Policy & Procedure Manual

2026

As a Department within the Hospital of the University of Pennsylvania, Simulation at Penn Medicine primarily follows the policies and procedures of the institution. This document outlines the Center's supplemental Policies and Procedures.

Policies and Procedures Manual

A copy of the Simulation at Penn Medicine Policy and Procedure Manual can be found at:
Policy & Procedure Manual

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General Information

This Policy and Procedure Manual is not a substitute for other policies and codes, but a complement to other codes, policies and regulations held by Penn Medicine which regulate the behaviors of staff and learners of Simulation at Penn Medicine.

Contact Information:

Address: Simulation at Penn Medicine
Penn Medicine at Rittenhouse
1800 Lombard Street, 2nd Floor
Philadelphia, PA 19146

Telephone: (215) 893-7700

Fax: (215) 893-7703

E-mail: simulationcenter@pennmedicine.upenn.edu

Website: http://www.uphs.upenn.edu/simcenter/

Business Hours: Regularly scheduled business hours are Monday to Friday, from 7:00 am to 4:30 pm. Business hours may be extended or may include weekends to accommodate special programs. Such requests will be decided on a case-by-case basis. A team member must be onsite for all training.

Parking Information: 1700 South Street Parking Garage
(Entrance is to the left/east of 1740 South Street building entrance).

Rates: $25.00 per day for non-UPHS employees
$10.50 per day with Penn Medicine ID

Free Parking with Penn ID 3 pm to midnight and on weekends for those learners enrolled in evening or weekend classes.

Simulation at Penn Medicine does not validate parking
However, non-UPHS employees can purchase discounted parking passes at Simulation at Penn Medicine for a rate of $11.00.

Mission Statement

Advancing high reliability at Penn Medicine by leveraging innovative simulation strategies to navigate successful change and develop engaged teams, a skilled workforce, and strong leaders.

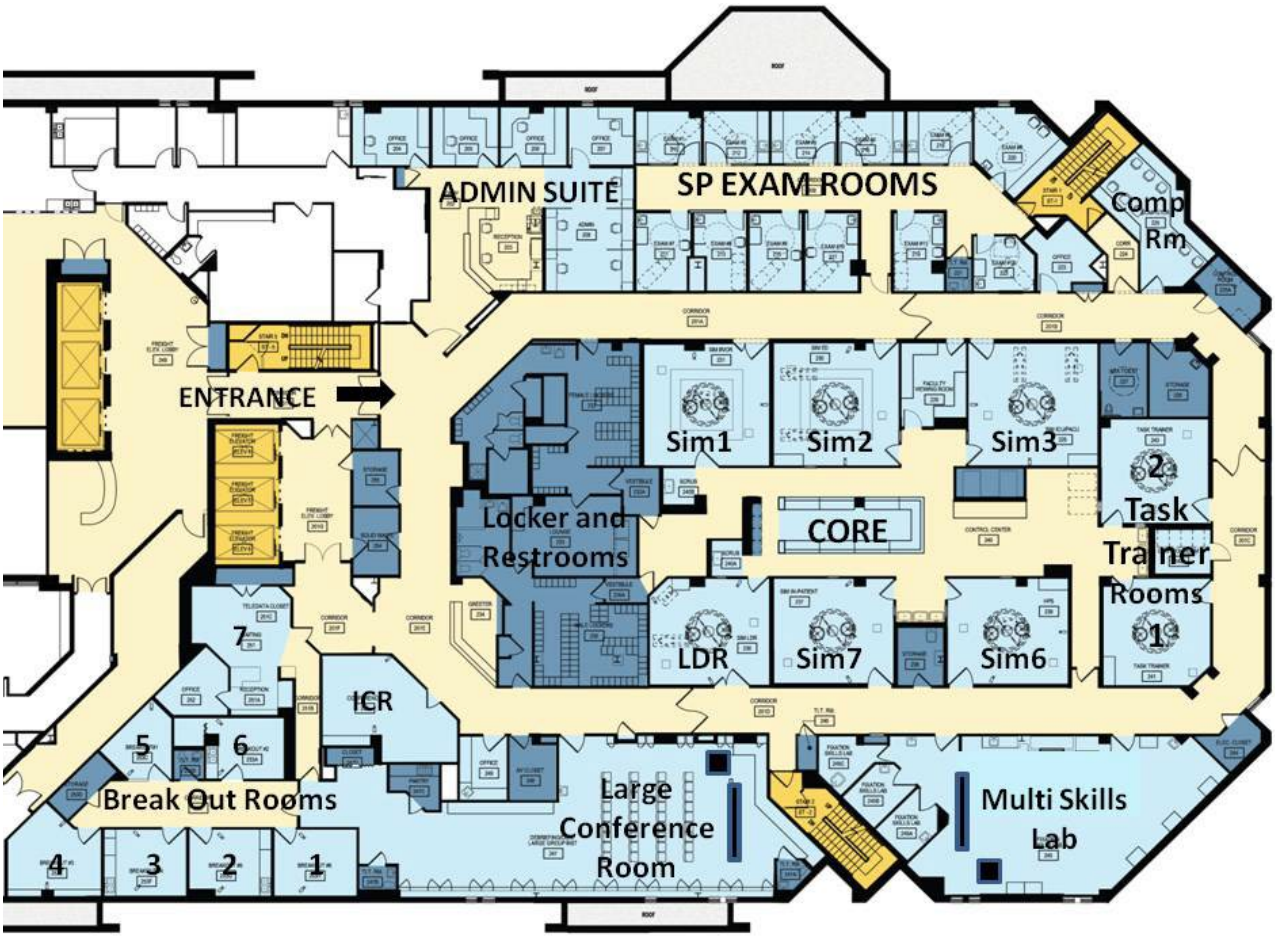
Vision Statement

Advancing high reliability at Penn Medicine through Simulation.

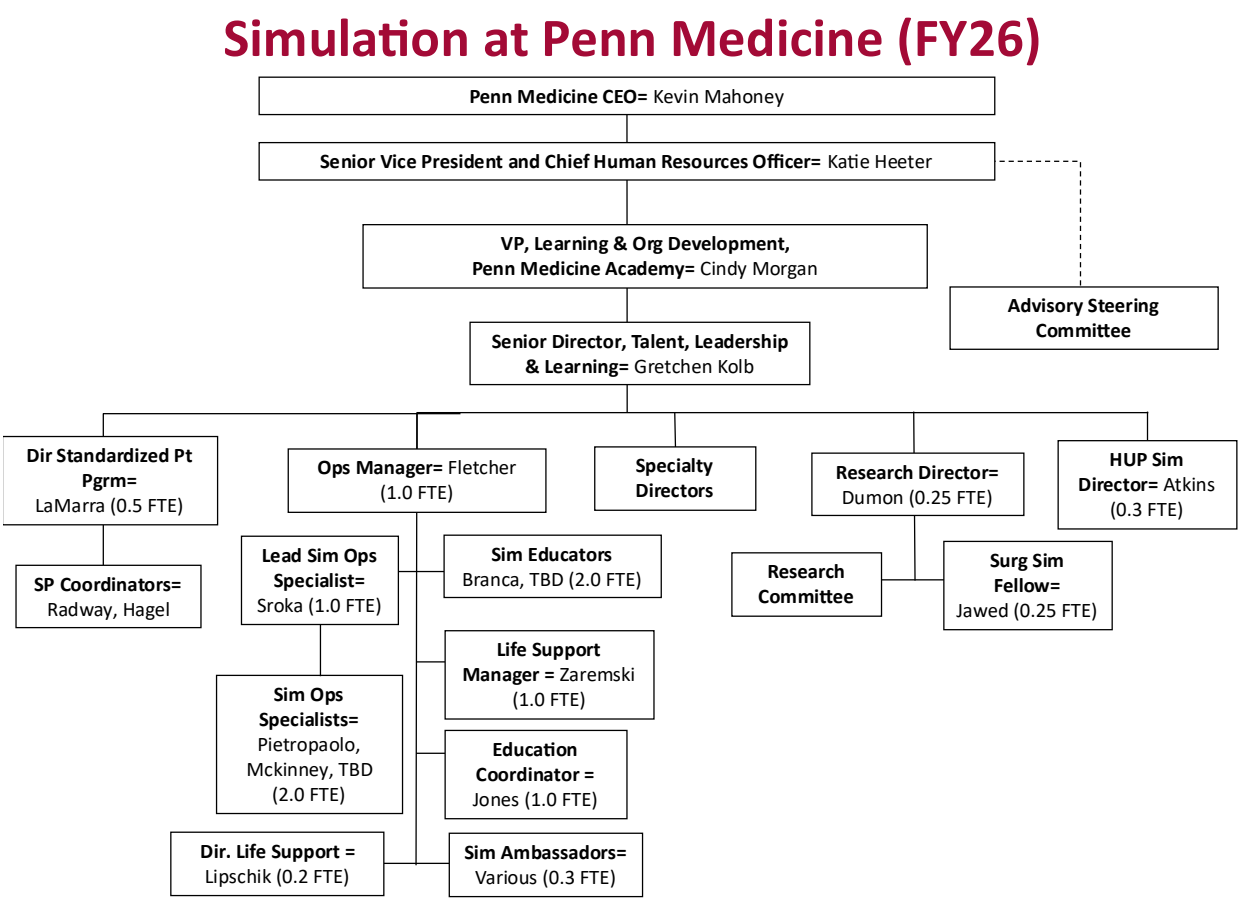
Simulation at Penn Medicine is focused on utilizing simulation to improve patient safety while advancing the field by:

