



2025-2026

NURSING PROGRAMS

SIMULATION HANDBOOK

A SUPPLEMENT TO THE
LCC ASSOCIATE DEGREE NURSING PROGRAM HANDBOOK
(AN-DTA/MRP)

Lower Columbia College **NURSING**



(This page intentionally blank)

Nursing Program | 2025-2026

Our Accreditation and Approval

Lower Columbia College is institutionally accredited by the

[Northwest Commission on Colleges and Universities](#)

8060 165th Ave. NE Suite 100, Redmond, WA 98052

The **AN-DTA/MRP Nursing Program** at Lower Columbia College,

located in Longview, WA, is approved by the

[Washington State Board of Nursing \(WABON\)](#)

111 Israel Road SE, Tumwater, WA 98501

Phone: 360.263.4700

National Council of State Boards of Nursing (NCSBN) Program Code: **US29408300 ADN**



The **AN-DTA/MRP Program at Lower Columbia College**, located in Longview, WA, is accredited by the [Accreditation Commission for Education in Nursing](#) (ACEN) | 3343 Peachtree Road, Suite 850, Atlanta, GA 30326 | 404.975.5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the associate degree nursing program (April 2023): ***Continuing Accreditation with next site visit in fall 2030***. View the [public information](#) disclosed by the ACEN regarding this program.

LCC Non-Discrimination and Anti-Harassment Statements

Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388.

Important Campus Contacts

Healthcare Programs Office: HSB 202 | 360.442.2860

Office Hours: Monday through Friday | 7:30 am – 11:30 am and 12:30 pm – 4:30 pm

Emergency
911
(From a campus phone)
9911

Campus Security
(Radio)
360-442-2911

Emergency Mental
Health
(Call or text)
988

Campus Security: Student Center (STC) 106 | 360.442.2911 | security@lowercolumbia.edu

Pre-Program Education Planning: Admissions Center (ADC) | prenursing@lowercolumbia.edu

- Rebekah Villanti, Career Pathway Advisor | 360.442.2328
- Jenna Burnell, Career Pathway Advisor | 360.442.2328

Bookstore: Student Center (STC) 148 | 360.442.2249 | bookstore@lowercolumbia.edu

Counseling: Admissions Center (ADC) | 360.442.2330

- Leszek (Lesh) Cromwell | ADC 115 | 360.442.2342 | lcromwell@lowercolumbia.edu
- Emme McCarthy | ADC 114 | 360.442.2343 | emccarthy@lowercolumbia.edu

Disability and Access Services: Admissions Center (ADC) 143 | 360.442.2340 | Sara Albright, Program Coordinator | salbright@lowercolumbia.edu

Financial Aid: Admissions Center (ADC) | 360.442.2390 | financialaidoffice@lowercolumbia.edu

Washington has significant opportunities for financial aid!
Be sure to visit [How to Pay for College](#) on the LCC website!

Resources for Student Basic Needs | Navigators:

- Stephen Boyer | 360.442.2335 | sboyer@lowercolumbia.edu
- Joy Yolangco | myolangco@lowercolumbia.edu

Please reach out for information about resources and support you may be eligible for!

Registration: Admissions Center (ADC) | 360.442.2370 | registration@lowercolumbia.edu

Testing Center: Main Building (MAN) 128 | 360.442.2360 | testing@lowercolumbia.edu

Simulation Faculty and Staff

Simulation Coordinator:

Amber MacLaren, MSN, RN	HSB 212	360.442.2862	amaclaren@lowercolumbia.edu
-------------------------	---------	--------------	--

Simulation Facilitators:

Julianna Crisman, DNP, ARNP, FNP-C	HSB 214	360.442.2867	jcrisman@lowercolumbia.edu
------------------------------------	---------	--------------	--

Connie Ramos, MS, RNC, EdD(c)	HSB 218	360.442.2864	cramos@lowercolumbia.edu
-------------------------------	---------	--------------	--

Simulation Operation Facilitator:

