SSH CERTIFIED HEALTHCARE SIMULATION EDUCATOR HANDBOOK
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SECTION 1: ABOUT CHSE

Purpose of this Handbook
This handbook is to be used as a resource to individuals who are applying to become a Certified Healthcare Simulation Educator (CHSE). It has information that is useful, items that help the individual prepare their application, and background information that describes the certification program. The information contained in the Handbook expands on the information posted at http://www.simcertification.com/.

This handbook is solely intended for use by individuals in order to prepare to become a CHSE or to learn about CHSE. It may not be duplicated, replicated, or used in for any other purpose without the express written consent of the Society for Simulation in Healthcare (SSH).

Disclaimer
This handbook gives general guidance only and should not be regarded as a complete and authoritative statement on the certification of healthcare simulation educators. Eligibility standards, exam content, exam standards, fees, and guidelines are subject to change. SSH will keep the most up-to-date version of this document posted at www.ssih.org. Prior to participating in any available service through SSH, please check to ensure that you are viewing the most up-to-date information available.

Healthcare Simulation Certification Background
The Society for Simulation in Healthcare (SSH) was established in January 2004 to represent the rapidly growing group of educators, research scientists, and advocates who utilize a variety of simulation methodologies for education, testing, and research in healthcare. The membership of the Society is united by its desire to improve performance and reduce errors in patient care using multi-modal simulation methodologies including task trainers, patient simulators, virtual reality, screen-based simulators and standardized patients. Recognizing that simulation represents a paradigm shift in health care education, SSH promotes improvements in simulation technology, educational methods, practitioner assessment, and patient safety that promote competent and excellent patient care, including continuous measurements and improvements in patient outcomes.

Consistent with its mission, the Society has developed a certification program for educators focused on healthcare simulation. The certification has been developed over a number of years, and has included the input of many individuals. Importantly, these individuals represent a wide variety of backgrounds and experience in healthcare simulation. Further, they included representation from a number of other simulation societies, and also international representation.

Certification is a voluntary process of confirming the knowledge, skills and abilities essential to qualified individuals who are instructors or managers of simulation...
educational interventions. Healthcare simulation certification has benefits for learners, educators, health administrators and funders to ensure standards in simulation educational delivery. The following principles are core to the certification project:

- Certification is a formal process that validates the knowledge, skills, abilities and accomplishments essential for educators in the field of healthcare simulation.
- Certification indicates a level of competence and educational expertise in the area of healthcare simulation education.
- Certification as a healthcare simulation educator is a voluntary process.
- Certification provides a service to the healthcare simulation community by confirming expertise.
- Certification is time-limited and renewable.
- Certification is not static. It will evolve along with advancements of the field.

A successful applicant will demonstrate knowledge, skills, and abilities in the content areas listed in the CHSE Examination Blueprint. The CHSE Examination Blueprint is posted online and can be found in this document as well.

For purposes of this certification process, an individual seeking to become a CHSE is defined as 1) an individual who is involved in delivering healthcare-related simulation education interventions or 2) an individual who directly oversees or administers healthcare-related simulation educational interventions.

Benefits of CHSE Certification

The benefits of certification accrue value to the individual, their organization, the industry and the community. Benefits include, but are not limited to:

- Improves healthcare simulation education through the identification of best practices and recognition of practice
- Improves healthcare simulation education through providing standardization and a pool of knowledge of best practices
- Strengthens patient safety efforts through support of simulation modalities
- Provides external validation of individual educator knowledge, skills, and abilities
- Strengthens organizational, community, and learner confidence in the quality of education
- Garners local support, resources, and commitment
- Fosters a feedback loop between education and practice
- Encourages performance improvement and knowledge expansion of the individual educator
- Provides a competitive edge in the community, program offerings, and grant funding
- Recognizes expertise in simulation above and beyond domain expertise
**Eligibility & Requirements**
An individual may apply to become certified if they meet the following criteria:

- participate in healthcare simulation in an educational role.
- demonstrate focused simulation expertise with learners in undergraduate, graduate, allied health, or healthcare practitioners.
- possess a bachelor’s degree or equivalent combination of education and experience.
- document two years continued use of simulation in healthcare education, research, or administration.

Any individual who meets these requirements is encouraged to apply to become a CHSE. If there are any questions about whether the requirements are met, or to understand what any equivalency might entail, please email coordinator@simcertification.com for clarification.

**Statement of Non-Discrimination**
The Council does not discriminate based on individual characteristics such as, but not limited to race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran.

**Statement on Fairness**
All certifications shall be developed and administered in a manner that each eligible applicant, candidate, and certificant shall have a fair and equitable:

- review of their application.
- testing environment.
- renewal or recertification process.

Applicants and candidates may request a review of and can appeal any decision or result if they perceive unfair treatment or any condition that may have unfairly affected the results or decisions at any stage of the certification application, examination, or renewal/recertification process.

**English as a Second Language**
The Council recognizes that individuals from around the globe desire to take this examination. Many do not speak English as their primary language. SSH grants a 1-hour extension of examination time to all individuals for whom English is a second language (ESL). ESL applicants should, at the time they are completing their application:

- On the ADA tab, click on the box next to the “I have a disability…”

NOTE: ESL is not a disability, but this flags the system to allow for addition of the extra hour of time for testing.

**Accommodations for Disabilities**
SSH complies with the Americans with Disabilities Act (ADA) and strives to ensure that no individual with a declared disability is precluded from availing themselves of the certification process solely by reason of the disability. This would include making reasonable accommodation for going through the examination process. Accordingly, through SSH’s agents, SSH will accommodate reasonable and properly documented
requests for special accommodations that do not fundamentally alter the nature of its examinations or jeopardize examination security.

A candidate with a declared disability may request special accommodations and arrangements provided such disability would prevent the applicant from taking the examination under standard conditions and; by fulfilling the special accommodation requirements set forth by SSH’s designated testing agent, ISO Quality Testing, Inc. (IQT). SSH may submit information regarding the stated disability and requested accommodation to its own expert advisers and reserves the right to provide only those reasonable accommodations as required by law.

**Disability Documentation Requirements**

A request for accommodation must be submitted at the time the applicant submits their application. The candidate should make a written request by email to director@simcertification.com. The request should include the nature of the disability and the preferred accommodations.

Upon receipt, SSH’s Director of Certification or designee will review the request for accommodation and respond to the applicant in written form within 21 days. In the event that the accommodation is granted, the applicant will be instructed to adhere to the accommodations procedures set forth by IQT.

Applicant understands and agrees that a request for accommodation may be denied if such request is found to not conform to SSH’s ADA policy or the request is beyond what can be reasonably accommodated by SSH or IQT.

**Attestation**

Conferring Certification upon a member goes beyond education, experience, and assessing ones’ capabilities. Among the standards that underlie certification, integrity and character makeup are considered significant factors in granting the certification designation.

In submitting the application for certification candidacy member shall execute the following statement:

The information I have provided is accurate, true, and correct to the best of my knowledge. I agree to inform the Society for Simulation in Healthcare (SSH) of all changes to the information included in this application while I am an applicant and for as long as I am certified by SSH. I understand that SSH reserves the right to verify any and all information in this application or in connection with my certification, and I agree to cooperate with any requests for additional information.

I have read, understand and agree to be bound by all policies, procedures, and rules promulgated by SSH. I understand and agree that my failure to abide by SSH’s policies, procedures, or rules shall constitute grounds for rejection of my application or denial or revocation of my certification.
I attest that I have read the SSH Certified Healthcare Simulation Educator Handbook and understand its contents, and I attest that I agree to abide by its policies and procedures.

**Hold Harmless and Waiver**

The Certification Process, while an objective one in many respects, by design contains subjective elements that could lead to a contested decision on the part of an applicant. Since the entire certification process is largely dependent upon the good faith voluntary efforts of SSH Certification Committee members, it stands to reason that SSH staff, its agents and additionally members of SSH contributing in varying ways to the Certification process be held harmless for the actions and decisions that are made in connection with granting or denying certification.

