

Society for Simulation in Healthcare Certification Council

Handbook for the Certification Process from the SSH Council for Certification



SSH CERTIFIED HEALTHCARE SIMULATION OPERATIONS SPECIALIST-ADVANCED HANDBOOK

TABLE OF CONTENTS

INTRODUCTION	4
SECTION 1: ABOUT CHSOS-A	5
• Purpose of the Handbook.....	5
• Disclaimer	5
• Healthcare Simulation Certification Background	5
• Benefits of CHSOS-A Certification	6
• Statement of Confidentiality	7
• Statement of Non-Discrimination	7
• Accommodations for Disabilities	7
• Disability Documentation Requirements	7
• Attestation.....	8
• Hold Harmless and Waiver	8
SECTION 2: APPLYING FOR CHSOS-A.....	10
• Application Process.....	10
• Application Deadlines	10
• Application Process at a Glance	10
• Eligibility & Requirements	10
• CHSOS-A Standards and Suggested Evidence.....	11
• CHSOS-A Application Information.....	11
• CHSOS-A Application Worksheet.....	11
• Structured Portfolios.....	12
○ Professional Information and Eligibility Confirmation	12
○ Narrative Responses of Demonstrated Performance in the Domains.....	12
○ Exemplar Activity.....	14
○ Simulation-specific CV/Resume.....	15
○ References	15
○ Application Fee.....	16
• Privacy of Portfolio Submissions	16
• Eligibility Approval	16
• Eligibility Denial	16
• Correcting Errors in the Portfolio	18
SECTION 3: REVIEW PROCESS	18
• Portfolio Review	18
• Notification of Status	18
• Decision Status	18
• Reapplication if Unsuccessful	18
• Certification Credential	18
• Expiration Dates	18
• Rules of use of CHSOS-A.....	19
• Trademark	19
SECTION 4: ADMINISTRATIVE ITEMS	20
• Refunds.....	20
• Complaints	20

- Appeals 20
- Misconduct..... 20
- Change of Address 20
- Change of Legal Name 21
- SECTION 5: RECERTIFICATION..... 22
 - Renewal of Certification..... 22
 - Recertification Submission Deadline..... 22
 - Recertification Fees..... 23
- SECTION 6: APPENDICES..... 24
 - APPENDIX I: Certification Flowchart 24
 - APPENDIX II: CHSOS-A Reference Form..... 25
 - APPENDIX III: FAQs 28
 - APPENDIX IV: Terminology..... 31

INTRODUCTION TO THE CERTIFIED HEALTHCARE SIMULATION OPERATIONS SPECIALIST-ADVANCED® (CHSOS-A) CERTIFICATION

The CHSOS-A certification has been designed to recognize the outstanding knowledge, skills, and abilities of leaders in healthcare simulation operations. Those who consider applying for this prestigious recognition must consider the following:

- Meeting the eligibility requirements is not sufficient to obtain this certification.
- Applicants must demonstrate a high level of performance in all areas of the Standards.
- Applications are expected to take a significant amount of time to complete.
- Applicants must clearly demonstrate the following:
 - Knowledge, skills, and abilities in healthcare simulation at the advanced level, specifically related to simulation operations and technology.
 - Position and role as a leader, mentor, and advocate for simulation.
 - Ability to critically self-reflect and the ability to modify behavior based on that self-reflection.
 - Continuing professional development abilities.
 - Involvement in healthcare simulation in areas well beyond their own institution.

The Certification Council is very pleased that you are considering applying to become a CHSOS-A and encourages you to consider doing so if you meet the eligibility requirements.

SECTION 1: ABOUT CHSOS-A

Purpose of this Handbook

This handbook is to be used as a resource to individuals who are applying to become a Certified Healthcare Simulation Operations Specialist-Advanced (CHSOS-A). It has useful information, items that help the individual prepare their application, and background information that describes the certification program. The information contained in the Handbook expands on the information posted on the webpages at <https://www.ssih.org/Credentialing/Certification/CHSOS-A>.

This handbook is solely intended for use by individuals in order to prepare to become a CHSOS-A or to learn about CHSOS-A. It may not be duplicated, replicated, or used for any other purpose without the express written consent of the Society for Simulation in Healthcare (SSH).

Disclaimer

This handbook gives general guidance only and should not be regarded as a complete and authoritative statement on the certification of advanced healthcare simulation operations specialists. Eligibility requirements, standards, fees, and guidelines are subject to change. SSH will keep the most up-to-date version of this document posted at <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Eligibility>. Prior to participating in any available service through SSH, please check to ensure that you are viewing the most up-to-date information available.

Healthcare Simulation Certification Background

The Society for Simulation in Healthcare (SSH) was established in January 2004 to represent the rapidly growing group of educators, research scientists, and advocates who utilize a variety of simulation methodologies for education, testing, and research in healthcare. The membership of the Society is united by its desire to improve performance and reduce errors in patient care using multi-modal simulation methodologies including task trainers, patient simulators, virtual reality, screen-based simulators and standardized patients. Recognizing that simulation represents a paradigm shift in health care education, SSH promotes improvements in simulation technology, educational methods, practitioner assessment, and patient safety that promote competent and excellent patient care, including continuous measurements and improvements in patient outcomes.

Consistent with its mission, the Society has developed a certification program for operations specialists focused on healthcare simulation. The certification has been developed over several years and has included the input of many individuals. Importantly, these individuals represent a wide variety of backgrounds and experiences in healthcare simulation. Further, they included representation from many other simulation societies, and also international representation.

Certification is a voluntary process of confirming the knowledge, skills and abilities essential to qualified individuals who are instructors or managers of simulation educational interventions. Healthcare simulation certification has benefits for learners, educators, operations specialists, health administrators, and funders to ensure standards in simulation activity delivery. The following principles are core to the certification project:

- Certification is a formal process that validates the knowledge, skills, abilities and accomplishments essential for operations specialists in the field of healthcare simulation.
- Certification indicates a level of competence and operational and technological expertise in the area of healthcare simulation operations.
- Certification as a healthcare simulation operations specialist is a voluntary process.
- Certification provides a service to the healthcare simulation community by confirming expertise.
- Certification is time-limited and renewable.
- Certification is not static. It will evolve along with advancements in the field.

There are two levels of certification for operations specialists:

1. Certified Healthcare Simulation Operations Specialist® (CHSOS®)
2. Certified Healthcare Simulation Operations Specialist – Advanced (CHSOS-A)

Both levels of certification will evaluate applicants in the following areas:

1. Professional Values & Capabilities
2. Scholarship & Spirit of Inquiry
3. Simulation and Technology—Methods and Applications
4. Simulation Center Management and Operations Activities

A successful applicant will demonstrate knowledge, skills, and abilities in each area that meets or exceeds the Standards. Specific information on the Standards can be found in the Standards document posted at

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio>.