TBD	HSB 247	360.442.2869	
-----	---------	--------------	--

Table of Contents

Nursing Program 2025-2026.....	3
Our Accreditation and Approval.....	3
LCC Non-Discrimination and Anti-Harassment Statements.....	3
Important Campus Contacts.....	4
Simulation Faculty and Staff.....	5
Simulation Coordinator:.....	5
Simulation Facilitators:.....	5
Simulation Operation Facilitator:.....	5
Table of Contents.....	6
Purpose of Simulation Handbook.....	8
Objectives of Simulation.....	8
End-of-Program Student Learning Outcomes.....	8
Simulation Defined.....	9
Campus simulation (CSim).....	9
Virtual simulation (VSim).....	9
Clinical Simulation Standards.....	10
Nursing Courses with integrated Simulation as Clinical/Practicum.....	10
Traditional Campus-Based Program Option (Year 1).....	10
Traditional (Year 2) and LPN Opt-in Campus-Based Program Options.....	10
LPN2RN eLearning Program Option.....	11
Simulation Labs: Location and Hours of Operation.....	11
Simulation Faculty.....	11
Simulation Key Terms.....	12
Simulation Roles (CSim).....	13
Nursing Program Simulation Policies.....	13
Student expectations for simulation (CSim and VSim):.....	14
Faculty expectations for simulation.....	14
Concerning Behaviors in Simulation.....	15
Professionalism (from Nursing Program Handbook).....	15
Quality Improvement.....	15
Safety and Security.....	16
Physical and Psychological Safety.....	16

Incident or Injury.....	16
Learning Resources - Simulation.....	16
Lab/Simulation Resources.....	17
Faculty Development, Education and Training.....	19
Resources.....	19

Purpose of Simulation Handbook

The purpose of the *Nursing Program Simulation Handbook* is to provide information about the use of simulation in the associate degree nursing program at Lower Columbia College (LCC). This handbook is a supplement to the LCC [AN-DTA/MRP Nursing Program Handbook](#). Students and faculty are responsible for adhering to the information and policies presented in the Nursing Program Simulation Handbook and the Nursing Program Handbook.

Objectives of Simulation

- Provide a safe environment for performing and improving knowledge, skills, abilities, and clinical judgment in the various nursing roles.
- Align simulation experiences with the LCC Nursing Program curriculum, increasing in complexity and challenge, to facilitate achievement of end-of-program learning outcomes (EPSLOs).

End-of-Program Student Learning Outcomes

Upon completion of the associate degree nursing program at Lower Columbia College, graduates will:

1. Demonstrate **critical thinking** by applying objective, valid methods of inquiry and problem-solving to draw rational, ethical and coherent conclusions in nursing practice. *Critical thinking is an LCC Global Skill.*

QSEN Competencies addressed: Safety, evidence-based practice, and quality improvement.

2. Demonstrate **competence** in basic nursing knowledge and skills in the performance of the nursing roles as provider of care, manager of care, and member of the profession. *This outcome encompasses elements of all four LCC Global Skills.*

QSEN competencies addressed: Safety, patient-centered care, and teamwork and collaboration.

3. **Communicate** effectively in professional nursing practice. *Communication is an LCC global skill.*

QSEN competencies addressed: Patient-centered care, teamwork and collaboration, safety, and informatics.

4. Integrate **quantitative data** competently into professional nursing practice. *Quantitative reasoning is an LCC Global Skill.*

QSEN competencies addressed: Safety, informatics, evidence-based practice, and quality improvement.

5. Incorporate professional **interpersonal skills** and **caring behaviors** in nursing practice. *Teamwork is an LCC global skill.*

QSEN competencies addressed: Patient-centered care, and teamwork and collaboration.

6. Initiate **equitable and inclusive nursing practices** to promote and maintain health and reduce risk in diverse healthcare settings across the lifespan. *This outcome encompasses elements of the critical thinking, communication, and teamwork LCC Global Skills.*

QSEN competencies addressed: Safety and patient-centered care.

Simulation Defined

The purpose of simulation is to provide opportunities for students in the provision of nursing care, to promote competence in the use of nursing knowledge, skill and abilities in a non-threatening and safe environment. With simulation, students have opportunities to build confidence through working with a variety of task trainers, simulators and equipment in nursing care scenarios. The Washington State Board of Nursing (WABON; formerly identified as the Nursing Care Quality Assurance Commission) has provided guidelines for nursing schools to use simulated experiential learning experiences as clinical hours.

Clinical simulation is the use of essential aspects of a clinical situation in such a way that students have a firsthand experience with understanding and managing the clinical setting. Simulation promotes the integration of knowledge from the classroom into patient care situations, and promotes the development of clinical judgment, reasoning, and critical thinking. The use of a pre-brief, a scenario and a debrief session is an essential part of quality simulation activities, and is incorporated into the LCC Nursing Simulation plan. Simulation activities may include face-to-face and virtual simulations; these will be designated “campus simulation” (CSim) and “virtual simulation” (VSim) respectively.

