SSH ACCREDITATION PROCESS

Society for Simulation in Healthcare
Council for Accreditation of Healthcare Simulation Programs
Informational Guide for the Accreditation Process from the SSH Council for Accreditation of Healthcare Simulation Programs

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Background: Accreditation in Healthcare Simulation

The Society for Simulation in Healthcare (SSH) was established in January 2004 to represent the rapidly growing group of educators, research scientists, and advocates who utilize a variety of simulation methodologies for education, testing, and research in healthcare. The membership of the Society is united by its desire to improve performance and reduce errors in patient care using multi-modal simulation methodologies including task trainers, patient simulators, virtual reality, screen-based simulators and standardized patients.

Recognizing that simulation represents a paradigm shift in health care education, SSH promotes improvements in simulation technology, educational methods, practitioner assessment, and patient safety that promote competent and excellent patient care, including continuous measurements and improvements in patient outcomes. Consistent with its mission – to be a a leading interprofessional society that advances the application of simulation in healthcare through global engagement- SSH has developed an accreditation process for simulation programs focused on healthcare.

For purposes of this accreditation process, a simulation program in healthcare (here forward known as "Program") is defined as an organization or group with dedicated resources (personnel and equipment) whose mission is specifically targeted toward improving patient safety and outcomes through assessment, research, advocacy and education using simulation technologies and methodologies. Programs seeking SSH accreditation will demonstrate compliance with **Core Standards** and fulfillment of standards applied to one or more of three areas of simulation/simulator use:

1. Assessment
2. Research
3. Teaching/Education

A Program may seek accreditation for its overall system efforts in the following arena only if they are applying for accreditation in one of the above 3 areas. Systems Integration and Patient Safety cannot be applied for as a "stand-alone" area. A program **cannot be accredited ONLY** in Systems Integration and Patient Safety.

4. System Integration and Patient Safety

Benefits of SSH Accreditation

The benefits of accreditation accrue value to the organization, the industry and the community. Benefits include, but are not limited to:

- Improves healthcare education through the identification of best practices and recognition of practice
- Improves healthcare simulation through providing standardization and a pool of knowledge of best practices
- Strengthens patient safety efforts through support of simulation modalities
- Supports education and consultation on good practices and benchmarks to improve business operations
- Encourages the sharing of best practices through education and consultation
- Provides external validation of individual simulation programs
- Strengthens organizational, community, and learner confidence in the quality of education and services
- Garners local support, resources, and commitment
- Fosters a feedback loop between education and practice by participating in a continuous process of improvement
- Encourages performance improvement within the simulation program
- Provides a competitive edge in the community, program offerings, and grant funding
- Provides a customized, intensive process of review grounded in the unique mission and values of the organization
- Enhances staff recruitment and development
- Recognizes expertise in simulation above and beyond domain expertise

ELIGIBILITY & STANDARDS

A Program is eligible for SSH Accreditation when it is able to demonstrate compliance with the established core and area specific standards. A program must have a **minimum of two years experience in the functional area** in which accreditation is sought.

All programs must demonstrate compliance with the criteria associated with the following seven Core Standards:

CORE STANDARDS
1. Mission & Governance
2. Program Management
3. Resource Management
4. Human Resources
5. Program Improvement
6. Integrity
7. Expanding the Field

In addition, the Program must demonstrate compliance with the standards/criteria in **one or more** of the following functional areas:

ASSESSMENT STANDARDS
1. Resources & Technology
2. Assessors
3. Assessment Tools
4. Assessment Support

RESEARCH STANDARDS
1. Mission
2. Research Oversight
3. Research Activity
4. Researchers
5. Research Collaboration
6. Compliance

TEACHING/EDUCATION STANDARDS
1. Educational Activities
2. Educational Activity Design
3. Qualified Educators
4. Evaluation and Improvement

An **additional option** for Programs who have met the above requirements to be recognized in the functional area(s) of Assessment, and/or Research, and/or Teaching/Education is to seek accreditation in the area of System Integration & Patient Safety Standards:

SYSTEM INTEGRATION & PATIENT SAFETY STANDARDS
1. Mission & Scope
2. Integration Activities

***Further information on the required criteria needed for each of the standards can be found in the Accreditation Standards posted online.

ACCREDITATION CYCLE

Application instructions are available online at https://ssih.org/accreditation.

The website provides instructions on completing and submitting the application and required documentation.

The Accreditation Cycle (common timeframes):

Annual Deadlines for Application	Reviewed and initial responses by SSH	Timeframe for Scheduled Visit	SSH Accreditation Board of Review
May 15	June	August – November	October - December
December 15	January	March – July	June – August

ACCREDITATION SURVEY PROCESS

Accreditation Application Review Process

The accreditation application review is the first step in the accreditation process. Once submitted, the SSH Accreditation staff will review the application. If the application is complete and all eligibility criteria met, an on-site review will be scheduled.

