



SSH

Society for Simulation in Healthcare

Governance Policy

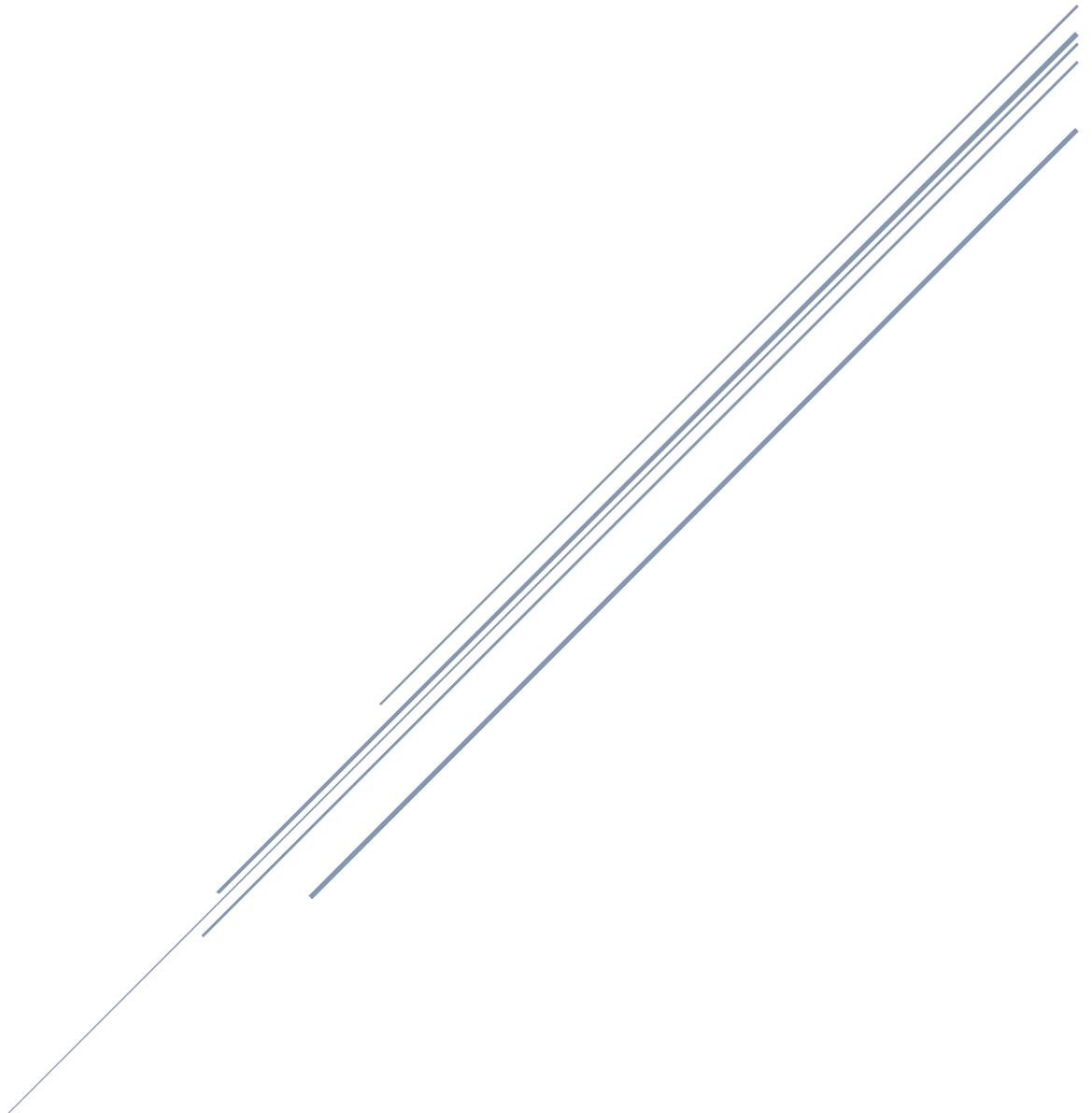


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	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019
POLICY TITLE SSH Advertising	VERSION 1	DATE REVIEWED 09/2025

1. Summary of Purpose
 - 1.1. Applicable for the SSH website as well as other vehicles for communicating to members.
2. Scope
 - 2.1. Refers to all requests for advertising with SSH or through any SSH product.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.
3. Definitions
 - 3.1. None
4. Policy Details
 - 4.1. All advertising is subject to approval by SSH, which reserves the right to refuse any advertising at any time.
 - 4.2. Recruitment Advertisements
 - 4.2.1. All recruitment advertising must be nondiscriminatory and comply with all applicable laws and regulations.
 - 4.3. Products
 - 4.3.1. Products, programs, and services must be germane to healthcare simulation or related to the perceived interests of SSH members.
 - 4.3.2. The product and advertiser must be identified within the advertisement.
 - 4.3.3. Advertisements shall not be misleading or deceptive. Advertising copy containing statements or inferences that the advertiser cannot substantiate will be rejected.
 - 4.3.4. Quotations or excerpts from a published paper submitted as a statement of evaluation of the product cannot be used by the advertiser or the agency without permission of the author and the publication. Evidence of permissions must accompany copy.
 - 4.3.5. The word "Advertisement" will be printed at the top of any advertisements that, in the Publisher's opinion, might be confused with editorial content.
 - 4.4. Placement of Advertising
 - 4.4.1. Placement of advertising adjacent to editorial content on the same topic is prohibited.
 - 4.4.2. Requested positions are not guaranteed unless contracted as a paid position.
 - 4.5. SSH Liability

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SSH shall not be liable for any failure to print, publish, or circulate all or any portion of any communications piece in which an advertisement is accepted by SSH if such failure is due to natural disasters, strikes, wars, accidents, acts of terrorism, or other circumstances beyond SSH's control.

4.6. Indemnification of SSH

In consideration of publication of an advertisement, the advertiser and the agency, jointly and separately, will indemnify, defend, and hold harmless SSH, its Officers, Agents, and Employees against expenses (including legal fees) and losses resulting from the publication of the contents of the advertisement, including without limitation, claims or suits for libel, violation, or right of privacy, copyright infringements, or plagiarism.

4.7. Advertiser's Liability

Advertisers and advertising agencies assume liability for all content of advertisements printed, and also assume responsibility for any resulting claims made against SSH.

4.8. Cancellations and Changes

Cancellations are not accepted and copy corrections not guaranteed after the closing date(s). On contract or schedule insertions, previous copy will be repeated if changes are not received by the closing date(s).

5. Procedures for Ensuring Compliance

5.1. Advertisements shall be reviewed as needed (e.g. on submission) by SSH staff.

6. Appendices / Attachments

6.1. None

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	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 04/2019, 10/2025
POLICY TITLE Anti-Harassment	VERSION 1.0	DATE REVIEWED 09/2025, 10/2025

1. Summary of Purpose

- 1.1. Society for Simulation in Healthcare (“Society”) is committed to providing a professional environment that is free from harassment and discrimination in which all individuals, including employees, members, and volunteers, are treated with respect and dignity. Each individual has the right to work in a professional atmosphere free from unlawful harassment, discrimination, and retaliation.
- 1.2. Society has a zero-tolerance policy for discrimination, harassment, bullying, abuse of power and retaliation and is committed to enforcing this policy at all Society events.

2. Scope

- 2.1. This policy applies to conduct by participants, attendees, and members and volunteers of Society, including officers, directors, and committee members and applies to complaints of harassment that involve members and volunteers of Society at all Society events including, without limitation, board of director meetings, committee meetings, conferences, and Society networking events.
- 2.2. The Governance Committee is responsible for the content of this policy.
- 2.3. The SSH Board of Directors is responsible for approval of this policy.
- 2.4. In order to provide all participants at events, including members and other attendees, clients, speakers, staff, exhibitors, sponsors, employees and volunteers, the opportunity to interact professionally and benefit from the event, Society is committed to providing a safe and productive environment free of discrimination, hostility, harassment, and retaliation based on race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, or any other characteristic protected by law (“Protected Factor”).

3. Definitions

3.1. Equal Opportunity

It is Society’s policy to ensure equal opportunity without discrimination or harassment on the basis any Protected Factor. Society prohibits all such discrimination and harassment.

3.2. Harassment

Harassment on the basis of any Protected Factor is strictly prohibited. Harassment includes verbal, written, or physical conduct that denigrates or shows hostility toward an individual on the basis of any of the above list protected factors and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive environment; (2) has the purpose or effect of interfering with

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an individual's performance or ability to participate in Society events; or (3) otherwise affects an individual's ability to participate in Society events and activities.

Harassing conduct include epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts, denigrating jokes, offensive texts, and emails, as well as the application of any stereotypes or generalizations based on any of the prohibited grounds.

Sexual harassment means any unwelcome conduct, comment, gesture, or contact of a sexual nature, whether on a one-time basis or in a continuous series of incidents that: (1) might reasonably be expected to offend, embarrass, or offend an individual. Sexual harassment also includes any unwelcome sexual advances, requests for sexual favors, and other verbal or physical unwelcome conduct.

3.3. Bullying

Bullying is offensive, cruel, insulting, or humiliating behavior. It can be physical or verbal, direct or indirect, to include gossip. Bullying is considered harassment in general, unless there is physical contact or threat of violence, where it is considered violence.

3.4. Abuse of Power

Abuse of power occurs when a Society volunteer abuses or misuses his/her power and discretion for a personal benefit, or to benefit another person. Abuse of power includes situations that involve a reporting relationship, or any situation that includes an accusation from a client against a volunteer who is providing a service upon which the client depends.

4. Policy Details

4.1. Prohibited Conduct

As a professional organization, Society is committed to diversity, equity, professional treatment of ideas, and respectful treatment of all members, volunteers, and employees at all Society events. Society seeks to provide a professional atmosphere in which diverse participants may learn, network, and participate in an environment of mutual respect. Conduct that is prohibited includes:

- 4.1.1. Harassment or intimidation based on race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, or any other characteristic protected by law.
- 4.1.2. Sexual harassment or intimidation, including unwelcome sexual attention, stalking, or unsolicited physical contact.
- 4.1.3. Harassment, intimidation, or coercion based upon a position as a board member, committee member or any position of influence.
- 4.1.4. Abusive, lewd, or threatening conduct.

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- 4.1.5. Bullying, abuse of power, harassment or unprofessional conduct toward employees, volunteers, members, or other participants at Society events.
- 4.1.6. Physical violence or threats of violence.
- 4.1.7. Sexually charged communications or conduct.

- 4.2 Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation is strictly prohibited. Acts of retaliation should be reported immediately and will be promptly addressed.

- 4.3 This Anti-Harassment Policy shall be considered part of the Society’s Code of Conduct for its Board members and volunteers.

