LEARNING RESOURCES HANDBOOK

Computer Lab & Skills/Simulation Lab

(Effective Fall 2015-2016)

Joseph A. Cundari Center
870 Bergen Avenue, 1st Floor
Jersey City, NJ 07306
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LEARNING RESOURCES

OVERVIEW

COLLEGE LIBRARY

The HCCC Library serves the research and informational needs of students and faculty. The College Library is located at 71 Sip Avenue. The Library website, www.hcclibrary.net, serves as a portal to all library resources and services.

Computers, scanners, copiers and printers are available in the library. Books and journals are available in both print and electronic formats. Databases and streaming videos are accessible from home. Professional librarians hold classes in research skills and provide individualized research assistance. Students are encouraged to seek help in using the resources of the library.

NURSING PROGRAM COMPUTER LAB

The computer lab serves the curricular needs of students and faculty in the Nursing Program. The computer lab is located at 870 Bergen Avenue in the Cundari Building. Computers, printers, and a small collection of nursing books are available for use in the computer lab. Assistance with electronic resources used in the nursing courses is provided by the Learning Resource Specialist and trained assistants. Students are encouraged to seek help in using the Nursing Program’s electronic resources.

SKILLS SIMULATION LAB

In the Skills Simulation Lab students have opportunity to learn and practice nursing skills in a state-of-the-art learning environment with the assistance of Skills Simulation Lab instructors and assistants. Students are encouraged to visit the Skills Simulation Lab and practice procedures prior to performance in the clinical areas.

Staffed hours are posted during the school year.

TUTORING

Academic and clinical tutoring is available by Skills Simulation Lab instructors and assistants; and nurse residents. Peer tutoring is also available by qualified students.

STUDY ROOMS

Study rooms for individual and group study are available in the College Library. Students may sign up for a study room with their college ID.
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<th><strong>POLICY:</strong></th>
<th><strong>STANDARD/REGULATION:</strong></th>
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<td><strong>COMPUTER LAB: USAGE: GENERAL</strong></td>
<td><strong>RESOURCES</strong></td>
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<td><strong>MANUAL:</strong></td>
<td><strong>POLICY NUMBER:</strong></td>
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<td>LEARNING RESOURCES</td>
<td>SN-6920-700.7.700</td>
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<td><strong>DEPARTMENT MANUAL:</strong></td>
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<td>SCHOOL OF NURSING</td>
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<td><strong>PREPARED BY:</strong></td>
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<td>LEARNING RESOURCES COMMITTEE</td>
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<td>FACULTY ORGANIZATION</td>
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**POLICY:**
The Computer Lab provides software and hardware for students, faculty, and staff of the Nursing Program. The Learning Resource Specialist and trained lab assistants assist with use of software and equipment. The Lab is available during posted hours on bulletin boards and the course management system.

Students are required to show their HCCC photo ID card with a current sticker.

The Computer Lab is a study area and a quiet atmosphere is to be maintained.

The use of cell phones for talking is not permitted.

No personal work may be saved on the hard drive.

Use of computers may be limited, restricted, or extended by the Learning Resource Specialist, as necessary. The computer Lab supports learning and computers are not for general entertainment and gaming.

No food or beverage is permitted in the lab.

Intentional tampering, misuse, or damage to hardware, files, or screen environment may result in disciplinary action. (See Student Handbook: Conduct Subject to Disciplinary Action).

The Computer Lab follows the Academic Laboratory Guidelines as stated in the HCCC Student Handbook.

**PURPOSE:**
To specify responsible usage of the Computer Lab and provide a positive learning environment.
**Policy**: The Computer Lab may be reserved by faculty for online testing and educational school work related purposes.

Reservations should be made with the Learning Resource Specialist at least five (5) working days prior to the date the Lab is needed.

When the Computer Lab is reserved, the date and time is posted outside the Library and on the course management system.

