

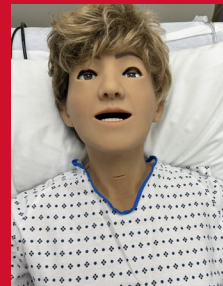
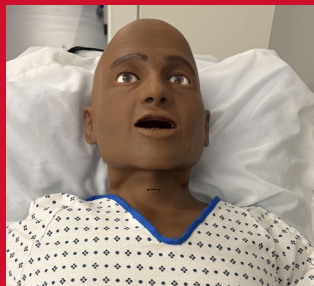
Clinical Simulation Center: Resources and Operations Part 2

Kinney College of Nursing and Health
Professions

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High-Fidelity Manikin Bunch



Nursing Anne Simulator

The Nursing Anne Simulator offers safe and realistic practice on core nursing skills - from basic assessments and critical thinking to advanced interventions.

The CSC has three Nursing Anne Simulators referred to as Middle Age Anne, Grandma Anne, and Andrew.

They are SimPad PLUS capable and compatible with ASL 5000 Lung Solution.

Available Accessories include:

- Mastectomy Module
- Subcutaneous Injection Pads
- Wound Assessment and Care Kit
- Staged Wound Feet Set
- Geriatric Upgrade Kit

Airway and Breathing

- Spontaneous Breathing
- Head Tilt, Chin Lift
- Tracheostomy care and suctioning
- Oxygen delivery via BVM ventilation, Nasal Canula, Non-Rebreather Mask
- Oral and Nasal Intubation
- LMA Placement

Assessment

- Blood Pressure (BP) Palpation and Auscultation
- Bilateral Carotid, Brachial, Radial, Femoral and Pedal Pulses
- Heart, Lung, Bowel and Vocal Sounds
- Palpable Anatomical Landmarks (Anterior, Posterior, Axilla)
- Blinking Eyes and Programable Eyelid Positioning
- Normal, Constricted and Dilated Pupils
- Geriatric Pupils (included in the Geriatric versions)
- Normal, Dusky and Infected Stoma

Nursing Interventions

- Nasogastric (NG) and Orogastic (OG) Tube insertion To Correct Measurement
- Ostomy Care
- Gastrostomy Port
- Central Line Care
- Complete Urinary Catheterization
- Bilateral Pre-Ported IV Arms
- Realistic Intramuscular (IM) Injection Sites

Realism

- Realistic Skin and Hair
- Sits Unassisted
- Fully Articulating Arms and Legs
- Practice of Transfer Techniques
- Anatomically Correct Female Genitalia
- Optional Anatomically Correct Male Genitalia

Resuscitation

- CPR Capable



SimMan ALS

The CSC has one SimMan ALS which is a realistic interactive Training Simulator for simulating a wide range of advanced life saving skills in pre-hospital emergencies.

SimMan ALS is SimPad PLUS capable, compatible with ASL 5000 Lung Solution and has QCPR feedback via LLEAP.

The SimMan ALS System Overview

Airway and Breathing Features

- Position the head to simulate opening the airway (neck tilt, jaw thrust)
- Practice Bag Valve Mask (BVM) Ventilation
- Identify spontaneous breathing (visible chest rise)
- Identify unilateral chest rise
- Perform Endotracheal (ET) Tube intubation
- Visualize Right Main stem Intubation
- Use supraglottic devices like Laryngeal Mask Airway (LMA), King Laryngeal Tube (LT) and Combitube
- Insert an Oropharyngeal Airway (OPA) and Nasopharyngeal Airway (NPA)
- Identify a tongue oedema
- Identify cyanosis (linked to SPO2)
- Nasal Cannulation
- Perform chest (bi-lateral) needle decompression
- Perform bi-lateral chest drainage
- Perform needle and surgical cricothyroidotomy
- Identify stomach distension
- Perform the Sellick Maneuver
- Auscultate the lungs (anterior/posterior)
- Break the teeth by wrong intubation techniques using a laryngoscope