- 5. Procedures for Ensuring Compliance
 - 5.1. Reporting Acts of Discrimination, Harassment or Retaliation
 - 5.1.1. Society cannot take action to stop conduct if it does not know of the conduct. Society encourages reporting of all perceived incidents or discrimination, harassment, or retaliation, regardless of the offender’s identity or position. Individuals who believe they have been the victim of such conduct should discuss their concerns with the Society Executive Director or President. In addition, Society encourages individuals to advise the offender that his or her conduct is unwelcome and to request that it be discontinued, if they feel comfortable so doing.
 - 5.1.2. The Society encourages the prompt reporting of complaints of concerns so that immediate action can be taken, if appropriate. An individual making a complaint may be asked to put the complaint in writing.
 - 5.1.3. At Society events, the Executive Director or a Society employee will be designated to receive any complaints for that event. If an individual witnesses or is the victim of prohibited conduct that requires immediate response by Society, the individual should contact the Society Executive Director or designated employee.
 - 5.1.4. In the event that an individual feels that his or her physical safety is in jeopardy, Society encourages the individual to contact the appropriate law enforcement agency to make a report.
 - 5.1.5. Any reported allegations of harassment, discrimination, or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved as well as witnesses to the conduct.
 - 5.1.6. Society will maintain confidentiality to the extent consistent with appropriate investigation and corrective action.
 - 5.1.7. If it is determined that an individual has engaged in prohibited conduct, Society shall determine the appropriate action to be taken, which may include, but is not limited to:

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- 5.1.7.1. Verbal or written apologies.
- 5.1.7.2. Private reprimand.
- 5.1.7.3. A referral to counseling.
- 5.1.7.4. Sensitivity training.
- 5.1.7.5. Expulsion from the Society event without warning or refund.
- 5.1.7.6. Implementation of conditions upon attendance at future Society events.
- 5.1.7.7. Removal of the individual as a board or committee member.
- 5.1.7.8. Restriction from attendance at future Society events.
- 5.1.7.9. Revocation of membership in the Society.

6. Appendices / Attachments

- 6.1. Appendix A: Board Director Acknowledgement Form
- 6.2. Appendix B: Committee, Commission, and Council Chair Acknowledgement Form
- 6.3. Appendix C: Employee Acknowledgment Form

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Appendix A – Board Director Acknowledgement Form

Acknowledgement of review, understanding, and acceptance of SSH Anti-Harassment Policy

I, _____, hereby certify that I agree to abide by the Society's Anti-Harassment policy, a copy of which I have received, reviewed, and accepted.

Board Member Signature:

Date:

Board Member Name (printed):

Executive Director Signature:

Date:

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Appendix B – Committee, Commission, and Council Chair Acknowledgement Form

Acknowledgement of review, understanding, and acceptance of SSH Anti-Harassment Policy

I, _____, hereby certify that I agree to abide by the Society's Anti-Harassment policy, a copy of which I have received, reviewed, and accepted.

Chair Signature:

Date:

Chair Name (printed):

Executive Director Signature:

Date:

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Appendix C – Employee Acknowledgement Form

Acknowledgement of review, understanding, and acceptance of SSH Anti-Harassment Policy

I, _____, hereby certify that I agree to abide by the Society's Anti-Harassment policy, a copy of which I have received, reviewed, and accepted.

Employee Signature:

Date:

Employee Name (printed):

Executive Director Signature:

Date:

	<small>CREATION DATE</small> 2021.6	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 2021.07
<small>POLICY TITLE</small> SSH BoD Annual Self-Assessment	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small>

1. Summary of Purpose
 - 1.1. To provide a structure for an annual self-assessment of the SSH Board of Directors (BoD)
2. Scope
 - 2.1. SSH Governance Committee is responsible for oversight of this policy.
3. Definitions
 - 3.1. None
4. Policy Details
 - 4.1. Process
 - 4.1.1. The BoD will participate in an annual self-assessment. Each member of the BoD will complete a self-assessment survey (Survey) that evaluates the effectiveness of the performance domains
 - 4.1.2. The BoD, in conjunction with the Governance Committee, will review the results of the Survey annually.
5. Procedures for Ensuring Compliance:
 - 5.1 The evaluation will consist of:
 - 5.1.1 The BoD Survey which includes rating the effectiveness of performance domains
 - 5.1.2 The Survey shall be completed by all board members prior to November 30 of each year
 - 5.1.3 The Governance Committee shall collate the results of the survey and provide a feedback report to the BoD no later December 31 of each year
 - 5.1.4 The Chair of the Governance Committee shall meet with the BoD in January of each year to review the results of the Survey and feedback report. This shall include:
 - 5.1.4.1 Review of any recommendations from the Governance Committee, including but not limited to, recommendations for best practice or process improvement

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<small>POLICY TITLE</small> SSH BoD Annual Self-Assessment	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small>

5.2 Self-Assessment Survey

5.2.1 An appropriate self-assessment survey, developed and approved by the Governance Committee, will be used for annual evaluation.

6 Appendices / Attachments

6.1 Board of Directors Self-Assessment Survey

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	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Orientation for New SSH Officers and Directors	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To ensure that new Society for Simulation in Healthcare (SSH) Officers and Directors have necessary information to execute their fiduciary responsibilities.
2. Scope
 - 2.1. This policy affects new officers and directors.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.
3. Definitions
 - 3.1. None
4. Policy Details
 - 4.1. New SSH Officers and Directors will participate in a structured orientation program to become familiar with the role they are asked to take within the governance structure, as well as pertinent information regarding SSH operations, products, and services.
 - 4.2. The SSH President will assign a mentor (experienced BOD member) to all new officers and directors.
5. Procedures for Ensuring Compliance
 - 5.1. The Executive Director will maintain an updated Board orientation manual.
 - 5.2. The SSH Executive Director in collaboration with the President will facilitate the orientation program for Officers and Directors.
 - 5.3. An electronic SSH Board orientation manual is updated by staff prior to the annual International Meeting on Simulation in Healthcare.
 - 5.4. An online orientation program may take place before the International Meeting on Simulation in Healthcare. The online portion of the orientation program will be led by SSH legal counsel and provide information concerning fiduciary responsibilities related to an officer and director role on the BOD.
 - 5.5. An onsite Director orientation program is facilitated by the SSH President and the Executive Director each year prior to or during the annual International Meeting on Simulation in Healthcare.
 - 5.6. All new officers and directors are required to be present at both the online and onsite orientation programs.

Society for Simulation in Healthcare

Code of Conduct

The open exchange of ideas is central to the mission and purpose of the Society for Simulation in Healthcare. This exchange requires a community that embraces diversity and fosters a safe, welcoming environment for all.

The Code of Conduct **applies to all SSH members, attendees and activities**, including:

- Conferences, symposia, workshops, and events sponsored, co-sponsored, or in cooperation with SSH or any of its councils, commissions, committees, sections, SIGs and affinity groups.
- SSH member meetings;
- Ancillary events and unofficial social gatherings;
- Exchanges - including but not limited to in-person, email, and video and telephone conferences - among individuals, committees, or other bodies associated with SSH activities, publications and interactions sent through communication channels associated with SSH, including social media.

Expected Behavior

We expect all participants in SSH activities to behave in a professional manner:

- Be respectful of others;
- Treat people fairly;
- Refrain from demeaning, discriminatory, or harassing behavior and speech; Be mindful of your surroundings and of your fellow participants;
- Refrain from retaliation;
- Avoid injuring others, their property, reputation, or employment;
- Comply with applicable laws in all countries where SSH does business and with SSH policies and procedures.

Unacceptable Behavior

Unacceptable at any SSH activity is:

Abuse: Any action directed at an individual that (a) interferes substantially with that person's participation; or (b) causes that person to fear for his/her personal safety. This includes threats, intimidation, bullying, stalking, or other types of abuse.

Harassment:

- Verbal, written, or physical conduct that denigrates or shows hostility toward an individual on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, or any other characteristic protected by law; and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive environment; (2) has the purpose

or effect of interfering with an individual's performance or ability to participate in Society events; or (3) otherwise affects an individual's ability to participate in Society events and activities.

- Harassing conduct includes epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts, denigrating jokes, offensive texts, and emails, as well as the application of any stereotypes or generalizations based on any of the prohibited grounds.
- Sexual harassment is characterized by any unwelcome conduct, comment, gesture, or contact of a sexual nature, whether on a one-time basis or in a continuous series of incidents that: (1) might reasonably be expected to offend, embarrass, or offend an individual. Sexual harassment also includes any unwelcome sexual advances, requests for sexual favors, and other verbal or physical unwelcome conduct.

Bullying: Offensive, cruel, insulting or humiliating behavior. It can be physical or verbal, direct or indirect. Bullying is considered harassment in general, unless there is physical contact or threat of violence, where it is considered violence.

Violence: Behavior involving physical force intended to hurt, damage, or kill.

Member Rights

Every member has the right to an environment that is free from unacceptable behavior, and equally, to be informed of complaints made against them. SSH has an Anti-Harassment Policy available here:

Governance/Anti-Harassment. Members should follow guidelines provided in the SSH Anti-Harassment Policy should they have the need to report a breach of this Code of Conduct.

Society Obligations

Our members, be they staff, volunteers, members, or suppliers, have the responsibility to ensure the safety and health of all those who interact with the Society. SSH will use due diligence (the obligation to take reasonable measures to provide appropriate service) on all complaints, pursuant with our anti-harassment policy.

Direct all questions regarding this Code of Conduct to either the SSH Executive Director or the SSH President.

Effective: 04/2019

Reviewed: 09/2025

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019
POLICY TITLE Committee/Council/Commission/Section Minutes/Reports	VERSION 1	DATE REVIEWED 09/2025

1. Summary of Purpose
 - 1.1. To provide a record of Committee, Council, Commission and Section meetings
 - 1.2. To inform the Board of Directors (BOD) of a Committee, Council, Commission and Section's activity and progress
 - 1.3. To help achieve the Committee, Council, Commission, and Section's charge through accurate accounts of its actions and plans

2. Scope
 - 2.1. This policy affects all SSH Committee, Council, Commission, and Sections. Each identified group will adhere to the policy and procedure outlined below in conjunction with the assigned SSH Staff Liaison and SSH Board Liaison
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. The "chair" is defined as the Committee, Council, Commission, and Section Chair.

4. Policy Details
 - 4.1. Each Committee, Council, Commission, and Section records and maintains minutes of its meetings.
 - 4.2. Committee, Council, Commission, and Section minutes must be accurate, succinct, and in a business style.
 - 4.3. Each Committee, Council, Commission, and Section Chair, in conjunction with the assigned SSH Staff Liaison and SSH Board Liaison, provides reports to the BOD on a Committee's progress toward meeting its goals.
 - 4.4. Minutes are reviewed and approved or amended at a subsequent meeting.
 - 4.5. All reports provide an accurate account of the Committee, Council, Commission, or Section's work and future plans.
 - 4.6. All Committee, Council, Commission, and Section chairs observe the determined deadlines and use the report format provided by the Executive Office.
 - 4.7. The assigned SSH Staff Liaison is responsible for providing the template report to the chair and ensuring the completion by the determined deadline.