**Purpose**: To assure availability of computers and to accommodate groups at scheduled times.

**Procedure**: Schedule with Learning Resource Specialist date and time lab is needed.
**POLICY AND PROCEDURE MANUAL**

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<tr>
<th>POLICY:</th>
<th>REGULATION/ STANDARD RESOURCES</th>
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<tbody>
<tr>
<td><strong>SKILLS SIMULATION LAB: STUDENTS ACCESS</strong></td>
<td><strong>POLICY NUMBER:</strong> SN-6920-700.7.810</td>
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**POLICY:**

Skills Simulation Lab hours are determined each semester based on students’ needs.

Skills Simulation Lab hours are posted each semester on the Skills Simulation Lab bulletin board, library bulletin board and on the online Course Management System.

**PURPOSE:**

To make Skills Simulation Lab accessible to the student body.

**PROCEDURE:**

1. Students may utilize Skills Simulation Lab for practice during lab hours.

2. Hours of operation are posted on the Skills Simulation Lab bulletin board, students’ bulletin board, course management system and library bulletin board.

3. Students may contact the Skills Simulation Lab Coordinator or assistants to make an appointment for supervised practice.

4. Students will sign in the Skills Simulation Lab attendance book when entering and leaving the Skills Simulation Lab.

5. Students will adhere to all policies regarding use of the Skills Simulation Lab.
Policy:
To allow graduates and alumni access to the Skills Simulation Lab for reinforcement of nursing skills.

Purpose:
To make the Skills Simulation Lab available to graduates and alumni for reinforcement of clinical nursing skills.

Procedure:
1. Graduates and alumni may utilize Skills Simulation Lab when a Skills Simulation Lab instructor or assistant is present.

2. Graduates and alumni will sign in the Skills Simulation Lab attendance book their name, telephone number, and identify themselves as alumni.

3. Alumni are to adhere to all policies regarding use of the Skills Simulation Lab.

4. Current students are given priority to utilize the Skills Simulation Lab.
POLICY:
To clarify procedure for referring students to Skills Simulation Lab for academic or clinical enhancement.

PURPOSE:
To encourage student mastery of clinical and academic skills through utilization of the Skills Simulation Lab.

PROCEDURE:
1. Faculty referring a student to Skills Simulation Lab will complete the Skills Simulation Lab Referral form and send a copy to the Skills Simulation Lab Coordinator.

2. The student will be informed by the faculty to make an appointment with a Skills Simulation Lab instructor as soon as possible.

3. Within one week (seven working days) following the teaching/learning session, the Skills Simulation Lab Attendance Report form will be completed and submitted to the appropriate faculty.
POLICY AND PROCEDURE MANUAL

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<tr>
<th>POLICY:</th>
<th>REGULATION/ STANDARD RESOURCES</th>
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<tr>
<td>SKILLS SIMULATION LAB: CLINICAL SIMULATION EXPECTATIONS FOR STUDENTS</td>
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**POLICY:**
Clinical simulations are to be treated in the same way as clinical assignments and students are expected to be prepared for scenarios that are to take place on the assigned day. Review of case and patient information may be provided prior to each simulation.

**PURPOSE:**
To provide students with opportunities to deliver nursing care during various clinical simulations in a safe controlled simulated environment in the Skills Simulation Lab.

**PROCEDURE:**
1. Students are to be dressed in full clinical uniform and expected to have appropriate clinical supplies required.

2. Students must address and communicate with the mannequin as a real patient, using assigned name.

3. Students must be prepared to intervene with the mannequin presenting symptoms and complaints with appropriate rationales according to their knowledge base.

4. Those not participating must observe the scenario in progress, taking note of the participants’ interactions and interventions.

5. Debriefing will take place after each scenario and students are expected to discuss their experience and provide feedback regarding the activity.

6. Scenario is to be treated as a true clinical learning experience.
**Policy:**
SimMan is to be handled in a safe and effective manner as mandated by Laerdal.

