



INACSL Healthcare Simulation Standards Endorsement™

Application Guidelines and Criteria Based on the Four Cornerstones of Healthcare Simulation Standards of Best Practice®

Introduction

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, as supported by the **updated 2025 Healthcare Simulation Standards of Best Practice® (HSSOBP®)**. The exemplars of suitable evidence provided below are not exclusive. The Endorsement program strives to recognize innovative and unique operationalization of the HSSOBP®; therefore, your application is reviewed holistically.

Levels of Endorsement

- ***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 HSSOBP®. They are not evaluating organizations or operations; instead, they are reviewing the processes in place that reflect a systematic approach to applying the Cornerstones HSSOBP®.
- **MULTISITE APPLICANTS**: Applications desiring endorsement for more than one facility/campus/site must clarify that ALL included sites apply the Cornerstones HSSOBP® in the same manner (i.e., standardized curriculum across sites, standardized professional development, evaluation metrics, etc.).
- Expected writing style is academic/professional and concise.
- Examples of what to include:
 - A minimum of **TWO (2)** suitable exemplars PER Cornerstone (not per criterion)
 - Note: The same exemplar(s) can be used as evidence for more than 1 criterion.
 - Demonstration of **audio/visual evidence**



- Audio/visual evidence of actual (not rehearsed or replicated) simulation sessions with learners, include timestamps that point to key focus areas that the reviewers may want to see.
- Audio/visual platforms can vary. Commonly used platforms include: sim A/V system recordings, ZOOM, ECHO 360, phone/tablet recordings.)
 - An organizational/programmatic overview that maps simulations to programs (i.e., curricular mapping)
 - Policies related to the Cornerstones HSSOBP®
 - Cohesiveness between evidence and narrative descriptions
 - Simulation faculty/staff CVs (3 page maximum per faculty/staff person; limit the number of included CVs to 10 or less)
- Examples of what not to include:
 - Replica of submission for accreditation from other organizations
 - Inventory and manikin information
 - “Staged” videos or audios that do not include authentic interactions with learners
 - 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 HSSOBP®**.

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

Program Overview	Combined Suitable Exemplars for Application
<p>Simulationist exemplars (e.g., team members who are subject matter experts, operations experts, and service line/clinical educators directly involved in operations, prebriefing, facilitation, and debriefing)</p>	<ul style="list-style-type: none"> • Simulation-focused CV for each team member demonstrating professional development activities, simulation education and training, and facilitator evaluation data from the last two (2) years. • Initial onboarding and ongoing process for professional development pertaining to upholding the Healthcare Simulationist Code of Ethics (https://www.ssih.org/SSH- Resources/Code-of-Ethics) and HSSOBP® • Policy & Procedure(s) and/or job descriptions for facilitator/clinical educator roles, expectations, and role development.
<p>Program Overview</p>	<ul style="list-style-type: none"> • Simulation program mission, vision, and values • Learning theory/frameworks that underpin simulation program • Simulation mapping across curriculum/program; evidence of interaction with curriculum and/or quality assurance committee • Organizational chart (e.g., facilitators, operations, leadership, SPs, administrative/staff support)

	<ul style="list-style-type: none"> • Two (2) years of data from the two (2) SBE experiences submitted to demonstrate data from needs assessment, scenario revisions, learner evaluations, and/or program evaluations.
<p>Scenario exemplars</p>	<ul style="list-style-type: none"> • Needs assessment identifying current status, gap analysis, and need for new or revised SBE (may include safety measures and quality outcome tracking). • Video and/or verbatim audio transcripts from actual simulation with learners (not scripted or a re-enactment) submissions of a prebriefing, SBE, and debriefing. If providing verbatim audio transcripts, please describe the setting, number of participants, and roles represented to add context for reviewers. • Examples of simulation-based learning experiences, case scenarios, escape rooms, virtual simulation-based experiences, etc. with template including:
<p>Simulation Design/Structure</p>	<ul style="list-style-type: none"> • Level of the learner(s) (consider Benner’s novice- to-expert framework) • Simulation-based experience objectives & outcomes • Identified type of evaluation for the learners (formative, summative, high-stakes) • Facilitating method or type of prebriefing, scenario, and debriefing (e.g., synchronous or asynchronous, scripted elements; prebriefing script, debriefing framework) • Technology, supplies, and props required to

	support the SBE
Criteria from the Healthcare Simulation Standards (reflective of 2025 revision)	Combined Suitable Exemplars for Application
Prebriefing and Briefing	
<p>Criterion 1 The simulationist should be knowledgeable about the scenario and competent in concepts related to prebriefing.</p> <p>Criterion 2 Prebriefing should be designed based on learning needs, experience level, and the purpose, objectives, and outcomes of the simulation-based experience.</p> <p>Criterion 3 The experience and knowledge level of the simulation learner should be considered when planning the prebriefing.</p> <p>Criterion 4 Based on needs assessment and purpose of the experience, preparatory materials are developed to assure that learners are equipped for the experience and can meet the scenario objectives.</p> <p>Criterion 5 Preparatory materials should be developed according to the purpose and learning objectives of the simulation-based experience.</p>	<p>Provide TWO exemplars of any of the following PER Cornerstone:</p> <ul style="list-style-type: none"> ○ Preparatory activities for the learners (e.g., modules, skill practice, policy/ clinical guideline review, reading, worksheets/quizzes; when appropriate, include citations) ○ Prebriefing script ○ Purpose ○ Confidentiality ○ Mutual respect ○ Expectations ○ Fiction contract ○ Roles/standardized patient/confederate described/explained if applicable, etc. ○ Orientation to environment ○ Evaluation method ○ Case description ○ KSAs for the SBE ○ Timeframe

