

Hear ye, Hear ye! Learn all About the 2016 Edition of the INACSL Standards of Best Practice:
SimulationSM



June 21-24, 2017

Marriott Wardman Park Hotel Washington, DC







Presenters

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DISCLOSURES

Conflict of interest and Disclosures

- The presenters have no conflicts of interest or disclosures
- –Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

- -Attend 100% of session
- -Complete online evaluation



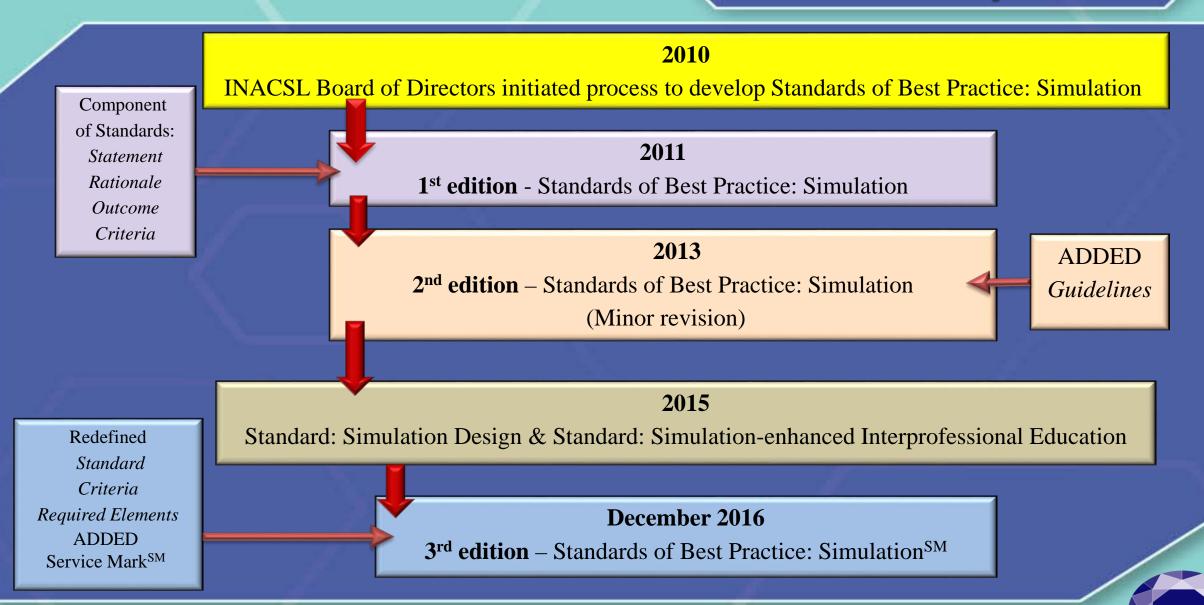
OBJECTIVES

At the conclusion of this educational program, learners will be able to:

- 1. Describe the INACSL Standards of Best Practice:
 SimulationSM including criteria necessary to achieve the standard.
- 2. Discuss methods to advance simulation practices based on key additions and revisions to the 2016 edition to the INACSL Standards of Best Practice: Simulation
- 3. Discover what is coming for future standards of best simulation practices



History



External Review

- American Academy of Pediatric Dentistry (AAPD)
- American Nursing Association (ANA)
- Association for Simulated Practice in Healthcare (ASPiH)
- Australian College of Nursing (ACN)
- Australian Society for Simulation in Healthcare (ASSH)
- British Columbia Lab Educators
- Canadian Association of Schools of Nursing (CASN)
- International Council of Nurses (ICN)
- International Federation of Dental Anesthesiology Societies (IFDAS)
- International Simulation and Gaming Association (ISAGA)
- National League for Nursing (NLN)
- Royal College of Physicians and Surgeons of Canada
- Sigma Theta Tau International (STTI)
- Simulation Task Force of Qatar
- Scottish Centre for Simulation and Clinical Health Factors
- Society for Simulation in Healthcare (SSH)



INACSL Standards of Best Practice: SimulationSM available at INACSL

STANDARDS OF BEST PRACTICE: SIMULATION

The International Nursing Association for Clinical Simulation and Learning (INACSL) has developed the INACSL Standards of Best Practice: Simulation SM. The INACSL Standards of Best Practice: Simulation were designed to advance the science of simulation, share best practices, and provide evidence based guidelines for implementation and training.