**Purpose:**
To prevent damage to SimMan and to maintain functionality and integrity of SimMan.

**Procedure:**
1. Gloves must be worn when in contact with SimMan.
2. No SimMan or parts of SimMan should be moved without supervision of Skills Lab personnel.
3. SimMan must be handled gently to avoid damage to any of its working parts.
4. SimMan can only be utilized under supervision of Skills Simulation Lab personnel.
5. Maintenance, directions for use, and care of equipment is available in the Skills Simulation Lab folder.
6. Mishandling of SimMan may result in disciplinary action.
POLICY: Faculty may request equipment/supplies to be purchased for the Skills Simulation Lab.

PURPOSE: To provide mechanism for recommending supplies and equipment needed.

PROCEDURE:
1. Complete and submit Skills Simulation Lab Equipment/Supplies Request form to Skills Simulation Lab Coordinator.

2. Skills Simulation Lab Coordinator seeks request approval from the Dean.

3. Upon approval, the order will be placed through the CarePoint Health School of Nursing Office Coordinator, who prepares a purchase requisition for approval and forwards to the Materials Department at CarePoint Health – Christ Hospital for final processing and purchase.

4. Requestor is notified when equipment arrives.
POLICY: Skills Simulation Lab equipment, with the exception of needles, syringes, and mannequins may be borrowed by faculty and students. Equipment may be borrowed for one week. If extension is needed, notify Skills Simulation Lab Coordinator.

PURPOSE: To maintain the availability, accessibility and security of school owned Skills Simulation Lab equipment.

PROCEDURE:
1. Equipment may by requested by notifying the Skills Simulation Lab Coordinator one week in advance.

2. Borrower must complete Skills Simulation Lab Sign Out Form for Equipment and submit to Skill Simulation Lab Coordinator.

3. All borrowers are responsible for returning equipment undamaged to the Skills Simulation Lab.
**POLICY:***
All students will sign an authorization form for video recording.

**PURPOSE:**
To establish a policy on Video Recording in the Skills Simulation Lab.

**PROCEDURE:**
1. During Freshmen Orientation, all students will sign the Authorization for Video Recording form *(see attachment)*.

2. The authorization form specifies that video recording will be done during simulations for training and educational purposes only.

3. The authorization form is valid from the date it is signed.

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<tr>
<th>POLICY:</th>
<th>Regulation/ Standard Resources</th>
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<tr>
<td><strong>SKILLS SIMULATION LAB: VIDEO RECORDING</strong></td>
<td><strong>POLICY NUMBER:</strong> SN-6920-700.7.811</td>
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<tr>
<td><strong>MANUAL:</strong> LEARNING RESOURCES</td>
<td><strong>EFFECTIVE DATE:</strong> 12/2011</td>
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<td><strong>LAST REVISED DATE:</strong> REVIEWED &amp; REVISED: 6/2012, 8/2015</td>
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**POLICY AND PROCEDURE MANUAL**
CAREPOINT HEALTH SCHOOL OF NURSING
POLICY AND PROCEDURE MANUAL

CAREPOINT HEALTH
SCHOOL OF NURSING

AUTHORIZATION FOR VIDEO RECORDING

I ________________________________, authorize CarePoint Health School of Nursing (CPHSON), Skills/Simulation Lab to video record my training/learning experience.

This authorization is valid from the date it is signed.

Participant Signature  Date

Skills/Simulation Lab Coordinator  Date

6/2013
CAREPOINT HEALTH SCHOOL OF NURSING
POLICY AND PROCEDURE MANUAL

CAREPOINT HEALTH SCHOOL OF NURSING

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, _______________________________________________. Acknowledge that I have received a copy of the CarePoint Health School of Nursing Skills/Simulation Lab Simulation Policy and Procedure for students. I have read and understand the content of the handouts. I understand that failure to abide by the terms of this handout for students may lead to a suspension (temporary or permanent) from the CarePoint Health School of Nursing.

________________________________________________
Student Signature

________________________________________________
Date
POLICY AND PROCEDURE MANUAL

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<th>REGULATION/ STANDARD RESOURCES</th>
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<td>DEPARTMENT POLICY: SCHOOL OF NURSING</td>
<td>EFFECTIVE DATE: DECEMBER 2011</td>
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POLICY:
All part time, full time and adjunct faculty as well as Skills Simulation Lab personnel will be orientated to clinical simulations.

