UNIVERSITY OF SOUTH DAKOTA

SANFORD SCHOOL OF MEDICINE

PARRY CENTER FOR CLINICAL SKILLS AND SIMULATION

Policy and Procedure Manual

PARRY CENTER
for clinical skills & simulation

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Confidentiality

Simulation-based training involves immersing participants into a realistic clinical situation. This training can involve administration of simulated medications, therapies, and communication with the patient and healthcare providers. During participation in such a session, participants might observe the performances of peers managing simulated patients or performing skills.

In order to create a safe teaching and learning environment for the participants, strict confidentiality of what transpires on both clinical and interpersonal levels throughout the exercise must be maintained.

Content Confidentiality

Simulation-based methods of teaching, especially high fidelity simulation (HFS), are highly interactive and immersive, and their development is time consuming. Revealing the content of the session to the participants might ruin the learning experience.

To provide equal learning opportunities to all participants, strict confidentiality of all simulation content, regardless of simulation modality used (high fidelity, skills, standardized patients, mixed reality, surveys, MCQ etc.), must be maintained.

Participant Confidentiality

For the learner to fully benefit from simulation experiences, the Parry Center operates as a controlled stress environment, keeping some emotional engagement as a catalyst for learning and preventing an excessive amount of stress that might inhibit learning. Feeling safe and a lack of judgment if a mistake is made is crucial for effective learning.

Participants must keep strict confidentiality of what is observed during simulation sessions.

Faculty Confidentiality

To provide a safe learning environment for participants and other faculty and staff, all faculty and staff must maintain strict confidentiality of the simulation content and observed events and behaviors.

Standardized Patient Confidentiality

Standardized Patients agree that they will not disclose any information related to the Parry Center programs.

Non-compliance with the Parry Center “Confidentiality Policy” is considered a professional and academic misconduct and will result in an immediate administrative corrective action.

Each room in the Parry Center is equipped with a digital audio/video recording system. The A/V component of the Confidentiality Policy is covered in a separate document.

Physical and Psychological Safety of Individuals Involved in Simulation

Simulation is an immersive method of teaching that involves interaction among the participants, and between participants and simulated and real equipment. This presents potential physical and psychological hazards to the participants.

To ensure physical safety of individuals involved in simulation:

1. All real and simulated equipment is inspected by a Simulation Training Technologist or Simulation Specialist prior to the session.
2. Before the session, participants are oriented to simulators and their appropriate use. The details of orientation might vary depending on the prior exposure to the equipment.
3. During simulation, participants are observed by simulation faculty and staff to prevent inappropriate use of equipment and supplies.
4. As the simulation environment changes during simulation activities, participants should keep fall, electrical, and medication exposure precautions.
5. Participants, faculty, staff, standardized patients, and all individuals involved in simulation are referred to the South Dakota Board of Regents policy Number 1:17.1 aimed to prevent all forms of assault and abuse (https://www.sdbor.edu/policy/1-Governance/documents/1-17-1.pdf)
6. In case of weather and biological hazards, fire, active shooters, and other emergencies, all simulation participants are required to act in accordance with the corresponding USD rules and procedures.

To ensure psychological safety of individuals involved in simulation:

1 All simulation sessions are designed to create a controlled-stress, rather than stress-free, environment utilizing the scientific finding that controlled amounts of stress improves engagement and long-term knowledge and skills retention.

2 During scenario and/or course development, the stress level that an average participant might experience in the scenario is estimated and adjusted to the non-overwhelming level. While conducting the simulation, simulation faculty and staff evaluate the participants' responses to the simulation and adjust the stress level by removing or adding help prompts as appropriate.

3 To enhance learning and prevent psychological trauma, simulated patients do not die in the simulation unless dealing with the patient's death is a learning objective. In case participants' interventions might cause the death of a patient in real life, to keep the realism of simulation, the scenario is stopped right before the virtual patient dies. The session facilitator will than either allow the participants to replay the scenario and take a different course of action, or will address it during debriefing.