For purposes of this certification process, an individual seeking to become a CHSOS-A must be directly involved in delivering healthcare-related simulation activities. Applicants may have a variety of different job positions and need not be a full-time healthcare simulation operations specialist, but their duties must include some direct involvement in healthcare simulation.

Benefits of CHSOS-A Certification

The benefits of certification accrue value to the individual, their organization, the industry and the community. Benefits include, but are not limited to:

- Improves healthcare simulation through the identification and recognition of best practices
- Improves healthcare simulation through providing standardization and a pool of knowledge of best practices
- Strengthens patient safety efforts through support of simulation modalities

- Provides external validation of individual operations specialist knowledge, skills, and abilities
- Strengthens organizational, community, and learner confidence in the quality of simulation
- Garneres local support, resources, and commitment
- Fosters a feedback loop between concepts and practice
- Encourages performance improvement and knowledge expansion of the individual operations specialist
- Provides a competitive edge in the community, program offerings, and grant funding
- Recognizes expertise in simulation above and beyond domain expertise

Statement of Confidentiality:

Only reviewers and those involved in the CHSOS-A designation process will review or have access to the materials submitted by the CHSOS-A applicant. All submissions will be kept strictly confidential and will be used solely to review the submitted material for determination of granting the CHSOS-A certification only.

The submission will not be used for any other purpose nor will it be disseminated in any way without the express written permission of the applicant.

Statement of Non-Discrimination

SSH does not discriminate against any person on the basis of race, color, ethnicity, national origin, ancestry, gender, sexual orientation, age, religion, marital status, disability or veteran's status.

Accommodations for Disabilities

SSH complies with the Americans with Disability Act (ADA) and strives to ensure that no individual with a declared disability is precluded from availing themselves of the certification process solely by reason of the disability. This would include making reasonable accommodation for going through the application process. Accordingly, through SSH's agents, SSH will accommodate reasonable and properly documented requests for special accommodations that do not fundamentally alter the nature of its application process or any privacy processes.

A candidate with a declared disability may request special accommodations and arrangements provided such disability would prevent the applicant from applying under normal standards. SSH may submit information regarding the stated disability and requested accommodation to its own expert advisers and reserves the right to provide only those reasonable accommodations as required by law.

Disability Documentation Requirements

A request for accommodation must be submitted in writing to SSH's Director of Certification at least 45 calendar days prior to applying. Such request shall include both verification of the disability(s) involved and a definitive statement as to the type of assistance or accommodation that is being requested.

Upon receipt, SSH's Director of Certification or designee will review the request for accommodation and respond to the applicant in written form within 21 days. Any request for accommodation may also be reviewed by Certification Council Leadership and/or the vendor that SSH has engaged to support certification activities. In the event that the accommodation is granted by SSH's Director of Certification, applicant will be instructed to adhere to the accommodation procedures set forth.

Applicant understands and agrees that a request for accommodation may be denied if such request is found to not conform to SSH's ADA policy or the request is beyond what can be reasonably accommodated by SSH.

Attestation

Conferring Certification upon a member goes beyond education, experience, and assessing ones' capabilities. Among the standards that underlie certification, integrity and character makeup are considered significant factors in granting the certification designation.

In submitting the application for certification candidacy member shall execute the following statement:

I verify that the information I have provided is accurate, true, and correct to the best of my knowledge. I agree to inform the Society for Simulation in Healthcare (SSH) of all changes to the information included in this application while I am an applicant and for as long as I am certified by SSH. I understand that SSH reserves the right to verify any and all information in this application or in connection with my certification, and I agree to cooperate with any requests for additional information.

I have read, understand and agree to be bound by all policies, procedures, and rules promulgated by SSH. I understand and agree that my failure to abide by SSH's policies, procedures, or rules shall constitute grounds for rejection of my application or denial or revocation of my certification.

Hold Harmless and Waiver

The Certification Process, while an objective one in many respects, by design contains subjective elements that could lead to a contested decision on the part of an applicant. Since the entire certification process is largely dependent upon the good faith voluntary efforts of SSH Certification Council members and trained reviewers, it stands to reason that SSH staff, its agents and additionally members of SSH contributing in varying ways to the Certification process be held harmless for the actions and decisions that are made in connection with granting or denying certification.

By completing and executing the CHSOS-A application, applicant hereby waives and releases, and shall indemnify and hold harmless, SSH, its officers, directors, members, employees, volunteers and agents from and against all claims, losses, costs, and expenses (including attorney fees) that arise directly or indirectly out of any action in connection

with this application, any review of portfolio conducted by SSH which applicant submits, and, if applicable, the failure of SSH to grant certification to applicant or to renew a certification previously granted to applicant, SSH's revocation of any certification previously granted to applicant or SSH's notification of legitimately interested persons of such actions taken by SSH. This release does not purport to and does not release SSH for any actions arising out of willful, wanton, or intentional misconduct.

SECTION 2: APPLYING FOR CHSOS-A

Application Process

The CHSOS-A application is a structured portfolio-based application. While it is a very straightforward process, it is not easy. The applicant will be required to compile a great deal of information and upload that information into an online portfolio in a format that can be easily understood by the reviewers. The format and details of the types of information that are required are explained in this section.

Applicants must understand that to compile an adequate amount of evidence, a meaningful portfolio is no small undertaking. Applicants report that it is not uncommon to spend 20-40 hours creating a portfolio. Gathering and compiling the necessary information can be an arduous task but can be completed in a timely fashion if done in an organized manner.

Application Deadlines

There are two application submission deadlines each year as follows:

- March 1 (2359 ET-US)
- September 1 (2359 ET-US)

Results will be provided to the applicant within two months of each submission deadline (May 1 and November 1).

Application Process at a Glance

The general steps to apply to become a CHSOS-A are:

1. Verify that you meet all eligibility requirements.
2. Review the Standards and Suggested Evidence, especially at the CHSOS-A level.
3. Compile all items and information to demonstrate your healthcare simulation activities.
4. Complete the online application and submit all required items to meet the application requirements.
5. Submit an application fee and required information for review.

A flowchart of the CHSOS-A application and review process is provided in Appendix I.

Eligibility & Requirements

An individual may apply to become certified if they meet the following criteria:

- Currently certified as a CHSOS®.
- Participate in healthcare simulation in an operations specialist role.
- Possess a bachelor's degree or equivalent combination of education and experience.
- Document five years of experience in a healthcare simulation operations role.
- Demonstrate focused simulation operations expertise in healthcare simulation activities and settings.

*Any candidate who does not have a bachelor's degree or higher may petition the Council for consideration of equivalency based on combined education and experience.

CHSOS-A Standards and Suggested Evidence

One of the applicant's first steps in preparing to apply **MUST** be to review the Standards and suggested evidence. This document is located at

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio>.