PURPOSE:
The purpose of the faculty orientation to simulation policy is to ensure familiarity with the various simulation mannequins and process for planning, implementing and evaluation of clinical simulations.

PROCEDURE:
1. The Assistant Dean will notify the Skills Simulation Lab Coordinator to schedule orientation for new faculty members to clinical simulation.

2. The Skills Simulation Lab Coordinator or designee will contact the new faculty or new Skills Simulation Lab personnel to establish a date and time for orientation.

3. The Skills Simulation Lab Coordinator will complete the Orientation to the Skills Simulation Lab Checklist (see attached copy) and forward a copy to the Faculty Development Committee secretary.

4. Orientation to clinical simulation will include observation of a simulation and debriefing session.

5. The orientation to clinical simulation must be completed prior to the actual simulation scheduled in the course.
# CAREPOINT HEALTH SCHOOL OF NURSING
## POLICY AND PROCEDURE MANUAL

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<th>CAREPOINT HEALTH SCHOOL OF NURSING</th>
<th>SKILLS / SIMULATION LAB ORIENTATION CHECKLIST</th>
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<tr>
<td><strong>ACTIVITY</strong></td>
<td><strong>DATE AND INITIALS</strong></td>
</tr>
<tr>
<td>1. Meet with Dean and Assistant Dean. Review job description and evaluation.</td>
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<tr>
<td>2. Distribution of Faculty Handbook, Learning Resources Handbook, School Calendar and Day/Evening Meeting Dates.</td>
<td></td>
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<tr>
<td>3. Tour of the School of Nursing.</td>
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<tr>
<td>4. Meet with the Skills/Simulation Lab Coordinator.</td>
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<tr>
<td>5. Tour of the Skills/Simulation Lab.</td>
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<tr>
<td>7. Review of the Skills/Simulation Lab Responsibilities;</td>
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<tr>
<td>a. Process for ordering supplies based on skills/subjects taught in each course.</td>
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<tr>
<td>b. Setting up stations for Skills Demonstration and Skills Testing.</td>
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<tr>
<td>c. Orientation to Mannequins: High Fidelity, Medium Fidelity and Low Fidelity Mannequins.</td>
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<tr>
<td>d. Locations of Supplies</td>
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<tr>
<td>e. Log book for students’ signatures.</td>
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<tr>
<td>f. Scheduling and Tutoring Schedules.</td>
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<td>g. Tutoring Session</td>
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<td>h. Students Referral forms (Instructions).</td>
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<tr>
<td>i. Skills/Simulation Lab Manuals and Binders.</td>
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<tr>
<td>8. Orientation to Simulation</td>
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<tr>
<td>a. Orientation with the Mannequins (low to high fidelity)</td>
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<tr>
<td>b. Use of Mannequins on how to set up and run scenarios for each course.</td>
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<tr>
<td>c. Orientation to Simulation Lab, Control Room, and Debriefing Room.</td>
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<tr>
<td>d. Maintenance and care of the Mannequins.</td>
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**EMPLOYEE’S SIGNATURE & DATE**

**DEAN/ASSISTANT DEAN’S SIGNATURE & DATE**

**SKILLS / SIMULATION LAB COORDINATOR’S SIGNATURE & DATE**

**EVALUATION OF ORIENTATION PROGRAM**
CAREPOINT HEALTH SCHOOL OF NURSING
POLICY AND PROCEDURE MANUAL

CAREPOINT HEALTH SCHOOL OF NURSING
EVALUATION OF ORIENTATION PROGRAM

Name _________________________________________________________________

Date __________________________________________________________________

Please answer the following questions:

1. Were faculty/staff informative and friendly when you sought information?
   Yes _____ No _____

2. Was the orientation time adequate for your learning?
   Yes _____ No _____

3. What were the strengths of your orientation program?
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

4. What areas would you suggest for improvement related to your orientation program?
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
POLICY:
All scenarios for clinical simulation will be kept in the Skills Simulation Lab Coordinator’s Office.

