# Clinical Simulation and Learning Laboratory

# Policy and Procedure

# Manual

Washburn University

School of Nursing

Approved by SIMCOM 5.13.24

## Our Mission

The clinical simulation laboratory represents a simulated healthcare environment that encourages all learners to engage in clinical education experiences in a safe, realistic and effective environment. In the simulated environment, learners can practice in a safe simulated health care environment that encourages students to build self-confidence through skills attainment.

## Our Goals

• Enhance and promote patient safety and quality health care by integrating simulation within the school of nursing curriculum.

• Allow students the opportunity to learn in a low-risk environment.

• Improve the competency and efficiency of our students' clinical skills through simulation experiences and repetitive practice in a realistic setting.

• Provide opportunity for self-reflection to improve and practice best patient care experiences.

• Provide our clinical partners with the opportunity to enhance health professional education to support and incorporate interprofessional education into the workplace.

## Our Vision

Washburn University School of Nursing will provide cutting-edge simulation experiences for all students on campus and the community at large. The utilization of simulation will

increase knowledge and the opportunity for research that will lead to improved outcomes for our community members.

**Simulation Committee**

The simulation committee meets monthly and uses a shared governance model to direct the activities and strategic goals related to School of Nursing simulation. The Simulation Committee will review the policy and procedure manual annually. The Simulation Committee reports out monthly to UEC and GEC. Simulation Committee end of semester report is presented to SGC.

Members will include (at a minimum):

- 1 representative from each level of the prelicensure nursing program
- 1 representative from the graduate nursing program
- 1 representative from the PMHNP certificate program
- Student representation as available
- Associate Dean
- Director of Simulation will act as the chair of the committee
- Additional members may be added to represent specific goals of the committee

**Director of Simulation and Learning Lab**

The director supervises the student laboratory assistants, handles laboratory equipment and supply requests, manages student lab kit ordering and dissemination, schedules all laboratory courses and manages any conflicts, maintains equipment within the learning laboratory. The director assists course instructors with the development and implementation of simulation scenarios, handles simulation equipment requests, manages schedules for all simulations, maintains equipment within the simulation rooms, hiring and training of Standardized Patients, develops and implements faculty training opportunities. Serves as consultant to the graduate program faculty. The simulation director acts as Chair for the Simulation Committee within the School of Nursing.

Director of Simulation

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**Lab and Simulation Manikins**

Availability and location:

High Fidelity Manikins (Simulator Anne, Hal, Hal jr, Victoria, Newborn Tory)

*Multiple Airway Skills/Features:* • Oral tracheal intubation • Nasal tracheal intubation • Lung resistance/compliance • And many more Airway Complications: • Tongue edema • Pharyngeal swelling

*Breathing Features:* • Simulated spontaneous sounds • Bi/Unilateral chest rise/fall • CO2 exhalation • Normal/abnormal breath sounds • Oxygen saturation and wave forms

*Breathing Complications:* • Cyanosis • Uni/bilateral chest movements/lobar breath sounds

*Cardiac Features:* • Extensive ECG library • Heart sounds – four anterior • ECG rhythm monitoring • 12 lead ECG display • Defibrillation/cardioversion/pacing

*Circulation Features:* • BP measured manually • Carotid, femoral, brachial, radial, and dorsalis pedis pulses • IV access (both forearms) • Intraosseous access (Hal and Newborn Hal-RT tibia)

• Realistic CPR compression depth and resistance • Detection of depth, release and frequency of compressions • Real time feedback on quality of CPR

*Victoria only-* •Automatic Drug recognition System •Fetal Monitoring • Childbirth

*Eyes:* • Blinking normal and abnormal • Open, close and partial • Pupillary accommodations normal and sluggish speed reactions

*Additional Features:* • Seizure/fasciculation (Victoria only)• Bleeding (Victoria only) • Bowel sounds • Patient voice

Medium Fidelity Trainers/Manikins (Resusci-Anne, Resusci-Baby, Arvin Chest Plates, BP simulator, Shoulder and Knee Injector trainers)

- CPR manikins- Chest compressions, Respirations (with feedback app),
- Chest Plate- Programmable Heart sounds, lung sounds
- Programmable blood pressure training arm
- Shoulder and Knee injection feedback simulators

Low Fidelity Manikins/Trainers

Four low fidelity adult manikins: • IV Access • NG insertion • nasotracheal suctioning • urinary catheterizations • tube feedings • injections (deltoid, vastus lateralis)

Three low fidelity infant manikins: for assessment only

One low fidelity child manikin (Mike/Michelle): NG insertion • nasotracheal suctioning • urinary catheterizations • tube feedings • injections (deltoid, vastus lateralis) • oral care

*Other equipment/features:* •wound moulage/dressing •oxygen and suction devices • Alaris IV pump (2) Plum 360 IV pump • Abnormal Breast Exam models • Suture models

Bariatric Suits (2)- Suits are wearable or may be applied to manikins

Video Otoscope – for use in Health assessment lab

iPads- 7 iPads are available for student/instructor use during simulation

**Standardized Patients**

Standardized patients (SPs) are actors trained to provide realism to a scenario. SPs may be the patient, family member or other healthcare professional. SPs are trained in portraying realistic scenarios, confidentiality and in feedback methods to enhance the learning for the participants. SPs are currently trained for specific simulations by faculty.