4 During debriefing, the facilitators will use debriefing techniques that are non-judgmental, engaging, and allow for participants' self-reflection.

5 During debriefing, to ensure participants comfort and safety, facilitators remind the participants of the Parry Center confidentiality policy (see "Confidentiality Policy")

In case of sustaining a physical injury before, during, or after simulation procedure, or while on the Parry Center premises, an individual is required to fill out an accident report in accordance with the University of South Dakota regulations.

In case of sustaining a psychological injury as a result of simulation, an injured individual is required to fill out an accident report in accordance with the University of South Dakota regulations. Such individual will then be referred to a free or paid counselor that is available at all main campuses.

Students may be assured that their contacts with counseling services will be kept confidential. The only exception to this policy would be:

- If a student should express a serious intent to harm him/herself or someone else
- In situations in which child abuse or child neglect is known or suspected.

To obtain a referral, students should contact:

Student Professional Support Services

Cathy Logue, RN, MA

Sanford School of Medicine

The University of South Dakota

414 East Clark Street

Vermillion, SD 57069

(605) 658-6333

cathy.logue@usd.edu

Separation of Simulated and Actual Patient Care Materials

Simulation in healthcare is often called a "mixed simulation reality" because it contains a combination of actual and simulated equipment. While this is beneficial in a simulated environment, it could pose a danger if a simulated medication or piece of equipment is erroneously used in actual patient care.

To provide patient safety and prevent the use of fake simulated medications and equipment, the Parry Center takes the following precaution measures:

1. All equipment, medications, and supplies that are not expected to be used for real patients (simulated, fake, outdated actual medications and supplies, non-sterile actual) are clearly labeled as **"SIMULATION USE ONLY."**
2. Only simulation staff and faculty are allowed to access the supply storage room and remove equipment, medications, and supplies. All three doors to the supply room are locked and labeled with a sign that prohibits unauthorized removal of the supplies.
3. During simulation, participants are reminded not to withdraw any materials or supplies from the Parry Center as it may endanger patients if they are used in place of actual materials or supplies.
4. Actual equipment, such as IV bags, is labeled as soon as they are open and/or their content is replaced with a non-actual substance (i.e. tap water).
5. To ensure participant's safety during simulation activities, the Simulation Training Technologist and/or Simulation Specialist inspect all equipment and supplies prior-to and after the session. After the session, all re-useable equipment is cleaned and returned to its storage place. This constitutes daily maintenance of equipment and supplies.

Storage and Maintenance of Equipment and Supplies

Simulation-based teaching involves various simulated and actual equipment and supplies.

The Parry Center has been built with flexibility to meet storage and usage needs. Some equipment is stationary and has a fixed storage place that, in most conditions, is its place of use.

1. Patient exam tables in the patient exam rooms
2. SP and examiner's PC
3. B-Line cameras and microphones
4. Laerdal SimMan 3G and patient beds
5. Polycom systems

Stationary equipment can be moved to another place for a temporary storage if needed. To ensure proper management of the equipment at the time of relocation, movement should be performed and/or supervised by the Simulation Training Technologist or Simulation Specialist.

Some equipment is kept in the designated equipment and supply storage room as well as in the secure lockers in the Task/Debrief and DAKOTACARE classrooms. Only simulation personnel may remove supplies from their storage location (please see "Separation of Simulation and Actual Patient Care Materials" policy).

To ensure participants' safety during simulation activities, the Simulation Training Technologist and/or Simulation Specialist inspect all equipment and supplies prior-to and after the session. After the session, all re-useable equipment is cleaned and

returned to its storage place. This constitutes daily maintenance of equipment and supplies.

All equipment and supplies are inspected by the Simulation Training Technologist and/or Simulation Specialist on a quarterly basis or right before and after the course that requires extensive use of given equipment.

All maintenance (except daily maintenance) and repair procedures are logged into the maintenance and repair file.

