computers, and any other necessary equipment are turned on and tested for readiness for use. At the end of the day, simulation staff clean up all equipment and supplies used during the day and set up for future experiences. Specific set-up and shut down responsibilities are discussed at the regular Monday team meeting. Shut down details are included below.

i. CILDI Simulation Laboratory

1. Clean manikins and surfaces/tables in all spaces utilized
2. Change to clean sheets/pillowcases
3. Gowns and cloth drapes in laundry basket
4. Extra tables removed
5. Tools returned to box and put away - BP cuffs in cases
6. Oto-Ophthalmoscopes plugged in to charge
7. Papers picked up
8. Personal items picked up (water bottles, etc.)
9. Ancillary teaching materials (charts, screens, etc.) returned and put away
10. White board erased
11. Each room should have 1 table, 2 chairs (in corner), & one stool
 - a. Arrange chairs around tables and/or along walls in accordance with the fire hazard codes

 <p>JOHNS HOPKINS SCHOOL of NURSING</p> <hr/> <p>CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION</p>	<p align="center">Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual</p>	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

b. Extra chairs put away carefully in the back

12. Doors remain locked when not in use
13. Take out garbage (if needed)
14. Log off computer
15. Assures all sharps are disposed of properly in sharps containers

ii. CILDI Virtual Reality Laboratory

1. Turn off VR computers
2. Clean headsets in the UV box using the instruction manual provided near the UV box
3. Replace headsets safely in the appropriate space
4. Take out garbage (if needed)
5. Turn off switches
6. Close and lock door

C. Security of Information

All simulation scenario documentation is located on a permission-based accessible shares file online on the simulation learning management system server. User access is granted based on function. All CILDI staff have administrative access that allows full data entering and editing capabilities. Faculty, learners, and all others including standardized patients (SPs) have access only to materials necessary for their individual function such as scripts and schedules for SPs. All simulation faculty and staff have access to the simulation share files. Student sign-up and attendance records are kept in the learning management system. Simulator maintenance logs are kept in a password protected shared drive. Purchasing documentation is kept in the CILDI management office.

D. Simulator Maintenance

The simulation lab manager holds the responsibility of ensuring proper warranties are in effect for all applicable simulators and/or manikins. Upon expiration of initial warranties, warranties will be evaluated and renewed as deemed appropriate. The documentation of the warranty will be kept electronically on the simulation shared site and a hard copy will be kept in the simulation office. The Simulation Lab Technician will maintain regular maintenance checks on all simulators and adjunct equipment and alert the simulation lab manager if there is a problem and the vendor needs to be contacted. Checklists of these maintenance checks that follow the manufacturer's recommendation are kept in the simulation shared space.

E. Course Supplies

Supplies located in CILDI are organized by both description and location. Courses with unique equipment and supplies are grouped together and kept in marked bins and stored on shelves labelled by course/scenario or case. Regular inventory checks are conducted, and inventory levels are maintained in the simulation management system. The simulation lab manager receives an alert when inventoried supplies are running past designated levels.

E. Course Preparation

For each scenario/case, a set of pre-course checklists has been developed that specifies what tasks need to be accomplished. Schedules are completed prior to the beginning of each semester. Faculty and students are made aware via the registrar when registering for the course (DNP-AP) or through their clinical faculty (pre- licensure). Facilitators are scheduled at the beginning of the semester. Scenario and case materials are stored in a shared drive in the learning management system and are available for faculty to review.

Approximately one week before the session, email reminders are sent to facilitators re: the scenario or case and the schedule. Simulation team responsibilities are discussed weekly at team meetings.

Additionally:

1. 1-2 days before the course
 - a. Paperwork is prepared
 - b. Check and assemble supplies
 - c. Prepare the simulation space with appropriate equipment/manikins
2. The day of the course
 - a. Configure simulator
 - b. Configure AV equipment and software
 - c. Configure environment
 - d. Support facilitators
 - e. Support participant completion of post surveys or other tasks
 - f. Organize reconfiguration of the environment for next course or activity

G. Course Turnover

At the end of the session, the simulation space is reconfigured to be ready for the next activity. Sim team member responsibilities are discussed at the weekly team meeting. The simulation coordinators review the course evaluations during the session and at the end of the day.

H. Extra-Curricular Simulation Center Access

Students and/or faculty may request access to the simulation center for extra-curricular activities through a request function on the Center for Immersive Learning website. This would include activities such as fundamental skills training practice, research related activities, and video production. This request should be made at least 4 weeks prior to the date requested but exceptions will be made for last-minute needs. A Center team member will respond to the request and review availability and associated needs such as equipment, furniture, and staff needs if applicable. If it is a research related request, proof of IRB approval is required with related protocol information made available.

I. After Hours Access

Requests for afterhours access can be made through the website. If the space requested is available and the activity falls within acceptable parameters an access ticket will be available for printing to show to security to allow entry. Requests will be reviewed and approved or rejected by the simulation lab manager. The Director for Immersive Learning will be a second line reviewer, as necessary. Acceptable activities typically include fundamental skills training but other activities such as videography will be reviewed and considered. After- hours use of the manikins is not permitted unless provisions are made for trained simulation staff to be on site.

Scheduling Courses and Rooms

A. Approval Process

All simulation activities are initially developed and approved by the simulation faculty leadership and course coordinators under the guidance of the curriculum committee members and in alignment with the mission and vision of the School of Nursing. Courses, events, and /or activities fall under the curriculum and are supported by tuition. Some simulation activities such as research are grant funded and are approved by operational and administrative leadership of CILDI.

B. Scheduling Process

Simulation activities approved for the nursing programs are scheduled accordingly. Simulation activities are scheduled by the Center Directors with input from the program coordinators and the simulation center manager. Course/activity scheduling involves close attention to the numbers of students, rooms needed and equipment requirements. The schedule is developed for a full academic year in advance and is published so faculty and students are aware.

i. Extracurricular activities

Program/event reservations can be made via the CILDI Website under the "Simulation Event Request" filed. (<https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/CILDI-request-forms.html>). The Simulation Event Request form prompts faculty to enter relevant simulation activity details and requirements. Form submission and approval by the CILDI Directors and Academic Program Directors results in a detailed event listing on the CILDI Event Calendar on the website. The Simulation Center event calendar also provides a transparent view of CILDI's activities for the JHSON, allowing programs to verify resource availability in real-time. All reservation requests require one week's notice.

ii. Prioritization of simulation activities

CILDI is designed to allow for maximum flexibility in the simulation spaces to facilitate the many learning needs of our students. The Director for Immersive Learning MSN (Entry into Practice) meets with the pre- licensure, advanced practice, and the simulation coordinators to develop overall schedules for the simulation lab. This group meets three times a year to discuss scheduling for the fall, spring, and summer semesters. The overall goal is to have the schedule produced a year in advance. Simulation coordinators for all programs discuss their space and program needs when developing the overall schedule. Space and time are allocated based on class size, technology required such as manikins and equipment, activities planned, the need for video recording, and classroom space required. Conflicts are resolved through discussion and, when necessary, compromise as long as program/class objectives are met.

iii. Notifications

Pre-licensure students and faculty are notified of course simulation dates by the simulation coordinators and the dates are published in the course syllabus. DNP-AP simulation Immersion dates are published in the course schedules, so students are aware of dates and expectations before course registration.

iv. Recording of scheduled events (e.g., calendar structure and information)

CILDI keeps an accurate account of what courses run activities, dates of the courses, number of participants, and scenarios or cases utilized in the learning/simulation management system.

v. Scheduling Disputes: Resolving schedule conflicts

Simulation events for the Johns Hopkins School of Nursing will take priority over all other events. Other courses within the Johns Hopkins University with a lab component will have priority over outside entities. Priority of use is determined

by the Directors of Immersive Learning and reviewed by the Executive Director as needed. Conflicts are resolved through discussion and, when necessary, compromise if program/class objectives are met. When necessary, alternate dates are selected for some simulation activities.

1. Further efforts to resolve any scheduling disputes will be handled as follows:
 - a. In the event of more than one course with priority having a conflict in scheduling, any course that has requested the space on or prior to the deadline for fall, spring and/or potential summer semesters will receive priority.
 - b. For those that are not approved for a particular date, other potential dates will be discussed with the course faculty.
 - c. Groups outside of Johns Hopkins University are to be encouraged to seek times that are not used by academia (evenings, nights, weekends, December and spring break).
 - d. Outside groups will be allowed to submit schedule requests after each semester’s deadline.

vi. Final arbiter of scheduling needs policy

The Assistant Dean of the Center for Immersive Learning has the final authority to resolve scheduling dispute.

vii. Cancellation policy

A 24-hour notice is required for all scheduled simulation cancellations. The instructor is responsible for informing both the CILDI Director and the participants of the cancellation. e.g. Emergency Closures/Inclement Weather. CILDI follows the JHU policy and guidance for closures due to emergency or inclement weather. If participants are unable to attend due to severe weather or another emergency and the University has not been officially closed; it is the participants’ responsibility to notify their instructor. Faculty, staff and students may sign up for JHU Alert, an emergency notification system, to receive up-to-the-minute messages related to University emergency or weather-related delay/closure. The JHU Weather Emergency Line provides information on class cancellations and campus closings due to inclement weather: 410-516-7781 or 1-800-548- 9004.

viii. Observation for non-participants

Observation of simulation activities by non-participants is requested via the CILDI website. Observations may include tours by students, international faculty, and/or other interested simulation center personnel. Observers need to specify objectives for the experience. Care is taken to ensure all observations are done in a safe format that does not impact student learning objectives - IE no observations are done when a student is participating in a summative OSCE.

Course Directors and Facilitators

A. Facilitator Development

i. International Nursing Association of Clinical Simulation and Learning (INACSL) Standard of Best Practice

SimulationSM Facilitation, simulation faculty have simulation training through workshops conducted at the School of Nursing. The content includes the science of simulation, the INACSL Standards of Best Practice, the concepts of pre-briefing and debriefing, simulation modalities, and the importance of maintaining a safe, respectful environment. It also includes practice facilitating a simulation session including pre-briefing and debriefing.

ii. Simulation faculty

All simulation faculty are encouraged to achieve Certified Simulation Healthcare Educators® (CHSE®) status. In addition, each new simulation faculty member works with an experienced simulation faculty member as a preceptor in facilitating simulation. The new simulation faculty will not facilitate simulation on their own until both the experienced simulation faculty and the new faculty agree that they are ready. The development and delivery process of simulation based educational programs is standardized. Facilitator development is central to this standardization and includes content related to the following: developing course content, incorporating simulation modalities, creating a respectful environment and allowing for feedback and reflection.

B. Course Content

Course authors develop simulation-based training experiences to achieve participant outcomes. Course authors identify qualified facilitators to assist with experience and ensure adequate facilitator development. Course content is tested and validated prior to implementation with learners.

i. Simulation modalities

Courses utilize various pieces of simulation equipment and technologies within the simulation program. Simulation program staff collaborate with the course author and facilitators to incorporate simulation equipment within the course.

ii. Respectful environment

Course authors and facilitators understand the importance of creating a supportive and safe learning environment. Facilitators remind participants in pre-brief the importance of confidentiality. Facilitators understand the importance of protecting and addressing physical and psychological safety (See Appendix 8.A).

iii. Feedback and reflection

Course authors and facilitators include time for feedback and reflection (Debriefing) following the simulation experience.

iv. Simulation technology

Courses utilize various pieces of equipment within the simulation program. Most course authors are not experts on the equipment. Simulation program staff work with the course author and facilitators on teaching them how to utilize the equipment pertinent to their courses and simulation technicians are available to assist as necessary.

v. Code of conduct

Incorporating INACSL Standards of Best Practice: SimulationSM Professional Integrity, the simulation learning

environment should be safe, supportive and encourage honest reflection upon performance with suggestions for improvement. The course facilitator and simulation staff have the right to remove any participant from the program for unprofessional or disrespectful behavior. See Appendix 8.B: Code of Conduct.

vi. Course development policy

Incorporating INACSL Standards of Best Practice: SimulationSM Simulation Design and Outcomes & Objectives, cases and scenarios are developed using a consistent format. The pre-licensure program utilizes the NLN Jeffries format. The DNP-AP program utilizes the RIME model.

vii. Evaluation policy

Simulation evaluation policies address two areas: Participant evaluation of simulation experiences and Evaluation of participant performance.

1. Participant evaluation of simulation experience: All simulation activities are evaluated using the SET-M evaluation tool and includes evaluation of the facilitator. The Directors of Immersive Learning MSN and DNP-AP as well as the simulation coordinators regularly review the evaluations. Content is revised as necessary based on participant feedback. Facilitators are advised as necessary if their facilitation method should be revised or reviewed.
2. Evaluation of course participant performance: Incorporating Standards of Best Practice: SimulationSM Participant Evaluation, evaluation of simulation participants is part of the simulation experience. Evaluation of pre-licensure students is formative in nature. Clinical instructors and clinical course coordinators are made aware if clinical or patient safety issues are apparent. Evaluation of DNP-AP students contains both a formative and summative component. Students who are not successful in a summative case scenario are provided with remediation.

viii. Course registration

Simulation experiences are included in all clinical courses. Students are assigned to their simulation experiences by the course faculty. Dates for DNP-AP students' simulation experiences for each class are posted in course descriptions on the website so participants are aware of course expectations prior to course registration. The dates are also posted in the learning management system for each course. Dates for pre-licensure students' simulation experiences are posted in the learning management system and communicated by clinical instructors.

ix. Equipment utilization

Equipment utilized in the simulation center is maintained both before and after simulation experiences by the simulation staff. Faculty assist as necessary with the support of simulation staff. Students are informed in orientation to treat any simulation equipment with respect i.e. – do not place heavy backpacks on the manikins. Facilitator travel: Faculty and/or staff who travel for teaching, presentation, or learning purposes will be reimbursed through the CILDI budget. Eligible travel and reimbursement must be discussed and approved in advance with the Assistant Dean and Directors of Immersive Learning. If needed for travel, individuals are responsible for managing their own specific supplies or equipment.

Standardized Patients

A. Safe Work Environment (Safe Work Practices, Confidentiality, and Respect)

The policies for the physical and psychological safety of our standardized patients align with ASPE's Standards of Best Practice. Safe work practices for SPs include: Adequate breaks; meals/refreshments; preparing SPs extensively and ensuring they know of case materials and performance requirements; debriefing all activities especially high-emotion cases; managing client expectations of SPs' possibilities and limitations; protect SPs' anonymity; ensure SPs understand how they'll be compensated prior to confirming.

