



Healthcare Simulation Standards Endorsement

The application guidelines for achieving the designation of Healthcare Simulation Standards Endorsement are outlined in this document. Each step required to meet the expectations for the Cornerstones Healthcare Simulation Standards, which include Prebriefing: Preparation & Briefing, Facilitation, Debriefing, and Professional Integrity is stated. Prior to applying, applicants should review these expectations and suitable evidence for meeting the expectations. The exemplars of suitable evidence provided below are not exclusive. The Endorsement program strives to recognize innovative and unique operationalization of the Healthcare Simulation Standards; therefore, your application is reviewed holistically.

The levels of endorsement are Endorsed, Conditionally Endorsed, and Not Endorsed.

- **Endorsed**: Program recognized as achieving the expectations of the Cornerstones HSSOBP™.
- **Conditionally Endorsed**: Program recognized as making great strides towards endorsement, but needs additional time to demonstrate having met the expectations of the Cornerstones HSSOBP™.
- **Not Endorsed**: Program does not meet the expectations for the Cornerstones HSSOBP™ endorsement and needs to review feedback to develop a plan for meeting the expectations of the Cornerstones HSSOBP™.

GUIDELINES

- Reviewers are looking to see how programs ensure quality simulation by incorporating the Healthcare Simulation Standards. They are not evaluating organizations or operations; instead, they are reviewing the processes in place that reflect a systematic approach to applying the Cornerstones Healthcare Simulation Standards.
- Expected writing style is academic/professional and concise.
- Examples of what to include:
 - An organizational/programmatic overview that maps simulations to programs (i.e. curricular mapping)
 - Policies related to the Cornerstones Standards
 - Demonstration of evidence (i.e. videos, audio, scripts, scenario examples)
 - If providing videos or audio, include timestamps that point to key focus areas that the reviewers may want to see.
 - Simulation faculty/staff CVs (3 page maximum per faculty/staff person)
- Examples of what not to include:
 - Replica of submission for accreditation from other organizations
 - Inventory and manikin information

- CVs of non-simulation faculty/staff

CRITERIA AND EXEMPLARS

The suggested evidence below are exemplars and do not constitute an exhaustive list. Approval is not based on the volume submitted, but on the quality of the program under review. Exemplars and the gestalt of the application will be taken under consideration when deciding on Endorsement status. One exemplar may be adequately used to demonstrate having met multiple criteria. Therefore, be selective with the exemplars you provide (i.e. less can be more). Be sure to label exemplars with associated criteria. The purpose for the exemplars is to provide evidence and application of demonstration of adherence and/or adoption of the Cornerstones Healthcare Simulation Standards.

Please note: Diversity, Equity & Inclusion (DEI/EDI) is threaded throughout the simulation process and needs to be reflected in the exemplars provided in a meaningful way.

Criteria from the Healthcare Simulation Standards	Combined Suitable Exemplars for Application
<p>Prebriefing and Briefing</p> <p><i>Criterion 1</i> The simulationist should be knowledgeable about the scenario and competent in concepts related to prebriefing.</p> <p><i>Criterion 2</i> Prebriefing should be developed according to the purpose and learning objectives for the simulation-based experience.</p> <p><i>Criterion 3</i> The experience and knowledge level of the simulation learner should be considered when planning the prebriefing.</p> <p><i>Criterion 4</i> Based on needs assessment and purpose of the experience, preparation materials are developed to assure that learners are prepared for the experience and can meet the scenario objectives.</p> <p><i>Criterion 5</i> Preparation materials should be developed according to the purpose and learning objectives of the simulation-based experience.</p> <p><i>Criterion 6</i> Plan the delivery of preparation materials both prior to and on the day of the simulation-based experience.</p> <p><i>Criterion 7</i></p>	<p>I. Simulationist exemplars</p> <ul style="list-style-type: none"> ● Simulation packet for each simulationist demonstrating professional development activities, simulation education and training, and facilitator evaluation data. ● Two (2) years of data for facilitators from the two (2) SBE experiences submitted to demonstrate trends. ● Onboarding process for simulationists to demonstrate training of the Healthcare Simulationist Code of Ethics (https://www.ssih.org/SSH-Resources/Code-of-Ethics) and Healthcare Simulation Standards of Best Practice. ● Policy & Procedure(s) for description of facilitator roles, expectations, and role development. <p>II. Scenario exemplars</p> <ul style="list-style-type: none"> ● Needs assessment identifying current status, gap analysis, and need for new or revised SBE. ● Two video submissions of a prebriefing, SBE, and debriefing.