5. Procedures for Ensuring Compliance

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<small>POLICY TITLE</small> Committee/Council/Commission/Section Minutes/Reports	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 09/2025

- 5.1. The Committee, Council, Commission, and Section Chair is responsible for preparing minutes of all meetings. They may delegate this responsibility to another committee member or the Staff Liaison.
 - 5.2. The minutes should follow the meeting's agenda.
 - 5.3. Assignments recorded in the minutes should indicate who has primary accountability for completion and projected completion dates.
 - 5.4. Minutes should be submitted in a timely manner to all committee members and filed in the SSH shared drive.
 - 5.5. Minutes should include the time and place determined for the next meeting and teleconference information if possible.
 - 5.6. Committee, Council, Commission, and Section Chairs should submit reports on a quarterly basis to the Executive Office for incorporation into the Information Agendas of BOD meetings.
 - 5.7. The assigned staff liaison will be responsible for ensuring reports are submitted to the Executive Office a minimum of 10 calendar days prior to a scheduled BOD meeting.
6. Appendices / Attachments
 - 6.1. None

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POLICY TITLE Conducting SSH Board Business Via Email	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. E-mail has become an essential aspect of both inbound and outbound communication of the SSH, and a policy is needed to regulate the use of e-mail communication when conducting SSH Board of Director (BOD) business.
 - 1.2. E-mail enables the BOD to quickly respond to and vote on issues as they arise.
 - 1.3. An electronic vote is often required to resolve routine matters for which additional debate is unnecessary and/or facilitate the voting process when timing is critical.
2. Scope
 - 2.1. The Governance Committee is responsible for the content of this policy.
 - 2.2. The SSH Board of Directors is responsible for approval of this policy.
3. Definitions
 - 3.1. None
4. Policy Details
 - 4.1. Certain actions, once completed in person or authorized by a handwritten signature as required by law, can now be done through e-mail with unanimous consent.
5. Procedures for Ensuring Compliance
 - 5.1. E-mail Voting and Action:
 - 5.1.1. When voting via email, all BOD Members are required to observe specified deadlines.
 - 5.1.2. To be official, e-mail votes must be initiated from the SSH President, Executive Director or their designee and distributed to BOD members. If changes are in order, they are to be submitted to the President who will work with the Executive Director to prepare another e-mail vote for consideration.
 - 5.1.3. If an immediate response is required (24-48 hours for a vote or action) staff will attempt to notify BOD Members .Staff will inform BOD Members that a call for an electronic vote or action has been sent to their e-mail address.
 - 5.1.4. A unanimous vote must occur when voting by e-mail for approval or ratification. A vote is not unanimous if there are abstentions, objections, or wording changes.
 - 5.1.5. Subject lines will properly identify the topic and specify, "vote required" or "response required" as well as the deadline.
 - 5.1.6. Results of a BOD vote via e-mail will be reported and recorded at the next meeting and included in the minutes.
 - 5.2. E-mail users are to follow the acceptable behaviors or norms and customs for Internet traffic, or etiquette. Guidelines include the following:

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5.2.1. Use care in creating electronic communications remembering that they reflect SSH's reputation and may someday have to be produced in connection with a lawsuit.

5.2.2. Remember that electronic and print media are both subject to legal discovery.

6. Appendices / Attachments

6.1. The SSH is incorporated in the state of California. California nonprofit code permits members to conduct association business through email or other electronic means. This law provides that as long as an act does not contradict the association's governing documents or conflict with the articles of incorporation or the bylaws, actions that are required to be written or that require written consent by members, directors or committee members may be transmitted electronically.

6.2. The state of California permits Members of not-for-profit boards, such as SSH, to vote by e-mail, but the consent must be unanimous for approval or ratification.

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POLICY TITLE Contract Execution	VERSION 1	DATE REVIEWED 09/2025

1. Summary of Purpose
 - 1.1. The SSH holds that the Executive Director is subject to certain fiduciary responsibilities in managing the affairs of the organization including the signing of contracts obligating SSH.

2. Scope
 - 2.1. The Governance Committee is responsible for the content of this policy.
 - 2.2. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. A contract, a legally binding formal agreement between two or more parties, will consist of an offer, acceptance, and consideration (goods or services given in exchange for a fee).

4. Policy Details
 - 4.1. It is the policy of SSH to grant authority to the Executive Director to negotiate, finalize and sign all contracts except for the Executive Director as long as the financial implications of the contract are included in the organization's budget.
 - 4.2. In the absence of the Executive Director, the Associate Executive Director (AED) has this authority. In the absence of the Executive Director and AED, another staff executive has authority to sign only if delegated by the Executive Director in advance to signing of the specified contract.
 - 4.3. All contracts must contain the purpose, effective dates, authorized signatures, amount to be paid, a cancellation clause, where applicable, how liability risks are covered or met, and how services are to be provided.
 - 4.4. If the financial implication of signing a contract is not included in SSH's budget and the dollar amount of the contract is less than \$5,000, the Executive Director or their designee may sign the contract. The Executive Director will notify Treasurer of such action for budget monitoring purposes.
 - 4.5. If the financial implication of signing a contract is not included in SSH's budget and the dollar amount of the contract exceeds \$5,000, review and recommendation by the Treasurer and approval of the Board of Directors (BOD) or Executive Committee is required before authority to sign the contract is granted.

5. Procedures for Ensuring Compliance
 - 5.1. The Executive Director will file an electronic version of every signed contract in the designated folder of the shared SSH storage drive.

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019
<small>POLICY TITLE</small> Contract Execution	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 09/2025

- 5.2. SSH senior staff will be responsible for communication to the Executive Director approximately 60 days prior to the expiration date of any contract relative to their department(s).
- 5.3. Approval of all budgeted expenditures for routine purchases of goods and services (i.e., mailing house services, postage, and printing) will be authorized by department directors or their designees, does not require a formal written contract as described in this policy, and is not regulated by these contract execution provisions.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 2025.09	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2025
POLICY TITLE Editor-in-Chief Evaluation and Review	VERSION 1.0	DATE REVIEWED

1. Summary of Purpose
 - 1.1. To provide a structure for an annual evaluation of the *Simulation in Healthcare (SiH)* Editor-in-Chief.

2. Scope
 - 2.1. *SiH* Editor-in-Chief.
 - 2.2. SSH Governance Committee is responsible for the content of this policy.
 - 2.3. The Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1.1. The Editor-in-Chief of *SiH* will be evaluated annually for the previous contract year based on the position description and the terms of the individual contract. The process shall occur annually and be completed no later than March of each calendar year.
 - 4.1.2. The Editor-in-Chief, in conjunction with the Executive Committee, is required to evaluate their role, duties and services of the EiC as part of the signed contract and the journal impact during the evaluation process.

5. Procedures for Ensuring Compliance:
 - 5.1 The evaluation will consist of:
 - 5.1.1 Self Evaluation utilizing the survey tool in addition to a review of journal performance metrics and function and review of contractual obligations.
 - 5.1.2 Associate Editors in Chief, associate editors and/or editorial board members shall be surveyed on some or all of the survey tool items.
 - 5.1.3 The President shall complete the performance assessment and provide the position description, contract and final evaluation report to the Board of Directors in an Executive Session
 - 5.1.4 The President shall meet with the Editor-in-Chief to conduct the annual review.
 - 5.2 The evaluation form will be signed by the Board President and the Editor-in-Chief. The Editor-in-Chief shall have the opportunity to respond in writing to the annual review to the full Board of Directors. The original and any comments in writing from the Editor-in-Chief will be submitted to the Executive Director to maintain a copy. A final copy will also be provided to the Editor-in-Chief.
 - 5.3 Review Form

	<small>CREATION DATE</small> 2025.09	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED /EFFECTIVE DATE</small> 11/2025
<small>POLICY TITLE</small> Editor-in-Chief Evaluation and Review	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small>

5.3.1 An appropriate review form, based on industry norms and approved by the Governance Committee and the SSH Board, will be used for annual evaluations. The form will address the following areas:

5.3.1.1 Editorial Leadership and Vision

5.3.1.1.1 Provides strategic editorial direction and policies that supports the mission and goals of SSH and advances the field of healthcare simulation.

5.3.1.1.2 Demonstrates proactive engagement with the SSH Board of Directors (BOD) on editorial priorities, including supplement issues and alignment with SSH strategic initiatives.

5.3.1.2 Editorial Board Management

5.3.1.2.1 Effectively recruits, recommends, and manages the Editorial Board, ensuring it represents the breadth of SSH membership and expertise.

5.3.1.2.2 Appoints and supervises Associate Editors in Chief/Associate Editors in line with SSH policy and bylaws.

5.3.1.2.3 Provides guidance, feedback, and recognition to editorial personnel; sets clear expectations for roles and performance.

5.3.1.2.4 Promotes a collaborative, respectful, and professional environment among editorial personnel.

5.3.1.3 Manuscript Review and Selection

5.3.1.3.1 Upholds rigorous peer-review standards ensuring fairness, timeliness, and scholarly integrity.

5.3.1.3.2 Ensures sufficient quantity and quality of accepted manuscripts to meet publication schedules.

5.3.1.3.3 Avoids backlog by aligning acceptance rates with page and volume limits.

5.3.1.3.4 Makes data-driven editorial decisions in consultation with the Editorial Board.

5.3.1.4 Operational and Workflow Management

5.3.1.4.1 Coordinates efficiently with the managing editor and the publisher to manage day-to-day journal operations.

5.3.1.4.2 Ensures all manuscripts submitted to the publisher are complete, properly prepared, and in accordance with publisher guidelines.

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<small>POLICY TITLE</small> Editor-in-Chief Evaluation and Review	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small>

5.3.1.4.3 Provides timely responses to page/electronic proofs and oversees authors' compliance with proof review deadlines to avoid publication delays and costs.

5.3.1.4.4 Maintains accurate tracking of all manuscripts from submission to publication.

5.3.1.5 Timeliness and Reliability

5.3.1.5.1 Adheres to established review, acceptance, and delivery schedules

5.3.1.5.2 Submits manuscripts and final proofs on or before deadlines as agreed with the publisher.

5.3.1.5.3 Provide annual report on submission, rejection, and acceptance data to SSH BoD.

5.3.1.6 Quality and Integrity

5.3.1.6.1 Safeguards the editorial, operational, and financial integrity of the journal in compliance with SSH policies and bylaws.

5.3.1.6.2 Promotes ethical publication practices and transparency in the review and selection process.

5.3.1.6.3 Ensures the journal content upholds the highest standards of scholarly excellence and contributes to the advancement of healthcare simulation.

5.3.1.7 Relationship Management

5.3.1.7.1 Maintains effective relationships with authors, reviewers, Editorial Board members, publisher staff, and the SSH leadership team.

5.3.1.7.2 Represents the journal at SSH meetings and in professional forums as appropriate.

5.3.1.7.3 Reports promptly to the SSH Board of Directors on issues impacting journal operations, integrity, and alignment with SSH strategic priorities

5.3.1.8 Feedback from Board Members and selected associate editors/editorial board members.

5.4 Appendices / Attachments

5.4.1 None

	CREATION DATE October 2011	DATE REVISED 7/2018, 10/2025
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 10/2011, 6/2016, 7/2018, 11/2025
POLICY TITLE SSH Election Guidelines	VERSION 3	DATE REVIEWED 6/2016 6/2018, 7/2018

1. Summary of Purpose
 - 1.1. To establish policy related to expectations of candidates for SSH member-elected positions, members of the Board of Directors, and members of the Nominations Committee, Council, Commission, Committee, and Section Chairs as it pertains to campaigning and etiquette during open election period.