Cardiac Features

- Perform manual chest compression following the latest ILCOR guidelines
- Use an extensive ECG library
- Perform defibrillation using ShockLink technology (sternum/apex)
- Perform external pacing
- Auscultate the Korotkoff sounds

Circulation Features

- Auscultate the heart sounds (anterior)
- Use the Patient Monitor with presentation of cardiac rhythms via 3-lead, 5-lead and 12-lead ECG monitoring
- View the SPO2 via Simulated Monitor
- View the Blood Pressure via Simulated Monitor
- Auscultate the blood pressure via the BP cuff
- Palpate the systolic blood pressure using the BP cuff
- View the heart rate via Simulated Monitor
- Palpate the left radial, carotid (bi-lateral) and femoral (bi-lateral) pulses

Vascular Features

- Use a pre-ported IV access in the right antecubical fossa
- Insert an IO in the left tibia
- Administer IM injections in the right musculus gluteus maximus



SimMan 3G PLUS

The CSC has one SimMan 3G PLUS and is one of the most advanced emergency care patient simulators designed for high-fidelity simulated scenarios.

SimMan 3G PLUS can be mobile with available router, is compatible with ASL 5000 Lung Solution, and has QCPR feedback via LLEAP.

Features Overview 1

Airway and Breathing

- Configurable Airways (including tongue edema, pharyngeal swelling, laryngospasm)
- Head Tilt, jaw thrust and chin lift
- Spontaneous Breathing
- Chest rise and fall

Assessment Capabilities

- Automatic Non-Invasive Blood Pressure (NIBP)
- Bilateral Carotid, Brachial, Radial, Femoral, Popliteal and Pedal Pulses
- SpO₂ monitoring
- Configurable eye, eyelid and pupil settings
- Heart, lung, bowel and vocal sounds

Clinical Interventions

- Bag Valve Mask (BVM) ventilation
- Laryngeal Mask (LMA) placement
- Oral, nasal and endotracheal intubation
- Suctioning (oral & nasopharyngeal)
- Cricothyrotomy
- Pneumothorax Needle Decompression and Chest tube insertion
- Bilateral Intramuscular (IM), Intravenous (IV) and Intraosseous (IO) injection
- Catheterization

Immersive Simulation

- More diverse patient representation
- Fully articulating arms and legs
- Palpable skin and anatomical landmarks
- Anatomically correct male and female genitalia
- Bleeding Simulation
- Secretion Simulation

Features Overview 2

Cardiac and Resuscitation

- LiveShock skin for defibrillation options
- Cardioversion
- ECG rhythm monitoring
- External pacing
- CPR capable



SimMan 3G PLUS provides CPR measurement and feedback compliant with AHA 2020 guidelines. LLEAP provides real-time feedback on the quality of depth, release and frequency of CPR. CPR compressions generate palpable pulses, blood pressure wave form, and ECG artefacts.

Refer to LLEAP Help Files for more information. SimMan 3G PLUS has been verified for use with the LUCAS 2 Chest Compression System.



MamaAnne

The CSC has one MamaAnne which is designed to provide realistic training for maternal and neonatal care scenarios. This simulator aims to enhance the skills and confidence of healthcare professionals in managing childbirth and neonatal emergencies.

MamaAnne is compatible with ASL 5000 Lung Solution and QCPR feedback via LLEAP.

