Committee for Accreditation of Healthcare Simulation Programs

**PROVISIONAL CORE Accreditation Standards**

**COMPANION DOCUMENT**

May 2016 Standards Revisions
This Companion Document has been designed to help you with becoming provisionally accredited. Primarily it serves these purposes:

1. Provide insight and information for applicant programs.
2. Explain and describe the types of evidence expected to meet each of the Standards.
3. Ensure clarity for what is provided prior to the program call as part of the provisional accreditation packet.

PROVISIONAL DESCRIPTION/KEYS:
A Program may apply for SSH Provisional Accreditation if they cannot demonstrate two years of outcomes data for the Standards and criterion as required. The information in this companion document should help programs applying for Provisional Accreditation to understand what should be submitted for review. In addition, the information should help programs understand what to capture and prepare in order to have the outcomes data in place after the two years of provisionally accredited time.

FOR ITEMS LISTED AS NOT REQUIRED: these are criterion that require data that may or may not be present (for instance if a Program is new). It is strongly recommended that each applicant Program submit as much as they can even for these criteria that are not required. This will allow the review team to provide better feedback and support the development of the Program in preparation for Full Accreditation.

IMPORTANT: the descriptions and evidence provided are NOT prescriptive. The SSH Accreditation Standards are designed to allow simulation programs in any setting apply. It is recognized that there are many ways to achieve outcomes as well. As such, any evidence listed are representative of the types of information that has been acceptable. This companion document should not be considered as a prescriptive list of items all programs must complete, but rather a tool to help each program identify how to best meet each standard.

Should you have any questions about any of the Standards or criterion, or feel that they do not fit your Program for any reason (e.g. cultural), please contact the SSH Accreditation Program at accreditation@ssi.org.

DOCUMENT ELEMENTS:
The standards for each area of Accreditation are broken into different elements:

- Area description (in dark blue)
  - High level description of the overall content in the area of accreditation

- Section header (bold face type with a number in the light blue)
  - The title for the section that groups items together, each area of accreditation has its own number of sections.

- Standard statement (italicized with a lower case letter in the light blue)
  - This is the actual standard that must be met.

- Criterion (items listed in the white areas)
  - These are the items that must be provided to demonstrate meeting the standard.

The column on the right side of the tables is where the examples, clarifications, and descriptive information can be found.

TERMINOLOGY:
**Demonstrate**: this term is consistently used in Standards statements. This means the program must actually show how the standard is met (through the criterion). There are often many ways to demonstrate meeting individual criterion.

**Describe**: this term is used to indicate that a narrative is sufficient as evidence to meet a particular criterion.

**Document**: this term is used to indicate that some form of documentation must be provided as evidence to meet a particular criterion.

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**Provisional Core Standards and Criteria**

Provisional Core Standards are fundamental structural and operational standards that all accredited Programs must meet. The 7 sections of Core Standards are: (1) Mission & Governance, (2) Program Management, (3) Resource Management, (4) Human Resources, (5) Program Improvement, (6) Ethics, and (7) Expanding the Field.

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### 1. MISSION AND GOVERNANCE

**a. The Simulation Program has a clear and publicly stated mission and/or vision statement(s) that specifically addresses the intent and functions of the Program.**

This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

Reviewers will be looking for evidence that the Program’s mission and/or vision statements are publicly available. Examples of public availability may include mission and/or vision statements which are:

- Posted on a website (internal and/or external)
- Posted on visible wall of the simulation center(s)
- Included in printed materials, flyers, etc.
- Included in presentation to the Program’s governing or oversight body

- **i. Provide a copy of the Program’s mission and/or vision statement(s).**

  - A mission statement is a *present*-based statement of purpose for the Program; the Program’s reason for existing. The mission statement should guide the actions of the Program and related decision making.
  - A vision statement is *future*-based statement that is a declaration of the Program’s long-term goals.
  - The Program’s mission/vision statement(s) may be similar to the parent organization’s mission/vision, but should be specific to the simulation Program.

**b. The Simulation Program has an appropriate organizational structure.**

This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

- **i. Describe Program’s planned organization and structure including how it is linked to the larger organization, if one exists**

  - Programs that are (or will be) part of a larger organization (e.g., University, Hospital, Health System) should describe how they are linked to the larger organization’s structural hierarchy, mission,
For example, simulation may be a component of the organization’s safety or educational activities.