2. Scope
 - 2.1. This policy covers candidates running for a leadership position within the Society, members of the Board of Directors, and members of the Nominations Committee and Chairs of Council, Commission, Committee, and Sections.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The Nominations Committee is responsible for oversight of this policy.
 - 2.4. The Board of Directors is responsible for review and approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. Candidates:
 - 4.1.1. SSH will not distribute mailing lists to individual candidates for use during the election process.
 - 4.1.2. The candidate may send personal communication to colleagues and/or professional friends.
 - 4.1.3. SSH letterhead and the SSH logo are used only for official SSH business. The candidate may not use the logo or letterhead for election related communication.
 - 4.1.4. The candidate may not solicit support or an endorsement from an SSH Board member or SSH staff member.
 - 4.1.5. The campaign process is intended to be a positive process. The candidate shall not negatively characterize another candidate in the SSH organization.
 - 4.2. Members of the Board of Directors, Nominations Committee:
 - 4.2.1. The deliberations of the Nominations committee are confidential and shall remain so at all times.
 - 4.2.2. The names of those slated for nomination are to remain confidential until the election period opens.

	<small>CREATION DATE</small> October 2011	<small>DATE REVISED</small> 7/2018, 10/2025
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED /EFFECTIVE DATE</small> 10/2011, 6/2016, 7/2018, 11/2025
<small>POLICY TITLE</small> SSH Election Guidelines	<small>VERSION</small> 3	<small>DATE REVIEWED</small> 6/2016 6/2018, 7/2018

4.2.3. Members of the Board of Directors, the Nominations committee, and the SSH Staff shall not discuss their preference, promote or campaign for any slated candidate during the election period.

5. Procedures for Ensuring Compliance

5.1. None.

6. Appendices / Attachments

6.1. None

	CREATION DATE 2019.1	DATE REVISED 2024.10
	POLICY AREA / CATEGORY Human Resources	DATE APPROVED /EFFECTIVE DATE 2019.1
POLICY TITLE Executive Director Performance Appraisal	VERSION 1.0	DATE REVIEWED 2024.10

1. Summary of Purpose
 - 1.1. To provide a structure and process for an annual performance appraisal of the Executive Director.

2. Scope
 - 2.1. Executive Director.
 - 2.2. SSH Governance Committee is responsible for oversight of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. Process
 - 4.1.1. The Executive Director of SSH will be evaluated annually based on personal and Board approved organizational goals and job description. The Immediate Past-President shall be responsible for initiating and managing the evaluation process. The process shall be initiated within 30 days of the close of IMSH and be completed prior to the end of June.
 - 4.1.2. The Executive Director, in conjunction with the Executive Committee, is required to set measurable goals annually and evaluate their progress during the evaluation process.

5. Procedures for Ensuring Compliance:
 - 5.1 The Executive Director shall complete a Self-Evaluation utilizing a performance appraisal tool described below.
 - 5.2 The Immediate Past-President is responsible for collecting performance information from the Board of Directors, staff and selected others as determined by the Governance Committee annually.
 - 5.3 The Immediate Past-President shall collect and collate the performance feedback and present to the Executive Committee in Executive Session for final approval.
 - 5.4 The Immediate Past-President and the President shall meet with the Executive Director to deliver the approved performance review.
 - 5.5 The performance appraisal will be signed by the President and the Executive Director.
 - 5.6 The Executive Director shall have the opportunity to respond in writing to the evaluation to the Executive Committee.

	<small>CREATION DATE</small> 2019.1	<small>DATE REVISED</small> 2024.10
	<small>POLICY AREA / CATEGORY</small> Human Resources	<small>DATE APPROVED / EFFECTIVE DATE</small> 2019.1
<small>POLICY TITLE</small> Executive Director Performance Appraisal	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small> 2024.10

5.7 The original and any comments in writing from the Executive Director will be placed in the employee’s personnel file, maintained by SSH Legal Counsel. A copy will be scanned and returned to the employee.

6 Performance Appraisal Framework

6.1.1 The performance appraisal framework should be based on industry standards. The appraisal should address the following areas:

- 6.1.2 Leadership and Strategic Vision
 - 6.1.2.1 Goals Set and Accomplished
 - 6.1.2.2 Innovation and Strategic Growth
 - 6.1.2.3 Decision Making Ability
- 6.1.3 Financial Management and Resource Allocation
 - 6.1.3.1 Budget Management
 - 6.1.3.2 Revenue Growth
 - 6.1.3.3 Financial Reporting and Transparency
- 6.1.4 Operational Management
 - 6.1.4.1 Operational Efficiency
 - 6.1.4.2 Staff Leadership and Development
 - 6.1.4.3 Crisis Management
 - 6.1.4.4 Risk Identification and Mitigation
- 6.1.5 Stakeholder Engagement and Communication
 - 6.1.5.1 Membership Engagement
 - 6.1.5.2 Board Relations
 - 6.1.5.3 Partnership Development
- 6.1.6 Advocacy and Representation of SSH
 - 6.1.6.1 External Representation
 - 6.1.6.2 Advocacy Efforts
- 6.1.7 Program Development and Execution
 - 6.1.7.1 Program Development
 - 6.1.7.2 Quality of Execution
 - 6.1.7.3 Impact Measurement
- 6.1.8 Adaptability and Innovation
 - 6.1.8.1 Adaptation to Change
 - 6.1.8.2 Promotion of Innovation
- 6.1.9 Member and Staff Satisfaction
 - 6.1.9.1 Member Feedback
 - 6.1.9.2 Staff Feedback
- 6.1.10 Compliance and Governance
 - 6.1.10.1 Regulatory Compliance
 - 6.1.10.2 Policy Implementation

	<small>CREATION DATE</small> 2019.1	<small>DATE REVISED</small> 2024.10
	<small>POLICY AREA / CATEGORY</small> Human Resources	<small>DATE APPROVED /EFFECTIVE DATE</small> 2019.1
<small>POLICY TITLE</small> Executive Director Performance Appraisal	<small>VERSION</small> 1.0	<small>DATE REVIEWED</small> 2024.10

6.1.11 Personal and Professional Development

6.1.11.1 Continuous Learning

6.1.11.2 Mentorship and Leadership Development

6.1.11.3 Review of Goals/Objectives/Special Assignments for the Past Year

6.1.11.4 Feedback from Board Members, staff members and selected others.

6.1.11.5 Goals, objectives, projects, or special assignments to be completed in the coming year.

6.1.11.6 Executive Summary of Overall Performance

6.1.12 The Governance Committee is responsible for selecting or developing the tools to be used in the performance appraisal framework.

6.2 Performance Recognition

6.2.1 Based on the performance appraisal the Executive Committee may recommend to the full Board of Directors a performance bonus and/or salary adjustment for the Executive Director.

7 Appendices / Attachments

7.1 None currently

	CREATION DATE 09/2019	DATE REVISED 10/2025
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Board of Directors Executive Session	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To provide a definition of executive session relative to a Board of Directors meeting of the Society for Simulation in Healthcare
 - 1.2. To establish executive session guidelines for the BoD to observe at official meetings.

2. Scope
 - 2.1. This policy affects the ~~Executive Committee of the~~ Board of Directors during official ~~executive~~ meetings of the Board or the Executive Committee of the Board of Directors.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. Executive session guidelines as developed by the SSH BoD will be followed by the BoD.
 - 2.4. The Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The SSH BoD will enter executive session when sensitive, proprietary, personnel, or confidential matters are being discussed. An executive session of the SSH BoD will be scheduled on the agenda as a routine component of each regular BoD meeting. It is intended for the BoD ~~Executive Committee~~ and the Executive Director only to discuss such confidential or sensitive issues.
 - 4.2. The Executive Director shall be included in executive session except during deliberations that pertain specifically to them (e.g., annual, and ad hoc performance assessments, as well as compensation adjustment decisions).
 - 4.3. Executive and/or legal staff, members, special guests, and employees whose input is necessary to resolve a problem, may be asked to attend an executive session as determined by the BoD.

5. Procedures for Ensuring Compliance
 - 5.1. An executive session may be requested by a BoD Member, the President, or the Executive Director.
 - 5.2. A motion requesting that the BoD go into executive session must be made and requires approval by majority BoD vote.
 - 5.3. Proceedings of an executive session are confidential.
 - 5.4. The BoD by super majority (three-quarters) vote may authorize disclosure of all or part of the executive session proceedings.
 - 5.5. Unauthorized disclosure of proceedings that occur in executive session is not allowed.

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small> 10/2025
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019, 11/2025
<small>POLICY TITLE</small> Board of Directors Executive Session	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

5.6. The Secretary records minutes of executive sessions, and such minutes will be approved and maintained in a secure and confidential manner and will be forwarded to legal counsel within 30 days of the minutes' approval.

5.6.1. Approval of minutes may occur at the end of executive session or at a separate executive session.

5.6.2. If the Secretary is not present, the President will appoint a director to record minutes.

5.7. No action taken in executive session shall be implemented without coordination through the Executive Director, SSH President, or, if circumstances warrant, through legal counsel.

6. Appendices / Attachments

6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Indemnification	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To provide protection against legal liability for Officers, Directors, volunteers and employees of the SSH.

2. Scope
 - 2.1. The policy covers all Officers, Directors and employees, as well as those individuals serving at the request of SSH as an Officer, Director, employee or agent of another corporation, partnership, joint venture, trust or other enterprise.
 - 2.2. This indemnification includes expenses (including attorney fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by her or him in connection with an action, suit, or proceeding except in cases where an action, suit, or proceeding is brought forth against SSH.
 - 2.3. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner in which they reasonably believed to be in or not opposed to the best interests of SSH or that the person did not have reasonable cause to believe that their conduct was unlawful.
 - 2.4. The Governance Committee is responsible for the content of this policy.
 - 2.5. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. SSH shall indemnify, to the fullest extent permitted by applicable California Nonprofit Corporation Act provisions, any person serving as, or was an Officer, Director, employee, authorized volunteer, or agent of SSH if the person acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of SSH.
 - 4.2. If a legal action is threatened, pending or completed, the person must also have had no reasonable cause to believe their conduct was unlawful.

5. Procedures for Ensuring Compliance
 - 5.1. Any person who has served or is serving as an Officer, Director, employee, authorized volunteer, or agent of SSH, shall immediately inform the SSH Executive Director when the person is informed of any threatened, pending or completed action to which they have been named a party by reason that they are or have been an Officer, Director, employee, authorized volunteer or agent of SSH.

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019, 11/2025
<small>POLICY TITLE</small> Indemnification	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

5.2. The Executive Director shall inform legal counsel, the President and the Board of Directors.

5.3. Legal counsel will take all appropriate steps to protect the interest of SSH.

6. Appendices / Attachments

6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Intellectual Property – Copyright Protection	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To protect and preserve the copyright-protected intellectual property of SSH.