B. Case Development

Key considerations include:

1. Case materials align with the learning objectives / goals of the event.
2. Subject matter experts (SME) help to create cases, and that they accurately reflect authentic patients and situations to avoid bias and stereotypes.
3. Adequate time to draft and practice the case prior to the event.
4. An appropriate assessment tool is paired with the case.
5. Accurate and sufficient details (i.e., medical history family history, social history, medications, etc.).
6. Do a practice Pilot session.
7. Offer case/scenario specific practice training.
8. Provide video examples.

C. Standardized Patient Training

i. Basic SP training

Basic SP Training would include: role portrayal, how to provide appropriate feedback to participants, and instruction on assessment tools.

ii. In-person group training

In-person group training is ideal, allowing robust discussion and practice; video examples are useful for basic instruction and demonstrations, and are often more economical.

D. Program Management

- Assign an instructor, staff member, or proctor to serve as a liaison to the Standardized Patients/Confederates during the event.
- Provide Standardized Patients/Confederates, course directors, and instructors best practices for incorporating Standardized Patients/Confederates so that the expectations are clearly defined.
- Safety and integrity of teaching/testing materials is assured.

E. Professional Development

While Standardized Patient programs offer many opportunities for SP development, sharing feedback with SPs/SCs from course directors and instructors is a simple and invaluable resource.

Safety and Security

A. Sharps Containers

Sharps containers are in every simulation room in the CILDI. Replacement sharps containers are found in the CSLC supply room. Environmental services are notified when sharps containers are ready for pick up and are disposed of according to their policy. See Appendix 10.A for the Medical Emergency or Injury Policy and Appendix 10.B for the information sheet in the event of a needle stick.

B. AED Locations

AED's are located throughout the school of nursing building on every floor near the elevators and at the front guard station on the main level. The simulation center is located on the second floor and AED is located outside of the elevator near simulation suite room N201. The virtual reality suite is located on the lower level of the building. An AED is present near the elevators on the lower level. AED training is part of the annual required CPR training. Reminders of the AED are noted in orientation.

C. Identification Badges

Students are provided a university identification badge upon arrival to the university. This badge allows access to the building. There is no separate badge access required for the simulation center.

Course Participants

A. Course Preparation

Must complete all assigned pre-class key elements.

Must show up for class on time.

Must contact their clinical faculty if they cannot meet class requirements or are not able to attend class.

B. Code of Conduct

Issues with classmates should be addressed to the facilitator. Disruptive participants will be removed from the simulation session. Participants are expected to arrive at the program in proper attire.

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

C. Cell Phone Usage

The use of cell phones during classes at the simulation program is strictly prohibited.

All public use of cell phones should be conducted in an area outside of the simulation program.

The use of cell phones for the purpose of recording video, audio, or photographs within the simulation program is prohibited. See appendix 8.B: Code of conduct.

14. Course Observation

A. Observation of Simulation Policy for Course Participants

Students and learners attend simulation experiences in groups (either clinical groups, course groups or interprofessional groups from the work environment), therefore participants may observe their peers in this immersive environment. Psychological safety is a key component of all simulation activities and time is taken at the start of the activity to address confidentiality and a judgement free zone. Simulation is an opportunity to discover through immersion, therefore mistakes may occur. Following the INACSL standards of best practice these issues are addressed in pre-brief and debrief. Learners are asked to “keep what happens in the sim environment in the sim setting” and not discuss outside of the learning activity so that future students can have a pristine learning environment. The center’s code of conduct, confidentiality, and safety policies addresses these issues (See appendices 8.A & B). If a scenario is performed using telehealth, students are asked to participate in a private space away from other individuals and not in a public setting.

B. Observation Policy for Non-Participants

The simulation director approves observation by non-participants. This may include visiting scholars, alumni, donors, prospective students and staff and others interested in learning about simulation. A request for observation should be made through the CILDI website. Observers can view from the control room or debriefing room in alignment with our policies. Observers are introduced to the students and can interact with the staff and participants if the observation is more than a few minutes. If a tour quickly comes through interaction is not feasible as it may interrupt the learning activity. Videos and picture taking are not allowed.

C. Required Disclaimers and Pre-Event Statements

Observers are required to not discuss the content or actions of the participants outside of the activity consistent with the confidentiality policy.

D. Required Event or Course Acknowledgements

Simulation is an educational activity used to further the learning of the participant. Participating in simulation does not necessarily translate into achieving competency in the clinical arena.

15. Simulation Courses

A. Course Approval Process

All courses should be developed and approved by the JHSON curriculum committee. Corresponding simulation courses should be developed with the simulation program course coordinator. If a simulation course is developed in alignment with a grant, the course request form <https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/event-request-form.html> should be completed. Following submission of the simulation request, the CILDI team will meet with the grant team to complete a needs assessment. Simulation courses need to meet the following criteria for development:

1. Clear learning objectives.
2. Clinically relevant or applicable.
3. Available funding if necessary (supplies, equipment, staff).
4. Meets the mission of the curriculum.
5. Can be performed within the simulation program.

B. Funding and Course Finances

If the simulation course is a sponsored project, the CILDI Project Manager and Simulation Coordinators will use the immersive learning planning document to determine costs. (See Appendix 13.A)

C. Mandatory Elements of a Course

Each simulation course should include the following:

1. Course Description: An overview of the simulation activity including the simulation modality.
2. Course Objectives: All simulation experiences are based on expected learner outcomes and objectives. The objectives should align with program outcomes and be guided by the discipline-specific certifying bodies. Learning objectives should be written using Bloom's taxonomy and using the SMART format: Specific, Measurable, Achievable, Realistic, and Time-phased (INACSL Standards Committee, 2016, 2021).
3. Pre-briefing Strategy
4. Day of Course Learning
5. Debriefing Strategy: The learner level/program will determine which debriefing methodology. DNP-AP PEARLS and Maters Entry: DML
6. Post simulation evaluation

16. Scenarios

A. Scenario Development

All programs utilize evidence-based templates for simulation design. The MSN Program utilizes the NLN/Jeffries Simulation Template available from the NLN SIRC website. Simulation scenarios used in this program are to be developed by the Simulation Coordinator and subject matter experts and/or course coordinators for the specific specialty topic. Newly created scenarios are reviewed for content and alignment with course objectives and are revised as needed. Once a scenario is used, it is reviewed in real time by the simulation coordinator or the simulation director for adjustments. Templates for scenario design are comprehensive to include a guide for inclusion of goals and objectives, case presentation, narratives, patient history and chief complaint, timing of events, student responses and flow of the scenario. Additionally, information on equipment, supplies, medications, pertinent case information, student preparation materials or readings are included. A detailed script is provided for standardized patient (SP) scenarios and follows the ASPE Template for SPs. New scenario creation should be completed one month prior to use for training and preparation.

B. Scenario Structure

Simulation scenarios should be structured using the NLN/Jeffries Simulation Template that includes the pertinent structure needed to prepare for simulation. The scenario structure contains a title, objectives, estimated time, equipment/supplies needed, brief overview of scenario, pertinent patient information, events, and response to events, personnel, and simulator type.

i. Objectives

Objectives to be met by the students are included and guide both the development and the facilitation of simulation events. The objectives need to align with course objectives and are leveled according to the student level in the program. Objectives will incorporate only content of which the students have been exposed.

ii. Roles

Students are assigned the role of nurse or observer. No student shall be assigned a role outside of their educational limitations

iii. Off going shift report

Each simulation scenario will include a handoff report that gives the students pertinent information to begin the simulated clinical experience.

iv. Diagnostics

Any pertinent diagnostic findings are included in the scenario development and material provided to the student.

v. Debriefing questions

The scenario structure includes a concept map developed by the simulation educator to guide the debriefing process. This provides for guided reflection and is congruent with scenario objectives

vi. Evidence-based references

All scenarios require at least two documented evidence-based practice references.

C. Authorship

Scenario authors are included on the scenario template based on involvement and creation of the case. Each

template is tailored to the specific course and use of the scenario should align with the intended course to prevent duplication among courses. Edits to scenarios are approved by the simulation educator.

D. Audiovisual Storage

Videos obtained of the simulation experience are stored on the CILDI servers and/or simulation management system. They are kept for the duration of the student's tenure at the School of Nursing.

E. Utilization of Scenarios

The simulation educator will work with the clinical course coordinators to ensure the scenarios are current, updated and align with current standards of care and follow hospital policies. A reference list and supporting documents are included in the scenario template as appropriate.

F. Clinical Quality Assurance

Input from facilitators, clinical coordinators and communication with hospital partners to assure that the scenarios are up to date and follow current best practices. Annual review of scenarios will occur with coordinators and on an ongoing basis as needed

G. Debriefing

The debriefing process for all programs follow INACSL Standards of Best Practice. Debriefing for Meaningful Learning and the PEARLS Debriefing are the primary debriefing strategies used by the CILDI Center. Others are included as appropriate to the content and objectives of the scenario. All debriefing methods utilize standards of best practice for debriefing.

17. Remediation

A. General Remediation Policy

If remediation or reevaluation is needed, it is the responsibility of the course faculty to schedule the session with CILDI using the request link: <https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/event-request-form.html>

B. Policy for Facilitators

If simulation is used for remediation in a given course, the simulation coordinator from the corresponding program will work with facilitators to determine if simulation is the best route for remediation.

C. Policy for Participants

If simulation is used for remediation in a given course, the participants will be informed prior to the simulation event that remediation is possible based on performance and at the discretion of the course faculty.

D. Documentation

If simulation is used for remediation the course request will serve as documentation of the dates and details of the events. This documentation should include the details of the original simulation and the needs for the remediation or reevaluation session.

E. Ethical Guidelines

If simulation is used for remediation in a course, participants are made aware of that from the beginning. The course syllabus clearly states the requirements for being successful in the course and if successful/unsuccessful remediation will affect their current or future continuation in the program.

F. Learner Remediation

When learners are to be remediated at your simulation program, sensitivity to these sessions is addressed from a confidentiality, observation, and psychological safety standpoint. (See appendix C)

G. Signage/Scheduling of Remediation

Signage for remediation events has common nomenclature that ensures learners know where to go for the activity: Please report to room N201 for the Clinical Practicum II simulation session. The signage does not include the learner's name or the term remediation.

18. Video Recording

A. Consent Form

1. Students will be informed during orientation to the School of Nursing (SON) that video recordings and photos of learning activities will be made to enhance the value of the activity through review, evaluation, and feedback. Students will be regularly informed when recordings are being conducted.
2. A general video/photo consent will be obtained on admission to the SON and stored in a student services central file (See appendix 16.A).
 - a. Any video recorded that includes a student who refused to sign consent will not be viewed by anyone except simulation center staff and faculty directly involved in and for the purpose of teaching and monitoring student performance in the course.
 - b. Video or photographs of students who decline to be photographed will not be used for promotional purposes.
3. A recording release form specific to simulation will be signed at orientation by all students (Appendix 16.B)
4. Some simulation sessions will be conducted through Zoom. See appendix 16.C for University Zoom guidelines
5. Video recordings may also be used for data collection for research. Any research being conducted in the simulation center requires IRB approval and a separate IRB approved consent obtained from each participant.
6. Standardized patients participating in a videotaped simulation session for publication will be asked to sign a consent (Appendix 16.D)

B. Video Recording Policy

1. Students will be informed when activities are being videotaped and the purpose of the videos:
 - a. Debriefing
 - b. Evaluation
 - c. Research

C. Procedures Guiding Storage/Distributions

1. Videos will be recorded and stored on secure servers in a cloud server system via the simulation management system.
2. Distribution will be limited as follows:
 - a. Faculty and students directly involved in the learning experience will be permitted to view the videos either immediately after the session or later for review and evaluation.
 - b. Faculty/researchers requesting access for data collection will be permitted to view the videos.
 - c. Videos may be used for learning activities for later cohorts of students once the students in the video have graduated from the program.
 - d. Video access is obtained through the simulation manager by request.

D. Procedure Guiding Video Destruction

Videos will be maintained for a maximum of 4 years (storage space allowing) to allow access for review for the entirety of the student's tenure in the program and researcher review.

19. Equipment

A. Standard Program Equipment

A list of all CILDI equipment is available on the learning/simulation management system. Not all equipment is available for use outside of the CILDI and some equipment requires operation by simulation faculty or staff.

B. Inventory

All inventory is stored on an Excel spreadsheet that lists date of purchase, cost, vendor, serial number, and storage location for each piece of equipment.

C. Acquisition Policy and Process

Request for purchase of equipment must go through the CILDI Directors. Included in the request should be name and description of the item, rationale for purchase, and who may benefit from purchase. Approval of purchase will depend on need and budget. Items over \$5,000.00 will need three estimates with a rationale for the desired product and approval from the CILDI Executive Director and the Finance department. The timing of equipment purchase will be based on program need. Purchases coming from a grant or donated funds will be conducted as the request comes into the Center. Ideally, equipment purchase requests should be made three months prior to when needed.

D. Maintenance and Care of Equipment

The Simulation Lab Technician is responsible for maintenance of equipment, and maintenance after each use of high-fidelity simulators. A record of simulator maintenance is stored in the learning/simulation management system. Individual users are responsible for maintenance of all other equipment after each use. The simulation lab manager is responsible for the management of warranties within the CILDI. Breakage and repair policy (internal and external): All damage to equipment during use must be reported to CILDI faculty or staff.

i. Internal

It is the responsibility of those witnessing or causing the damage to equipment to report the damage to CSLC faculty or staff.

ii. External

Any damage that occurs to CILDI equipment outside of the center must be reported at the time of damage and any instructions given by simulation faculty or staff must be followed. The person to whom the equipment was loaned will be liable for any repair cost or replacement of damaged equipment.

E. Loan Policy

Faculty and students may request equipment through the CIDI website. All requests must have the approval of the CILDI Executive Director and specify a return date. Limitations on loans are decided when high fidelity manikins or equipment is requested that requires simulation experience to safely run. When timing and scheduling allows, a simulation technician may travel with the equipment to aid in the equipment management.

F. Off-Site Utilization

Faculty and students may request equipment through the CILDI website for off-site use. All requests must have the approval of the CILDI Executive Director and specify a return date. Limitations on loans are decided when high fidelity manikins or equipment is requested that requires simulation experience to safely run. When timing and scheduling allows, a simulation technician may travel with the equipment to aid in the equipment management.

20. Supplies

A. Acquisition

The purchase of supplies is managed by the simulation lab manager. Included in the purchasing request is a description of the item, number of items, and date needed. Due to storage site limitations, supplies are ordered on an as needed basis, not in advance except in special circumstances where suppliers require advance notice.