<p>Criterion 6 Plan the delivery of preparatory materials both prior to and on the day of the simulation-based experience.</p> <p>Criterion 7 Prior to participating in the simulation-based experience, the simulationist conveys important information to learners regarding expectations, the agenda, and the logistics for the experience.</p> <p>Criterion 8 Conduct a structured orientation to the simulation-based learning environment including the modality.</p> <p>Criterion 9 Establish a psychologically safe learning environment during the prebriefing</p>	
<p>Criteria from the Healthcare Simulation Standards (reflective of 2025 revision)</p>	<p>Combined Suitable Exemplars for Application</p>
<p>Facilitation</p>	
<p>Criterion 1 Effective facilitation requires a facilitator with specific skills and knowledge in simulation pedagogy.</p> <p>Criterion 2 The facilitative approach is appropriate to the level of learning, experience, and competency of the participants.</p> <p>Criterion 3 Facilitation methods prior to the simulation-based experience include conducting a needs assessment and</p>	<p>Provide TWO exemplars of any of the following per Cornerstone:</p> <ul style="list-style-type: none"> ○ <i>Narrative description of scaling simulation to match the level of learners (e.g., scaling objectives, fidelity, preparation, etc).</i> ○ <i>Examples of engaging observers during simulation and debriefing</i>

<p>a pilot test simulation before full implementation. Facilitation methods also include prebriefing activities to prepare participants for the simulation-based experience and determining participant evaluation methods. The facilitator discusses ground rules to create and maintain a safe learning and non competitive environment.</p> <p>Criterion 4 Facilitation methods during a simulation-based experience involve the delivery of cues (predetermined and/or unplanned) aimed at assisting participants in achieving expected outcomes.</p> <p>Criterion 5 Facilitation after and beyond the simulation-based experience aims to support participants in achieving expected outcomes.</p>	
<p>Criteria from the Healthcare Simulation Standards (reflective of 2025 revision)</p>	<p>Combined Suitable Exemplars for Application</p>
<p>Debriefing</p>	
<p>Criterion 1 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 or evaluation outcomes.</p> <p>Criterion 2 Constructed, designed, and facilitated by a person(s) or technology-supported system capable and/or competent in providing appropriate feedback, debriefing, and/or guided</p>	<p>Provide TWO exemplars of any of the following per Cornerstone:</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. Link learning objectives to debriefing process. ○ Debriefing methodology/framework and timeframe for debriefing (e.g.

reflection.

Criterion 3

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.

Criterion 4

Planned and structured in a purposeful way based on theoretical frameworks/models and evidence-based concepts.

post-event debriefing with specific methodology such as GAS, Plus/Delta, PEARLS, rapid cycle deliberate practice, etc.)

- Narrative description of learner-centered debriefing approach
- Narrative description of how facilitators individualize an approach based on learners' experience level and scenario objectives (e.g., feedback, reflection with Socratic questioning, and extending facilitation with individual education plans)
- Narrative description of indicators suggesting simulation team members role model mutual respect
- Evaluation of the debriefing experience from learners and simulation experts (e.g., SET-M, DASH)
- Roles and responsibilities of the facilitator and/or the debriefer
- Policy & Procedure or Guidelines addressing:
 - Psychological safety
 - Debriefing concept introduced in the prebriefing

	<ul style="list-style-type: none"> ○ 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' perspectives
Criteria from the Healthcare Simulation Standards (reflective of 2025 revision)	Combined Suitable Exemplars for Application
Professional Integrity	
<p>Criterion 1 Foster and exemplify attributes of integrity in all interactions, adhering to established standards, guidelines, and ethical principles of clinical simulation and professional integrity.</p> <p>Criterion 2 Establish and maintain a safe learning environment in alignment with the HSSOBP Prebriefing: Preparation and Briefing, Facilitation, and the Debriefing Process.</p> <p>Criterion 3 Establish an inclusive environment by fostering trust and respect among all participants involved with the development and execution of the simulation-based experience.</p> <p>Criterion 4 All participants are required to maintain confidentiality of simulation activities and scenario content based on</p>	<p>Provide TWO exemplars of any of the following per Cornerstone:</p> <ul style="list-style-type: none"> ○ <i>Narrative description of how facilitators embed the Healthcare Simulationist Code of Ethics within scenario exemplars</i> ○ <i>Provide examples of professional standards embedded in prebriefing, facilitation, and debriefing phases of simulation-based experiences (e.g. ANA Code of Ethics, Scope and Standards)</i> ○ <i>Describe how fiction contract and confidentiality are presented to learners and reinforced; include learner-facing artifacts</i> ○ <i>Highlight integration of social determinants of health, reducing</i>

individual institutions' policies and procedures.

implicit bias, increasing sense of belongingness, and the delivering of patient-centered care

- *Narrative description of initial and ongoing professional development for simulationists related to creating and maintaining a psychologically safe environment as well as responding to incivility*
- *Policy and Procedures or guidelines addressing:*
- *Confidentiality forms*
- *Data used for research*
- *Fiction contracts*
- *Supporting learner success (e.g., coaching and remediation, unprofessional conduct, learners experiencing distress)*
- *Video recording and retention*