



<b>Purpose:</b>	<p>The purpose of this guideline is to support facilitators running simulation sessions in real clinical environments.</p> <p><b>Background:</b> Simulation sessions delivered ‘<i>in situ</i>’ may offer benefits for patients, staff, teams, and the health authority. These events may also present risks to safety that need to be negotiated in the planning, implementation, and follow up of these sessions. <i>In situ</i> simulation requires careful planning and consideration of a number of variables to help ensure safe delivery of this education (see Operations Standard; INACSL Standards Committee et al., 2021).</p>
<b>Context:</b>	<p>Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuuchahnulth, and Kwakwaka’wakw Peoples.</p> <p>As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.</p> <p>The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.</p>
<b>Scope:</b>	<ul style="list-style-type: none"> <li>• Audience: <ul style="list-style-type: none"> <li>○ Any simulation facilitator <ul style="list-style-type: none"> <li>- This guideline is intended to enhance <i>in situ</i> facilitation practices. It is recommended that facilitators participate in some form of formal simulation facilitator training (see Facilitation Standard; INACSL Standards Committee et al., 2021).</li> </ul> </li> </ul> </li> <li>• Environment: <ul style="list-style-type: none"> <li>○ Island Health-Wide</li> <li>○ Any care environment where <i>in situ</i> simulation is occurring (e.g. Acute, Residential, Primary, Community)</li> </ul> </li> <li>• Indications: <ul style="list-style-type: none"> <li>○ To be used in association with any <i>in situ</i> simulation session</li> </ul> </li> <li>• Exceptions: <ul style="list-style-type: none"> <li>○ Simulations occurring in environments that are not considered <i>in situ</i> (e.g. simulation lab)</li> </ul> </li> </ul>
<b>Outcomes:</b>	<p><i>In situ</i> simulation sessions offered in Island Health follow best practice recommendations to ensure the safe delivery of this education in health care environments.</p>

### 1.0 Guideline

The Pre and Post sections of the BC Simulation Network (BCSN), [Pre and Post In Situ Simulation Safety Checklist](#), can assist with the review and documentation of all the considerations listed below.

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Issuing Authority:	Island Health Simulation				
Last Revised:	2023-MAR-07	Last Reviewed:	2023-MAR-07	First Issued:	2023-MAR-09
					Page 1 of 5



### 1.1. Before the Simulation

- Review patient care and unit operations, volume and acuity of current and pending patients, and periods of transition (e.g. shift changes, handover) to determine if staff can participate for the duration of the simulation and debriefing.
  - Connect with a unit team member who will be informed to assist this decision (e.g. charge nurse, Clinical Nurse Lead (CNL), Clinical Nurse Educator (CNE), manager).
- Consider any unit resources to be used in the simulation, and in the event that these resources are needed, arrange for a backup plan to ensure safe access to the required equipment (e.g. unit emergency carts).
  - If possible, arrange for extra or mock resources to be brought in for the simulation session to ensure the clinical area has access to all required resources.
    - Documentation of these resources can be done on the table found at the bottom of the [BCSN Pre and Post In Situ Simulation Safety Checklist](#).
  - If mock resources are brought in for the simulation, confirm they are appropriately labelled.
    - Templates for “Not for human use education only” simulation safety stickers can be found on the [Foundation for Healthcare Simulation Safety](#) page or by emailing the simulation team at [cicsl@islandhealth.ca](mailto:cicsl@islandhealth.ca).
- Consider impacts to psychological safety and any unanticipated events.
  - Consider the confidentiality of the setting.
  - Consider the orientation plan for participants.
    - Resources such as the [BC Childrens and Women’s Simulation Pre-brief Checklist](#) can assist.
  - Consider options for a debriefing location relative to the location of the simulation, and arrange for a private debriefing location as needed.
  - Ensure that those in the vicinity are aware a simulation is occurring and display signage.
    - Signage informs patients, visitors, and staff who are not participating that there is a training event taking place.
    - “Healthcare Training in Progress” sandwich boards are available by request at the Royal Jubilee Hospital and the Victoria General Hospital. Please contact the simulation team at [cicsl@islandhealth.ca](mailto:cicsl@islandhealth.ca)
    - “Healthcare Training in Progress” posters are available to borrow – please contact the simulation team at [cicsl@islandhealth.ca](mailto:cicsl@islandhealth.ca).
    - Templates for printing “Healthcare Training in Progress” signs are available – please contact the simulation team at [cicsl@islandhealth.ca](mailto:cicsl@islandhealth.ca).
    - When transporting mannequins and simulation equipment, consider signage on the equipment indicating it is not real or ensure equipment is appropriately covered. Examples of this signage are available – please contact the simulation team at [cicsl@islandhealth.ca](mailto:cicsl@islandhealth.ca).
  - If an impactful event has recently occurred or is occurring in the department, consider this in the decision to proceed with the simulation.
    - Using simulation to address Patient Safety Learning System (PSLS) events or other critical instances requires negotiation to reduce psychological harm to participants. In these circumstances careful planning to support psychological safety is required.