By executing the CHSE application, applicant hereby waives and releases, and shall indemnify and hold harmless, SSH, its officers, directors, members, employees, volunteers and agents from and against all claims, losses, costs, and expenses (including attorney fees) that arise directly or indirectly out of any action in connection with this application, any examination conducted by SSH which applicant applies to take or takes, the score or scores given applicant on the examination, and, if applicable, the failure of SSH to grant certification to applicant or to renew a certification previously granted to applicant, SSH’s revocation of any certification previously granted to applicant, or SSH’s notification of legitimately interested persons of such actions taken by SSH. This release does not purport to and does not release SSH for any actions arising out of willful, wanton, or intentional misconduct.
SECTION 2: APPLYING FOR CHSE AND PREPARING FOR THE EXAM

Application Process
The application process is as follows:
1. Go to www.simcertification.com
2. Log in to the page in the upper right hand corner (NOTE: applicants must create an SSH profile in order to log in; however, they are NOT required to be an SSH member)
3. Navigate to the application tab and complete all information that is required on each of the application tabs
4. Submit the application and payment

Prior to submission of the application, and through the application approval process, the individual submitting the application will be known as an applicant. Once the application and any supporting materials have been reviewed and the applicant has been approved to take the examination, the individual will then be known as a candidate. Upon passing the examination, the individual will be known as a CHSE.

A flowchart of the CHSE application and awarding process is provided in Appendix I.

Certification Process at a Glance
In order to be certified as a healthcare simulation educator, you must:
1. Meet all eligibility requirements.
2. Submit an application and application fee.
3. Take and pass a secure multiple-choice examination.

Application Deadlines
Applications are accepted throughout the year. There is no deadline for submission of a CHSE application.

Required Items
The items that are required to be submitted for an application to be considered complete are:
- Completed application form
  - This includes a list of individuals to be contacted to complete the Confidential Structured Report of Performance (CSRP). These are included in the application. A sample CSRP is available for your review at www.ssih.org/Certification/CHSE.
- Application fee
**Cost of Certification**
Applicants must submit the required fee with the complete CHSE application. Payment may be made with credit card or check. The fee for the examination is $395.00 (USD) for all SSH members, and for members of organizations that support CHSE (see webpage). The fee for all others is $495.00.

**Application Review**
It is the responsibility of the applicant to ensure that the application and any requested supporting documents are accurately submitted and that all deadlines are met. An application is considered complete only if all requested information is complete and accurate and if the required fee is submitted. Applications will be reviewed for completeness and verified that the initial requirements are met. The application and completed CSRP will be then reviewed to determine if there is sufficient information to demonstrate the candidate's competency as a healthcare simulation educator. The CHSE application process is now randomized and not all applications are fully reviewed. The applicant must be truthful in all items submitted.

**Please allow three (3) weeks after submitting the application before checking on the status of your application and CSRP review.**

**Eligibility Approval**
An applicant will be approved to take the examination if the application and CSRP review determines that the applicant has met all eligibility requirements and has provided sufficient information to demonstrate competency. Once the applicant has been approved, he or she will be permitted to take the examination and will become a candidate to receive CHSE status.

**Eligibility Denial**
If an application is found to be incomplete or the applicant does not meet the eligibility requirements, the applicant will be notified by email of the same. The candidate will have two (2) weeks to submit any information needed to modify the application and ensure that all requirements are met.

Should the applicant not resubmit any additional information, or should any resubmitted information not be sufficient to reverse the denial, the application fee will be refunded minus a $50.00 (US dollars) processing fee and any surcharges related to the refund.

**Correcting Errors in the Application**
Should the applicant realize, after submitting the application, that something submitted was in error, is incomplete, or needs to be updated, the applicant can correct the information prior to the notification of the decision to certify or not certify. To make any corrections, the application should email coordinator@simcertification.com with any corrections or modifications.
**Signing Up for the Examination**

Once the application is approved, candidates will receive an email from ISO-Quality Testing, Inc. (IQT), with instructions for scheduling the examination. This will include information on setting up a UserID and password.

**Register for an Exam**: Using their UserID and Password, the Candidate may:
- Register for an examination
- Create and/or update their candidate profile
- Select a date, time and location for an examination
- Print an Examination Receipt and Admission Letter (Admission Letter must be taken to the testing center on the day of the examination)
- Reschedule an Examination

**Computer-Based Testing Sites**

All examinations must be taken at approved ISO-Quality Testing, Inc. (IQT) test site. Please go to [http://www.isoqualitytesting.com/mlocations.aspx](http://www.isoqualitytesting.com/mlocations.aspx) for the most current listing of test centers. There are hundreds of sites in North America, and while the examination is only available in English at this time, there are also sites in several other countries.

**Availability/Schedule for Testing**

Examinations are scheduled on a space available basis. The candidate schedules the examination (not SSH).

**Examination Window for Testing**

Once a candidate is approved to schedule and take the examination, they will have 90 days in which to take the examination. Any candidate who does not schedule the examination within 90 days of being approved to take the examination will be considered disqualified and will forfeit the entire application fee.

**Examination Description**

The CHSE Examination is designed to evaluate the candidate’s knowledge and competency as a healthcare simulation educator. The test consists of 115 multiple-choice questions, of which 100 are counted towards determination of achieving a passing score. The remaining 15 questions are newly developed items that are not counted towards the candidate’s score. The candidate will not know which items are the newly developed items. These are included in the examination in order to statistically validate them prior to their becoming an accepted item for scoring, or discarding them if they score poorly.

The examination was developed collaboratively between SSH and Schroeder Measurement Technologies (SMT). Healthcare simulation experts from many locations, including internationally, and also from various simulation disciplines were included in this process. These individuals collectively worked to create and evaluate the blueprint and also the items on the examination.
**Examination Blueprint (2018 Version)**

The content of the CHSE examination is based on the blueprint. This blueprint was completed as a result of the international Practice Analysis of healthcare simulation operations that occurred between July 2017 and May 2018. The results of this Practice Analysis are contained in this document that describes the knowledge, skills, and abilities (KSAs) that are expected of an individual functioning in this role.

### Certified Healthcare Simulation Educator High-Level Examination Blueprint

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<td>I: Professional Values and Capabilities</td>
<td>18%</td>
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<tr>
<td>II: Healthcare and Simulation Knowledge/Principles</td>
<td>28%</td>
</tr>
<tr>
<td>III: Educational Principles Applied to Simulation</td>
<td>40%</td>
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<tr>
<td>IV: Simulation Resources and Environments</td>
<td>14%</td>
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Certified Healthcare Simulation Educator Detailed Examination Blueprint

DOMAIN I: PROFESSIONAL VALUES AND CAPABILITIES (18%)
A. Demonstrate characteristics of leadership (e.g. delegation, negotiation)
B. Recognize opportunities to advocate for simulation
C. Demonstrate and cultivate respect in relationships with participants, faculty, and the community
D. Demonstrate characteristics of teamwork (e.g. communication, role clarity, conflict resolution)
E. Recognize ethical principles and personal responsibilities as they apply to simulation (e.g. integrity, respect, do no harm)
F. Distinguish among the various roles of personnel involved in simulation
G. Demonstrate compliance with regulatory requirements
H. Evaluate credibility of resources in simulation education (e.g. websites, listservs, literature)
I. Utilize credible resources to inform simulation practices
J. Differentiate among the basic element of research (e.g. ethical review, informed consent, methodologies)
K. Define elements of quality management (e.g. plan-do-check-act)

