

## Introduction

The SBE Standards Framework document describes the attributes required to design and deliver effective SBE. They are grouped around four themes: Faculty, Technical Personnel, Activity and Resources.

The standards are underpinned by guidance sections that detail the best practice and current evidence in the literature from that area.

The combination of standards and guidance form a FRAMEWORK that will develop alongside a self-accreditation process enabling practitioners to benchmark their practice.

## Background

The framework arises from a comprehensive consultation process started in 2014. In 2016 HEE funded a project team that engaged with over 40 pilot sites responding to an evaluation document, and another 80 individuals completing an on-line questionnaire plus several focus group meetings. Where conflicting views were received, a rating matrix was used that captured the majority view alongside published evidence. As a multi-disciplinary Association, we have integrated views from across the healthcare spectrum.

## Documentation and Scope

The NEW STANDARDS FRAMEWORK DOCUMENT is available as a download from the ASPiH website. It is generic and should be applicable wherever SBE is practiced.

[www.aspih.org.uk](http://www.aspih.org.uk)

## About ASPiH

ASPiH is the national learned body in the UK that focuses on the development and application of SBE and technology enhanced learning (TEL) for healthcare workforce education as well as training and patient safety improvement

In October 2016, ASPiH registered as a member organisation with the Science Council and became the Professional body for simulation technicians and technologists.

ASPiH is a not-for-profit company bringing together a multi-professional membership drawn from higher education, clinical practice, and academic disciplines allied to healthcare. The overarching aim of ASPiH is to enable high quality practice of simulation in all healthcare contexts, which is promoted through wider sharing of knowledge, expertise, and educational innovation amongst practitioners, providers, commissioners and professional bodies.

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# Simulation-based Education in Healthcare

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## Standards Framework

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The Association for Simulated Practice in Healthcare (ASPiH) has created a Standards Framework for Simulation-based Education (SBE) that combines relevant best practice and published evidence with some existing quality assurance processes currently in use across the UK and around the world.

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# Standards for Simulation-based Education in Healthcare

## 1. Faculty

### Faculty Development

1. Faculty ensure that a safe learning environment is maintained for learners and encourage self-reflection on learning.
2. Faculty engage in continuing professional development with regular evaluation of performance by both learner and fellow faculty.
3. Faculty are competent in the process of debriefing.

## 2. Technical Personnel

4. Simulation technicians and technologists, whose primary responsibility is to support delivery of SBE, have gained or are working towards professional registration with the Science Council.

## 3. Activity

### Programme

5. Simulation-based education programmes are developed in alignment with formal curriculum mapping or learning/training needs analysis undertaken in clinical or educational practice.
6. The patient perspective is considered and demonstrated within educational planning.
7. A faculty member with expertise in simulation-based education oversees the simulation programme design and ensures that it is regularly peer reviewed, kept up to date and relevant to the organisation goals, clinical needs and curriculum that it is mapped to.
8. Regular evaluation of programmes and faculty is undertaken to ensure that content and relevance is maintained.

### Assessment

9. The assessment is based on the intended learning outcomes of the exercise, with clarity regarding the knowledge, skills and attitudes and appropriately tailored to professional curricula to be evaluated.
10. Psychological safety of the learner is considered and is appropriately supported.
11. Faculty have a responsibility for patient safety and to raise concerns regarding learner performance within educational settings, including SBE interventions.

### In Situ Simulation

12. Every ISS exercise has clearly defined learning objectives that achieve individual, team, unit level and/or organisational competencies.
13. Local processes and procedures are carefully reviewed to deliver ISS activity authentically.
14. Faculty delivering the ISS activity are proficient in SBE and have the required expertise on a given topic (Refer to standards on faculty development above).

## 4. Resources

### Simulation Facilities and Technology

15. A variety of simulation modalities, including simulated patients, are incorporated into simulation programmes to create appropriate realism of the learning environment and achieve the objectives of the session being taught.
16. The facility has a clear strategic plan which addresses wider organisational and stakeholders needs.
17. A designated individual oversees the strategic delivery of SBE programmes and ensures that appropriate maintenance of simulation equipment is undertaken.
18. Training is provided to all faculty to engage with Simulated Patients, where there is an active Simulated Patient (SP) programme.

### Management, Leadership and Development

19. A designated lead with organisational influence and accountability manages the simulation activity.
20. There is a clear vision and mission statement to demonstrate aims and objectives of the facility.
21. There is a clear alignment to the wider organisational and stakeholders needs, acting as a quality and risk management resource for organisations to help achieve the goals of improved patient safety and care quality.