Accreditation On-Site Survey Process

The on-site survey process is a one-day* structured review where Reviewers will budget their focus under each criteria unique to each program with the goal to support the program's efforts to improve their operations and overall outcomes. The SSH Simulation Accreditation Review Team (SSH-SART) will be assigned and announced at least one month prior to the scheduled visit.

*Site reviews for areas applying for all four areas may be required to extend into an additional day.

AGENDA FOR REVIEW DAY (Sample)

Check-in (online verification process)
Opening
Reviewing of Documentation Criteria in Standards
Inspection and Observation of Program Environment
Interview Users and Learners
Observation of Simulation Processes
Review of Curricula
Review of Quality Assurance Data
Review of Quality Improvement Initiatives
SSH-SART Deliberation (Closed)
Closing

Accreditation Decisions & Immediate Post-Survey Process

Accreditation decisions are made by the Accreditation Board of Review based on evidence of compliance with established accreditation standards and criteria. Evidence of compliance is provided by the program and verified by the survey team during site visits.

At the completion of the site visit, the survey team will prepare a summary of the survey findings. The accreditation decision will be made by the SSH Accreditation Board of Review following review of the survey team's Evidence of Criteria for Standards Feedback Report. The Accreditation Board of Review will make the decision that accreditation is granted or not granted.

When a program is granted, or is not granted accreditation, a feedback report will be provided. A Program not granted accreditation must wait one full cycle before being eligible to reapply.

MAINTAINING ACCREDITATION & RENEWAL APPLICATION PROCESS

Accreditation is granted for a five (5) year period. Reports are required annually and any time a substantial change within the program occurs. In order to maintain accreditation, the program must submit an annual SSH Accreditation Self-Study report and an annual fee. The report will be due by June 15 of each year, after the year the program was granted Accreditation. Failure to provide the annual report and fee by the stated deadline could result in dismissal of the program's accreditation status. The report template will be provided to each accredited program by the Director of Accreditation at least 3 months prior to the deadline for submission.

For renewed accreditation, a program must submit a Renewal Application to SSH Accreditation Council in the cycle 5 years following initial accreditation.

APPEALS PROCESS

The Society for Simulation in Healthcare seeks to implement a fair and transparent accreditation process. Appeals concerning accreditation decisions will be evaluated in a reasonable, careful and timely manner.

Simulation programs seeking an appeal must formally communicate their concerns to the Executive Director of the Society for Simulation in Healthcare within 2 weeks of the accreditation decision.

Appeals must be in writing; the Executive Director will confirm receipt of the appeal within 2 weeks, will inform the Accreditation Council of the appeal, and forward the appeal to the Executive Committee of SSH (acting Appeals Committee).

Appeals must specify the criteria under dispute, and should include relevant documentation. The Appeals Committee may contact the applicant program to request additional information or clarification.

The Appeals Committee will reply to the Appeal in writing, within 8 weeks unless otherwise communicated by the Executive Director.

Any questions or concerns about Accreditation, Standards, Processes, and SSH Accreditation Services should be forwarded to:

Andrew Spain
Director of Accreditation and Certification
Society for Simulation in Healthcare
Office Phone: 573.340.3735
aspain@ssih.org

Kristyn Gadlage
Accreditation and Certification Coordinator
Society for Simulation in Healthcare
Office Phone: 618.364.2957
kgadlage@ssih.org

SIMULATION PROGRAM REVIEWERS (Surveyors)

The review team, SSH-SART, can include one or more Reviewers who have senior level experience and have demonstrated simulation expertise in the SSH Standards of Accreditation. SSH Reviewers are trained and certified, and will receive continuing education on advances in quality-related performance evaluation. Review teams may consist of physicians, nurses, simulation program administrators, or other qualified individuals.

All Reviewers are volunteers; they will be compensated for their travel expenses, but will not receive salary from SSH.

COST OF CYCLE ACCREDITATION

The accreditation fee for the core standards and one of the ART standards is $5975.00. The fee schedule for multiple ART-S standards reviews is shown below. The accreditation fee is paid within 60 days from SSH notification of eligibility and acceptance and is to be submitted with a Letter of Intent. **The survey fee does not include Reviewer travel fees that are the responsibility of each program**. SSH will invoice each program at the conclusion of the site visit for site reviewer travel including airfare, hotel accommodations, meals, other transportation needed, and incidentals occurred as a direct relation to accreditation on-site review.

Fee Schedule for SSH Accreditation*

Accreditation Service	Amount Due
Application Review	$100.00
On-Site Survey (Core+1)	$5,975.00
On-Site Survey (Core+2)	$6,250.00
On-Site Survey (Core+3)	$6,499.00
On-Site Survey (Core+4)	$6,975.00
Reviewer Travel (travel for reviewers paid by site). Invoice will be sent to program within 2 weeks post review	Variable
1Y, 2Y, 3Y, 4Y Report Review	$255.00 each

*Fees subject to increase. Please contact Director of Accreditation for further information.

APPENDIX I: Steps for SSH Accreditation

Step 1:

Program reviews accreditation standards and criteria and downloads application from SSH Accreditation website. Program contacts SSH with any questions.