DOMAIN II: HEALTHCARE AND SIMULATION KNOWLEDGE AND PRINCIPLES (28%)
A. Describe the factors affecting participant engagement within a simulation activity (e.g. learner level, realism, suspension of disbelief)
B. Examine opportunities to integrate simulation into education, research, and practice
C. Differentiate the phases of a simulation activity
D. Differentiate among the methods of feedback
E. Differentiate elements of debriefing
   1. Reflection
   2. Facilitation
   3. Phases
F. Differentiate among simulation modalities
G. Distinguish among various simulation activity settings (e.g. in situ, center-based, mobile)
H. Distinguish among applications of simulation for individual(s), team(s), and system(s)
I. Differentiate elements of realism
J. Recognize stressors contributing to individual and team performance (e.g. cognitive, affective/emotional, psychomotor)
K. Define elements of human factors
L. Identify roles for simulation to improve patient safety
M. Recognize concepts of modeling

DOMAIN III: EDUCATIONAL PRINCIPLES APPLIED TO SIMULATION (40%)
A. Distinguish principles of utilizing simulation as an educational tool (e.g. learning taxonomies, assessment, learning theories)
B. Integrate instructional design concepts into simulation activities

C. Plan and design simulation activities
   1. Integrate needs assessment data into simulation activities (e.g. psychomotor behavior, technical, behavioral, cognitive)
   2. Define goals
   3. Create measurable learning objectives/outcomes
   4. Identify and integrate assessment methods
   5. Prepare orientation, prebriefing/briefing, debriefing, feedback (i.e. for participants and simulation team)
   6. Plan logistics (e.g. people, supplies, timing)
   7. Employ strategies to balance risks and outcomes (e.g. real vs simulated equipment/supplies/tissues)
   8. Design the case/scenario
   9. Select simulation modality/modalities
   10. Select location to conduct the simulation activity
   11. Identify required resources (e.g. personnel, equipment, supplies)
   12. Collaborate in the coordination of the simulation team
   13. Prepare materials for participants and simulation team
      a. Instructions
      b. Equipment and supplies
      c. Environment, simulation, and moulage setup
   14. Assemble simulation specific resources (e.g. scenario, SP case, teaching script, programming list)
   15. Conduct pilot activity for simulations (i.e. dress rehearsal, field test, run-through)
   16. Plan for evaluation of the simulation activity
   17. Modify simulation activities based on pilot activities

D. Implement simulation activity
   1. Conduct prebriefing/briefing/orientation
      a. Review potential physical and psychological risks
      b. Create a psychologically-safe environment
   2. Facilitate simulation
      a. Manage personnel and equipment
      b. Manage evolving simulation needs
      c. Manage evolving participant needs
      d. Manage issues that arise during the simulation (e.g. equipment failure, unexpected behaviors or events)
      e. Manage physical and psychological risks related to simulation
      f. Identify participant performance
      g. Maintain psychologically-safe simulation environment
   3. Conduct participant assessment
      a. Manage physical and psychological risks
      b. Address performance
         i. Facilitate debriefing
         ii. Provide feedback
c. Facilitate reflective thinking
d. Promote transfer of learning to practice
e. Facilitate development of action plans related to performance
f. Maintain psychologically-safe simulation environment

4. Participate in simulation team debriefing and feedback
E. Analyze simulation activity evaluations
F. Modify future simulation activities based on analyzed evaluations
G. Reliability and validity
   1. Differentiate the concepts of reliability and validity in designing simulation activities
   2. Analyze how changes in simulation activity design may impact reliability and validity
H. Recognize the unique criteria for developing and implementing interprofessional simulation activities
I. Apply ethical principles in simulation activities

DOMAIN IV: SIMULATION RESOURCES AND ENVIRONMENTS (14%)
A. Recommend modifications to simulation facility/program to improve outcomes
B. Manage technical and material problems (e.g. video capture, simulator failures, supplies)
C. Recognize and report gaps, needs, and/or opportunities for a simulation program (e.g. equipment, staffing, policies)
D. Identify how specific factors impact operational changes (e.g. purchases, staffing, logistics, policies)
E. Apply strategies for managing risks in a simulation program/center
F. Utilize resources effectively and efficiently (e.g. money, people, space)
**How to Prepare for the Exam**

Candidates who are approved for the examination should strongly consider spending some time in preparing for the examination. Reviewing the literature and surveying the latest research is one way in which the candidate can refresh knowledge and review important concepts. One of the recommended resources is the journal Simulation in Healthcare, the official journal of SSH.

There are also many courses that are offered in various formats that would help the candidate learn simulation and educational techniques. The candidate should know that SSH does not endorse any particular course at this time. Any course work should be carefully considered.

The Council shall not be responsible for the development of any review programs such as, but not limited to items like the SSH Readiness Courses.

The Council does have responsibility for the development and delivery of the practice exams that are administered through the vendor testing software. These questions are developed in the same manner and by the same individuals as the formal examinations. However, the practice exam is limited in scope and is defined as follows:

- **Practice Examination:** The purpose of a practice examination is to minimize the impact of construct irrelevant test administration effects (e.g., test format, software, modality or interface) on test performance by familiarizing candidates with the examination experience. The practice examinations provide a raw number or percentage correct score and offer a rationale for each of the questions to help candidates understand the examination experience. However, the practice examinations do not provide candidates with a pass/fail status, diagnostic information, or predictive interpretation of performance or success.

**References**

The SSH Certification Committee has put together a list of references for the purpose of aiding the candidate in preparation for the examination. This reference list is a collection of articles related to simulation, education, and research that should help the candidate review information. Further, many of the articles listed were used as source material for the questions on the examination. This list of references can be found on the website at [http://www.ssih.org/Certification/CHSE/Exam-Information](http://www.ssih.org/Certification/CHSE/Exam-Information).


SECTION 3: TESTING AND AFTER THE EXAMINATION

Exam Day Requirements
For extra security when taking the exam at the testing center, Candidates use their UserID but a unique Passcode at the testing center. Note: The Candidate Password used to schedule the exam is different from the exam Passcode used to start the exam.

If the candidate does not have his or her admission letter, or has forgotten their Candidate UserID and Candidate Passcode, the candidate will need to log into their profile on the IQT website, and reprint their unique admission letter. Please note the exam will not be launched until the candidate presents their unique admission letter.

• Exiting the Testing Area: Candidates must leave testing area when they have completed the examination to avoid causing distractions to those who may still be testing.

Identification Requirements
The Candidate Admission Letter contains the Candidate UserID and Passcode needed by the candidate to login to their examination. The candidate will be allowed to retain the letter until they have successfully logged in. During the examination, the Candidate Admission Letter will be stowed in a secure location.

Photo ID with Signature: The candidate must present a government-issued photo ID, with signature, to be admitted to the examination. The proctor should contact IQT if there are any questions regarding a Candidate’s Identification.

Identification examples that are acceptable and non-acceptable:

Acceptable ID’s:
• Driver’s License
• State issued ID Card
• Passport
• Military ID

Non-Acceptable ID’s:
• Library Card
• School ID
• Credit Card or Department Store Card
• ID with signature only (no picture)
• Gym Membership ID

IF THE CANDIDATE DOES NOT HAVE ACCEPTABLE PHOTO ID THAT INCLUDES A SIGNATURE, THE PROCTOR MAY NOT ADMIT THE CANDIDATE INTO THE EXAMINATION
ROOM. THE CANDIDATE SHOULD BE INSTRUCTED TO CONTACT IQT FOR RESCHEDULING INFORMATION.

**Authorized Materials During Testing**

There are restrictions on what the candidate may bring into the examination room. IQT has provided the following to guide the candidate on what is and is not allowed:

- The Proctor will ask the candidate to place all personal items (e.g. cell phone, dictionaries, books, purse, coat, hand-held computers, etc.,) in a secured location, preferably in his or her car.
- **All cell phones must be powered off.**
- Candidates are NOT allowed to use or possess any type of testing aid during the examination, unless specifically approved by IQT and listed on the IQT Authorized Materials List (available online in the IQT Examination Roster).
- If a candidate refuses to turn over aids while testing, the proctor will dismiss the candidate from the examination room.
- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room. ISO Quality testing or SSH are not responsible for items left in the reception area.
- No food or beverages are allowed in examination room.
- **Scratch Paper:** If permitted for an examination, IQT Scratch Paper will automatically print with the IQT Authorized Materials List from the Examination Roster. Candidate may not bring his or her own scratch paper into the exam room.