FEATURES	
MATERNAL IMMERSION - Fully articulating arms and legs - Sits unassisted - Anatomically correct female genitalia - Realistic anus for post-delivery assessment and rectal suppository simulation - Bleeding simulation - Urine simulation with a 350mL urine reservoir - Realistic skin, facial features, and hair - Heart, lung, and vocal sounds - Seizures/convulsions - Blinking eyes with adjustable blink rate: open, closed, or partially closed eyes for consciousness cues - Pupillary accommodation: - Synchrony or asynchrony - Normal and sluggish speed or response - Palpable contractions - Normal and complicated vaginal deliveries: OA, OP, Breech and Shoulder dystocia - Placenta delivery Vacuum and forceps for assisted birth - Landmarks on the mother's Ischial spines and pubic bone - Intermittent and indwelling catheterization - Atonic and tonic uterus 1.5L internal 9in left leg) + 5L external blood tank BIRTHING SIMULATION - Several birthing positions: - Sitting - All-fours - Supine and/or semi-recumbent - Legs in stirrups - McRobert's maneuver - Birth complications: - Shoulder dystocia, with turtle sign, and suprapubic pressure - Eclampsia and preeclampsia - Maternal collapse - Cord complications - Sepsis - Breech delivery - Postpartum Hemorrhage (PPH): - Uterus - Clean Bleed™ Mat BIRTHING BABY - Realistic weight and size of full-term neonate - Palpable limbs and fontanels - Anatomical landmarks to identify presentation - Cuttable umbilical cord - Natural head flex - Open mouth	AIRWAY & RESPIRATION - Spontaneous breathing synchronized with selected breath rate (0-60 bpm) when activated - Visible chest rise and fall - Variable respiratory rates - Anterior and posterior lung sound auscultation sites - Tongue edema - Unilateral and bilateral lung closure - Can't intubate and Can't ventilate - Head tilt and Chin lift - Jaw thrust with articulated jaw - Cricoid pressure and manipulation - Bag Valve Mask (BVM) ventilation - Laryngeal Mask (LMA) placement - Endotracheal intubation - Orotracheal intubation - Nasotracheal intubation - Supports Sellick Maneuver - Realistic airway with uvula, vocal cords, and esophagus - Right mainstem intubation - Simulated oxygen delivery via: - Nasal cannula - Simple, Partial Rebreather, Non-Rebreather and Venturi Masks - T-Piece Resuscitator - CPAP mask VASCULAR - Pre-ported IV access in both arms - Subcutaneous and intramuscular injection sites - Intraosseous access CARDIAC - CPR compressions generate palpable pulses, blood pressure waveforms, and ECG artifacts - Real-time feedback on quality of CPR - Detection of depth, release, and frequency of compressions - Heart sounds synchronized with ECG - ECG rhythm monitoring when used with simulated patient monitor - Fetal heart sounds - Perform manual chest compressions following the latest ILCOR guidelines - Extensive ECG library - Defibrillation using ShockLink - Synchronized Cardioversion - External pacing - Simulated monitor to present cardiac rhythms from 3,5, and 12 leads



SimJunior

The CSC has one SimJunior which represents a 6-year-old boy that simulates a wide range of conditions from a healthy, talking child to an unresponsive, critical patient with no vital signs.

SimJunior is SimPad PLUS capable and although designed to represent a 6-year-old, can be used for older pediatric scenarios of a male child.

SimJunior Simulator

SimJunior facilitates interactive training of life-saving skills and responds to clinical intervention by instructor control and/or pre-programmed scenarios for effective practice of diagnosis and treatment of a patient.

With spontaneous breathing, airway control, voice, sounds, ECG, and other clinical features, SimJunior is a fully functional pediatric simulator. SimJunior allows observation and recognition of most vital signs, which enables the instructor to assess the student's skills based on a realistic clinical situation.

SimJunior Features

- Realistic airway for simulation of difficult airway management, oral and nasal intubation
- Observable breathing
- Cardiac features, including defibrillation and cardioversion
- Eyes with interchangeable pupils (normal, dilated, or constricted)
- Convulsions to simulate seizures
- Chest compressions
- Vascular access
- Normal and abnormal heart, breath, and bowel sounds
- Automatic Simulation Control based on pre-programmed and validated patient scenarios

Simulations can run autonomously using scenarios on the SimPad or with LLEAP (PC). The development of the patient's condition is pre-programmed and automatically responds according to the participant interventions.

Overall Dimensions

Length / Width (Simulator only): 45 in x 9.84 in (120 cm x 42.5 cm)
Weight (Simulator only): 25 lbs (11.36 kg)

SimJunior Clothing

SimJunior comes with custom designed clothing with Velcro openings for easy removal. Washing instructions are found on the clothing label.