<table>
<thead>
<tr>
<th>ii.</th>
<th>Provide the planned organizational chart(s) that demonstrate the Program’s organization and structure including lines of authority within the Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For the purposes of this criterion, reviewers will be looking primarily for organizational structure below the level of Program Director.</td>
</tr>
<tr>
<td></td>
<td>• The organizational chart should include:</td>
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<tr>
<td></td>
<td>o All personnel/staff involved in Simulation Program operations. Examples include, but are not limited to, educators, facilitators, standardized patients (as a group), administrators, technicians, research personnel, etc.</td>
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<tr>
<td></td>
<td>o This chart should include position titles; corresponding staff names and percent effort are helpful. Percent effort may be reported as a fraction of a full time equivalent (FTE). For instance, a 0.5 FTE employee would typically work 20 hours per week.</td>
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<tr>
<td></td>
<td>o Simulation Program Director</td>
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<td></td>
<td>o Advisory group(s)</td>
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<td></td>
<td>o Governing individual and/or governing group</td>
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<td></td>
<td>• Often, especially with complex organizational structures, it is helpful to provide a narrative of the organization chart so reviewers can understand the relationships.</td>
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<tr>
<td></td>
<td>• Standards and criteria use “Program Director” to describe the person with primary authority for the simulation Program. That person should be indicated in this criterion.</td>
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<tr>
<td></td>
<td>• That person does not need to have an official title of “Program Director.”</td>
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<td></td>
<td>• Provisional applicants may have to provide what is planned as well as what is in place currently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>iii.</th>
<th>If the Program is or will be a part of the larger organization, provide the organizational chart(s) that demonstrate the Program’s position within the organization including lines of authority within the larger organization.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• The purpose of this criterion is to demonstrate the simulation Program’s place within the larger organization.</td>
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<tr>
<td></td>
<td>• The Program should report to an individual and/or group above the level of Program Director. This individual and/or group is considered a governing or oversight body which provides high level leadership and guidance for Program activities.</td>
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<tr>
<td></td>
<td>• Some Programs have both a governing individual and a governing body. For example, a University-based Program may have a Dean as a governing individual and a Simulation Oversight Committee as a governing body. These governance entities should be included in the organizational chart provided for this criterion.</td>
</tr>
<tr>
<td>c.</td>
<td>The Simulation Program has a process for strategic review and approval of its activities.</td>
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<td>---------------------------------------------------------------------------------------</td>
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<tr>
<td>i.</td>
<td>Describe the planned governance structure including people or committees that provide oversight and/or advisory functions to the Program.</td>
</tr>
<tr>
<td>ii.</td>
<td>Describe the planned process by which the governance structure provides oversight and reviews/approves the activities of the Program.</td>
</tr>
</tbody>
</table>

- The organizational chart provided here may be the same as the organizational chart provided for criterion 1.b.ii. For the purposes of this criterion, reviewers will be looking primarily for organizational structure above the level of Program Director.
- Explanation of the governing structure can be provided in a chart, a diagram or graph, or by other methods of documentation that clarifies the current structure.
- The purpose of this criterion is to provide a narrative description of the organization chart provided in 1.b.iii. Often, especially with complex organizational structures, it is helpful to provide this description so reviewers can understand the roles and relationships.
- If a governing body exists, include in the narrative the governing body’s purpose, responsibilities, membership and frequency of meetings.
- The Program should report to an individual and/or group above the level of Program Director. This individual and/or group is considered a governing or oversight body which provides high level leadership and guidance for Program activities. This governing or oversight body should provide a direct link to overall institutional goals.
- Oversight of simulation should have been included in organizational chart submitted for 1.b.iii above.
- The response here should be a narrative to describe oversight of the Program.
- The response to the criterion may include:
  o If there is a governing body, how does it function and what is its relationship to the simulation Program?
  o If there is an advisory body, how does it function and what is its relationship to the simulation Program?
  o How are decisions made regarding Program activity and resources?
  o What is the Program Director’s role in any of the examples above?
- While programmatic and/or learner evaluations may be used by an oversight/governance body, programmatic and/or learner evaluations alone are not sufficient to meet this criterion.
- If no activities have been approved yet, the Program should describe the expected review/approval process.