**Security**

Iso Quality Testing maintains administration and security standards that are designed to assure that all candidates are provided an equal opportunity to demonstrate their abilities. Some of their policies include:

- No individuals are allowed in the testing room other than candidates taking examinations and the Proctors.
- No cameras, cell phones, notes, recorders, PDAs, pagers or other device is permitted into the testing room.
- Only ONE candidate may leave the testing room at a time to go to the restroom. For such a break there will be no additional time added to the allotted examination time.
- The candidate must sign out on the IQT Examination Roster, and then sign back in on the IQT Examination Roster, to document departure from, and return to, the examination room during the testing session.
- **Scratch Paper Destruction:** The Proctor must collect the candidate’s scratch paper for shredding.

**Examination Confidentiality**

All content, specifically questions, answers, and diagrams of the certification exams are the proprietary and confidential property of SSH. They may not be copied, reproduced, modified, published, uploaded, posted, transmitted, or distributed in any way without the express written authorization of SSH.
SSH and IQT take the security, integrity, and confidentiality of the examination and candidate results very seriously. Any breach is considered a serious offense, and appropriate action will be taken against any individual who violates the security, integrity, and confidentiality of the examination and candidates, up to and including legal action and/or monetary compensation, depending on the severity of the violation.

The Proctor will inform the candidate that discussing examination content with anyone is strictly prohibited and constitutes cheating on the examination. This includes discussion of any examination items with anyone else after the examination, including those who have previously successfully passed the examination.

**Cheating**
If a Proctor observes a candidate cheating in any way or engaging in any inappropriate or suspicious conduct, the Proctor will document the incident thoroughly and submit an incident report.

If the candidate is determined to have cheated on the examination in any way, they will not be granted CHSE status, and will forfeit their application fee.

If a candidate is determined to have cheated after he or she has already become a CHSE, then the certified status may be revoked at the discretion of SSH, and the application fee will be forfeited.

**Misconduct During the Examination**
Disruptive or inappropriate behavior by any candidate during an examination is grounds for the candidate’s dismissal. (e.g. rude or inappropriate language or behavior, disruptiveness to other candidates taking an examination, etc). Any candidate engaging in this type of behavior will be asked to leave the examination room by the Proctor.

Further, any candidate who is asked to leave the examination center due to misconduct will not be granted CHSE status at the discretion of SSH, and will forfeit his or her application fee.

**Confidentiality of Results**
SSH and IQT have policies in place to ensure that candidate examination results remain confidential. Results of the examination will only be shared with the candidate and any personnel with SSH and IQT necessary to complete the granting of the certification and completion of any record keeping.

Candidates are reminded that SSH reserves the right to recognize publicly any candidate who has successfully completed the CHSE certification examination and earned the certified healthcare simulation educator credential. Examples of this include, but are not
restricted to, posting of the candidate’s name on the SSH webpage, and public recognition at SSH events.

**Emergencies and Inclement Weather**
In the event of inclement weather or unforeseen emergencies on the day of the examination, IQT will determine whether circumstances warrant the cancellation and subsequent rescheduling of an examination. Candidates should contact the testing center before the examination to determine if IQT has closed or delayed opening of a testing center. Every effort is made to administer examinations as scheduled. Should an exam be canceled by IQT, candidates must contact IQT to reschedule the examination for a later date. There are no additional costs for such reschedules.

**Cancellations, Rescheduling and Missed Appointments**
Candidates may reschedule the examination up to five (5) calendar days before the examination date (six days or more previous to the scheduled day). There is a $25 (USD) rescheduling fee to process the request. The candidate should contact the testing company directly to reschedule the examination and submit the rescheduling fee.

If the cancellation is within 5 calendar days or less, candidates will not be allowed to cancel or reschedule the exam unless one of the following four situations has occurred: death in the immediate family, military deployment, jury duty, or sickness. Documentation is required for any of these four situations. The $25 (USD) rescheduling fee would still apply in these situations.

Any candidate who misses a scheduled examination or does not follow the rescheduling guidelines above will forfeit the application fee and will be required to submit a new fee in order to schedule a new examination date.

**Notification of Examination Results**
Candidates will be notified of their examination results at the time of the completion of the examination, and also by email. In rare cases, the examination results may not be available at the time of the completion of the examination (e.g. when an exam form is still in development to capture data to set the cut score). Candidates will be made aware of these instances as possible and known.

**Results Verification and Certificate**
Once the candidate has completed the examination, the results will be reported to SSH. All results will be verified. Once this is complete, the candidate, within ~4 weeks, will receive via U.S. Postal Service verification of the results and notification of the granting of CHSE status. Certificates will be mailed out on a quarterly basis.
**Certification Credential**

Upon successful completion of the certification process, the applicant will be awarded the CHSE level of certification. The applicant will receive a paper certificate, and the certification is good for a three (3) year period. The applicant can apply for recertification at that time.

**Rules of Use of the CHSE**

Candidates who pass the Certified Healthcare Simulation Educator (CHSE) examination are allowed to use the designation “CHSE” after their names upon receiving an official passing test score. This includes receiving an onsite score report at the testing center. Proper use of the credential is typically conveyed as highest degree earned, license, certification, and fellowship appointments. Candidates will receive a certificate from the Society for Simulation in Healthcare via U.S. postal mail.

SSH reserves the right to recognize publicly any candidate who has successfully completed the CHSE certification examination and earned the certified healthcare simulation educator credential.

**Trademark**

CHSE, Certified Healthcare Simulation Educator, and the CHSE logo are registered trademarks of The Society for Simulation in Healthcare. No use of these trademarked items is permitted without the express authorization of The Society for Simulation in Healthcare. All rights are reserved. Any use of these marks must conform to the standards and rules set forth by SSH by only those certified by SSH and in good standing.

**Rescheduling of Missed Exam**

Candidates who are not present on the scheduled examination date/time, or who do not have an admission document, or who do not have proper identification will not be allowed to sit for the examination. Such candidates will be considered a “No-Show”, the examination fee will be forfeited, and the candidate will be required to re-register and pay all fees ($395.00 USD member pricing) prior to sitting for the examination.

**Reexamination**

Candidates who do not pass the examination may resubmit their application and submit the retest fee ($175.00 USD member pricing, $275.00 USD non-member pricing) if they wish to pursue certification. Please review rules of eligibility before submitting a new application and fee.

An individual may take the CHSE examination a maximum of four times per year or once every 90 days and not more than once per quarter.

There is no limit to the number of times a candidate may take the examination during his or her lifetime.
SECTION 4: ADMINISTRATIVE ITEMS

Request for Duplicate Score Report
Candidates may obtain additional copies of their score. Requests must be submitted to coordinator@simcertification.com. There may be a fee for duplicate scores after 12 months have passed from the date of the examination.

Refunds
Should an applicant decide to withdraw their application at any time, they can request a cancellation of their application by emailing coordinator@simcertification.com. The application fee will be refunded minus a $50.00 (US dollars) processing fee and any surcharges related to the refund.

Should a candidate decide to withdraw their application prior to scheduling their examination, they can request a cancellation of their application by emailing coordinator@simcertification.com. The application fee will be refunded minus a $50.00 (US dollars) processing fee and any surcharges related to the refund.

If the candidate has already registered for the examination, the amount of refund will be dependent on the scheduled date of the examination. **If less than five (5) calendar days prior to the examination, all fees will be forfeit.** Prior to this time, the application fee will be refunded minus a $50.00 (US dollars) processing fee, any surcharges related to the refund, and any fees charged to SSH by IQT.

Appeals
Individuals at any stage of the certification process shall be allowed to file an appeal following the process as described in the policy. An appeal will be considered in the following circumstances where the individual does not achieve or maintain certification:

- determination of ineligibility for certification.
- adverse testing conditions severe enough to cause a major disruption of the examination process.
- revocation decision (e.g. ethical or legal misconduct).
- determination of ineligibility for renewal or recertification.
- determination of non-renewal.