- Shirt
- Shorts
- Boxer Shorts

General Clinical Features

Airway Features

The airway is anatomically correct to the trachea. The airway can be manipulated by:

- Head tilt/chin lift
- Jaw thrust with articulated jaw
- Cricoid pressure and manipulation
- Suctioning (oral and nasopharyngeal)

The Simulator may be ventilated by normal and emergency methods:

- Bag-mask ventilation
- Orotracheal intubation
- Nasotracheal intubation

Prior to using airway devices, lubricate with Laerdal Airway Lubricant.

The following equipment or methods are suitable to secure the Simulator's airway:

- Laryngeal mask airways (size #2.5)
- Endotracheal tube intubation (size ID 4.5 cuffed, 5.5 uncuffed)

Use of a malleable stylet is recommended. Make sure it does not extend beyond the ET tube.

The following Simulator conditions indicate incorrect tube placement:

- Right main stem intubation – unilateral chest rise
- Stomach distention
- Lack of chest sounds (see Breathing section)

Simulator features may be configured to present various airway scenarios:

- Tongue edema - normal, medium, maximum levels
- Lungs open or closed

Breathing Features

SimJunior can simulate spontaneous breathing with visible chest rise and fall and variable breathing rates. The breathing is generated by an enclosed air compressor in the Simulator's right thigh.

- Bilateral chest rise and fall with spontaneous breathing
- Unilateral chest rise and fall with right mainstem intubation during ventilations
- Unilateral and bilateral lung sounds
- Normal and abnormal breath sounds
- Variable respiration rate (0-60 breaths per minute)
- Anterior auscultation sites (4)

The left lung and right lung can be closed independently or together to create a partial or complete airway obstruction. The SimJunior Simulator can also be used with assisted ventilations.

 **Note:** Lungs are not intended for use with PEEP-valves.



SimBaby

The CSC has one SimBaby which is a tetherless simulator designed to help healthcare providers effectively recognize and respond to critically ill pediatric patients. The SimBaby simulator represents a 9-month-old pediatric patient.

SimBaby is SimPad PLUS capable, compatible with ASL 5000 Lung Solution, and has QCPR feedback via LLEAP.

Airway Features

- Anatomically accurate, realistic airway
- Bag-Valve-Mask ventilation
- Intubation (Orotracheal and nasotracheal, Fiberoptic, Right mainstem)
- Insertion (LMA, Endotracheal tube, Gastric Tube)
- Sellick Maneuver
- Variable lung compliance and airway resistance
- Tongue edema
- Laryngospasm
- Pharyngeal swelling (partial and complete)
- Stomach distention

Breathing Features

- Spontaneous breathing with variable rate, depth and regularity
- Bilateral and unilateral chest rise and fall
- Normal and abnormal breath sounds
- Oxygen saturation on simulated Patient Monitor
- Breathing pattern (normal, retraction, see-saw)
- Pneumothorax
- Unilateral thoracentesis midclavicular
- Unilateral chest tube insertion midaxillary

Cardiovascular Features

- 4 Lead ECG monitoring and library
- QCPR
- Blood pressure (BP)
- Pulse strength variable with BP
- Pulses (bilateral brachial and bilateral femoral)
- Live defibrillation using ShockLink

Vascular Features

- Unilateral IV access antecubital fossae, dorsum of the hand
- Bilateral IV access long saphenous vein
- Bilateral tibial IO insertion
- IV bolus and infusion administration

Other Features

- Eyes - open, closed, and 50%
- Normal, blown and constricted pupils
- Capillary refill (Left palm, proximal sternum)
- Fontanelle (normal or bulging)
- Seizure - head, eyes and arms
- Sounds - vocal, lung, heart
- Liver palpation
- Cyanosis
- Arm movement and tone



SimBaby Classic

The CSC has one SimBaby Classic which has similar features to the newer SimBaby but requires more steps in set-up as it uses an external air compressor and classic linkbox.

SimBaby Classic is a first generation but is still used for certain simulation events.



SimCharacter Paul

Paul is a highly realistic patient simulator designed to simulate a baby born preterm in the 27th week of gestation. This simulator aims to enhance skills and confidence of healthcare professionals in managing care for preterm babies in all possible areas of specialization.

