



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Simulation Program Accreditation

Accreditation Standards



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Simulation Program Accreditation Standards

1. Mission Statement and Governance

Rationale: This standard requires the simulation Program (hereafter referred to as the Program) to have in place, a plan to fulfill its institutional role in education, scholarship and research, and patient safety. This would include not only a statement of purpose, but an organizational structure to facilitate the mission.

1.1 Mission Statement & Goals

- 1.1.1 The Program has a mission statement that includes purpose, common goals, and patient safety. This mission statement must support interprofessional education and research.
- 1.1.2 Goals: The Program has developed a set of goals that includes a commitment to interprofessional education activities, research and patient safety.

1.2 Governance Structure

- 1.2.1 There is an organization structure that ensures the mission and goals can be achieved. The organizational structure must include administrative and governance components.
- 1.2.2 The governance structure is representative of health care providers utilizing the Program.

2. Infrastructure

Rationale: This standard requires the Program to have in place a sustainable infrastructure role in education, scholarly activities and research, and patient safety. This would include resources such as financial, personnel and physical space and equipment.

2.1 Financial Structure

- 2.1.1 Financial resources are secured to ensure that the Program will realize the established goals of the organization.

2.2. Personnel

- 2.2.1 There is an administrator(s) responsible for the Program. The administrator has the responsibility and authority to manage the Program. This includes use of the Program's resources: financial, personnel, physical space and equipment.
- 2.2.2 There are support personnel available to work with faculty and instructors, to support the simulation environment.
- 2.2.3 There is an implemented plan for ongoing training on the use of simulation and the simulation equipment, for all personnel whose roles are directly involved in simulation development or training on behalf of the Program.
- 2.2.4 There are written personnel performance evaluations conducted on an annual basis that identify staff learning needs and influence professional development planning.

2.2.5 There is an established framework to ensure confidentiality.

2.3 Faculty

2.3.1 There is a process to train instructors who are involved with the simulation Program.

2.3.2 There is a process in place to perform regular peer assessments and feedback on the performance of the instructor.

2.4 Facilities and equipment

2.4.1 The Program has access to the equipment and technology required for the courses identified by the users.

2.4.2 There are written evaluations by the stakeholders of the equipment and space that is used to teach the courses.

2.5 Relationship with industry

2.5.1 There are policies and procedures in place to define and manage the relationship between the Program and commercial health related industries. These require identification and management of conflicts of interest.

3. Education

Rationale: This standard requires the Program to have a quality review process that ensures course content and curricula delivered are meeting the needs of the stakeholders resulting in improvement in knowledge, skills and attitudes relevant to their area(s) of practice. This process should be consistently employed and applicable to all courses/curricula delivered by the Program. Programs should ideally have the capability to run sessions and courses for the entire spectrum of health care providers, including facilitation of learning in an interprofessional environment. In addition, Programs should have processes and strategies that ensure courses and instructors are being evaluated and that the evaluations are constructed based on learning objectives developed to meet the needs of the learners and stakeholders. Evaluations should inform the quality review process and be used to modify and improve the quality of the course curriculum.

3.1 Curriculum and Course Design

3.1.1 Needs Assessment: The curricula are based on an assessment of the needs of the learners (perceived and/or unperceived).

3.1.2 Learning Objectives: Each course has written learning objectives based on identified needs.

3.1.3 Education Methods and Delivery: There are appropriately linked modalities and learning formats consistent with and relevant to the identified needs and learning objectives.

3.2 Diversity of Learners and Instructors

3.2.1 Diversity of Learners: There are courses which utilize or facilitate learning in an interprofessional environment when appropriate.

- 3.2.2 Diversity of Instructors: Instructors from various health care professions are appropriately utilized during interprofessional learning activities.

3.3 Assessment of Learners

- 3.3.1 Competency Assessment: There is a process to formatively assess the competence of learners in relation to the learning objectives of each session/course.

3.4 Course, Curriculum & Program Evaluation

- 3.4.1 Course Evaluation: There is a process that measures the effectiveness of individual courses and follows directly from learning objectives developed to meet the needs of its learners.
- 3.4.2 Curriculum Evaluation: There is a quality review process in place whereby curriculum evaluation data, for individuals or groups, is used to help modify and improve the curriculum and the delivery of courses/sessions to ensure that all educational objectives continue to be met adequately.
- 3.4.3 Program Evaluation: There is an evaluation process to measure the effectiveness of the overall Program in meeting its mission statement.

4. Scholarship and Research

Rationale: This standard requires the Program be engaged in, and contribute to, the larger community of research in health professions education that advances the field. It is assumed that the learners, instructors and the operational aspects of the Program will benefit from these activities. This would include not only research and evaluation of existing process and products for local improvement and quality control, but also activities from which general conclusions can be drawn, as would normally be expected for peer-reviewed academic scholarship.

This would be supported by a specific statement outlining a commitment to research activities, the existence of personnel trained in research methods or capable of significant collaboration with qualified external researchers, and documentation of evaluation or research productivity. Commitment to the mentoring and training of research personnel is also desirable. While it is not necessary to have in place a Director of Research *per se*, it is desirable for the simulation Program to be aligned with an institution of higher education where research is normally conducted, or an organization that promotes such activity.

4.1 Research Personnel

- 4.1.1 Research Personnel – qualifications/capacity to engage in research and scholarship: The Program has access to personnel or faculty with the capability to perform independent research.
- 4.1.2 Research Personnel – mentoring and training: The program addresses mentorship and training for researchers.

4.2 Research Activities

- 4.2.1 Research Activities: There is evidence of research and scholarly productivity.

4.3 Policies and Procedures

- 4.3.1 Policies and Procedures: The Program has a mechanism to ensure compliance with local administrative bodies and professional standards for research and scholarly activity.

5. Patient Safety and Health Care System

Rationale: Health care improvement and patient safety is dependent on assessing the performance of an individual as part of a team and the team as part of the health care system. The provision of safety, quality care and the management of risk are all critical goals of the healthcare system. Patient safety is defined as the pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes. Risk management in the context of clinical care, refers to the activities undertaken to identify, analyze, educate and structure processes to reduce the likelihood of adverse events.

The processes of quality improvement and system safety have not been well incorporated into the educational strategies and mandates of continued health professional development. Simulation methodology provides an unique opportunity to teach, assess and evaluate not only the CanMEDS (non-medical expert roles of physicians and their teams) but the knowledge, skills and attitudes that are required for improved individual, team and health system performance. The Patient Safety competencies provide a unique interprofessional framework to develop educational programs to assess the needed competencies for safe care.

5.1 Safety Educational Capacity

- 5.1.1 Builds regional educational capacity that improves health care systems and patient safety by taking system and local or regional needs into account when designing educational offerings.
- 5.1.2 Integrates the Canadian Patient Safety competencies (or other recognized standards*) with educational offerings.

5.2 Patient Safety and System Evaluation (Outcome Assessment)

- 1.2.1 Assessment and evaluation of health systems solutions using simulation technology and educational processes.

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