Committee for Accreditation of
Healthcare Simulation Programs

Core Accreditation Standards Companion Document

2021 Standards Revisions

This Companion Document has been designed to help you with becoming 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 site visit as part of the accreditation packet.

IMPORTANT: the descriptions and evidence provided are NOT prescriptive. The SSH Accreditation Standards are designed to allow Simulation Programs in any setting to apply. It is recognized that there are many ways to achieve outcomes as well. As such, any evidence listed is representative of the types of information that have been acceptable. This companion document should not be considered 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 criteria, or feel that they do not fit your Program for any reason (e.g., cultural), please contact the SSH Accreditation Program at accreditation@ssih.org.

DOCUMENT ELEMENTS

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

<table>
<tr><td colspan="2">▪ Standard Area Description (in the dark blue area)
– High-level description of the overall content in the area of accreditation (Core-ARTSF)</td></tr>
<tr><td colspan="2">1. Section header (boldfaced type with a number in the light blue area)
– The title for the section that groups items together, each area of accreditation has its number of sections.</td></tr>
<tr><td colspan="2">a. Standard statement (italicized with a lower-case letter in the light blue area)
– This is the standard. Evidence should be provided based on the criteria in the subsections below.</td></tr>
<tr><td>i. Criterion (items listed in the white area in the left column of the table)
– These are the items that must be provided to demonstrate meeting the standard.</td><td>▪ The column (in the white area) to the right side of the Criterion in the companion document is where the Program can find information about the intent of specific criteria; and examples, clarifications, and descriptive information that will help the Program respond to each standard and criterion.</td></tr>
</table>

TERMINOLOGY

- **DEMONSTRATE**: This term is consistently used for overall Standards statements. “Demonstrate” means the Program must 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. If documentation is requested in addition to the description, the criterion will specify with the following phrase: “*Describe and provide supporting documentation*.”
- **DOCUMENT**: This term is used to indicate that some form of documentation must be provided as evidence to meet a particular criterion. Examples of this could include providing a list of items such as equipment, a policy, and procedure, a floorplan, simulation design forms, etc. If a description is required in addition to the documentation requested, the criterion will specify the following phrase: *“Describe and provide supporting documentation.”*
- **PROGRAM:** The term “Program” refers to the simulation center or organization that is applying for accreditation. The Program could refer to a stand-alone facility, a collaborative simulation consortium, or the Program could be part of an overarching organization.
- **PROGRAM DIRECTOR***:* All SSH Standards and Criteria use the term “Program Director” to describe the person with primary authority for the Simulation Program. The person in this role, however, does not need to have the official title of “Program Director.”

CORE STANDARDS AND CRITERIA

Core Standards are the fundamental structural and operational standards that all accredited Programs must meet. The seven 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.

1. MISSION AND GOVERNANCE *a. The Simulation Program has a clear and publicly stated mission and/or vision statement that specifically addresses the intent and functions of the Program.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide the mission and/or vision statement(s) for both the Program and the overarching organization (if one exists).	▪ A mission statement is a present-based statement of purpose for the Program, the Program's reason for existing. The reason usually includes a description of their learners, Program impact, and methods used to make the change (simulation, research, assessment, etc.). The mission statement should guide the actions of the Program and related decision-making. ▪ A vision statement is a *future*-based statement that is a declaration of the Program's long-term goals. Long-term goals may include a patient improvement benefit. Usually, Programs include the values that will help them to achieve their goal. ▪ 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.
ii. Describe in what manner the Program's mission and vision are publicly displayed.	▪ Site 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 a visible wall of the simulation center(s) – Included in printed materials, flyers, etc. – Included in a presentation to the Program's governing or oversight body