The key elements in this document are:

- Individual Standards (grouped by the 4 domains)
- Suggested Evidence of performance at the CHSOS® level
- Suggested Evidence of performance at the CHSOS-A level

- The applicant should evaluate the document with the following in mind:
 - CHSOS® is considered the two-year competency level, and performance at this competency level has been addressed through the CHSOS® application and examination process.
 - Some evidence is identical at both levels of certification. These items are considered to be essentially 'met' or 'not-met' for any healthcare simulation operations specialist. As such, they are the same (e.g. following applicable laws and ethical standards).
 - CHSOS-A suggested evidence is given as a **SAMPLE** of the **LEVEL** of performance for each Standard at the CHSOS-A level.
 - The suggested evidence listed is **NOT** mandatory to demonstrate performance of a Standard, nor are the items listed an all-inclusive list. Some items have many more suggestions—this does **NOT** mean that there is more evidence required, just that more samples of evidence could be given.
 - The suggested evidence listed is to serve as a guide for the applicant to understand the expectations of the reviewers as they compare the applicant's portfolio to this list of suggested evidence. Applicants should compare their own performance against the Standards and suggested evidence. If the applicant's performance is in general identical or very similar to the Standards AND the level of performance that is indicated through the suggested evidence, then the applicant is more likely to be successful in their application.

CHSOS-A Application Information

This document has been prepared for applicants to review what is needed for the CHSOS-A application and portfolio. It has descriptions and information for each of the items in the structured portfolio. This can be downloaded at

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio>.

CHSOS-A Application Worksheet

This document has been created as a way to support individuals in drafting their responses and supporting them through the process. It is designed to allow individuals to complete many of the items ahead of time. This will make the structured portfolio submission more streamlined. This can be downloaded at

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio>.

Structured Portfolios

Portfolios for CHSOS-A submissions are made up of the following elements:

1. Professional Information and Eligibility Confirmation
2. Narrative Responses of Demonstrated Performance in the Domains
3. Exemplar Activity
4. Simulation-specific CV/Resume
5. References
6. Application Fee

These items are described in the CHSOS-A Application Information as well as below in this handbook. This includes how each item is submitted once prepared.

1. Professional Information and Eligibility Confirmation

This information is made up of core information about the applicant, e.g. current job title and institution. It also includes a confirmation of meeting all eligibility criteria in order to apply to become a CHSOS-A. Additionally, there is a statement to agree to have read and to aspire to the Healthcare Simulationist Code of Ethics (located at www.ssih.org/Code-of-Ethics)

This information is submitted in the online application located at https://www.formdesk.com/societyforsimulationinhealthca/CHSOS-A_Application

2. Narrative Responses of Demonstrated Performance in the Domains

The narrative response section is made up of four overall questions (listed below) for the applicant to describe their demonstrated performance in each of the domains. Each domain has sub-questions that should help guide the responses for each of the domains. These responses are restricted in length and are not required to be a long flowing narrative. Bullet points, lists, and other responses are all appropriate. The questions and guiding sub-questions are as follows:

- a. Please provide insight into your professional values and capabilities (maximum 5250 characters—roughly 750 words)
 - i. Describe your leadership, mentorship and advocacy in regional/state/province/national/international simulation organizations or operations (e.g. chairing committees, task forces, presentations, workshops, alliances, consortiums)
 - ii. Describe how you contribute to an organizational climate that fosters the growth of both simulation operations and learners
 - iii. Describe your teamwork and collaboration on simulation projects across disciplines or schools or organizations
 - iv. Describe how you use challenging situations as opportunities for growth. Provide an example.
 - v. Describe how you have advanced yourself, including seeking mentorship and self-assessment, as well as influencing others in simulation.
- b. Please provide insight into your scholarship and spirit of inquiry (maximum 3500 characters—roughly 500 words)
 - i. Describe how your work has contributed to advancing the field of simulation-based education, simulation technology, and/or simulation operations practices (examples can include publications, research including

- project or process evaluation and improvement, web-based or structured use of social media for dissemination of information in the field, participation/leadership, invention, and other simulation activities)
- ii. How have you discovered or translated new knowledge, technologies, practices in simulation operations and technology to improve simulation activities.
- c. Please Provide Insight into Your Qualifications with Simulation and Technology – Methods and Applications (maximum 3500 characters—roughly 500 words)
 - i. Describe how you enhance simulation education through your expertise and/or design of software, application components, computer infrastructure and/or A/V tools
 - ii. Describe how you are responsible for integrating simulation practices with healthcare delivery and systems concepts to meet educational objectives and comply with applicable standards.
 - iii. How have you guided, advanced or supported ensuring that simulation technology and operational components of simulation (e.g. moulage, realism, standardized patient preparation and education, etc.) are proactively included and maximized in simulation design activities?
 - iv. Share examples of innovative solutions that you have worked to become a routine part of your institution’s simulation activities.
 - d. Please Provide Insight Into your Involvement with Simulation Center Management and Operations Activities (maximum 3500 characters—roughly 500 words)
 - i. Describe how you have appraised, designed, and/or recommended strategic development and led program operations.
 - ii. Describe your engagement in creation, review and implementation of policies and procedures.
 - iii. Describe your involvement with resource and program operations management and development in your institution. (position support, staffing, scheduling, Inventory, equipment purchase/management and utilization, educational cases and materials, media)
 - iv. Describe your role and impact on simulation center administration and planning activities such as strategic plan, mission and vision for your institution.
 - v. Describe your influence with the quality management system (QMS) of the simulation team and program.

IMPORTANT: responses to these items should link/refer to the submitted exemplar activity described below as appropriate/possible.

Character limits listed are the maximum allowed in the online application. Applicants should be thorough but concise, and there is no requirement to write to the maximum number of characters. Applicants should focus on being precise in what is written.

These responses are submitted in the online application located at https://www.formdesk.com/societyforsimulationinhealthca/CHSOS-A_Application

3. Exemplar Activity

Applicants are expected to submit an exemplar (e.g. simulation activity, technology innovation, project) for which they have been the primary operations contributor. Through this exemplar, the applicant should be able to demonstrate to the reviewers their level of expertise as well as a higher-level work through the quality of the exemplar submitted. There is no requirement for a specific type of exemplar, but the applicant should be sure to pick one that is of high quality that is likely more complex. Examples of items that could likely serve as an exemplar are as follows:

- Simulator modification that was invented
- Simulator that was invented
- New process that was designed and implemented in a simulation program
- Innovation of a new technology
- Integration of new technologies and applications in a simulation program

IMPORTANT: the list above is provided for descriptive purposes only. There are many different items that likely will meet the level of quality and complexity desired of an exemplar. The applicant should select an exemplar for which they have been the primary contributor that has many elements and thus demonstrates their operations specialist expertise.