All high fidelity mannequins (Laerdal SimMan 3Gx2, Sim NewB and PedSim) are covered by a Laerdal warranty, preventative maintenance (PM), and loaner program.

Once a year, all Laerdal simulators are inspected and serviced by a certified Laerdal technician. If needed, simulators are shipped to the Laerdal facility after being replaced by a simulator loaned from Laerdal.

In between PM services, if simulators malfunction, the Simulation Training Technician and Simulation Specialist inspect them, and, if the malfunction can be repaired at the Parry Center, they make an attempt to repair it.

If needed, the Simulation Training Technician or Simulation Specialist will call Laerdal technical support for stepwise guidance.

If repair attempts at the Parry Center fail, the Parry Center will utilize its warranty and the loaner program.

Audio and Video Recording Policy

The Parry Center has the capability of displaying a variety of media. The patient exam, simulation and task/debrief rooms, DakotaCare classroom, and the lobby are equipped with multiple cameras and microphones that constitute the B-Line™ system, and can record and live-broadcast any activity in the room(s).

The B-Line™ cameras and microphones have live-feed capabilities that allow B-Line™ users with administrative privileges to observe real-time and recorded encounters from on or off-campus computers.

Additionally, DakotaCare and other classrooms are equipped with the stationary Polycom audio/video recording and broadcasting capabilities.

If educational needs require it, the Parry Center utilizes portable audio/video recording devices such as video camcorders, GoPro cameras, and tablet and laptop computers.

Audio/video materials are recorded for educational and research purposes, debriefing opportunities, developing multimedia-rich instructional materials, and for presentation purposes.

The audio/video recordings are stored in digital format on the B-Line™ server, and/or local USD password-protected computer hard drives.

If a portable electronic device is used for creating a video/audio recording, the recording should be immediately transferred from the removable media to the secure storage device.

Students, faculty, and staff may be granted access to a recording if it is required for educational purpose.

If the need occurs for a student to view another student's video, appropriate consent should be obtained.

The confidentiality agreement signed by all Parry Center users protects their privacy and prohibits discussion of the video content or simulation participants' performances in simulation scenarios.

Any unauthorized access, viewing, or posting of audio/video recordings outside of the teaching facility is illegal and will result in an administrative action.

Students' audio/video recordings are securely stored on the B-Line™ server and/or local password-protected USD computer(s) until their graduation.

Research-related audio/video recordings are stored and accessed as per project-specific IRB approved protocols.

Audio/video recordings portraying resident and practicing physicians as participants of simulation-based training are securely erased immediately after the training, unless they need to be kept for research purposes. In the latter case, they are handled in accordance with project-specific IRB-approved protocols.

Audio/video materials that were developed for teaching or presentation purpose can be securely stored indefinitely.

The Director of the Parry Center must approve any audio/video use that is not explicitly covered by this policy, with consultation as appropriate by the governing bodies (Parry Center Advisory Board, Office of Medical Education, Human Resources, Dean's Office, etc.).

Record and Data Retention

The Parry Center for Clinical Skills and Simulation generates and records a significant amount of data that includes but is not limited to: audio/video recording, survey results, student evaluation and assessment results, and faculty and standardized patient evaluations.

If data collection is performed via paper-based instruments (assessment checklists, quizzes, etc.), all data is digitized and hard copies immediately destroyed as per USD protocol of disposal of sensitive information.

Data storage and retention is performed in compliance with the corresponding USD and Sanford School of Medicine policies.

Audio/video recordings are retained in accordance with the Parry Center audio/video policy.

All research related data is retained in accordance with the project-specific IRB approved protocols.