Campus simulation (CSim)

CSim is the use of real-life based experiences or scenarios in a safe learning environment that mimics an actual patient care situation. CSim activities are held on campus in designated classrooms/labs in the Health Science Building (HSB). These simulated learning experiences provide students with the opportunity to apply the nursing process in the assessment and care of one or more simulated clients, their families, their significant others and/or community members. The experience occurs in a simulated learning environment and includes the use of low-, medium- or high-fidelity human patient simulator(s). The experience may occur in a wide array of contexts and may involve multiple students as participants or observers. The experience includes the key components specified in this handbook and may include pre and/or post simulation assignments. CSim is designed to be as realistic as reasonably possible and provide opportunities for students to critically think, reflect and improve clinical reasoning.

Virtual simulation (VSim)

VSim is the use of online simulation experiences. The LCC Nursing Program utilizes Virtual Hospital V Clinical Simulations in the LPN2RN eLearning program option. VSim was developed to give students the benefit of nursing experience using an online modality, and provides instant feedback as well as cumulative composite scores and recorded times. Virtual Clinicals are designed to help students master their skills of prioritization, delegation, and sequential thinking. These simulations are

conducted fully online and include pre-scenario preparation materials, debriefing online via Canvas in small groups, and additional nursing care activities such as developing a patient Plan of Care.

Clinical Simulation Standards

LCC Nursing Program utilizes the International Nursing Association for Clinical Simulation & Learning ([INACSL](#)) Standards of Best Practice: Simulationsm. These standards cover simulation design, outcomes and objectives, facilitation, debriefing, participant evaluation, professional integrity, Simulation Enhanced Inter-Professional Education (Sim-IPE), and operations. All simulation activities at approved nursing education programs in the state of Washington comply with the simulation requirements described in [WAC 246-840-5341](#)

Nursing Courses with integrated Simulation as Clinical/Practicum

CSim and Vsim may be integrated as clinical hours in the following courses. The specific simulation requirements, activities and expectations will be defined in the course syllabus.

Traditional Campus-Based Program Option (Year 1)

NURS 160: Skills in Nursing I, 2 credits Introduces skills and the associated concepts for the provision of safe, effective nursing care. Topics include vital signs, physical assessment, sterile technique, wound care, blood glucose monitoring, medication administration, dosage calculation, injections, nasogastric tubes, urinary catheters, and care of tracheostomies.

NURS 161: Nursing Practicum I, 3 credits. Provides opportunities to perform beginning nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care and community settings.

NURS 162: Nursing Practicum II, 5 credits. Provides additional opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession. Focuses on care of the client in skilled care facilities and additional community settings.

NURS 163: Nursing Practicum III, 5 credits. Continues to build upon previous experiences. Provides opportunities to perform nursing care in the roles of provider of care, manager of care and member of the profession, in the acute care and community settings, with increasing skill and independence.

Traditional (Year 2) and LPN Opt-in Campus-Based Program Options

NURS 261: Nursing Practicum IV, 5 credits. Expands the opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Introducing care of maternal-child clients. Builds on previous knowledge and skills to provide further experience in acute care of the adult with increasingly complex health concerns.

NURS 262: Nursing Practicum V, 5 credits. Builds upon previous knowledge, skills, and experiences and provides additional opportunities to perform nursing in the roles of provider of care, manager of care and member of the profession. Provides experience with clients experiencing increasingly complex alterations in health. Includes acute care and community settings.

NURS 263: Nursing Practicum VI, 5 credits. Provides opportunities to perform nursing care under the guidance of a registered nurse preceptor, integrating previous knowledge, skills, and experience. Reinforces critical thinking, decision making, and skills in the beginning registered nurse roles of provider of care, manager of care and member of the profession.

LPN2RN eLearning Program Option

NURS 246: Skills lab, 2 credits (hybrid – online and in-person). Provides opportunities to develop and enhance proficiency in nursing skills essential to safe and effective nursing practice as provider of care, manager of care, and member of the profession at the beginning registered nurse level.

NURS 247: Clinical Practicum, 10 credits (in-person). Provides advanced opportunities to apply knowledge and concepts learned in previous courses. Expands critical thinking and increases skill in the performance of nursing care as provider of care, manager of care, and member of the profession at the beginning registered nurse level. Expands knowledge of nurse delegation. Community and acute care settings are utilized.

