

VI. Appendices:

Appendix A: Simulation Center Contact Information

Contact Information: Deborah Halliday, PhD, RN
Simulation Coordinator, Moravian University
610-625-7812

Jennifer Landis, MEd.
Simulation Educator, Moravian University
610-625-7718

Dana Noll, EMT
Simulation Technician, Moravian University

Email Address: simulationlab@moravian.edu

Appendix B: MUISC Task Trainer Loan Form

Equipment Loan Sign Out

FACULTY NAME & COURSE: _____

EQUIPMENT LIST:

DATE RECEIVED: _____

EMPLOYEE SIGNATURE: _____

DATE RETURNED: _____

INSPECTED BY: _____ DATE: _____

REPORTED ISSUES: _____

EMPLOYEE SIGNATURE (AFTER INSPECTION): _____

SIMULATION SIGNATURE (AFTER INSPECTION): _____

Appendix C: Standardized/Simulated Patient Consent Form

STANDARDIZED PATIENT CONTRACT



The role of the Standardized Patient at Moravian University is to assist faculty, staff, and students in assessing and improving student education. The standardized patient's role is to portray all the characteristics of real patients, which offer students the opportunity to develop, practice, and enhance therapeutic communication techniques, skills and interventions, and physical assessment procedures.

Standardized patients will often be physically examined by students and faculty as part of the students' educational experience. Standardized Patients also provide constructive feedback to students and faculty regarding their performance following patient encounters. As a standardized patient, I am aware that I am expected to work in a professional manner which will require flexibility and commitment to meet the program needs. Participation in any facet of the program takes into consideration both the needs of the program and my interests, skills, and availability.

I agree to act as a standardized patient in a role for which I will be specifically trained. In this capacity, I understand that I will be interviewed and/or examined by health professional students in the same manner that would occur if I were an actual patient or client having informed consent. This may include but is not limited to physical examination procedures/maneuvers that are normally part of the healthcare provider/patient encounter. I will not accept a booking if I have a pre-existing injury or condition that would present a safety risk for me in this role. If I have a pre-existing medical condition or injury that you should know about or am uncomfortable or sensitive with a particular topic, I will contact the Standardized Patient Coordinator or his/her designee, who will record the information in my file; or I can call the office and speak with someone directly. Information that I share is used only to ensure I am not booked for a role that may compromise my safety or comfort.

I understand that these standardized patient sessions are for instructional, practice, and evaluation purposes only. They do not constitute personal medical care. I understand I will be examined by someone who may or may not be an experienced healthcare practitioner and I have no expectations that this person will be able to render an opinion about my personal medical care. I understand that I am responsible for my own medical care and will present my questions and conditions to my own health care provider.

Standardized patients are required to immediately inform the Standardized Patient Coordinator or his/her designee of any injury or accident sustained during the performance of their job duties. I understand that if I suffer a physical injury or illness as a result of participating in the Standardized Patient Program, I will not receive financial payment. Moravian University provides no compensation plan or medical care plan to compensate me for such injuries. If I believe I have suffered injury as a result of my participation in any educational program as a trained SP, I may contact the Standardized Patient Coordinator or his/her designee. If I have a safety concern on simulation day, or if I experience injury, pain, or discomfort during a maneuver, I can tell the learner to stop the physical maneuver and ask for help from faculty or simulation staff.

I agree to videotaping or audiotaping sessions for teaching purposes including review of recordings by faculty, students, and other standardized patients.

I certify that I have read the consent form completely. The nature and purpose of the program and its potential benefits and possible risks associated with participation as a standardized patient have been

explained to me. I understand that I may ask questions and I am free to withdraw from the program at any time.

Standardized Patient Signature: _____ Date: _____
 Parent Signature _____ Date: _____
 (for minor patients under 18):
 Program Coordinator: _____ Date: _____

Appendix D: MUISC Learner Contract - Signed Electronically

I acknowledge and understand that recordings and photographs may be made during simulation which may be used in advertising training literature.

- By clicking this box I consent to being photographed/recorded during simulation and agree to allow my likeness to be used in training/advertising literature and in the advancement of learning.

I acknowledge and understand that any data collected (recordings, photographs, surveys & evaluations) during simulation may be used for research purposes.