**Hours of Operation**

The Learning Lab and Simulation Lab are available from 0800- 1700 Monday- Friday. Scheduling of courses outside the normal lab hours can be approved by the Simulation Director.

**Scheduling and Supplies**

Schedules and supply lists should be shared with the Simulation Director at the beginning of the semester. The lab and simulation schedules can be reviewed by instructors on the OneDrive simulation schedule, Outlook calendar or the white board in PC 205. Once the course is scheduled, the instructors are responsible for communicating the schedule and preparation to the additional instructors and students.

•Scheduling of the Learning Lab will be made via e-mail to the Simulation Director.

•Scheduling for simulation will be made via e-mail to the Simulation Director.

•Scheduling requests will be made a minimum of two weeks prior to the experience date.

•Manikin and equipment requirements will be e-mailed to the Simulation Director with an attached supply request at the same time as scheduling (minimum two weeks).

•Single use supply items should be supplied from the students' skills bags.

•Classroom needs in addition to lab and simulation space should be reserved through the university room scheduling system.

•Requests should include:

- Objectives of the event (type of skills, etc.)
- Type of and number of manikins needed
- Moulage/set up of room and manikin
- Date/Time needed (include 1 hour prior for set up and ½ hour after for take down)
- Name and number of instructors involved
- Numbers of students involved

**Priority of use**

Learning Lab and simulation experiences will be scheduled on a "First Come, First Served" basis. Flexibility in scheduling to allow all participants to achieve their objectives will be supported when possible.

**Equipment**

All equipment requests should be made at the time of scheduling. Equipment will remain in the Simulation or Learning Lab unless advance permission is arranged. High Fidelity manikins will only be run by trained faculty with completed orientation. Maintenance and care of the equipment will be the responsibility of the Simulation Director.

**Cancellation policy**

Cancellations will be made to the Simulation Director as soon as possible. The instructor who originally scheduled the course will be responsible for notifying the other instructors and the participants of the cancellation.

**Scenarios**

Scenario development assistance may occur by request in collaboration between course instructors and the Simulation Director. Scenario details (disease process/physiology of the patient, equipment, supplies, medications) and course objectives of the simulation should be shared at the time of scheduling.

**Debriefing**

Debriefing is considered the most critical component of the simulation exercise. Each simulation should have a debriefing at least equal in length as the simulation scenario. Only instructors trained in debriefing should function as the debriefers. Audiovisual technology and playback can be considered as part of the debriefing process when requested. In certain circumstances, the best instructors may not necessarily make the best debriefers.

**Video Recording**

Video recording in the Assessment Lab and Learning Lab is available by request. Requests for videotaping will be made at the time of scheduling. When video recording is used during simulation, written consent (located on “s” drive) should be obtained from the participants. After the video is reviewed it should then be deleted to maintain privacy.

**Observation for Non-participants and Tours**

Observation is permitted in advance with course instructor permission. Tours may be scheduled one week prior to the date needed with the Simulation Director.

**Evaluation policy**

All simulation courses should have an evaluation component. Options include written, verbal and peer feedback. A simulation course-specific component will address the course content, quality, and effectiveness of the simulation sessions. Instructors involved in the simulation should also be peer evaluated each semester. All evaluations will be reviewed by the course creators and the simulation committee. Assistance with evaluation development is available by request.

**Code of Conduct**

The following are mandatory practices for everyone using the simulation lab or learning laboratory. The lab is designed to represent a realistic clinical environment, so please ensure all rooms are left clean and ready for the next group of learners.

Participants should follow the rule of psychological safety in simulation and discussion of events that occur should be used for educational purposes only. The participants should “pledge” not to discuss each other’s performance in simulation scenarios outside of the simulation center. The confidentiality pledge also ensures that participants do not divulge scenario information to other participants.

Written and signed simulation contracts will be completed each semester prior to the first simulation (see Appendix A)

- No food or drinks allowed near the manikins or computers
- No personal belongings are to be placed on the beds or manikins
- No pens, dyes or betadine allowed near the manikins
- Simulators and SPs are to be treated with respect as if they were real patients.
- Only manikin lubricant can be used on the simulators when inserting objects. (e.g. catheters, NG tubes etc…)
- Never write or draw on the simulators (avoid permanent marks on the skin)
- Gloves must be worn when coming in to contact with simulated blood and body fluids
- All equipment and supplies must be returned to the original location
- Before leaving the simulation laboratory, all beds need to be lowered and neatly made
- Ensure the room is picked up and set back to normal before you leave

**Appendix A**

**Simulation Contract**

**Washburn University School of Nursing**

**Simulation Contract**

The purpose of simulation-based healthcare training is for you to develop skills in a realistic, safe setting. When participating in the simulations, your role is to assume all aspects of a practicing healthcare provider's professional behavior. While you are in the simulation environment, you are expected to 'suspend disbelief' and treat the manikin or standardized patient just as you would a real patient. Also, when a gap occurs between simulated reality and actual reality, you should try to understand the goals of the learning session and behave accordingly.