PURPOSE:
To identify the sources for development of clinical simulation scenarios.

PROCEDURE:
1. The course coordinator or her designee will be responsible for the development of scenarios for clinical simulations.

2. Scenarios may be developed by faculty or obtained from other established resources.

3. Scenarios that are developed must follow the NLN format.

4. All scenarios must be forwarded to the Skills Simulation Lab Coordinator.

5. Scenarios that are newly developed will be printed and discussed and approved at a course meeting to determine further use by course faculty.

6. Scenarios on-the-fly will or can be used by faculty.
**Purpose:**
To identify a standard method for conducting debriefing for clinical simulations.

**Policy:**
All faculty must ensure that there is a debriefing period for each clinical simulation conducted.

**Procedure:**
1. After each clinical simulation or case scenario debriefing will take place.

2. The clinical instructor is responsible for following the Guideline for Clinical Simulation Debriefing as outlined in the Faculty Handbook (see attachment).
GUIDELINE FOR CLINICAL SIMULATIONS DEBRIEFING

DEBRIEFING

• Serves as a valuable tool when used with simulation.
• Reinforces the positive aspects of the experience and encourages reflective learning.
• Allows the participant to link theory to practice and research, think critically and discuss how to intervene professionally in very complex situations.


PURPOSE OF DEBRIEFING:

• It is an evaluative process that is not stagnant
• It provides reflective analysis
• It isn’t about telling participants what they did wrong
• It leads students through the process of discovery

FACILITATOR’S ROLE:

• Support reflection by drawing on participant’s experiences
• Encourage – do not rush
• Focus on positive
• Be positive – no underlying negativity or disapproval
• Don’t bury a question
• Acknowledge – be specific
• Display interest in responses
• As you listen, evaluate the response
• Listen actively
  o Can you paraphrase the response?

EXAMPLES OF QUESTIONS:

  o How do you feel about it?
  o What was the experience of caring for this patient like for you?
  o Can you explain further?
  o What went right?
  o What were the challenges and areas for improvement?
What are some of the reasons this did not work well as you had hoped?

What can be done to make this work better?

Was it effective / appropriate?

What were your outcomes?

What would you change, if anything in the future?

How would you do next time and what would change that?

What behaviors do you plan to incorporate into your practice next time?

What if any obstacles did you encounter?

• Avoid WHY questions. Rephrase to WHAT, HOW, COULD.
• Facilitate and let the participants lead the discussion
• Focus on possibilities
• Emphasize lessons learned
• Have the student close their eyes and envision another patient and silently work through the nursing process with that patient and to closely consider what might be similar to the patient in the simulation experience and what might be different.
• Remember: keep it positive and a safe environment
• Assure confidentiality
POLICY: All demonstrations, testing and clinical simulations must be pre-scheduled with the Skills Simulation Lab Coordinator.

PURPOSE: The purpose of the policy on Scheduling of Skills Lab Demonstrations, Testing and Clinical Simulations is to establish an orderly process for planning demonstrations, testing and/or clinical simulations in each course.

PROCEDURE:
1. The course coordinator for each course will meet with the Skills Simulation Lab Coordinator during the semester prior to the beginning of the course.

2. The course coordinator will provide a calendar identifying the date and time for the Skills Simulation Lab demonstration, testing and clinical simulation(s) for the course at that meeting.

3. The course coordinator will provide the developed or case scenario for each simulation.

4. The course coordinator will complete the requisition form to clearly identify the number and type of supplies and equipment needed for the Skills Simulation Lab demonstration, testing and simulation(s) for the course (see attachment). Complete one form per activity.

5. The course coordinator and Skills Simulation Lab Coordinator must agree upon the identified date and time for the demonstration, testing and/or clinical simulation(s).
REQUISITION FORM FOR SCHEDULING
SKILLS/SIMULATION LAB DEMONSTRATION/ TESTING
AND
CLINICAL SIMULATION

REMEMBER: Complete one form per activity.