INACSL provides a detailed process for evaluating and improving simulation operating procedures and delivery methods that every simulation team will benefit from. Adoption of the INACSL Standards of Best Practice: Simulation demonstrate a commitment to quality and implementation of rigorous evidence based practices in healthcare education to improve patient care by complying with practice standards in the following areas:

- Simulation Design
- Outcomes and Objectives
- Facilitation
- Debriefing
- Participant Evaluation
- Professional Integrity
- Simulation-Enhanced Interprofessional Education (Sim-IPE)
- Simulation Glossary





CLINICAL SIMULATION in NURSING

> Standards of Best Practice: Simulation

Official Journal of the INTERNATIONAL NURSING ASSOCIATION FOR CLINICAL SIMULATION AND LEARNING

SPECIAL PRINT SUPPLEMENT



ISSN: 1876-1399

www.nursingsimulation.org

INACSL

What's New?

	INACSL Standards of Best Practice: Simulation ^{sм} 2013	INACSL Standards of Best Practice: Simulation ^{sм} 2016
Ł	Standard I: Terminology	Simulation Glossary
	Standard II: Professional Integrity of Participants	Professional Integrity
	Standard III: Objectives	Outcomes and Objectives
	Standard IV: Facilitation	Facilitation
	Standard V: Facilitator	
l	Standard VI: Participant Assessment and Evaluation	Participant Evaluation
ř	Standard VII: The Debriefing Process	Debriefing
ł,	Simulation Design	Simulation Design
	Simulation Enhanced Interprofessional Education	Simulation Enhanced Interprofessional Education

REVISED FORMAT

New formatting

- Standard Statement
- Background
- Criteria
 - Required Elements
- Cited References
- Bibliography
- Original INACSL Standard
- Subsequent INACSL Standard
- Key Words



As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: Simulation M. Therefore, the INACSL Standards of Best Practice: Simulation are living documents.

INACSL Standards of Best Practice: Simulation SM: #######

Cite this article

Standard

Background

Criteria necessary to meet this standard:

- 1. -----
- 2. -----
- 3. -----

Criterion 1:

Required elements:

- -----
- -----

Criterion 2:

Required elements:

- -----
- -----

Cited References

Bibliography

Original INACSL Standard

Subsequent INACSL Standard

Keywords:

About the International Nursing Association for Clinical Simulation & Learning (INACSL)

The International Nursing Association for Clinical Simulation and Learning (INACSL) is the global leader in transforming practice to improve patient safety through excellence in healthcare simulation. INACSL is a community of practice for simulation where members can network with simulation leaders, educators, researchers, and industry partners. INACSL also provides the INACSL Standards of Best Practice: SimulationSM an evidence-based framework to guide simulation design, implementation, debriefing, evaluation and research.



INACSL Standards of Best Practice: Simulation Simulation Design

STANDARD STATEMENT:

Simulation-based experiences are purposefully designed to meet identified objectives and optimize achievement of expected outcomes.

Clinical Simulation in Nursing (2016) 12, \$5-512





Clinical Simulation in Nursing

www.cisevice.com/locate/es

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM

INACSL Standards Committee

CEYWORDS.

pedagogy; simulation denign; simulation format; needs assessment; objectives; prebriefing; debriefing; fidelity;

Cite this article:

INACSI. Standards Committee (2016, December). INACSI. standards of best practice: Simulation Minimulation design. Clinical Simulation in Nursing, 12(S), 55-512. http://dx.doi.org/10.1016/j.ecrss.2016.09.009.

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As the science of simulation custimuss to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: Simulation on the INACSL Standards of Best Practice: Simulation are living documents.

Standard

Simulation-based experiences are purposefully designed to meet identified objectives and optimize achievement of expected outcomes.

Background

Standardized simulation design provides a framework for developing effective simulation-based experiences. The design of simulation-based experiences incorporates best practices from adult learning, education, 2 instructional design, 45 clinical standards of care, 65 evaluation, 411 and simulation pedagogy, 1216 Purposeful simulation design promotes essential structure, process, and outcomes that are consistent with programmatic goals and/or institutional mission. The design of effective health care simulations facilitates consistent outcomes and strengthens the overall value of the simulation-based experience in all settings.