b. The Simulation Program has a clearly identified and appropriate organizational structure. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation for the Program's organization and structure, including how it is linked to the overarching organization if one exists. *Please provide all applicable organizational charts.*	▪ This criterion intends to demonstrate the structure of the organization. ▪ A narrative description should be provided that describes how the Program is structured, including its link to the overarching organization. ▪ Programs that are part of an overarching organization (e.g., University, Hospital, Health System) should provide both documents for the Program itself and the overarching organization and should include detail above and below the level of the Program Director. ▪ The organizational chart(s) should include: – The overarching organization's chart should include the Program Director's chain of command to the senior administrator of the organization. – The Program's organizational chart below Program Director's level should include all personnel/staff with dedicated time provided to the Simulation Program operations. Examples could include (but are not limited to): ▪ Clinical Specialists ▪ Educators, Faculty or Facilitators ▪ Standardized patients (as a group) ▪ Administrators ▪ Technicians ▪ Operations Specialists ▪ Research personnel ▪ Fellows ▪ Student-workers, etc. ▪ Volunteers ▪ Bioskills Personnel ▪ The Program Reviewers will be looking to match the staff, job descriptions, and titles to the organizational chart. It is helpful to have the organizational chart include, if possible, position titles, and corresponding staff names on the Program-specific organizational chart. The purpose of this criterion is to demonstrate the Simulation Program's place within the larger organization. ▪ All governing or oversight entities or committees should be included in the description and organizational chart provided for this criterion.

c. The Simulation Program has a clearly identified and appropriate governance structure. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the governance structure including people or committees that provide oversight and/or advisory functions to the Program.	▪ The purpose of this criterion is to provide a narrative description of the individual or governing body's purpose, responsibilities, membership, and frequency of meetings. ▪ Reviewers often find it helpful if Programs provide a sample of past-minute documentation.
ii. Describe the process by which the governance structure provides oversight and reviews/approves the activities of the Program.	▪ The Program should describe how it reports to an individual and/or group above the level of the Program Director. The narrative should include how the governance structure's process 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 the organizational chart submitted for 1.b.*i* above. ▪ The response to the criterion may include (but is not limited to): – How does the governance structure function and what is its relationship to the Simulation Program? – How are decisions made regarding Program activity and resources? – Who has what authority? (Does the group make a budget, curriculum, and/or priority decisions?) – What is the Program Director's role in any of the examples above? – What data drives the governance structure in their decision-making? ▪ Programmatic and/or learner evaluations alone are not sufficient to meet this criterion.

d. The Simulation Program has a written strategic plan designed to accomplish the mission and/or vision of the Program. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the process for strategic planning.	▪ Describe the process by which the strategic plan is drafted, reviewed, and approved. ▪ Include the primary person(s) responsible for strategic planning and plan development.
ii. Document: Provide a written strategic plan, including the Program's goals for the next three to five years and how they will be achieved.	▪ This criterion can be met by submitting an official business plan, strategic plan, or operational plan that includes future goals for the Program. ▪ There should be a specific three to five-year plan to achieve Program goals. Goals should be specific, measurable, relevant, and include a time frame. Programs may want to list who is responsible for the goal or metrics used to track goal progression. ▪ It should be clear for the Reviewers where the Program is at in the strategic planning timeline. ▪ Often, Programs use accreditation as a goal within their strategic plan. However, reviewers are looking for Programs to describe their goals beyond just becoming accredited. ▪ Note these should be goals specific to 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. Reviewers often find it helpful if organizations show a correlation to the organization's higher-level organizational goal. This may be documented by a Program listing the higher goal then the Simulation Program's specific goal underneath. ▪ Ideally, there is evidence that this plan was created with input from and/or approved by the governing body.

iii. Describe the operational trends that you anticipate will impact the Program for the next three to five years.	▪ In a general manner, anticipate trends (short-term and long-term) over the forthcoming year. Items that may be considered include (but are not limited to): – Types of learners (Is your Program looking to branch out to other Programs? Are you marketing your services to other organizations?) – The number of learners (Is your Program volume increasing or decreasing?) – Need for educators (Do you have content educators for proposed new content? Do you have enough educators for the increasing number of learners?) – Space requirements (Is your Program outgrowing its space?) (Is a renovation needed?) – Equipment requirements (When are warranties due? How old are your simulators?) – The adaptability of the Simulation Program towards organizational priorities – Adding additional sites under the Program's organizational structure

2. PROGRAM MANAGEMENT *a. The Simulation Program has adequate financial resources to support its mission and/or vision.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the Program's budget process for operating and capital expenses and identify the individual(s) responsible for fiscal affairs.	▪ Describe the process by which the Program budget is drafted, reviewed, approved, and funded. ▪ If operating funds are derived from various sources, i.e., hospital operating budget, the academic institution operating budget, revenue, fundraising, grants, provide relative amounts and describe the source. ▪ The primary person responsible for daily fiscal affairs should be identified. ▪ Describe how daily expenditure decisions are made and processed. ▪ The reviewers will be looking for evidence of financial sustainability. ▪ Specific amounts, salaries, operational costs, etc. are permitted but not required.