Maintained by:	Island Health Simulation Clinical Nurse Educator					
Issuing Authority:	Island Health Simulation					
Last Revised:	2023-MAR-07	Last Reviewed:	2023-MAR-07	First Issued:	2023-MAR-09	Page 2 of 5



- Ensure that attention is given to organizational infection control protocols such as [Hand Hygiene Policy](#), when preparing for the simulation.
- If using a recording and/or video streaming device during the session, ensure privacy issues are considered.
  - Participants sign [Consent Form: Photography, Audio/Visual Recording and Interview](#) form, prior to session start.
  - Ensure the [Confidential Information - Privacy Rights of Personal Information Policy](#) is followed to avoid incidental recording of nearby individuals.
- If the decision was made not to run the simulation, use [the BCSN Pre and Post In Situ Simulation Safety Checklist](#) to document and communicate to departmental leadership.
  - Leadership may be able to assist in planning for future simulation events and or mitigate risks to factors leading to cancellations.

### 1.2. During the Simulation

- Adapt to changes in operations and patient acuity during session.
  - For example, unanticipated admissions, staffing changes, increases in acuity from initial assessment.
  - Clinical areas may have evolved needs over the period of simulation.
- Consider the psychological safety of those participating and in the vicinity during the session.
  - Psychological safety is an ongoing commitment and attention should be given to maintenance during the session.
- Recommend an awareness of simulation-related “short cuts” and work towards alignment with real clinical practice during simulation sessions.
  - For example, not wearing gloves when a health care worker would normally wear gloves.
- If simulated drills are occurring, ensure announcements include language that indicates these are not real events.
  - For example, a code blue drill would be announced “mock code blue.”
  - This ensures those in the vicinity know that the event occurring is a training session and not a real event.
- Ensure that attention is given to organizational infection control guidance for the duration of the simulation.

### 1.3. After the Simulation

- If the debriefing ends sooner than planned due to unforeseen clinical needs, ensure follow up with participants.
  - Touch base to ensure the psychological safety and key learnings of participants are addressed.
- Recommend that any identified latent safety threats are communicated and reported in the PSLs.
  - Instructions for the reporting of a simulation event in the PSLs system can be found here: [Reporting an Event in PSLs – Simulation, Mock Code and Other Training Version](#).
- All mock resources brought to the clinical area should be accounted for.
  - Consider resources brought in for the session as well as any unit resources used.
    - Ensure if you used any unit resources they are re-stocked.
  - Documentation of these resources can be done on the table found at the bottom of [the BCSN Pre and Post In Situ Simulation Safety Checklist](#).

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Issuing Authority:	Island Health Simulation					
Last Revised:	2023-MAR-07	Last Reviewed:	2023-MAR-07	First Issued:	2023-MAR-09	Page 3 of 5



- Notify all parties possibly affected that the simulation is over.
  - Inform any nearby patients, visitors and staff.
  - Remove all signage.
- Ensure attention has been given to clean up after the simulation session.
  - Consider organizational infection control guidance such as the [Environmental Cleaning](#) guideline.