Use of Paul must be approved by the Respiratory Therapy program chair and requires presence of CSC staff or Respiratory Therapy faculty for operation.

Features list

High Emotion Patient Simulator Paul

- Preterm gestational week 27+3
- Weight: 1100g
- Length: 35 cm
- Head circumference: 26 cm
- Highly realistic external and internal anatomy
- Real hair
- 3 hours of mobile battery use
- Battery indicator under the skin
- Skin color changes to simulate cyanosis (blue) and hyperoxia (red)
- Completely wireless operation (Wi-Fi)

Airway and Breathing

- Highly realistic upper airway
- Oral and nasal intubation
- Ideal for training endotracheal intubation, LISA (MIST) and INSURE
- Realistic and spontaneous breathing
- Spontaneous breathing with respiratory rate variable between 0 and 100bpm

Airway complications

- Infinitely variable lung compliance
- Subcostal retractions
- Inverted breathing
- Pathological breathing noises (e.g. grunting)
- Pneumothorax

Circulation

- Silent palpable pulse on all four extremities (brachial and femoral) and on the umbilical cord
- Chest compressions with feedback
- Insertion of peripheral vascular accesses in all four extremities (exchangeable)
- Optimized connector for exchangeable umbilical cord
- Hypoxia and hyperoxia

Sounds

- Crying
- Grunting
- Amniotic fluid
- Optimized position-dependent auscultation of respiratory, heart and stomach sounds via a wireless stethoscope (Bluetooth)

Stethoscope

- Position-dependent auscultation of breathing, heart, and belly sounds via stethoscope (included)
- Anterior and posterior auscultation sites



SimPad Operations

Set-up for SimPad use will have been completed by CSC staff in advance of use.

To Operate:

1. Turn on Manikin (or Linkbox for Kelly and SimJunior)
2. Turn on SimPad
3. Confirm Connection
4. Select Manual Mode
5. Hit START
6. Adjust Parameters
7. Shut Down

How to run a Human Patient Simulator (HPS) Manikin with a SimPad

The SimPad, LinkBox, and External Battery should all be charged and connected to the HPS Manikin correctly pre the start of the activity.

Step 1. Turn on the LinkBox.



Step 2. Turn on the SimPad

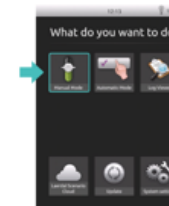


Step 3. Confirm you are connected to the correct HPS Manikin, under settings.

kellylinkboxCD710599



Step 4. Select Manual Mode

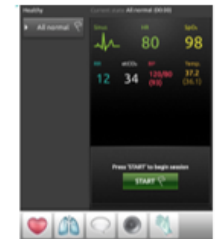


Step 5. Hit Start



Step 6. Select Icons to adjust parameters.

- Heart Icon: Circulation Menu
- Lung Icon: Respiration Menu
- Bowel Icon: Bowel Sounds
- Speech Bubble: Vocal Sounds
- Speaker Icon: Sound Volumes
- *Accessory Box Icon: Applies only to specific manikins



Step 7. Shutting Down



HPS Operations: SIM

There will customarily be a CSC staff member present to set up and run simulation. If there is not or you are assisting in the set up, the CSC provides this basic start up guide.



Laerdal Simulation Quick Start Guide (SIM)

Boot Up → Run → Debrief

SIM: Startup Workflow

Follow this order to reduce connection issues and missed steps.

1 Simulator



- ✓ Power on simulator
- ✓ Wait for "Simulator Started" verbal announcement
- ✓ Allow 30–60 seconds to appear on network

Older models may "cough" instead of verbal cue.