Step 2:

Submit Application

Accreditation staff reviews application for content and eligibility.

Step 3:

Programs deemed eligible will be contacted to schedule an on-site review.

Step 4:

SITE VISIT (Program is informed of SSH-SART members 1 month prior to survey). A summary of findings is provided in the exit meeting of the site review. The SSH-SART will send their findings and recommendations to the SSH Accreditation Board of Review who has the authority to make the final accreditation decision.

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GRANTED Accreditation          NOT GRANTED
                               Accreditation
        ⬇                            ⬇
    1 Year Report           Initiate Actions to Meet
                                    Criteria
        ⬇                            ⬇
    2 Year Report           Determine Eligibility and
                            Reapply after a minimum
        ⬇                           of 1 year
    3 Year Report

        ⬇
    4 Year Report

        ⬇
  Renewal Application Per
   Accreditation Period
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NOTE: Per SSH Accreditation Policy, no contact will be made by the program to the SSH-SART (Simulation Accreditation Review Team) or Council. All Questions may be directed to the Director of Accreditation, Andrew Spain, or to the Accreditation Coordinator, Kristyn Gadlage.

APPENDIX II: Frequently Asked Questions (FAQ)

1. **Eligibility**
2. **Standards**
3. **Processes**
4. **Reviewers (Surveyors)**
5. **Other Accrediting Organizations**

1. ELIGIBILITY

Q1.1: In order to be considered for accreditation, does my Program have to be in a freestanding Center or facility?

A1.1: No. A Program may be in a stand-alone facility or may be inside a hospital or school. Although facilities must be adequate to meet the goals and objectives of the Program, the defining characteristics of an accredited program is the work it does, not the physical structure.

Q1.2: My simulation Program is fairly new. Is it possible to be accredited when we have only limited experience as a Program or if we have plans for what we intend to do?

A1.2: In order to be considered for accreditation, a Program needs to have been in existence for two years and be able to demonstrate that it has the requisite systems and processes in place and that it is achieving its stated goals and demonstrating outcomes. In addition, the program must have at least 2 years experience in each area (Assessment, Research, Teaching and Systems Integration) for which the application is submitted.

Q1.3: Is SSH seeking to accredit simulation programs or only to approve/endorse their activities?

A1.3: The goal is accreditation. The definition of "Accreditation" is believed to be consistent with other national accreditation bodies such as Council for Higher Education Accreditation (CHEA) and US Department of Education (USDE). When fully implemented, the SSH accreditation processes will include: (a) completion of a self-study, (b) a site visit, (c) a report from the reviewers, (d) a review of the team report by the Board of Review, and (e) a decision by the Board of Review. An appeal process is also available.

Q1.4: Is there a minimum length of time a Program must be in existence before seeking accreditation?

A1.4: A program must be in existence for 2 years before seeking accreditation. The program must also have at least 2 years experience in each area (Assessment, Research, Teaching and Systems Integration) for which the application is submitted. Based on input from new centers that grew organically or relied heavily on consultants, even with a well-developed strategic plan and a high-level business plan, it takes an average of 18 months to be fully operational.

Q1.5: Our program is not in the United States: can we still apply?

A1.5: Yes. SSH is an international society. SSH is actively working with other international organizations and has performed site reviews for international programs. We are integrating international site reviewers to perform on-site reviews of applicant programs.

Q1.6: I applied for accreditation in 2013 and was found not to have met all of the standards/criteria for accreditation. When is the earliest I can reapply?

A1.6: In order to assure programs have adequate time to come into compliance with the standards, programs must wait out one full cycle. In this case, you will need to wait until the 2015 cycle to reapply.

Q1.7: I am from a program outside of the United States. Do application materials need to be submitted in English?

A1.7: We encourage applications from simulation centers across the globe. We do not yet have the resources to support all the possible languages for programs seeking accreditation. Therefore documentation for review must be submitted in English, and our visiting team will require your center to provide someone with knowledge of your simulation center who is fluent in English as well as your primary language to translate for the team.

2. STANDARDS

Q2.1: If my Program wants to only seek accreditation for System- Integration and Patient Safety, is that possible?

A2.1: No. A Program cannot only seek accreditation in the area of System Integration and Patient Safety. This is not a standalone accreditation designation. A Program must also meet the core standards and the standards associated with at least one of the three functional areas: Assessment, Education, or Research. If your

Program meets all the requirements in one or more of these areas, and your Program provides supporting evidence related to the standards for System Integration and Patient Safety, your Program can be considered for recognition in the area of Systems Integration and Patient Safety.

Q2.2: If my program wants to be accredited in only Education, and Systems Integration and Patient Safety, is this possible?

A2.2: Yes. If your Program documents compliance with the core standards as well as the standards associated with Education, and your program also supplies evidence of compliance with the standards for System Integration and Patient Safety, SSH will consider your Program for dual accreditation in Education as well as Systems Integration and Patient Safety.