In addition, the applicant will be required to submit responses that provide a brief overview of the submitted exemplar. Responses to each of the following questions must be submitted in the online application, and each has a 750-character limit:

- Briefly describe the submitted exemplar (e.g. type of device, what it does, process that was developed, etc.)
- Describe how the exemplar supports the overall needs/curriculum of your institution/organization (and beyond if appropriate)
- Describe how the needs assessment was performed (why did you compile/create the exemplar?)
- Provide a summary/overview of outcomes data, feedback, or other evaluative data of the exemplar
- Provide a description of how the outcomes data and evaluations were used to improve the exemplar (describe/demonstrate how you took the data from the previous question to evolve/improve/update your exemplar)

The exemplar submitted should include appropriate documentation and/or evidence to demonstrate the scope, complexity, and understanding of the exemplar itself as well as the role of the applicant. It could include:

- Pictures or videos to show what was created
- Documents and other similar items to show the work
- Summary sheets that further describe more detailed aspects as appropriate

The overview is submitted in the online application located at https://www.formdesk.com/societyforsimulationinhealthca/CHSOS-A_Application

The exemplar and additional documentation are submitted by Dropbox or as arranged. Contact director@simcertification.com to arrange.

4. Simulation-specific CV/Resume

Applicants shall submit a simulation-specific CV/Resume. This document should be focused on simulation-specific and simulation-related activities and thus support demonstration of simulation expertise as a whole. The sections of the simulation-specific CV/Resume that are expected are as follows (at a minimum):

- Name, contact info, positions held, titles, and brief description of key roles and responsibilities for each position held.
- Education completed (institution, location, degrees, dates)
- Professional Development activities (courses attended, certifications, fellowships, etc.). Include dates and locations.
- Simulation scholarship contributions:
 - Presentations at conferences, in webinars or other virtual venues (location, scope, etc.). Include dates, locations, organization, type of presentation, personal role.
 - Publications in journals or other formats (e.g. peer-reviewed journal, electronic formats, social media, book chapters, blogs, etc). Include dates and how to locate if appropriate, authorship (1st author, 2nd author, etc.)
 - Participation in research activities in healthcare simulation (grants, co-investigator, other role in a research study, etc.) Include dates, primary investigator name, grant amount if applicable, and your specific role.
 - Patents or inventions.
 - Courses taught, lectures given, or other teaching activities.
- Creative development activities and projects (such as exceptional moulage techniques, wearable technology for SP's, 3-D printing for simulation program use, technology solutions, mechanical solutions, etc.) May include links to photos and/or videos.
- Professional simulation activities, including committee work, service to simulation organizations, abstract reviews for conferences, reviews for publications or grants, mentoring, etc.
 - This should include leadership activities (e.g. positions held, roles, etc.)
- Awards, recognitions, or other highlights of your simulation activities.

The simulation-specific CV/resume is submitted using the same mechanism as arranged for the exemplar activity.

5. References

Applicants must select two individuals who can speak in breadth and depth to the applicant's work in simulation, both at their home institution and beyond. The applicant shall send a link for the online reference form directly to the selected references.

IMPORTANT: It is the applicant's responsibility to ensure that the references complete and submit the online reference form.

The completed online reference forms MUST be received by the submission deadlines for the application to be considered on time and complete.

The online reference form is required for references. No other format for a letter of reference will be accepted.

All submitted references are confidential and shall not be shared with the applicant. Only SSH staff and the assigned reviewers shall have access to view the submitted reference forms.

The applicant should send this link to each of the two references:

https://www.formdesk.com/societyforsimulationinhealthca/CHSOS-A_Reference

6. Application Fee

Applicants must submit the required fee when the Portfolio is submitted. Payment may be made with credit card online or as arranged if this is not an option. The fee for the CHSOS-A application is \$150.00 (USD) for all SSH Members and members of organizations that support the CHSOS-A certification. The fee for all others is \$250.00.

Application fees are submitted on this webpage:

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Apply>

Privacy of Portfolio Submissions

It is the applicant's responsibility ensure that any items in their submitted portfolio, especially in the submitted exemplar activity, do not have any privacy restrictions that either a) do not allow reviewer to see or b) have restrictions on sharing any element, such as a video (e.g. due to participant privacy). The Certification Council recognizes that privacy is a paramount concern, and desires to work with applicants to ensure that privacy is maintained where required or desired. Please direct any questions regarding privacy of submissions to the Director of Certification at director@simcertification.com.

Only SSH staff and individuals who are part of the review process for CHSOS-A applications shall see the submitted materials.

Eligibility Approval

On receipt of the portfolio, SSH staff will review the information provided to determine if the eligibility requirements are met and all required elements of the portfolio are present. Once the portfolio has been approved, reviewers will be assigned.

Eligibility Denial

If a portfolio is found to be incomplete or the applicant does not meet the eligibility requirements, the applicant will be notified by email of the same. The candidate will have two (2) weeks to submit any information needed to modify the portfolio and ensure that all requirements are met.

Should the applicant not resubmit any additional information, or should any resubmitted information not be sufficient to reverse the eligibility denial, the applicant will be notified, and the application will be discarded.

Correcting Errors in the Portfolio

Should the applicant realize, after submitting the portfolio, that something submitted was in error, is incomplete, or needs to be updated, the applicant can correct the information prior to the notification of the decision to certify or not certify. To make any corrections, the application should send an email to director@simcertification.com notifying of the need to update. The review process will be suspended until the updates are made. Applicants will have two (2) weeks to make any changes after this notification.

SECTION 3: REVIEW PROCESS

Portfolio Review

After the portfolio is accepted, it will be assigned for peer review. Every effort is made to match reviewer's expertise in healthcare simulation to that of the applicant. The portfolio will be reviewed against the Standards and the expected level of performance for the Standards. The reviewers will evaluate demonstrated leadership, self-reflection, expertise, and professional knowledge, skills, and abilities in healthcare simulation.

Should both reviewers agree, then the decision shall stand. If the reviewers do not agree, a reconciliation process will take place to ensure a fair review. If needed, a third reviewer will be asked to review the application when agreement cannot be reached. This third reviewer will determine the final decision.

Notification of Status

Applicants will be notified by email of the outcome of the review of their portfolio. For those who are unsuccessful, feedback will be provided on the areas where the Standards were not met.

Decision Status

The decision sent to the applicant is final. The applicant has the right to appeal the decision if they feel that their application and/or review was handled unfairly (e.g. unfair bias, discrimination, etc.). The applicant may not appeal the decision if the decision status is based on incomplete information or poorly demonstrated CHSOS-A level performance of the Standards. The appeal process is described in Section 4.

Reapplication if Unsuccessful

If an applicant is notified that they have not demonstrated meeting CHSOS-A criteria, then they may reapply for CHSOS-A status after one (1) year has passed from the original application date. Subsequent applications will require the same application fee as an initial submission.

Certification Credential

Upon successful completion of the certification process, the applicant will be awarded the CHSOS-A certification. The applicant will receive a paper certificate and other forms of recognition as determined by SSH.