i. Describe the Program's current financial status.	▪ Describe the current financial status referencing the adequacy of operating funds for sufficient supplies, minor equipment, and staff given the current level of training. ▪ Describe the current financial status for the adequacy of capital funds for major equipment and other relevant capital needs. ▪ Describe any current challenges for financial stability.
ii. Describe the Program's financial sustainability over time (past, present, and future).	▪ The reviewers will be looking for evidence of financial sustainability. ▪ Describe anticipated shifts in sources of operating and capital funds over the next five (5) years. ▪ Describe anticipated challenges in financial stability and how they plan to be addressed to provide financial stability. ▪ Describe the anticipated growth of the Program and how it will be financially supported. ▪ Be prepared to discuss all aspects of sustainability with Reviewers during site review.

b. *The Simulation Program provides day-to-day oversight of simulation activities.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the process for the day-to-day oversight and/or coordination of various simulation activities within the Program.	▪ Describe the day-to-day oversight of the Program – Operation activities from the Program Director down. – How are decisions made regarding Program activity and resources at a daily level? – What is the Program Director's role in any of the examples above? ▪ Reviewers find it helpful when Programs provide forms that may be used in day-to-day operations.
ii. Describe and provide supporting documents for the methods used to ensure the staff is kept up to date on simulation activities and Program operations.	▪ Describe and document how Program staff is made aware of simulation activities and Program operations at a frequency that supports the Program's needs. ▪ This may include regular staff meetings, ad hoc meetings including special training sessions, email communications, newsletters, department websites, etc. ▪ Examples of documentation to meet this criterion include: – A schedule of Simulation Program staff meetings – Staff meeting minutes, including topics and action items

c. *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. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide simulation-specific policies and procedures utilized by the Program. These should include, at minimum, the policies and procedures listed below:	▪ This criterion intends to assure the Program has essential policies and procedures in place. ▪ Some organizations may refer to these as "guidelines" or "standard operating procedures" instead of policies and procedures. ▪ The Policy and/or Procedure Manual in its entirety should be submitted electronically with the application to ensure the most efficient use of the reviewer's time on site. ▪ Organizational policies may be referenced but may be insufficient for Simulation Program purposes. ▪ The Program's Policy and/or Procedure Manual should be: – Organized – Indexed – Complete – Coherent – Approved and finalized ▪ Policies and Procedures should be thoughtful and detailed, such that a reader without any knowledge of the Program could understand what is expected of the faculty, staff, learners, and the organization. ▪ 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. ▪ The most common deficiencies found by site reviewers include: – Lack of standardized approval process of policies – Lack of organization of policies into a cohesive, accessible manual (electronic or printed) – Lack of policies protecting staff/ faculty ▪ 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 ▪ *SSH provides examples of exemplary policy and procedure manuals, made available through the SSH Accreditation Exemplary Practice Repository.*

1. Confidentiality Procedures	▪ Confidentiality policy/procedure should address: – How participants maintain confidentiality about the simulation experience and content, the performance of others, and debriefing discussions. – How the Program maintains confidentiality of participant information including performance records with potentially identifying information in any format (e.g., evaluations, video, etc.). – Limits of confidentiality, such as the collection of data for approved research studies and assessment, 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 live and virtual participants. – Online or virtual activities should have a clear guideline for how confidentiality is to be maintained and communicated to participants. – Aside from learners, confidentiality among all who participate in simulation activities should be addressed. This could include (but is not limited to): ▪ Program Staff ▪ Faculty or Educators ▪ Observers ▪ Standardized Patients