Q2.3: I note that there is not a specific requirement for the amount of dedicated time the Program Director must spend with the Program. How will SSH know what is "adequate?"

A2.3: Currently there is no evidence that establishes a minimum amount of time necessary to assure a quality Program. Given the variability of programs and organizational structures, we feel that it is reasonable to assess the adequacy of time commitments based on the overall quality of Program's structure, processes, and outcomes. Through the accreditation process, the Program will be asked to demonstrate how it meets its stated goals and is in compliance with the established standards. As we collect data over time, however, we believe that we may be able to identify a threshold for dedicated time necessary from the Program Director. If we do, we will integrate that evidence into future accreditation standards.

Q2.4: In several places there are statements about "experts" and "qualified individuals." How will these terms be operationalized in an objective and consistent manner?

A2.4: As an emerging discipline, some of these terms are hard to define. While we believe that it is important for the Programs to supply their rationale for judging their administrators, instructors, and resource persons "qualified" or "expert," this is an area where we need some input from involved stakeholders. Although we have collectively defined these terms in our glossary, we welcome your feedback for operational definitions that we should use for these terms.

Q2.5: What is the expectation for "oversight" and how would a Program reconcile multiple departments using one facility?

A2.5: The Council members believe that if multiple departments are using one

facility, that the need for an oversight body and standard policies and procedures would be critical. There is no single way in which a Program should provide oversight for activities. The Program would need to describe in the Self Study how this oversight is accomplished and evaluated.

Q2.6: Concern was expressed about needing to provide budgets and financial support information.

A2.6: This is viewed as sensitive information by a number of respondents. The goal in this element is to ensure that the Program has the means necessary to support its mission and assure stability. Some programs may be uncomfortable supplying salary information at a person-by-person level; this objective could be achieved if information were provided in aggregate at the level of categories of revenue and expense. For example, total salary expense, total non-salary expense, and total capital expense information would suffice. This information will remain confidential.

Q2.7: What are the expectations for the qualifications of instructors/faculty? Is an advanced degree required or is experience a sufficient qualification? How will competency be demonstrated? Will we need to share the evaluations of our individual instructors and faculty?

A2.7: The Council members agree that this may be difficult area to address as there are people who have been doing credible work and leading the field without an advanced degree in the specialty of simulation. Similar to the processes developed with many newer medical specialties, individuals who have been developing this field will be evaluated via review of portfolios, résumés, curricula developed, etc. To credibly achieve accreditation, we have to assess the qualifications of instructors, faculty and others who perform vital roles in the Program in the context of that program. Applicants must have a formal process to document, evaluate and review the qualifications, training and experience of all staff.

Q2.8: What do we mean when we say "evidence-based" such as evidence-based educational materials?

A2.8: It was agreed that there is not the same level of evidence in simulation as there is in diabetes care, for example. The Best Evidence in Medical Education (BEME) project outlines the challenges in this regard. Educational materials or methods that have been proven through rigorous interventions and research will be integrated into accreditation standards and consultation as deemed appropriate and generally applicable by the Accreditation Council.

Q2.9: Can I utilize my institutional or organizational policies and procedures instead of creating additional policies and procedures for just the Program?

A2.9: While there are some organizational policies and procedures that can be cross-referenced to apply to the simulation program, other policies and procedures must be developed specifically for the Program. Program policies and procedures are expected to address confidentiality, complaint resolution, quality improvement, instructor/assessor training and evaluation, and video retention specific to the simulation environment encompassing all individuals involved with the Program.

Q2.10: What is a Strategic Plan?

A2.10: A strategic plan is the process of comprehensive, integrative program planning that considers the future of current decisions, overall policy, program/organization development and links to operational plans. The process should align with and allow the program to fulfill its mission and achieve its vision. All areas of accreditation including core standards, assessment, research, teaching/education, and systems integration and patient safety should be aligned with the strategic plan of the Program.

Q2.11: What is meant by prioritization of program utilization?

As.11: In alignment with the Program's mission/vision and strategic plan; the Program has a process for prioritizing simulation courses, activities, and requests in a systematic manner. The program is able to describe this process and provide documentation of prioritizations made that follow the described process.

Q2.12: What is Systems Integration and can you provide an example?

A2.12: Systems integration includes aligning organizational goals and simulation activities, with bidirectional feedback. These are examples of several ways that simulation can be used to support organizational goals when integrated into a bi-directional process (e.g. using a feedback loop):

> 1.   Simulation can be employed to help people learn or practice methods that could be helpful in attaining an organizational goal, such improving the process of central line access as means of reducing the number of hospital-acquired infections. It is not necessary that simulation occur as an isolated intervention; it could be a component of a multi-pronged effort.

> 2.   Simulation could be used as an intentional in-situ probe before opening new or renovated patient care units, providing practice to the participants as well as information to the organization to support improvements before actual patient care occurs in those units.

3.   Simulation content could be based on Serious Safety Events, precursor events, pro-active identification of possible latent hazards, etc.