All simulation-based experiences require purposeful and systematic, yet flexible and cyclical planning. To achieve expected outcomes, the design and development of simulations should consider criteria that facilitate the effectiveness of simulation-based experiences.

Potential consequences of not following this standard may include ineffective assessment of participants and inability of participants to meet identified objectives or achieve expected outcomes. In addition, not following this standard can result in suboptimal or inefficient utilization of resources when designing simulation activities.

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INACSL 10

Simulation Design Criteria

Criterion #1: Perform a NEEDS ASSESSMENT to provide the foundational evidence of the need for a well-designed simulation-based experience

Criterion #2: Construct
MEASURABLE OBJECTIVES

Criterion #3: Structure the FORMAT OF SIMULATION
based on the purpose, theory, and modality for the simulation-based experience

Criterion #4: Design a

SCENARIO OR CASE to provide the context for the simulation-based experience.



Simulation Design Criteria

Criterion #5: Use various types of **FIDELITY** to create the required perception of realism.

Criterion #6: Maintain a

FACILITATIVE APPROACH that is participant-centered and driven by the objectives, participant's knowledge or level of experience, and the expected outcomes.

Criterion #7:

Begin simulationbased experiences with a **PREBRIEFING**.



Criterion #8: Follow simulation-based experiences with a **DEBRIEFING** and/or **FEEDBACK** session

Simulation Design Criteria

Criterion #9: Include an <u>EVALUATION</u> of the participant(s), facilitator(s), the simulation-based experience, the facility, and the support team

Criterion #10: Provide <u>PREPARATION MATERIALS</u> and resources to promote participants' ability to meet identified objectives and achieve expected outcomes of the simulation-based experience

Criterion #11: PILOT TEST simulation-based experiences before full implementation.





INACSL Standards of Best Practice: Simulation SM **Outcomes and Objectives**

STANDARD STATEMENT:

All simulation-based experiences begin with the development of measureable objectives designed to achieve expected outcomes.

Clinical Simulation in Nursing (2016) 12, S13-S15





Clinical Simulation

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Outcomes and Objectives

INACSL Standards Committee

KEYWORDS

standard: objectives evaluation

INACSL Standards Committee (2016, December). DNACSL Standards of Best Practice: SimulationSM Outcomes and objectives, Clinical Simulation in Nursing, 12(5), S13-S15. http://dx.doi.org/

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best As the science of singulation continues to entire, so does the need for adultion and revisions to the around the Practice: Simulation are living documents.

All simulation-based experiences begin with the development of measureable objectives designed to achieve

Background

Outcomes are an integral component of instructional and research design. Educators, clinicians, and researchers utilize outcome measures to determine the impact of simulation-based experiences. The Kirkpatrick Model is a commonly used ranking model that evaluates training programs and transfer of learning outcomes. This model depicts four sequential levels of evaluation: (a) Reaction—measures participant's satisfaction with training, (b) Learning—measures knowledge, skills, and attitudes

(KSAs) gained from training, (c) Behavior—measures changes that occurred as a result of training, and (d) Results—improving quality and safety; increased return on investment following training such as productivity, revenue,

Once the simulation-based experience outcome measures have been determined, the next step is to develop objectives. Objectives are the guiding tools to facilitate achievement of simulation-based outcomes and the hallmark of sound educational design. Objectives may be broad or specific as a blueprint for simulation design. Bloom's Taxonomy2 provides a framework for developing and leveling objectives to meet expected outcomes. The taxonomy classifies three domains of learning: cognitive, psychomotor, and affective. Each learning domain has a hierarchical taxonomy applicable to simulation activities. The revised Bloom's Taxonomy3 hicrarchy progresses from the lower level objectives, remember and understand to the higher level objectives, apply, analyze,

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Outcomes and Objectives Criteria

Criterion #1: Determine expected outcomes for simulation-based activities and/or programs.

<u>CDC</u> Resource



Writing SMART Objectives

This basef is about writing SMART objectives. This basef includes an overview of objectives, how to write SMART objectives, a SMART objectives.

Overview of Objectives

For DANE troubed partners, program planning and the level and anothed networking few-ray programs paid it broad anothed networking few-ray programs paid it broad networking the program of the program o

riting SMART Objectives

To use an objective to monitor your progress, you need to write it as a SMART objective. A SMART objective is:

- Objectives should provide the "who" an
 "what" of program activities.
- "what" of program activities.

 Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being manufed.

Department of Health and Human Service Centers for Disease Control and Prevention

- Avoid verbs that may have vague meanings to describe intended outcomes (e.g., "undesstand" or "know") since it may prove difficult to measure them. Instead, use verbs that document actoos (e.g., "At the end of the session, the students wall list thace
- Remember, the greater the specificity, the greater the measurability.
 Measurable:
- The focus is on 'how musth' change is expected. Objectives should quantify the amount of change expected. It is impossible to determine whether objectives have been met unless they can be measured.
 The objective provides a reference point from which a change in the taxer coordinate.
- can clearly be measured.

 Achievable:

 Objectives should be attainable within a
- Objectives should be attainable within a given time frame and with available program resources.
- Realistic:
 Objectives are most meful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific tring frame.
- implemented within a specific time frame.

 Objectives that do not directly selate to the program goal will not help toward achieving the goal.

 Time-phased:
- Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met.
- Including a time frame in the objective helps in planning and evaluating the program.

Criterion #2: Construct S.M.A.R.T. Objectives based on expected outcomes:





STANDARD STATEMENT:

Facilitation methods are varied and use of a specific method is dependent on the learning needs of the participants and the expected outcomes.

A facilitator assumes responsibility and oversight for managing the entire simulation-based experience.

Clinical Simulation in Nursing (2016) 12, S16-S20



Clinical Simulation in Nursing

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: Simulation SM

INACSL Standards Committee

KEYWORDS

facilitation; facilitator; learning theory; learner support; cueing

Cite this article:

INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation SM j.ecns.2016.09.007.

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: Simulation are living documents,

Standard

Facilitation methods are varied, and use of a specific method is dependent on the learning needs of the participants and the expected outcomes. A facilitator assumes responsibility and oversight for managing the entire simulation-based experience.

Background

Facilitation of a simulation-based experience requires a facilitator who has the education, skill, and ability to guide, support, and seek out ways to assist participants in achieving expected outcomes, ¹⁻⁴ To maintain skill as an effective facilitator, one must pursue continuing education and assessment of his/her facilitation skills, ⁵⁻⁶ Selection of a facilitation method is guided by theory and research. Facilitation methods may vary based on the levels of the

participants, the simulation objectives, and the context of the simulation-based experience while considering cultural⁸⁻¹⁰ and individual differences¹¹ that affect participants' knowledge, skills, attitudes, and behaviors. Facilitation methods may differ whether the simulation is conducted between faculty and participants interacting in real time or whether participants interact individually with a computer-assisted simulation. Through the use of facilitation methods, the facilitator's role is to help participants in their skill development and explore their thought processes in critical thinking, problem solving, clinical reasoning, clinical judgment, and apply their theoretical knowledge to patient care in a range of health care

Potential consequences of not following this standard may include impairing participants' engagement within the simulation and reducing opportunities for participants to meet the expected outcomes of the simulation-based experience.

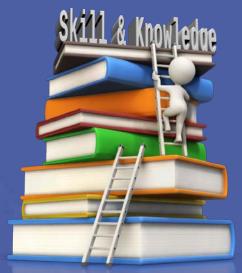
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Facilitation Criteria

Criterion #1: Effective facilitation requires a facilitator who has specific skills and knowledge in simulation pedagogy.

Criterion #2: The facilitative approach is appropriate to the level of learning, experience, and competency of the participants.



Criterion #3:

Facilitation methods before the simulationbased experience include preparatory activities and a prebriefing to prepare participants for the simulation-based experience.



Facilitation Criteria

Criterion #4: Facilitation methods during a simulationbased experience involve the delivery of cues (predetermined and/or unplanned) aimed to assist participants in achieving expected outcomes.

Criterion #5: Facilitation after and beyond the simulation-based experience aims to support participants in achieving expected outcomes.



INACSL Standards of Best Practice: Simulation SM

Debriefing

STANDARD STATEMENT:

All simulation-based experiences include a planned debriefing session aimed at improving future performance.