B. Organization

The supply room is organized by supplies needed for specific skills (e.g., Oxygen needs, IV needs, tracheostomy care etc.).

C. Inventory

Inventory is tracked through the simulation management system and manually tracked each semester. The inventory database includes location, source and par level for each item.

D. Budget Source

The CILDI budget comes from student tuition. Students do not pay extra laboratory fees. Some supplies come from grant funding when available.

E. Usage and Re-Usage

Certain items may be reused and repackaged in the CILDI in order to keep costs down. These items include sterile kits, syringes, and IV supplies. Any needles or supplies that would require disposal in a sharps container will not be reused.

21. Biohazardous Material

A. Authorization For Use

Biohazard materials are simulated in the CILDI. As such there is no need for preparation. However, in the unusual occurrence of the use of actual biohazard material, faculty and staff would be required to have appropriate authorization for use. All faculty and staff are required to complete the bloodborne pathogen learning module.

B. Preparation

All biohazard materials are disposed of in RED biohazard trash bags.

C. Removal

Environmental services are notified to pick up and dispose of biohazard bags according to their policy.

D. Cleaning

Simulated blood and/or bodily fluids are used in the CILDI and may have the appearance of actual blood or bodily fluids but is utilized for moulage. There is no special cleaning needed for simulated blood or bodily fluids after use prior to reuse.

22. Customer Relations

A. Dispute Resolution




Complaints from students, faculty, and staff should be directed to the Directors of Immersive Learning through SON-CILDI@jh.edu. CILDI administrative team will discuss complaints as a part of the standing strategic planning team agenda. In the event of an urgent manner, the Executive Director has the authority to call a special meeting to discuss any serious issues. Suggestions for improvement can be sent to the Executive Director to be discussed with the Center faculty and staff. Complaints/suggestions that require interventions beyond CILDI will be shared with appropriate leaders/divisions within the Johns Hopkins School of Nursing.






B. Marketing of Program

Marketing of the Center will be done through the Johns Hopkins School of Nursing website, and Johns Hopkins School of Nursing approved social media platform and other promotional platforms. All content promoted will require final approval from the Dean and Executive Director of CILDI.

C. Policy on Use of Program’s Name

The official name of the Center—Johns Hopkins School of Nursing Center for Immersive Learning and Digital Innovation—and acronym—CILDI—are the only approved terminologies allowed to be used in any communication and publication. Only approved individuals or entities are allowed to use these logos listed below. Approval must be sought through SON-CILDI@jhu.edu. See below for the JHSON approved logos and letterheads.

Branding Articles	Description
	CILDI Black Horizontal
	CILDI Black Vertical
	CILDI Blue Horizontal

 <p>JOHNS HOPKINS SCHOOL of NURSING</p> <hr/> <p>CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION</p>	<p align="center">Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual</p>	<p><i>Effective Date</i></p>	<p><i>January 15, 2022</i></p>
		<p><i>Supersedes</i></p>	<p><i>July 01, 2021</i></p>
 <p>JOHNS HOPKINS SCHOOL of NURSING</p> <hr/> <p>CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION</p>		<p>CILDI Blue Vertical</p>	
 <p>JOHNS HOPKINS SCHOOL of NURSING</p>	<p>CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION</p>	<p>CILDI White Horizontal</p>	
 <p>JOHNS HOPKINS SCHOOL of NURSING</p> <hr/> <p>CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION</p>		<p>CILDI White Vertical</p>	
<p>Center for Immersive Learning and Digital Innovation</p>  <p>JOHNS HOPKINS SCHOOL OF NURSING</p>		<p>CILDI Banner</p>	

D. Web Usage

The webpages for CILDI are located within the Johns Hopkins School of Nursing website—<https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/index.html>. All information within these webpages belongs to the Johns Hopkins School of Nursing. The Executive Director makes any final decisions re: content in collaboration with the Assistant Dean of Marketing & Communications. The Center oversees the updating of the content on the website with assistance from JHSON Web Administrator from the Office of Marketing and Communications.

E. Information Dissemination

Marketing and dissemination of information and materials related to the Center will be done through the Johns Hopkins School of Nursing website, and Johns Hopkins School of Nursing approved social media platform and other promotional platforms. All content promoted will require final approval from the Dean and Executive Director of the CILDI.

F. Official Media Policy

Media requests should be made through the office of Assistant Dean of Marketing & Communications. After consultation with the Executive Director and Center Directors, that office will decide whether to deny or to allow requests and who will be authorized to speak to the media. Only filming of authorized areas and content will be allowed. If at any time students who are being filmed feel uncomfortable, they may decline participation.

23. Tours

A. Requesting Tours

Tours of the simulation center are requested through the CILDI website. Tours may be conducted for students, international faculty, and/or other interested simulation center personnel. Tour requests should include institution name, date and time, and any specifics such as the purpose/objectives of the tour, the number of people attending the tour, and what kind of tour desire ranging from a walk through to a demonstration of features. All requests will be reviewed and approved on availability of facilities and simulation staff. A representative of the simulation center will be assigned to guide the tour. As visitors, those participating in guided tours must adhere to the policies set forth by the simulation center (see Code of Conduct). In addition, no photography or video recording is allowed while visiting the simulation center, unless explicit written approval has been acquired.

Requestors are directed to follow these steps:

- Go to <https://nursing.jhu.edu/excellence/quality-safety/technology/simulation/simulation-tour-request.html>
- Complete the tour request form.
- Submit your request.
- The requestor will be notified by a member of the CILDI center within 2 business days regarding the tour.

B. Tour Details

CILDI tours include, as available, simulation suites, classrooms, and the virtual reality lab. Care is taken to ensure all observations/tours are done in a safe format that does not impact student learning objectives - IE no observations are made when a student is participating in a summative OSCE.

C. Tour Requirements

The time frame for tours is variable based on objectives but should be contained in a time frame the CILDI staff can accommodate i.e. tourists are not left alone. The group requesting the tour is responsible for parking. There is no cost associated with CILDI tours.

D. Tour Cancellation

Tours can be canceled one week prior to the scheduled date.

24. Travel and Meeting Attendance

A. Meetings

CILDI will travel and attend meetings for business purposes only. It is the policy of the Johns Hopkins University to comply with travel regulations regarding the provision and reimbursement of business-related travel, and to conform with the JHU travel guide <https://policies.jhu.edu/doc/fetch.cfm/DpbSS140>.

i. Meetings/Conferences

Meetings common to the operations of CILDI include:

1. International Meeting of Simulation in HealthCare (IMSH)
 - a. Executive Director
 - b. Director of Immersive Learning
 - c. Director of Immersive Learning Practice
 - d. Director of Immersive Learning Research
 - e. Simulation Coordinators
 - f. Simulation Operation Specialists
2. International Nursing Association of Clinical and Simulation Learning (INACSL)
 - a. Executive Director
 - b. Director of Immersive Learning
 - c. Director of Immersive Learning Practice
 - d. Director of Immersive Learning Research
 - e. Simulation Coordinators
3. International Nursing Congress Research
 - a. Executive Director
 - b. Director of Immersive Learning
 - c. Director of Immersive Learning Practice
 - d. Director of Immersive Learning Research
 - e. Simulation Coordinators
4. American Association of Nurse Practitioners
 - a. Executive Director
 - b. Director of Immersive Learning Practice

B. Approvals

Any attendance of meetings/conferences need to be approved by the Executive Director to ensure that the funding is available at the Center level. The Executive Director will then discuss the financial implications with the Dean of Finance and Administration to determine budgeting and approval. If approved, the Program Manager will help to coordinate the travel arrangements.

C. Reimbursement Policy

It is the policy of the Johns Hopkins University that all official travel shall be properly authorized, reported, and reimbursed in accordance with the Johns Hopkins University Travel Guide <https://policies.jhu.edu/doc/fetch.cfm/DpbSS140>. Under no circumstances shall expenses for personal travel be charged to, or be temporarily funded by, the University, unless otherwise noted in the Travel Guide. When a University employee travels under the sponsorship of a non-University entity, travel expenses, including

advances, prepayments, or billings, shall not be charged to a University account or billed to the University; airline tickets must be obtained from the sponsor. University employees traveling on official business shall observe normally accepted standards of propriety in the type and manner of expenses they incur. In addition, it is the traveler's responsibility to report his or her actual travel expenses in a responsible and ethical manner, in accordance with the regulations set forth through Travel Concur.

D. Covered Expenses

Allowable and non-reimbursable expenses are clearly outlined in the Johns Hopkins University Travel Guide <https://policies.jhu.edu/doc/fetch.cfm/DpbSS140>. The Center will follow the guidelines outlined in the JHU Travel Guide.

E. Priority Scheduling in Case of Conflict

If an individual is to attend a meeting and a conflict has arisen at CILDI, the Executive Director of the Center should determine if the conflict is a higher priority than the attendance of the meeting. It is expected that all travel schedules are discussed during the standing strategic planning meetings to ensure coverage is established.

25. Research

The Johns Hopkins Medicine Human Research Protection Program (HRPP) supports research across the Johns Hopkins School of Medicine, Johns Hopkins School of Nursing and the Johns Hopkins Health System. Information about the organizations supported by the HRPP and their components is accessible:

https://www.hopkinsmedicine.org/institutional_review_board/about/fwa.html

The JHM HRPP is committed to promoting the highest standards of human participant research and encouraging a culture of sensitivity and responsibility for protecting the rights and welfare of human research participants.

The JHM HRPP is comprised of organizational oversight offices committed to support the HRPP mission, IRB Committees, a dedicated Office of Human Subjects Research charged with upholding the ethical and regulatory requirements for human participant protections and dedicated researchers and study teams who execute the responsibility of protecting human participants in their daily work.

A. IRB Policy

Research conducted at CILDI will follow the Johns Hopkins University institution's policy to require an IRB:

https://www.hopkinsmedicine.org/institutional_review_board/about/ All research conducted at CILDI will follow the policies set forth by the Office of Human Subjects Research. Policies can be accessed here:

https://www.hopkinsmedicine.org/institutional_review_board/guidelines_policies/organization_policies/

B. Approval

Prior to any scheduled research, the protocol will have to be approved for use in the simulation center, by first the Assistant Dean of Immersive Learning & Digital Innovation, then, if necessary, the Vice Dean for Research.

C. Procedures

Prospective researchers will have to follow the same process to develop a course and scenarios through the CILDI website. All-potential researchers must submit a new course request form, located on the CILDI website (<https://nursing.jhu.edu/excellence/quality-safety/technology/CILDI/index.html>). On the new course form, there is a fill in block asking if this course is for research (yes/no). Once the course is submitted, the course request will follow nominal "new course request procedures." The course will be reviewed and approved/dis-approved based on information provided. The research proposal and research protocol along with all curricula is required for approval. The simulation center will approve/dis-approve/provisionally approve the course.

D. Scheduling

All scheduling will go through the simulation center. There will be no ad-hoc scheduling unless approved to do so by the Assistant Dean of Immersive Learning and Digital Innovation. This is to ensure no simulation resource (equipment/staffing) conflicts are present.

E. Roles of Simulation Staff and Faculty

1. The simulation staff will be present to assist in research by providing space/resources and simulation operations consulting for your research project. Simulation staff roles include scheduling and running the simulation session as the operator.
2. The simulation staff/faculty will not consent subjects regarding research and will not be stewards of any research paperwork.
3. No research data may be stored on site, with the exception of any video/audio recording captured by the research

case.

- The simulation staff may take part in the rough and final write-ups for the research and help with processing the final product but will do so as the simulation schedule allows. Exception For internal research (research conducted by the simulation center) schedule blocking and additional administrative time may be added at the discretion of the director of operations.

F. Publication Policy

The name “Center for Immersive Learning & Digital Innovation” will be acknowledged in any work intended for the public audience to see including presentations of un-published works, workshops discussing the research and protocols of said research, on abstracts, and in peer reviewed and non-peer-reviewed articles. This includes any research study collection performed at the simulation center by other departments.

G. Authorship Guidelines

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

H. General Guidelines If Different from Parent Institution

Consent

Learners/participants must have informed consent for involvement in research. There are specific institutional guidelines that must be followed.

Security

Researchers should follow the security guidelines outlined in the review process for both hard copies checklists and also for other research data collected. Any videos used in research will be kept locked and confidential per institutional protocol.

Fiscal impact

Principal investigators need to partner with simulation teams within their institutions to better understand the resources that are needed to conduct simulation-focused research. It is important to allocate staff, facility, and equipment resources to achieve the research goals.

Dissemination policy

Individuals involved with the simulation research will disseminate their findings. This can include poster presentations, podium presentations, local, national and international conferences and publications. A timeline of dissemination/publication will be developed at the completion of the research. The names of the team members that participated in implementing the simulation sessions will be included in the dissemination/publication.

Authorship rules

Authors will be accurately cited for involvement with simulation research. Discussion and agreements about first author will be driven by the Principal Investigator or Project Manager of a given research project.

Data collection responsibility

Data collection responsibility will be determined by the Principal Investigator (PI) in collaboration with the Simulation Team. Ultimately it will be the responsibility of the PI to insure the data is being collected accurately and according to protocol.

CILDI Specific Research Protocol

A. Objectives

1. To describe the policy for initiating, executing, and concluding responsible simulation-based research activities that leverage JHMSC staff, environmental, technical, or intellectual resources.
2. To define which research activities this policy applies to.
3. To ensure related and relevant JH Institutional policies are adhered to.

B. Indications for Use

1. To be used prior to the initiation of any new simulation-based research.
2. To be used during the course of a research activity to ensure adherence to the policy.