Prioritization of Simulation Resources

To ensure educational value of the Parry Center services and their alignment with USD SSOM mission and vision, the Center's activities are prioritized in four tiers:

Tier 1 – USD Sanford School of Medicine

Tier 2 – USD School of Health Sciences

Tier 3 – Residency Corporation

Tier 4 – CME and external customers

After receiving a request, the Parry Center's director, faculty, and staff assess the request based on the following criteria:

1. Part of required curriculum
2. Part of elective curriculum
3. Tier status
4. IPE status
5. Quality of content and assessment tool

If needed, the director consults with the designated Advisory Board members who serve as filters to ensure quality of simulation proposals:

USD SSOM	Dean of Student Education
USD School of Allied Health Sciences	Dean of the USD School of Health Sciences
Residency Corporation	Associate Dean of Graduate Medical Education
CME and external users	Executive Dean and Dean of Faculty Affairs

After the priority level of the requested activity is determined, the activity is scheduled accordingly.

During scheduling, the Parry Center's faculty and staff work together with the content experts on identifying the best simulation modalities and teaching methods to achieve learning objectives of the requested activity.

Quality Improvement

In alliance with the Parry Center's mission and vision to provide innovative simulation-based education, research, and performance assessment across the continuum of education for the variety of users, the Parry Center actively contributes toward quality improvement initiatives identified by the USD Sanford School of Medicine (USD SSOM). These activities stem from areas identified to position the USD SSOM for national recognition as a simulation center of excellence. To contribute to the PC QI process, Center staff members participate in project and curriculum committees that develop, implement, and evaluate teaching activities.

1. Simulation scenarios/training sessions and courses are developed in collaboration between subject and simulation experts and are based on the results of the assessment of the trainee's educational needs and the goals of the curriculum.
2. Each scenario/training session has defined learning objectives and critical performance indicators (CPI) that are evaluated with the use of student satisfaction surveys, pre- and post-activity tests, case-specific checklists, or a combination thereof.
3. Based on the feedback, clinical faculty and simulation staff identifies areas of improvement, tests and implement the change, and re-evaluates the results.
4. At the end of the academic year, or at the end of the course, each simulation course undergoes evaluation and revision based on the collected data and feedback provided by the participants, simulation staff and faculty.

5. To ensure quality of teaching is up to the standards established by the Society for Simulation in Healthcare (SSIH), simulation facilitators undergo assessment and feedback by participants or simulation staff.
6. Course evaluation results are reported to the Office of Medical Education (OME) and to the Parry Center Advisory Board (PCAB) with obtaining productive feedback.

All complaints and suggestions, regardless of category level, are taken very seriously by the faculty and staff of the PC, with continued weekly discussions until a successful resolution is reached. Utilization of learner feedback and participants' performance analysis enables PC to identify ways to improve course planning, simulation course integration, debriefing, and access to course materials.

Cell phone and computer usage

The Parry Center for Clinical Skills and Simulation by its virtue operates in a computerized environment. All computer and technology usage at the Parry Center is governed by the USD SSOM computer use policies and procedures.

Due to simulation specifics, there are additional regulations with regard of using computer technology and cell phones at the Parry Center.

All computers that a part of the B-Line™ system should be used by students and faculty only for their designated purposes (student evaluation, filling out surveys etc). Visiting non-work related websites, checking work and personal emails, and installing unauthorized software is strictly prohibited. Inappropriate use of the B-Line™ computer might compromise the Parry Center's operations and require costly and labor intensive repairs. Usage of B-Line™ computers is monitored by the USD IT services and non-compliance with this policy will result in an administrative action.

Faculty and participants in the Parry Center are encouraged to refrain from using cell phones for non-emergencies as it might interrupt simulation sessions. In case of emergency or a patient care related issue, students and faculty are advised to step out of simulation theater in order to carry on the conversation.

Students and simulation participants are allowed to use their personal cell phones, tablets and computers, or designated Parry Center electronic devices to look up case-related information only if approved by their teaching faculty.

To ensure uninterrupted use of the B-Line™ system during major educational events such as the High Stakes OSCE, the Parry Center personnel communicates with the B-

Line™ manufacturer and the USD IT department requesting that no system modification or updates are performed within two weeks prior to the event.

Scheduling and hours of operations

The Parry Center for Clinical Skills and Simulation provides its services for the USD Sanford School of Medicine, School of Health Sciences, Residency Corporation, practicing providers, and external users.