2 Instructor PC



- ✓ Launch LLEAP from Laerdal Simulation Home
- ✓ Select simulator
- ✓ Choose Manual or Automatic
- ✓ Load Theme or Scenario

3 Monitor



- ✓ Power on patient monitor
- ✓ Verify it is connected to the simulator
- ✓ If not connected: select simulator manually
- ✓ Adjust display layout (top right if needed)

YOU ARE READY TO RUN

- ✓ Simulator connected
- ✓ Scenario/Theme loaded
- ✓ Monitor displaying vitals
- ✓ Team ready

Start session

END OF SCENARIO (DO NOT SKIP)

STOP (Square)

- Ends session
- Preserves session timeline
- Enables debrief workflow

RESTART (Single Arrow)

- Restarts the same scenario
- Returns directly to scenario launch
- Bypasses debrief workflow

★ Use STOP whenever learner performance will be reviewed.

MANUAL vs AUTOMATIC MODES

MANUAL (Themes)

Best for:

- ACLS
- Megacode
- Instructor-driven cases
- Rapid scenario development

Key points:

- Instructor controls physiology
- Rapid adjustments
- Flexible progression
- No predefined scenario flow
- Minimal automation

AUTOMATIC (Scenarios)

Best for:

- Standardized experiences
- Assessments
- Validated scenarios
- High-stakes simulation

Key points:

- Built-in logic and transitions
- Automated physiological responses
- Timed actions and events
- Integrated media, labs, diagnostics, and timed events
- Consistent learner experience

IN BOTH MODES

- ✓ Instructor may manually adjust any vital sign or physiological parameter
- ✓ Instructor may manually advance to a future scenario state
- ✓ Instructor may manually return to a previous scenario state
- ✓ Instructor may override automated behavior at any time

COMMON PITFALLS

- ⚠ Simulator not visible on network
Wait 30–60 seconds after startup before troubleshooting.
- ⚠ Wrong or inactive network
Verify router is on and correct Wi-Fi network is selected.
- ⚠ Monitor not connected
Select the simulator manually on the monitor.
- ⚠ Wrong mode selected
Verify Manual (Themes) or Automatic (Scenarios) before starting.
- ⚠ Restart used instead of Stop
This bypasses debrief workflow and data review.

BASIC CARE & HANDLING

- 🔋 Keep simulator charged.
- 👤 Avoid excessive force during procedures.
- 🔧 Use only approved airway equipment and lubricants.
- 🔌 Do not unplug or remove cables during operation.
- 💬 Report any issues early to your simulation team.

SHUTDOWN & STORAGE

- 1 Power down simulator.
- 2 Disconnect external power (if required by your facility).
- 3 Secure charging cable and any connected equipment.
- 4 Return simulator and accessories to storage per local guidelines.
- 5 Report any issues or needed maintenance.

NEED HELP?
Contact your local simulation team or technical support. We're here to help.

This guide is a quick reference only. For complete details, consult your organization's simulation policies and LLEAP user manual.

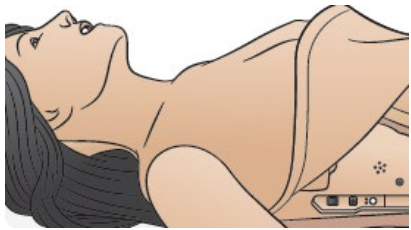
Keep this guide with your simulation equipment or simulation cart.

Version 1.0 | May 2026

HPS Operations: S (simulator)

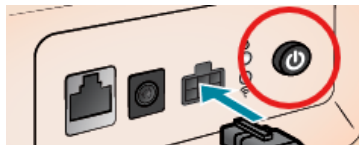
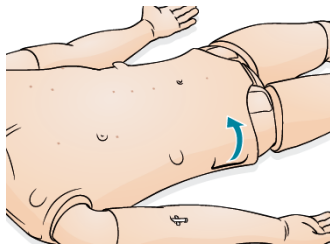
- To power on the simulator locate the power panel

Nursing Anne Simulator



“coughs”