NURS 248: Advanced Clinical Practicum, 5 credits (in-person). Prepares students for autonomous nursing practice by providing opportunities to integrate and apply knowledge learned in previous courses, under the supervision of an assigned registered nurse preceptor. Reinforces critical thinking and increases skill at the beginning registered nurse level as provider of care, manager of care, and member of the profession, preparing students for autonomous nursing practice. Expands skills in nurse delegation.

Virtual simulation opportunities may be available and required throughout the LPN2RN eLearning option (Fall-Winter-Spring quarters), prior to the summer start dates of NURS 247 and NURS 248 to assist the students with preparation for face-to-face clinical and timely completion of required simulation activities.

Simulation Labs: Location and Hours of Operation

LCC Nursing Program simulation equipment resides in four lab spaces; Health & Science Building (HSB) 241 (mid & high-fidelity – primary simulation lab), 246 (low & mid-fidelity – skills lab) and 221 (mid-fidelity – classroom with lab space). HSB 248 (high fidelity -classroom with simulation space) HSB 241 may have audio and video recording in operation during simulation activities for educational purposes. Operating hours for the skills and simulation labs are generally Monday-Friday from 8am-5pm within the scheduled college academic calendar. Simulation times will be scheduled as part of the nursing program course schedule and will be distributed to the students by the course faculty. The simulation schedule will also be posted outside of the entrance to HSB 241. The skills lab (HSB 246) is available for skills practice with faculty supervising at designated times throughout the quarter. Appointments can be made for skills lab use via the Canvas Healthcare Programs Skills Lab course calendar.

Simulation Faculty

All LCC Nursing Program simulation labs are overseen by the Simulation Coordinator, who is a member of the nursing faculty. Other faculty may lead clinical simulations (simulation facilitators). All nursing faculty involved in simulation have received training.

Simulation Key Terms

- **Assessment of Student Performance:** A process that provides feedback regarding student performance and progress toward meeting established learning outcomes. The assessment will provide feedback regarding the acquisition and demonstration of the expected knowledge, skills, abilities, and behavior.
- **Debriefing:** A reflective learning session, occurring shortly after an actual simulation that assists students to process the emotions, actions, and outcomes of a CSim. It involves a trained faculty facilitator, the student participants, and the student observers. It may also include the faculty observer. Debriefing includes student reflection, student feedback, and faculty feedback. Debriefing provides a safe place for discussion, reflection, sharing of emotions generated by the experience, sharing of perspectives, and increasing understanding, enhances critical thinking, reasoning, and judgment. The LCC Clinical Simulation Program primarily uses the Promoting Excellence and Reflective Learning in Simulation (PEARLS) debriefing framework, which includes an opportunity for students to recognize and discuss behaviors that occurred and opportunities for clinical practice improvement.
- **Evaluation of Sim:** A process that provides feedback on the effectiveness of simulation activities in meeting course and program outcomes. These may be completed after sim individual simulation activities and at least at the end of each academic quarter in which sim is used. Completed by students and faculty.
- **Pre-briefing:** An information session, occurring just prior to an actual simulation that provides students with preparatory guidance, instructions, and expectations.
- **Post-experience reflection:** Simulation research shows that sim and debriefing can best change behaviors and actions when students are supported to create meaning and understanding from their experience. After the scenario and debrief are completed, the student may be asked to write a reflective discussion of the experience that outlines strategies for implementing changes in actions, behaviors, or responses that were identified as needing correction. Other reflective assignments may be incorporated in alignment with programmatic goals and outcomes.
- **Scenario:** A defined nursing care situation used as the basis for the simulation activity. Scenarios will give information to “set the stage” for the activity and provide the data necessary to proceed as instructed
- **Simulation Specialist/Coordinator (SS):** Nursing faculty designated as lead simulation resource and coordinator of CSim scheduling, simulation facilitates, faculty simulation training, and simulation guidance.
- **Simulation Facilitator:** Trained nursing faculty who provides guidance, support, and structure during some or all stages of a CSim. These stages include pre-briefing, the simulation, and debriefing.
- **Simulation Observer:** A nursing faculty who observes students providing care during a CSim and provides the students with written and/or verbal feedback at the end of a debriefing session. The written feedback will be provided using the approved assessment/evaluation form.