This is the standard statement. There is no need to provide evidence to meet this particular element (line item).
<table>
<thead>
<tr>
<th>i.</th>
<th>Describe the expected process for strategic planning.</th>
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<tr>
<td></td>
<td>• Describe the process by which the strategic plan is/will be drafted, reviewed, and approved.</td>
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<td></td>
<td>• Include the primary person(s) responsible for strategic planning and plan development.</td>
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<td>• Much of this may not have been completed yet. The Program should provide what details are available as well as describe what is expected.</td>
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<tr>
<th>ii.</th>
<th>Provide a written strategic plan including the Program’s goals for the next three to five years and how they will be achieved.</th>
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<tbody>
<tr>
<td></td>
<td>• This criterion may be met by submitting an official business plan, strategic plan, or operational plan that includes future goals for the Program.</td>
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<td></td>
<td>• If no official plan has been adopted, Programs should demonstrate a thoughtful consideration of future goals.</td>
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<td></td>
<td>• Notice the second part of the criterion, asking “how goals will be achieved.” There should be a specific plan to achieve Program goals.</td>
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<td></td>
<td>• Note these should be goals specific for the simulation Program. If the Program is part of a larger organization it is expected the simulation goals will be in line with the organizational goals, but this criterion will not be satisfied by providing only high-level organizational goals.</td>
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<td></td>
<td>• Goals should be specific, measurable, relevant, and include a time frame. Ideally, there is evidence that this plan was created with input from and/or approved by the governing body.</td>
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<td></td>
<td>• The Program should provide what is known. A sufficient amount of this work must have been done to at least provide insight into the next two years of operations, and also some possible plans beyond those two years.</td>
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<tr>
<th>iii.</th>
<th>Describe the anticipated trends of simulation use for the forthcoming year (e.g. areas of expansion or change, changes in learners or learner types).</th>
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<tbody>
<tr>
<td></td>
<td>• In a general manner, anticipate trends over the forthcoming year. Things that may be considered include:</td>
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<tr>
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<td>o Types of learners</td>
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<td>o Number of learners</td>
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<td>o Need for educators</td>
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<td></td>
<td>o Space requirements</td>
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<td>o Equipment requirements</td>
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<td>• This may not be known in much detail yet, but the Program should at least have some estimates of what may happen. It is a good idea to have a few options when no historical data is present to account for more optimistic and more pessimistic projections.</td>
</tr>
</tbody>
</table>
### 2. PROGRAM MANAGEMENT

**a. The Simulation Program has adequate fiscal resources to support its mission and/or vision.**

<table>
<thead>
<tr>
<th>i.</th>
<th>Describe the Program’s expected budget process for operating and capital expenses and identify the individual(s) responsible for fiscal affairs.</th>
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<tr>
<td></td>
<td>• Describe the process by which the Program budget is/will be drafted, reviewed, approved, and funded.</td>
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<td></td>
<td>• If operating funds are derived from various sources, i.e. hospital operating budget, academic institution operating budget, revenue, fundraising, grants, provide relative amounts and describe the source.</td>
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<td>• The primary person responsible for daily fiscal affairs should be identified.</td>
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<td></td>
<td>• Explain how daily expenditure decisions are made and processed.</td>
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<td></td>
<td>• The reviewers will be looking for evidence of financial sustainability.</td>
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<td></td>
<td>• Specific amounts, salaries, operational costs, etc are permitted but not required.</td>
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<td></td>
<td>• The Program should provide what is known if still not in operation/new.</td>
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<th>ii.</th>
<th>Describe the Program’s current and/or anticipated financial status.</th>
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<tr>
<td></td>
<td>• Describe the current financial status referencing the adequacy of operating funds for sufficient supplies, minor equipment and staff given the current level of training.</td>
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<td></td>
<td>• Describe the current financial status for adequacy of capital funds for major equipment and other relevant capital needs.</td>
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<td></td>
<td>• Describe any current challenges for financial stability.</td>
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<td>• Newer Programs may not be able to present actual status, much of this may be estimated but should be realistic.</td>
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</table>

<table>
<thead>
<tr>
<th>iii.</th>
<th>Describe the plan for the Program’s financial sustainability over time.</th>
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<tbody>
<tr>
<td></td>
<td>• The reviewers will be looking for evidence of financial sustainability.</td>
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<tr>
<td></td>
<td>• Describe anticipated shifts in sources of operating and capital funds over the next five (5) years.</td>
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<td></td>
<td>• Describe anticipated challenges in financial stability and how they plan to be addressed to provide financial stability.</td>
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<td></td>
<td>• Describe anticipated growth of the program and how it will be financially supported.</td>
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<td></td>
<td>• Newer Programs should describe how to ensure that the anticipated trends in 1.d.iii can be met to ensure sustainability. This may be challenging without data, but the Program should demonstrate the ability to adapt and meet the needs.</td>
</tr>
<tr>
<td>b. <strong>The Simulation Program provides day-to-day oversight of simulation activities in the Program.</strong></td>
<td>This is the standard statement. There is no need to provide evidence to meet this particular element (line item).</td>
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<td>---</td>
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</tbody>
</table>
| i. **Describe the planned process for day-to-day oversight of simulation activities within the Program.** | • The purpose of this criterion is to describe/demonstrate the Program structure provides for the type of simulation activities provided by the Program. For example, is the program a free standing simulation center, a primarily in situ program, university-based, hospital-based, or a facility primarily providing infrastructure for internal or external facilitators and content experts to conduct simulation activities?  
• The response here should be a narrative to describe day-to-day oversight of the Program. This description should address operation activities from the Program Director down.  
• Describe the daily operational activities and management.  
• How are decisions made regarding Program activity and resources at a daily level?  
• What is the actual or planned Program Director’s role in any of the examples above? |
| ii. **Document the planned methods used to ensure the staff are kept up to date on simulation activities and Program operations.** | • Document or describe how Program staff are or will be made aware of simulation activities and Program operations at a frequency that supports the Program’s needs.  
• This may include regular staff meetings, adhoc meetings including special training sessions, email communications, newsletters, department website, etc.  
• Examples of documentation to meet this criterion include:  
  o A schedule of Simulation Program staff meetings  
  o Staff meeting minutes, including topics and action items |
| c. **The Simulation Program has the ability to prioritize resources as needed.** | This is the standard statement. There is no need to provide evidence to meet this particular element (line item). |
i. Document or demonstrate how simulation resources will be prioritized.