- Being learner-focused, service-oriented organization.
- Designing and implementing training that incorporates state-of-the-art simulation techniques and equipment for measurable skill transferability and improvements in patient safety.
- Incorporating medical simulation into the training curriculum for learners, clinicians, and staff at all levels in all specialties.
- Leveraging simulation as a technique to drive successful change within individuals, teams, departments, entities and across the system.
- Contributing to the published field of research surrounding innovative applications of simulation-based methodologies.
- Building strategic partnerships with corporate sponsors, academic and healthcare organizations to advance medical simulation.
- Becoming a regional leader in the delivery of simulation training to local medical, corporate, and civic organizations that lack the resources and expertise.

Center Layout



Governance



Steering Committee - Simulation at Penn Medicine is guided by the Advisory Steering Committee which includes senior-level administrators representing inpatient and ambulatory services, leaders from key clinical departments such as Surgery, Anesthesia, OB/GYN, Emergency Medicine, Nursing, the Graduate Medical Education and Perelman School of Medicine. The Steering Committee meets on a bi-annual basis.

Senior Director of Talent, Leadership and Learning - Ensures that Simulation at Penn Medicine's curriculum is aligned with the mission and educational objectives of the institution and Penn Medicine Academy. He/She develops the Simulation at Penn Medicine strategic plan and budget and oversees its implementation in coordination with the Operations Manager.

Operations Manager – Provides the administrative, financial, and operational oversight for Simulation at Penn Medicine activities on a day-to-day basis. He/she ensures all simulation-based activities for training, assessment and change management purposes are aligned with the program's strategic goals, support the underlying mission of the institution and provide

optimal experience for clients. He/she forges partnerships within and external to Penn Medicine to increase utilization and ensures all simulation curriculum is developed in alliance with institutional risk reduction policies and aimed at improving patient safety.

Director of Standardized Patient Program – Oversees administration of all SP Program activities, including program development, implementation, and evaluation, technical and logistical requirements and resources. Identifies and responds to needs or opportunities for new program initiatives based on internal and external needs. Conducts ongoing assessment of SP program operations; addresses and corrects problem areas, as needed; reviews or develops appropriate policies and procedures.

Director Life Support Programs – Provides medical and quality oversight of the American Heart Association course-related activities of Simulation at Penn Medicine.

Operations Committee – Meets weekly to review upcoming one to two-week schedule and course preparation, maintenance of supplies, resolution of complaints and debrief previous week's activities. The Operations Committee ensures that the curriculum for each course aligns with the mission and vision of Simulation at Penn Medicine. This committee is composed of the Simulation Operations Specialists and Simulation Educators and is overseen by the Operations Manager.

Director of Research - Oversees a research program to examine the impact of simulation on quality improvement initiatives and overall patient outcomes. Provides leadership and support to Faculty, Simulation Educators and other parties in the development, implementation, evaluation, and publication of simulation-based research activities conducted at Simulation at Penn Medicine.

Research Committee - Oversees and reviews all ongoing research conducted at Simulation at Penn Medicine. Its members are Penn faculty members with previous experience in simulation-based research. The Research Committee meets quarterly and hosts a research reception on an annual basis.

Specialty Directors - Are the points of contact for their department and are typically responsible for integrating simulation-based technology into their department's existing educational curriculum and/or research. Specialty directors are often the individuals responsible for most of the simulation-based teaching and research within their department and represent all major clinical departments and entities. Many receive some sort of financial compensation from their primary department for their percentage effort at Simulation at Penn Medicine. The Specialty Directors are invited to attend the annual simulation operations and research update.

Complaint Resolution Process

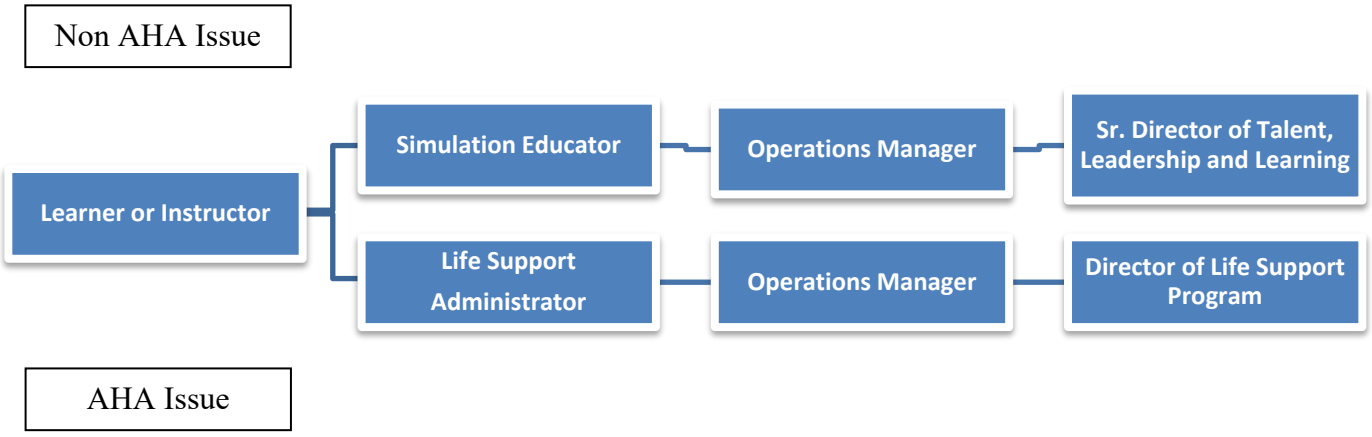
When a learner or instructor submits a complaint, the Simulation at Penn Medicine staff member who receives it may either address the issue directly or escalate it according to the established chain of command, depending on the nature and scope of the complaint.

For complaints related to American Heart Association (AHA) certification courses, such as Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), or Pediatric Advanced Life Support (PALS) (e.g., learners arriving late or presenting expired certifications), the escalation process typically concludes with the Director of the Life Support Program, who serves as the final decision-maker.

For all non-AHA-related matters, the final level of escalation is the Senior Director, Talent, Leadership and Learning.

General complaints or suggestions are discussed during the weekly Operations Coordination Meeting until a resolution is reached. If a complaint involves a Simulation at Penn Medicine instructor, it is addressed directly with the individual in an effort to promote accountability and cultivate strong leadership, in alignment with our mission.

Complaint Resolution Chain of Command



Quality Improvement Process

In alignment with its mission to advance high reliability and patient safety through simulation, the Simulation at Penn Medicine supports health system quality improvement initiatives identified through SafetyNet reports, root cause analyses, patient safety committees, and strategic priorities outlined in the Penn Medicine Blueprint for Quality and Patient Safety.