4.   System hazards or latent conditions could be identified during simulations, and that information provided to appropriate organizational leaders for remediation. Identification of these conditions could be intentionally sought, or recognized serendipitously.

5.   Virtual, tabletop or other types of simulations could be used as a component of a modeling process intended to better understand or improve patient flow, hospital systems or other aspects of patient care.

6.   Simulations can be designed to cross the boundaries of multiple patient care areas, disciplines and/or support systems such as a simulation which begins at the helicopter landing pad, and progresses into the ED, including transport and security officers as well as healthcare providers.

A program can be considered for Systems Integration accreditation (see glossary) if it demonstrates consistent, planned, collaborative, integrated, and iterative application of simulation-based assessment, research, and/or teaching activities with process improvement and safety principles to improve clinical care, patient safety, and/or outcome metrics across the healthcare system(s).

Q2.13: Our program would like to apply for accreditation in the area of Assessment, but at this time we only provide marketed courses such as ACLS and PALS. Are we eligible for Accreditation in Assessment?

A2.13: Application for accreditation in Assessment will be limited to those centers creating, validating, and/or performing human performance assessment using explicit, preferably validated, criteria. Assessment leadership and assessors must have specific and substantial training, expertise, and demonstrated competency in the art and science of human assessment. Assessment tools may be (1) internally created if justified by expert panel review or (2) defined by professional societies, licensing bodies, or certification organizations. Externally created standardized and marketed courses, and the standardized assessment tools associated with such courses, will be considered, but may not be sufficient, in the accreditation of programs in Assessment.

3. PROCESSES

Q3.1: Will all Programs - large and small - be able to afford accreditation if the fees are set to fully cover expenses? Will there be an adequate number of Reviewers to review Programs in a timely manner if there is a rapid uptake of SSH accreditation in the simulation community?

A3.1: It is the expectation that the cost will be reasonable for the service. The Council had selected 20 additional reviewers and trained those reviewers initially in 2011 with additional annual required training.

Q3.2: Requiring a site visit is an expensive element of an accreditation program. Is it necessary that it is included in the processes?

A3.2: The Council agreed that it is important to determine and document the value of on-site visits. In general, we believe that the purpose is to clarify and verify three elements: (1) site characteristics, by observation (2) outcomes, by speaking with learners and observing training sessions or videos and (3) organizational support and alignment, by meeting with key individuals. We are evaluating our findings to determine whether to continue this aspect of our process.

Q3.3: Is the accreditation designation time limited?

A3.3: The accreditation designation is limited to 5 years with proof of maintenance and improvement via an annual report.

Q3.4: How does the Accreditation committee develop and improve its standards and processes?

The following comment was received by the Accreditation Council: "Accrediting bodies must have processes for the establishment, review and revision of their accreditation standards, policies and procedures. Based on the information provided it is not clear what processes the SSH is using to establish its accreditation standards, policies and procedures. At a minimum the SSH accreditation processes should be widely distributed for review and comment by the community of interest."

A3.4: The Council believes that this statement is true and we are conducting our activities in a responsible and professional manner. The DRAFT standards were established by expert consensus, including experts in adult learning, evaluation, simulation and accreditation. Comments and input into the development of the standards were solicited at the annual meeting and by posting the DRAFT standards on the website and soliciting comments from the public. The standards were again revised following completion of Phase I, by expert consensus, review of data collected during the initial phase, and feedback from programs who participated.

Q3.5: Is there a course or orientation we can take before applying?

A3.5: At this time, SSH does not have such a course. It is possible that SSH will

develop such a program in the future.

Q3.6: How can the organization use the statement of accreditation?

A3.6: Based on the pilot study findings, the use of the statement of accreditation will be further defined, and accredited institutions as well as interested applicants will be informed of the potential uses.

Q3.7: What is the duration of accreditation?

A3.7: Three years with annual self-study reports.

Q3.8: If my program was not granted accreditation, when can we reapply?

A3.8: After a period of one year from Board of Review decision

Q3.9: What are the possible Accreditation decisions?

A3.10: "Accredited" or "Not Accredited." We will or will not grant accreditation.

Q3.11: What do the fees include?

A3.11: The fees cover survey expenses and allow for reinvestment in the mission of accreditation. In addition to the stated fees, the program is also responsible for reviewer travel expenses.

Q3.12: Is there an appeal process if my program is denied accreditation?

A3.12: SSH has developed an appeal process for programs that are denied accreditation.

Q3.13: Can I pay in Euros?

A3.13: Although SSH is an international organization, payments may only be made in US dollars since the bank utilized by SSH resides in the United States.

4. REVIEWERS/SURVEYORS

Q4.1: Concern was expressed that the process of accreditation would reward "insiders".

A4.1: The Council understands that this concern is not atypical for any group beginning accreditation and/or certification processes. It is the express intent of everyone involved in the process that participation, objectivity, transparency and due process will be built into SSH's accreditation policies. Council members have recused their associated institutions from applying for accreditation during the Pilot Phase, but will be eligible for accreditation in future years. Site reviewers must sign a conflict of interest attesting there is no real or perceived conflict when performing an on-site review. In no circumstance will a site reviewer or council member be involved in the review of their associated institution.