- **Simulation Operation Facilitator (SOF):** Nursing faculty or trained support staff designated as lead simulation equipment operator, responsible for running the equipment, voicing, and keeping simulation on track.

Simulation Roles (CSim)

- **Faculty:** Faculty assess, plan, implement and evaluate the clinical simulation participation of the students. The faculty enhances learning by providing cues/prompts when needed, but does not function as an active participant within the clinical simulation.
- **Student:** Focus is on preparation, participation and evaluation of the clinical simulation experience. The student will be assigned specific roles that are identified by the faculty and/or the student team and may include:
 - **Nurse Team Lead/Charge Nurse:** Obtain prescriptions from health care providers. Review client's chart and prescriptions. Communicate with family/community members. Assist members of the team as needed. Provide guidance to the team. Double check medication and/or dosage calculation, vital signs, lab results etc. Consult with the team members and assist with data collection as needed. Practice ADPIE within the scenario.
 - **Registered Nurse:** Practice clinical reasoning within the scenario. Review client's chart, medications, labs and treatments. Administer medications (utilizing the client rights of medication administration) and document. Educate the client and/or family/community members as related to care (disease process, medications, lifestyle changes etc.). Evaluate actions taken within the scenario for wanted effects. Report abnormalities and seek guidance from the nurse team lead/charge nurse.
 - **Student Observer:** Observes the scenario intently while gathering data, information and preparing documentation of the CSim.

Nursing Program Simulation Policies

Simulation provides an opportunity to learn, think critically, and exercise clinical judgment where patient safety is not placed in jeopardy. Simulation experiences are conducted to simulate a realistic clinical situation. Per clinical/practicum course syllabi, simulation (sim) is required and must be completed successfully – this may include a combination of VSim and CSim. The simulations are designed to coincide with each course's didactic/clinical content and promote and reinforce nursing knowledge, skills, abilities, clinical reasoning and judgment. Each quarter's simulation scenarios require students to build upon previously learned knowledge and skills. These scenarios are intended to build complexity; challenging students at the appropriate level within their progression through the nursing program.

All equipment, simulators and manikins are to be treated with care as these represent a significant financial resource. Children are not allowed in the simulation or skills labs. Supplies needed for each clinical simulation will be provided. Students are responsible for personal clinical supplies such as a stethoscope, penlight and calculators. All supplies should be returned to the location in which they were found. All linens should be refolded and placed back in the cabinet, unless soiled. If soiled,

linens should be placed in the dirty linen cart/hamper. Needles/sharps are to be disposed of in sharps containers.

Student expectations for simulation (CSim and VSim):

1. Simulation is a required clinical experience and is to be treated as such.
2. VSim activities are to be completed successfully by designated date and as assigned.
3. Notify clinical faculty before the scheduled sim if you cannot attend.
4. If unable to attend CSim, a makeup session or assignment may be required.
5. Adhere to clinical/practicum dress code when attending CSim.
6. No food in the sim lab. Cups covered with spill proof lids may be in the designated area only.
7. Arrive on time to all scheduled sim activities.
8. Prepare information ahead of time as directed.
9. Participate in scenarios based on the assigned role.
10. During the sim experience, “suspend disbelief” and interact with manikins and fellow students as if they are real clients/family or community members/members of the healthcare team.
11. Adhere to conduct standards (accountability, professionalism, integrity, civility, safety) as specified in the Clinical Evaluation Tool and Nursing Program Handbook while in CSim.
12. Cell phones are not to be used for recording, social media, texting, or personal phone calls during campus sim activities. Cell phones are allowed in simulation to look up medications and lab values. Photographs may be taken only with explicit permission from sim faculty.
13. Computer or other technology in the labs is provided for educational use only – no personal use, such as social media or web browsing.
14. Maintain a clean and organized simulation lab; ensure the lab areas are left clean and in good condition
15. Adhere to all infection control procedures.
16. Confidentiality of the simulation experience and all participants’ actions is to be upheld.
17. Participate in debriefing exercise following simulation
18. Complete sim evaluation as directed.

Faculty expectations for simulation

1. Review all materials prior to the session.
2. Arrive on time.

3. Wear professional attire per faculty clinical dress code (found in the Nursing Program Faculty Handbook).
4. Assist and/or inspect the set-up of the activities planned to ensure they align with the stated objectives.
5. Be fully engaged in the pre-brief, simulation and debrief sessions.
6. Maintain confidentiality regarding all aspects of the session.
7. Observe/evaluate/summarize participants within the session.