Simulation at Penn Medicine is also committed to the continuous improvement of its own programs and operations. Opportunities for improvement are identified through learner and instructor evaluations, stakeholder feedback, operational and utilization data, faculty meetings, accreditation activities, staff input, and recommendations from the Advisory Steering Committee.

Feedback and operational data are reviewed regularly to identify trends, prioritize opportunities, and implement improvements. Action plans are developed, responsibilities assigned, and progress monitored through completion. This ongoing cycle of feedback, evaluation, and improvement helps ensure Simulation at Penn Medicine remains responsive to stakeholder needs and aligned with its mission, vision, and strategic goals.

Prioritization of Simulation Resources

Simulation resources shall be allocated in a manner that supports Penn Medicine's mission, strategic priorities, patient safety initiatives, educational objectives, and operational needs. Requests should be submitted through the approved electronic intake forms directly to the Simulation Operations Manager. Email requests may be accepted as well.

When competing requests for simulation resources exist, prioritization decisions should be considered:

- Alignment with Penn Medicine strategic initiatives.
- Alignment with Simulation Center strategic goals.
- Patient safety and quality improvement priorities.
- Regulatory and accreditation requirements.
- Educational impact.
- Number and type of participants.
- Facilitator and staff availability.
- Equipment and space requirements.
- Organizational impact and urgency.

Internal Penn Medicine activities shall receive priority over external requests. Requests are generally considered in the order received; however, priorities may be adjusted based on organizational needs, resource availability, patient safety considerations, and strategic initiatives.

The Operations Manager reviews competing requests and determines resource allocation. The Operations Manager may consult with the Director as needed regarding prioritization of major initiatives and alignment with organizational priorities. Final classroom assignments are based on the size and needs of all groups scheduled on a given day and up to the discretion of the Operations Manager. Scheduling and resource allocation decisions are communicated to stakeholders.

Examples of prioritized activities include patient safety initiatives, emergency preparedness exercises, major operational transitions, mandatory educational programs, and system-wide quality improvement activities.

Requests that do not require simulation resources may be redirected to alternative educational modalities, including classroom instruction, online learning, or unit-based education.

Simulation Activity Administration

Activity Planning and Scheduling

Requests for simulation events are submitted directly to the Simulation Operations Manager through the approved simulation request form. Email requests may be accepted as well. Requests are reviewed by the Operations Manager in consultation with the Simulation Operations Team and the event is assigned a primary Simulation Educator. If the request is a new activity or one previously hosted that requires modifications, a planning meeting is scheduled with the course requester to obtain additional information. Items discussed in the planning meeting including learning objectives, learner population, assessment methodology, equipment requirements, space utilization, staffing needs, scheduling considerations, and strategic alignment.

If the session requires scenario development, a completed scenario planning template must be submitted by the course instructor/faculty at least two weeks before the scheduled event. If multiple scenarios are needed, a separate scenario development form must be completed for each, and additional preparation time may be required.

The Simulation Educator is responsible for working with the event requester who is often the course director and primary faculty/instructor, to ensure all required event documentation is in place prior to the event and coordinating event logistics such as disposables, room set up, etc. with the SOS staff. All scenarios as well as course, objectives, set up, disposables are reviewed with the course instructor/faculty at least two weeks prior to the session. During this review, any outstanding questions or missing elements are identified and addressed. The Simulation Educator and Operations Specialist may recommend revisions to better align the scenario with the intended learning objectives.

Activities requiring SP's are coordinated in collaboration with the Penn Medicine Standardized Patient Program. Course directors and simulation faculty work directly with SP Program leadership to determine case development needs, participant requirements, scheduling, and assessment methodologies as appropriate.

Depending on the topic and the interprofessional nature of the session, content experts (e.g., Specialty Directors from relevant departments) may be consulted to ensure accuracy, appropriate objectives, and realism. If a scenario requires an in-scene confederate, the lead instructor/faculty member is responsible for identifying this individual and coordinating all related logistics.

Previously hosted courses with no curriculum changes can be added directly to the Simulation at Penn Medicine calendar.

Instructor/Faculty Orientation

If the lead instructor/faculty member has never hosted a course at Simulation at Penn Medicine, he/she is scheduled for an orientation to Simulation at Penn Medicine with the Simulation Educator, Operations Manager and a Simulation Operations Specialist consisting of a:

- Tour of the facility
- Introduction to staff
- Overview of the AV, simulators and skill trainers and other resources available to incorporate in the session
- Review of the pre- and post-debriefing process
- Review of the "Simulation Instructor/Faculty" job description as a commitment to maintain the responsibilities outlined.
- Access to the Simulation MS Team Channel

If the event is an in-situ simulation, the unit facilitator, the designated individual from the requesting unit who serves as the content expert, the orientation may occur virtually, at Simulation at Penn Medicine and/or on hosting unit.

New instructors or faculty members are encouraged to attend the "Simulation at Penn Medicine: Debriefing for Healthcare Simulation" course, the "Simulation Facilitators Course", a three-day program conducted in partnership with the Philadelphia Area Simulation Consortium or a comparable simulation-based training at another institution. Instructors are required to undergo appropriate training, observation and monitoring in order to facilitate any simulation scenario debriefing to ensure the principles of psychological safety are preserved.

Activity Delivery and Pre-briefing

For simulated scenarios, whether at the Center or in situ, setup should closely mirror an actual patient care environment, using appropriate equipment, supplies, room layout, and other elements that support both conceptual and psychological fidelity. All simulated medications will be clearly labeled to prevent confusion with real clinical supplies. Sessions may be recorded for debriefing purposes.

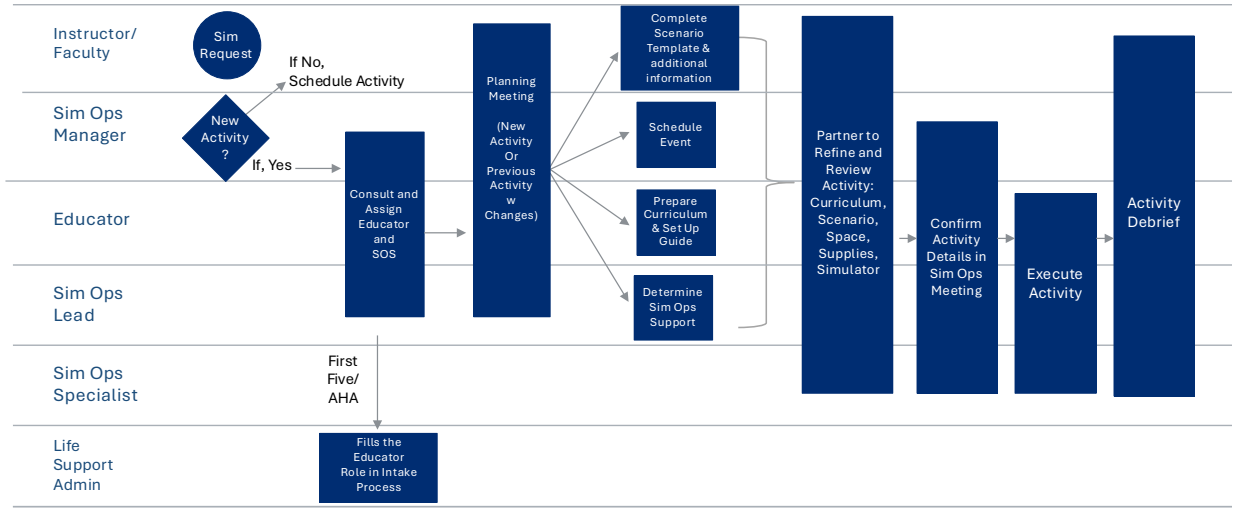
Before the scenario begins, participants will receive a comprehensive pre-briefing that emphasizes confidentiality, encourages learners to act as they would in a true clinical situation,

and reinforces the importance of suspending disbelief to fully engage in the exercise. The pre-briefing will also include explicit statements supporting psychological safety, including the expectation that mistakes are anticipated, learning is the priority, and all participants will be treated with respect throughout the exercise.