Clinical Simulation in Nursing (2016) 12, S21-S25





Clinical Simulation

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM

INACSL Standards Committee

KEYWORDS

debrief: reflection: facilitation: reflective thinking simulation-based learning: imulation

IN ACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation SM Debriefing. Clinical Simulation in Nursing, 12(5), S21-S25. http://dx.doi.org/10.1016/

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACS. Standards of Best As the science of simulation continues to evolve, so obes the need for additions and revisions to the inner Practice: Simulation are living documents.

Standard

All simulation-based experiences include a planned debriefing session aimed at improving future performance.

Background

Learning is dependent on the integration of experience and reflection. The evidence is clear that essential learning occurs in the debriefing phase of the simulation-based experience. 1.5 Reflection is the conscious consideration of the meaning and implication of an action, which includes the assimilation of knowledge, skills, and attitudes with pre-existing knowledge. 8-8 Reflection can lead to new interpretations by the participants; cognitive reframing is essential to learning 8.9 The skills of the debriefer are important to ensure the best possible learning outcomes, 10-16

Integration of the debriefing process into simulationbased experiences enhances learning and heightens participant self-awareness and self-efficacy. Debriefing promotes understanding and supports transfer of knowledge, skills, and attitudes with a focus on best practices to promote safe, quality patient care, and development of the participant's professional role. 17-18

Potential consequences of not following this standard can lead to unsuccessful debriefing sessions (e.g., deficiency in attainment of learning outcomes or behavior change) and creating a potentially uncomfortable experi-

Criteria Necessary to Meet This Standard

1. The debrief is facilitated by a person(s) competent in

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Debriefing Criteria

Criterion #1: Facilitated by a person(s) competent in the process of debriefing.

Criterion #2: Conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback, and reflection.

Criterion #3: Facilitated by a person(s) who can devote enough concentrated attention during the simulation.



Debriefing Criteria

Criterion #4: Based on a theoretical framework for debriefing that is structured in a

purposeful way.



Criterion #5:

Congruent with the objectives and outcomes of the simulation-based experience.



INACSL Standards of Best Practice: Simulation SM **Participant Evaluation**

STANDARD STATEMENT:

All simulation-based experiences require participant evaluation. Clinical Simulation in Nursing (2016) 12, S26-S29





Clinical Simulation in Nursing

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM

INACSL Standards Committee

KEYWO RDS

formative; summative: evaluation:

testing: ass essment; high-stakes testing

INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation™ IMALSE Standards Committee (2016, December), IMALSE Standards on Descripture, Simulation in Nursing, 12(S), S26-S29, http://dx.doi.org/10.1016/

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Standard

All simulation-based experiences require participant

Background

Simulation-based experiences support evaluation of knowledge, skills, attitudes, and behaviors demonstrated in the cognitive (knowledge), affective (attitude), and psychomotor (skills)¹ domains of learning. Formative evaluation of the participants fosters personal and professional development, to assist the participant in progression toward achieving objectives or outcomes. Summative evaluation focuses on the measurement of outcomes or achievement of the objectives at a discrete moment in time, often at the end of a program of study.2 High-stakes evaluation refers to an assessment that has major implications or consequences based on the result or the outcome (such as on merit pay, progression or grades).

Authentic evaluation of the participants using simulationbased experiences includes the following elements: (a) determine the intent of the simulation-based experience, (b) design the simulation-based experience to include timing of the evaluation, the use of a valid and reliable assessment tool, and evaluator training required, and (c) complete the evalua-

Potential consequences of not following this standard may lead to inaccurate assessment, poor participant experiences, poor learning outcomes, failure to progress, inappropriate selection of tools, or assessment bias.

Criteria Necessary to Meet This Standard

- 1. Determine the method of participant evaluation before the simulation-based experience.
- 2. Simulation-based experiences may be selected for
- 3. Simulation-based experiences may be selected for sum-

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Participant Evaluation Criteria

Criterion #1:

Determine the method of participant evaluation prior to the simulationbased experience.

Criterion #2: Simulation-based experiences may be selected for FORMATIVE evaluation.

Criterion #3: Simulation-based experiences may be selected for SUMMATIVE evaluation.



Criterion #4: Simulation-based experiences may be selected for HIGH-STAKES evaluation.



Simulation-Enhanced Interprofessional Education (Sim-IPE)

STANDARD STATEMENT:

Enables participants from different professions to engage in a simulatedbased experience to achieve shared or linked objectives and outcomes.