- The purpose of this criterion is to ensure programs have given thoughtful consideration to space/resource utilization and prioritization.
- Prioritization processes may include
  - Discussion or ratings completed by Program staff and/or leadership
  - Guidance from Program governance
  - Input from Program participants or clients
- Prioritization criteria may include
  - Alignment with organizational priorities
  - Alignment with Program strategic goals
  - Resource needs (duration, staff, equipment, etc.)
  - Number or type of participants
  - Potential impact for participants, for the Program or for the Organization
  - Availability of facilitators

ii. Provide up to three (3) anticipated examples that demonstrate how simulation resources are prioritized.

- Provide three examples of how the simulation Program has or will utilize the policies/processes described in criterion 2.c.i to prioritize use of simulation resources.
- For new/newer programs that may not have had to prioritize, three samples should be provided. The reviewers will want to see that the samples demonstrate that the Program can prioritize appropriately given the mission/vision and Program goals and resources.

### d. The Simulation Program has written policies and procedures to assure the Program provides quality services and meets its obligations and commitments.

This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

i. Provide simulation-specific policies and procedures that will be or are currently utilized by the Program. These should include at a minimum, the policies/procedures listed below:

- The purpose of this criterion is to assure the Program has basic policies and processes in place. The most common deficiencies found by site reviewers include
  - lack of formal approval of policies
  - lack of organization of policies into a cohesive, accessible manual (which could be electronic or printed)
  - lack of policies protecting staff/faculty
- The Policy and Procedure Manual in its entirety should be submitted electronically with the application to ensure the most efficient use of reviewer’s time on site.
- Organizational policies may be referenced, but may be insufficient for simulation Program purposes.
- The Program’s Policy and Procedure Manual should be:
  - Organized
| • Policies and Procedures should be thoughtful and detailed, such that a reader without any knowledge of your Program could understand what is expected of the faculty, staff, students and the organization. For example, a policy that states “We keep our supplies in an area where people cannot get to them” provides insufficient detail for a site reviewer to know how supplies are safeguarded. |
| • The Policy and Procedure documents should address (but not necessarily be limited to) all of the topics listed in criteria 2.d.i.1-7 below. |
| • The SSH Technology & Standards Committee prepared the “Simulation Center Policy and Procedure Manual”. This is located on Sim Connect in the Open Forum library (called SSH Policy Manual). It is free for members to download. |

| 1. Confidentiality procedures (including but not limited to, confidentiality and performance between learners and about learners). | • Confidentiality policy/procedure should address: |
| | o How participants maintain confidentiality about the simulation experience and content, the performance of others, and debriefing discussions; |
| | o How the Program maintains confidentiality of participant information including performance records with potentially identifying information in any format (e.g. evaluations, video, etc.); |
| | o Limits of confidentiality, such as the collection of data for approved research studies, or the release of a participant roster in support of continuing education credits, should be clear |
| | • Participant performance in some simulation activity (particularly assessments) may not be held in confidence. This should be clear to participants. |

| 2. Mechanisms to protect and address physical and psychological safety of individuals involved in simulation, including orientation to the environment. | • Safety policies address how participants (both learners and staff/faculty) will be kept safe while in the simulation environment. |
| | • Examples of physical safety might include addressing the labeling and storage of actual medications, the use of working defibrillators, and participant orientation. |
| | • This should include safety for standardized patients, if applicable. |
| | • Psychological safety mechanisms may include:
### 3. Mechanisms to appropriately separate simulation and actual patient care materials (e.g. equipment, supplies, and patient information).

- The Program must have a policy to ensure separation of simulated and actual patient care supplies/equipment.
- Distinctions between Simulation and actual Clinical equipment (e.g. defibrillators, etc.) and supplies (e.g. medications, etc.) should be clear.
- Details to be addressed in the policy may include labels (e.g. for simulation use only; not for patient care; etc.), management, cleaning, storage, disposal, etc.
- Separation policies/procedures are particularly important for in situ simulations.