2. Scope
 - 2.1. Written materials, including but not limited to, minutes, abstracts, scientific papers, articles for publication, books, Web-based programs, multimedia products, position papers, newsletters, and data collection instruments may be registered with the copyright held by SSH.
 - 2.2. This policy does not apply to *Simulation in Healthcare (SiH)*.
 - 2.3. The Governance Committee is responsible for the content of this policy.
 - 2.4. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. A copyright is the legal protection afforded an original work set out in some tangible form.
 - 4.2. All intellectual property eligible for copyright registration shall contain the following notion:
© Copyright, year, Society for Simulation in Healthcare.
 - 4.3. Registration of a copyright with the Copyright Office of the Library of Congress is not essential to obtain protection for the copyright owner. However, registration is recommended because it is essential for maintaining an action for infringement and provides benefits in recovering of damages related to the time of registration.
 - 4.4. Intellectual property generated from SSH governance bodies, volunteers, staff, and contractors is the sole property of SSH.
 - 4.5. No person who participates in the authorship of any SSH publication, presentation, or other copyrighted material is owed any royalties from or financial interest in said publication unless otherwise stipulated by contract signed by the Executive Director and shall assign all copyrights to SSH.
 - 4.6. When work is accomplished within the scope of SSH governance entity charters/charges or staff responsibility and employment, authorship is held in the name of SSH, and copyrights shall be assigned to SSH.
 - 4.7. For purposes other than Copyright Registration, the following guidelines apply to authorship. The authorship of articles, books, scientific papers, abstracts, Web-based products and multimedia products shall reflect the substantial contribution of the individuals involved in producing the work.

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Intellectual Property – Copyright Protection	VERSION 1	DATE REVIEWED 10/2025

- 4.8. Criteria for authorship listing include:
 - 4.8.1. Editor under contract
 - 4.8.2. Primary author(s)
 - 4.8.3. Idea conception
 - 4.8.4. Study design/methodology and/or data analysis
 - 4.8.5. Manuscript writer
 - 4.8.6. As otherwise stated per contract
- 4.9. Individuals, who otherwise contribute, such as participation in section/chapter writing, data gathering, instrument validation, and manuscript editing shall be listed in acknowledgments.
- 4.10. Requests to transfer any rights associated with SSH copyrighted materials shall be forwarded to the Executive Director and approved by the BOD or EC.
- 4.11. Requests to use SSH copyrighted materials shall be forwarded to the Executive Director for consideration and approval.
5. Procedures for Ensuring Compliance
 - 5.1. SSH staff shall complete the copyright registration form and submit to the Executive Director. The Executive Director approves and submits the copyright registration to the SSH legal team for trademark or copyright registration, as applicable.
 - 5.2. Staff may be acknowledged in SSH publications as approved by the Executive Director.
6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 1/17	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 01/2017, 11/2025
POLICY TITLE Leadership Disclosure and Conflict of Interest Policy	VERSION 2.0	DATE REVIEWED 11/2025

1. Summary of Purpose

1.1. The Society for Simulation in Healthcare (the “Society”) and its leadership are dedicated to serving the interests of the Society in the most honorable and ethical manner possible; the Society’s leadership is committed to the avoidance of conflicts of interest or the appearance of conflicts. Society policy requires all those acting on its behalf to avoid conflicts of interest between their duties to the Society and their duties to other organizations or entities.

2. Scope

- 2.1. This policy applies to Society leadership and candidates for these positions.
- 2.2. Governance Committee is responsible for oversight of this policy.
- 2.3. The Board of Directors is responsible for providing approval of this policy.

3. Definitions

- 3.1. Conflict of Interest: A conflict of interest exists when an individual participates in the deliberation and resolution of an issue important to the Society while, at the same time, the individual has other professional, business, family, or volunteer responsibilities outside the Society that could predispose or bias the individual to a particular view or goal that may be inconsistent with the mission or interests of the Society.
- 3.2. Society leadership includes Directors, Officers, Committee Chairs and Vice Chairs, Commission Chairs and Vice Chairs, and the Editor in Chief. For the purpose of this policy anyone in a Society leadership position is referred to as an “individual.”
- 3.3. Immediate family: defined as (current or within past 3 years) spouse, domestic partner, cohabitant, child, stepchild, grandchild, parent, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, great grandparent, brother, sister, half-brother, half-sister, stepsibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or first cousin

4. Policy Details

- 4.1. All actual or potential conflicts of interest must be disclosed to the Society annually, or at any time such a conflict may arise. The Society will generally address conflicts of interest in one of three ways.
 - 4.1.1. For most typical, minor, or potential conflicts, full disclosure is generally sufficient and no further action is necessary.
 - 4.1.2. For potentially more serious conflicts, the individual generally should recuse him/herself from part or all of the discussion regarding the issue for which there is a conflict and from voting on the issue.
 - 4.1.3. For actual serious conflicts, the individual may have to voluntarily withdraw – or be withdrawn involuntarily if necessary – from the Society position.

	CREATION DATE 1/17	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 01/2017, 11/2025
POLICY TITLE Leadership Disclosure and Conflict of Interest Policy	VERSION 2.0	DATE REVIEWED 11/2025

4.2. Actual or potential conflicts of interest, if manageable, will be mitigated by implementing a written plan and monitoring compliance.

5. Procedures for Ensuring Compliance

5.1. The Society’s Board of Directors has the authority to make determinations on how to proceed in all such cases, and the Board reserves the right to adopt an appropriate management plan for ongoing conflicts. All conflicts of interest will be addressed in a manner that fully complies with the requirements under the California Corporations Code and applicable law.

5.2. Elected Leadership

- 5.2.1. Each nominee will submit a completed and signed disclosure of interest form to the Executive Office upon submission of the nomination packet.
- 5.2.2. The Governance Committee will review the completed disclosure of interest forms for potential conflicts of interest.
 - 5.2.2.1. If no actual or potential conflicts are found, no action is required.
 - 5.2.2.2. If a manageable conflict is found, the Governance Committee will recommend a management plan for each potential conflict. The management plan will be signed by the candidate and the Chair of the Governance Committee and approved by the Executive Committee.
 - 5.2.2.3. If an unmanageable conflict is found, the Governance Committee will recommend that the nominee not be slated for election.
- 5.2.3. Disclosure of interest statements and management plans shall not be posted to the elections website.

5.3. Appointed Leadership

- 5.3.1. The President or President Elect will submit the names of the individuals that he/she would like to appoint to open leadership positions to the Executive Office.
- 5.3.2. Each potential appointee will submit a completed and signed disclosure of interest form to the Executive Office.
- 5.3.3. The Governance Committee will review the completed disclosure of interest forms for potential conflicts of interest.
 - 5.3.3.1. If no actual or potential conflicts are found, no action is required.
 - 5.3.3.2. If a manageable conflict is found, the Governance Committee will recommend a management plan for each potential conflict. The management plan will be signed by the appointee and the Chair of the Governance Committee and approved by the Executive Committee.
 - 5.3.3.3. If an unmanageable conflict is found, the Governance Committee will recommend to the Executive Committee that the individual not be appointed.

	CREATION DATE 1/17	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 01/2017, 11/2025
POLICY TITLE Leadership Disclosure and Conflict of Interest Policy	VERSION 2.0	DATE REVIEWED 11/2025

5.4. Annual Review

- 5.4.1. Each individual will submit a completed and signed disclosure of interest form before IMSH each year.
- 5.4.2. The Board of Directors will be given access to all disclosure forms and management plans.
- 5.4.3. The Governance Committee will review the completed disclosure of interest forms for potential conflicts of interest.
 - 5.4.3.1. If no actual or potential conflicts are found, no action is required.
 - 5.4.3.2. If a manageable conflict is found, the Governance Committee will recommend a management plan for each potential conflict. The management plan will be signed by the individual and the Chair of the Governance Committee and approved by the Executive Committee.
 - 5.4.3.3. If an unmanageable conflict is found, the Governance Committee will make recommendations to the Executive Committee.

5.5. Mid-year Changes

- 5.5.1. If an individual's disclosure changes, it is the responsibility of the individual to update their disclosure form and submit it to the Executive Office.
 - 5.5.1.1. The Governance Committee will be notified if a disclosure form is updated and will review the updated disclosure.

5.6. Annual Reminders of compliance monitoring:

- 5.6.1. The Governance Committee will annually remind those responsible for compliance monitoring of approved management plans.

5.7. Violations of the Leadership Disclosure and Conflicts of Interest Policy

- 5.7.1. If the Board has reasonable cause to believe an individual has violated the Leadership Disclosure and Conflicts of Interest Policy, it shall inform the individual of the basis for such belief and afford the individual an opportunity to explain the alleged violation.
- 5.7.2. If, after hearing the individual's response and after making further investigations as warranted by the circumstances, the Board determines the individual has violated the policy, it shall determine and take the appropriate course of action.

6. Appendices / Attachments

- 6.1. Disclosure of Interest Form (Pages 5-7)
- 6.2. Management Plan Template (Page 8)

Society for Simulation in Healthcare
Leadership Conflict of Interest Disclosure Form

The Society for Simulation in Healthcare (the “Society”) and its leadership are dedicated to serving the interests of the Society in the most honorable and ethical manner possible; the Society’s leadership is committed to the avoidance of conflicts of interest or the appearance of conflicts. Society policy requires all those acting on its behalf to avoid conflicts of interest between their duties to the Society and their duties to other organizations or entities. Consequently, Society leadership is required to complete and submit this form annually when serving in such positions, and also disclose periodically as conflicts arise.

A conflict of interest exists when an individual participates in the deliberation and resolution of an issue important to the Society while, at the same time, the individual has other professional, business, family, or volunteer responsibilities outside the Society that could predispose or bias the individual to a particular view or goal that may be inconsistent with the mission or interests of the Society.

All actual or potential conflicts of interest must be disclosed to the Society on this form, or at any time such a conflict may arise. The Society will generally address conflicts of interest in one of three ways.

1. For most typical, minor, or potential conflicts, full disclosure on this form is generally sufficient and no further action is necessary.
2. For potentially more serious conflicts, the individual officer or director generally should recuse him/herself from part or all of the discussion regarding the issue for which there is a conflict and from voting on the issue.
3. For actual serious conflicts, the individual officer or director may have to voluntarily withdraw – or be withdrawn involuntarily if necessary – from the Society position.

The Society’s Board of Directors has the authority to make determinations on how to proceed in all such cases, and the Board reserves the right to adopt an appropriate management plan for ongoing conflicts. All conflicts of interest will be addressed in a manner that fully complies with the requirements under the California Corporations Code and applicable law.

Therefore, as a member of Society leadership, I will avoid conflicts of interest and the appearance of conflicts. I am disclosing below all relevant and material facts and situations or areas in which it might even appear that I have conflicting duties to other entities.

I invite any further review by the Society of any aspects of these situations or areas that might be considered appropriate. Also, if it is deemed appropriate, I will take other steps, such as avoiding part or all of the deliberation and voting on certain issues, or adopting a conflicts management plan, if deemed appropriate by the Board.

1. List your current employer(s).

a. I am not currently employed (initial here): _____.

2. List additional sources of income not listed in (1) above and any relationship with vendors/industry that are related to the mission and business of the Society.

a. I know of no additional sources of income or relationships with vendors/industry that might give rise to conflicts (initial here): _____.

3. List all current volunteer positions or responsibilities that are related to the mission and business of the Society.:

a. I know of no volunteer positions or responsibilities that are related to the mission and business of the Society: (initial here): _____.

4. List all positions or relationships of immediate family members that are related to the mission and business of the Society.