Submitted appeals shall not be considered for the following:

- review of individual examination items
- review of examination forms

In the event that applicant believes he or she has encountered discriminatory behavior of any kind, such instance should be brought to the attention of SSH’s Director of Certification at the earliest opportunity.

Any such complaint shall be submitted in written form (email is acceptable).
After receiving an alleged complaint, SSH shall investigate and take corrective action, if warranted. SSH’s Director of Certification may choose to contact the applicant for purposes of securing additional information or clarifying points of the complaint. This may be accomplished in either oral or written communication.

The SSH Director of Certification may make a determination or, as needed, appoint an Appeals Panel to investigate and determine certain matters. The Appeals Panel, in coordination with the SSH Certification Director, will independently review the appeal and information contained therein, and submit its findings and recommendations (see policy and procedure for Appeals posted online).

The individual shall be informed of the disposition of any such appeal in writing at the earliest possible date but in no event later than sixty calendar days from the date the appeal was submitted to SSH.

All decisions of the Appeals Panel will be considered final.

**Misconduct**

SSH subscribes to the definition of misconduct as meaning wrongful, improper, or unlawful conduct motivated by premeditated or intentional purpose or by obstinate indifference to the consequences of one’s acts. SSH is dedicated to advancing knowledge through the certification process and by engaging SSH members in the rigorous exchange of ideas. In furtherance of this goal, SSH members are expected to adhere to a standard of conduct which demonstrates respect for the organization and all of its members. The grounds for sanction by SSH include:

1. Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for, professional activity.
2. Gross negligence or willful misconduct in the performance of professional services, or other unethical or unprofessional conduct based on demonstrable and serious violations of SSH’s rules, policies, or procedures.
3. Fraud or misrepresentation in the application or maintenance of SSH membership, professional certification, or other professional recognition or credential.

Candidate understands and agrees that an allegation of misconduct may originate from within or outside of SSH, for example IQT as SSH’s agent. In the event that an allegation of misconduct is made against a candidate, it will be handled in accordance with disciplinary action procedures to ensure fairness and due process. SSH’s disciplinary procedures can be accessed [http://www.ssih.org/Certification](http://www.ssih.org/Certification).

**Change of Address**

Whenever an applicant, candidate, or previously certified educator has a change of address, this change can be submitted by emailing coordinator@simcertification.com with the corrections.
It is the responsibility of the applicant, candidate, or CHSE to ensure that their information is current. SSH is not responsible for any correspondence that is sent to electronic or postal addresses that are not correct due to changes on the part of the applicant, candidate, or CHSE.

**Change of Legal Name**

Should the applicant, candidate, or CHSE have a name change, this information can be sent to coordinator@simcertification.com. In addition, formal documentation must be submitted that verifies the name change. This could be a marriage certificate, a legal name-change document, or similar. This is required to ensure that the name change meets all legal standards and to protect all educators. This should be scanned in and emailed as well.
SECTION 5: RECERTIFICATION

Renewal of Certification
CHSE certification status is granted for a period of three years. The three-year renewal cycle is based on the currency of practice in healthcare and changes associated with pedagogy (for example, increased focus on simulation). The purpose of requiring certification renewal is to ensure that the CHSE has continued to expand knowledge relevant to the role of healthcare simulation educator.

The certification period begins on the day that the candidate successfully passes the examination and ends three years later. Use of the CHSE credential is valid until the date indicated on the CHSE certificate issued by the Society for Simulation in Healthcare’s Certified Healthcare Simulation Educator Certification Program.

A CHSE can obtain certification renewal by maintaining practice requirements and a) fulfilling professional development requirements or b) retaking the Certified Healthcare Simulation Educator (CHSE) examination. The requirements are posted at www.ssih.org/Certification/CHSE/Recertification.

To ensure the integrity of the CHSE certification renewal process, randomly selected renewal applications will be audited each year. Certificants who will be selected for audit will be notified and will be required to provide supporting documentation. Therefore it is advisable to keep documentation of certification renewal activities in the event of selection for audit. Certificants that are audited and are not able to provide the necessary supporting documentation will not be allowed to renew their CHSE.

If the certification expires, the certificant will not be eligible to retake the examination unless they meet the then-current eligibility requirements. Persons who choose to renew by examination and do not achieve a passing score or who elect not to renew their certification are prohibited from continuing their use of the CHSE designation upon its expiration.

It is the individual’s professional responsibility to maintain certification dates, required documentation, and to keep abreast of changing certification requirements. It is also an individual’s responsibility to keep the Certified Healthcare Simulation Educator Certification Program informed of any changes in address or other pertinent information.

Renewal of Certification by Submission of CPD
CHSE Certificants are expected to have entered their CPD into the online system no less than thirty (30) days prior the expiration date. Certificants can submit their renewal during the last 90 days of their certified period (last 90 days prior to expiration) and by submitting the appropriate recertification fee. The certificant need only log in and select “Renew by CPD” in their online certification profile and submit the fee (after all CPD items are entered).
NOTE: renewal can ONLY be submitted during the last 90 days of the certified period. If the certification expires, the certificant will not be eligible to recertify unless they meet the then-current eligibility requirements.

Any certification that is over thirty (30) days past the date of expiration may not recertify.

Submission of Continued Professional Development:
- $350 (USD) for SSH members and other organizations that have made statements of support, $450 (USD) for all others.

Recertification by Examination
Recertification by examination can be completed at any time during the last year of the certified period (last year prior to expiration). The certificant need only log in and select “Renew by Exam” in their online certification profile and submit the recertification fee.

Submission of Reexamination:
- $395 (USD) for SSH members and other organizations that have made statements of support, $495 (USD) for all others.
APPENDIX 1: Application process for CHSE (flowchart)

Step 1: Review Prerequisites
Applicant should review the Eligibility Criteria, Standards, and Application Information needed.

Step 2: Complete Application
Applicant will complete and submit the application, and remit the application fee.

Step 3: Complete Examination
Upon approval, candidate will sign up to take the examination at an approved testing center.

Step 4: Receive Certification
Once the exam is passed, CHSE status will be awarded to the candidate.
APPENDIX II: Frequently Asked Questions (FAQ)

The following list of questions and answers will help the applicant in understanding what is entailed in applying for and completing CHSE. Should the applicant have any questions that are not included, please send an email to coordinator@simmcertification.com with the question.

FAQ Sections

1. Eligibility /Applying
2. Certification Information/Standards
3. Evaluating the Application/Application Items
4. Processes
5. Examination
6. Fiscal Items
7. Administrative Items
8. Recertification

1. ELIGIBILITY/APPLYING

Q1.1: What would the minimum educational requirements be?
A1.1: The minimum educational requirements that must be met prior to submitting an application for certification are a Bachelor’s Degree or equivalent experience.

Q1.2: Where do I find a sample CSRP?
A1.2: A sample CSRP can be found at www.ssih.org/Certification/CHSE.

Q1.3: Will new educators be able to obtain the certification?
A1.3: The minimum experience requirement to apply to become certified is to have two years of experience.

Q1.4: Do you have to be full time to obtain certification?
A1.4: Applicants are not expected to be full time in healthcare simulation education to become certified. However, the educator must demonstrate ongoing use of healthcare simulation education to meet the eligibility requirements.

Q1.5: Is an educator with significant experience going to be granted CHSE without applying?
A1.5: There is no plan to give certification to anyone who has significant experience. They must complete the same process as all applicants.

Q1.6: Non-clinical/non-simulation educators—is there an option for these people to become certified?
A1.6: This certification does not exclude those that do not teach the clinical aspects in simulation. Many areas of simulation education in healthcare are not clinically oriented. However, it is not appropriate for educators who do not use simulation.