2. Physical and Psychological Safety	– Safety policies address how both learners and staff will be kept safe while in the simulation environment. This should include safety for SPs, staff, faculty, and patients.
	– Examples of physical safety could include (but are not limited to):
	  – Addressing the labeling and storage of real medical equipment. (Example, if using a working defibrillator does it get routinely serviced or does the Program use "For Simulation Purposes Only" stickers).
	  – How are participants oriented? (Example, is a standard prebriefing done or how does a learner know how to come out of the simulation in case of an emergency.)
	  – Incidents of inclement weather, fire, healthcare emergency, or active shooter situations?
	– Psychological safety mechanisms may include (but not limited to):
	  – How staff/faculty should manage distressed learners.
	  – A mechanism for seeking assistance with emotional issues that arise from simulation activities, if needed, at your institution
	  – A process to ensure learners are aware of these mechanisms.
	  – An orientation and/or prebriefing process that ensures participants are aware of the simulation environment, equipment, logistical details, confidentiality, simulation realism, and expected learning objectives conducted through the activity.
	  – Debriefing facilitation is conducted by an appropriately trained person.

3. Separation of Simulation and Actual Patient Care Materials	▪ The Program must have a policy to ensure the 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. Reviewers often find it helpful when Programs provide how their items are accounted for when leaving patient care areas such as using an item checklist. ▪ Detail how the Program ensures no real medications or equipment are brought to the simulation center without following the Program's process for allowing it.

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. ▪ The scheduled interval time(s) of maintenance should be identified. ▪ A sample of maintenance records is encouraged in this response. ▪ The staff member responsible for equipment maintenance should be identified (by role, e.g., the simulation technician).
5. Video Recording	▪ The Program must ensure the proper use and security of video recording. ▪ The policy should include (but is not limited to): – How and when 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, what level of access, and how the security of video recordings is assured. – Guidelines for retention and destruction/deletion of recordings.

6. Data Retention	▪ 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 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 the security of learner and research subject data is assured – Guidelines for retention and destruction/deletion of learner and research subject data. – Retention policies may vary on the type of activity (formative, summative, high stakes, and/or research). – Programs may consider sharing any forms they may have for users to make records or data requests.
7. Prioritization of Simulation Resources	▪ The purpose of this policy is to ensure Programs have a policy to prioritize the utilization of space and resources. ▪ Prioritization includes: – Discussion or ratings completed by Program staff and/or leadership – Guidance from Program governance – Input from Program participants or clients ▪ Prioritization includes: – 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 the Organization ▪ Availability of facilitators

d. The Simulation Program has the ability to prioritize resources as needed. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe up to three (3) examples that demonstrate how simulation resources are prioritized.	▪ Describe three examples of how the Simulation Program has utilized the policies/processes to prioritize the use of simulation resources. – Supporting documentation can be shared with this description. – Resources for prioritization would include the use of facilities, time, personnel, and equipment.

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. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the various simulation modalities used in the Program.	▪ Describe the various simulation modalities that are used by the Program. These may include (but not be limited to) – Task trainers – Manikin-based – Standardized/simulation patients – Computer-based – Virtual reality – Bioskills (use of human and animal tissue) – 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 modality (e.g., just standardized patients). The intent of this criterion is for the Program to provide documentation as to what is actually used.

ii. Document: Provide a list of simulation equipment and resources.	▪ Provide a list of equipment and resources utilized by the Program. Simulators, task trainers, and major biomedical equipment can be listed in a spreadsheet or other document. ▪ Equipment may be described in detail or may be described in general terms (e.g., 2 high-fidelity infant full-bodied simulators OR 2 [brand] high-fidelity 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. ▪ Other resources may include standardized patients, actors, audiovisual equipment, virtual reality, gaming, screen-based augmented reality, medication dispensing machines, cadavers, electronic health records, etc.
iii. Describe the process to continually assess simulation modalities and how they are evaluated for the current and future needs of the Program.	▪ There should be a process by which the Program identifies the modalities needed to meet overall Program goals and objectives. ▪ Modalities to be assessed could include all of the following (but not limited to): – Equipment – Technology – SP methodology ▪ 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 adequate physical space for simulation activities to support the mission and/or vision of the Program. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the facilities utilized by the Program for simulation activity.	▪ Provide a narrative description of all the facility space utilized by the Program. The narrative should include the functionality and intended use of the rooms. If in-situ simulation is a standard component of simulations, please include this in the description. ▪ Describe how 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? – Example A: 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… – Example B: 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. Document: Provide the floor plan/blueprints and/or photographs of facilities utilized by the Program.	▪ Clear images of floor plans, blueprints, and/or photographs are expected of the Program's primary facilities. ▪ Floor plans, blueprints, and/or photographs of in-situ settings can be included.