### 2.0 Definitions

- **Debriefing:** A conversation between two or more people to review a real or simulated event in which participants analyze their actions and reflect on the roles of thought processes, psychomotor skills, and emotional states to improve or sustain performance in the future.
- **In Situ Simulation:** Taking place in the actual patient care setting/environment in an effort to achieve a high level of fidelity and realism; this training is particularly suitable for difficult work environments, due to space constraints or noise - for example, an ambulance, a small aircraft, a dentist’s chair, a catheterization lab. This training is valuable to assess, troubleshoot, or develop new system processes.
- **Psychological Safety:** A feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment.
- **Simulation:** A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions.

### 3.0 Related Island Health Policy Documents

- [Hand Hygiene Policy](#)
- [Environmental Cleaning](#)
- [Confidential Information - Privacy Rights of Personal Information Policy](#)
- [Consent Form: Photography, Audio/Visual Recording and Interview](#)

### 4.0 References

- Foundation for Healthcare Simulation Safety. (2022, May). *Foundation for Healthcare Simulation Safety Pledge*. <https://healthcaresimulationsafety.org/simulation-pledge/>
- INACSL Standards Committee, Charnetski, M., and Jarvill, M. (2021, September). Healthcare Simulation Standards of Best Practice™ Operations. *Clinical Simulation in Nursing*, 58, 33-39. <https://doi.org/10.1016/j.ecns.2021.08.012>
- INACSL Standards Committee, Persico, L., Belle, A., DiGregorio, H., Wilson-Keates, B., and Shelton, C. (2021, September). Healthcare Simulation Standards of Best Practice™ Facilitation. *Clinical Simulation in Nursing*, 58, 22-26. <https://doi.org/10.1016/j.ecns.2021.08.010>
- Lioce L. (Ed.), Lopreiato J. (Founding Ed.), Downing D., Chang T.P., Robertson J.M., Anderson M., Diaz D.A., and Spain A.E. (Assoc. Eds.) and the Terminology and Concepts Working Group (2020), *Healthcare Simulation Dictionary, Second Edition*. DOI: <https://doi.org/10.23970/simulationv2>. Retrieved from <http://www.ssih.org/dictionary>

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Last Revised:	2023-MAR-07	Last Reviewed:	2023-MAR-07	First Issued:	2023-MAR-09	Page 4 of 5



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- Simon R, Raemer DB, Rudolph JW. (2010). *Debriefing Assessment for Simulation in Healthcare (DASH)© Rater’s Handbook*. Center for Medical Simulation, Boston, Massachusetts. <https://harvardmedsim.org/wp-content/uploads/2017/01/DASH.handbook.2010.Final.Rev.2.pdf>.

### 5.0 Resources

- [Centre for Interprofessional Clinical Simulation Learning \(BC Simulation Network Website\)](#)
- Brazil, V., Scott, C., Matulich, J. *et al.* Developing a simulation safety policy for translational simulation programs in healthcare. *Adv Simul* 7, 4 (2022). <https://doi.org/10.1186/s41077-022-00200-9>
- [Foundation for Healthcare Simulation Safety](#)
- [Healthcare Simulation Standards of Best Practice \(International Nursing Association for Clinical Simulation and Learning\)](#)
- [Your Privacy and Confidentiality \(Island Health\)](#)
- [Patient Safety Learning System \(PSLS\) \(Island Health\)](#)
- Raemer, D., Hannenberg, A. and Mullen, A. Simulation safety first: an imperative. *Adv Simul* 3, 25 (2018). <https://doi.org/10.1186/s41077-018-0084-3>
- [Simulation \(Island Health\)](#)
- [Society for Simulation in Healthcare](#)

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Last Revised:	2023-MAR-07	Last Reviewed:	2023-MAR-07	First Issued:	2023-MAR-09
					Page 5 of 5