

Glossary of Terms Abridged from SSH Accreditation Manual

(http://www.ssih.org/Portals/48/Accreditation/14_Informational_Guide.pdf)

and INACSL Best Practices Terminology

(<http://www.inacsl.org/files/journal/Complete%202013%20Standards.pdf>)

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.

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.

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

Clinical Scenario – The plan of an expected and potential course of events for a simulated clinical experience. The clinical scenario provides the context for the simulation and can vary in length and complexity, depending on the objectives. The clinical scenario design includes:

- Participant preparation
- Prebriefing (Briefing): review of objectives, instructions prior to implementation of scenario, questions, or other resources used in the scenario
- Patient information describing the situation to be managed
- Participant objectives
- Environmental conditions, including manikin, setting, or standardized patient preparation
- Related equipment, props, and tools or resources for assessing and managing the simulated experience to increase the realism
- Roles, expectations, or limitations of each role to be played by participants
- A progression outline including a beginning and an ending
- Debriefing
- Evaluation criteria

Coaching – A method of directing or instructing a person or group of people in order to achieve a goal or goals, develop a specific skill or skills, or develop a competency or competencies.

Confederate – A term sometimes used to describe an embedded participant (see also Embedded Participant).

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.

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

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.

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

Cueing – Information provided that helps the participant progress through the clinical scenario to achieve stated objectives.

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.

Debriefing –

- SSH - 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.
- INACSL - An activity that follows a simulation experience and is led by a facilitator. Participants' reflective thinking is encouraged, and feedback is provided regarding the participants' performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations.

Domains of Learning – Three separate, yet interdependent components of learning outcomes achievable by human learners. These domains-cognitive, affective, and psychomotor-represent various categories and levels of learning complexity and are commonly referred to as educational taxonomies.

- i. 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.
- ii. Cognitive – Refers to a domain of learning that includes knowledge, comprehension, application, analysis, synthesis, and evaluation. The goal of learning in this domain is to

help participants progress to higher levels of learning so they are able to make judgments about the subject at hand.

- iii. Psychomotor – Refers to a domain of learning that involves skills related to professional practice including fine motor, manual, and gross motor skills. The skills involve the particular physical tasks required of that profession.

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

Embedded Participant (also known as Scenario Guide, Scenario Role Player, or Confederate) – A role assigned in a simulation encounter to help guide the scenario. The guidance may be influential as positive, negative, or neutral or as a distracter, depending on the objective(s), the level of the participants, and the scenario. Although the embedded participant's role is part of the situation, the underlying purpose of the role may not be revealed to the participants in the scenario or simulation.

Environmental Fidelity – Refers to the degree to which the simulated environment (manikin, room, tools, equipment, moulage, and sensory props) approximates reality

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.

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.

Facilitation – A method and strategy that occurs throughout (before, during, and after) simulation-based learning experiences in which a person helps to bring about an outcome(s) by providing unobtrusive guidance.

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

Feedback – Information given or dialogue between participants, facilitator, simulator, or peer with the intention of improving the understanding of concepts or aspects of performance

Fidelity (also known as Realism/Authenticity) – Believability, or the degree to which a simulated experience approaches reality; as fidelity increases, realism increases. The level of fidelity is determined by the environment, the tools and resources used, and many factors associated with the participants. Fidelity can involve a variety of dimensions, including (a) physical factors such as environment, equipment, and related tools; (b) psychological factors such as emotions, beliefs, and self-awareness of participants; (c) social factors such as participant and instructor motivation and goals; (d) culture of the group; and (e) degree of openness and trust, as well as

participants' modes of thinking.

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.

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.

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").

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.

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).

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

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.

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

Objective – Statement(s) of specific measurable results that participant(s) is expected to achieve during a simulation-based learning experience.

Outcome – Measurable results of the participants’ progress toward meeting a set of objectives. Expected outcomes are the change in knowledge, skills, or attitudes as a result of the simulation experience.

Participant – One who engages in a simulation-based learning activity for the purpose of gaining or demonstrating mastery of knowledge, skills, and attitudes of professional practice.

Prebriefing (Briefing) – An information or orientation session held prior to the start of a simulation-based learning experience in which instructions or preparatory information is given to the participants. The purpose of the prebriefing or briefing is to set the stage for a scenario and assist participants in achieving scenario objectives. Suggested activities in a prebriefing or briefing include an orientation to the equipment, environment, mannequin, roles, time allotment, objectives, and patient situation.

Psychological Fidelity – The extent to which the simulated environment evokes the underlying psychological processes that are necessary in the real-world setting. The degree of perceived realism, including psychological factors such as emotions, beliefs, and self-awareness of participants in simulation scenarios.

Psychological Safety – A feeling (explicit or implicit) where in a simulation-based learning activity, participants can speak up, share thoughts, perceptions, and opinions without risk of retribution or embarrassment.

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.

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

Safe Learning Environment – The emotional climate that facilitators create by the interaction between facilitators and participants. In this positive emotional climate, participants feel at ease taking risks, making mistakes, or extending themselves beyond their comfort zone. Facilitators should be thoroughly aware of the psychological aspects of learning, aware of the effects of unintentional bias, aware of cultural differences, and attentive to their own state of mind in order to effectively create a safe environment for learning.

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.

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

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

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

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.