Activity Debriefing

Following the simulation, a debriefing should be conducted by a trained facilitator which could include the lead instructor/faculty member/unit facilitator if appropriately trained or the Simulation Educator. Instructors should allocate at least 15 minutes for the pre-brief and plan for a debrief that lasts approximately twice the length of the scenario itself. The session recording may be used at the facilitator's discretion. During the debriefing, the group will engage in a structured discussion focused on communication, teamwork, and any contributing environmental or system factors. This process follows the INACSL Standards of Best Practice: Simulation Debriefing, which are also endorsed and widely implemented across the simulation community through the Society for Simulation in Healthcare (SSH).

Simulation Activity Administration Process Map



Learner Registration

An accurate list of expected participants is essential for planning room size, equipment needs, and for notifying facility security.

For all AHA courses learners must register in Knowledge Link before attending a Simulation at Penn Medicine session. Knowledge Link serves as Penn Medicine's primary Learning Management System (LMS) and houses all learner data. For non-AHA courses the instructor is responsible for ensuring that all participants are preregistered or that an electronic list of learners is provided if the event registration is not managed via Knowledge Link.

On the day of the course, attendance is confirmed using either a paper sign-in sheet or electronic registration. Sign-in records are securely stored in the administrative office for five years, after which they are shredded and disposed of. Access to Knowledge Link course data and reports is limited to individuals with health system–assigned administrative permissions.

Cancellation Policy

Cancellation of non-AHA simulation activities due to faculty or learner needs should be communicated as far in advance as possible. Every effort will be made to accommodate rescheduling requests to a mutually agreeable date, subject to availability. Repeated cancellations without sufficient notice or justification may result in the Operations Team determining that the event will not be rescheduled. There is no cancellation fee for non-AHA courses.

For AHA courses including BCLS, ACLS and PALS, learners must agree to the following in Knowledge Link prior to being permitted to register for a course:

- *I agree that if I am unable to attend this class, I am responsible for dropping my enrollment in Knowledge Link as soon as possible and before class starts.*
- *I understand that if I am unable to attend this course and fail to drop my enrollment via Knowledge Link greater than 7 business days prior to its start, my affiliated UPHS Department (or myself) will still be charged the full registration fee for the course I fail to attend as well as for the course I re-register for and complete.*
- *I understand that if I arrive late for a class, I will not be permitted to attend the course and my UPHS department will be billed for the cost of the course.*

For any violations of this policy, the learner's affiliated UPHS Department is charged the full cost of the course at the end of the month in which the violation occurred. It is then up to the manager of that Department to determine whether he/she requires the employee to reimburse the Departmental account.

For all Standardized Patient related activities course directors will receive the confirmation email below:

- *This email serves as final confirmation for your program, initiating the process of confirming SPs. The policy of the Penn Med SP Program is to pay SPs once they are confirmed for a program. In the event of a cancellation, your department will incur charges for SP salaries and administrative fees, if applicable.*

In Situ Simulations

In situ (unit-based) simulations offer a valuable opportunity to enhance interdisciplinary team communication and dynamics, while also more effectively identifying latent safety threats compared to simulations held offsite at Simulation at Penn Medicine. Examples of simulation topics include a new process or procedure for operational improvement purposes or a recent sentinel event with a goal of understanding the factors that led to such events. To support a culture of safety, unit-based administrators should be involved in planning, delivering these exercises, and follow up with any needed training, policy changes, or system processes to address safety issues found. The process for the scheduling, planning and development of in situ simulation is similar to those events hosted at Simulation at Penn Medicine with a few additional considerations.

- Set up for the session should be as realistic as possible including the equipment and supplies that would typically be present in the patient setting. If there are pieces of medical equipment, such as crash carts, or medications that cannot be used during the simulation due to impact on patient care, this should be clarified in advance. All simulated medications will be labeled as such to prevent confusion with actual clinical supplies. The potential use of video recording will be discussed during planning meetings.
- When possible, simulation participants should represent multiple disciplines. The Unit Facilitator and Simulation Team should ensure all relevant professions are represented and collaborate to create a scenario that includes appropriate objectives and clearly defined roles for each participant.
- Depending on the number of events and/or scope of the projects, the Simulation Team may develop a Scope of Work (SOW) agreed upon by all parties. The SOW outlines the problem statement, business case, learning objectives, team members, and deliverables for both the simulation and non-simulation components.
- A written summary of the session, based on the High-Performance Observation Checklist, will be completed by the Simulation Educator and shared with both the Unit Facilitator and the Executive Sponsor. The Unit Facilitator may develop an action plan to address any identified safety issues. This may include additional staff training, updates to workflows, or other process improvements clearly defined and tied to measurable outcomes.
- Recurring simulations may be scheduled after the action plan has been implemented so that its effectiveness can be evaluated.
- Outcomes and findings from in-situ simulations are reported to the Executive Sponsor, who is responsible for overseeing the unit's internal education plan.

To ensure the separation of simulated and actual patient care supplies, equipment and medication, the Simulation Team clear the clinical environment of simulation materials at the end of the simulation. They then complete and sign a "Scene Safety Time Out: In Situ Simulation Environment Survey", with the unit facilitator prior to departure to ensure the environment is cleared of simulated materials.

Professional Development Requirements for Instructors

Simulation instructors/facilitators are strongly encouraged to complete at least one continuing education activity per year focused on simulation-based teaching and learning, as outlined in the *Simulation Instructor/Faculty* job description. This requirement may be met through online e-learning courses, center-sponsored workshops, or participation in regional and national conferences.

Examples of ongoing professional development opportunities available through Simulation at Penn Medicine include:

- Teaching with Simulation: A Simulation Facilitators Course: A collaborative three-day course offered annually by Jefferson University and Hospitals, Penn Medicine, the Penn School of Nursing, and the Children's Hospital of Philadelphia. This course covers curriculum development, effective debriefing techniques, and foundational facilitation skills. It is recommended for new instructors who teach regularly with simulation, wish to lead their own debriefings, or have not completed similar training elsewhere. The course is accredited by both the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC).
- Simulation at Penn Medicine: Debriefing for Healthcare Simulation: A one-day interactive workshop designed for instructors involved in in-situ or center-based simulation activities. Participants learn simulation terminology, debriefing methods, and principles of Crisis Resource Management (CRM). They also engage in structured pre-briefing, facilitation, and debriefing of pre-designed scenarios under the guidance of experienced facilitators.

Additional professional development opportunities include:

- The Annual Simulation at Penn Medicine Research Event, a sharing of either live slide or poster presentations on current research projects.
- The annual Philadelphia Area Simulation Consortium Meeting, a multi-center collaborative network established in 2013 that brings together simulation educators, operations specialists, researchers, and administrators from more than 30 regional simulation programs to support multisite research and share best practices in learner assessment and outcome measurement.
- Training in the operation and programming of patient simulators and virtual reality–based trainers used at the Center.
- Training in the use of the audiovisual hardware and software platforms used at the Center.
- Individually scheduled tutorials or refresher sessions for any simulation equipment or software.
- Discipline-specific instructor training: ACLS, BLS, PALS, Fundamental Critical Care Support, ATLS, Advanced Trauma Care for Nurses, and Neonatal Resuscitation Program.

- Local and national continuing education opportunities in medical simulation—including International Meetings on Simulation in Healthcare (IMSH), CHOP's Facilitator Debriefing Course, regional Laerdal Simulation Users Network (SUN) meetings, corporate-sponsored training events, and simulation courses offered by institutions such as Drexel, Harvard, CRICO/RMF, WISER, IMSH, and other professional simulation societies.

Course Evaluations

Simulation at Penn Medicine utilizes learner, instructor, faculty, and stakeholder feedback, along with operational and utilization data, to support continuous quality improvement of simulation activities, services, facilities, technology, and operational processes.