SimMan ALS



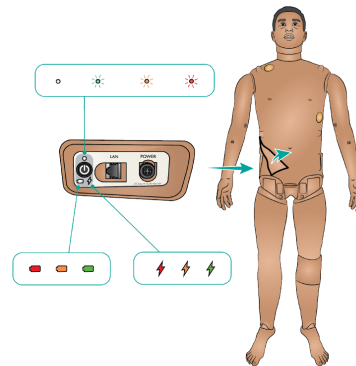
Verbal Cue

SimMan 3G PLUS

Power Panel Overview

1. Power Status

- No Light - Power Off
- Green - Power On
- Orange - Start-up
- Flashing Red - Power Save

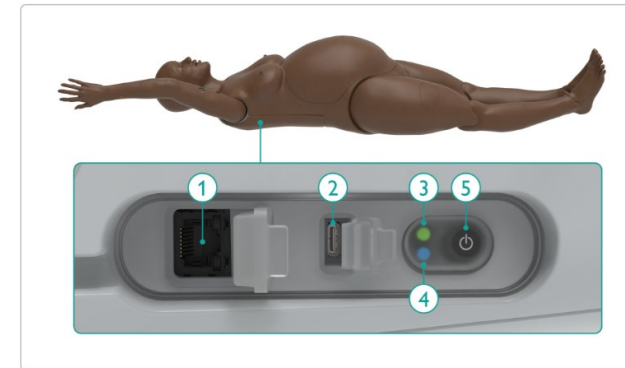


Verbal Cue

Mama Anne

Power panel

The power panel is located on the right side of the Patient Simulator, under the armpit.

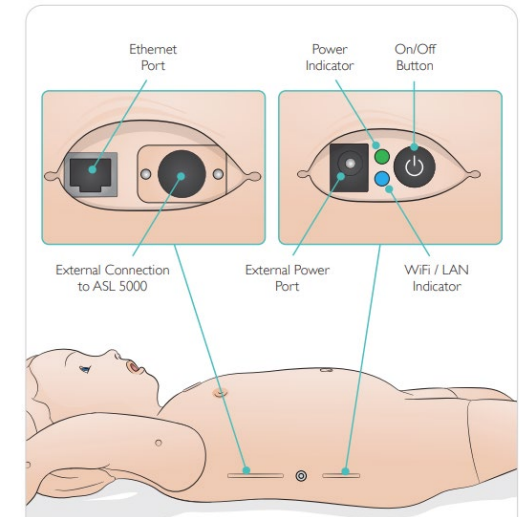


1. LAN connection
2. External power connection (USB-C PD)
3. Status LED (see table below)
4. Network connection LED
5. Power button

Verbal Cue

SimBaby

Power Panel



“coughs”

HPS Operations: I (instructor PC)

- Enter the corresponding simulation control room
- Locate the labeled simulation instructor PC laptop
 - Enter provided password if necessary.
- Launch LLEAP from Laerdal Simulation Home
- Select your simulator
- Choose Manual (Theme) or Automatic (Scenario)
 - Automatic (Scenario): Each course has a folder inside the CSC Scenario Designs folder.
 - Manual (Theme): If there is not a pre-made labeled scenario file, load Manual Mode and select “healthy patient” to run on the fly or the appropriately labeled theme.





Recycle Bin



Simulation files



Lisardal Simulation



Microsoft Edge



CSC SimDesigns



Learn about this picture



IPC-L030



PM-L030



IPC-L034



PM-L034



IPC-L035



PM-L035



IPC-L039



PM-L039



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77°F
Sunny



Search



9:19 AM
7/9/2026



Recycle Bin



Simulation files



Lisardal Simulation



Microsoft Edge



CSC SimDesigns



Learn about this picture



IPC-L030



PM-L030



IPC-L034



PM-L034



IPC-L035



PM-L035



IPC-L039



PM-L039



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80°F
Sunny



Search



9:58 AM
7/9/2026

HPS Operations: M (monitor)

- Power on the patient Monitor inside the simulation patient room.
 - Power button is on bottom of the monitor in the right-hand side corner.
- If LLEAP does not load and connect to the simulator automatically, open the Laerdal Simulation Home icon.
- Select the patient monitor icon.
- Connect to the simulator.