Leadership Conflict of Interest Disclosure Form

The Society for Simulation in Healthcare (the “Society”) and its leadership are dedicated to serving the interests of the Society in the most honorable and ethical manner possible; the Society’s leadership is committed to the avoidance of conflicts of interest or the appearance of conflicts. Society policy requires all those acting on its behalf to avoid conflicts of interest between their duties to the Society and their duties to other organizations or entities. Consequently, Society leadership is required to complete and submit this form annually when serving in such positions, and also disclose periodically as conflicts arise.

A conflict of interest exists when an individual participates in the deliberation and resolution of an issue important to the Society while, at the same time, the individual has other professional, business, family, or volunteer responsibilities outside the Society that could predispose or bias the individual to a particular view or goal that may be inconsistent with the mission or interests of the Society.

All actual or potential conflicts of interest must be disclosed to the Society on this form, or at any time such a conflict may arise. The Society will generally address conflicts of interest in one of three ways.

1. For most typical, minor, or potential conflicts, full disclosure on this form is generally sufficient and no further action is necessary.
2. For potentially more serious conflicts, the individual officer or director generally should recuse him/herself from part or all of the discussion regarding the issue for which there is a conflict and from voting on the issue.
3. For actual serious conflicts, the individual officer or director may have to voluntarily withdraw – or be withdrawn involuntarily if necessary – from the Society position.

The Society’s Board of Directors has the authority to make determinations on how to proceed in all such cases, and the Board reserves the right to adopt an appropriate management plan for ongoing conflicts. All conflicts of interest will be addressed in a manner that fully complies with the requirements under the California Corporations Code and applicable law.

Therefore, as a member of Society leadership, I will avoid conflicts of interest and the appearance of conflicts. I am disclosing below all relevant and material facts and situations or areas in which it might even appear that I have conflicting duties to other entities.

I invite any further review by the Society of any aspects of these situations or areas that might be considered appropriate. Also, if it is deemed appropriate, I will take other steps, such as avoiding part or all of the deliberation and voting on certain issues, or adopting a conflicts management plan, if deemed appropriate by the Board.

1. List your current employer(s).

a. I am not currently employed (initial here): _____.

2. List additional sources of income not listed in (1) above and any relationship with vendors/industry that are related to the mission and business of the Society.

a. I know of no additional sources of income or relationships with vendors/industry that might give rise to conflicts (initial here):
_____.

3. List all current volunteer positions or responsibilities that are related to the mission and business of the Society.:

a. I know of no volunteer positions or responsibilities that are related to the mission and business of the Society: (initial here): _____.

4. List all positions or relationships of immediate family members that are related to the mission and business of the Society.

a. I know of no positions or relationships of immediate family members that are related to the mission and business of the Society. (initial here): _____.

Signature

Name (print) Date

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019, 11/2025
<small>POLICY TITLE</small> Member Acknowledgement	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

1. Summary of Purpose
 - 1.1. The SSH wishes to demonstrate compassion and concern toward members who experience situations of serious illness, grief or tragedy with expressions of sympathy and condolences. Likewise, SSH wishes to acknowledge members who experience an outstanding event of success or celebration.

2. Scope
 - 2.1. This policy affects all SSH leadership, volunteers, staff, contract employees, and any other member at the discretion of the SSH Executive Director and/or Board of Directors.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. When SSH Executive Office is notified of a serious illness, death, or other tragedy related to a member, or of an outstanding event that is of a celebratory nature, the President will collaborate with the Executive Director, who may instruct staff to take the appropriate action, including the following steps listed below.

5. Procedures for Ensuring Compliance
 - 5.1. The Executive Director will send an appropriate card from the BOD and Staff at the discretion of the Executive Director.
 - 5.2. A phone call will be made and/or a card or flowers will be sent to the impacted individual at the discretion of the Executive Director.
 - 5.3. The Executive Director will provide notification of the event to the Board of Directors and SSH staff, and as applicable to other members of the SSH leadership team, both past and present.
 - 5.4. Additional communications or actions will be taken as deemed appropriate for the circumstances.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE May 2019	DATE REVISED 04/2021, 10/2025
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 07/2019, 05/2021, 11/2025
POLICY TITLE SSH Member Recognition and Awards	VERSION 2	DATE REVIEWED 07/2019, 10/2025

1. Summary of Purpose
 - 1.1. To establish procedures for the selection and distribution of member recognition awards.

2. Scope
 - 2.1. The policy covers all awards that are distributed by SSH
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Executive Office shall oversee this policy.
 - 2.4. The Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. Pioneer in Simulation – Awarded to a member of the healthcare simulation community for outstanding contributions to the field.
 - 3.2. Presidential Citation – Awarded to individuals or groups selected by the president.
 - 3.3. Abstract – Awarded to the best abstracts submitted to the International Meeting on Simulation in Healthcare (IMSH)
 - 3.4. Interest Groups – Awarded to Individuals or groups for achievement in, or service to, an SSH Section, Special Interest Group, Affinity Group, or Regional Group.
 - 3.5. IMSH SimVentors Awards – Awarded to the best presentations in the SimVentors activity at IMSH.
 - 3.6. Service – Awarded to individuals that have completed their service in a committee, commission, or council, in the role of chair or vice-chair.
 - 3.7. Gail Johnson Award - Awarded to an SSH Accreditation reviewer who demonstrates integrity, scholarship, positivity and leadership.
 - 3.8. Researcher of the Year – Awarded to one member who has demonstrated exemplary investigation in the area of healthcare simulation.
 - 3.9. Educator of the Year – Awarded to one member who has demonstrated exemplary education and training in the area of healthcare simulation.
 - 3.10. Operations Specialist of the Year - Awarded to one member who has demonstrated exemplary implementation and delivery of simulation activities through the application of simulation technologies.
 - 3.11. Director of the Year – Awarded to one member who has demonstrated exemplary performance in their role as a director of a simulation program.
 - 3.12. Technology Innovator of the Year – Awarded to one member who has demonstrated exemplary innovation in the use or creation of technology in healthcare simulation.
 - 3.13. Industry Representative of the Year – Awarded to one individual from a corporate entity who has demonstrated an extraordinary contribution of professional time, leadership, innovation, and resources that have helped to position SSH and its members to make significant impact in the field of simulation in healthcare
 - 3.14. SSH DAISY Team Award in Healthcare Simulation – Awarded to one nurse-led team that exemplifies compassionate care, collaboration, and excellence in healthcare simulation education or practice.

	CREATION DATE May 2019	DATE REVISED 04/2021, 10/2025
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 07/2019, 05/2021, 11/2025
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4. Policy Details

- 4.1. All awards distributed by the Society must be included in this policy.
- 4.2. The Board of Directors is responsible for the approval of all new awards.
- 4.3. The Executive Office shall be responsible for the coordination and oversight of all awards and will make recommendations to the selecting bodies in the event awards are unevenly distributed.
- 4.4. Criteria for each award is based on the procedures below and determined by the groups assigned.
- 4.5. Awards are given in the form of plaques, trophies, certificates, or custom awards. Other forms of recognition must be approved by the Executive Director.
- 4.6. No monetary awards will be distributed by SSH unless approved by the Board of Directors.
- 4.7. All award decisions must be submitted to the Executive Office as needed to support approval and recognition of each award in a timely manner.
- 4.8. An SSH Board of Director member are exempt from being award an Of the Year Award and SSH Distinguished Contribution Award during their term of service.

5. Procedures for Ensuring Compliance

- 5.1. SSH Pioneer Award for Distinguished Contribution(s) to Healthcare Simulation:
 - 5.1.1. Refer to SSH Pioneer Award for Distinguished Contribution(s) to Healthcare Simulation Policy for selection criteria and process.
- 5.2. Presidential Citation:
 - 5.2.1. The Society President may present up to six (6) individuals or groups per year with a citation.
 - 5.2.2. The selection criteria is at the discretion of the President.
 - 5.2.3. Presidential Citations should be decided by November 30 each year.
 - 5.2.4. Recognition takes place at IMSH during plenary sessions unless otherwise specified by the President.
- 5.3. Abstracts:
 - 5.3.1. After submissions to IMSH are accepted, a working group of the Research Committee selects the top three (3) abstracts in the following categories.
 - 5.3.1.1. Research Abstract
 - 5.3.1.2. Program Innovation
 - 5.3.1.3. Technology Innovation
 - 5.3.1.4. Student (first place only)
 - 5.3.2. A Committee approved rubric is used to evaluate each abstract.
 - 5.3.3. Abstract awards should be decided by October 31 each year.
 - 5.3.4. Recognition takes place during the plenary session at IMSH.
- 5.4. Interest Groups:
 - 5.4.1. The Internal Relations Committee can request funds to purchase member recognition awards during each budget planning cycle (during March and April).

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POLICY TITLE SSH Member Recognition and Awards	VERSION 2	DATE REVIEWED 07/2019, 10/2025

- 5.4.2. The Chair and Vice Chair of the Sections, Special Interest Groups, Affinity Groups, and Regional Groups will publish the award categories to the members of the Sections, Special Interest Groups, Affinity Groups, and Regional Groups and procure nominations.
- 5.4.3. The Chair and Vice Chair of the Sections, Special Interest Groups, and Affinity Groups may select the award recipient(s) or they may assign this to a group of their choice.
- 5.4.4. Interest Group awards should be decided by October 31 each year.
- 5.4.5. Recognition takes place at IMSH at their group's scheduled meeting..
- 5.5. IMSH SimVentors Awards
 - 5.5.1. The Technology Committee will select judges that will select the award recipients
 - 5.5.2. An approved rubric is used to evaluate each submission.
 - 5.5.3. SimVentors awards are decided during IMSH.
 - 5.5.4. Recognition takes place during IMSH.
- 5.6. Service
 - 5.6.1. The Executive Office shall identify all individuals to receive a Service Award.
 - 5.6.2. At the close of a term of service for a member of the Board of Directors, or the Chair or Vice Chair of a Committee, Council, or Commission, an award is received.
 - 5.6.3. Recognition takes place during the SSH President's Diamond Ball at IMSH
- 5.7. SSH DAISY Team Award in Healthcare Simulation
 - 5.7.1. Up to (1) team is selected each year. There is no requirement to select a recipient every year.
 - 5.7.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. A working group or identified task force will review nominations from the SSH membership. .
 - 5.7.3. The DAISY Award should be decided by October 31 of each year
 - 5.7.4. Recognition takes place during President's Diamond Ball at IMSH.
- 1.1. Operations Specialist of the Year
- 1.2. Gail Johnson Award
 - 1.2.1. Up to one (1) is recipient is selected each year. There is no requirement to select a recipient every year.
 - 1.2.2. Potential recipients are nominated by the SSH Accreditation site reviewers.
 - 1.2.3. The recipient is selected by the SSH Accreditation Chairs, Chair of Program reviewer sub-committee, and the Chair of the Quality sub- committee
 - 1.2.4. The Gail Johnson Award should be decided by October 31 each year.
 - 1.2.5. Recognition takes place during the President's Diamond Ball at IMSH.
- 1.3. Researcher of the Year
 - 1.3.1. One (1) Researcher of the Year shall be identified and selected no more than annually.
 - 1.3.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Research Committee will review nominations from the SSH membership.