### 4. Storage and maintenance of equipment and supplies.

- The Program must have a policy to ensure equipment and supplies are properly stored and maintained.
- For the process of equipment maintenance, the general mechanism can be described (e.g. we purchase maintenance agreements for all simulators which are capital purchases; all equipment is inspected/repaired by our biomedical department, etc.). Documentation consisting of specific individual equipment maintenance policies is acceptable.
- Maintenance records may be included in this response.
- The staff member responsible for equipment maintenance should be identified (by role, e.g. the simulation technician).

### 5. Video recording (including but not limited to permission, use, access, storage, backup and/or recovery, retention, and destruction/deletion of recordings).

- The Program must have a policy to ensure the proper use and security of video recording.
- The policy should include, but is not limited to:
  - How permission for video recording is obtained including the consenting process and a copy of the video consent form
  - Parameters for use, of video recordings
  - How and where they will be stored, backed up and procedures for recovery
  - Guidelines for access, who has access and how security of video recordings is assured
  - Guidelines for retention and destruction/deletion of recordings.
### 6. Record and data retention (including but not limited to acquisition and security of learner and research subject data if applicable).

- The Program must have a policy to ensure the proper record and data retention.
- Video is one form of data, but there are many other types of data, e.g. databases or other electronic records, paper forms such as evaluations, etc. Much of this data must not be accessible publicly.
- The policy should include, but is not limited to:
  - How data is acquired, in what form.
  - Where data will be stored, how backed up and procedures for recovery
  - Guidelines for access, who has access and how security of learner and research subject data is assured
  - Guidelines for retention and destruction/deletion of learner and research subject data.

### 7. Prioritization of simulation resources.

- This policy supports the activities in Core Standard 2.c.

### 3. RESOURCE MANAGEMENT

**a. The Simulation Program has the ability to obtain, maintain, and support simulation equipment and relevant technologies to support the mission and/or vision of the Program.**

- This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

**i. Describe the various simulation modalities that will be used in the Program.**

- Describe the various simulation modalities that are or will be used by the program. These may include, but not limited to task trainers, manikin-based, standardized/simulated patients, computer-based, virtual reality or a hybrid of one or more of these modalities.
- Programs are not required to have multiple or all modalities. A successful applicant Program may only use one simulation modalities (e.g. just standardized patients). The intent of this criterion is for the Program to provide documentation as to what is actually used.

**ii. Provide a list of anticipated simulation equipment and resources.**

- Current or anticipated simulators, task trainers, and major biomedical equipment can be listed in a spreadsheet or another document.
- Equipment may be described in detail or may be described in general terms (e.g. 2 high-technology infant full bodied simulators OR 2 [brand] high-technology infant simulators; 1 ultrasound compatible head/neck/torso for central venous access; etc.).
- Par (numerical) totals of small supplies, such as individual medications and bandages, are NOT required.
iii. Describe the expected process to continually assess simulation equipment and technology and how they are utilized in the Program.

- There should be a process by which the Program identifies equipment and technology needed to meet overall Program goals and objectives.
- Simulators and technology change over time, as does the need for different simulation activities. The Program should have a plan in place to remain aware of changes in simulation equipment and technologies, and ensure activities have appropriate equipment and technology.
- Technology can include such things as video systems or computers for instance. It can also include computer programs and applications that are used in simulation (e.g. mobile apps, recording software etc).

### b. The Simulation Program has appropriate physical space for simulation activities to support the mission and/or vision of the Program.

- This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

#### i. Provide a narrative description of the anticipated facilities utilized by the Program for simulation activity.

- The narrative should include the functionality and intended use of the rooms. In-situ settings should be included.
- Demonstrate that the facilities of the Program are adequate for the number of courses and participants. For example, are there adequate debriefing rooms for the number of participants and sessions that run simultaneously?

  **SAMPLE 1:** Simulation Center ABC is a 4,000 square foot center which includes 3 rooms designed to represent patient care areas (OR, ED, regular patient room) and 1 room representing a patient’s home. There is a private restroom and lounge for the Standardized Patients...

  **SAMPLE 2:** Simulation Program ABC conducts in situ simulations in the Emergency Department approximately once per month. Access is limited to when there is no active trauma care. A trauma call received during an in-situ simulation necessitates immediate termination of the simulation.

#### ii. Provide floor plan/blueprints and/or photographs of actual or proposed facilities utilized by the Program.

- Floor plans, blueprints, and/or photographs are expected of the Program’s primary facility(ies).
- Floor plans, blueprints, and/or photographs of in-situ settings are welcome but not required.
- Narrative of in-situ settings should be included in Core criterion 3.b.i above.

### c. The Simulation Program provides an adequate number and variety of simulation activities to support the mission and/or vision of the Program.