**Instructor Responsibilities**

• Create practical simulations based upon measurable learning objectives.

• Add realism to each simulation so that the learner receives enough information to meet objectives.

• Set and maintain an engaging learning environment.

• Provoke discussion and foster reflective practice during debrief.

• Provide feedback- both what went well and opportunities for improvement.

**Learner Responsibilities**

• Suspend judgment of realism during simulation in exchange for learning new knowledge and skills.

• Maintain a genuine desire to learn even if the suspension of disbelief becomes difficult.

• Treat the simulated patient with the same care and respect due an actual patient.

**Confidentiality Agreement**

During your participation in simulation, you will observe the performance of other individuals providing medical care. You are asked to maintain and hold confidential all information regarding the performance of individuals and details of the simulation.

By signing this contract, you acknowledge you have read and understood the statements above and agree to act professionally during simulation, suspend disbelief, and maintain confidentiality about any observations made concerning individual performance and/or the simulation scenario.

_____ _____

Student printed name Student signature and date

## Appendix B

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# Simulation Glossary

## 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 SBE. The user controls the Avatar by using 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 Scenario

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 non-technical), 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 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 that they can 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.

**Concept Mapping**

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

**Constructivism**

The philosophical theory of learning 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, guiding the personally relevant discovery process. Simulation has a basis in constructivist theories. 18

**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 Prompt)**

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 the mode of delivery enacted via equipment, environment, or patient and role characters. Conceptual cues provide the learner with information to achieve expected outcomes in an 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 as- simulation 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 unique- ness of individuals and 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. 25–27

**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. See cognitive, affective, and psychomotor entries for further detail.

**Embedded Simulation Participant** (Also known as Standardized Participant, Standardized Patient, Scenario Guide, Scenario Role-Player, or Actor)

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. 1

**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 pro- gram 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 to provide constructive feedback for that individual or group to im- prove.

◦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 with 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 embedded 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 bring about an outcome(s) by providing guidance.

**Facilitator** (Also known as Simulationist, Educator, or Faculty)

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.

**Frame(s)**

The invisible ”lens” through which individuals interpret new information and experiences to make 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, 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 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 out- comes. 40

**Intervention Fidelity**

Refers to the adherence and delivery of a research plan as designed. Any variation from the design must be ad- dressed.

**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. 46Knowledge 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.

**Learner (Also known as Participant)**

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

**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. See also prompt (cue).

**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, dis- eases, 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 using 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. 50

**Objective**

Statements of specific, measurable results that participants are expected to achieve during an SBE. Statements may encompass cognitive (knowledge), affective (attitude), or

psychomotor (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 resulting from the simulation experience.

**Participant (Also known as Learner)**

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 in- formation is given to the participants. One purpose of pre-briefing is to establish a psychologically safe environment for participants. 54 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. 55 Compare with clinical reasoning/judgment.

**Professional Boundaries**

Clear and defined limits which are established to maintain effective and appropriate interactions/behaviors among all participants involved with a 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. See also “life saver”.

**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 performing proficiently, smoothly, and consistently under varying conditions and within appropriate time limits.

**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 a 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 be- yond 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)** (Also known as Simulation-based Learning Experiences (SBLE), or Simulation-based Education)

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.

**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 in- volved ‘‘learn from, about, and with each other to enable effective collaboration and improve health outcomes’’.

Standardized Patient (Also known as Embedded Simulation Participant, Simulated Patient, Standardized Participant, Scenario Guide, Scenario Role Player, or Actor)

A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation. Technology-Enhanced Simulation (Also known as Computer-Assisted Simulation, Computer-Based Simulation, Virtual Reality)

This is a blanket-term used within the standards describing a simulation-based learning activity designed to pro- vide an experience through the direct or assisted-use of an electronic medium. Formerly confined to computers, this field is evolving with the applications of technology and relates to learners being able to complete specific tasks in a variety of immersive environments, use information to provide assessment and care, make clinical decisions, and observe the results in action.

**Validity**

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

**Virtual Learning Experience** (Also known as Technology-enhanced Simulation, 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 eyewear.

## References

INACSL Standards Committee, Bowler, F., Klein, M. & Wilford, A. (2021, September). Healthcare Simulation Standards of Best Practice TM Professional Integrity. *Clinical Simulation in Nursing* , 58, 45-48. https://doi.org/10.1016/j.ecns.2021.08.014 .

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