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| Association for Simulated Practice in Healthcare  c/o Executive Business Support Ltd, City Wharf, Davidson Road, Lichfield WS14 9DZ | C:\Users\Andy\OneDrive\ARCHIVE FILES\ASPIH DESKTOP STATIC TO DEC 2014\Marketing\ASPIH LOGOS\ASPIH LOGO REDRAWN CROPPED.jpg |

Application for Programme Accreditation

Application for Accreditation

A programme in this context could be a single stand-alone study day/session, a full module i.e. sessions over a few weeks or a full course e.g. pre-registration nursing degree, in which the latter two would need all the simulation sessions outlining for the duration of the module/course. Programme accreditation may be appropriate for those that are based in other areas than a conventional simulation centre, for example, within a clinical area. The programme must have specific learning objectives and may include either summative or formative assessment.

Programme accreditation demonstrates adherence to the standards pertaining to programme and assessment, including any in-situ simulation activity. The requirements are based on Theme 3 of the ASPiH Standards for SBE and the specific Standards pertaining to activity.

From March 2018 the new ASPiH membership and accreditation fees will run in parallel – current individual and institutional membership includes the option to submit an application for ASPiH accreditation with no additional cost.

However, programme applications will require a single payment of £300 to cover the 3-year accreditation cycle, this will include an individual ASPiH membership for the lead person/faculty for 3 years as part of their award.

Please ensure you have read the latest accreditation guidance document available on the [ASPiH website](http://aspih.org.uk/accreditation/) and take note of instructions relevant to each of the sections below.

The programme accreditation form must be completed in full and sent for assessment in consideration of accreditation for a specific SBE programme. Submission must also include feedback from two most recent programme dates A separate form must be completed and submitted for each individual programme you wish to have accredited. An individual or organisation can submit a concurrent application form for programme accreditation.

Ideally, the applicant/responsible individual must either be a person working towards achieving individual accreditation or be a representative of an organisation who have submitted an organization application.

Details of applicant/responsible individual

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| --- | --- | --- | --- |
| Name: | | | |
| Organisation: | | | |
| ASPiH Membership status: | Institutional | Individual | Current |
| Email: | | Telephone: | |

# Programme details

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| Title of programme/course: |

Please detail below all dates that the programme has taken place or is planned to take place (confirmed dates only).

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| **Date** | **Faculty details: number of and grade/ASPiH accredited** | **Host venue** | **Number of delegates** | **Target audience** |
| *X/X/XX* | *2x consultant (both accredited), 2x grade 6 staff nurses (both accredited), 1 junior doctor (not accredited).* | *Simulation Centre X* | *20* | *Final year medical and nursing students* |
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# Description

Please describe and explain your programme in brief below, with emphasis on clarity and how this programme aims to improve the quality and safety of healthcare provision. Clearly indicate where and how simulation is used in your programme. 200 words maximum. You may attach a sample course outline to your submission

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# Suitability

Please describe and explain your organisation’s suitability (or suitability as the responsible individual) to provide this programme of simulation based education. Please refer to any professional or technical qualifications that the faculty hold, accessible resources and the sustainability of the programme. 200 words maximum. You may use in-text references to the resource standards (Theme 4) to assist in answering this section.

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# Programme

The programme submitted should meet and uphold the standards in theme 3 activity – programme. Where applicable, the standards within assessment and insitu simulation should also be met. Please indicate and detail below under each corresponding section (200 words maximum for each domain). For each standard, please detail the evidence you have provided in support, suggested evidence items are listed below, it is by no means exhaustive, please feel free to use alternative/additional ones.

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| Standards | Answer (200 words maximum) | Evidence item number(s) |
| **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. |  |  |

Suggested evidence

* Curriculum mapping and/or formal educational needs analysis.
* Programme plans linking simulation fidelity to learning objectives.
* Evidence of consideration of the patient perspective within planning documentation.
* Qualifications / experience of the faculty member overseeing simulation programme.
* Feedback documents.
* Minutes of planning meetings involving faculty and other relevant education providers.
* Records of assessment exercises.
* Assessment blueprints.
* Attendance records of assessors at training and standardisation exercises.
* Validity, reliability or other psychometric analysis.
* Continuing professional development records for assessors.
* Evidence of formal educational needs analysis including focus group exercises that may have been undertaken with stakeholders.
* Evidence of patient and public involvement (PPI)
* Details of programmes delivered with evidence of mapping to curriculum and organisational needs.
* Records of the training / experience of the faculty.
* Risk analyses.
* Minutes of meetings undertaken with stakeholders.
* Quality improvement outcomes, or evidence of impact.
* Feedback from learners involved in exercises.
* Description of a peer review process or review from other bodies.
* Measures of transfer of learning to clinical environment.

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| **Evidence details** | **Evidence Item number(s)** |
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Assessment

**Please indicate if your course incorporates formative or summative assessment:** Formative / Summative

All assessment activity must meet the assessment standards Theme 3 Activity – Assessment. Please indicate how your programme meets and upholds the standards please (200 words maximum for each). For each standard, please detail the evidence you have provided in support, as above.

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| **Standards** | **Answer (200 words maximum)** | **Evidence item number(s)** |
| 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 |  |  |

Please list below all evidence pertaining to assessment attached to support this application.

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| **Evidence** | **Evidence Item Number** |
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In Situ Simulation (ISS)

**Please indicate if your course is an in situ simulation course:** Yes / No

Programmes using in situ simulation should meet and uphold the ISS standards Theme 3 Activity – In Situ Simulation. Please indicate how your programme meets and upholds the standards below:

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| **Standard** | **Answer (200 words maximum)** | **Evidence item number(s)** |
| 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). |  |  |

Please list below all evidence pertaining to in situ simulation attached to support this application.

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| **Evidence** d**etails** | **Evidence Item number(s)** |
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Declaration

Please delete bold as necessary.

**We/I** as the **organisation/responsible individual** declare the following:

1. All information provided on this form and the feedback is true, accurate and up to date to the best of the knowledge of the **organisation/responsible individual**.
2. This **organisation/the responsible individual** willingly submit this application and feedback for examination for ASPiH programme accreditation.
3. Data from this form is private and confidential and will be handled in accordance with the Association for Simulated Practice in Healthcare data protection policy (copies on request).
4. This organisation**/the responsible individual** take the responsibility to ensure the Association for Simulated Practice in Healthcare Standards for SBE are met and upheld now and in the future for this programme, and will notify ASPiH if this is identified in any way not to be the case.
5. This **organisation/the responsible individual** will uphold and support the aims and objectives of the Association for Simulated Practice in Healthcare and abide by the regulations that govern the Association.
6. This **organisation/the responsible individual** will notify the Association of Simulated Practice in Healthcare urgently of any issues (i.e. charges, convictions, fitness to practice proceedings or otherwise) that would compromise the ability of the **organisation/responsible individual** to provide education to the standards outlined in Association for Simulated Practice in Healthcare Standards for SBE.

Signature:

Name:

On behalf of:

Title:

Date:

Form to be completed and returned to ASPiH

[accreditation@aspih.org.uk](file:///C:\Users\Admin\Desktop\Accreditation.Standards.docs\Revised%20docs\Docs%20to%20go%20out.July.August\membership@aspih.org.uk)