



## Statement of Expectations for

### ISN Simulation-Based Inter-Professional Training Events

The Idaho Simulation Network (ISN) is committed to delivering learning experiences that involve simulation or simulation related activities/principles that seek to enhance performance by individuals or teams of individuals. In order to meet this objective the recipient organization(s) agree to the following terms and conditions:

1. Formal acceptance of the simulation-based inter-professional training event (simulation event) by an individual authorized to represent the organization(s).
2. No cancellation of the simulation event once it has been scheduled.
3. Hold the simulation event within the timeframe specified by the funding organization.
4. Treat the simulation event as a peer protected activity.
5. Organization will:
  - a. Appoint a planning team to work directly with the ISN.
  - b. Participate in at least three planning calls; dates and times to be mutually agreed upon.
  - c. Ensure that an ED Physician & EMS designee, will participate in at least the initial planning call.
  - d. Review ISN *Planning & Logistics Guide Duties* which include, but are not limited to:
    - i. Identification of Inter-professional learner group (EMS, RN, & MD personnel)
    - ii. Arranging for learners to be available for the entire simulation event
    - iii. Provision of disposable supplies & medical equipment, as applicable
    - iv. Provision of printed materials & AV equipment as applicable
    - v. Provision of conference room/classroom; bays/rooms on clinical units involved in selected simulation scenarios on day of simulation event.
    - vi. Attendance at the "debrief" session by one of the following organization's representatives: CEO, COO, CNO, Director of Quality, EMS Medical Director

The terms and conditions as specified herein are accepted as written.

Name of Host Organization: \_\_\_\_\_

Representative (Signature): \_\_\_\_\_ Title: ----- \_\_\_\_\_ Date: \_\_\_\_\_



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