Concerning Behaviors in Simulation

Immediate dismissal from class or clinical (including simulation, which is a clinical experience) may result depending on the severity of a concerning behavior, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered a “fail” for that day/activity. There may not be an opportunity for the student to “make up” the missed time or activity. Faculty/program responses to behavior or performance issues resulting in dismissal from a clinical experience may range from verbal coaching to remediation, or even dismissal from the program in the case of a severe or egregious violation of safety or policy. Clinical success plans or skills lab referrals (see [Nursing Program Handbook](#)) are tools which may be utilized by faculty to promote opportunities for student success when concerning behaviors are noted in association with the simulation setting.

Professionalism (from Nursing Program Handbook)

Professional behaviors are expected. This includes punctuality, appropriate communication, honesty, accountability and respectful treatment of others. Professionalism is about self-conduct: be accountable, be ethical, be honest, be on time, be polite, and be respectful. Professional behavior requires respectful and courteous treatment of others, an awareness of how one’s own behaviors are perceived by others, a commitment to honesty and accuracy in communication, openness, flexibility, and awareness of the thoughts, feelings and needs of others. If you have a question or concern about professional behaviors, please clarify with your instructor or the nursing program director. According to law, [WAC 246-840-519](#), nursing programs shall hold students accountable for professional behavior. Professional behavior is a required learning objective for progression in the program (see [practicum evaluation tools](#)). Depending on the nature and severity of any unprofessional conduct, ramifications may range from placing the student on a Student Success plan to immediate dismissal from the program. Professional attire is expected in the clinical setting and related course activities (refer to the Professional Dress and Uniform Policy in the [AN-DTA/MRP Program Handbook](#)).

Quality Improvement

LCC Nursing Program is committed to providing high quality education in every learning experience. To maintain overall quality and adherence to INACSL standards, the program implements a continuous quality improvement process through scenario review, student feedback through surveys (data collection), the debriefing process and NCLEX program reports.

Safety and Security

Safety is a priority for all who spend time on our campus. For additional safety information, please see the Nursing Program Handbook.

- Safety and security information and emergency processes can be found in the [LCC Emergency Handbook](#)
- An automated external defibrillator (AED) is located on the second floor of the HSB, directly across from the rest rooms.
- Fire extinguishers and fire alarms are located near the stairs on either end of the second floor.
- Emergency & Fire: Call 911
- LCC Security & Safety Team: 360.442.2911
- Campus Services 360.442.2263

Physical and Psychological Safety

Clinical simulation, like the clinical setting, can sometimes pose physical and/or psychological risks to the student. To help minimize those risks, the CSim facilitator will provide pre-briefing to set the stage for the simulation. The pre-brief session reviews the objectives and guidelines, which include confidentiality, mutual support, and respectful, professional communication.

If a student shows signs that their psychological safety may be compromised during a CSim it is the responsibility of the facilitator to determine the appropriate course of action. The facilitator may take immediate action including having the student step away, continuing, or stopping the simulation. The students' emotional response to the simulation will be discussed privately with faculty. If the student's physical safety is compromised the faculty will stop the simulation. The student(s) will be assessed and if warranted given first aid and/or the emergency medical system activated.

Incident or Injury

Students are to report any incidents, injuries, or near misses to the supervising faculty immediately. For any incident, injury, or near misses, students and faculty should follow the nursing program's [incident reports and tracking policy and procedure](#) (found in the [AN-DTA/MRP Program Handbook](#)).

Learning Resources - Simulation

The Lower Columbia Community College's simulation program has three classrooms dedicated to simulation. The simulation lab has three fully adjustable hospital beds, wall panels with oxygen, room air and suction connections, call lights, gloves, and sharps disposal. The simulation operations control room is in the simulation lab behind one-way glass, and houses 2 instructor laptops, 3 designated simulation laptops and 4 SimPad systems.

The Skills Lab (HSB 246) has 4 curtained Zenith 9000 APS bed stations with Alere Shared Headwalls and compressors, an instructor podium with computer, and a sink. Adjacent to the skill lab is a storage

and preparation room (HSB 245) with a sink, supply refrigerator, washer and dryer, and numerous storage cupboards and room for equipment storage.