Expiration Dates

The initial award of the CHSOS-A credential will assume the expiration date of the applicant's current CHSOS® certification. Initial and subsequent recertifications of CHSOS-A will be valid for three (3) years, continuous from the previous expiration date, as long as the recertification is submitted in the allotted time frame.

Rules of Use of the CHSOS-A

Candidates who achieve the Certified Healthcare Simulation Operations Specialist-Advanced (CHSOS-A) certification are allowed to use the designation “CHSOS-A” after their names upon receiving notification. Proper use of the credential is typically conveyed as highest degree earned, license, certification, and fellowship appointments. Candidates will receive a certificate from the Society for Simulation in Healthcare via U.S. postal mail.

SSH reserves the right to recognize publicly any candidate who has successfully achieved the CHSOS-A certification and earned the Certified Healthcare Simulation Operations Specialist –Advanced® credential.

Trademark

Certified Healthcare Simulation Operations Specialist-Advance and CHSOS-A are registered trademarks of The Society for Simulation in Healthcare. No use of Certified Healthcare Simulation Operations Specialist-Advance or the CHSOS-A trademarks are permitted without the express written authorization of The Society for Simulation in Healthcare. All rights are reserved.

SECTION 4: ADMINISTRATIVE ITEMS

Refunds

Should an applicant decide to withdraw their application (portfolio) at any time, they can request a cancellation of their application by emailing director@simcertification.com. The application fee will be refunded minus a \$50.00 (USD) processing fee and any surcharges related to the refund.

Complaints

An applicant or candidate may make a complaint at any time during the certification process. The complaint policy and process is located at <https://www.ssih.org/Credentialing/Certification/Governance>. For any questions, you can also contact director@simcertification.com.

Appeals

An applicant or candidate may make an appeal regarding any part of the application or process. An appeal may be made if the applicant feels that their application has been handled unfairly, results have been unfairly biased against them, or they feel they have been discriminated against in any way that would have influenced the results. The applicant may not appeal the decision if the decision status is based on incomplete information or poorly demonstrated CHSOS-A level performance of the Standards.

The details of the appeals process, including what meets the level of an appeal, can be found in the appeals policy located at <https://www.ssih.org/Credentialing/Certification/Governance>. For any questions, you can also contact director@simcertification.com.

Misconduct

Individuals who are certified by SSH should adhere to the Code of Conduct policy that is located at <https://www.ssih.org/Credentialing/Certification/Governance>. If anyone is deemed to violate the code of conduct, any number of actions could result, up to and including revocation of a previously granted certification, and prevention of future SSH certification.

For any questions, you can also contact director@simcertification.com.

Change of Address

Whenever an applicant, candidate, or certificant has a change of address, this change can be submitted by emailing coordinator@simcertification.com with the corrections.

It is the responsibility of the applicant, candidate, or CHSOS-A to ensure that their information is current. SSH is not responsible for any correspondence that is sent to electronic or postal addresses that are not correct due to changes on the part of the applicant, candidate, or CHSOS-A.

Change of Legal Name

Should the applicant, candidate, or CHSOS-A have a name change, this information can be sent to coordinator@simcertification.com . In addition, formal documentation must be submitted that verifies the name change. This could be a marriage certificate, a legal name-change document, or similar. This is required to ensure that the name change meets all legal standards and to protect all operations specialists. This should be scanned in and emailed as well.

SECTION 5: RECERTIFICATION

Renewal of Certification

Initial CHSOS-A certification status is granted for the remaining period of the applicant's current CHSOS® certification. Subsequent renewals are issued for a three (3) year period. The three-year renewal cycle is based on the currency of practice in healthcare and changes associated with pedagogy (for example, increased focus on simulation). The purpose of requiring certification renewal is to ensure that the CHSOS-A certificant has continued to expand knowledge relevant to the role of healthcare simulation operations specialist.

Use of the CHSOS-A credential is valid until the date indicated on the CHSOS-A certificate issued by the Society for Simulation in Healthcare's Certified Healthcare Simulation Operations Specialist – Advanced Certification Program.

A CHSOS-A must obtain recertification by maintaining practice requirements and fulfilling continued professional development (CPD) requirements. These requirements are posted at <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Renewal>.

CPD activities can be entered into the system at any time during the certificant's duration of holding the CHSOS-A credential.

Auditing Process

To ensure the integrity of the CHSOS-A certification renewal processes, CPD submissions in renewal applications will be randomly audited. Certificants who will be selected for audit will be notified of the audit and will be required to provide supporting documentation. Therefore, it is advisable to ensure that documentation of certification renewal CPD activities is available prior to entering it into the system. Certificants that are audited and are not able to provide the necessary supporting documentation may have their CHSOS-A credential revoked.

It is the individual's professional responsibility to maintain certification dates, required documentation, and to keep abreast of changing certification requirements. It is also an individual's responsibility to keep the Certified Healthcare Simulation Operations Specialist – Advanced® Certification Program informed of any changes in address or other pertinent information.

Recertification Submission Deadline

CHSOS-A Certificants are expected to have entered their CPD into the online system no less than thirty (30) days prior the expiration date.

Certificants can submit their renewal of certification during the last three months of their certified period. This requires submitting all of the CPD activities, verifying all information in the system, and submitting the appropriate renewal fee. If the certification expires, the certificant will not be eligible to recertify unless they meet the then-current eligibility

requirements. Any certification that is over thirty (30) days past the date of expiration may not recertify.

Recertification Fees

Recertification fees can be submitted through the candidate management system that can be accessed from <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Renewal>. The fees are \$350 (USD) for SSH members and all organizations that support CHSOS-A and \$450 (USD) for all others.

SECTION 6: APPENDICES

APPENDIX 1: Application process for CHSOS-A (flowchart)

Step 1: Review Prerequisites

Applicant should review the Eligibility Criteria and Application Information needed.

Step 2: Review the Standards and Suggested Evidence

Reflect on the Standards and the suggested evidence for each Standard at the CHSOS-A level

Step 3: Compile Information

Pull together the information required to demonstrate your performance at the CHSOS-A level

Step 4: Create Portfolio

Create and develop an online portfolio that displays your information in the requested format

Step 5: Submit Portfolio

Submit your portfolio and application fee as directed

APPENDIX II: CHSOS-A Reference Form

This is the list of the items in the CHSOS-A Reference form that is found online at https://www.formdesk.com/societyforsimulationinhealthca/CHSOS-A_Reference.

Reference Name:

Applicant Name:

Please Briefly Describe Your Professional Relation To The Applicant That Qualifies You To Speak Knowledgeably About Their Expertise As A Healthcare Simulation Operations Specialist: (400 characters)

INSTRUCTIONS: Please review the Standards and Suggested Evidence document located at <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio>

Using this as a guide, reflect on the applicant's demonstrated knowledge, skills, abilities, and attitudes for each of the items listed below. Provide an accurate rating for all items as possible or select N/A if you are not able to provide a rating for any individual item.