The Parry Center's regular hours of operations are Monday through Friday from 8:00 am until 5:00 pm (7:30 am till 4:30 pm during the summer). The Center is closed on official university holidays.

Any after-hours or Saturday activity requests must be approved by the Director of the Parry Center.

As the Parry Center works with a busy operational schedule, it is important to follow the proper scheduling procedure.

To schedule a simulation activity at the Parry Center, an event request should be submitted (see below).

In addition to the date and time of the activity, the following information is requested in the scheduling form:

1. Institution
2. Contact person
3. Learning objectives
4. Space allocation
5. Equipment and supplies
6. Teaching faculty list
7. Type and number of students
8. Standardized Patient requirement

9. Outcome measure instrument

10. Audio/video requirement

Based on the tier of priority, the request will be approved or disapproved by the Director, who might consult as appropriate with the governing bodies (Parry Center Advisory Board, Office of Medical Education, Dean's office etc.).

If the requested activity is approved, the submitted request serves as the starting point of preparing for the activity.

The Parry Center faculty and staff will work with the requestor to ensure the best educational opportunity for the participants and compliance with the Society for Simulation in Healthcare standards.

As the Parry Center's schedule is very busy, it is the best practice to schedule activities at least six months ahead.

It is important to schedule activities that require Standardized Patients (SP) early since their availability might vary, and their recruitment and training requires additional time.

Requests of simulation activities requiring SPs submitted within a three week or shorter notice are considered a short notice and are not guaranteed.

Food and Drink

The Parry Center for Clinical Skills and Simulation provides an environment for didactic, interactive teaching, and extracurricular events, which may include food and non-alcoholic drinks.

Food and drinks cannot be used in the high fidelity simulation rooms under any circumstances.

Food and drinks are allowed only in the Task/Debrief room if the room is not in use for educational activities.

With the Parry Center staff permission and special arrangements, food and drinks can be used in the Dakota Care and Task/Debrief rooms.

Catered food is served in areas as designated by the Parry Center staff.

Any outstanding arrangement that is not covered by this policy must be approved by the Parry Center Director.

Simulation Equipment Use

Simulators and task trainers are expensive and require respectful use. The following describes the rules of all simulation equipment use.

1. Prior to each training, all participants and faculty must be instructed by the Parry Center staff on the appropriate use of simulation equipment.

2. Performing any invasive procedure must be discussed with, and approved by, the Parry Center staff.

3. No adhesive pads or tape should be used on the simulation equipment at any time unless approved by the Parry Center staff.

4. Ink pens, felt-tipped markers, iodine, betadine, KY jelly, and printed materials are not allowed near mannequins and other simulation equipment under any circumstances; These items PERMANENTLY stain the equipment.

5. All mannequins must be treated with the same respect as live patients.

6. If water-soluble lubrication needs to be used for intubation, the lubricant should be obtained from the Parry Center and the tube should be sprayed. Spraying the mouth of the mannequin or intubation trainer is not allowed as it spreads into the simulated lungs and cannot be cleaned out.

7. Hand washing and using gloves must be practiced while using simulation equipment. This helps keep the equipment clean, and reinforces clinical standards of practice.

8. Simulation equipment and supplies may be removed from the storage and simulation areas only by Parry Center staff.

9. Any simulation equipment malfunction must be immediately reported to the Parry Center staff.

10. If in doubt about how to use equipment appropriately, participants and faculty must consult with the Parry Center staff.

Clean Needle Stick, Injuries, Trauma, and Health Conditions

In accordance with the Center for Disease Control (CDC), all sharps must be handled safely and disposed of properly.

In the event of a "clean" needle stick, the Parry Center staff and teaching faculty need to be notified immediately. The teaching faculty or coordinator must fill out a report to the Public Safety.

