

Joint Position Statement on Simulation-Based Education in
Emergency Medical Services Education
CoAEMSP, NAEMSE, National Registry, and SSH



Representatives from these organizations convened to discuss the role of simulation-based education (SBE) in Emergency Medical Services (EMS) education. Through collaborative discussion, they formulated a comprehensive position statement underscoring the critical importance of SBE while preserving the unique demands and realities of the EMS profession.

Simulation-based education is integral to EMS education. Gaba (2004) defined simulation as ‘a technique-not a technology-to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.’ For many years, EMS education utilized deliberate practice and scenarios as the primary form of simulation; however, healthcare simulation has evolved and defined best practices. The Healthcare Simulation Standards of Best Practices (INACSL Standards Committee, 2021) are designed for evidence-based practice and simulation design. A Global Consensus Statement on SBE in healthcare identified the importance of using evidence-based standards in healthcare simulation, good patient outcomes, patient safety, and psychological safety (Diaz-Navarro et al., 2024). It is important to recognize that although best practices continue to be better defined, using task trainers and scenarios remains a significant educational tool in SBE.

Additional resources are available to guide practice in SBE. The Healthcare Simulationist Code of Ethics (SSH, 2019) focuses on ethical practices in simulation-based education, which coupled with the CMS Basic Assumption™ (2023) help to create a psychologically safe learning environment. The Association of SP Educators (ASPE) Standards of Best Practice (2022) ensure the growth, integrity, and safe application of SP-based education practices. Simulationist credentialing such as The Society for Simulation in Healthcare’s (SSH) Certified Healthcare Simulation Educator® (CHSE®) and the Certified Healthcare Simulation Operator Specialist® (CHSOS®) promote competence, recognition, and development of healthcare simulationists through standards and processes for certification within the global healthcare simulation community (*Credentialing*, n.d.). Finally, SSH Programmatic Accreditation improves healthcare education and simulation through best practices and standardization, strengthening staff development, and recognizing simulation expertise (*Full Accreditation*, 2021).

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and the National Registry of Emergency Medical Technicians (National Registry) affirmed SBE in the Simulation Guidelines and Recommendations (2022), identifying the importance of using simulation as a modality of formative education and a tool for summative assessment. The Commission on Accreditation of Allied Health Professions (CAAHEP) Standards Resources Standard III and the CoAEMSP Student Minimum Competency Matrix (SMC) further address simulation in Advanced Emergency Medical Technician (AEMT) and paramedic educational programs (CAAHEP Standards and Guidelines, 2023).

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We join as organizations to recognize SBE as a cornerstone of EMS education. Together we recognize six (6) core principles of healthcare simulation relevant to EMS education at all levels to continue to develop validated SBE in EMS. We encourage EMS education programs to adopt these principles as part of offering simulation as an educational, assessment, and research methodology.

Core principles

1. Acknowledge shared language
 - a. Healthcare Simulation Dictionary (Lioce et al., 2024)
 - b. CMS Basic Assumption (Center for Medical Simulation, 2023)
 - c. Healthcare Simulationist Code of Ethics (The Society for Simulation in Healthcare, 2019)
2. Acknowledge common principles
 - a. Healthcare Simulation Standards of Best Practice (International Nursing Association for Clinical and Simulation Learning, 2021)
 - b. ASPE Standards of Best Practice (Association of Standardized Patient Educators, 2022)
 - c. SSH Credentialing – CHSOS® and CHSE® (Credentialing, n.d.)
 - d. SSH Accreditation (Full Accreditation, 2021)
 - e. Global Consensus Statement (Diaz-Navarro, C. et al., 2024)
 - f. Call to Action (Lu et al., 2024)
3. Acknowledge the strengths of SBE
 - a. SBE allows for standardization of assessment to address student learning outcomes
 - b. SBE allows for clinical decision making within complex cases
4. Acknowledge the limitations of SBE
 - a. SBE is an artificial environment that mimics an actual care setting but requires some suspension of disbelief.
 - b. SBE requires instructional staff and faculty who are educated in SBE principles.
 - c. SBE may require upfront costs that take time to demonstrate a return on investment.
 - d. Limitations that cannot be overcome must be addressed in a clinical setting
5. Acknowledge that EMS Programs will best determine SBE requirements
 - a. SBE requirements based on clinical availability, geographic location, patient and clinical case diversity.
6. Acknowledge SBE growth in EMS education
 - a. Build on own experiences to grow SBE
 - b. Importance of professional development and obtaining certification in simulation.

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