Clinical Simulation in Nursing (2016) 12, S34-S38





Clinical Simulation

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Simulation-Enhanced Interprofessional Education

INACSL Standards Committee

KEYWORDS

interprofessional education: collaborative practice interprofessional teamwork

Cite this article:

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: Simulation ⁹⁴ Simulation-enhanced interprofessional education (sim-IPE). Clinical Simulation in Nursing, 12(S),

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best As the science or simulation continues to evolve, so ones the need for auditions and revisions to the time. Practice: Simulation are living documents.

Standard

Simulation-enhanced interprofessional education (Sim-IPE) enables participants from different professions to engage in a simulation-based experience to achieve shared or linked objectives and outcomes.

Background

The complex health care needs of today's society require health care professionals to work as a collaborative team. Safe, quality health care depends on the ability of the health care team to cooperate, communicate, and share skills and knowledge appropriately. Sim-IPE is the overlap of the pedagogy of simulation and interprofessional education (IPE), providing a collaborative approach for the developand mastery of interprofessional practice

competencies, 23 Simulation-based experiences are recognized as an effective way to promote IPE teamwork.

Sim-IPE is designed for individuals to "learn about, from, and with each other to enable effective collaboration and improve health outcomes"2 (p.31) therefore, creating opportunities for purposeful learning. Creating these rich learning opportunities can be difficult given the many natural variables present in simulation education (e.g., simulation, simulator, simulation program, curriculum, schedules, participants, and educators) that may impact learning. As a way to achieve the highest interprofessional learning that can best withstand these variables, educators should use published theories (educational, organizational, and/or management), concepts, frameworks, standards, and competencies to guide the development implementation and eval-

Strategies from simulation-based education and IPE should be integrated into all aspects of the experience.

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Sim-IPE Criteria

Criterion #1: Conduct Sim-IPE based on a theoretical or a conceptual framework. Criterion #3: Recognize and address potential barriers to Sim-IPE.

Criterion #2: Utilize best practices in the design and development of Sim-IPE.



Criterion #4: Devise an appropriate evaluation plan for Sim-IPE.



INACSL Standards of Best Practice: Simulation SM Professional Integrity

STANDARD STATEMENT:

Professional integrity is demonstrated and upheld by all involved in simulation-based experiences.

Clinical Simulation in Nursing (2016) 12, S30-S33





Clinical Simulation in Nursing

www.elsevier.com/locate/ecs

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Professional Integrity

INACSL Standards Committee

KEYWORDS

professional integrity; professional boundaries; confidentiality; simulation

ite this article:

INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation SM j.ecns.2016.09.010. https://dx.doi.org/10.1016/

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: Simulation are living documents.

Standard

Professional integrity is demonstrated and upheld by all involved in simulation-based experiences.

Background

Professional integrity refers to the ethical behaviors and conduct that are expected of all involved throughout simulation-based experiences. Professional integrity is a person's internal system of principles encompassing a number of additional interrelated attributes such as confidentiality, compassion, honesty, commitment, collaboration, mutual respect, and engagement in the learning process. 1-4 Professional integrity is doing what is right in the face of strong countervailing temptation or pressure and regardless of who is or is not watching and continues indefinitely even after the conclusion of the simulation-based experience. 5

Despite one's role in a simulation-based experience, whether as a participant, facilitator, debriefer, faculty, operator, or other role, all involved with the simulationbased experience are responsible for acting with professional integrity and developing self-awareness of how one's personal and professional behavior affects those around him or her.³

All involved in the simulation-based experience need to discuss the attributes of professional integrity especially that of confidentiality. The level or degree of confidentiality is dependent on the policy established by the institution. Organizations must have established methods of sharing student performances. There may be a duty to report inappropriate behaviors dictated by legal, ethical, and/or institutional regulations. See the same statement of the

Everyone becomes vulnerable to a certain extent when they are placed within a simulation-based experience; it is therefore imperative that an unequal power balance be recognized and professional boundaries maintained so the knowledge obtained from the simulation learning outcomes are not compromised. Boundary crossings may be inadvertent, thoughtless, or purposeful but these judgments can affect grades, relationships, jobs, positions, and careers.



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Professional Integrity Criteria

Criterion #1: Foster and role model attributes of professional integrity at all times.

Criterion #2: Follow standards of practice, guidelines, principles, and ethics of one's profession.