5. OTHER ACCREDITING ORGANIZATIONS

Q5.1: How do we reconcile accreditation by SSH with that of other bodies?

A5.1: While specialty or domain specific requirements will continue to vary by specialty, *Simulation* as a specialty is the recognized expertise of SSH. The unique value of accreditation by SSH is the recognition of simulation expertise as opposed to domain expertise.

The accreditation of a simulation program by SSH offers to both interprofessional centers and parent institutions the advantages of economy of scale, whereby the "common denominator" of excellence in accredited simulation-based processes can provide important local stature and well-deserved credibility. SSH is openly willing to cooperate and coordinate with specialty organizations in facilitating a conjoint function of accreditation processes, such that duplication of efforts is avoided where possible.

SSH views accreditation by this organization as uniquely valuable, and a benchmark to which every simulation center should aspire for many reasons, including the following:

- The integration of simulation into healthcare systems and processes is increasing and will progressively become part of the training, assessment, research, and process improvement infrastructure of all disciplines, although at varying trajectories. Over time, because all disciplines will value the impact of simulation-based processes, there will be a natural tendency to both coordinate and dictate simulation-related processes according to each discipline's perceived needs. This may, in fact, include accreditation, potentially emerging from *every* distinct discipline.
- Logistically, it may become unwieldy and expensive for any one simulation center to devote the required energies to obtaining certification in many distinct disciplines through entirely different pathways. Strategically, for any parent institution, it may be financially stressful and administratively inefficient to allow

(or expect) every distinct discipline within its sphere to acquire unique accreditation status, discipline by discipline.

Q5.2: How do we address the potential for accreditation requirements that conflict with current or future standards of other accrediting organizations?

The following comment was received by the Accreditation Council: "The introduction to the SSH accreditation standards states that a Simulation Program is defined as an "organization or group with dedicated resources whose mission is specifically targeted towards improving patient safety and outcomes through assessment, research, advocacy and education using simulation technologies and methodologies"(refer first page, second paragraph). The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is concerned if this statement means that SSH will specifically accredit nurse anesthesia programs with simulation centers and that programs that seek SSH accreditation will have to meet SSH educational requirements that may conflict with COA requirements. While the current draft standards are very general this also leaves the requirements for compliance up to interpretation. It is also important to note that the standards are subject to future revision and may become problematic if when revised they conflict with COA requirements. To help address these concerns a "Simulation Program" needs to be more clearly defined and a statement added that defers the establishment of a specialized educational programs' educational requirements to the specialized accrediting organization such as the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) that is recognized by the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) to accredit nurse anesthesia educational programs."

A5.2: The Accreditation Council believes that accreditation by SSH provides a unique value (see FAQ). We do not foresee a conflict with the standards of other specialty accrediting organizations.

Q5.3: Accreditation of the SSH accreditation process?

A5.3: We believe it is appropriate to seek recognition as an accrediting organization.

Glossary of Terms for SSH Accreditation

1. **Accreditation** – a process whereby a professional organization grants recognition to a simulation program for demonstrated ability to meet pre-determined criteria for established standards.

2. **Accreditation Cycle** – the period from program application for accreditation to notification of accreditation status. This period includes: review of initial application, notification of selection for on-site review, on-site review by SSH-SART team, Board of Review deliberation, and notification of final decision to program. There will be one Accreditation cycle per year.

3. **ART-S** – acronym for Assessment, Research, Teaching/Education, and System Integration standards.
   a. **Assessment** – Recognition of programs creating, validating (beyond face and content validity), and/or performing standards of human performance assessment.
   b. **Research** – Recognition of programs actively involved in data gathering, analysis, and dissemination of knowledge for advancing the science of simulation.
   c. **Teaching/Education** – Recognition of programs for regular, recurring activities with defined curricula and ongoing validation that employs simulation methodologies appropriate for learning objectives to instruct, teach, or train participants for formative integration of cognitive, procedural, and attitudinal goals. The program will be able to demonstrate effectiveness of their curriculum.
   d. **Systems Integration** – Recognition of programs who demonstrate consistent, planned, collaborative, integrated, and iterative application of simulation-based assessment, research, and teaching activities with systems engineering and risk management principles to achieve excellent bedside clinical care, enhanced patient safety, and improved outcome metrics across the healthcare system(s).

4. **Assessor** – a person who performs standards of human performance assessment. Assessors must have specific and substantial training, expertise, and demonstrated competency in the art and science of human assessment.

5. **Best practice** – an idea that asserts that there is a technique, method, process, activity, incentive, or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc. The idea is that with proper processes, checks, and testing, a desired outcome can be delivered with fewer problems and unforeseen complications. Best practices can also be defined as the most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people.

6. **Biosketch** – a brief summary of one's professional/education accomplishments, publications, and affiliations. A biosketch is an abbreviated curriculum vitae meant to highlight important aspects of training, education, experience, and professional interest.