C. Definitions

1. Simulation-based Research (SBR):
 - a. Studies that assess the efficacy of simulation as a training methodology (SBR Type-I)
 - b. Studies where simulation is used as an investigative methodology (SBR Type-II)

D. Responsibilities

i. CILDI Leadership Team

1. Participate in Simulation Research discussions during leadership meetings.
2. Facilitate/foster internal and external Institutional research relationship building.

ii. CILDI Research Director

1. Development and oversight of the SBR program in collaboration with JHSON leadership.
2. Development and implementation of the overall mission, vision and strategy goals of the Program, Center and the Institution.
3. Ensure program activities are compliant with institutional research policy and practice guidelines.
4. Review and approve research protocols.
5. Work with JHSON faculty and scheduling coordinator to plan and allocate resources.

iii. Director of Immersive Learning or the Director of Immersive Learning & Innovation Practice

1. Review research protocols for SBR Type-I studies and provide comments/recommendations on education theory and practice aspects of study background, design, and outcomes.

iv. Staff

1. Verify that activities they are assisting with, if research in nature, have been reviewed and approved for implementation. This includes consulting a list of research investigators, study title, and status (pending, approved, suspended, concluded).
2. Notify supervisor and Research Director of any concerns of unethical behavior or actions that may expose participants, staff, or research assistants to physical or psychological risk.

v. Supervisors/Managers

1. Work with Research Director to plan and allocate resources necessary for SBR activities.

E. Procedure

1. All researchers and study team members shall adhere to the Johns Hopkins Rules and Guidelines for Responsible Conduct of Research (see supportive information below).
2. Initiation of SBR
 - a. Prior to the initiation of any prospectively planned research activity within the JHSON CILDI, the Principal Investigator (or delegate) will meet with the Executive Director to provide detailed information regarding:
 - i. Study Aims, Design, PICO question
 - ii. Type (SBR I or II)
 - iii. Timeline
 - iv. Study Investigators and Research Team
 - v. IRB (all SBR activities will require IRB review)
 - vi. Data Management
 - vii. Simulation Center Activity Resources and Logistics
 - viii. Publication / Dissemination of Findings
 - ix. Simulation Center Acknowledgement
 - b. Upon review of information collected as part of E.2.a, the Executive Director will a) approve research to proceed to implementation phase, or b) require additional information or proof of policy adherence (e.g. IRB findings).
3. Implementation of SBR
 - a. All research activities require approval to commence
 - b. The study team will work within pre-existing Simulation Center frameworks to plan and coordinate Center resources (staff, equipment, locations). At a minimum this will require:
 - i. Completion of project planning and simulation resource needs, consulting with simulation educators and operations manager as needed (See request forms on CILDI website)
 - ii. Consult with CILDI Simulation Operation Specialist dedicated to address information technology or audiovisual needs, if needed.
 - c. Data Management
 - i. Shall adhere to the IRB approved data management procedures for the study protocol.
 - ii. Using CILDI video capture systems will require the study team to provide the CILDI Simulation Operation Specialist dedicated to address information technology or audiovisual needs, members' names and level of access.

F. Reportable Conditions

1. Any event that resulted in injury to any individual during the conduct of SBR.
2. Any event that could have resulted in injury to any individual during the conduct of SBR (i.e., Near Misses).
3. Misses).
4. Any action that results in a breach of confidentiality during or after the conduct of SBR (e.g., discussing performance of a study subject with an individual not part of the study team).

G. Documentation

1. Items (1-7) of Initiation of SBR Meeting will be documented in a (yet to be determined) research management system (RMS).
2. IRB results/study #
3. CILDI Activity Planning Form
4. Any reportable condition will be documented in the RMS as well as provided to the IRB and other relevant conduct review committees.



JOHNS HOPKINS
SCHOOL of NURSING

CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

Effective Date

January 15, 2022

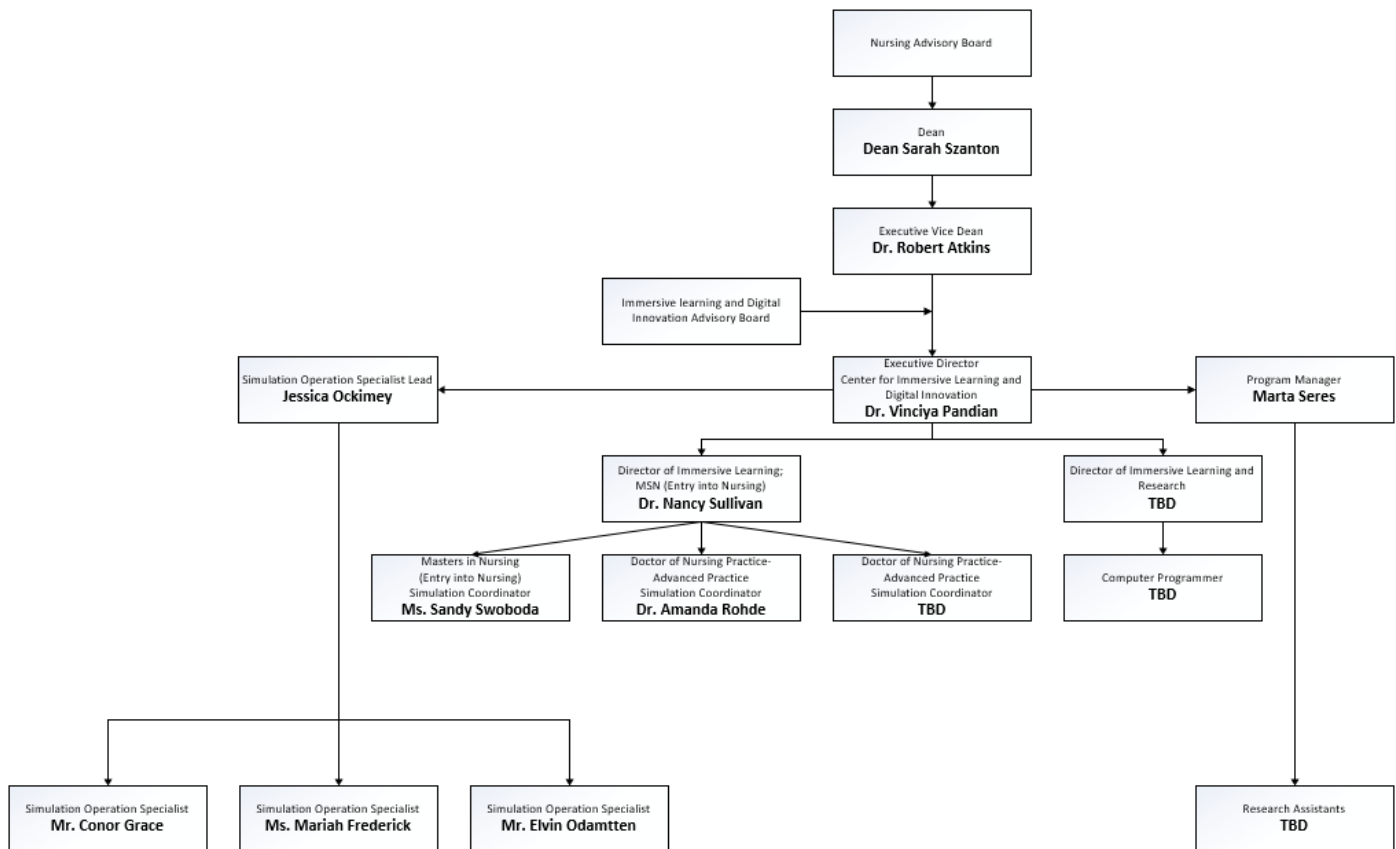
Supersedes

July 01, 2021

H. Supportive Information

1. JHU Policies
2. [Rules and Guidelines for Responsible Conduct of Research](#)
3. JHMSC Manual: Policy 411 Development of Simulation-Based Learning Activities

Appendix 3A. Organizational Structure



Assistant Dean of Immersive Learning and Digital Innovation

The **Assistant Dean of Immersive Learning and Digital Innovation** (Assistant Dean) serves as the leader of innovative strategies for digital and immersive learning across academic programs and promotes innovation in the research mission. **They will direct the activities of the Center for Digital and Immersive Technologies.** The Assistant Dean will lead faculty and staff across a range of immersive activities including simulation, virtual and augmented reality as well as the application of technology in research. The Assistant Dean will also lead discovery and learning in immersive learning activities and be internationally recognized as a thought leader and innovator. Applies an interactive learning environment, either physically or virtually, to teach or explore skills and techniques and/or simulate events.

This position will promote innovative and collaborative activities to enable our learners to be able to:

- provide state-of-the-art patient care and develop as confident and competent practitioners
- function in interprofessional teams and engage in reflective practice
- engage in research to foster health outcomes and promote innovation in teaching and learning

This position reports to the Executive Vice Dean and will work in close collaboration with the teaching and research operations of the school and external stakeholders. Key responsibilities include: (1) lead strategic operations and initiatives in digital and immersive activities; (2) ensure integrated staff operations and processes; (3) identify and

implement synergies and a sustainable organizational structure that promotes excellence in teaching, learning and research in immersive learning, and, (4) Identify and plan for emerging technologies in immersion-based learning.

Strategic Leadership and Center Management

- Responsible for all activities in the simulation center including strategic planning, operations, and budget
- Develops new staffing and scheduling models to optimize utilization of simulation and digital assets
- Collaborates with academic affairs to ensure that simulation education requirements are aligned with accreditation and credentialing requirements
- Collaborates with IT to maximize technology implementation and use
- Cooperates with academic program directors and clinical simulator directors to ensure the effective and efficient execution of all activities
- Leads the development of goals for simulation education and immersive learning and ongoing monitoring of goal achievement
- Oversees the use and operations of the JHSON's simulation and immersive learning resources including simulation and lab space, equipment, and personnel.
- Provides oversight in the development and implementation of policies related to safe and effective operation of laboratories and resources simulation education
- Ensures integration of center activities across the organization
- Participates on school and university committees related to digital activities
- Provides expertise on digital innovation and engages in the research mission
- Propose ideas for program development based on trends in health care, nursing education, and local and global impact
- Conduct external vendor/technology scans for opportunities to develop and enhance graduate nursing education and interprofessional education
- Assess emerging simulation and other technologies leading to timely planning, development, and implementation.
- Works collaboratively with Vice Dean Research to identify cutting-edge technology for on-going and new research
- Prepares and/or contributes to reports and funding proposals related to the school of nursing's Center for Digital and Immersive Technologies
- Work collaboratively with clinical partners to facilitate new initiatives.

Academic and research responsibilities

- Works collaboratively with faculty to ensure coordination and eliminate redundancy in immersive learning experiences
- Continually delivers, evaluates, and improves simulation education with innovative and high- quality graduate education methods based on evidence and simulation standards of best practice.
- Forecasts state-of-the-art instructional technologies and plans and leads its implementation across programs
- Initiates contract requests for part-time faculty as indicated by teaching needs and within the program budget.
- Supervises simulation education quality assurance processes including peer-review and teaching assessment

Fiscal

- Works with the Executive Vice Dean, Vice Dean Research and Divisional Business Officer to develop strategic plan, operational plan and budget

- Drives revenue through the utilization of excess capacity.
- Maintains an asset register, estimates depreciation of equipment and technology and forecasts the timing and cost for purchasing new equipment and technology
- Uses resources in accord with sound fiscal principles and remains within budget
- Prepares grant applications for state and national resources to support immersive learning
- Sets performance standards and provides oversight to ensure quality performance and learning outcomes throughout the SON
- Provides administrative oversight for simulation, telehealth, virtual, and technology initiatives.
- Collaborates with the Business and Finance Office and Johns Hopkins Technology Ventures to identify revenue streams and commercialize technological advances in healthcare education.

External Relationships

- Solicits feedback from stakeholders in relation to simulation education program coordination, processes and program design
- Maintains relationships with Johns Hopkins School of Engineering and Division of Biomedical Engineering to maintain current knowledge of health care technologies and to identify opportunities for innovation of mutual interest
- Fosters partnerships and relationships with key stakeholders and communities within the state, nationally and internationally to strengthen the ongoing development of digital learning.
- Promotes the external positioning of the JHSON in social media, promotion of activities and scholarly activities
- Collaborates across schools within Johns Hopkins, particularly on the East Baltimore campus

Qualifications

A doctoral degree in a health related discipline Master's degree in healthcare and/or business

Key attributes

- Flexible and adaptable to changing priorities and technologies
- Strong business acumen across a wide range of business functions – with specific expertise in the healthcare industry
- Ability to work with and influence cross-functional teams
- Strong project management skills
- Strategic leadership and the ability to understand the strategic context and create solutions that drive desired outcomes
- Identifying areas of opportunity and managing the implementation of various technologies, protocols, and solutions with positive results

Experience

Demonstrated track record in healthcare practice and research

Experience with implementation of technology resources in a learning environment High level of business acumen and proven demonstration of strategic planning Experience managing complex projects as a project leader and team member

Assistant Dean of Immersive Learning and Digital Innovation

https://nursing.jhu.edu/faculty_research/faculty/join/index.html?=&00000

Job Title: Program Manager, Center for Immersive Learning and Digital Innovation

Starting Salary Range: xxx / commensurate with experience

General Summary/Purpose:

The mission of the Johns Hopkins University School of Nursing (JHUSON) is to improve the health of individuals and communities locally and globally through leadership and excellence in nursing education, research, practice, and service.

The **Program Manager of the CILDI** is a new position at the JHUSON. In July 2021, the Johns Hopkins School of Nursing (JHSON) established a new **Center for Immersive Learning and Digital Innovation (CILDI)** to expand the immersive learning/simulation experience, meet its strategic priorities and advance the digital initiative for the Johns Hopkins University. With the use of virtual reality, augmented reality, robotics, and other related training and education technologies, the JHSON seeks to be a global leader in the digital transformation of immersive learning and advancing technology-based nursing practice. With the launching of the Center, we plan to harness the digital revolution in the healthcare to engage students in immersive learning experiences will prepare them to be excellent nurses who work with patients in a holistic and interdisciplinary approach.

The Program Manager reports to the Assistant Dean of Immersive Learning and Digital Innovation and works in close collaboration the Directors of Learning, Practice, and Research and school leadership to operationalize the CILDI's objectives. Core responsibilities will include execution and continuous evaluation and improvement of the planned activities of the CILDI in conjunction with the JHSON, information management and sharing; oversight and coordination of the CILDI's research and educational endeavors; ensuring execution of the strategic plans for the CILDI's day-to-day operations; and communication.

A good fit for this position is an individual who has an entrepreneurial spirit, can think and act both strategically and operationally, embraces continuous improvement, able to flex and pivot given circumstances, demonstrates emotional intelligence, is an excellent communicator, proactively identifies opportunities, guides and advises, demonstrates accountability and positive attitude.

This position will support innovative and collaborative activities that enable the JHSON to:

- foster the development of an internationally recognized immersive learning and digital innovation ecosystem, leveraging technology to enhance the overall mission of the JHSON;
- engage in research to foster health outcomes and promote innovation in practice, education, patient care, and research; and
- establish itself as leader in innovative simulation, virtual and augmented reality, and artificial intelligence-enabled solutions to advance nursing and interdisciplinary education and healthcare delivery to promote patient safety and wellness.

The Program Manager will manage the execution of the strategic plan of our center's activities consistent with the mission, values, and strategic goals of the JHSON, the Johns Hopkins University, and the individuals, families, and communities we serve. This dynamic individual will have responsibility for coordinating strategic initiatives and immersive experiences in collaboration with key faculty.