Q1.7: Do you have to be an SSH member?
A1.7: No. Those who apply to become a CHSE do not need to be an SSH member. Applicants are encouraged to be members however.

Q1.8: What is required of the narrative questions?
A1.8: It is expected that you will write enough to demonstrate your abilities as it relates to each question. These are not expected to be lengthy answers.
Q1.9: Do I submit my CV or Resume as part of the application?
A1.9: No. The required information is submitted in the application.

2. CERTIFICATION INFORMATION/STANDARDS

Q2.1: What will I receive if I am certified?
A2.1: You will receive a certificate stating the same. Further, you will have permission to use the credentials during the period that you are certified.

Q2.2: What credentials can I use if I am certified?
A2.2: You will be able to use the CHSE credential.

Q2.3: How do we propose to address the academic and testing pieces in light of the diversity of simulation educators (types of simulation, backgrounds, etc)?
A2.3: The Standards have been created, reviewed, and agreed upon by consensus of a broad cross section of the Simulation community. This includes not only those from academic settings, but also individuals from non-academic settings. Further, it included individuals from multiple disciplines and many countries. The Standards were built with a focus on elements that are common to simulation education in healthcare, regardless of setting, discipline, or country.

Q2.4: Will you be recognizing certification in other fields/cross-reference others to this certification?
A2.4: At this time, there are no reciprocity agreements in place. Any reciprocal certifications would have to be carefully reviewed since the CHSE certification is very specific to simulation education in healthcare. As such, any reciprocity would have to be found to be significantly similar.

Q2.5: How long will I be certified?
A2.5: The certification is good for three years from the date the certification is granted (typically the date of the exam being completed successfully).

Q2.6: Is there more than one level of certification?
A2.7: There are two levels of certification, CHSE and CHSE-A (Advanced). However, the CHSE-A is still under development and is not expected to roll out until 2013.

Q2.7: Will international requirements be any different?
A2.7: The Standards have been designed with the intent to be applicable in all nations.

Q2.8: Basic competencies and standards—what are the standards of practice for simulation-based educators?
A2.8: The CHSE Standards and Elements document is posted at http://www.ssih.org/Certification/CHSE/Handbook. These are considered to be the standards and areas of competency that are expected for healthcare simulation educators.

3. EVALUATING THE APPLICATION/APPLICATION ITEMS

Q3.1: What are the criteria used for evaluating my application?
A3.1: The applications and CSRP will be evaluated against the Standards, located at http://www.ssih.org/Certification/CHSE/Handbook. Once the applicant is determined to, on the whole, meet the Standards, they will be approved to take the examination.

Q3.2: What is a Confidential Structure Report of Performance (CSRP)?
A3.2: The CSRP is a formatted letter of reference. It is collected via an online form as submitted by your references.

Q3.3: Do I get to see the submitted CSRP?
A3.3: The submitted information will not be sent to you. The only way you will see the form is if the reference remits it directly to you (copy and paste).

4. PROCESSES

Q4.1: Is there going to be a course as part of obtaining the certification? (e.g. ACLS, ATLS etc)
A4.1: Any courses that will be offered will be optional for the applicant. They will likely be focused on preparing the applicant for the certification exam. SSH does not currently have any courses that prepare the applicant.

Q4.2: How do I complete my application?
A4.2: The application is a web-based form, and the link is located at https://www.iqttesting.com/Default.aspx. Please select “Candidate Processing System” to begin. Once started, the application can be saved and completed later.

Q4.3: What do I do if I decide to withdraw my application?
A4.3: Submit an email to coordinator@simcertification.com and request to have your application withdrawn. There is a $50 (USD) processing fee (plus any fees to cover the refund process).

Q4.4: How will you ensure that someone doesn’t just look good on paper (and thus would receive certification inappropriately)?
A4.4: The CHSE has been set up to verify the knowledge, skills, and abilities of the applicant through triangulation of their application, CSRP, and the examination. It is expected that this should keep someone inappropriate from being certified.

Q4.5: How long does the application review process take?
A4.5: Once the application has been submitted, it is requested that a minimum of three (3) weeks be allowed for the review of the application and CSRP to be accomplished. The applicant should be sure to have the individuals who are completing the CSRP submit the form as soon as possible since the review cannot occur until three CSRP have been received.

Q4.6: What happens if my application is not approved?
A4.6: You will receive notification by email stating that you have not met the certification criteria. You will have the option to submit additional evidence for additional review.

Q4.7: Can my certification be revoked?
A4.7: It is possible that your certification can be revoked. While each circumstance would be different, the primary reason for this to occur would be if the application were
found to be deliberately falsified or otherwise misrepresented the applicant in some significant way. Notification of revocation would be through certified mail.

Q4.8: Are there different standards or processes for international applicants?
A4.8: No. All applicants are held to the same standards. All processes are also identical.

5. EXAMINATION

Q5.1: How will I be notified that I can take the examination?
A5.1: The applicant will receive an email from Iso Quality Testing, Inc., (IQT) with the information that is needed to sign up for the examination.

Q5.2: How do I sign up for the examination?
A5.2: The information that is sent to the candidate will contain the directions on how to sign up for the examination.

Q5.3: How long do I have to take the examination?
A5.3: Once approved to take the examination, the applicant will have ninety (90) calendar days in which to complete the examination.

Q5.4: Can I reschedule the examination?
A5.4: Yes. Rescheduling is done by contacting IQT directly. There is a $25 (USD) rescheduling fee.

Q5.5: I passed the exam but I don't see a score?
A5.5: Numeric scores for licensure and certification examinations are not provided for examinees who pass in order that these scores are not used for purposes other than the tests were intended for. For example, the numeric scores should not be used to decide who is hired or promoted, or who is eligible for advanced training, because the exams are not designed for these purposes.

Q5.6: What percentage of the test items do I need to answer correctly to pass the test?
A5.6: Because different forms are used, cut scores for the individual forms are not released. However the different forms are equated to provide an equal chance to pass for every candidate.

6. FISCAL ITEMS

Q6.1: When is my certification fee due?
A6.1: The certification fee is due at the time the application is submitted. The application will not be processed until the application fee is received.

Q6.2: How much does the application cost?
A6.2: The application fee for certification is $395 (USD) for SSH, ASPE, & INACSL members. The fee for all others is $495 (USD). This covers any fees required for the examination.

Q6.3: What is the fee if I did not pass the exam and want to retest?
A6.3: The reexamination fee is $175 (USD) for SSH, ASPE, & INACSL members. It is $275 (USD) for all others.
7. ADMINISTRATIVE ITEMS

Q6.1: Who do I contact if I have any questions?
A6.1: If you have any questions, you should contact SSH via email at coordinator@simcertification.com

Q6.2: How do I notify SSH of any change in my address, email, etc?
A6.2: Send an email to coordinator@simcertification.com with the updated information.

Q6.3: How do I notify SSH of any name change?
A 6.3: Send an email to coordinator@simcertification.com. In addition, you will need to submit, via fax or email, the legal documentation (wedding certificate, court document) that indicates the name change. This is needed to verify the change.

8. RECERTIFICATION

Q7.1: How do I recertify?
A7.1: The CHSE will have the option of either completing the same process as an initial application (including the examination), or submitting evidence of continued professional development (specifics still to be determined).

Q7.2: What does the recertification look like? Is it another submission, or would it be a different subset?
A7.2: Recertification information can be found in the document located at www.ssih.org/Certification/CHSE/Recertification.
**APPENDIX III: CHSE Terminology**

**Descriptive Terminology for SSH Certification**

The following list of terms is put together for the CHSE applicant in order to help understand the terminology that is used throughout the CHSE process (e.g. application, examination). It is not intended to be an absolute list of definitions but rather a means of describing what is intended. This list should not be construed as the final definition of any of the given terms since many of these items have many definitions, and may be applied differently in varying circumstances. Further, this is not an all-inclusive list of all terms related to simulation. Should the applicant have any questions about terms that are not listed here, please send an email to coordinator@simcertification.com.