Guidelines for Course Evaluations:

- All simulation activities should include a mechanism for learner and/or instructor feedback. Evaluation methods may include course evaluations administered by the sponsoring department, continuing education evaluations, learning management system surveys, post-session feedback tools, or other approved evaluation processes.
- Instructors or departments may utilize their own evaluation tools, including those required for CME, CEU, certification, or program-specific requirements. When simulation is incorporated into a larger course, curriculum, or orientation program, evaluation of the simulation activity may be included as a component of the overall course evaluation.
- A general Simulation at Penn Medicine Session Evaluation is available and posted through the facility to collect feedback on the activity, instructor and simulation resources if the course does not include its own or if a learner would like to provide anonymous feedback to the simulation program leadership.
- Simulation at Penn Medicine encourages departments and course directors to share evaluation results, summaries, or feedback related to simulation activities to support continuous quality improvement and operational planning. Original evaluation forms are not required.
- Feedback received through evaluations, direct communication, post-session discussions, stakeholder meetings, or Simulation at Penn Medicine email account is reviewed by Simulation Center leadership and staff. Identified concerns, trends, and opportunities for improvement are discussed during Operations Coordination Meetings and staff meetings, and corrective actions are implemented as appropriate.
- Evaluation findings and stakeholder feedback may be used to inform future course planning, resource allocation, operational improvements, technology investments, faculty development activities, and strategic planning.

Evaluation of Simulation Instructors

In some cases, learner feedback, stakeholder input, or Simulation Team observations may indicate that an instructor would benefit from additional training or mentoring to more effectively integrate simulation methodologies, technology, or debriefing practices into their sessions. These opportunities for improvement may relate to teaching strategies, debriefing techniques, software use, simulator operation, or learner engagement.

The Simulation Educator will first:

1. Provide the instructor with targeted feedback regarding identified opportunities for improvement.
2. Collaborate with the instructor to develop an individualized improvement plan, when appropriate.

Faculty and instructors who regularly facilitate simulation activities receive ongoing feedback from Simulation Center staff, educators, learners, and course leadership. Feedback may be provided through direct observation (including DASH), learner evaluations, post-session discussions, coaching conversations, or annual review processes.

Improvement recommendations may include:

- Observation of experienced simulation instructors.
- Participation in internal or external faculty development programs.
- Review of simulation facilitation resources, job aids, and best practices.
- Ongoing mentoring and coaching from Simulation Educators or experienced faculty.

If performance concerns are related to technology, Simulation Operations Specialists are available to provide additional support regarding simulator functions, task trainers, or audiovisual systems.

If performance concerns persist despite coaching and support, additional actions may be recommended, including temporary assignment of another qualified instructor, participation in simulation faculty development programs, or review of the Simulation Instructor Job Description to ensure understanding of role expectations and responsibilities.

Incorporation of Session Pre-briefing and Debriefing in the Learning Process

Scenario pre-briefing and debriefing are essential components of simulation-based education, and Simulation at Penn Medicine expects all instructors to incorporate both into their sessions, as described in the Simulation Activity Administration section. The pre-brief establishes expectations, familiarizes learners with the environment, and reduces uncertainty before training, assessment, or process-improvement activities. The post-session debrief provides structured reflection that supports the development of clinical judgment, critical thinking, and a psychologically safe learning environment.

To support effective pre-briefing and debriefing, instructors have access to the following resources:

- Orientation to the Simulated Environment at Simulation at Penn Medicine – outlines the recommended topics and guidelines instructors should cover to prepare learners for a successful session.
- Our Mutual Contract for a Successful Simulation Experience – summarizes essential simulation ground rules and can be used as a script during the pre-brief.
- Simulation Session Debriefing Worksheet – provides learning objectives for the debrief, guidance for introducing the debriefing process, and sample questions to initiate and conclude the discussion.

Pre- and de-briefing may be facilitated by a Simulation Educator unless the instructor has completed formal training in debriefing. Recorded footage from the scenario can be used to support the debriefing process. The Simulation Educator may also provide real-time guidance and offer feedback afterward to help instructors strengthen their facilitation skills.

All instructors are encouraged to attend the one-day “Simulation at Penn Medicine: Debriefing for Healthcare Simulation” course, the three-day “Teaching with Simulation: A Simulation Facilitators Course,” or an equivalent program offered at another center (such as CHOP).

Confidentiality and Video Recording Policy

Simulation-based training involves immersion of the participant in a realistic environment and may include the observation of peers managing medical events. To create a safe learning environment and facilitate constructive debriefing, strict confidentiality of what transpires on both a clinical and interpersonal level throughout the exercise must be maintained. Participants must feel free to make errors without fear of embarrassment, liability, academic penalty, or employment repercussions. Confidentiality expectations apply to all individuals participating in simulation activities, including learners, faculty, educators, simulation staff, standardized patients, observers, and any other individuals involved in the activity.

Instructors should discuss confidentiality and emphasize the importance of psychological safety at the start of all sessions, fostering a safe learning environment as outlined in the Psychological Safety section of this manual. Participants are expected to maintain confidentiality regarding simulation scenarios, performance of fellow participants, discussions occurring during debriefings, and any information disclosed during the simulation experience.

In some cases, training may take place in an actual patient care unit using medical equipment from that clinical area. In such instances, instructors will make reasonable efforts to protect the identities of individual participants. However, any significant clinical findings identified during the exercise that could impact patient safety, including malfunctioning or missing equipment, latent safety threats, or staff confusion regarding policies, procedures, or clinical protocols, must be reported to the appropriate supervisor or operational leader. The purpose of such reporting is not to penalize individual participants, but rather to identify system issues, improve processes, and enhance patient safety.

Some simulation exercises are conducted to assess ability and knowledge, and a participant may be required to demonstrate competency to progress within an educational, credentialing, certification, or employment pathway. If simulation is utilized for assessment, competency validation, remediation, quality improvement, or research purposes, participant performance data may not be confidential and may influence academic progression, credentialing, certification, remediation requirements, promotion, or employment status. The purpose of the exercise, whether training, performance improvement, quality improvement, research, or assessment, must be clearly communicated to participants prior to the activity.

Simulation recordings and performance information are maintained in accordance with institutional privacy and confidentiality requirements. Simulation recordings are not part of a participant's personnel file, academic record, or performance evaluation unless the simulation activity is explicitly identified as an assessment, competency validation, remediation activity, quality improvement initiative, or approved research study. Participants will be informed in advance when simulation performance data may be used for purposes other than formative learning and debriefing.

In accordance with the Simulation at Penn Medicine Confidentiality and Recording Policy, all instructors and learners participating in simulation activities involving video recording are required to complete the "Simulation at Penn Medicine Confidentiality and Photo Consent Form." A QR code linking to the form is provided by Simulation at Penn Medicine and at in-situ simulation locations, and participants are instructed to complete the form prior to the simulation pre-briefing.

During the pre-brief, participants are reminded of confidentiality expectations and informed when video recording is being utilized as part of the educational activity. If a learner declines to be recorded, the faculty facilitator is notified and may determine appropriate accommodation, such as suspending recording for the session or allowing the learner to participate as an observer outside the camera's field of view.

A completed Confidentiality and Photo Consent Form must be on file before instructors are granted access to the audiovisual recording system. Access credentials permitting the viewing of recorded simulation sessions are issued only after the required documentation has been completed and approved. These procedures ensure that participants are informed of recording practices, understand confidentiality expectations, and that access to recorded educational materials is appropriately controlled.

Video recordings may be used for educational debriefing, faculty development, quality improvement activities, operational review and troubleshooting, approved research activities, and assessment activities when disclosed in advance. Recordings may not be copied, distributed, shared, downloaded, or used for purposes outside those approved by Simulation at Penn Medicine and applicable Penn Medicine policies.

The audiovisual recording system allows Simulation at Penn Medicine to assign and restrict access to recordings for review, debriefing, quality improvement, or approved educational purposes. Access is limited to authorized personnel with a legitimate educational or operational need. Instructors may only access recordings associated with courses for which they are assigned and are not permitted to view recordings belonging to other programs or learner groups. Learners are not provided with direct access to recorded sessions unless specifically authorized by the responsible faculty member. Requests for access must be approved through the Operations Manager and/or Lead Simulation Operations Specialist.

Simulation at Penn Medicine retains recorded sessions for one year from the date of the activity. Recordings associated with Institutional Review Board (IRB)-approved or IRB-exempt research studies may be retained for the duration of the study in accordance with the approved research protocol. At the conclusion of the retention period, recordings are securely destroyed by Simulation Operations Specialists in accordance with institutional data management procedures.