- This is the standard statement. There is no need to provide evidence to meet this particular element (line item).
- When compiling the information for criteria for this standard, please be aware that:
<table>
<thead>
<tr>
<th>i. Provide a list of simulation activities, the targeted population(s), and the number of participants for each activity for the past 24 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The site reviewers will not know the specifics of your courses; therefore, make the names unambiguous and descriptive</td>
</tr>
<tr>
<td>o The site reviewers will not know the specifics of your learner groups; therefore, please identify them clearly.</td>
</tr>
<tr>
<td>o The information should be compiled in a format which is accessible and easily understood by the site reviewers (e.g. brief titles are more helpful than internal codes such as complex course numbers).</td>
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<tr>
<td>o Items that require a total should be totaled prior to submission</td>
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<tr>
<td>o Lists can be provided as word documents, excel spreadsheets, downloads from a Learning Management System, etc.</td>
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<tr>
<td>o “Year” can be the most recent calendar year, fiscal year, academic year, or other most recent continuous 12-month period, based on the Program’s methods of tracking activities.</td>
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<tr>
<td>o Activity/information provided for this criterion should be specific to the applicant Simulation Program.</td>
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<tr>
<td>o Activity/information generated when the applicant Simulation Program has no control over development, delivery and quality of content should not be included. Examples of when activity should not be included in this application:</td>
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<tr>
<td>▪ When the Simulation Programs rent their facility to an outside entity but is otherwise not involved.</td>
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<tr>
<td>▪ When an internal department delivers simulation in the facility but does not utilize the Simulation Program faculty/staff to develop, implement, or oversee the simulation.</td>
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| • NOT REQUIRED however, the Program should be prepared to capture this data if this is not already being completed. |
| • A sample template has been provided but is not required. Details provided in the list/table should include: |
| o Name of Event |
| o Date(s) of Event |
| o # of Event Dates |
| o Types of Learners |
| o Number of Learners |
| o Hours of Instruction per Learner (include simulation hours only, not associated didactic or online learning hours) |
| o Total Hours |
| o Type of Event (Assessment, Teaching/Learning, Research, and Systems Integration) |
- The Program can provide what has been captured to date if feedback is desired.

**ii. Provide total numbers of learner contact hours for the past 24 months.**

- **NOT REQUIRED**—the Program needs to consider how they will calculate learner contact hours if this has not been defined.
- Learner contact hours should be calculated by the Program.
- Learner contact hours are defined as the number of learners times the number of hours of simulation. Courses may be as brief as 15 minutes (e.g. refreshing a technical skill), or may extend over the course of hours, days, weeks, etc. (similar to, for example, a college course which may meet weekly and extend for a semester).
- For example, 3 learners who all participate in the same 4 hour simulation course would be reported as 12 contact hours.

### 4. HUMAN RESOURCES

**a. The Simulation Program is directed by a qualified individual with appropriate authority and time.**

- This is the standard statement. There is no need to provide evidence to meet this particular element (line item).
- For Program management/leadership position (such as Program Director defined in 1.b.ii above), provide evidence of skills and experience that match the needs of the Program. This evidence can include:
  - Academic preparation
  - Clinical experience
  - Leadership experience
  - Educational experience
  - Simulation related training and experience
- As described in 1.b.ii, this is the individual with primary authority for the simulation Program. That person should be addressed in this criterion. That person does not need to have an official title of “Program Director,” but may have another title, including “manager,” as defined by their organization.
- Additionally, it may be possible for Program Management/Leadership to be shared across multiple individuals/roles such as with a Program Director, Medical Director, and/or Research Director. Those individuals will be described in criterion 4.b.