- By clicking this box I consent to having any data collected by the simulation center in the course of normal simulation practice to be used by the faculty/simulation staff for research purposes.

Information provided during simulation is privileged and confidential regardless of format: electronic, written, overheard or seen. Learners may view, use, disclose information only as it pertains to their performance of educational duties and with the permission of the course instructor.

- By clicking this box I understand all simulation information is confidential and any inappropriate viewing, discussion or disclosure of this information is a violation of Moravian's Academic Honesty Policy.

Latex allergies need to be reported to instructor or simulation staff. NO betadine, colored gloves, ink pens, pencils or markers will be used around manikins. Hand hygiene during simulation will be strictly enforced. If a manikin is damaged or not working correctly, please report it IMMEDIATELY to the instructor or simulation staff.

- By clicking this box I acknowledge that I will follow the above MUISC use policies.

The simulation center is an environment where learners are expected to always conduct themselves with professionalism. All simulation events must be approached with respect, integrity, and a commitment to learning. Simulated situations serve as educational tools and should be treated with the same seriousness as real clinical experiences. The simulation lab operates as a safe and confidential space - discussions and events that occur during simulations must remain within the lab.

- By clicking this box I understand that I will demonstrate respectful behavior toward my fellow learners, faculty, instructors, and simulation staff. I will act in a professional manner and participate in activities as required.

By providing your name and date below you are agreeing that you have read and understand the information above and will follow the directives to the best of your abilities. You are encouraged to ask questions to help understand the provided information.

Please type your full name and the date in the box below.

Thank you!

Appendix E: 25Live Process

25Live for Simulation Request

- Sign into OKTA using Moravian sign on - choose 25Live
- Choose event form (top right hand corner)
- Event naming conventions is as follows: learner group, course number, description
Examples: *TUGS314 CHF, IPE Vital Signs - LowFid*,
Testing Accommodations should be named as follows: Testing Accommodation learner group/course number, faculty name
Example: *Testing Accommodations PB312 - Butler*
- Event Description is SIMULATION(if you do not choose this it will not end up on the simulation calendar)
- Organization is NURSING
- Enter 2 for expected attendance - this box is connected to maximum student amount for each room, entering 2 will allow you to bypass this restriction
- Event Description Box - describe the event briefly
- Enter date/time into Date/time boxes
- Use the calendar to choose additional dates

**If there are multiple occurrences located in different spaces, needing a different set-up or a different time from original request - PLEASE email simulationlab@moravian.edu and someone from the lab will reach out to make sure the event is entered correctly.*

- Using MUISC as preferred spaces drop down, choose simulation areas needed for event

**Should rooms be unavailable - PLEASE contact simulationlab@moravian.edu or choose a different date.*

- Make comments as they seem necessary
- Agree to terms & conditions and click “save”

**Once the event is confirmed by simulation center staff/faculty a confirmation email will be sent out. It is the faculty's responsibility to make sure date/time & space are correct on confirmation email.*

Appendix F: New Simulation Center Room Request Process for Nursing Faculty

I. Rationale for Policy Change:

Use of the Simulation Center has increased substantially over the past several years. The growing demand for simulation-based learning activities, coupled with the increased workload of a limited number of simulation staff, has necessitated a revision to the room reservation process during the academic year. This change specifically applies to nursing clinical courses scheduled on Tuesdays and Thursdays during the fall and spring semesters. In addition, increased nursing student enrollment and heightened demand for Simulation Center space for both skills practice and simulation scenarios have contributed to the need for this policy revision. This revised policy will take effect beginning with the Fall 2026–2027 academic year.

II. Scope:

This policy applies to full-time nursing faculty serving as lead instructors for clinical courses in

the accelerated and traditional nursing programs that utilize the Simulation Center laboratories within the Helen S. Breidegam School of Nursing.