In addition, please provide insights and examples for each of the domains in the areas provided. (numbers in each narrative section indicate character limits for each)

This information will be used by the reviewers in their evaluation of the applicant to award CHSOS-A.

ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL FROM THE APPLICANT

If you have any questions, please email director@simcertification.com

RATING SCALE:

1=Strongly Disagree; 2=Disagree; 3= Agree; 4=Strongly Agree

0=Not Applicable/Not Enough Knowledge to Rate

PROFESSIONAL VALUES AND CAPABILITIES	1-SD	2-D	3-A	4-SA	0-N/A
Demonstrates An Awareness Of And Adherence To Applicable Laws And Aspiration To The Healthcare Simulationist Code Of Ethics					
Treats All Learners And Colleagues Honestly And Fairly And Maintains A Professional Manner In Educational And Interpersonal Activities					
Committed To Excellence In Simulation Education					
Demonstrates A Commitment To The Overall Educational Objectives Of The Curriculum Or Simulation Program.					
Demonstrates Advocacy For Simulation Education.					
Demonstrates Leadership In Own Institution					
Demonstrates Leadership Beyond Their Own Institution					
Demonstrates A Positive Impact On Healthcare Simulation Practices In And Beyond Own Institution					
Provide Insight And Examples Into The Applicant's Professional Values & Capabilities: (1000 Characters)					

SCHOLARSHIP--SPIRIT OF INQUIRY	1-SD	2-D	3-A	4-SA	0-N/A
Participates In Professional Development (E.g., Conferences, Courses)					
Interprets And Applies New Knowledge And Practices In Healthcare Simulation On An Ongoing Basis					
Advances Simulation, Operations, And Technology Practices In Their Scope Of Influence At Their Home Institution And Beyond					
Provide Insight Into The Applicant's Scholarship--Spirit Of Inquiry: (750 Characters)					

SIMULATION AND TECHNOLOGY--METHODS AND APPLICATIONS	1-SD	2-D	3-A	4-SA	0-N/A
Demonstrates Knowledge In Simulation And Simulation Related Technologies Such As A/V And IT Systems and Infrastructure					
Demonstrates Advanced Knowledge and Understanding of Healthcare Systems and Practices					
Demonstrates Advanced Skills and Understanding Of Simulation Activity Design And Technical Implementation					
Demonstrates Understanding And Implementation Of Educational Principles And Simulation Technologies					
Provide Insight And Examples About The Applicant's Simulation And Technology—Methods And Applications: (750 Characters)					

SIMULATION CENTER MANAGEMENT AND OPERATIONS	1-SD	2-D	3-A	4-SA	0-N/A
Aligns, Integrates, And Expands Simulation Practices To Support Policies And Data/Resource Management					
Demonstrates Alignment Of Simulation And Technology Activities With Program Strategic Plan And Mission/Vision					
Demonstrates Understanding And Integration Of Quality Management System Activities And Outcomes					
Provide Insight And Examples About The Applicant's Work In Simulation Center Management And Operations: (750 Characters)					

SUMMARY ITEMS

Do you have any other comments to add that may not have been included above?
(750 characters)

Please confirm that you do not have any concerns about this applicant being certified as a Certified Healthcare Simulation Operations Specialist-Advanced (CHSOS-A). IF YOU HAVE CONCERNS, please state them now.

I have **NO CONCERNS** about this individual being certified as a CHSOS-A.

I **HAVE** concerns about this person being certified as a CHSOS-A

I have concerns about this applicant receiving CHSOS-A, they are as follows: (750 characters)

SIGNATURE AND REVIEWER INFORMATION

By entering my name below, I verify that the information I have provided is accurate, true, and correct to the best of my knowledge, and has been submitted without any undue bias or unfair representation of the applicant. I agree to inform the Society for Simulation in Healthcare (SSH) of all changes to the information included in this reference.

Electronic Signature (Reviewer Name)

Reviewer Email:

Current position/job title:

How long have you known the applicant?

APPENDIX III: Frequently Asked Questions (FAQ)

The following list of questions and answers will help the applicant in understanding what is required in applying for and completing CHSOS-A. Should the applicant have any questions that are not included, please send an email to coordinator@simcertification.com with the question.

FAQ for CHSOS-A Sections

- 1. Eligibility /Applying**
- 2. Certification Information/Standards**
- 3. Evaluating the Application/Application Items**
- 4. Processes**
- 5. Examination**
- 6. Fiscal Items**
- 7. Administrative Items**
- 8. Recertification**

1. ELIGIBILITY/APPLYING

Q1.1: What are the minimum educational requirements?

A1.1: The minimum educational requirements that must be met prior to applying for certification are a bachelor's degree or equivalent experience.

Q1.3: Will new operations specialists be able to obtain the certification?

A1.3: No. The minimum required experience to apply to become certified is to have five years of experience.

Q1.4: Do you have to be full time to obtain certification?

A1.4: Applicants are not expected to be full time in healthcare simulation operations to become certified. However, the operations specialist must demonstrate ongoing use of healthcare simulation to meet the eligibility requirements.

Q1.5: Do you have to be an SSH member?

A1.5: No. Those who apply to become a CHSOS-A do not need to be an SSH member. However, SSH membership is encouraged.

Q1.6: Do I submit my CV or Resume as part of the portfolio?

A1.6: You will submit a simulation-specific CV/Resume as part of your portfolio, and it should include the items listed as described in this handbook.

2. CERTIFICATION INFORMATION/STANDARDS

Q2.1: What will I receive if I am certified?

A2.1: You will receive a certificate stating the same. Further, you will have permission to use the credentials during the period that you are certified.

Q2.2: What credentials can I use if I am certified?

A2.2: You will be able to use the CHSOS-A credential.

Q2.3: Will you be recognizing certification in other fields/cross-reference others to this certification?

A2.3: At this time, there are no reciprocity agreements in place. Any reciprocal certifications would have to be carefully reviewed since the CHSOS-A certification is very specific to simulation operations in healthcare. As such, any reciprocity would have to be found to be significantly similar.

Q2.4: How long will I be certified?

A2.4: The initial CHSOS-A certification is good for the remaining period of your current CHSOS certification. Recertification will be good for three years.

Q2.5: Is there more than one level of certification?

A2.5: There are two levels of certification, CHSOS and CHSOS-A (Advanced).

Q2.6: Will international requirements be any different?

A2.6: The Standards have been designed with the intent to be applicable in all nations.

Q2.7: Basic competencies and standards—what are the standards of practice for simulation-based operations specialists?

A2.7: The Standards for certification are posted in the Standards and Suggested Evidence document located at <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio> . These are considered to be the standards and areas of competency that are expected for healthcare simulation operations specialists.

3. EVALUATING THE APPLICATION/APPLICATION ITEMS

Q3.1: What are the criteria used for evaluating my application?