In the event of contaminated needle stick or other environmental hazards, participants must follow the corresponding infectious & environmental hazards policy:

- Immediate decontamination using proper first aid
- Immediately notify Employee Health/Infection Control personnel and seek immediate treatment at the nearest ER
- For advice call Sanford Health 24/7 Exposure Hotline: (605) 366-5251 during work hours or (605) 333-1000 during afterhours and ask for Infection Control Nurse.
- Reporting:
    - Campus Dean
        - Sioux Falls: Dr. Tim Ridgway (605) 357-1360
        - Rapid City: Dr. Matthew Simmons (605) 394-5105
        - Yankton: Dr. Lori Hansen (605) 668-3065
    - FARM program: Dr. Susan Anderson (605) 360-7461
    - All other: Dr. Paul Bunger (605) 658-6300

- Billing: Kay Austin (605) 658-6304

In the event of an injury, trauma, or other health condition that requires medical attention, the Parry Center staff must call 911 or refer the participant to the ER or a physician.

Equipment Checkout

Use of Parry Center simulation equipment outside of the Parry Center must be approved by the Parry Center Director.

During checkout, the borrower must complete the checkout form that identifies the borrower, date and time of the checkout, the borrowed piece of equipment, the intended equipment use, and the return date and time. The form must be signed by the borrower and the Parry Center staff.

The department checking out simulation equipment assumes full responsibility for any damage or loss of the equipment, and is financially responsible for its repair or replacement.

Debriefing and Feedback

Debriefing is an important part of simulation-based education, as it provides the reflective experience to the participants.

A designated teaching faculty performs debriefing along with the assistance of the Parry Center faculty and/or staff if needed.

The debriefing should be:

1. Constructive
2. Non-judgmental
3. Respectful
4. Engaging
5. Allow for student's self-reflection
6. Enhancing future clinical practice
7. Informative

The Parry Center faculty and staff provide feedback to the teaching faculty on their debriefing performance and update them on the Society for Simulation in Healthcare standards for effective debriefing and feedback.

Dress Code

All participants of the Parry Center adhere to the same clinical dress code as they would for their respective discipline.

Participants performing mandatory clinical skills at the Parry Center are expected to come prepared with proper clinical attire, stethoscope, and a watch with a second hand.

If a participant is expected to perform as a Standardized Patient (SP) in the scenario that involves physical examination, he or she might be advised to dress accordingly to ensure modesty and comfort.

Participant Orientation

To maximize benefits from training, the Parry Center provides an appropriate orientation to the participants.

A comprehensive orientation that includes technical details of simulator use, ground rules and principles of simulation education, and a brief “warm-up” activity are performed during the first simulation event of the USD SSOM or School of Health Sciences curricula.

Prior to each simulation session, participants are refreshed on the technical aspects of simulation and rules of engagement, and informed on the learning objectives of the given session.

If needed, participants are provided with the session pre-reading materials.

Faculty Orientation

All teaching faculty receive orientation about Parry Center policies and operations, simulation equipment, principles of simulation-based education, and student debriefing at the beginning of their work at the Parry Center.

Prior to each simulation session, teaching faculty and Parry Center staff review scenario content and its learning objectives as well as the main debriefing points. Parry Center faculty and staff participate in conducting simulation and assist teaching faculty with debriefing.

Orientation for Non-Core Simulation Program Members

In addition to the Parry Center staff and faculty, there are clinical and basic science faculty, standardized patients, and administrators involved in simulation sessions. To comply with the core simulation principles of teaching and learning using simulation, the non-Core Simulation Program members are oriented in their roles.

Faculty Orientation

Faculty orientation consists of orienting about:

1. Faculty role in simulation session
2. Principles of teaching and learning with the use of simulation
3. Learning objectives of the simulation session
4. Content of the scenario
5. Debriefing methodology and plan
6. Evaluation and feedback tools to be used

Simulation sessions are usually conducted by the team consisting of a simulation specialist or simulation training technologist, and basic science and clinical faculty. Most non-Core program members have prior experience with healthcare simulation. In this case, the scenario, teaching and debriefing plans, and evaluation tools are emailed to the members prior to simulation. On the day of the simulation, the entire team of non-Core and Core simulation members meets together to rehearse the training.