A. Fall Semester Tuesday/Thursday Clinical Courses

- Traditional Program: TUGS 212, 310, 312, 313, 315, 345
 - Accelerated Program: 313, 315, 317
- (NOTE: 212PB, 311PB, and 314PB: Clinical hours are on Monday, Wednesday, and Friday. Not affected by this schedule)

B. Spring Semester Clinical Courses

- Traditional Program: TUGS 311, 314, 339, 346
- Accelerated Program: PB 310, 312, 313, 314, 315, 339, 345, 346

III. Faculty Coordination and Scheduling Requirements

1. Lead faculty teaching the identified courses are required to meet collaboratively to discuss and determine each course's simulation and skills practice needs. Faculty must reach consensus and develop a written schedule of simulation and skills activities for each course. This schedule must be submitted to the Simulation Center Director and Simulation Educator no later than one (1) month prior to the start of the semester. The submitted schedule must include the following information:

- Course name
- Number of enrolled students and assigned clinical groups for each day
- Title of the simulation scenario(s)
- Simulation room(s) requested
- Use of standardized patients (SPs), including the number required

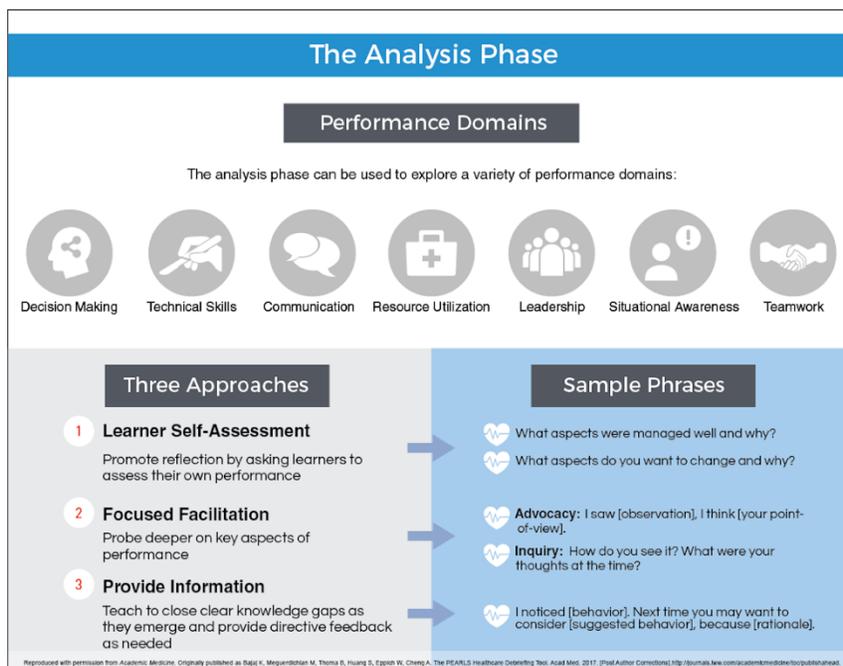
2. Once the schedule has been developed and approved by all involved faculty, including agreement on proposed rooms, dates, and times, the Simulation Center Director and the Simulation Educator will review the plan. If the proposed dates and times align with simulation staff availability and operational requirements, the approved rooms, dates, and times will be entered into the 25Live Simulation calendar.

If the Simulation Center Director and/or Simulation Educator identify conflicts with existing responsibilities or staffing needs, a meeting will be scheduled with the clinical faculty to discuss and resolve scheduling conflicts prior to the start of each semester.

3. When agreement has been reached for all clinical courses for the semester, Simulation Center staff will schedule the approved dates and rooms in 25Live. Following establishment of the primary Simulation Center schedule, additional room reservations may be required throughout the semester. These additional requests may be submitted by the course instructor directly in 25Live or communicated to Simulation Center staff for entry, as appropriate.

Appendix G: Debriefing Model

PEARLS



Appendix H: Student Simulation Evaluation

[modified as needed for relevance to objectives of simulation, accessed electronically]

Please answer the following questions after completion of the simulation.

The prebrief provided increased my confidence.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

The prebrief was beneficial to my learning.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am better prepared to respond to changes in my patient's/client's condition.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am more confident in my assessment skills.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I developed a better understanding of medications.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am more confident in my ability to prioritize care and interventions.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am more confident in my ability to report information to the healthcare team.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am more confident in providing interventions that foster patient/client safety.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

After completing the simulation I am more confident in using evidence-based practice to provide care.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

The feedback provided (from the instructor/Standardized Patient) during the simulation was constructive.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

The debriefing allowed me to communicate my feelings before focusing on the scenario.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

The debriefing after the simulation was a constructive evaluation of the simulation.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

The debriefing contributed to my learning.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

Please provide any additional comments below.