1. **Accreditation** – a process whereby a professional organization grants recognition to a simulation program for demonstrated ability to meet pre-determined criteria for established standards.

2. **Applicant** – this refers to any individual who is compiling or has already submitted their application to become certified through the Certified Healthcare Simulation Educator and for whom eligibility has not yet been determined. See also Candidate.

3. **Assessment** – any activity that evaluates and/or reviews a person, activity, or program. This includes assessments of and by the learner, of and by the instructors and faculty, and of and by the simulation program. Typical examples include course evaluations, examinations, and program evaluations.

4. **Assessor** – a person who performs standards of human performance assessment. Assessors must have specific and substantial training, expertise, and demonstrated competency in the art and science of human assessment.

5. **Best practice** – an idea that asserts that there is a technique, method, process, activity, incentive, or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people.

6. **Biosketch** – a brief summary of one’s professional/education accomplishments, publications, and affiliations. A biosketch is an abbreviated curriculum vitae meant to highlight important aspects of training, education, experience, and professional interest.
7. **Briefing** – this refers to any activity that occurs prior to a simulation event such as an educational activity. This can include giving instructions, guidelines, or directives. Briefings can be for the benefit of the instructional staff as well as for the learner(s).

8. **Candidate** – this refers to any individual who has already submitted their application to become certified through the Certified Healthcare Simulation Educator and has been approved to take the examination and/or is awaiting the results of the examination. See also Applicant

9. **Certification** – the process through which an organization grants recognition to an individual who meets certain established criteria and eligibility requirements.


12. **CHSE Program** – a term used throughout the various documents and resources of the CHSE and CHSE-A certifications. It is a general term used to encompass any and all activities related to the application, verification, certification granting, administrative, and other functions performed in the certification program.

13. **Class** – a general term that can be considered to be synonymous with an educational activity, a class is a simulation activity that occurs with the intent to educate or train learners to specific skills or behaviors. See also Course or Educational Activity.

14. **Complaint** – a complaint, as defined for the purposes of certification, is any written or verbal complaint related (but not limited) to the application process, examination, or any remediation during the application and examination process. It may be related to conduct of individuals, program management, room design/comfort, and applicant-to-applicant misconduct. Any applicant can make a complaint at any time of the application and examination process. See the Handbook for procedure on how to submit a complaint.

15. **Complaint Resolution Process (for programs)** – a formal process designed to maintain open communication between applicants and the CHSE program. The expression of satisfaction or dissatisfaction is an important opportunity to improve quality of a program. A complaint resolution process must include the procedure for investigating complaints, managing complaints, providing feedback, and implementation of measures for improvement.

16. **Compliance** – describes the goal that applicants seek to meet or maintain the standards and policies set forth by the SSH Certification Committee.
17. **Computer Based Simulation** – simulation activities that are performed via a computer program. These are similar to Virtual-Reality Simulations, but do not include additional interfaces between the learner and the computer (restricted typically to mouse-type interface for example).

18. **Confidentiality Procedure (Learner specific)** – a procedure that maintains the confidentiality of learners while engaged in a CHSE-related activity. The procedures prevent the disclosure of information related to applicant information, evaluation, and examination results.

19. **Content Expert** – a well-established individual with substantive expertise in the related topic area and serves as a consultant.

20. **Core Standards** – the fundamental simulation education standards that have been developed by the SSH Certification Committee as a cooperative effort with input from other simulation societies and groups. The high level categories are a) Professional Values & Capabilities, b) Knowledge of Educational Principles, Practice, and Methodology in Simulation, c) Implementing, Assessing, and Managing Simulation-Based Educational Interventions, and d) Scholarship—Spirit of Inquiry and Teaching. See also Examination Blueprint.

21. **Course or Course of Instruction** – a designed activity involving the use of simulation that has been developed using simulation methodology with identifiable goals, objectives, and outcomes. See also Class and Educational Activity.

22. **Curriculum** – a complete program of learning that includes identified course outcomes/desired results, a design for incorporating simulation into educational activities, and suggested methods of assessment for evaluation.

23. **Curriculum Vitae (CV)** – a written description of one’s work experience, education background, professional/organizational affiliations, and professional accomplishments. A CV is more comprehensive and detailed than a traditional resume.

24. **Debriefing** – a formal, reflective stage in the simulation learning process. Debriefing is a process whereby educators/instructors and learners re-examine the simulation experience and fosters the development of clinical judgment and critical thinking skills. It is designed to guide learners through a reflective process about their learning. See also Feedback.

25. **Educate** – the process of learning or refining knowledge, skills, abilities, and attitudes. This is distinguished from training in that it implies a higher level of complexity as well as the inclusion of elements such as critical thinking skills.

26. **Education** – the process of transferring new or expanded knowledge, skills, abilities, and attitudes.
27. **Educational Activity** – a healthcare-related educational activity that is performed using some form of recognized simulation techniques. See also Class and Course.

28. **Educator** – a specialist in the theory and practice of simulation education who has the responsibility for developing, managing, and/or implementing educational activities. See also Instructor, Facilitator, and Faculty.

29. **Eligible for Certification (Eligibility)** – To be eligible for certification, the applicant must meet a set of requirements related to experience, licensure, and work history in education and/or simulation-based education. These requirements are detailed in the eligibility criteria posted on the webpage.

30. **Evaluation** – a review of an activity, process, individual, or facility. Evaluations can take many forms, both formal and informal, examples include examinations, course review, debriefing, and feedback (among many others).

31. **Evidence-based** – Educational materials or methods that have been proven through rigorous evaluation and research. These may be in clinical or educational topics, and are, where appropriate, integrated into certification.

32. **Examination Blueprint** – The specific items that were used to create the examination for the CHSE program. The blueprint was put together using a number of simulation SMEs from many countries. The process included their input, distribution of a survey, and use of psychometrics to validate the content. The high level content of the blueprint is a) Display Professional Values and Capabilities, b) Demonstrate Knowledge of Simulation Principles, Practice, and Methodology, c) Educate and Assess Learners Using Simulation, d) Manage Overall Simulation Resources and Environments, and e) Engage in Scholarly Activities. See also Core Standards

33. **Experiential Learning** – the process of learning through direct experience. Experiential learning involves the learner actively participating in the experience, learner reflection on the experience, use of analytical skills to conceptualize the experience, and the use of decision-making and problem-solving skills to gain new ideas from the experience.

34. **Facilitator** – an individual that helps bring about an outcome by providing direct or indirect assistance, guidance, or supervision. See also Educator, Faculty, and Instructor.

35. **Faculty** – an individual who conducts educational activities. The term is not constrained by full- or part-time status, or by salary. See also Educator, Facilitator, and Instructor.

36. **Feedback** – any activity where information is relayed back to a learner. Feedback can be delivered by an instructor, a machine, a computer, or by other learners as long as it is
part of the learning process. Feedback should be constructive and address specific aspects of the learner's performance. It is intended to be a part of the learning process. See also Debriefing.

37. **Fidelity** – describes the level of realism associated with a particular simulation activity. It is not constrained to a certain type of simulation modality, and higher levels of fidelity are not required for a simulation to be successful. It is typically desirable to increase fidelity where reasonable however.

38. **Formative Assessment (Formative Evaluation)** - a process, tool, or technique for the purpose of providing feedback for a learner to improve.

39. **High Fidelity Simulator** – this term is used to refer to the broad range of full-body manikins that have the ability to mimic, at a very high level, human body functions.

40. **High Stakes Assessment** - A high-stakes assessment is one having important consequences for the test taker, and serves as the basis of a major decision. Passing is associated with important benefits, such as satisfaction of a licensure and/or certification requirement, or meeting a contingency for employment. Failing too has important consequences, such as being required to take remedial classes until the assessment can be passed, or being banned from practice within a certain discipline or domain. Thus, high stakes assessment is one that:
   - is a single, defined assessment (perhaps with component subunits)
   - has clear distinction between those who pass and those who fail
   - has direct consequences for passing or failing (something "at stake").