For non-Core program faculty members with no prior experience with simulation, the orientation consists of an in-person meeting prior to the course. The faculty is educated about principles of interactive teaching and learning with the use of

simulation. Faculty is taught different engaging techniques that promote the suspension of disbelief and immersion into the situation. The faculty is trained how to consistently deliver high quality teaching to all learners and how to obtain feedback if learning has occurred.

Before an inexperienced non-Core member is involved in teaching, he/she shadows a more experienced faculty. Then, the new faculty is observed by an experienced faculty in a session and receives immediate feedback. After consistently demonstrating adequate performance, the new non-Core faculty is considered proficient.

Some programs, such as the High Stakes OSCE, require a large number of faculty/examiners and are stricter with the training requirements. For such programs, all examiners receive OSCE patient scripts and student grading forms several weeks prior to the event. The faculty must familiarize themselves with the script and the assessment checklist. At the in-person training within a week of the event, the OSCE director goes over the script details with the faculty and highlights the most important parts. Next, the faculty member observes a video recording of the student interacting with a standardized patient, grades the accuracy of portraying the patient, and grades the student's performance. Finally, the faculty's grading is examined and the faculty receives immediate feedback on their performance as an examiner.

Standardized Patients

A standardized patient is a person who is trained by script to portray a disease or medical condition.

There are several types of standardized-patient based simulations, which require different orientation and training.

The simplest form of the SP-based training is the one that does not require a script, and in which students are only performing a physical examination. This type of training requires minimal orientation and only involves a reminder of the session dress code and ethical aspects of SP-student interaction.

The SP-based encounters in which actors have abnormal physical findings, such as murmurs, shunts, scars, or have medical conditions, require similar training to the physical exam-type sessions.

OSCE-type SP-based simulation events require SP training in three main areas:

1. Knowledge of the script and correct delivering past medical history
2. Consistent evaluation of student performances
3. Correct simulating signs and symptoms of the condition

For the High Stakes OSCE, SPs are selected based on the case demographics, SP availability, and the level of their experience. Then, the standardized patient coordinator sends the script to the SPs for memorizing, and schedules an in-person group script training approximately one month prior to the event. After script training, SPs undergo a clinical training, in which they act in their roles and clinical faculty plays a role of the student. Clinical training typically takes place within two

weeks before the high stakes OSCE event. After the event, the faculty and SP debrief in order to identify areas of improvement.

Research

The USD SSOM Parry Center for Clinical Skills and Simulation encourages academic, interprofessional and collaborative practice (two or more professions) research.

Any research activities that require use of the Parry Center and its resources and/or time from its faculty should be approved and coordinated with the Parry Center Director. The protocol for any scheduled research should be approved by the Parry Center Director.

In making his decision to approve or reject the proposal, the Director might consult with the other faculty with significant research experience regarding the merits of the proposed activity.

A minimum of three to six months lead time is required for coordinating and scheduling research-related activities.

Scheduling must be performed in accordance with the Parry Center's scheduling policy.

The Parry Center adheres to the USD policies and procedures for research that include but are not limited to:

1. All studies that meet the definition of human research require an approval from Institutional Review Board (IRB), whether full, expedited, or exempt.

http://www.usd.edu/research/human-subjects-protection

2. Prospective researchers must complete Human Subjects Protection training through the Collaborative Institutional Training Initiative (CITI) training and have their certification current.

3. The policy on the use of protected health information (PHI) in research covers all aspects of conducting research at the Parry Center. Primary investigators (PIs) are encouraged to review them.

The initiating investigator must submit a copy of the IRB approval to the Parry Center Director.

All publications and presentations resulting from the projects that use the Center's recourses must acknowledge the Parry Center.

Compliance with this research policy is monitored and enforced by the Parry Center's Director.

In case of human rights violation or non-compliance with this policy, the Parry Center Director suspends the project until a formal institutional investigation is completed.