7. **Certification** – the process through which an organization grants to an individual who meets certain established criteria and eligibility requirements. Certification is a voluntary process.

8. **Complaint** – a complaint, as defined for the purposes of accreditation, is any written or verbal complaint related (but not limited) to course delivery, educator conduct, program management, room design/comfort, and learner to learner misconduct. A complaint can be made by any person associated with the simulation program including learners, educators, assessors, and technical specialists.

9. **Complaint Resolution Process (for programs)** – a formal process designed to maintain open communication between all members and learners of a simulation program. The expression of satisfaction or dissatisfaction is an important opportunity to improve quality of a program. A complaint resolution process must include the procedure for investigating complaints, managing complaints, providing feedback, and implementation of measures for improvement.

10. **Compliance** – describes the goal that programs seek to meet or maintain the standards and policies set forth by the Council for Accreditation of Healthcare Simulation Programs.

11. **Confidentiality Procedure (Learner specific)** – a procedure that maintains the confidentiality of learners while engaged in a simulation-related activity. The procedure must address procedures to prevent the disclosure of information related to learner performance to unauthorized individuals or systems.

12. **Content Expert** – a well-established individual with substantive expertise in the related topic area and serves as a consultant.

13. **Core Instructors/ Educators/ Staff/Faculty** – those individuals that are intricately and routinely involved in the simulation education curriculum and that are responsible for the content, implementation, and evaluation of the curriculum.

14. **Core Standards** – the fundamental operational standards that underpin the success of a Program. There are standards associated with five (5) elements that all Programs must meet regardless of the specific area in which they are applying for accreditation. The Core Standards are: (1) Mission & Governance, (2) Organization & Management, (3) Facilities, Technology, Simulation Modalities, and Human Resources (4) Evaluation & Improvement, (5) Integrity, (6) Security, and (7) Expanding the Field

15. **Course** – a designed activity involving the use of simulation that has been developed using simulation methodology with identifiable goals, objectives, and outcomes.

16. **Curriculum** – a complete program of learning related to simulation that includes identified/ desired results, a design for incorporation of simulation into educational activities, and suggested methods of assessment for evaluation.

17. **Curriculum Vitae (CV)** – a written description of one's work experience, education background, professional/organizational affiliations, and professional accomplishments. A CV is more comprehensive and detailed than a traditional resume.

18. **Debriefing** – a formal, reflective stage in the simulation learning process. Debriefing is a process whereby educators and learners re-examine the simulation experience and fosters the development of clinical judgment and critical thinking skills. It is designed to guide learners through a reflective process about their learning.

19. **Deliberation** – The Council for Accreditation of Healthcare Simulation Programs will assess applications for compliance with the Accreditation Standards. This process will include a review of the application as submitted as well as the findings from the review teams. The Accreditation Reviewers and Board of Review will meet in closed session to review applications.

20. **Educator** – a specialist in the theory and practice of simulation education who has the responsibility for developing, managing, and/or implementing educational activities.

21. **Eligible for Accreditation** – To be eligible for accreditation, programs must be in existence for at least 2 years overall and at least 2 years for each area for

which accreditation is requested. In addition, programs must demonstrate that they meet the core standards of accreditation.

22. **Evidence-based** – Educational materials or methods that have been proven through rigorous evaluation and research will be integrated into accreditation standards and consultation as deemed appropriate and generally applicable by the Council for Accreditation of Healthcare Simulation Programs.

23. **Experiential Learning** – the process of learning through direct experience. Experiential learning involves the learner actively participating in the experience, learner reflection on the experience, use of analytical skills to conceptualize the experience, and the use of decision-making and problem-solving skills to gain new ideas from the experience.

24. **Facilitator** – an individual that helps bring about an outcome by providing indirect assistance, guidance or supervision

25. **Formative assessment** – a process for determining the competence of a person engaged in a healthcare activity for the purpose of providing constructive feedback for that person to improve.

26. **Governance** - Governance encompasses the responsibility for securing the long term sustainability of the simulation program; assuring that it fulfills its obligations to its constituents and that it is meeting its desired mission and vision. Governance also includes supporting the priorities and strategic direction of the simulation program.

27. **High Stakes Assessment** - A high-stakes assessment is one having important consequences for the test taker, and serves as the basis of a major decision. Passing is associated with important benefits, such as satisfaction of a licensure and/or certification requirement, or meeting a contingency for employment. Failing too has important consequences, such as being required to take remedial classes until the assessment can be passed, or being banned from practice within a certain discipline or domain. Thus, high stakes assessment is one that:
   - is a single, defined assessment (perhaps with component subunits)
   - has clear distinction between those who pass and those who fail
   - has direct consequences for passing or failing (something "at stake").

28. **Hybrid Simulation Methodologies** – the use of a combination of types of simulation that integrates the use of simulators and standardized human patient simulators in a simulation event.

29. **Integrity** – a program is considered to have integrity if it is consistent in its mission, actions, values, methods, measures, principles, expectations, and outcomes.