c. *The Simulation Program provides an adequate number and variety of simulation activities to support the mission/vision of the Program.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide a list of simulation activities for the Program over the past 24 months.	▪ When compiling the information for criteria for this standard, please be aware that: – The site reviewers will not know the specifics of your courses; therefore, make the names unambiguous and descriptive (e.g., brief titles are more helpful than internal codes such as complex course numbers). – Items that require a total should be totaled before submission – Lists can be provided as word documents, excel spreadsheets, downloads from a Learning Management System, etc. – "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. – Activity/information provided for this criterion should be specific to the applicant Simulation Program. ▪ Please note for reviewers if Program resources are being used for activities that do not include learners or healthcare professionals, including (but not limited to): – Programs renting their facility to an outside entity for activities outside of the mission and vision of the organization. – An internal department delivers simulation in the facility but does not utilize the Simulation Program faculty/staff to develop, implement, or oversee the simulation. ▪ A sample template has been provided but is not required. Details provided in the list/table should include: – Name of Event – Date(s) of Event – Number of Learners – Total Hours ▪ Please document in the list what type of event each activity is associated with based on the SSH standards (Assessment, Teaching/Learning, Research, Systems Integration, and/or Fellowship).

ii. Document the total number of learner contact hours for the past 24 months.	▪ Learner contact hours should be calculated by the Program and the total number should be calculated and provided for the Reviewers ▪ 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). ▪ Number of Learners x Simulation Hours = Learner Contact Hours – 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. Evidence should be provided based on the criteria in the subsections below.

- For Program management/leadership positions (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.
- The qualifications of the Program Director should be made apparent from both the job description and the biosketch.

i. Document: Provide the job description and any other supporting documents for the Program's 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. Document: Provide an accreditation biosketch for the Program Director.	▪ Using the accreditation biosketch template provided, provide an accreditation biosketch for the Director. ▪ Information provided in the biosketch should be specifically directed toward the person's experience, publishing, and/or work in the realm of *healthcare simulation.* ▪ The biosketch should not be a full curriculum vitae of the person's experiences and/or work outside of healthcare simulation.
iii. Describe how the Program Director has the authority for the operations of the Program.	▪ Provide a narrative description of how the Director has the authority for the operations of the Program. ▪ The description should include both how the Director has the authority over both daily operations of the Program, and how the Director impacts the strategic direction of the Program.
iv. Describe and provide supporting documentation that demonstrates that the Director is assigned sufficient time in this role to support the mission and/or vision of the Program.	▪ Provide a narrative that describes how the Director has been 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. Evidence should be provided based on the criteria in the subsections below.	
i. Document: Provide job descriptions for all Program Staff.	▪ Staff supporting the Program may include (but is not limited to): ▪ Administrative staff including office administrators, receptionists, and data analysts. ▪ Programmatic staff including research managers, coordinators, and assistants ▪ Operations staff including simulation educators and specialists ▪ Technology staff including simulation technicians, programmers, and audiovisual specialists. 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) ▪ Formal human resources (HR) job description is preferred, but internal Program documentation is also acceptable.
ii. Document: Provide accreditation biosketches for all Program Staff.	▪ Using the accreditation biosketch template provided, provide an accreditation biosketch for all Program staff. ▪ Information provided in the biosketch should be specifically directed toward the person's experience, publishing, and/or work in the realm of *healthcare simulation.* – The biosketch should not be a full curriculum vitae of the person's experiences and/or work outside of healthcare simulation.
iii. Describe how Program Staff is 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. ▪ Sufficiency should be demonstrated and described in both adequacy of the number of staff, as well as appropriate level of experience and aptitude to conduct the operations of the Program to support the mission and vision.

c. The Simulation Program has a process in place to orient, support, and evaluate Simulation Program Staff. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation as to how Program Staff is oriented to their roles.	▪ For this criterion, "Program staff" include anyone employed or with dedicated time 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. ▪ "Orientation" refers to any activities that provide initial and continuing support to new staff that is learning and becoming adept at their position. ▪ 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 a hospital nurse educator that occasionally facilitates simulation in the center should be submitted in Teaching Standards 3.d.*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 are utilized if this is performed. ▪ 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.