A3.1: The portfolio will be evaluated against the Standards and suggested evidence, located at <https://www.ssih.org/Credentialing/Certification/CHSOS-A/Portfolio> .

Q3.2: Who reviews my portfolio?

A3.2: Peers are selected to review your portfolio who have been trained to evaluate to the Standards and suggested evidence.

4. PROCESSES

Q4.1: Is there going to be a course as part of obtaining the certification? (e.g. ACLS, ATLS etc)

A4.1: Any courses that will be offered will be optional for the applicant. Portfolio development courses will be developed and delivered as possible and appropriate to support applicants.

Q4.2: What do I do if I decide to withdraw my application?

A4.2: Submit an email to director@simcertification.com and request to have your application withdrawn. There is a \$50 (USD) processing fee (plus any fees to cover the refund process).

Q4.3: How long does the application review process take?

A4.3: There is a two (2) month period between the submission deadlines and the notification date.

Q4.4: What happens if my application is not approved?

A4.4: You will receive notification by email stating that you have not met the certification criteria.

Q4.5: Can my certification be revoked?

A4.5: Under certain circumstances, your certification can be revoked. While each circumstance would be different, the primary reason for this to occur would be if the application were found to be deliberately falsified or otherwise misrepresented the applicant in some significant way. Notification of revocation would be through certified mail.

Q4.6: Are there different standards or processes for international applicants?

A4.6: No. All applicants are held to the same standards. All processes are also identical. Note that all portfolios must be in English.

6. FISCAL ITEMS

Q6.1: When is my certification fee due?

A6.1: The certification fee is due at the time the portfolio is submitted. The portfolio will not be processed until the application fee is received.

Q6.2: How much does the certification cost?

A6.2: The application fee for CHSOS-A certification is \$150 (USD) for SSH members, or members of organizations that support CHSOS-A. The fee for all others is \$250 (USD).

7. ADMINISTRATIVE ITEMS

Q6.1: Who do I contact if I have any questions?

A6.1: If you have any questions, you should contact SSH via email at director@simcertification.com.

Q6.2: How do I notify SSH of any change in my address, email, etc?

A6.2: Send an email to director@simcertification.com with the updated information.

Q6.3: How do I notify SSH of any name change?

A 6.3: Send an email to director@simcertification.com. In addition, you will need to submit, via fax or email, the legal documentation (wedding certificate, court document) that indicates the name change. This is needed to verify the change.

8. RECERTIFICATION

Q7.1: How do I recertify?

A7.1: CHSOS-A recertification is accomplished through submitting evidence of Continued Professional Development (CPD).

Q7.2: What does the recertification look like? Is it another submission, or would it be a different subset?

A7.2: CPD requirements are posted at

<https://www.ssih.org/Credentialing/Certification/CHSOS-A/Renewal>

APPENDIX IV: Terminology

Descriptive Terminology for SSH Certification

The following list of terms is put together for the applicant in order to help understand the terminology that is used throughout the process (e.g. application, examination). It is not intended to be an absolute list of definitions but rather a means of describing what is intended. This list should not be construed as the final definition of any of the given terms since many of these items have many definitions and may be applied differently in varying circumstances. Further, this is not an all-inclusive list of all terms related to simulation. Should the applicant have any questions about terms that are not listed here, please send an email to director@simcertification.com

1. **Accreditation** – a process whereby a professional organization grants recognition to a simulation program for demonstrated ability to meet pre-determined criteria for established standards.
2. **Applicant** – this refers to any individual who is compiling or has already submitted their application to become certified through the Certified Healthcare Simulation Operations Specialist-Advanced program and for whom eligibility has not yet been determined. See also Candidate.
3. **Assessment** – any activity that evaluates and/or reviews a person, activity, or program. This includes assessments of and by the learner, of and by the instructors and faculty, and of and by the simulation program. Typical examples include course evaluations, examinations, and program evaluations.
4. **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.
5. **Best known 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 known 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.
6. **Biosketch** – a brief summary of one’s professional/education accomplishments, publications, and affiliations. A biosketch is an abbreviated curriculum vitae meant to highlight important aspects of training, education, experience, and professional interest.

7. **Briefing** – this refers to any activity that occurs prior to a simulation activity such as an educational activity. This can include giving instructions, guidelines, or directives. Briefings can be for the benefit of the instructional staff as well as for the learner(s).
8. **Candidate** – this refers to any individual who has already submitted their application to become certified through the Certified Healthcare Simulation Operations Specialist-Advanced and has been approved for review to determine if certification will be granted . See also Applicant
9. **Certification** – the process through which an organization grants recognition to an individual who meets certain established criteria and eligibility requirements.
10. **CHSOS** – stands for Certification Healthcare Simulation Operations Specialist.
11. **CHSOS-A** – stands for Certification Healthcare Simulation Operations Specialist-Advanced.
12. **CHSOS Program** – a term used throughout the various documents and resources of the CHSOS and CHSOS-A certifications. It is a general term used to encompass any and all activities related to the application, verification, certification granting, administrative, and other functions performed in the certification program.
13. **Class** – a general term that can be considered to be synonymous with an educational activity, a class is a simulation activity that occurs with the intent to educate or train learners to specific skills or behaviors. See also Course or Educational Activity.
14. **Complaint** – a complaint, as defined for the purposes of certification, is any written or verbal complaint related (but not limited) to the application process, examination, or any remediation during the application and examination process. It may be related to conduct of individuals, program management, room design/comfort, and applicant-to-applicant misconduct. Any applicant can make a complaint at any time of the application and examination process. See the Handbook for procedure on how to submit a complaint.
15. **Complaint Resolution Process (for programs)** – a formal process designed to maintain open communication between applicants and the CHSOS program. The expression of satisfaction or dissatisfaction is an important opportunity to improve quality of a program. A complaint resolution process must include the procedure for investigating complaints, managing complaints, providing feedback, and implementation of measures for improvement.
16. **Compliance** – describes the goal that applicants seek to meet or maintain the standards and policies set forth by the SSH Certification Council.