	CREATION DATE May 2019	DATE REVISED 04/2021, 10/2025
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POLICY TITLE SSH Member Recognition and Awards	VERSION 2	DATE REVIEWED 07/2019, 10/2025

- 1.3.3. The Research Committee shall recommend a recipient to the Board of Directors by September 30 each year.
- 1.3.4. The Board of Directors will approve the annual recipient by the first Board meeting after October 1 of each year.
- 1.3.5. Recognition takes place during President's Diamond Ball at IMSH.
- 1.4. Educator of the Year
 - 1.4.1. One (1) Educator of the Year shall be identified and selected no more than annually.
 - 1.4.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Education Committee will review nominations from the SSH membership. .
 - 1.4.3. The Education Committee shall recommend a recipient to the Board of Directors by September 30 each year.
 - 1.4.4. The Board of Directors will approve the annual recipient by the first Board meeting after October 1 of each year.
 - 1.4.5. Recognition takes place during President's Diamond Ball at IMSH.
- 1.5. Operations Specialist of the Year
 - 1.5.1. One (1) Operations Specialist of the Year shall be identified and selected no more than annually.
 - 1.5.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Simulation Operations and Technology Section (SOTS) will review nominations from the SSH membership. SOTS shall recommend a recipient to the Board of Directors by September 30 each year.
 - 1.5.3. The Board of Directors will approve the annual recipient by the first Board meeting after October 1 of each year.
 - 1.5.4. Recognition takes place during President's Diamond Ball at IMSH.
- 1.6. Director of the Year
 - 1.6.1. One (1) Director of the Year shall be identified and selected no more than annually.
 - 1.6.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Directors Special Interest Group will review nominations from the SSH membership. The Directors SIG shall recommend a recipient to the Board of Directors by September 30 each year.
 - 1.6.3. The Board of Directors will approve the annual recipient by the first Board meeting after October 1 of each year.
 - 1.6.4. Recognition takes place during President's Diamond Ball at IMSH.
- 1.7. Technology Innovator of the Year
 - 1.7.1. One (1) Technology Innovator of the Year shall be identified and selected no more than annually.
 - 1.7.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Technology Committee will review nominations from the SSH membership. The Technology Committee shall recommend a recipient to the Board of Directors by September 30 each year.
 - 1.7.3. The Board of Directors will approve the annual recipient by the first

	<small>CREATION DATE</small> May 2019	<small>DATE REVISED</small> 04/2021, 10/2025
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<small>POLICY TITLE</small> SSH Member Recognition and Awards	<small>VERSION</small> 2	<small>DATE REVIEWED</small> 07/2019, 10/2025

Board meeting after October 1 of each year.

- 1.7.4. Recognition takes place during President's Diamond Ball at IMSH.
- 1.8. Industry Representative of the Year
 - 1.8.1. One (1) Industry Representative of the Year shall be identified and selected no more than annually.
 - 1.8.2. Nominations will be procured annually through a call to membership and will include rationale for nomination. The Corporate Roundtable will review nominations from the SSH membership. The Corporate shall recommend a recipient to the Board of Directors by September 30 each year.
 - 1.8.3. The Board of Directors will approve the annual recipient by the first Board meeting after October 1 of each year.
 - 1.8.4. Recognition takes place during President's Diamond Ball at IMSH.
- 1.9. The membership department will order and distribute all awards given out by Interest groups during their meetings at IMSH. The Executive Office will order and distribute all awards given out during the Business Meeting, President's Diamond Ball and Plenaries.

2. Appendices / Attachments

- 2.1. None.

	CREATION DATE May 2019	DATE REVISED N/A
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE
POLICY TITLE Pioneer in Simulation Selection Process	VERSION 1	DATE REVIEWED

1. Summary of Purpose
 - 1.1. To provide the guidelines and process for selecting recipients of the Pioneer in Simulation Award.

2. Scope
 - 2.1. All selection processes for this award including identification of appropriate candidates and selection of recipients.
 - 2.2. The SSH Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for review and approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. Description: The Pioneer in Simulation Award is given to recognize individuals who have had a significant and sustained impact on simulation and its application to health care.

 - 4.2. The SSH Advisory Panel shall be responsible for making a recommendation for the award recipient to the Board of Directors.

 - 4.3. The Advisory Panel will collect nominations and come to consensus through a majority vote.
 - 4.3.1. The Advisory Panel may solicit nominations from other groups such as the Board of Directors or Fellows Academy.

 - 4.4. Frequency of selection:
 - 4.4.1. In general, a Pioneer in Simulation shall be identified and selected no more than annually. There may be circumstances in which more than one individual or a group might be selected.
 - 4.4.2. There is no requirement to select a recipient every year.

 - 4.5. Qualifications:
 - 4.5.1. Individuals shall be identified and then selected utilizing the following qualification guideline:
 - 4.5.1.1. Was this person truly a “pioneer”? The individual recognized shall have brought something new and different to the broad range of simulation activities and applications for Simulation in Healthcare. To be recognized, the individual’s impact on healthcare simulation will be clear and significant.

	<small>CREATION DATE</small> May 2019	<small>DATE REVISED</small> N/A
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small>
<small>POLICY TITLE</small> Pioneer in Simulation Selection Process	<small>VERSION</small> 1	<small>DATE REVIEWED</small>

4.6. Considerations:

- 4.6.1. It is desired that, as much as possible, this recognition will be awarded to people while they are still alive to allow for us to show our appreciation for what they have given to the healthcare simulation community.
- 4.6.2. The individual selected does not have to be (or have been) a member of SSH.
- 4.6.3. The choice of recipient shall be made with due consideration to the diversity of and broad range of healthcare simulation activities.
- 4.6.4. The choice of recipient shall recognize and include principles of diversity and inclusiveness.

5. Procedures for Ensuring Compliance

- 5.1. The Executive Director will oversee the Pioneer in Simulation selection process to ensure the selection process occurs in accordance with this policy.
- 5.2. The nominee selected will be forwarded to the Board of Directors for approval/confirmation.

6. Appendices / Attachments

- 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Position Statements	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To define the procedure and process associated with the development, maintenance, and distribution of SSH Position Statements.

2. Scope
 - 2.1. Refers to development and approval of all position statements by the Society for Simulation in Healthcare.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. Position Statement convey a belief, attitude or position reached by SSH on matters relative to healthcare simulation.

4. Policy Details
 - 4.1. The Society for Simulation in Healthcare (SSH) develops and maintains official Position Statements approved by Board of Directors (BoD). This information is for members, non-members, other healthcare simulation organizations and professionals, regulatory and legislative entities, and the general public.
 - 4.2. Each Position Statement expresses the beliefs held, encouraged and supported by SSH, and is in agreement with the Bylaws, Vision and Mission Statements of the organization, and the Healthcare Simulationist Code of Ethics.
 - 4.3. The SSH BoD Members, Executive Director, Committee, Commission, Council, and/or Section Chairs are authorized to submit statements for review and approval by the SSH BoD or Executive Committee.

5. Procedures for Ensuring Compliance
 - 5.1. Position Statements are developed on topics relative to the healthcare simulation.
 - 5.2. The BoD reviews and approves all Position Statements by majority vote.
 - 5.3. The BoD meeting minutes serve as documentation of approved language.
 - 5.4. Position Statements are posted on the SSH Web site and can be downloaded at no charge.
 - 5.5. The SSH Staff manages the posting procedures for position statements.
 - 5.6. Permission to reprint Position Statements is not required. It is required, however, to include the citation indicating SSH copyright and the year it was last updated in all duplication. The last revision date of the document is indicated in parenthesis.

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019, 11/2025
<small>POLICY TITLE</small> Position Statements	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

- 6. Appendices / Attachments
 - 6.1. Healthcare Simulationist Code of Ethics

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Public Inspection of SSH Documents and Records	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To provide specific information regarding access to documents and records as governed by law.

2. Scope
 - 2.1. Refers to all requests for inspection of SSH documents and records.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The Society for Simulation in Healthcare (SSH) will make documents and records available for public inspection as required by Section 6104 of the Internal Revenue Code and of the State of California.
 - 4.2. A requestor shall have access to the following upon request:
 - 4.2.1. Application for tax exemption (Form 1023), all related schedules, and any other document issued by the Internal Revenue Service with respect to such application.
 - 4.2.2. The returns shall be made available for a three-year period beginning with the due date for the return and include schedules and attachments filed.
 - 4.3. The required disclosure does not include Form 990-T, Exempt Organization Business Income Tax Return, relating to unrelated business income tax.
 - 4.4. Other documents or records are not to be disclosed to a requestor unless authorized in SSH policy.
 - 4.5. A request for covered information will only be honored if the individual requests the information in writing to the SSH Executive Director.
 - 4.6. The Form 990 must be available for three years beginning on the date the return is required to be filed.
 - 4.7. With respect to a request for the application for exemption and related materials, provided documents include a copy of: the application, papers filed in support of the application and letters or other documents issued by the IRS with respect to the application.
 - 4.8. Inspection of records will be made under the supervision of staff. Note taking will be allowed.
 - 4.9. Copies are provided after reasonable charges for copies and postage are paid. Requestors are informed of the total costs for the request and acceptable forms of payment.

	<small>CREATION DATE</small> 09/2019	<small>DATE REVISED</small>
	<small>POLICY AREA / CATEGORY</small> Governance	<small>DATE APPROVED / EFFECTIVE DATE</small> 11/2019, 11/2025
<small>POLICY TITLE</small> Public Inspection of SSH Documents and Records	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

5. Procedures for Ensuring Compliance

- 5.1. Under all circumstances, staff will respond within 30 days of receiving requests for written disclosure of required documents.
- 5.2. The receipt date begins with the request reaching the SSH Executive Director.
- 5.3. Payment methods include check or credit card.
- 5.4. All requests will be reviewed and approved by the Executive Director or designee.
- 5.5. After annual audit review, completion and finalization of audit, and filing of all returns, SSH tax returns and audit information is provided on GuideStar.

6. Appendices / Attachments

- 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Public Policy Statements	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To Define where the authority rests to approve and issue SSH public policy statements.

2. Scope
 - 2.1. The SSH Bylaws do not define where the authority rests to approve and issue SSH public policy statements.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. Public policy statements are defined as any letter or statement issued by SSH directed to a governmental official or entity.

4. Policy Details
 - 4.1. Only the SSH Board of Directors (BoD) is authorized to review and approve SSH public policy statements.
 - 4.2. The SSH BoD Members, Executive Director, Committee, Commission, Council, and/or Section Chairs are authorized to submit statements for review and approval by the SSH BoD.
 - 4.3. Every SSH public policy statement shall be placed on SSH's website.

5. Procedures for Ensuring Compliance
 - 5.1. Requests for SSH public policy statements should be submitted in writing to the Executive Director, and should clearly state the public policy issue, the relevance of the issue to SSH, and should clearly define the benefits which should accrue to SSH and its membership as a result of an affirmative decision to create and disseminate a public policy statement by the BoD.
 - 5.1.1. As possible, specific public policy statement language to include key points and concepts should be included in the submission.
 - 5.1.2. If any other organizations are making similar public policy statements regarding the specific issue, this information should also be submitted.
 - 5.2. Public policy statements will be submitted to the SSH BoD a minimum of 7 calendar days prior to a scheduled meeting for review and approval.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Request for SSH Endorsement	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To facilitate requests from external organizations endorsement of a concept, program, service or other activity developed and or promoted by an individual or another organization.