All recordings are stored on secure institutional servers with access restricted to authorized Simulation Center personnel. Access is protected through user authentication, password-controlled permissions, and institutional information security safeguards. Backup, disaster recovery, and data protection measures are managed in accordance with Penn Medicine Information Services standards and institutional technology policies. In the event of a system failure, recovery procedures are coordinated through authorized information technology personnel and approved vendors.

For virtual, hybrid, or online simulation activities, participants are prohibited from recording, photographing, screen capturing, distributing, or sharing simulation content without prior authorization from Simulation at Penn Medicine and course faculty. Confidentiality expectations for virtual activities are communicated during the pre-briefing and apply equally to all participants regardless of location.

In addition, pursuant to guidance from Penn Medicine legal counsel, the same HIPAA confidentiality, privacy, access to information, and information security requirements that apply to patient care activities within the healthcare system also apply to simulation activities conducted within Simulation at Penn Medicine and on hospital units and patient care areas. All participants are expected to comply with applicable Penn Medicine confidentiality, privacy, and information security policies.

Psychological Safety

Psychological safety impacts the learners' ability to engage in simulated events and critical reflection. Engagement in these activities is essential to foster changes in critical behaviors. To ensure psychological safety for all Simulation at Penn Medicine learners, the session facilitator will provide a pre-brief prior to all scenarios. If a facilitator has not completed a simulation training course, a simulation educator or operations specialist will provide the pre-brief. During the pre-brief the facilitators will:

- Review the ground rules of simulation
- Refer to the "Basic Assumption"
- Instruct the participants not to discuss the simulation outside of the exercise
- Instruct the participants to maintain confidentiality of the case
- Acknowledge the artificial environment
- Orient the participants to the simulator and the environment
- Define a length of time for the entire exercise
- Instruct the participants how to elicit additional resources if needed (e.g., phone numbers to call)
- Instruct the participants to practice within their professional scope
- Verbalize that mistakes are expected, and this is our chance to improve our behaviors and ultimately our patients' outcomes.
- Review rules about respect and professional behavior

If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a "real life" emotional frame, the facilitator would have a one-to-one discussion with the learner. We ask that our Simulation Educator and/or Operations Manager are made aware of any incidences to track trends or repeat occurrences. If the problem may lead to an issue in the clinical setting the participant will be referred to the UPHS Employee Assistance Program.

The policies for the physical and psychological safety of our standardized patients align with ASPE's Standards of Best Practice. Safe work practices for SPs include adequate breaks; meals/refreshments; preparing SPs extensively and ensuring they know of case materials and performance requirements; debriefing all activities especially high-emotion cases; managing client expectations of SPs' possibilities and limitations; protect SPs' anonymity; ensure SPs understand how they'll be compensated prior to confirming. Refer to Domain 1: safe work environment for full list of Principles and Practices.

Universal Precautions, Personal Safety and Security

Center users must follow universal precautions to prevent the spread of infectious disease while participating in simulation activities. Universal Precautions Guidelines are available upon request. Users should also exercise sound judgment regarding their own health status and the potential risk of transmitting illness during activities at Simulation at Penn Medicine.

The following general precautions are required to ensure the personal safety and security of all Center staff, standardized patients, learners, and visitors:

- Food and beverages are not permitted in Simulation Team Training Rooms ("SimRooms and Breakout Rooms"), Task Trainer Rooms, the Computer Room, the Core, or SP Exam Rooms.
- Sharps must be disposed of in a properly labeled sharps container.
- Red bag waste containers are reserved for potentially infectious materials or animal by-products and must not be used for regular trash.
- Sharps and supplies may not be removed from Simulation at Penn Medicine unless granted permissions by Operations Team Member.
- Medical and disposable equipment in the Center is for simulation use only and must never be used for actual clinical care. However, it should be handled with the same safety precautions used with clinical equipment.
- Practicing invasive clinical skills on fellow learners (e.g., phlebotomy) is strictly prohibited, even with peer consent.
- Handwashing or hand sanitizer use is required whenever possible and appropriate within the limitations of physical space.
- All injuries must be reported to Simulation at Penn Medicine faculty, instructors, or staff. For needle sticks or injuries involving sharps, wash the area immediately with soap and water. Injured learners or staff will be referred to Employee Health or Occupational Medicine and must notify their supervisor. Center staff will document the incident in the health system's SafetyNet reporting system.
- In the event of a medical emergency (e.g., loss of consciousness), Center staff must follow building protocol on emergency reporting.
- Damaged or potentially unsafe equipment must be reported to Simulation at Penn Medicine staff. Staff will attempt to resolve the issue; if unresolved, the Operations Manager will be notified.

Research Policy and Procedures

Research conducted at Simulation at Penn Medicine is governed by a dedicated set of policies outlined in the *Simulation at Penn Medicine Research Policy and Procedure Manual*. These policies are adapted from the research guidelines developed by the Children's Hospital of Philadelphia, whom we acknowledge and thank for sharing their best practices. The policies address the following areas:

- Research Committee and Meetings
- Research Processes and Proposal Requirements
- Research Program and Investigator Self-Assessment
- Publications
- Research Investigator and Personnel Requirements
- Regulatory Document Management
- Data Management

All research activities are overseen by the Simulation Research Committee, chaired by the Director of Simulation Research. The committee meets annually and welcomes investigators, faculty, and staff who wish to present their work or participate in discussion.

According to the *Simulation at Penn Medicine Research Policy and Procedure Manual*, the Simulation Research Committee meets quarterly to:

- Review and discuss ongoing research activities.
- Evaluate proposed simulation-based research projects and provide recommendations—using the Research Proposal Review Form—for protocol revisions as needed (see Policy #2).
- Ensure that all research conducted is scientifically sound and ethically appropriate.
- Serve as a resource for troubleshooting delayed or stalled projects.
- Support submissions and presentations of research conducted at Simulation at Penn Medicine at local, regional, national, and international forums, as well as peer-reviewed publications.
- Maintain and update information related to active projects, presentations, publications, and grants.
- Plan and host the annual research dinner to highlight ongoing and proposed research for the broader Penn Medicine simulation research community.
- Ensure representation from a broad range of clinical and non-clinical disciplines (e.g., engineering, education, nursing, veterinary medicine, dentistry).
- Conduct regular self-assessment of committee and program effectiveness through executive review, investigator presentations, meeting evaluations, and surveys.

Ongoing evaluation is essential to maintaining a productive and effective research program. Simulation at Penn Medicine uses multiple assessment tools to monitor research quality and identify areas for improvement. The Director of Simulation Research oversees this evaluation process, supported by the Simulation Research Committee, which also includes the Director, Talent, Leadership and Learning and the Operations Manager. Findings are reported to the Simulation Steering Committee and institutional leadership. Program outcomes are monitored through program evaluations, process evaluations, outcome analyses, and other quality assessment tools (see Research Policy and Procedure Manual, Policy #3).

Simulation at Penn Medicine also adheres to the following institutional research policies:

- The University of Pennsylvania Policy on Openness in Research, which requires that instruction, research, and services be conducted openly and without restrictive participation.
- The University of Pennsylvania authorship directive, as issued in the Dean's Letter on authorship practices (link provided in the policy manual).
- All research investigators, coordinators, and research personnel must be appropriately trained and qualified to perform the procedures outlined in their study protocols.
- All regulatory research documents must be maintained in accordance with the Office of the Vice Provost for Research, which states that the Principal Investigator is responsible for oversight, document management, and compliance with approved protocols and institutional and regulatory requirements.
- Research data must be stored and managed according to Penn Medicine regulatory requirements and the specifications of each IRB-approved protocol.

Separation of Simulation and Clinical Care Materials

The purpose of this policy is to ensure the safe separation of simulation equipment, supplies, medications, and training materials from those used in actual patient care. These procedures are intended to protect patient safety, prevent the inadvertent use of simulation materials in clinical environments, and maintain compliance with institutional safety standards.

Simulation at Penn Medicine maintains strict separation between simulation materials and actual patient care supplies, medications, and equipment. All simulation materials are intended solely for educational purposes and may not be used for patient care under any circumstances.

Simulation equipment, medications, and training supplies are clearly identified as simulation materials and are stored separately from clinical inventory whenever possible. Learners, faculty, staff, and visitors are informed that simulation materials are not intended for patient use and should be handled with the same safety precautions applied to clinical equipment.