Recycle Bin



Simulation Files



Leerdal Simulation



Microsoft Edge



250 Designs



Learn about this picture



IPC-L080



PM-L080



IPC-L084



PM-L084



IPC-L085



PM-L085



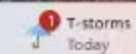
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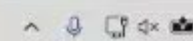
PM-L089



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Search



9:34 AM
7/7/2026

SP or Task Trainer Operations

- To connect the patient monitor to an SP or task trainer to simulate vital signs you follow steps **I** and **M**
 - **I** (instructor PC)
 - Enter the corresponding simulation control room
 - Locate the labeled simulation instructor PC laptop
 - Enter provided password if necessary.
 - Launch LLEAP from Laerdal Simulation Home
 - Under “Other” select either Task Trainer or Standardized Patient
 - **M** (monitor)
 - Power on the patient Monitor inside the simulation suite
 - Power button is on bottom of the monitor in the right-hand side corner
 - If LLEAP does not load and connect to the task trainer or standardized patient automatically, open the Laerdal Simulation Home icon
 - Select the patient monitor icon
 - Under “Other” connect to the running task trainer or standardized patient





Recycle Bin



Simulation Files



Leerdal Simulation



Microsoft Edge



CSC Designs



Learn about this picture



IPC-L080



PM-L080



IPC-L084



PM-L084



IPC-L085



PM-L085



IPC-L089



PM-L089



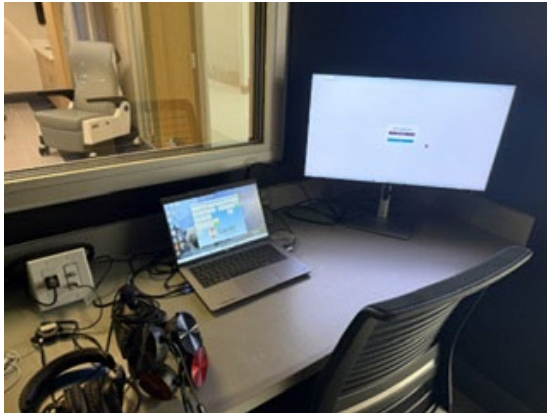
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Search



Control Room Operations: Audio



Control Room Operations: Recording

The screenshot displays the SimCapture web application interface. At the top, a navigation bar includes links for Sessions, Courses, Reports, Users, Calendar, and Inventory, along with a search bar and a user profile for 'Andrews, Carly'. A welcome message 'Welcome, Carly!' is visible. The main content area is divided into two sections: 'Start or Watch a Session' and 'My Active Courses'.

Start or Watch a Session

This section contains a grid of session cards, each with a 'START NEW SESSION' button and a 'Mobile Camera' icon. The cards are:

- CSC ICU-80**: LAST SESSION (11 DAYS AGO) - N461 Impaired Provider - Group 7 - N461 Impaired Provider Simulation
- CSC ER-84**: LAST SESSION (1 MONTH AGO) - Practice Session for Photoshoot - May 5, 2026 at 12:57 PM
- CSC PEDS-85**: LAST SESSION (3 MONTHS AGO) - N461 Hospice Sim - Group 5 Room 85 - N461 Hospice Sim
- CSC POST ACUTE-89**: LAST SESSION (1 SECOND AGO) - Course# Simulation Name-Group 1 - TEST -1
- SKILLS LABS**: LAST SESSION (2 MONTHS AGO) - Session - May 14, 2026 at 1:45 PM
- Mobile Camera iPad**: LAST SESSION - None
- MINKA**: LAST SESSION - None

My Active Courses

This section lists five active courses, each with a green checkmark icon:

- AI/Innovation in Healthcare- Jennifer Skelton- 305K- FALL 2026
- Adv Health Assessmt- Michelle Wakefield- NURS616.NS1- SUMMER 2026
- Adv Patient Care for Imag Prof- Ryan Williams- RADT355.NC1- SPRING 2026
- Aging- Michele Chalourgnorh- OT785.T01- SUMMER 2026
- An Example Course

The bottom of the screen shows a Windows taskbar with a search bar, various application icons, and a system tray displaying the date and time (8:29 AM 7/28/2026).

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