

ASPiH ACCREDITATION

ASSESSMENT CRITERIA – PROGRAMME APPLICATION

Section	1	2	3	4	5
Programme details including: Dates run/running, description (including how aims to improve quality and safety of healthcare and how simulation is utilised), and the organisations' suitability to run programme.	Minimal information has been provided about the programme. It is unclear how it aims to improve quality, when the courses have run and safety and how simulation is used within it.	Limited information provided. Either how the quality and safety aims intend to be met or how simulation is used is discussed, but not both. Dates have not been provided.	Both quality and safety improvement and how simulation is used has been discussed, but not in enough detail to provide clarity for the assessor. Programme dates have been provided.	Information and dates provided are adequate, although the detail of how quality and safety could be improved could have been further expanded.	A clear narrative is provided on how quality and safety of healthcare provision is being improved through the programme, clearly defining how simulation has been utilised. Programme dates have been provided.
Standard 5: Simulation-based education programmes are developed in alignment with formal curriculum mapping or learning/training needs analysis undertaken in clinical or educational practice.	It is unclear how or why the programme was developed as there is no evidence of curriculum mapping or training needs analysis.	Discussion within the narrative attempts to justify the need for the programme but no curriculum mapping and/or training needs analysis is evident.	Curriculum mapping and/or training needs analysis has been attempted but further clarification is required.	The narrative and evidence provided demonstrated adequate alignment with the curriculum and/or training needs analysis.	Evidence has been provided that demonstrates clear programme alignment with a formal curriculum and/or training needs analysis. Justification for the type of approach/courses offered has been provided.
Standard 6: The patient perspective is considered and demonstrated within educational planning.	There is no evidence provided to support the patients' perspective within the programme.	The patient's perspective has been briefly considered within the programme but has not been visibly integrated.	The patients' perspective has been considered within the programme but it is unclear how it has been integrated into the programme.	Evidence demonstrated that the patients' perspective has been adequately utilised within programme development.	The narrative and evidence provided demonstrates that careful consideration of the patients' perspective has been included within programme planning.
Standard 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.	There is no evidence to demonstrate that an appropriately trained faculty member oversees the programme. It is unclear how the programme is updated to ensure currency in relation to clinical care and organisational goals.	An appropriately experienced faculty member oversees the programme or there is a system in place to ensure that the programme is reviewed and updated as needed, but not both. No evidence of relevance to the organisation's goals, clinical needs and curriculum that it is mapped to.	Lead faculty and other experienced faculty members review/update the programme, however this has only been discussed briefly. More detail is needed about relevance to the organisation's goals, clinical needs and curriculum that it is mapped to.	Both the narrative and evidence provided demonstrate there is an appropriate programme lead with relevant SBE experience and that systems are in place for peer review and updating the programme and if it is relevant to the organisation's goals, clinical needs and curriculum that it is mapped to.	The faculty member(s) overseeing the programme have a formal qualification in SBE and/or sufficient experience to ensure the standards are maintained. There is a clear system in place for peer reviewing, updating the programme to ensure currency and evidence that it is relevant to the organisation's goals, clinical needs and curriculum that it is mapped to.