**i. Submit job description and/or other descriptive documents for the director.**

- For the position above, submit a job description that includes roles and responsibilities.
- Formal human resources (HR) job description is preferred, but internal Program documentation is also acceptable.
| ii. | Submit an accreditation biosketch for the director. | • Using the accreditation biosketch template provided, provide an accreditation biosketch for the director.  
• If no director is hired yet, the Program should submit this information and then be prepared to submit when the individual is hired. |
| --- | --- | --- |
| iii. | Submit a brief narrative that describes how the director is qualified for the position. | • This evidence can include:  
  o Academic preparation  
  o Clinical experience  
  o Leadership experience  
  o Educational experience  
  o Simulation related training and experience  
• If no director is hired yet, the Program should submit this information and then be prepared to submit when the individual is hired. |
| iv. | Describe how the director will have the authority for the operations of the Program. | • Provide a narrative description of how the director will have the authority for the operations of the Program. |
| v. | Demonstrate the director will be assigned sufficient time in this role to support the mission/vision of the program. | • Demonstrate the director is assigned sufficient time in this role to support the mission/vision of the program.  
• This may be demonstrated by the job description that shows percent effort by areas of responsibility and highlights simulation activities or by a letter from their supervisor.  
• If the Program Director is part-time, describe the amount or proportion of time dedicated to the Simulation Program. |
| b. | The Simulation Program has adequate staff to support the mission/vision of the Program. | This is the standard statement. There is no need to provide evidence to meet this particular element (line item).  
• Staff supporting the program may include, but is not limited to:  
  o Administrative staff including office administrators, receptionists, and data analysts.  
  o Programmatic staff including research managers, coordinators and assistants  
  o Operations staff including simulation educators and specialists  
  o Technology staff including simulation technicians, programmers and audiovisual specialists. |
| i. | Submit job descriptions and/or other descriptive documents for all Program staff. | • For all Program staff, submit a job description that includes roles and responsibilities.  
• Include work study students, interns and fellows. (these are sample terms, there may be different titles in various countries) |
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| ii. | Submit accreditation biosketches for all current Program staff. | • Using the accreditation biosketch template provided, provide an accreditation biosketch for all Program staff.  
• If none are hired yet, the Program should submit this information and then be prepared to submit when the individuals are hired. |
| iii. | Submit a brief narrative that describes how each staff will be qualified for their position, including any healthcare simulation specific certifications and/or qualifications. | • This evidence can include:  
  o Academic preparation  
  o Clinical experience  
  o Leadership experience  
  o Educational experience  
  o Simulation related training and experience  
• If none are hired yet, the Program should submit this information and then be prepared to submit when the individuals are hired. |
| iv. | Describe how the Program staff will be sufficient to support the mission/vision of the Program. | • The purpose of this criterion is to ensure that the Simulation Program has adequate staff to support the mission and vision of the Program.  
• Provide a narrative of how Program staff identified above and in the organization chart in criterion 1.b.ii are felt to be adequate to support the Program. |
| c. The Simulation Program has a process in place to orient, support, and evaluate Simulation Program staff. | This is the standard statement. There is no need to provide evidence to meet this particular element (line item).  
• For the purposes of the criteria that follow, “Program staff” include anyone employed by the simulation Program, sometimes referred to as “core” simulation Program staff. This will include individuals in the organizational chart (e.g. administrators, educators, operators, assessors, facilitators, standardized patients/participants, and technicians. |
<p>| i. | Document or describe how Program staff are oriented to their roles. | • The purpose of this criterion is to demonstrate how “core” Simulation Program staff are oriented to their roles. Orientation for educators, assessors, researchers, etc that are not “core” Program staff are considered in other standards. In a hospital, for example, orientation for an educator employed by the Simulation Program should be included here, but orientation for an hospital nurse educator that occasionally facilitates simulation in the center should be submitted in Teaching Standards 3.d.i |</p>
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| i. | The orientation Program should be relevant to the role. A “one size fits all” orientation is probably not appropriate unless all members of the Program actually perform all roles.  
Examples of orientation documentation that may be submitted include:  
  - Orientation training agenda  
  - Orientation pathway  
  - Orientation checklist  
The Program should also include how “just in time” orientation and training is utilized if this is performed. |
| ii. | Document or describe how Program staff are made aware of programmatic changes and process improvement opportunities at a frequency that supports the Program’s needs.  
This may include regular staff meetings, adhoc meetings including special training sessions, email communications, newsletters, department website, etc.  
Examples of documentation to meet this criterion include:  
  - A schedule of Simulation Program staff meetings  
  - Staff meeting minutes, including topics and action items  
This may be similar to the processes listed in 2.b.ii. The programmatic changes are more focused on major changes within the Program rather than changes in things like schedule etc. |
| iii. | Document or describe how ongoing professional development opportunities are provided and/or supported for Program staff.  
The purpose of this criterion is to demonstrate a that “core” simulation staff (that is, individuals employed by the Program on a regular basis) are provided opportunities to develop professionally.  
Professional development for educators that are not considered “core” simulation staff are submitted in Teaching criterion 3.c.iii.  
Ongoing professional development examples include evidence of  
  - Program members attending organizational, regional, national or other conferences or educational events relevant to simulation  
  - Program members attending vendor or “in-service” training  
  - Internal training opportunities for program members.  
  - Attendance records are helpful for professional development activities, especially internal |
| iv. | Document the ongoing evaluation and feedback process for Program staff.  
Document the ongoing evaluation and feedback process for all Program staff.  
Provide how feedback is/will be provided to program staff-what format, how often, remediation/PI plan. |
## 5. PROGRAM IMPROVEMENT

### a. The Simulation Program continually improves the operations of the Program through the use of a quality management system.

This is the standard statement. There is no need to provide evidence to meet this particular element (line item).

