

## Instructor Guidelines in the Clinical Simulation Center (CSC) V.1 (5.29.20)

In efforts to improve trainees, staff, and patients' safety surrounding instruction in the Clinical Simulation Center (Towsley Center and Medical Sciences II), efforts may impact you and your training activity, as follows:

1. As activities are scheduled, Instructional plans (IP) will be reviewed to ensure optimum safety. You may be asked to revise your activity to ensure all safety requirements are followed.
2. CSC requests that instructors review and consider alternative training options that can be employed to ensure best training experience while minimizing contacts during this time. We provide select options below.

### Alternative training options to maximize your scheduled training time AND ensure safe practice

1. Split larger trainee groups into smaller training groups. Although the CSC cannot accommodate more than 10 people in a single room, if possible, the CSC will allow larger groups to be split into groups no larger than 10. In order to accommodate this, more instructors will be required to ensure training quality. It is the primary instructor's responsibility to recruit additional instructors. The CSC will attempt to accommodate this as space availability allows.
2. Stagger learners. In large group activities, you may need to stagger trainees, especially if there are limited number of simulators available. Please remember to add a "transition time" to allow ample time for cleaning/swapping out parts.
3. Increase number of sessions. When possible, the CSC may accommodate multiple sessions to ensure all of your trainees can participate.
4. Use alternative space. In some instances, alternative spaces (adjacent educational spaces, your department's conference room, or unused clinical space) may be more suitable for certain sessions depending on capacity and level of support needed. The CSC staff may be able to supply simulators and/or necessary equipment.
5. Video-enhanced instructor demonstrations. To avoid crowding, instructors should use video-support as they demonstrate tasks. Instructor can be in the same space, at their own station, or alternatively, in a different room with two-way audio to allow for question/answer. Consultants Eric Alderink and/or Jim Auge can supply and support video recorded or streamed demonstrations.
6. Apply active observation. For clinical scenarios, active observation from debrief rooms allow trainees to observe and engage in scenario, even when they are not in the "hot seat." See supplied reference:  
Stephanie O'Regan, Elizabeth Molloy, Leonie Watterson, Debra Nestel Observer roles that optimize learning in healthcare simulation education: a systematic review. *Adv Simul (Lond)*. 2016; 1: 4
7. Use web-based resources. Canvas (<https://umich.instructure.com/>) is available and can be used as alternative/supplemental training to simulation-based training. Readings, videos, quizzes, and even performance assessment, can be supported. UM training sessions available (<https://its.umich.edu/training/canvas>). Creating videos with PowerPoint/Camtasia is also something that is easy to do with a little support (<https://lsa.umich.edu/technology-services/services/events-media/audio-visual-design-tools/camtasia-video-tutorials.html>). Please speak with Deb Rooney (dmrooney) for more information.
8. Use iSim. Towsley and MSII Independent simulation centers allow trainees convenient 24/7 access to come and practice any task. Will require instructors to coordinate task-trainers with Andrea Mitz, and trainees must provide their UMID to Niles Mayrand (nmayrand) prior to access. Combine this with Canvas content to maximize CSC resources.