Standard 8: Regular evaluation of programmes and faculty is undertaken to ensure that content and relevance is maintained.	No evidence has been provided to demonstrate how the programme(s) and faculty are evaluated on a regular basis.	Evaluation of the programme(s) or faculty is evident but not both.	Evaluation of both the programme(s) and faculty has been demonstrated but it is unclear as to the regularity of such activities or the process/tools used are weak.	The programme(s) and faculty are evaluated on a regular basis, but the process/tools used could be improved.	The programme(s) and faculty are evaluated on a regular basis and there is a clear audit trail demonstrating how this links to programme improvement.
Standard 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.	It is unclear what the assessment is based on. No evidence has been provided that links it to clear and distinct learning outcomes grounded within the relevant professional curricula.	Learning outcomes for the assessment are identified but lack clarity and it is unclear how they are linked to the curricula.	Appropriate learning outcomes are linked to the assessment but do not focus on specific requirements with regards to knowledge, skills and attitudes.	Assessments are based on learning outcomes focusing on the required knowledge, skills and attitudes identified within the professional curricula but are too subjective or use tools that do not appear to have been validated.	Assessments are based on clear and distinct learning outcomes focusing on the required knowledge, skills and attitudes identified within the professional curricula.
Standard 10: Psychological safety of the learner is considered and is appropriately supported.	Psychological safety of the learner is not mentioned within the application/programme.	Psychological safety of the learner has been mentioned within the application, but it is unclear how this has been addressed within the programme.	The psychological safety of the learner has been considered within the programme but requires further support.	The psychological safety of the learner had been adequately discussed and addressed but does not fully explain how it is implemented in all phases of a simulation session (preparation, pre-brief, scenario, debriefing etc).	The psychological safety of the learner has been carefully addressed within the programme and covers all phases of the simulation session(s).
Standard 11: Faculty have a responsibility for patient safety and to raise concerns regarding learner performance within educational settings, including SBE interventions	There is no evidence to support how concerns regarding learner performance are addressed.	There is some evidence to support the management of learner performance issues, but it is unclear if all faculty/learners are aware.	There is an informal strategy in place for identifying and managing learner performance issues.	There is a working policy in place outlining how concerns regarding learner performance/safety should be raised and addressed, however, this requires updating i.e. is past its review date.	There is an up to date working policy in place outlining how concerns regarding learner performance/safety should be raised and addressed.
Standard 12: Every ISS exercise has clearly defined learning objectives that achieve individual, team, unit level and/or organisational competencies.	No specific learning objectives are evident.	Learning objectives have been identified but it is unclear how they link to individual, team, unit level and/or organisational competencies.	Some learning objectives have been identified that loosely relate to individual, team, unit level and/or organisational competencies.	Learning objectives have been identified that relate to individual, team, unit level and/or organisational competencies but the wording does not follow an appropriate educational format e.g. SMART	Clear learning objectives have been identified, evaluated and are measured against individual, team, unit level and/or organisational competencies.
Standard 13: Local processes and procedures are carefully reviewed to deliver ISS activity authentically.	Local policies and procedures are not evident.	Local policies/procedures are in development.	Local processes and policies are in place but require clarification with regards to how they support ISS activity.	Local policies and procedures actively support ISS activity but there is no evident process or timeline for their update and how current with clinical guidelines is maintained.	Local policies and procedures actively support ISS activity and are reviewed and updated on a regular basis.

<p>Standard 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).</p>	<p>No evidence has been provided that demonstrates faculty team expertise with regards to clinical and SBE activity.</p>	<p>The faculty team are proficient in either SBE or relevant clinical practice but not both.</p>	<p>The narrative suggests that faculty team members are proficient in SBE and clinical practice but this needs supporting by appropriate evidence.</p>	<p>Evidence demonstrates that the faculty team delivering the programme are proficient in SBE and relevant clinical practice but there is no clear evidence as to how they maintain currency in their skills and knowledge.</p>	<p>Evidence demonstrates that the faculty team delivering the programme are proficient in SBE and relevant clinical practice and maintain currency through CPD.</p>
<p>Overall presentation of application</p>	<p>Narratives lack a clear focus with weakly presented arguments. Evidence provided is weak and is not clearly referenced to the standards. Copious amounts of evidence have been submitted but is not always relevant.</p>	<p>Narratives are appropriate to the standards but supporting evidence is hard to track/follow. Often multiple weak pieces of evidence are presented to support a standard rather than one or two robust pieces.</p>	<p>The application is appropriately presented overall but would benefit from attention to detail i.e. punctuation, referencing style etc. Evidence provided is not always robust. Some areas of the application form may not have been completed.</p>	<p>All elements of the application form have been completed. There is a focus to the narratives. Evidence presented is current. Needs to pay attention to detail and think about potentially cross referencing appropriate evidence to reduce the volume presented, while still demonstrating meeting the standards.</p>	<p>Supporting narratives are brief and succinct. Evidence is referenced appropriately and can be easily identified with the relevant standard. Thought has been given to the quantity and quality of evidence submitted, keeping the amount of evidence to a minimum while demonstrating standards have been achieved. All elements of the application have been completed.</p>