The Program Manager will also collaborate closely with the JHSON leadership to form an integrated school-wide approach to promote operational efficiency and excellence in the CILDI's mission and will

be part of an exciting new group of digital and innovative leaders within the JHSON and global nursing community. The incumbent will also collaborate closely with partners across the Johns Hopkins University and key strategic vendors in the digital immersion space.

Specific Duties & Responsibilities

Strategic Leadership and Program Management

- Works directly with Assistant Dean of Immersive Learning and Digital Innovation to set up, modify, and implement protocols, policies, and processes that contribute to systematic management and infrastructure of the CILDI that is consistent with its mission.
- Execution and continuous evaluation and improvement of the planned activities of the CILDI; and information management and sharing
- Contribute to developing the center's strategic plans and coordinate their execution in support of the center's medium-term and day-to-day operations
- Works with the Assistant Dean of Immersive Learning and Digital Innovation to coordinate program scheduling and management of the CILDI's learning and research activities
- Collaborates with academic affairs to ensure that the CILDI activities are aligned with accreditation and credentialing requirements
- Assists in the development and implementation of policies related to the safe and effective operation of the CILDI
- Proactively monitors the CILDI's engagement success benchmarks and criteria in relation to other leading universities in immersive learning and digital innovation
- Coordinates the CILDI's work and research assistant process, including the call for applications, selection, and supervision
- Assists the Assistant Dean for Immersive Learning and Digital Innovation with identifying and promoting institutional and industry partnerships as an alternative revenue source
- Coordinates educational opportunities internal and external to the JHSON that will be hosted by CILDI

Academic and Research Responsibilities

- Under the supervision of the Assistant Dean for Immersive Learning and Digital Innovation,
 - Coordinates CILDI's research and educational endeavors (Webinars, Bootcamps, Workshops)
 - Seeks funding opportunities to support the CILDI's goals?
 - Ensures activities of the CILDI are strategically aligned with our academic and research mission

Fiscal

Works with the Assistant Dean for Immersive Learning and Digital Innovation to develop a operational plan and budget and oversees the CILDI's daily budget.

- Maintains records of expenditure within university policies
- Uses resources in accord with sound fiscal principles
- Supports Assistant Dean for Immersive Learning and Digital Innovation in the preparation of grants to fund CILDI activities

External Relationships

Fosters partnerships and relationships with key stakeholders and vendors within the state, nationally, and internationally to strengthen the ongoing development of immersive learning technology in the JHSON.

- Promotes the external positioning of the JHSON in social media, promotion of activities and scholarly activities
- Manages and updates the CILDI's website to promote its values, mission, schedules, and scholastic opportunities
- Works closely with the CILDI faculty to build and maintain relationships with relevant vendors and leaders in the digital immersive field
- Collaborates with the CILD faculty and JHSON administration to maintain memorandums of understanding and contracts.

Deliverables

- Generation of revenue from the CILDI initiatives (internal and external Bootcamps, workshops, training sessions) that significantly contributes to the diversification of the JHSON revenue.
- Secures and maintains accreditation of the CILDI in collaboration with the CILDI Operations Manager
- Timely and quality execution of plans, processes, policies, and tasks

Minimum Qualifications (Required)

- Master's degree in business, accounting, finance, systems operations, healthcare administration, or related field
- Five (5) years of managerial experience in operations or project and people management role or related experience
- Knowledge of and experience in technology applications for teaching, learning and training Knowledge of the healthcare industry
- Experience in healthcare and/or healthcare education highly desired
- Demonstrated success in successfully translating strategy into operational planning and execution

Knowledge, skills, and abilities:

Knowledge of:

- Project management process and software applications
- Business acumen: strategy, accounting, finance, management, marketing, operations, competitive analysis, business writing
 - Business process mapping/redesign

Skills:

- Entrepreneurial mindset
- Excellent time management, organizational and documentation skills
- Excellent quality control
- Critical thinking and analytical skills
- Excellent customer service skills
- Negotiation and persuasion skills
- Emotional intelligence

- Detail and big-picture thinker
- Excellent verbal and written communication skills
- Excellent work ethic, heightened sense of accountability and ownership

Able to:

- Think strategically and operationally
- Execute and plan at the same time
- Break down and solve problems through quantitative and qualitative thinking and analysis
- Strategize and operationalize with ease
- Deliver results in a timely and quality manner
- Practice empathy and understanding
- Take initiative, establish priorities, and work independently and collaboratively
- Demonstrate flexibility, resilience, focus, discipline and patience in ambiguous environments
- Collaborate and build strong internal and external working relationships at various organizational levels
- Manage successful relationships and deliver through others
- Remain calm patient and positive under pressure
- Identify and solve problems
- Demonstrate and practice proactive attitude
- Initiate, develop, execute and evaluate projects/programs
- Serve as a role model and practice excellent work ethic
- Lead or follow as part of collaborative efforts across the institution
- Identify opportunities for personal, professional, program, office, school, university growth and development and take action

Director of Immersive Learning MSN (Entry into Nursing) Program

The Director of Immersive Learning serves as the faculty leader of strategy development and execution for immersive learning in the MSN (Entry into Nursing) Program and promotes innovation in the research and practice mission. The Director of Immersive Learning will report to the Assistant Dean of Immersive Learning and Digital Innovation and work collaboratively with the Director of Immersive Learning and Digital Innovation Practice, the Director of Immersive Learning and Digital Innovation Research, Assistant Dean for Business Innovation and Strategic Relationships, Senior Business Development Manager, and Johns Hopkins Tech Ventures. This Director will assist in directing the simulation activities of the Center for Immersive Learning and Digital Innovation (CILDI). This Director is responsible for directing the activities of the Masters of Science in Nursing (MSN) (Entry Into Nursing) program's Simulation Coordinator and leading faculty in the delivery of quality of MSN (Entry into Nursing) simulation education.

Major Responsibilities

Strategic Leadership and Center Engagement

- Provides input into the development of the mission and goals of the CILDI
- Develops and implements policies related to safe and effective operation of laboratories and resources related to immersive learning
- Integrates CILDI activities in the MSN (Entry into Nursing) Program
- Participates on school and university committees related to immersive learning
- Provides expertise on immersive learning and engages in the research mission
- Proposes ideas and executes professional program development based on trends in health care, nursing education, and local and global impact
- Assesses emerging simulation and cutting-edge technologies leading to timely planning, development, and implementation
- Conducts external vendor/technology scans for opportunities to develop and enhance graduate nursing education and interprofessional education
- Develops reports and funding proposals related to the Johns Hopkins School of Nursing (JHSON)'s CILDI
- Identifies and leads revenue-generating initiatives that use immersive learning resources
- Works collaboratively with clinical partners to facilitate the implementation of new initiatives

Program Leadership

- Develops and executes strategies consistent with the mission and goals of the CILDI to advance the programs of immersive learning across the MSN (Entry into Nursing) program
- Collaborates with Director of the Master's Programs and curriculum committee to plan where these teaching approaches are integrated into the curriculum
- integrate immersive learning across courses
- ensure that simulation education requirements in the MSN (Entry into Nursing) Program are in place to meet the scientific rigor, accreditation and credentialing requirements for the degree
- prepare regulatory and credentialing reports
- Leads faculty in the development and implementation of immersive learning experiences that support student development
- Leads faculty in their teaching within the immersive learning experiences and works with Associate Dean for Teaching and Learning and Associate Dean for Faculty Development to advance faculty teaching skills and engagement.
- Addresses faculty and staff performance issues related to immersive learning, specifically for the MSN (Entry into Nursing) program
- Directs the activities of MSN (Entry into Nursing) program's Simulation Coordinator

- Leads the development of goals for MSN (Entry into Nursing) program's simulation education and ongoing monitoring of goal achievement
- Leads the identification of simulation resources for the year, including space in the JHSON building and any spaces and equipment necessary outside the JHSON to meet the simulation teaching needs
- Manages the use of the JHSON's simulation resources, including simulation and lab space, equipment, and personnel for MSN (Entry into Nursing) students
- Develops and implements policies related to simulation education
- Participates on school and university committees related to simulation education
- Executes other duties as assigned

Academic and research responsibilities

- Oversees the CILDI's MSN (Entry into Nursing) program's simulation coordinator's collaboration with the MSN (Entry into Nursing) program's course coordinators to develop content and simulation educational activities that address course and program objectives
- Leads and supervises simulation education quality assurance processes including peer- review and teaching assessment for the MSN (Entry into Nursing) program
- Continually delivers, evaluates, and improves simulation education with innovative and high-quality education methods for MSN (Entry into Nursing) program based on scientific evidence and simulation standards of best practice
- Forecasts state-of-the-art instructional technology needs, plans, and leads its implementation across programs

Fiscal

- Develops the MSN (Entry into Nursing) program's simulation education budget, including the use of full and part-time faculty, in collaboration with the Director of Immersive Learning & Digital Innovation Practice and the Assistant Dean for Immersive Learning and Digital Innovation
- Develops a budget for immersive learning projects, in alignment with the CILDI's overall strategic plan and budget
- Provides administrative oversight for simulation, telehealth, virtual, and technology initiatives
- Oversees the purchase of new equipment and develops a schedule for anticipated equipment replacement needs
- Maintains simulation teaching expenses within the approved budget
- Leads the acquisition of resources and secures education and research grants needed for simulation education for MSN (Entry into Nursing) students through the development of the simulation budget, grant writing, and identification of potential donors
- Uses resources in accord with sound fiscal principles
- Collaborates with Assistant Dean and Directors of CILDI practice and research to identify approaches to simulation education that are not financially sustainable and should be recommended for discontinuation

External Relationships & Outreach

- Fosters partnerships and relationships with key stakeholders and communities within the state, nationally and internationally, to strengthen the ongoing development of immersive learning
- Promotes the external positioning of the JHSON in social media, promotion of activities, and scholarly activities
- Collaborates across schools within Johns Hopkins, particularly on the East Baltimore campus
- Solicits feedback from stakeholders in relation to simulation education program coordination,

processes, and program design

Qualifications

The Director of Immersive Learning must have a master's degree in nursing, earned doctorate and Certification as a Healthcare Simulation Educator (CHSE) preferred.

Experience

5 years' experience with simulation education
3 years' experience as a Registered Nurse

3 years' experience as an assistant professor or higher

Demonstrated experience in curriculum design and implementation within an academic program
Experience with implementation of technology resources in a learning environment

Experience managing complex projects as a project leader and team member

The Director of Immersive Learning will have demonstrated skills in the:

- development or mentoring of faculty in simulation education
- management of faculty and staff performance issues
- development of solutions that combine information and ideas in new and innovative ways
- strategic thinking and planning
- simulation curriculum development
- project planning, management, and evaluation
- negotiation
- independent thinking and action
- financial management
- decision making and action with moral and academic integrity

Final MT Nolan 07/19/2021

Director of Immersive Learning & Digital Innovation Practice

The Director of Immersive Learning & Digital Innovation Practice serves as the faculty leader of strategy development and execution for digital and immersive learning across academic programs and promotes innovation in the research and practice mission. The Director of Immersive Learning & Digital Innovation Practice will report to the Assistant Dean of Immersive Learning and Digital Innovation and works collaboratively with the Director of Immersive Learning & Simulation, the Director of Immersive Learning & Digital Innovation Research, Assistant Dean for Business Innovation and Strategic Relationships, Senior Business Development Manager, and Johns Hopkins Tech Ventures. This Director will assist in directing activities of the Center for Immersive Learning and Digital Innovation (CILDI), including a range of immersive activities such as simulation, virtual and augmented reality as well as the application of technology in practice. This Director is responsible for directing the activities of the Doctor of Nursing Practice-Advanced Practice (DNP-AP) Simulation Coordinator and leading faculty in delivery of quality of DNP-AP simulation education.

Major Responsibilities

Strategic Leadership and Center Engagement

- Provides input into the development of the mission and goals of the CILDI
- Develops and implements policies related to the safe and effective operation of laboratories and resources related to immersive learning and simulation education
- Integrates CILDI activities across the organization
- Participates on school and university committees related to digital activities
- Provides expertise on digital innovation and engages in the research mission
- Proposes ideas and executes professional program development based on trends in health care, nursing education, and local and global impact
- Conducts external vendor/technology scans for opportunities to develop and enhance graduate nursing education and interprofessional education
- Assesses emerging simulation and other technologies leading to timely planning, development, and implementation
- Works collaboratively with the Directors of Immersive Learning & Digital Innovation Research and Simulation to identify cutting-edge technology for ongoing and new research
- Develops reports and funding proposals related to the school of nursing's CILDI
- Identifies and leads revenue-generating initiatives that use Immersive Learning and Simulation resources.
- Works collaboratively with clinical partners to facilitate the implementation of new initiatives.