30. **Interprofessional** – when students from two or more different professions learn from and about each other to improve collaboration and the quality of care. Although this term may be associated with multi-disciplinary and multi-specialty learning; interprofessional, for the purposes of this document, is distinguished from multidisciplinary (the act of joining two or more disciplines without integration) and interdisciplinary (connecting and integrating schools of professions with their specific perspectives, to complete a task).

31. **Learner Contact Hour** – a unit of measurement that describes one person participating for 60 minutes in an organized learning activity that is either didactic or clinical experience related to simulation

32. **Medical/Clinical/Program Director** – an individual who oversees the daily operation of a simulation program. This may include the development, implementation, and assessment of the simulation program. The director oversees the personnel, budgetary, and regulatory concerns and is accountable for the overall administration of the program.

33. **Moulage** – the art of applying mock injuries or manifestations of abnormal medication conditions to increase the perceived realism of a simulation.

34. **Program** – While SSH understands the difference in terminology from organization to organization; for the purposes of this document, any simulation center or service is referred to as a "program". This requires utilization of simulation for healthcare education, assessment and/or research with dedicated personnel and defined simulation curriculum. See simulation program in healthcare

35. **Realism** – the ability to impart the suspension of disbelief to the learner by creating an environment that mimics that of the learner's work environment. Realism includes the environment, simulated patient, and activities of the educators, assessors, and/or facilitators.

36. **Research Expertise** – when an individual demonstrates extensive knowledge in simulation through research as evidenced by multiple publications of rigorous studies utilizing simulation.

37. **Simulation** – a technique that uses a situation or environment created to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions. Simulation is the application of a simulator to training and/or assessment.

38. **Simulation Center** – entity with dedicated infrastructure and personnel where simulation courses are conducted. A center may support several Simulation Programs.

39. **Simulation Expert (Educator)** – an individual who has demonstrated expertise in simulation education, curriculum design, implementation, and evaluation through years of experience.

40. **Simulation Expertise** – an individual who is regarded in the community as an expert in simulation through years of experience or research expertise and often acts as a consultant or mentor for other individuals in the community

41. **Simulation Fidelity** – the physical, contextual, cognitive, and emotional realism that allows persons to experience a simulation as if they were operating in an actual activity.

42. **Simulation Guideline** – a recommendation of the qualities for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.

43. **Simulation Program in Healthcare** – an organization or group with dedicated resources whose mission is specifically targeted towards improving patient safety and outcomes through assessment, research, advocacy, and education using simulation technologies and methodologies including formal workshops, courses, classes, or other activity that uses a substantial component of simulation as a technique. A formals workshop, course, class, or other activity that uses a substantial component of simulation as a technique.

44. **Simulation Standard** – a statement of the minimum requirements for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.

45. **Simulation Validity** – the quality of a simulation or simulation program that demonstrates that the relationship between the process and its intended purpose is specific, sensitive, reliable, and reproducible.

46. **Simulator** – any object or representation used during training or assessment which behaves or operates like a given system and responds to the user's actions.

47. **SSH-SART** – Society for Simulation in Healthcare Simulation Accreditation Review Team. Each site being surveyed for accreditation shall undergo a survey process under the review of a SSH-SART group.

48. **Substantial Program Change** – A Substantial program change is one that affects the mission/vision, structure, organizational leadership, functionality, policies/procedures, and/or the organizational chart(s) of the Program. All substantial program changes should be report to the Manager of Accreditation.

49. **Standardized (Human) Patient Simulation** – simulation using a person or persons trained to portray a patient scenario, or actual patient(s) for healthcare education in both skills and communication and healthcare assessment.

50. **Standardized Patient** – an individual who is trained to act as a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research.

51. **Steering Committee** – a committee composed of high-level stakeholders who provide guidance on key issues, marketing strategies, resource allocation and overall program policies and objectives.

52. **Strategic Plan** – the process of comprehensive, integrative program planning that considers the future of current decisions, overall policy, program/organization development and links to operational plans. The process should align with and allow the program to fulfill its mission and achieve its vision.

53. **Summative Evaluation** – a process for determining the competence of a person engaged in a healthcare activity for the purpose of certifying with reasonable certainty that they are able to perform that activity in practice.

54. **Systems Engineering** – an interdisciplinary field of engineering focusing on how complex projects should be designed and managed. Logistics, coordination of different teams, modeling, automatic control of machinery, and human factors become more challenging when dealing with complex and high-stakes healthcare provision. This field develops and assesses work-processes and tools (including simulation) to handle such projects, and overlaps with both technical and human-centered disciplines.

55. **Task-Trainer** – training models utilized to teach or practice a specific skill. Examples include intravenous line arms, intra-osseous line legs, intubation heads, and central venous line chests.

56. **Technical Specialist** – an individual who provides technological expertise and instructional support for a simulation program. This includes, but is not limited to, daily operations of the simulation lab, maintenance of equipment, management of lab supplies, management of simulators, program responsibility of simulators, and collaboration with faculty and staff.