ii. Describe and provide supporting documentation as to how ongoing professional development opportunities are provided and/or supported for Program staff.	▪ The purpose of this criterion is to demonstrate that "core" simulation staff (that is, individuals employed by the Program) are regularly 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
iii. Describe and provide supporting documentation for the ongoing evaluation and feedback process for Program Staff.	▪ Document the ongoing evaluation and feedback process for all Program staff. ▪ Provide how feedback is 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. Evidence should be provided based on the criteria in the subsections below.	
i. Describe and provide supporting documentation for the quality management system utilized by the Program.	▪ This sub-criterion 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 sub-criterion is non-curricular improvements. Process for curricular improvements is submitted in response to Teaching criteria (e.g., Teaching sub-criterion 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. ▪ Quality improvement strategies should be cyclical in nature with continuous feedback loops provided to ensure progress is being made and evaluated.

i. Describe and provide supporting documentation for the quality management system utilized by the Program. ***(Continued from the previous page)***	▪ Common quality improvement models used by Simulation Programs could include (but not limited to): – PDSA: Plan-Do-Study-Act cycles – FADE: Focus, Analyze, Develop, Execute – Six Sigma: DMAIC (define, measure, analyze, improve, control) – 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 the achievement of the Program's strategic plan. – 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 ▪ Room/space adequacy ▪ Program-wide debriefing philosophy – System/Program Process level issues ▪ Scheduling (e.g., describe how improvements have been made to your scheduling process, which may include items such as the new implementation of online scheduling, increased number of sessions based on demand, etc.) ▪ Supply acquisition ▪ Documentation and data management ▪ Evaluation process (not specific course evaluation) ▪ 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.

ii. Describe and provide supporting documentation for Three (3) improvements made based on the quality management system over the past 24 months.	▪ 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 is 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 three changes implemented.

b. The Simulation Program has processes in place to identify and address concerns and complaints. – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the 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 is addressed. ▪ Concerns or complaints may come from learners, instructors, educators, assessors, researchers, or the public. ▪ If available, provide a copy of the policy or written complaint resolution process.
ii. Describe any concerns and complaints received in the past 24 months and their resolutions.	▪ 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 activities is often different due to severity, so this should be made clear as appropriate. ▪ If none, indicate that none have been received.

6. INTEGRITY a. *The Simulation Program is committed to ethical standards.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Describe the ethical standards utilized by the Program.	▪ Document or describe the ethical standards that are utilized by the Simulation Program. ▪ For example, the principles 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 needs only describe what is utilized.
ii. Describe how the Program operationalizes these ethical standards.	▪ Describe how the Simulation Program meets the ethical standards described in Core Standards Criterion 6.a.*i.* – A description should be provided of how the Program is operationalizing the ethical standards they have implemented the standards into their Simulation Program. – The description should include an example of how the ethical standards have been operationalized. – An example of this would be: ▪ Program X utilizes the SSH Simulationist Code of Ethics. ▪ Under Section II: Transparency states "Be explicit about the nature and purpose of the simulation activity, including research activities." ▪ Program X has developed a policy in their policy and procedure manual for disclosing to participants that a simulation event is deemed summative, or evaluatory in nature, as opposed to a formative simulation. This process has been operationalized by including it in all pre-briefings of participants.

7. EXPANDING THE FIELD *a. The Simulation Program has activities that extend beyond the Program, contributing to the body of knowledge in the simulation community.* – This is the standard. Evidence should be provided based on the criteria in the subsections below.	
i. Document that at least one (1) individual involved with the Program is a member of a healthcare simulation society or association.	▪ Programs typically include a list of faculty/staff, indicating any local, national, and/or international simulation societies to which they belong. ▪ Do not include CVs in response to this criterion.
ii. Document: Provide a list of activities (no more than 10) that support or contribute to knowledge within or about simulation.	▪ Programs should provide a list of scholarly activity authored by Program faculty/staff locally, regionally, nationally, and/or internationally. – This could include (but is not limited to poster and podium presentations, committee work, publication of articles, authorship of blogs, development of simulation scenarios, and simulation consulting. ▪ Do not include CVs in response to this criterion.