Program Leadership

- Develops and executes strategies consistent with the mission and goals of the CILDI to advance the programs of immersive learning and digital innovation across academic programs.
- Collaborates with academic program directors and curriculum committee to
 - plan where these teaching approaches are integrated into the curriculum
 - integrate immersive learning and digital innovation across courses, tracks, and programs
 - ensure that DNP-AP simulation education requirements are in place to meet the scientific rigor, accreditation and credentialing requirements for the degree, tracks, and certificates
 - prepare regulatory and credentialing reports
- Leads faculty in the development and implementation of immersive learning and digital innovation

experiences that support student development of specialty and degree competencies

- Leads faculty in their teaching within the immersive learning and digital innovation experiences and works with Associate Dean for Teaching and Learning and Associate Dean for Faculty Development to advance faculty teaching skills and engagement.
- Addresses faculty and staff performance issues related to immersive learning and digital innovation, and specifically for the DNP-AP Program
- Directs the activities of DNP-AP Simulation Coordinator
- Leads the development of goals for DNP-AP simulation education and ongoing monitoring of goal achievement
- Leads the identification of simulation resources for the year, including space in the SON building and any spaces and equipment necessary outside the SON to meet the simulation teaching needs
- Manages the use of the School of Nursing's DNP-AP simulation resources, including simulation and lab space, equipment, and personnel.
- Develops and implements policies related to simulation education
- Participates on school and university committees related to simulation education
- Executes other duties as assigned

Academic and research responsibilities

- Oversees the CILDI DNP-AP Simulation Coordinator's collaboration with the DNP-AP coordinators to develop content and simulation educational activities that address course and program objectives
- Leads DNP-AP simulation education quality assurance processes including peer-review and teaching assessment
- Continually delivers, evaluates, and improves DNP-AP simulation education with innovative and high-quality education methods based on scientific evidence and simulation standards of best practice
- Forecasts state-of-the-art instructional technology needs, plans, and leads its implementation across programs
- Supervises simulation education quality assurance processes, including peer-review, and teaching assessment

Fiscal

- Develops the DNP-AP, simulation education budget, including the use of full and part-time faculty, in collaboration with the Director of Immersive Learning & Simulation and the Vice Dean for Immersive Learning and Digital Innovation
- Develops a budget for immersive learning and digital innovation projects, in alignment with the CILDI's overall strategic plan and budget
- Provides administrative oversight for simulation, telehealth, virtual, and technology initiatives
- Oversees the purchase of new equipment and develops a schedule for anticipated equipment replacement needs
- Maintains simulation teaching expenses within the approved budget
- Leads the acquisition of resources and secures education and research grants needed for simulation education for DNP-AP through the development of the simulation budget, grant writing, and identification of potential donors
- Uses resources in accord with sound fiscal principles
- Collaborates with Assistant Dean and Directors of CILDI simulation and research to identify approaches to simulation education that are not financially sustainable and should be

recommended for discontinuation

External Relationships & Outreach

- Fosters partnerships and relationships with key stakeholders and communities within the state, nationally and internationally, to strengthen the ongoing development of digital learning and immersive learning
- Promotes the external positioning of the JHSON in social media, promotion of activities, and scholarly activities
- Collaborates across schools within Johns Hopkins, particularly on the East Baltimore campus
- Solicits feedback from stakeholders in relation to simulation education program coordination, processes, and program design

Qualifications

The Director of Immersive Learning & Digital Innovation Practice must have a master's degree in nursing, earned doctorate and must have the Certified Healthcare Simulation Educator (CHSE) credentials (Certified Healthcare Simulation Educator-Advanced (CHSE-A) preferred).

Experience

5 years' experience with simulation education

3 years' experience as an Advanced Practice Nurse (NP, CRNA, CNS) 3 years' experience as an assistant professor or higher

Demonstrated experience in curriculum design and implementation within an academic program Experience with implementation of technology resources in a learning environment

Experience managing complex projects as a project leader and team member

The Director of Immersive Learning & Digital Innovation Practice will have demonstrated skills in the:

- development or mentoring faculty in simulation education
- management of faculty and staff performance issues
- development of solutions that combine information and ideas in new and innovative ways
- strategic thinking and planning
- simulation curriculum development
- project planning, management, and evaluation
- negotiation
- independent thinking and action
- financial management
- decision making and action with moral and academic integrity

K. Brown Draft 6.10.2021

M. Nolan Edits 06/16/2021

V. Pandian Edits 06/21/2021

K. Brown v2 edits 6/28/2021

R. D'Aoust reviewed 06/29/2021

B. Tchopcev reviewed 07/02/2021

V. Pandian Edits 07/02/2021

K. Brown review 7/5/2021

M. Nolan Edits 07/6/2021

V. Pandian Final Edits 07/07/2021

Doctor of Nursing Practice-Advanced Practice (DNP-AP) Simulation Coordinator

The DNP Advanced Practice Simulation Coordinator reports to the Director of Immersive Learning and Digital Innovation Practice and serves as the coordinator of simulation education for advanced practice tracks and post-Master's certificates specifically for the nurse practitioner and clinical nurse specialist programs. The DNP-AP Simulation Coordinator coordinates the efforts of faculty, staff, and student workers assigned to advanced practice simulation education and works collaboratively with the simulation team. The incumbent will develop and continually evaluate, improve and deliver high-quality advanced practice immersive learning consistent with the mission, values, and strategic goals of the Johns Hopkins School of Nursing (JHSON), Johns Hopkins University, and the nursing profession.

This position requires a high level of planning, organizing, execution, and evaluation; and works collaboratively and collegially across SON and JHU. The incumbent will be expected to work independently and on a team.

Major Responsibilities Program Coordination

- Create and maintain the simulation schedule for onsite immersion activities, and plan appropriate methods of content delivery and resources for each semester
- Evaluate and provide updates to the Director of Immersive Learning & Digital Innovation Practice on any necessary changes in the DNP-AP simulation schedule or planned resources once it is finalized for the year
- Create and communicate the schedule of all advanced practice simulations for the year to appropriate stakeholders. Make needed updates as necessary
- Explore and secure simulation resources for the year, including space and equipment in the JHSON building and any space and equipment necessary outside the JHSON to meet the advanced practice simulation teaching needs
- Hire, train, and evaluate standardized patients in collaboration with other JH simulation centers
- Develop, manage and communicate the schedules of all full time and limited-time faculty, providing immersive learning to DNP-AP students
- Draft regulatory, credentialing, annual, and ad-hoc reports for decision-making
- Develop and implement policies related to advanced practice immersive learning under the supervision of the Director of Immersive Learning and Digital Innovation Practice
- Participate in school and university committees related to advanced practice simulation education

Education/Teaching/Learning

- Develop content and simulation educational activities that address course and program objectives.
- Facilitate simulation experiences as needed
- Develop learning objectives for simulation that align with the curriculum and the credentialing organizations for a specific specialty in collaboration with the Associate Director of the DNP-AP Program and Track/Certificate Coordinators.
- Continually delivers, evaluates, and improves advanced practice simulation education with innovative and high-quality education methods based on evidence and simulation standards of best practice.

- Develop and offer training to new and limited-time faculty to advanced practice simulation teaching
- Coordinate simulation education quality assurance processes, including peer-review and teaching assessment
- Ensure that advanced practice learning assessment methods are valid, reliable, fair, and objective
- Work with Director of Immersive Learning and Digital Innovation Practice to develop remediation teaching approaches for students who do not demonstrate required competencies when appropriate
- Oversee the simulation specialist and simulation technician in work related to the advanced practice simulation education
- Ensure that there is a daily schedule of advanced practice simulation activities when they are being offered that includes the faculty member(s) leading the simulation and students participating
- Research, investigate, evaluate, and implement innovations in advanced practice simulation, including new technologies and teaching approaches in collaboration with the direction of the Director of Immersive Learning and Digital Innovation Practice

Student Recruitment and Retention

- Represent simulation program at all recruitment, orientation, and other special events
- Address advanced practice student issues and concerns related to simulation learning
- Serve as a liaison between advanced practice students and faculty in simulation teaching
- Collaborate with JHSON Disabilities Services Coordinator and JHU Office of Institutional Equity to provide reasonable accommodations for advanced practice students with a disability
- Works with MARCOM to highlight activities within the Center for Immersive Learning and Digital Innovation (CILDI) as it pertains to DNP-AP program

Fiscal

- Provides input into the purchase of new equipment and develops a schedule for anticipated equipment replacement needs for advanced practice simulation teaching
- Provides input into the maintenance of advanced practice simulation teaching expenses within the approved budget
- Provides input into the acquisition of resources needed for advanced practice simulation education through grant writing
- Uses resources in accord with sound fiscal principles
- Collaborates with Director of Immersive Learning and Digital Innovation Practice, to identify approaches to advanced practice simulation education that are not financially sustainable and should be recommended for discontinuation.

Outreach

- Solicits feedback from stakeholders in relation to advanced practice simulation education program coordination, processes, and curriculum design to performance as a coordinator and to improve the operations and customer service of CILDI
- Facilitate and engage with others across JHSON, JHMI and JHU in interprofessional activities that focus on improving our simulation education

Qualifications of the DNP-AP Simulation Coordinator

The DNP-AP Simulation Coordinator must have a master's degree in nursing and earned doctorate and must be certified as an advanced practice provider (NP, or CNS), and must have the Certified Healthcare Simulation Educator (CHSE) credentials within 1 year of hire. Also, at least 3 years of advanced simulation training or experience and at least 1 year of experience as an assistant professor or higher rank. Previous leadership experience desirable

The DNP-AP Simulation Coordinator will have demonstrated knowledge and skills in:

- planning, organizing, execution, operations, management, and evaluation
- instructional design
- negotiation, influence, and persuasion
- creativity and innovation
- critical, analytical, and evaluation skills
- emotional intelligence
- collaborative, collegial, and positive
- action-oriented with a solution mindset
- exceptional customer service
- curious learner
- independent thinking and action
- decision making and action with moral and academic integrity

*Johns Hopkins University Job
Description*

Classified title: Simulation Specialist Working title
(if applicable): Role/Level/Range: ACRO/CF/03
Starting Salary Range (\$s Min – Mid; commensurate with experience):
Employee group (Full time/Part-time/Limited/Casual): Full time
Employee subgroup (FLSA Status): Non Exempt
Position Type (New/Direct Replacement/Restructured Replacement): Schedule
(hours/days): Flexible
Location: School of Nursing Simulation Center

For Internal Use Only (DO NOT USE TO CREATE JOB POSTING)

If this is a Direct Replacement or a Restructured Position, please supply the following:

*Incumbent Name:

*Incumbent Position Id:

Personnel area (School): Org
unit name and #:
Oversight unit name (SOM only): Department
name:
Reports to (Job title): Requisition
(if applicable):

General summary/purpose:

The Simulation Specialist is responsible for the day to day smooth operation of the labs. The Simulation Specialist oversees the Simulation Technician and practice lab assistant and creates their daily/ weekly assignments. The Simulation Specialist oversees ordering supplies and confirms that the necessary equipment and supplies are available to run the simulations and lab classes that will be held. The Simulation Specialist with the Simulation Technicians offers first line technical support to the faculty related to simulation.

Specific duties & responsibilities:

The Simulation Specialist maintains the budget for the Simulation and Nursing Practice Lab. The Simulation Specialist interacts with vendors and other University divisions to seek written estimates, place orders for large equipment, obtain purchase orders, and track progress on orders. Input and tracks centers travel reimbursements and general office invoices into SAP.

The Simulation Specialist creates the daily schedule for the Simulation and Nursing Practice labs by integrating requirements of lab courses with all other requests from faculty and outside sources for use of the labs. The Simulation Specialist works with the faculty to confirm that all necessary information related to running a simulation or class in the labs is submitted.



CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

<i>Effective Date</i>	<i>January 15, 2022</i>
<i>Supersedes</i>	<i>July 01, 2021</i>

The Simulation Specialist oversees and assists the Simulation Technician in obtaining equipment and supplies needed, as well as setting up the simulation rooms and the stations for lab courses.

The Simulation Specialist helps to plan and provide faculty education and training on the use of simulation manikins, simulation equipment, and other lab technologies. The Simulation Specialist will keep records of faculty attendance at training sessions.

The Simulation Specialist will maintain records related to the Simulation and Nursing Practice Labs, such as spreadsheet of simulations available, student attendance at simulations, number of simulations offered per course, hours worked by Teaching Assistants, etc. The Simulation Specialist will use this information to provide data needed for annual and other reports requested by the Director, the Executive Vice Dean, or other SON departments.

The Simulation Specialist oversees the standardized patient program which includes recruitment, training and scheduling of standardized patients (SP) for use in courses for practice and assessment.

The Simulation Specialist assists in offering tours of the labs and participates in special events of the school as needed.

The Simulation Specialist will complete other tasks delegated or assigned to them necessary to meet the mission and the goals of the Simulation and Nursing Practice Labs or the School of Nursing.

Minimum qualifications (mandatory):

High School Diploma or GED required. Current BLS Certification preferred. BLS must be attained within 3 months. Completion of JHMSC Simulation Operator Orientation Course required within introductory period. Two or more years' experience in healthcare related field (RN, RT, Pharmacy, Paramedic, EMT, MD) or Four or more years' experience as an ACLS instructor. Previous simulation experience (reference available for verification). Simulation related experience a plus.

Preferred qualifications:

Special knowledge, skills, and abilities:

Should be able to work flexible hours. Must be able to work independently.

Good team member with effective communication skills Accounts payable and SAP systems

Technical qualifications or specialized certifications:

Able to learn and competently work with new technologies easily

Any specific physical requirements for the job: Must be physically able to lift 40 pound full body manikins and push a patient bed.

Supervisory responsibility (indicate the number and type of persons supervised by incumbent): Budget authority (indicate dollar amount of budget managed and type/level of authority):

Prepared by: Nancy Sullivan Date: 2/12/20



<i>Effective Date</i>	<i>January 15, 2022</i>
<i>Supersedes</i>	<i>July 01, 2021</i>

Job Description for Simulation and Practice (Student Worker)

DNP-AP Level

The simulation Lab Assistant will assist with preparing supplies and equipment for labs and simulations. They will help to maintain a clean and safe environment in the Simulation and Nursing Practice Labs. The lab assistant will assist with virtual reality equipment cleaning and maintenance. Simulation Lab Assistant may assist other tasks throughout the Immersive Learning and Digital Center.

1. Set up simulation and practice labs for teaching experiences, including gathering supplies, moving human patient simulators and other models, moving equipment and furniture as needed, and providing moulage to manikins or standardized patients.
2. Assist with set-up and clean-up for DNP-AP clinical simulations and labs.
3. Assist with prepping, cleaning and maintenance of the VR equipment.
4. Print, copy and create labels/documents to be used during simulations
5. Pickup borrowed equipment or new supplies from Central, Pharmacy, CPR office, JHU SOM sim center, etc.

Required Skills and Background:

Minimum of high school education. Background in healthcare a plus but not mandatory if willing and able to learn basic healthcare terminology and concepts. Able to learn new technologies easily. Able to use standard office computer software (Microsoft Suite). Must be able to work independently. Should be a good team member with effective communication skills. Must be physically able to team lift 50-pound full body manikins and push a patient bed. Ideally should be able to be flexible with hours.

Flexible hours (Monday – Friday).

Master’s Entry Level

The simulation Lab Assistant will assist with preparing supplies and equipment for labs and simulations. They will help to maintain a clean and safe environment in the Simulation and Nursing Practice Labs. The lab assistant will assist with virtual reality equipment cleaning and maintenance. Simulation Lab Assistant may assist other tasks throughout the Immersive Learning and Digital Center.

1. Set up simulation and practice labs for teaching experiences, including gathering supplies, moving human patient simulators and other models, moving equipment and furniture as needed, and providing moulage to manikins or standardized patients.
2. Assist with set-up and clean-up for Mastered Entry level courses (i.e. Foundations, Health Assessment and clinical simulation)
3. Print, copy and create labels/documents to be used during simulations
4. Assist with inventory control for disposable supplies.
5. Pickup borrowed equipment or new supplies from Central, Pharmacy, CPR office, JHU SOM sim center, etc.