41. **Hybrid Simulation Methodologies** – the use of a combination of types of simulation that integrates the use of simulators and standardized human patient simulators in a simulation event.

42. **Immersion** – describes the level to which the learner becomes involved in the simulation. A high degree of immersion indicates that the learner is treating the simulation as if it was a real-life (or very close to real-life) event.

43. **In-Situ** – describes an educational activity that takes place in the actual patient care area/setting in which the healthcare providers would normally function. This does not include a setting that is made to look like a work area. (e.g. an Emergency Dept., an ambulance, an ICU)

44. **Instructor** – an individual who is tasked with conducting educational activities. This can include design and implementation of educational activities, interacting with learners, teaching knowledge, skills, abilities, and attitudes, and also other activities related to the educational activity such as setup and tear down. See also Educator and Faculty.
45. **Integrity** – refers to the individual actions of an applicant and whether the applicant practices ethical, legal, and professional behavior in all educational settings and programs.

46. **Interprofessional** – when students from two or more different professions learn from and about each other to improve collaboration and the quality of care. Although this term may be associated with multi-disciplinary and multi-specialty learning; interprofessional, for the purposes of this document, is distinguished from multidisciplinary (the act of joining two or more disciplines without integration) and interdisciplinary (connecting and integrating schools of professions with their specific perspectives, to complete a task).

47. **Learner** – an individual participating in an educational activity for the purpose of gaining/enhancing knowledge, skills, abilities, and attitudes.

48. **Learner Contact Hour** – a unit of measurement that describes one person participating for 60 minutes in an organized learning activity that is either didactic or clinical experience related to simulation.

49. **Manikin/Mannikin/Mannequin/Manakin (other)** - these are part- or full-body simulators that can have varying levels of function and fidelity. There is usually additional descriptive terminology that is added to allow for understanding of what type of manikin is being described.

50. **Medical/Clinical Director** – an individual who oversees the daily operation of a simulation program. This may include the development, implementation, and assessment of the simulation program. The director oversees the personnel, budgetary, and regulatory concerns and is accountable for the overall administration of the program.

51. **Metrics** – a standard of measurement used as part of an evaluation tool.

52. **Mixed Simulation (Mixed Methods Simulation)** – the use of a variety of different types of simulation simultaneously. This is differentiated from Hybrid Simulation in that it is not characterized by the use of one type of simulation to enhance another, but rather the use of multiple types of simulation as part of the overall educational activity.

53. **Modality** – a term used to refer to the type(s) of simulation being used as part of the educational activity. E.g., Task Trainers, Manikin-Based, Standardized/Simulated Patients, Computer-Based, Virtual Reality, and Hybrid.

54. **Moulage** – the art of applying mock injuries or manifestations of abnormal medical conditions to increase the perceived realism and/or fidelity of a simulation.
55. **Observer** – an individual who is involved in an educational activity in order to view what is occurring. While an observer may also learn, this term is used for those whose role in the educational activity is not either intended to be a learning role, or who may be learning elements separate from the design of the educational activity. An example of this would be a visiting dignitary who is watching a simulation to learn about simulation, rather than what is being taught in the simulation.

56. **Orientation** – similar to a briefing, this is any activity that occurs prior to an educational activity in order to prepare the faculty/instructors or learners. It is expected that this is a formatted, structured set of instructions, rather than an informal or ad hoc event.

57. **Participant** – an individual who participates in the educational activity, regardless of role.

58. **Patient** – see Standardized Patient

59. **Program** – While SSH understands the difference in terminology from organization to organization; for the purposes of this document, any simulation center or service is referred to as a “program”. This requires utilization of simulation for healthcare education, assessment and/or research with dedicated personnel and defined simulation curriculum. See simulation program in healthcare

60. **Realism** – the ability to impart the suspension of disbelief to the learner by creating an environment that mimics that of the learner’s work environment. Realism includes the environment, simulated patient, and activities of the educators, assessors, and/or facilitators. Fidelity is often used synonymously.

61. **Research Expertise** – when an individual demonstrates extensive knowledge in simulation through research as evidenced by multiple publications of rigorous studies utilizing simulation.

62. **Session** – a singular event where simulation is used. Multiple sessions may make up one educational activity (e.g. a sequenced learning plan).

63. **Simulation** – a technique that uses a situation or environment created to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions. Simulation is the application of a simulator to training and/or assessment.

64. **Simulation Center** – entity with dedicated infrastructure and personnel where simulation courses are conducted. A center may support several Simulation Programs.
65. **Simulation Expert (Educator)** – an individual who has demonstrated expertise in simulation education, curriculum design, implementation, and evaluation through years of experience.

66. **Simulation Expertise** – an individual who is regarded in the community as an expert in simulation through years of experience or research expertise and often acts as a consultant or mentor for other individuals in the community.

67. **Simulation Fidelity** – the physical, contextual, cognitive, and emotional realism that allows persons to experience a simulation as if they were operating in an actual activity.

68. **Simulation Guideline** – a recommendation of the qualities for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.

69. **Simulated Patient** – an individual who is trained to act as a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research. See also Standardized Patient.

70. **Simulation Program in Healthcare** – an organization or group with dedicated resources whose mission is specifically targeted towards improving patient safety and outcomes through assessment, research, advocacy, and education using simulation technologies and methodologies including formal workshops, courses, classes, or other activity that uses a substantial component of simulation as a technique. A formal workshop, course, class, or other activity that uses a substantial component of simulation as a technique.

71. **Simulation Standard** – a statement of the minimum requirements for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.

72. **Simulation Validity** – the quality of a simulation or simulation program that demonstrates that the relationship between the process and its intended purpose is specific, sensitive, reliable, and reproducible.

73. **Simulator** – any object or representation used during training or assessment that behaves or operates like a given system and responds to the user's actions.

74. **Simulator Technologies** – a term used to refer to the various types of technology employed in simulation modalities. These vary in levels of complexity and integration into each modality.

75. **SME** – stands for Subject Matter Expert. This is an individual who is considered to have a high level of knowledge in the particular field being discussed, as well as knowledge of associated fields as appropriate.
76. **SSH** – stands for the Society for Simulation in Healthcare. May also see SSiH (e.g. on the website address).

77. **Substantial Program Change** – A Substantial program change is one that affects the mission/vision, structure, organizational leadership, functionality, policies/procedures, and/or the organizational chart(s) of the Program. All substantial program changes should be report to the Manager of Accreditation.

78. **Standardized (Human) Patient Simulation** – simulation using a person or persons trained to portray a patient scenario, or actual patient(s) for healthcare education in both skills and communication and healthcare assessment.

79. **Standardized Patient** – an individual who is trained to act as a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research. See also Simulated Patient.

80. **Summative Assessment (Summative Evaluation)** – a process for determining the competence of a person engaged in a healthcare activity for the purpose of certifying with reasonable certainty that they are able to perform that activity in practice.

81. **Task-Trainer** – training models utilized to teach or practice a specific skill. Examples include intravenous line arms, intra-osseous line legs, intubation heads, and central venous line chests.

82. **Technical Specialist** – an individual who provides technological expertise and instructional support for a simulation program. This includes, but is not limited to, daily operations of the simulation lab, maintenance of equipment, management of lab supplies, management of simulators, program responsibility of simulators, and collaboration with faculty and staff.

83. **Train** – an education activity designed to teach a learner new or to enhance existing skills or abilities. This is distinguished from educating in that this is typically a more constrained learning activity, and often does not include complex elements such as critical thinking.

84. **Training** – the process of learning new or enhancing existing skills and abilities. It may also be an education session in order to Train.

85. **Virtual Reality Simulation** – simulations that use a variety of enhanced technology to enhance reality in order to replicate real-life situations and/or healthcare procedures. This is distinguished from Computer-Based Simulation in that it generally incorporates physical or other interfaces (such as surgical instrumentation) that more readily replicate the actions required in a given situation or setting.