2. Scope
 - 2.1. The Governance Committee is responsible for the content of this policy.
 - 2.2. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. SSH may endorse a concept, product, program, service or other activity (hereinafter referred to as "item") developed and/or promoted by a person(s) or organization(s) (hereinafter referred to as "entity") other than SSH.
 - 4.2. Endorsement of any item does not ensure exclusivity. Other similar items may be endorsed by SSH as well.
 - 4.3. Endorsement granted by the BoD will include an expiration date as agreed upon by the BoD and partner. The BoD will renew endorsement for an additional period of time at or before the date of original expiration. Endorsement may also be rescinded by the BoD prior to expiration per contract.
 - 4.4. "Endorsed by SSH" or the "SSH Logo" is a statement/symbol that may be affixed to an item properly endorsed by the BoD and indicates that the endorsed item is considered of high merit and of substantial value to SSH members or consumers. The imprimatur does not convey singularity of the item, superiority over similar items offered by another manufacturer or vendor, or a sense of exclusivity, but merely that it is an item of high merit and benefit to the healthcare simulation industry.

5. Procedures for Ensuring Compliance
 - 5.1. A request for endorsement should be submitted in writing to the Executive Director, and should clearly define the benefits which should accrue to SSH and its membership as a result of an affirmative endorsement decision by the BoD. Failure to document such benefits will result in the request being returned without action.

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POLICY TITLE Request for SSH Endorsement	VERSION 1	DATE REVIEWED 10/2025

- 5.2. SSH may charge a minor standard fee or honorarium to recoup expenses for reviewing or endorsing an item.
- 5.3. The review process will assess the following qualities of the submitted item:
 - 5.3.1. Relevance of the item to SSH members and the healthcare simulation industry.
 - 5.3.2. The degree to which the proposed item is in agreement with SSH policy, mission and values.
 - 5.3.3. The ramifications, if any, of endorsing or not endorsing the item.
- 5.4. The item reviewed is assigned one of the following levels of acceptance:
 - 5.4.1. Endorsement: There is general agreement that the item has relevance to SSH members and/or the healthcare simulation industry, and there are positive ramifications for endorsement. The item does not conflict with current SSH policy, mission or values.
 - 5.4.2. Non-Endorsement: While the item has applicability to SSH members and/or the healthcare simulation industry, the item conflicts with SSH policy and/or there would be negative ramifications were SSH to endorse the item.
 - 5.4.3. Not Applicable: The item has very minimal or no application to SSH members and/or the healthcare simulation industry.
- 5.5. The administrative process for review consists of the following procedures:
 - 5.5.1. The Executive Director will complete a formal review of the request and present to the Board of Directors.
 - 5.5.2. Upon BoD review, the requesting organization will be notified of the BoD's decision. If the decision is positive, staff will provide the organization with a letter of agreement outlining the terms and conditions for the endorsement, the manner in which SSH's name and mark may be used, and the term of the agreement, not to exceed three years. Endorsement beyond the term would require a new application.
- 5.6. The following business arrangements will be observed:
 - 5.6.1. SSH may enter into business arrangements determined to be beneficial to SSH. SSH policies and sound business practices, including a clear delineation of the expected benefits and risks, and a determination as to whether such arrangements are prudent and proper.
 - 5.6.2. SSH may endorse business ventures based on the merit of each individual proposal and consistent with SSH's value statements. Each venture shall be reviewed in accordance with SSH's Endorsement Policy and then submitted to the SSH BoD for action.
 - 5.6.3. Except for customary SSH agreements to produce professional development products, SSH does not enter into business arrangements with staff or SSH officers, other members of the BoD, committees or task force chairs.
 - 5.6.4. SSH will not endorse items that are considered to be competitive with existing SSH items.

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<small>POLICY TITLE</small> Request for SSH Endorsement	<small>VERSION</small> 1	<small>DATE REVIEWED</small> 10/2025

5.6.5.SSH may consider a partnership or co-promotion of items that are produced in partnership with SSH.

6. Appendices / Attachments

6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Request for SSH Support	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To facilitate requests from external organizations for SSH support.

2. Scope
 - 2.1. Refers to all requests from external organizations for support by SSH.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The Society for Simulation in Healthcare (SSH) may support a concept, program, service, campaign or other activity promoted by a person or organization other than SSH.
 - 4.2. Official support of any concept, program, or service does not ensure exclusivity. SSH may support other similar programs as well.
 - 4.3. The Board of Directors (BOD) or Executive Committee determines approval of a support request.
 - 4.4. SSH will not consider requests that are determined to be in conflict with existing SSH position statements.
 - 4.5. A request for support may be approved only if it falls within the parameters of SSH's Mission & Purpose statements.
 - 4.6. SSH support neither includes nor equates to endorsement.

5. Procedures for Ensuring Compliance
 - 5.1. A request for support must be submitted in writing to the Executive Director. It must detail the nature of the request and the date a decision is needed.
 - 5.2. The Executive Director will perform a preliminary review of request and follow up with submitter if additional information is required
 - 5.3. After a preliminary review, the Executive Director will forward the request to the President for inclusion on a future BoD or EC agenda (whichever comes first) for action and approval.
 - 5.4. The Executive Director will submit an annual report to the BOD chronicling all SSH support requests and outcomes.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Review and Approval of Policies	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. The purpose of the SSH policies is to provide guidance and consistency in decision making, to provide for effective functioning of the BoD, and to document significant action taken.

2. Scope
 - 2.1. Refers to all SSH policies, except those from the Certification and Accreditation Councils.
 - 2.2. The SSH Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The Board of Directors (BoD) ensures review of policies every three years, or more often as needed.
 - 4.2. Policies must conform and not conflict with the Articles of Incorporation and the Bylaws.
 - 4.3. Policies ~~and procedures~~ are approved by the BoD with the following exceptions.
 - 4.3.1. Policies and procedures relative to Accreditation and Certification are approved by the respective Councils.
 - 4.3.2. The BoD may grant the authority to the Executive Director to approve organizational standard operating procedures and related policies.
 - 4.4. Policy review shall consist of assessment of the consistency of the policies with the Articles of Incorporation, Bylaws, mission, goals, objectives, and other positions or policies of the SSH and the determination that they are the best policies for the current circumstances of the organization.
 - 4.5. Policies will be retained by the Executive Office and available through an online portal and/or on the SSH website.

5. Procedures for Ensuring Compliance
 - 5.1. The BoD or its designee (e.g., the Governance Committee) is responsible to review policies and recommend revisions to the BoD every three years, or more often as needed.
 - 5.2. Staff will update the policy compendium as policies are adopted, approved, revised or rescinded. Each policy will be identified in the content outline preceding each section and marked with the date of approval/revision.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Speaking on Behalf of SSH	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. Members of the Board of Directors (BOD) and all SSH members are required to follow guidelines to ensure the integrity of SSH and appropriate representation of SSH and its official positions.

2. Scope
 - 2.1. Refers to all BODs, staff, and members of SSH.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The SSH President and Executive Director (ED) are the official spokespersons in all matters related to the SSH.
 - 4.2. Former and current individual BOD members, as well as all other members and staff will not make official statements and/or imply that they are speaking on behalf of SSH unless they are authorized by the President to represent or speak on behalf of SSH.
 - 4.3. Issuing statements that misrepresent SSH or imply that they are made on behalf of SSH and its BOD without authorization is a violation of policy.

5. Procedures for Ensuring Compliance
 - 5.1. Failure to comply with this policy may result in official censure by the SSH BOD and/or revocation of SSH membership.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED /EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Strategic Planning Process	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To identify possible changes to SSH's mission statement, goals, strategies, tactics, and performance milestones.
 - 1.2. To facilitate review of the current strategic plan by the SSH Board of Directors (BoD) and staff.

2. Scope
 - 2.1. Refers to the strategic planning process of the Society for Simulation in Healthcare.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The BoD will review SSH's mission, goals, and strategies for continuing relevancy in serving the association and its members every three to five years.
 - 4.2. Requested changes to the strategic plan will be approved by the SSH BoD. Such changes will be accompanied by a statement of rationale, a fiscal impact analysis and legal review, if pertinent.

5. Procedures for Ensuring Compliance
 - 5.1. SSH staff will develop and facilitate an annual strategic planning calendar.
 - 5.2. SSH staff will draft strategic plan documentation for BoD review and approval, as appropriate.
 - 5.3. The Executive Director, in coordination with the SSH BoD, will identify specific tactics and performance milestones to be pursued in order to achieve the outlined strategies.
 - 5.4. The BoD will review progress and make adjustments, if deemed necessary, to the strategic plan at a minimum of twice per year.
 - 5.5. The three to five year review will include an environmental scan, with input provided by BoD members, the Advisory Council, committee, council, commission, and section leadership and staff.
 - 5.6. Revenue and expense budgets associated with tactics supporting strategies will be considered/approved by the BoD during the annual budget development process.
 - 5.7. Strategic plan updates to the BoD will be documented in the Executive Director's Report.

6. Appendices / Attachments
 - 6.1. None

	CREATION DATE 09/2019	DATE REVISED
	POLICY AREA / CATEGORY Governance	DATE APPROVED / EFFECTIVE DATE 11/2019, 11/2025
POLICY TITLE Use of SSH Trademark and Logo	VERSION 1	DATE REVIEWED 10/2025

1. Summary of Purpose
 - 1.1. To protect SSH intellectual property.

2. Scope
 - 2.1. Refers to use of all SSH trademarks, logos and associated products and services.
 - 2.2. The Governance Committee is responsible for the content of this policy.
 - 2.3. The SSH Board of Directors is responsible for approval of this policy.

3. Definitions
 - 3.1. None

4. Policy Details
 - 4.1. The SSH shall register, trademark, and/or copyright its logos and all proprietary intellectual property and marks as necessary and appropriate.
 - 4.2. SSH staff shall take all necessary and appropriate steps to preserve and protect the registration and usage of SSH's intellectual property and all of its marks, whether registered or not.
 - 4.3. Registration of the SSH logo and trademarks with the United States Patent and Trademark Office shall be denoted to provide protection when SSH intellectual property is used in connection with educational publications and other communications.
 - 4.4. A written license agreement with SSH to permit the use of the SSH's trademark must comply with all legal requirements for proper trademark licenses.

5. Procedures for Ensuring Compliance
 - 5.1. Any suspected unauthorized use of the logo, marks or intellectual property of SSH will be reported to the Executive Director, who will consult with the President and legal counsel.
 - 5.2. The BOD will review any allegations of unauthorized use and determine the appropriate course of action, with legal consultation, based on the context, seriousness, and other legal considerations.
 - 5.3. Legal counsel shall maintain all registration files and initiate registration renewal in accordance with federal law and regulations.

6. Appendices / Attachments
 - 6.1. SSH Brand Guidelines
 - 6.2. SSH Registered Trademark Logos and Name