COURSE: ________________________________________________

DATE: ________________________________________________

CHECK THE TYPE OF DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION:

1. Skills/Simulation Lab Demonstration________
2. Skills/Simulation Lab Testing_____________
3. Clinical Simulation _____________________

INDICATE THE DATE AND TIME OF DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION:

1. Date________
2. Time________

INDICATE THE NAME OF THE DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

INDICATE THE NUMBER OF STATIONS REQUESTING TO BE SET UP ________________.

INDICATE IF YOU WILL REQUIRE THE SET UP OF THE VITAL SIMS, SIM MAN AND/OR SIM MAN3G.

1. Vital Sims________
2. Sim Man __________
3. Sim Man3G ________
**CAREPOINT HEALTH SCHOOL OF NURSING**  
**POLICY AND PROCEDURE MANUAL**

**INDICATE WHAT SYSTEMS OR SCENARIOS YOU NEED.**
1. Heart Sounds________
2. Breath Sounds________
3. Bowel Sounds________
4. Pulse _______________
5. Blood Pressure __________
6. Scenarios (Please Attach)

---

**INDICATE THE TYPE, SIZE AND NUMBER OF SUPPLIES YOU ARE REQUESTING:**

*Example:*

<table>
<thead>
<tr>
<th>Type</th>
<th>Size</th>
<th>Number</th>
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<tbody>
<tr>
<td>syringes</td>
<td>3ml</td>
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**INDICATE WHAT EQUIPMENT NEEDED FOR THE DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION:**
1. IV Pump (example)
2. 
3. 
4. 
5. 
6. 
7. 

**INDICATE IF ANY CHARTING INFORMATION WILL BE NECESSARY FOR THE DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION.**
1. Medication Kardex ______
2. Physician Orders ______
3. EMR (electronic medical record) charting ______
4. Graphic Sheet for Temperature, pulse and respirations and blood pressure ______

**ATTACH COMPLETED PHYSICIAN ORDERS AND MEDICATION KARDEX.**

**INDICATE IF STUDENTS WILL BRING THEIR SUPPLY KITS FOR THE DEMONSTRATION, TESTING AND/OR CLINICAL SIMULATION:**

1. Yes________
2. No______

Print Name______________________________

Signature_______________________________

Date_______________________________
To: Skills/Simulation Lab Instructor

Date of Referral: ________________________  Student: ________________________

Instructor: ________________________

Course: ________________________

Reason for Referral: ________________________

Check the appropriate reason:

☐ Clinical Skill  ☐ Concept Map
☐ Assessment Skill  ☐ Tutoring
☐ Organizational Skill  ☐ Test Taking

Comment: ________________________

Date Student must complete referral by: ________________________

Student was placed on warning: ☐ Yes ☐ No

cc: 1 copy to Skills/Simulation Lab Instructor for Skills/Simulation Lab file


CAREPOINT HEALTH SCHOOL OF NURSING  
Skills/Simulation Lab Equipment / Supplies Request Form

| Requestor: ________________________________ | Date: ________________ |
| Request is for:                             |                         |
|  _____ Equipment                            |                         |
|  _____ Supplies                             |                         |
| Item: ______________________________________|                         |
| Vendor: ____________________________________|                         |
| Order No.: ________________  Cost: __________|                         |
| Date Needed: ______________________________|                         |
| Reason for request: _________________________|                         |

If possible, please attach catalog-ordering information.

Action taken:

_____ Ordered

_____ Not ordered

Signature: ________________________  Date: ________________
Date: ____________

Borrower’s Name: ____________________________________________
Skills/Simulation Lab Instructor: _________________________________
Expected Date of Return: _________________________________
Reason for Borrowing Equipment: _________________________________

Borrower’s Signature: _________________________________________

Faculty is responsible for equipment borrowed and returning undamaged. If there are any problems with the Equipment, please contact the Skills/Simulation Lab Coordinator.

Items Borrowed:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
7. __________________________________________________________
8. __________________________________________________________

Date Returned: ________________

Print Name: ______________________
Signature: ________________________
Skills/Simulation Lab Instructor: ____________________________