- This subcriterion addresses programmatic improvements. Quality improvements for specific courses, scenarios, assessments, research and/or systems activity are considered in later corresponding standards.
- The focus for this subcriterion is non-curricular improvements. Process for curricular improvements are submitted in response to Teaching criteria (e.g., Teaching subcriterion 4.a).
- Programs should have a process for identifying areas of improvement and a plan for the improvement implementation. Improvement plans are often reviewed and updated yearly.
- Common quality improvement models used by Simulation Programs include:
  - Model for Improvement: Incorporates Plan-Do-Study-Act (PDSA) cycles
  - FADE: Focus, Analyze, Develop, Execute and Evaluate
  - Six Sigma: DMAIC (define, measure, analyze, improve, control), or DMADV (define, measure, analyze, design, verify)
  - These models are given as examples and are not meant to be prescriptive. No specific model is required for accreditation. The Program just needs to demonstrate a process that ensures programmatic improvements are addressed.
- Programmatic improvement processes should consider multiple areas within the Program. Priority should be for areas that are high risk/high impact and activities that will affect achievement of the Program’s strategic plan/goals.
- Examples of programmatic improvement may include:
  - Job/staffing issues
    - Orientation (e.g. describe how the orientation program was adjusted based on feedback from faculty or feedback from participants)
    - Work duties and workload distribution
    - Annual evaluation/feedback process
  - Course delivery issues (NOT curricular improvement)
    - scheduling process
    - convenience
    - room/space adequacy

### i. Document or describe the anticipated quality management system.

- This may be difficult for new Programs if none of this has been performed yet, but Programs must show what they intend.
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<th>b. The Simulation Program has processes in place to identify and address concerns and complaints.</th>
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| i. Describe the anticipated process to address concerns and complaints. | • Describe the process to address concerns and complaints. This should include identification of what concerns or complaints (or other similar terms) mean to the Program, and how each are addressed.  
• Concerns or complaints may come from learners, instructors, educators, assessors, researchers or public.  
• If available, provide a copy of the policy or written complaint resolution process. |
| ii. Document any concerns and complaints received in the past 24 months and their resolutions. | • NOT REQUIRED— for new programs, concerns and complaints may not have been received to date.  
• Describe any concerns or complaints received in the past 24 months and their resolutions.  
• The Program will need to define what is characterized as a concern as compared to a complaint. The process for resolution of these two types of |
| ii. Document or describe improvements that might be expected based on the quality management system. | • The Program should provide several examples that the processes described in Core criterion 5.b.i occurred.  
• This typically involves documentation or description of an issue being identified, the issue being addressed, and the issue being resolved. Be sure to indicate the process clearly, who is responsible for each step, and how the Program ensures it is completed.  
• The reviewers would like to see at least three changes implemented.  
• If no improvements have been made, the Program should submit some expectations of the types of improvements that might occur. |
<p>| | • A Program may follow the parent organization’s quality improvement plan, but the Program must demonstrate it is used to specifically address simulation needs and activities. |</p>
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<th><strong>6. INTEGRITY</strong></th>
<th><strong>This is the standard statement. There is no need to provide evidence to meet this particular element (line item).</strong></th>
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| **a. The Simulation Program is committed to ethical standards.** | **• Document or describe the ethical standards that are utilized by the Simulation Program.**  
**• For example, the principles which promote values including trust, good behavior, fairness, and/or kindness.**  
**• Many ethical standards exist for Physicians, Nurses, and others, including the Modeling & Simulation community. They also may be generally accepted principles from larger entities (e.g. government) or a consensus process. Each Program need only provide a description of what is utilized.** |
| **i. Document or describe the ethical standards that will be utilized by the Program.** | **• Document or describe the ethical standards that are utilized by the Simulation Program.**  
**• For example, the principles which promote values including trust, good behavior, fairness, and/or kindness.**  
**• Many ethical standards exist for Physicians, Nurses, and others, including the Modeling & Simulation community. They also may be generally accepted principles from larger entities (e.g. government) or a consensus process. Each Program need only provide a description of what is utilized.** |
| **ii. Describe how the Program will meet these ethical standards.** | **• Describe how the Simulation Program meets the ethical standards described in criterion 6.a.i.** |

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<th><strong>7. EXPANDING THE FIELD</strong></th>
<th><strong>This is the standard statement. There is no need to provide evidence to meet this particular element (line item).</strong></th>
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| **a. The Simulation Program has activities that extend beyond the Program, contributing to the body of knowledge in the simulation community.** | **• Programs typically include a list of faculty/staff, indicating any local, national, and/or international simulations societies to which they belong.**  
**• Do not include CVs in response to this criterion.** |
| **i. Provide documentation that at least one (1) individual involved with the Program will be a member of a healthcare simulation society or association.** | **• Programs typically include a list of faculty/staff, indicating any local, national, and/or international simulations societies to which they belong.**  
**• Do not include CVs in response to this criterion.** |
| **ii. Provide a list of activities (no more than 10) that support or contribute to knowledge within or about simulation.** | **• NOT REQUIRED**  
**• Programs should provide a list of scholarly activity authored by Program faculty/staff locally, regionally, nationally, and/or internationally.**  
**• Do not include CVs in response to this criterion.** |