Required Skills and Background:

Minimum of high school education. Background in healthcare a plus but not mandatory if willing and able to learn basic healthcare terminology and concepts. Able to learn new technologies easily. Must be able to work independently. Should be a good team member with effective communication skills. Must be physically able to team lift 50-pound full body manikins and push a patient bed. Ideally should be able to be flexible with hours. Flexible hours (Monday – Friday).

Appendix 8.A: Confidentiality and Safety Confidentiality

- 1) Confidentiality procedures (including but not limited to, confidentiality and performance between learners and about learners).
 - a) During the pre-brief of all simulation activities the principle of confidentiality is reviewed. Participants are reminded all activities are designed to encourage clinical reasoning and that the simulation is a learning activity and all will learn from each other; both through demonstrated good practice and also through errors
 - i. In the simulation center, students are trained to recognize and respond to information and data obtained during the experience that impacts decisions made about the appropriate care to be provided to their patient/client. Challenging events are created, and, as part of the learning process, participants may respond appropriately or make errors which are discussed during the debrief. In whatever role (staff, faculty, learners, observers, and standardized patients
 - ii. Participants are asked to maintain and hold strictly confidential all information regarding the simulation scenario or performance witnessed in real time or through media. However, if a faculty member witnesses unsafe, life-threatening behavior, they should contact the student's clinical instructor to prevent such an error from taking place in the clinical setting.
 - iii. If students participate in a research study, the research study must be IRB approved and must notify students of the study and ask students to sign a consent waiver. Data will be de-identified
 - iv. Some advanced practice simulation activities are conducted for the purpose of summative assessment. The details of these activities are outlined in the syllabus. They are also discussed during course orientation, so students are aware which activity is used for the purpose of evaluation of performance. Students are also made aware that remediation in the case of poor performance will be made available.
 - b) The information used to design a simulation course, disclosed during the course and/or generated afterward, is also confidential and proprietary information.
 - i. Simulation scenarios shall be kept confidential. Any user, faculty, learner, or observers should not share scenario information.
 - ii. HIPAA: Simulation faculty adhere to Health Insurance Portability and Accountability Act (HIPAA) standards. All case studies/material used do not include actual patient information or if actual patient data is used it is de-identified. All case documents are reviewed to ensure that patient identifiers are not included in case resources. This includes supportive documents such as X-rays, EKGs, or other lab/ imaging studies. Learners in the simulation setting are expected to practice HIPAA compliance.

Safety

- 1) Mechanisms to protect and address psychological and physical safety of individuals involved in simulation, including orientation to the environment.
 - a) To ensure psychological safety for learners the facilitators will adhere to the following guidelines:
 - i) Provide a pre-brief prior to the simulation events/scenarios. The pre-brief will serve as an orientation session prior to the start of the simulation- based learning experience in which instructions or preparatory information is given to the participants and a mutual contract for a successful simulation experience is established
 - (1) Pre-brief specifics
 - (a) Remind learners of confidentiality and instruct them not to discuss the simulation events outside of the exercise.
 - (i) Instruct participants to maintain confidentiality of activities conducted or observed in the scenario
 - (ii) Instruct the participants to maintain confidentiality of the case.
 - (b) Acknowledge the fiction contract between facilitator, participant, and simulated patient that governs the interaction in the simulated activity.
 - (c) Orient the participants to the simulator and the environment stressing the appropriate, safe use

of working medical equipment utilized during the session.

(d) Define a length of time for the experience

(e) Instruct the participants on how to elicit additional resources if needed (e.g. phone and numbers to call).

(f) Instruct the participants to practice within their professional scope.

(g) Verbalize that mistakes are possible and this is an opportunity to improve behaviors, skills, and ultimately patients' outcomes

(h) Instruct the learner to inform the facilitator if, at any time, the simulation feels unsafe

- ii) If a learner has obvious emotional distress because of an event that occurred during the simulation or if the simulation led them to a "real life" emotional frame, the facilitator will meet with the student individually in an attempt to resolve the issue.
- iii) If the facilitator is unable to assist the learner, the learner will be referred to student affairs who will assist in providing appropriate resources as necessary
- iv) If the simulation staff determine the scenario is compromising a participant's psychological safety the simulation should cease immediately.

- b) To ensure physical safety for learners, the facilitators will adhere to the following guidelines: i. To protect against accident with actual working medical equipment used in simulation such as defibrillators, learners are taught to uphold basic safety techniques utilized in clinical practice during the pre-brief.

1. Simulation Faculty will stop simulation sessions when learners are not demonstrating proper safe use of equipment

- i. All heavy foot traffic areas are to be free of clutter to prevent the risk of falling. This includes electrical wires, chairs, personal property such as book bags, handbags, and nursing student packs. If an accident occurs it is to be immediately reported to the Director of Immersive Learning MSN (Entry into Practice) See Appendix A Medical Emergency or Injury Policy and Appendix B Report of Incident
- ii. Sharps containers are available for use in all simulation rooms and practice labs.
- iii. Sharps are to be disposed of into the red sharps containers
- iv. Once the sharps container is full it is removed from service and replaced with a new container.
- v. A pickup is scheduled with housekeeping to dispose of the full containers. iv. All supplies, simulated medications, and equipment are for simulation purposes only.
- vi. All medications are either dummy medications or actual medication vials filled with distilled water
- vii. Students are instructed that simulation equipment/supplies should not be used on actual clients.
- viii. When standardized patients (SPs) are in the scenario, students are clearly instructed what actual care they can provide – i.e. SPs will not swallow simulated "PO meds"
- ix. Simulation staff are trained to move heavy equipment and manikins in a safe manner.

Appendix 8.B: CILDI Code of Conduct

1. The Simulation Center experience is to be treated as a “campus” clinical with the same standards as the clinical experience in the hospital setting.
2. The manikins should be treated with the same level of respect as any patient. Please treat them and the equipment with proper care and respect.
3. Professional conduct, communication, and body language are expected at all times.
4. You will be participating and observing others during simulation experiences. Please maintain a respectful and safe learning environment for your colleagues.
5. The physical act of being present does not mark attendance on a Simulation Day. You need to be an active participant in the day's activities. To do this you must:
 - a. Arrive on time
 - b. Complete the assigned preparatory work
 - c. Refrain from unnecessary/personal use of your phone
 - d. Dress appropriately in clinical attire
6. During the simulation scenario:
 - a. Remember – this is real - refrain from saying “this is not real” or “I would not do this in real life”
 - b. Adhere to your assigned role and practice within your scope
 - c. Call a “time out” if equipment is missing or malfunctioning
7. Refrain from eating or drinking in the simulation area

Remember Confidentiality**“What happens in Simulation, Stays in Simulation”**

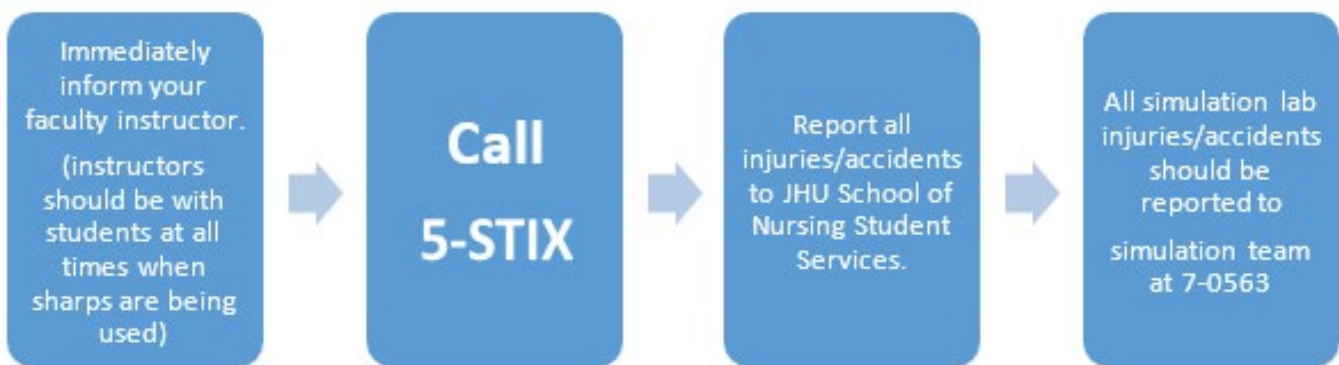
Johns Hopkins School of Nursing Center for Immersive Learning & Digital Innovation (CILDI)**Medical Emergency or Injury Policy**

- 1) Objectives
 - a) To describe the processes in the event of a medical emergency or injury at the Johns Hopkins School of Nursing Center for Immersive Learning & Digital Innovation or Johns Hopkins School of Medicine Simulation Lab premises
- 2) Indications for Use
 - a) When a JHSON student, faculty, staff or a visitor experiences a medical emergency or is injured at the Center for Immersive Learning & Digital Innovation or Johns Hopkins School of Medicine Simulation Lab premises
- 3) Definitions
 - a) JHU: Johns Hopkins University
 - b) JHSON: Johns Hopkins School of Nursing
 - c) CILDI: Center for Immersive Learning & Digital Innovation
 - d) JHSOM Simulation Lab
 - e) JHH: Johns Hopkins Hospital
 - f) HSE: Health, Safety and Environment Manual Safety Policies
 - g) HSE004: Incident and Injury Reporting policy
 - h) Visitor: Standardized Patient, Teaching Associate, or visitingscholar
- 4) Responsibilities
 - a) Theory Course Coordinator, or the MEN/DNP-AP Simulation Coordinator: Has the responsibility for following HSE004, informing the injured student, staff, or faculty of the HSE004, and reporting participant's injuries to the CILDI staff.
 - b) CILDI Staff: Ensure that the proper procedures are followed, any body fluids are handled with the utmost care, appropriate paperwork is completed, and the incident is reported to the appropriate Directors of CILDI.
 - c) Directors of CILDI: Review the incident to assess the need for any change in practice or processes within the CILDI and implement appropriate safety measures, document the incident in the annual CILDI medical emergency or injury reporting form, and report to the Assistant Dean of CILDI during weekly meetings.
 - d) Assistant Dean of CILDI will report the incidents to the curriculum committee and the Vice Dean of Academic Affairs annually
- 5) Procedure
 - a) If a medical emergency or injury occurs to a JHSON student, faculty, staff or visitor in the CILDI or in the JHSOM simulation lab premises that requires immediate medical assistance, call 5-4444
 - b) Follow the JHU/JHH Incident and Injury Reporting Policy (Signs will be placed strategically throughout CILDI)
 - c) If a student or visitor is injured:
 - i) The injured individual should inform a CILDI staff member
 - ii) The CILDI staff member should:
 - (1) Follow the guidance in HSE004 and the Johns Hopkins Institutions Employee Report of Incident Instructions to report the injury.
 - (2) Advise the student to go to University Health Service located in Carnegie building, Room # 136
 - (a) Students are not required to go and the CILDI staff will not be held liable if they should choose to not to go
 - (3) Advise the visitor to go to Johns Hopkins Emergency Department
 - (a) Visitors are not required to go and the CILDI staff will not be held liable if they should choose to not to go
 - (4) Notify the course director, simulation coordinator (MEN/DNP-AP), theory course coordinator, and/or the lead instructor assigned for the students' immersive experience.
 - (5) Notify the respective Director within CILDI
 - (6) Remove any equipment or supply in question of causing injury if applicable for investigation
 - (7) Follow appropriate processes for cleanup of any bodily fluids

- d) If a JHSON faculty or staff member is injured, they should:
- i) Complete the HSE004 incident form
 - ii) Go to Occupational Injury Clinic located in Blalock Building, Room # 139 (Phone Number: 410-955-6433)
 - iii) Report the incident to their immediate supervisor (Theory Course Coordinator or Program Director)
 - iv) The immediate supervisor is responsible for following up with JHMSC employees' occupational injuries, as outlined in the Incident and Injury Reporting Policy (HSE004).
 - v) Report the incident to the CILDI staff, who will then inform respective CILDI Directors
- e) The CILDI staff will:
- i) Remove any equipment or supply in question of causing injury if applicable for investigation
 - ii) Follow appropriate processes for cleanup of any bodily fluids
 - iii) Report to the CILDI Directors
- f) The CILDI Directors will report to the Assistant Dean of CILDI during weekly meetings, who will then annually provide a report to the Curriculum Committee and the Vice Dean of Academic Affairs
- g) For questions, contact the Occupational Injury Clinic at 5-6433.
- 6) Reportable conditions
- a) Injuries
 - b) Medical Emergencies
- 7) Supportive information
- a) East Baltimore Campus Emergency Line: 5-4444
 - b) Occupational Injury Clinic: 5-6433
 - c) The Johns Hopkins University / The Johns Hopkins Hospital Manual
 - i) HSE004 (https://hpo.johnshopkins.edu/hse/policies/156/10901/policy_10901.pdf)
 - ii) HSE004 Incident Form (<http://www.hopkinsmedicine.org/hse/forms/IncRpt.pdf>)

SHARPS INJURY REPORTING (Flow-Chart)

STUDENTS



FACULTY/STAFF



1 ALLOW IT
TO BLEED



WASH IT
with soap under
running water

2



3 COVER IT
with a waterproof
dressing



REPORT IT

4



REPORT IT!!

STUDENTS should

1. Inform their instructor
2. Call 5-STIX or 410-955-STIX (7849) 24hr/7days a week hotline
3. Contact JHU School of Nursing Student Services within 24 hours of your injury

FACULTY/STAFF should

1. Call 5-STIX or 410-955-STIX (7849) 24hr/7days a week hotline.
2. Fill out **STIX Report Form**
http://www.hopkinsmedicine.org/hse/occupational_injury/ separately

THE JOHNS HOPKINS INSTITUTIONS EMPLOYEE REPORT OF INCIDENT INSTRUCTIONS

SERIOUS INJURY/ILLNESS: If an employee is seriously injured or becomes acutely ill on the job and needs immediate medical attention, call 911. Examples of serious medical conditions include loss of consciousness, life threatening injury, seizure, and/or change in mental status. In such cases the employee should be accompanied by a supervisor or coworker. If there is a question of severity, contact the appropriate clinic for assistance in determining the appropriate care facility. See the list of phone numbers in #5 below.