<p>Prior to the simulation-based experience, the simulationist conveys important information to learners regarding expectations, the agenda, and the logistics for the experience.</p> <p><i>Criterion 8</i> Conduct a structured orientation to the simulation-based learning environment including the modality.</p> <p><i>Criterion 9</i> Establish a psychologically safe learning environment during the prebriefing.</p>	<ul style="list-style-type: none"> ● Two exemplars of simulation scenarios, cases, virtual simulation-based experiences, etc. with paperwork and/or template with: <ul style="list-style-type: none"> ○ Level of the learner(s) ○ Simulation-based experience objectives & outcomes ○ Preparatory activities for the learners ○ Identified type of evaluation for the learners ○ Debriefing methodology and timeframe for debriefing ○ Evaluation of the debriefing ○ Roles and responsibilities of the facilitator and the debriefer ○ Facilitating method or type ○ Technology, supplies, and props required to support the SBE ○ Prebriefing script ○ Purpose ○ Confidentiality ○ Mutual respect ○ Expectations ○ Fiction contract ○ Roles/standardized patient/confederate described/explained if applicable, etc. ○ Environment ○ Evaluation method ○ Case description ○ KSAs for the SBE ○ Timeframe of the SBE ● Evidence supporting the inclusion of educational principles/theories/frameworks to prepare the prebriefing materials: <ul style="list-style-type: none"> ○ Curriculum/simulation committee minutes ○ Faculty/staff work-day minutes ○ Simulation mapping across curriculum/program
<p>Facilitation</p>	
<p><i>Criterion 1</i> Effective facilitation requires a facilitator who has specific skills and knowledge in simulation pedagogy.</p> <p><i>Criterion 2</i> The facilitative approach is appropriate to the level of learning, experience, and competency of the participants.</p> <p><i>Criterion 3</i> Facilitation methods before the simulation-based experience include preparatory activities and a prebriefing to prepare participants for the simulation-based experience. (Follow the HSSOBP Prebriefing: Preparation and Briefing).</p> <p><i>Criterion 4</i> Facilitation methods during a simulation-based experience involve the delivery of cues (predetermined and/or unplanned) aimed to assist participants in achieving expected outcomes.</p> <p><i>Criterion 5</i> Facilitation after and beyond the simulation-based experience aims to support participants in achieving expected outcomes.</p>	
<p>Debriefing</p>	
<p><i>Criterion 1</i> Debriefing is planned and incorporated into the simulation-based experience in an appropriate manner in order to guide the learner(s) in achieving the desired learning outcomes.</p> <p><i>Criterion 2</i></p>	

<p>Constructed, designed, and/or facilitated by a person(s) or system capable and/or competent in providing appropriate feedback, debriefing, and/or guided reflection.</p> <p><i>Criterion 3</i> Conducted in a manner that promotes self, team, and/or systems analysis. This process should encourage reflection, exploration of knowledge, and identification of performance/system deficits while maintaining psychological safety and confidentiality.</p> <p><i>Criterion 4</i> Planned and structured in a purposeful way based on theoretical frameworks and/or evidence-based concepts.</p>	<ul style="list-style-type: none"> ○ Evidence of organizational or regulatory requirements to develop preparation materials. There should be citations within prebriefing materials, template, outline, etc. ○ Evidence of materials and pre-work materials related to the need (i.e. data that supports the need) ○ Communication with learners <p>III. Debriefing exemplars</p> <ul style="list-style-type: none"> ● Two (2) debriefing sessions that are representative of the debriefing in the program. This can be the same two debriefing sessions from the Scenario Exemplars. ● Policy & Procedure or Guidelines for an adopted debriefing process addressing: <ul style="list-style-type: none"> ○ Psychological safety ○ Debriefing concept introduced in the prebriefing ○ Ways to debrief and facilitate ○ Time of debriefing is appropriate for the time and type of simulation ○ Roles and responsibilities of the debriefers and learners ○ Process for evaluations of the debriefing from the facilitators and the learners
<p>Professional Integrity</p>	
<p><i>Criterion 1</i> Honor and uphold the Healthcare Simulationist Code of Ethics.</p> <p><i>Criterion 2</i> Follow standards of practice, guidelines, principles, and ethics of one’s profession.</p> <p><i>Criterion 3</i> Create and maintain a safe learning environment. (Follow the HSSOBP™ Facilitation).</p> <p><i>Criterion 4</i> Practice inclusion by respective equity, diversity, and inclusivity among all involved and in all aspects of SBE.</p> <p><i>Criterion 5</i> Require confidentiality of the performances and scenario content based on institution policy and procedures.</p>	