The classroom (HSB 248) This room houses an obstetrics-pediatrics (OB-peds) area which includes an infant warmer. Sim Mom and Sim Baby (2). The simulation area has a fully adjustable bed, wall panels with oxygen, room air and suction connections, call light, gloves and sharps disposal. Along with a sink and numerous storage cupboards for equipment storage.

The LCC Nursing Program uses a variety of simulation modalities including:

- Role playing – used throughout didactic and/or lab curriculum
- Virtual simulation
- Task trainers (partial to complex) – used throughout the curriculum in didactic and clinical simulations.
- Manikin-based simulation – used throughout the curriculum in clinical simulations.

Lab/Simulation Resources

Simulators

- Laerdal Nursing Anne (5). Designed for scenario-based training for the care and management of basic patient handling skills to advanced nursing skills, wirelessly operated by the Leap SimPad system. The adult simulator features include voicing for cues, simulated lungs and stomach, manually generated carotid pulse, full range of motion for realistic patient handling, interchangeable stomas depicting colostomy, ileostomy and suprapubic cystostomy, and interchangeable Male and Female Genitalia. Skill performance capabilities include medication administration, head-to-toes assessment, insertion and suctioning of oropharyngeal and nasopharyngeal airways, NG tube insertion, care, medication administration, and removal, Tracheostomy care and tracheal suctioning, Gastric lavage and gavage, and complete urinary catheterization. IM injections of the Deltoid, dorsogluteal, and vastus lateralis possible. Circulatory Skills and IV Drug Administration features include articulating IV training arm with replaceable skin and infusible vein system allows peripheral intravenous therapy and site care, venipuncture possible in the antecubital fossa and dorsum of the hand, and accessible veins include median, basilic and cephalic. Located in HSB 221 and 241.
- Laerdal Sim Mom: Hi-fidelity wireless simulators operated by 2 separate Leap instructor laptops and features its own touch screen bedside patient monitors. Features: Breech presentation, assisted deliveries shoulder dystocia, cord prolapse, eclampsia & pre-eclampsia, maternal collapse, post-partum hemorrhage, sepsis, uterine inversion, ruptured uterus. Pelvic components include: atonic uterus, modules (for PPH, uterine inversion and retained placenta) Fluids (e.g. blood, stained amniotic fluid and urine) urine catheterization/instillation. Features include: automatic delivery, normal delivery (OP, OA) breech shoulder dystocia, instrumental delivery. Patient monitor: highly configurable X-Ray display, debriefing touch screen, mother's vital signs and EFM Oxygen saturation and waveform. Physiological features include normal and abnormal breath sounds, 5 anterior auscultation sites, 6 posterior auscultation sites, Oxygen saturation and waveform, Cyanosis, Heart sounds - four anterior locations, BP

measured manually by auscultation of Korotkoff sounds, Carotid, femoral, brachial, radial, dorsalis pedis, popliteal and posterior tibialis pulses synchronized with ECG, Pulse strength variable with BP. IV access (right arm), Urine output (variable), and Foley catheterization. For CPR and codes, the manikin replicates realistic compression depth and resistance, detection of depth, release and frequency of compressions, and real time feedback on quality of CPR. Located in HSB 248.

- Laerdal Sim Baby (2): An infant simulator operating with Lleap instructor laptop and featuring a bedside monitor. The manikin has breath sounds, heart sounds, bowel sounds, and bilateral brachial pulses. It can simulate seizures and cyanosis, as well as crying and vocal sounds, a BP, a pulse ox reading, and a variety of respiratory breathing patterns. Features include NG insertion, suction catheters, and medication administration. Located in HSB 248.

Manikins

- Manikins (10):Nursing Kelly (10) Low-fidelity simulation objectives including personal care, medication administration, Foley catheterization, NG tube insertion, and wound care. Located in HSB 221, 222A, 222B, 246, and 249.

Carts

- Isolation Cart: A rolling cart that is stocked with PPE, including gowns, masks, shoe covers, caps, different size gloves and goggles. Located in HSB 241.
- Medical Carts (5): Each cart includes patient bins. Located in HSB 241, HSB 245/6, in HSB 248, and HSB 221.