Criterion #3: Create and maintain a safe learning environment. (See INACSL Standard: Facilitation)

Criterion #4: Require confidentiality of the performances and scenario content based on institution policy and procedures.



INACSL Standards of Best Practice: Simulation SM Glossary

STANDARD STATEMENT:

Consistent terminology provides guidance and clear communication and reflects shared values in simulation experiences, research, and publications. Knowledge and ideas are clearly communicated with consistent terminology to advance the science of simulation.

Clinical Simulation in Nursing (2016) 12, S39-S47





Clinical Simulation in Nursing

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Simulation Glossary **INACSL Standards Committee**

KEYWORDS

Simulation Glossary; glossary; terminology: definitions

Cite this article:

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Simulation glossary. Clinical Simulation in Nursing, 12(S), S39-S47. http://dx.doi.org/10.1016/

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best As the science of simulation continues to evolve, so does the need for additions and revisions to the annual practice: Simulation are living documents.

Simulation Glossary Statement

Consistent terminology provides guidance and clear communication and reflects shared values in simulation experiences, research, and publications. Knowledge and ideas are clearly communicated with consistent terminology to advance the science of simulation.

Background

Standardized terminology enhances understanding and communication among planners, participants, and others involved in simulation-based experiences (SBEs), regardless of the simulation environment. Thus, standardization of simulation terminology promotes consistency in education,

The definitions in the INACSL Simulation Glossary correspond to the INACSL Standards of Best Practice: Simulation SM and are designed to explain the meaning of terms in the Standards. Although there may be some definitions in the Simulation Glossary that are also in the Healthcare Simulation

Dictionary (e.g., Avatar), use of these definitions in the INACSL Standards of Best Practice: Simulation 5M is important.

Potential consequences of not using the Simulation Glossary may be: confusion, miscommunication, misunderstanding, and/or inability to achieve intended objectives

Terms

Affective

Refers to a domain of learning that involves attitudes, beliefs, values, feelings, and emotions. Classification of this domain of learning is hierarchal where learning occurs along a continuum of stages related to internal personal and professional growth. 2-5

Assessment

Refers to processes that provide information about or feedback about individual participants, groups, or programs.

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Terminology Revisions

Facilitator NEW in 2013

Standards II, IV, V, VI

An individual who provides guidance, support, and structure during simulation-based learning experiences.

Facilitation Methods DELETED FROM 2013 Standards II, IV, V

(definition included Facilitator Prompting Simulation and Partial Facilitator Prompting Simulation; and No Facilitator Prompting Simulation) Suggest adding this back into Standard I

Feedback IN both 2011 and 2013

Standards II - VII

Information given or dialogue between participants, facilitator, simulator, or peer with the intention of improving the understanding of concepts or aspects of performance (Van de Ridder, Stokking, McGaghie, & ten Cate, 2008).

Fiction contract

A fiction contract is the implicit or explicit agreement among participants and facilitator(s) about how the participant is expected to interact with the simulated situation and how the facilitators will treat that interaction. (Dieckmann P, Gaba D, Rall M: Deepening the theoretical foundations of patient simulation as social practice. Simulation in Healthcare 2:183-193, 2007).



SSH Simulation Dictionary

www.ssih.org/dictionary





Acknowledgements

- INACSL Board of Directors 2013–2015
- INACSL Board of Directors 2015–2017
- INACSL Standards Committee
- INACSL Standard Subcommittees
- Individual Contributors
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- INACSL Administrative Support



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Work of the Committee

- Cyclical review process
- Needs assessments
- Environmental scanning
- Create and revise
- Infographs





Questions/Comments



References

- NCSBN National Simulation Study (Hayden et al., 2014)
 - https://www.ncsbn.org/5644.htm
- NCSBN Simulation Guidelines (Alexander et al., 2015)
 - http://www.journalofnursingregulation.com/article/S2155-8256(15)30783-3/pdf
- Use of Simulation in Approved RN/LPN Programs.
 - https://www.azbn.gov/media/2053/ao-use-of-simulation-in-pre-licensureprograms.pdf
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- Sittner, B., Aebersold, M., Paige, J., Graham, L., Schram, A., Decker, S., Lioce, L. (2015). INACSL Standards of best practice for simulation: Past, present, and future. *Nursing Education Perspectives* (Sept/Oct), 294-208.