Employees:

Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials

1. Report any work-related injury or illness, no matter how minor, to your supervisor **immediately**.
2. Obtain a completed Employee Report of Incident form from your supervisor and proceed to the appropriate clinic listed in # 5 below.
3. For EYE INJURIES report directly to the Emergency Room of the appropriate campus. Refer to policies HSE004. For bloodborne pathogen exposures, call 5-STIX (5-7849) inside the hospital or 410-955-7849 if you are calling from outside.
4. For needlesticks or other BLOODBORNE PATHOGEN EXPOSURES call the appropriate clinic for further instructions. Refer to BLOODBORNE PATHOGEN EXPOSURES in Policy HSE004 for details.
 - **East Baltimore Campus:** Call 5-STIX 5-7849 **immediately**. During the hours of 7:30AM – 4 PM, the employee will be given instructions to report to clinic (Blalock 139) **immediately**. When the clinic is closed, the STIX message will be on and detailed instructions will be give to call the STIX physician and the beeper number. Please listen to entire message and follow instructions. The STIX physician will evaluate & treat as needed. Report to Occupational Injury Clinic the next business day.
 - **Hopkins and BSI employees at Bayview:** Call 5-STIX immediately. Call the Bayview Occupational Health Clinic during clinic hours 8AM – 4:30PM. When Occupational Health is closed, call the nursing supervisor at 0-0190. If you cannot reach them, call “O” (Bayview Operator) and have the nursing supervisor paged. The supervisor will arrange to have the source patient tested etc. Report to East Baltimore Campus, Blalock 139 for follow-up the next business day.
 - **Homewood:** Call Occupational Health at (443)997-1700 from 7:30AM– 4PM. When Occupation Health is closed, call Security at (410) 516-7777. Security will page the on-call person to evaluate the exposure.
 - **Hopkins and BSI employees at Howard County Hospital:** From 7:30AM-4:30PM report to Employee Health, TCAS Building, 2nd floor. After hours, call the nursing supervisor’s office at (410)740-7773 or on their Spectralink phone at (410)884-4994. Report to Employee Health the next business day. Follow-up will be done at East Baltimore Campus.
 - **JHCP/SOM Clinics:** Call 5-STIX (410-955-7849) immediately. After hours, the STIX message will be on. Listen to complete message and follow the instructions. The STIX physician’s beeper # is on the message.
 - **Suburban Hospital:** call 301-896-3167 **immediately** 6:30 AM-5:00 PM M-F. All other hours page the Nursing Supervisor on pager #108 and report to Employee Health the next business day.
5. If evaluated in the Emergency Room for injuries or by the on-call STIX specialist, report or call the appropriate clinic the next business day for further instructions. Refer to policies HSE004 for more information.
 - **East Baltimore Campus:** 7:30 AM – 4 PM (410)955-6433, Blalock 139. For emergency, call 5-4444 **inside** hospital. For other East Baltimore Campus Buildings, call 911.
 - **Bayview Campus:** 8 AM-4:30 PM (410)550-0477, “A” Building. For emergency 0-0350 and/or 0-0222.

- **Homewood:** 7:30 AM – 4 PM (443)997-1700, 1101 East 33rd Street, Rm.C-160. For emergency, call (410)516-7777 (Security) and they will call 911. Union Memorial Hospital will be utilized.
- **Howard Co. Hospital:** 7:30 AM-4:30 PM (410)740-7838, TCAS Building 2nd Floor. For emergency, call (410)740-7777.
- **Suburban Hospital:** 6:30 AM-5:00 PM M-F (301)896-3167 Employee Health on the second floor. After hours page the Nursing Supervisor on pager #108. Report the injury before going to the Emergency Room.

Supervisors:

1. Supervisor should determine if the employee's illness or injury on the job needs immediate medical attention as outlined in the "serious injury/illness" section in this policy [HSE004](#).
2. Complete an Employee Report of Incident, <http://hopkinsmedicine.org/hse.stix.html>. Retain a copy in the department. Employee should bring the original copy to clinic.
3. If unable to complete and incident report at the time of injury, a call to the appropriate clinic is required to properly identify the employee and department and provide a brief explanation of the incident. Forward the completed Employee Report of Incident form to the Occupational Injury Clinic *before the end of the shift*.
4. If the employee reports an injury, illness or hazards but refuses to proceed to the designated campus clinic, document the employee's claim on the Employee Report of Incident. Write "Employee refused treatment" on the form and send it to the appropriate injury clinic.
5. Discuss the injury/illness with the employee to prevent recurrence, understand factors involved, and notify Safety if indicated.



CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

Effective Date January 15, 2022

Supersedes July 01, 2021

**THE JOHNS HOPKINS INSTITUTIONS
EMPLOYEE REPORT OF INCIDENT**

Name: _____
 Social Security Number: JHH _____
 History Number: _____
 Employer (choose one) JHH SOM SOH BSI
 JHHS HWD MCS JHCP
 Other (specify): _____

Part I. Employee Incident Information (to be completed and signed by the supervisor)

Occupation: _____ Functional Unit/Department: _____
 Date of Incident: _____ Time of Incident: _____ AM/PM Date reported to Supervisor: _____
 Time Work Day Began: _____ AM/PM
 Location of Incident: _____ Building: _____ Room: _____

Description of Incident (Must include all equipment and materials employee was using at the time of incident as well as the specific activity employee was engaged in at the time of incident). BODY PART: _____

- Was there a safety procedure or mechanism available? Yes No
 Was it in use at the time of incident? Yes No
 Is the activity part of the normal job duties? Yes No

List names of anyone present at time of incident: _____

Probable cause of incident (object or substance responsible for injury/illness): _____

If indicated, what was discussed with employee to prevent recurrence? _____

Date: _____ Supervisor Name: _____ Extension: _____ Beeper: _____

Employee's Signature

Supervisor's Signature

Note: Any additional comments you feel are pertinent to an investigation of this incident can be made on a supplemental sheet and attached.

Part II. For Occupational Injury Clinic Use Only

Inc # _____ Body Part Code: _____ ICD9 DX Code: _____



CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and Procedure
Manual**

Effective Date

January 15, 2022

Supersedes

July 01, 2021

Disposition Full Duty Restricted Duty Off
 Duty Restrictions not
 Accommodated Referral (ER, WER, Ortho,
 Plastics, Etc) RTC Scheduled RTC
 PRN

Recordable* Yes No *as defined by OSHA

Safety investigation Yes No
 requested

If yes, comments:

Healthcare
Provider's
Signature/Title:

Date _____



CENTER FOR IMMERSIVE LEARNING
AND DIGITAL INNOVATION

**Center for Immersive Learning and Digital
Innovation Administrative Policy and
Procedure Manual**

Effective Date	January 15, 2022
Supersedes	July 01, 2021

JHU Laboratory Safety Survey

BSL?
Agents?

Department _____ Bldg./Room _____
P.I. _____ Departmental Representative _____
Surveyor _____ Date _____


Door Signage **Corrected**
 ___ Warning Labels missing (list) _____
 ___ Emergency contact information missing _____

Improper Handling / Storage
 ___ Improperly labeled or unlabeled materials (list) _____
 ___ Incompatible chemicals stored together
 ___ Flammable/corrosive _____
 ___ Organics, oxidizers _____
 ___ Acids/bases not segregated _____
 ___ Flammable material in non approved ___ Cabinet ___ Refrigerator ___ Coldroom
 ___ Undated or outdated chemicals (list) _____
 ___ Flammable solvents ___ >10 gal outside flammable cabinet _____
 ___ containers > 1 gal outside flammable cabinet _____
 ___ Improper Storage of chemicals ___ glass bottles on floor ___ open containers not in use
 ___ Flam Cabinet latch broken _____
 ___ Unsecured Gas Cylinders ___ Need additional wall mounts/restraints _____

Waste Handling (specify type of waste i.e. chemical, biological, glass, or sharps)
 ___ Unsecured sharp(s) (list) _____
 ___ Unapproved or inappropriate container _____
 ___ Sharps ___ Lab ___ Autoclave ___ Chemical
 ___ Overfilled container _____
 ___ Sharps ___ Lab ___ Autoclave _____


Safety / Emergency Equipment
 ___ Biological Safety Cabinet/ Clean Air Bench Serial # _____ Certification not current _____
 ___ Chemical Fume Hood Certification not current ___ Failed ___ Baffle/slot blocked _____
 ___ Personal protective equipment not being used (specify) _____
 ___ Improper attire (specify) _____
 ___ Fire extinguisher blocked ___ Missing ___ Not mounted _____
 ___ Safety shower ___ Blocked ___ Due for inspection _____
 ___ Eyewash ___ Blocked ___ Water pressure not proper ___ Needed _____

Other / Comments
 ___ Evidence of food or drink in the laboratory (specify) _____
 ___ Improper electrical devices (specify) _____
 ___ Surge Protector for lab equipment _____

 JOHNS HOPKINS SCHOOL of NURSING <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

<input type="checkbox"/> Surge Protector 12" off floor _____	_____
<input type="checkbox"/> Vacuum line filter absent _____	_____
<input type="checkbox"/> Hand washing supplies (soap, towels) <input type="checkbox"/> Missing <input type="checkbox"/> Contaminated	_____
<input type="checkbox"/> Corridor utilization (specify) _____	_____
<input type="checkbox"/> Blocked sprinklers (18" clearance needed) _____	_____
_____	_____
_____	_____
_____	_____

Key: R = Requires return visit; **M** = Maintenance item – please contact Facilities

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Immersive Learning Planning-Virtual Simulation

Name of Requestor:

Email of Requestor:

Planning Date:


Anticipated implementation date:

Needs Assessment:

Describe the process of needs assessment conducted for this project (if the needs assessment has not been conducted yet, briefly describe the curricular/program needs to help the simulation team aid in the needs assessment process).

Learning Objectives:

Create 2-5 Specific Learning Objectives using Bloom’s taxonomy (based on the level of the learner and expected outcomes) using the SMART format: Specific, Measurable, Achievable, Realistic, and Time-phased (INACSL Standards Committee, 2016; NONPF SOBP, 2020).

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Simulation Design:

Describe the simulation design or overview of the anticipated implementation of the simulation scenario.

Learners:

Learner level Program


Anticipated number of learners

Simulation Modality:

Screen-based virtual simulation Virtual reality

Mixed reality Augmented reality

Hybrid (2 or more methods combined)


 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Pilot Testing:

Describe the methods or strategies involved with pilot testing (if pilot testing has not been conducted, describe a plan for pilot testing with the learner group identified)

Pre-brief strategy:

Simulation room orientation (initial and consecutive if altered): Include the modality of simulation and equipment availability.

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Debrief strategy:


Describe the debriefing methodology (the simulation team can help identify a methodology and aid in the process).

Evaluation:

Level of evaluation Methods

Tools

IRB (if applicable)

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Operational Needs

AV/IT Equipment:

Software updates (has the latest update been tested prior to learner use?) Equipment needs

(describe what is needed and the amount)

Simulation technician support needed?


Facilitation Needs

Faculty:

a. Content expert:

b. Trained debriefer:

Staff:

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Logistics


Session breakdown, number of learners, time (prebrief, scenario, debrief, evaluation)

Please provide any additional information that will help the simulation team with the panning process.

References:

Lioce, L., Conelius, J., Brown, K., Schneidereith, T., Nye, C., Weston, C & Bigley, M. (2020). *Simulation Guidelines and Best Practices for Nurse Practitioner Programs*. National Organization of Nurse Practitioner Faculties. Washington: D.C.

INACSL Standards Committee (2016, 2021). *Healthcare Simulation Standards of Best Practice™ Clinical Simulation in Nursing*

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Recording Release Form for Students

I, _____ (FULL NAME), consent to audio and/or visual recordings “Recordings” in conjunction to my participation in the Johns Hopkins Center for Immersive Learning & Digital Innovation Center “Simulation Center” for educational purposes.

I acknowledge the use and release of these Recordings as part of scheduled training and for quality assurance in accordance with best practices as part of the programming at the Simulation Center, this includes but is not limited to:

- Video captured in conjunction with enrolled courses
- Internal review to assess the quality of teaching and learning


I agree to release and indemnify, defend and hold harmless Johns Hopkins University and its employees, officers and agents from any and all liability and damages or losses to my person or property or both which arise out of or occur during my or my participation in the Simulation Center. I agree that this Release is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

By signing, I acknowledge the full terms and understand that I am authorizing Johns Hopkins University to take, use, and release images of me as described above. I am over the age of 18 and have legal capacity to sign this release.

Signature

Print Name

Date

 JOHNS HOPKINS SCHOOL of NURSING <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Consent & Non-Disclosure Agreement


I, the undersigned, _____, a standardized/simulated patient, for the Johns Hopkins University School of Nursing, Center for Immersive Learning and Digital Innovation, hereby voluntarily and knowingly agree to give my express consent to:

1. Authorize the professional staff and such assistants to produce videotapes.
2. Permit such photographs, motion pictures, video tapes and/or auditory recordings to be published and republished in professional journals and medical books: to be used for any other purpose which the staff member may deem fit in the interest of medical education or research; and to be used at professional meetings of any kind.
3. Further authorize the modification or retouching of such photographs, videotapes, audio tapes and the publication of information relating to my case, either separately or in connection with the publication of the photographs/images taken of me.

In addition to the above, I also agree to the following:

1. Although I have given permission to the publication of all details and photographs concerning my case, it is understood that I will not be identified by name.
2. I understand that all information regarding the standardized patient case for which I have been trained is the confidential property of Johns Hopkins University School of Nursing or its client(s), and I agree that I will not disclose to any third party any information about the standardized patient case or information about the students who I have seen during the examination.
3. I understand that all rights of every kind and nature (including copyrights) in and to all photographs, motion picture, videotapes and/or auditory recordings made in connection with this standardized patient case by Johns Hopkins University School of Nursing shall be and remain vested on Johns Hopkins University School of Nursing for all purposes in perpetuity.
4. I agree to have my name, address, and application information (excluding medical history) available on a database to the Johns Hopkins University School of Nursing.
5. I understand that the specific protocol(s) or nature of my training/preparation as a standardized patient on behalf of the Johns Hopkins University School of Nursing is to be held secure and confidential. I agree to hold such information secure and confidential.

_____	_____
Signature of Standardized Patient, Parent or Guardian	Date
_____	_____
Witness	Date

 JOHNS HOPKINS <small>SCHOOL of NURSING</small> <hr/> CENTER FOR IMMERSIVE LEARNING AND DIGITAL INNOVATION	Center for Immersive Learning and Digital Innovation Administrative Policy and Procedure Manual	<i>Effective Date</i>	<i>January 15, 2022</i>
		<i>Supersedes</i>	<i>July 01, 2021</i>

Johns Hopkins School of Nursing Center for Immersive Learning and Digital Innovation July, 01, 2021

© Johns Hopkins School of Nursing Center for Immersive Learning and Digital