Task Trainers (enhance scenarios, realism and psychomotor skills)

- Adult Obesity Suit: Can be worn by all the manikins or a standardized patient to increase the realism of a bariatric scenario. Located in HSB 241.
- IV Training Arms and Hands: (42 arms; 3 hands) simulate IV insertion, IV fluid and medication administration. Located in HSB 241, 245, and 246.
- VATA; Chester Chest (9) simulates the three most common types of long-term vascular access routes and central line dressing changes, dual lumen 5FR PICC, and blood draw. Located in HSB 245.
- Virtual Intramuscular Injection Simulator; used for Ventrogluteal/Dorsogluteal injections. Located in HSB 246.

Other Resources

- Pyxis Med Station 4000: Has an operational console including cubies, a bin, a wheel, open units, multi-dose drawers, and a 4 door medication tower. The console allows clinical simulation facilitators to customize patients, medications, and inventory. Students have their own accounts and can practice medication removal and verification during lab/clinical simulations sessions. Located in HSB 245.

- Clinical Equipment:
 - IV Pumps: Baxter – Sigma Spectrum (7) HSB 241 and 246
 - IV Pumps Alaris- Alaris Medley Combo (2) HSB 241 and 246
 - PCA: Hospira Lifecare PCA 3 (1) HSB 245 and 246
 - Kangaroo feeding pumps (4) HSB 241, 245, and 246
 - Kendall SCD Express Compression System (1) HSB 245 and 246
 - Pocket Nurse: Fetal Monitor Education Pkg (1) HSB 241
 - Howard Medical Mobile Med Station (1) HSB 241
 - Pocket Nurse: Infant Incubator B-3000 (1) HSB 248
 - Pocket Nurse: Photo Therapy Unit B-100 (1) HSB 248
 - Dina Map vital sign monitors (1) HSB 246
 - Vascular Doppler devices (2) HSB 241, 245, and 246
- Additional Technology for Student Use in Clinical Simulation:
 - Virtual Simulations, including: Swift River, Kaplan and Davis
- Other Equipment/Supplies:
 - Assessment items (BP cuffs, stethoscopes, SureTemp thermometers, doppler, pulse oximeters)
 - Wheelchairs, front wheeled walker (FWW) linen carts, linens
 - Consumables (catheter kits, IV starts, gloves, needles, syringes, Demo Dose medications including IV primary and secondary bags, IV vials, oral medications)

Faculty Development, Education and Training

Education and training are a vital part of maintaining a current evidence-based clinical simulation program. Training for faculty participating in clinical simulation will include observations of simulations and training on equipment facilitated by the simulation coordinator. Training will be arranged by the coordinator and this will include face-to-face, virtual, and conferences as available.

Resources

- Center for Medical Simulation (2020). Retrieved from <https://harvardmedsim.org> Center for Medical Simulation, Boston, Massachusetts, USA
- The George Washington University: Coursera: Essentials in Clinical Simulations Across the Health Professions <https://www.coursera.org/learn/clinicalsimulations>

- Horsley, Elizabeth; CASN Simulation Interest Group member and debriefing expert; “The Art of Debriefing in Simulation Based Learning”
<https://www.casn.ca/2016/12/webinar-art-debriefing-simulation-based-learning/>
- International Nursing Association Clinical Simulation and Learning (INACSL)
<https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>
- National League for Nursing (NLN); Simulation Innovation and Resources Center (SIRC)
<http://sirc.nln.org/>
- Organization for Associate Degree Nursing (2022). Virtual simulation reviews.
<https://oadn.org/resource/oadn-delivers-virtual-simulation-reviews-on-the-unbound-medicine-platform/>
- PEARLS debriefing tool debrief2learn.org
- Society for Simulation in Healthcare (SSH) <http://www.ssih.org>
- Healthcare Simulation Dictionary, 2nd Edition
- University of Washington – Teaching with Simulation; Center for Health Sciences Inter-professional Education, Research and Practice (CHSIERP)
<https://collaborate.uw.edu/online-training-and-resources/teaching-with-simulation-lessons/>
 - Basic Simulation Courses
 - Sim 101: Introduction to Clinical Simulation
 - Sim 102: Pedagogical Approaches in Simulation for Developing Critical Thinking
 - Sim 103: Designing and Writing a Simulation Scenario
 - Sim 104: Briefing and Debriefing – The Key to Learning in Simulation
 - Advanced Simulation Lessons
 - Sim 201: How to Evaluate Learning Using Simulation
 - Sim 202: Matching Human Patient Simulators to Clinical Educational Outcomes
 - Sim 203: Bringing Realism to Simulation
 - Sim 204: Designing and Leading IPE Sessions