Identification and Labeling

All simulation-specific medications, blood products, specimen samples, and training materials shall be clearly identified as simulation materials. Appropriate labels may include:

- "For Simulation Use Only"
- "Not for Human Use"
- "Training Purposes Only"

Medication labels, packaging, and containers used during simulation activities may resemble clinical products for educational realism; however, participants are informed during the pre-briefing that these products are simulated and may not be used for patient care.

All wall-mounted and boom-mounted medical gas outlets located within Simulation at Penn Medicine have been decommissioned and are used exclusively for simulation purposes.

Storage and Inventory Management

Simulation equipment and supplies shall be stored in designated Simulation Center storage areas separate from clinical patient care inventory. Access to simulation inventory is limited to authorized Simulation Center personnel.

Simulation Operations Specialists are responsible for:

- Inventory management

- Equipment tracking
- Supply replenishment
- Disposal of damaged simulation materials
- Routine inventory audits
- Verification of proper storage and labeling

Use of Real Clinical Equipment

Clinical equipment may be utilized for simulation activities when educational objectives require realistic clinical equipment or when simulation activities are conducted within patient care environments.

When actual clinical equipment is utilized:

- Approval must be obtained from the responsible clinical department.
- Equipment must be tracked and accounted for throughout the activity.
- Equipment must be returned promptly following completion of the simulation.
- Equipment must not be modified in a manner that could compromise clinical functionality or patient safety.

Any donated equipment designated for educational use only shall remain restricted to simulation activities and shall not be returned to clinical service.

Medication Management

Real medications intended for patient care shall not be utilized during simulation activities unless specifically authorized through an approved institutional process.

Whenever possible, simulation activities shall utilize:

- Simulated medications
- Empty medication containers
- Expired products designated for educational use
- Substitute training materials

Simulation medications shall remain under the control of Simulation Center personnel and shall be removed immediately following the activity.

In Situ Simulation Activities

Additional safeguards shall be implemented for simulation activities conducted in active patient care environments.

Prior to the start of an in-situ simulation:

- Simulation Operations Specialists and Educators shall conduct a setup inventory of all equipment and supplies being introduced into the clinical environment.
- Simulation materials shall be clearly identified and separated from clinical supplies.
- Unit leadership shall be informed of the activity as appropriate.

Upon completion of the simulation:

- A post-activity inventory reconciliation shall be performed.
- Simulation personnel shall verify removal of all simulation equipment, medications, labels, and supplies.
- Equipment shall be inspected for damage or missing items.
- Any discrepancies shall be reported immediately to Simulation Center leadership and the clinical area leadership.

Simulation personnel shall utilize setup and teardown procedures to ensure that no simulation materials remain in patient care areas and that no clinical materials are inadvertently incorporated into Simulation Center inventory. (See In-Situ Simulation Section of this manual for additional information).

Cleaning and Disposal

Simulation equipment, task trainers, manikins, and reusable supplies shall be cleaned and disinfected according to manufacturer recommendations, institutional infection prevention standards, and Simulation Center procedures.

Damaged or unusable simulation materials shall be disposed of in accordance with institutional waste management policies.

Simulation materials shall not be returned to patient care inventory.

Participant Responsibilities

Learners, faculty, staff, standardized patients, and observers participating in simulation activities are expected to:

- Utilize equipment only as directed.
- Maintain separation of simulation and clinical materials.
- Report missing equipment or supply discrepancies immediately.
- Follow all labeling and handling instructions.
- Notify Simulation Center personnel of any patient safety concerns identified during simulation activities.

Oversight and Compliance

All Simulation Center Staff Members are responsible for implementation and oversight of this policy.

Failure to comply with this policy may result in removal of equipment privileges, cancellation of equipment loans, suspension of simulation activities, or other corrective actions as deemed appropriate by Simulation Center leadership.

Supply and Equipment Management

Proper labeling and routine maintenance of all supplies and equipment are required to ensure safe handling and use. All simulation equipment and medications are clearly marked to indicate that they are for simulation use only and not for patient care. During the pre-brief, instructors must remind learners that although none of the equipment at Simulation at Penn Medicine may be used clinically, it should still be managed with the same safety precautions applied to real clinical equipment. Learners should also be informed that medication packaging and labels may look identical to clinical products but are entirely simulated. Additionally, all wall-mounted and boom-mounted medical gas connections have been decommissioned and are used exclusively for simulation training purposes.

Proper maintenance, timely repair, and routine servicing are essential to ensure longevity and safe operation of Simulation at Penn Medicine's equipment. Simulation at Penn Medicine maintains warranties and service agreements for equipment purchases whenever possible. All warranty details, including terms, duration, cost, vendor information, and internal purchasing contacts—are documented and monitored in the institution's contract management system. The annual renewal cost for warranties is included in the Center's operational budget.

For equipment covered under a service agreement, the Lead Simulation Operations Specialist and the Operations Manager coordinate directly with vendors to schedule onsite service visits or arrange for equipment to be returned for repair. The Lead Simulation Operations Specialist tracks the maintenance status of all equipment and maintains a detailed log of service requests, repairs, and preventative maintenance activities. This individual, along with the Simulation Operations Specialists, is also responsible for the day-to-day care of all simulation equipment as outlined below.

Maintenance Plan for Trainers, Manikins, and Equipment

After Each Use

- Wipe down all manikins and low-fidelity trainers to remove adhesives, moulage, and markings.
- Drain all fluids and flush the tubing system; refill fluids as needed.
- Clean and disinfect all American Heart Association (AHA) course materials (e.g., masks, valves) according to AHA and manufacturer guidelines.
- Inspect all trainers, manikins, and medical equipment for damage, leaks, part replacement needs, and cleanliness. When not scheduled for use, ensure items are fully dried and stored appropriately.
- Check linen supplies; replace as needed and remove any dirty or wet linen or clothing.

- Set aside used course disposables for inventory; unused items should be returned to storage after inventory is complete.
- Power off simulators, computers, and wall monitors.

Weekly

- Clean and inspect all equipment.
- Wipe down skins/covers and remove any remaining adhesives, moulage, or markings.
- Calibrate all sensors and monitors, including VR systems.
- Power on and test electronic devices; replace batteries as needed.
- Run all associated control programs.
- Drain and flush all fluid systems; top off fluids and add antifungal agents as necessary.
- Replace dirty/wet linen and clothing.

Monthly

- Inspect and replace disposable parts as needed.
- Evaluate equipment for wear that may require major repairs or factory service.

Non-Routine Maintenance

When a non-routine issue arises, the Simulation Operations Specialist notifies the Operations Manager and attempts troubleshooting. If the issue cannot be resolved, the specialist contacts the vendor for further guidance—whether by phone support, arranging shipment to the vendor, or scheduling an onsite visit. If no resolution is reached within five business days, the matter is escalated to the Operations Manager.

Simulation at Penn Medicine submits annual capital requests for equipment replacement. Items nearing end-of-life or showing significant wear are included in these requests. The same maintenance expectations apply to all computers, audiovisual systems, and software platforms.

Equipment Use Expectations

To support the longevity of Simulation at Penn Medicine's equipment:

- Learners must use equipment only as directed and under instructor supervision.
- If unsure about proper use, learners or instructors must consult a Simulation Operations Specialist.
- Learners and/or their departments may be held financially responsible for equipment damage resulting from careless behavior or use outside of instructions.

Offsite Use of Equipment

Simulation at Penn Medicine considers requests from faculty, instructors, and training partners to borrow equipment, simulators, and supplies for off-site, non-clinical training purposes. Requests are reviewed and approved when one or more of the following conditions apply:

- Simulation at Penn Medicine does not have, or cannot obtain, the specific medical equipment needed to support a planned simulation.
- Logistical constraints (such as staffing availability) make it impractical to hold the training at Simulation at Penn Medicine, requiring the activity to occur at an off-site location.
- A SimMan 3G or High-Fidelity Manikin is required because other available manikins cannot meet the learning objectives or recreate essential components of the scenario. In these cases, Simulation at Penn Medicine staff must accompany the high fidelity and are responsible for setup, teardown, and manikin cleaning.

