**Society for Simulation in Healthcare Site Visit Agenda**

**Date**

**Name of Program**

**SSH Site Visit**

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| **0730-0800** | **Site Review Team travels from hotel to Simulation Center** Team Leader:  Team member:  Team member:  |
| **0800-0815** | **Introduction/Openings** Location: Attendees: |
| **REVIEW OF CORE STANDARDS AND CRITERIA** |
| **0815-0915** | **Tour of Program Facility, Inspection and Observation of Program Environment** Location: Attendees: |
| **0915-1000** | **Review of Documentation, Criteria, and Standards** Location: Attendees: |
| **1000-1030** | **Interviews with Program and Institutional Leadership** Location: Attendees: |
| **1030-1045** | **Break** |
| **REVIEW OF TEACHING/EDUCATION STANDARDS AND CRITERIA** |
| **1045-11:30** | **Interviews with Educators (2-5)** Location: Attendees: |
| **1130-1200** | **Interviews with Learners Group (3-6)** Location: Attendees: |
| **1200-1300** | **LUNCH (closed)** |
| **1300-1330** | **Interviews with with Support Staff** Location: Attendees: |
| **1330-1415** | **Observation of Learning Activity; may be live or recorded and to include all components (brief, simulation, debrief)**  Location: Attendees: |
| **1415-1500** | **Teaching/Education Review (closed)** **Review Team Deliberation (closed)** |
| **1500-1515** | **Review Team Travels back to Hotel** |