The requester assumes full responsibility for any equipment damage and must provide monetary compensation if damage occurs. The requester is also responsible for ensuring adequate space and security for all borrowed equipment and is solely accountable for its pickup, transport, and return unless alternative arrangements are made.

Additional requirements include:

- Off-site use of equipment valued over $10,000 requires approval from the Director.
- Off-site use of equipment valued over $1,000 requires approval from the Operations Manager.
- Any fees associated with the use of equipment or simulators by external partners will be determined by Simulation at Penn Medicine.
- Equipment and simulators may be checked out for 1–2 days; requests for longer use require approval from the Director.
- The requester must complete and sign the “Agreement to Utilize Simulation Equipment Offsite.”
- All returned equipment must be inspected and tested by a Simulation Operations Specialist before being placed back into service.

Finally, all medical equipment at Simulation at Penn Medicine is intended solely for training and simulation use and may not be used for real patient care under any circumstances. Many items are donated or purchased with explicit restrictions stating they are for educational use only, and they are not maintained by Clinical Engineering nor cleaned by Environmental Services.

External Vendors

Courses involving external vendors must follow these guidelines:

- A faculty member and a Simulation at Penn Medicine staff member must remain onsite for the entire duration of the vendor's visit.
- Vendors are responsible for safeguarding their own products and equipment at all times; Simulation at Penn Medicine is not liable for lost or stolen items.
- Vendors must manage all shipping logistics, including preparing shipping labels, packaging equipment, identifying the pickup location, and arranging transport.
- If a product demonstration involves the use of food-grade animal parts, the faculty member and/or vendor is responsible for cleaning the area and disposing of all materials properly.
- If vendor activities occur outside regular business hours, the sponsoring department may be charged for staff overtime.

General Guidelines for Conduct

- Professional behavior is always expected within the Simulation at Penn Medicine Center, and all users are required to follow the Penn Medicine Code of Conduct. Penn Medicine Code of Conduct.
- All Center users and visitors must wear their Penn Medicine identification badge while at Simulation at Penn Medicine, unless they are participating in an activity where wearing a badge is not appropriate.
- Upon arrival, all users and visitors must check in at the Security Desk on the first floor of Penn Medicine at Rittenhouse and present a valid Penn Medicine ID. Individuals without a Penn ID will be asked to provide another form of identification and will be issued a one-day guest badge. Visitors who do not have a current/valid Penn Medicine ID must also sign in.
- All users and visitors are encouraged to store their personal belongings in the locker room upon arrival and should bring their own locks. Simulation at Penn Medicine is not responsible for personal items left unattended in any conference room or team training space.
- All Center users—including learners, instructors, and standardized patients—are expected to arrive on time for all learning sessions.
- Because Simulation at Penn Medicine is frequently used for examination and assessment, users must remain in the space assigned to their session and may not move throughout the Center unless accompanied by a Simulation at Penn Medicine staff member.
- Access to the staff lounge is limited to Center staff, instructors, and faculty. To physically access the lounge, users must enter through the appropriate gender-designated locker room.
- Food and beverages may be consumed only in the Large & Intermediate Conference Rooms, and the Multiskills Lab. Food and beverages are not permitted in the Simulation Team Training Rooms (“SimRooms,Breakout Rooms”), Task Trainer Rooms, Computer Room, the Core, or SP Exam Rooms.
- Unauthorized photography is not allowed within Simulation at Penn Medicine. Individuals needing photographs for presentations or posters must contact the Operations Manager, who will ensure written consent is obtained from all individuals included.
- Permission from the Operations Manager is also required to use screenshots or video clips from session recordings for any purpose other than immediate post-session debriefing (e.g., presentations or posters).
- Computer stations in the Computer Room provide internet access for Center users. Users may not alter computer settings. Computers located in the Core, SP Exam Rooms, Breakout Rooms, and Conference Rooms may not be used for personal purposes.

- Access to the four desk cubicles in the rear Administrative Area is restricted to Center faculty and instructors and are intended only for use while teaching. Personal belongings, course materials, or other items may not be stored in these cubicles. Faculty and instructors needing short- or long-term storage for course materials should contact the Operations Manager.
- Printing, photocopying, and faxing services are not available at Simulation at Penn Medicine except under special circumstances. Learners should print completion reports, assignments, and required documents before arriving at the Center.
- Simulation at Penn Medicine does not validate parking. Faculty and instructors who teach at the Center weekly and already pay for parking at another Penn Medicine garage may be eligible for reciprocal parking and should contact the Operations Manager for details.
- Anyone who found intentionally damaging Center property or removing property or supplies without permission will be asked to leave the premises immediately. A report of the incident will be sent to the appropriate Department Administrator or Associate Dean.
- All tours of Simulation at Penn Medicine must be scheduled with and approved by the Operations Manager.
- Use of animal by-products for any training session, regardless of origin, requires approval from the Operations Manager. Faculty or instructors leading these sessions are responsible for procurement, handling, disposal in designated red-bag waste, and sanitizing all surfaces or instruments used.

Data Retention and Records Management Policy

Simulation at Penn Medicine maintains educational, operational, administrative, quality improvement, accreditation, and research records necessary to support simulation activities, regulatory compliance, organizational reporting, and continuous quality improvement. Records shall be collected, stored, accessed, retained, and destroyed in accordance with Penn Medicine policies, applicable legal and regulatory requirements, accreditation standards, and approved research protocols.

Data Collection

Data may be collected through a variety of sources, including:

- Knowledge Link Learning Management System (LMS)
- Audiovisual recording systems
- Electronic surveys and evaluations
- Attendance tracking systems
- Paper sign-in sheets
- Competency validation forms
- Research databases
- Microsoft Teams, Outlook, and other approved institutional systems
- Institutional reporting systems

Knowledge Link serves as the primary Learning Management System (LMS) and repository for learner registration, attendance, course completion, and educational records. Access to Knowledge Link data and reporting functions is restricted to authorized personnel based on operational need.

Storage and Security

Educational, operational, and research records shall be maintained on secure institutional systems protected through user authentication, role-based access controls, password protection, backup procedures, and information security safeguards.

Paper records containing sensitive information shall be maintained in secured offices, locked storage areas, or approved institutional storage locations.

Access to records is limited to authorized personnel with a legitimate educational, operational, administrative, accreditation, quality improvement, or research need.

Backup and Recovery

Electronic records are protected through institutional backup, disaster recovery, and business continuity processes managed by Penn Medicine Information Services and approved technology vendors.

In the event of data loss, system failure, or cybersecurity incidents, recovery efforts shall be coordinated through authorized information technology personnel in accordance with institutional procedures.

Access to Records

Access to records is granted based upon role and business need.

Examples include:

- Educators may access course and learner records related to educational activities.
- Faculty may access records related to courses they facilitate.
- Simulation Operations Specialists may access operational, scheduling, and equipment records.
- Researchers may access approved research data in accordance with IRB requirements.
- Simulation leadership may access operational, financial, accreditation, and quality improvement records.

Records containing personally identifiable information shall not be publicly accessible and may only be disclosed in accordance with institutional policies and applicable regulations.

Retention of Records

Unless otherwise required by institutional policy, accreditation requirements, contractual obligations, or regulatory standards, records shall be retained according to the following guidelines:

Record Type	Retention Period
Simulation recordings	1 year
Course attendance records and sign-in documentation	5 years
Evaluation and survey data	5 years
Competency validation and assessment records	5 years or as required by the sponsoring department

Equipment maintenance records	Life of equipment plus 3 years
Financial and operational records	Per institutional policy
Research records	Per IRB and sponsor requirements
Accreditation records	Current accreditation cycle plus one accreditation cycle

Where institutional policies require longer retention periods, the institutional requirement shall supersede this policy.

Record Destruction

At the conclusion of the retention period, records shall be securely destroyed in accordance with Penn Medicine records management and information security policies.

Electronic records shall be permanently deleted using approved institutional procedures. Paper records containing sensitive information shall be shredded or destroyed using approved confidential document destruction methods.

Compliance

All Simulation at Penn Medicine personnel are responsible for maintaining the confidentiality, security, and integrity of records and data under their control and for complying with applicable Penn Medicine privacy, information security, and records management policies.