17. **Computer Based Simulation** – simulation activities that are performed via a computer program. These are similar to Virtual-Reality Simulations, but do not include additional interfaces between the learner and the computer (restricted typically to mouse-type interface for example).
18. **Confidentiality Procedure (Learner specific)** – a procedure that maintains the confidentiality of learners while engaged in a CHSOS-related activity. The procedures prevent the disclosure of information related to applicant information, evaluation, and examination results.
19. **Content Expert** – a well-established individual with substantive expertise in the related topic area and serves as a consultant.
20. **Course or Course of Instruction** – a designed activity involving the use of simulation that has been developed using simulation methodology with identifiable goals, objectives, and outcomes. See also Class and Educational Activity.
21. **Curriculum** – a complete program of learning that includes identified course outcomes/ desired results, a design for incorporating simulation into educational activities, and suggested methods of assessment for evaluation.
22. **Curriculum Vitae (CV)** – a written description of one’s work experience, education background, professional/organizational affiliations, and professional accomplishments. A CV is more comprehensive and detailed than a traditional resume.
23. **Debriefing** – a formal, reflective stage in the simulation learning process. Debriefing is a process whereby educators/instructors 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. See also Feedback.
24. **Educate** – the process of learning or refining knowledge, skills, abilities, and attitudes. This is distinguished from training in that it implies a higher level of complexity as well as the inclusion of elements such as critical thinking skills.
25. **Education** – the process of transferring new or expanded knowledge, skills, abilities, and attitudes.
26. **Educational Activity** – a healthcare-related simulation activity that is performed using some form of recognized simulation techniques. See also Class and Course.
27. **Educator** – a specialist in the theory and practice of simulation education who has the responsibility for developing, managing, and/or implementing educational activities. See also Instructor, Facilitator, and Faculty.

28. **Eligible for Certification (Eligibility)** – To be eligible for certification, the applicant must meet a set of requirements related to experience, licensure, and work history in education and/or simulation-based education. These requirements are detailed in the eligibility criteria posted on the webpage.
29. **Evaluation** – a review of an activity, process, individual, or facility. Evaluations can take many forms, both formal and informal, examples include examinations, course review, debriefing, and feedback (among many others).
30. **Evidence-based** – Educational materials or methods that have been proven through rigorous evaluation and research. These may be in clinical or educational topics, and are, where appropriate, integrated into certification.
31. **Examination Blueprint** – The specific items that were used to create the examination for the CHSOS program. The blueprint was put together using a number of simulation SMEs from many countries. The process included their input, distribution of a survey, and use of psychometrics to validate the content.
32. **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.
33. **Facilitator** – an individual that helps bring about an outcome by providing direct or indirect assistance, guidance, or supervision. See also Educator, Faculty, and Instructor.
34. **Faculty** – an individual who conducts educational activities. The term is not constrained by full- or part-time status, or by salary. See also Educator, Facilitator, and Instructor.
35. **Feedback** – any activity where information is relayed back to a learner. Feedback can be delivered by an instructor, a machine, a computer, or by other learners as long as it is part of the learning process. Feedback should be constructive and address specific aspects of the learner’s performance. It is intended to be a part of the learning process. See also Debriefing.
36. **Fidelity** – describes the level of realism associated with a particular simulation activity. It is not constrained to a certain type of simulation modality, and higher levels of fidelity are not required for a simulation to be successful. It is typically desirable to increase fidelity where reasonable, however.
37. **Formative Assessment (Formative Evaluation)** - a process, tool, or technique for the purpose of providing feedback for a learner to improve.

38. **High Fidelity Simulator** – this term is used to refer to the broad range of full-body manikins that have the ability to mimic, at a very high level, human body functions.
39. **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").
40. **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.
41. **Immersion** – describes the level to which the learner becomes involved in the simulation. A high degree of immersion indicates that the learner is treating the simulation as if it was a real-life (or very close to real-life) event.
42. **In-Situ** – describes a simulation activity that takes place in the actual patient care area/setting in which the healthcare providers would normally function. This does not include a setting that is made to look like a work area. (e.g. an Emergency Dept., an ambulance, an ICU)
43. **Instructor** – an individual who is tasked with conducting educational activities. This can include design and implementation of educational activities, interacting with learners, teaching knowledge, skills, abilities, and attitudes, and also other activities related to the simulation activity such as setup and tear down. See also Educator and Faculty.
44. **Integrity** – refers to the individual actions of an applicant and whether the applicant practices ethical, legal, and professional behavior in all educational settings and programs.
45. **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).

46. **Learner** – an individual participating in a simulation activity for the purpose of gaining/enhancing knowledge, skills, abilities, and attitudes.
47. **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
48. **Manikin/Mannikin/Mannequin/Manakin (other)** - these are part- or full-body simulators that can have varying levels of function and fidelity. There is usually additional descriptive terminology that is added to allow for understanding of what type of manikin is being described.
49. **Medical/Clinical 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.
50. **Metrics** – a standard of measurement used as part of an evaluation tool.
51. **Mixed Simulation (Mixed Methods Simulation)** – the use of a variety of different types of simulation simultaneously. This is differentiated from Hybrid Simulation in that it is not characterized by the use of one type of simulation to enhance another, but rather the use of multiple types of simulation as part of the overall simulation activity.
52. **Modality** – a term used to refer to the type(s) of simulation being used as part of the simulation activity. E.g., Task Trainers, Manikin-Based, Standardized/Simulated Patients, Computer-Based, Virtual Reality, and Hybrid.
53. **Moulage** – the art of applying mock injuries or manifestations of abnormal medical conditions to increase the perceived realism and/or fidelity of a simulation.
54. **Observer** – an individual who is involved in a simulation activity in order to view what is occurring. While an observer may also learn, this term is used for those whose role in the simulation activity is not either intended to be a learning role, or who may be learning elements separate from the design of the simulation activity. An example of this would be a visiting dignitary who is watching a simulation to learn about simulation, rather than what is being taught in the simulation.
55. **Orientation** – similar to a briefing, this is any activity that occurs prior to a simulation activity in order to prepare the faculty/instructors or learners. It is expected that this is a formatted, structured set of instructions, rather than an informal or ad hoc event.
56. **Participant** – an individual who participates in the simulation activity, regardless of role.

57. **Patient** – see Standardized Patient
58. **Program** – While SSH understands the difference in terminology from organization to organization; for the purposes of this document, any simulation center or service is referred to as a “program”. This requires utilization of simulation for healthcare education, assessment and/or research with dedicated personnel and defined simulation curriculum. See simulation program in healthcare
59. **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. Fidelity is often used synonymously.
60. **Research Expertise** – when an individual demonstrates extensive knowledge in simulation through research as evidenced by multiple publications of rigorous studies utilizing simulation.
61. **Session** – a singular event where simulation is used. Multiple sessions may make up one simulation activity (e.g. a sequenced learning plan).
62. **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.
63. **Simulation Center** – entity with dedicated infrastructure and personnel where simulation courses are conducted. A center may support several Simulation Programs.
64. **Simulation Expert** – an individual who has demonstrated expertise in simulation methods, concepts, design, application, and delivery through years of experience.
65. **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
66. **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.
67. **Simulation Guideline** – a recommendation of the qualities for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.
68. **Simulated 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. See also Standardized Patient.

69. **Simulation Program in Healthcare** – an organization or group with dedicated resources whose mission is specifically targeted towards improving patient safety and outcomes through assessment, research, advocacy, and education using simulation technologies and methodologies including formal workshops, courses, classes, or other activity that uses a substantial component of simulation as a technique. A formal workshop, course, class, or other activity that uses a substantial component of simulation as a technique.
70. **Simulation Standard** – a statement of the minimum requirements for simulation fidelity, simulation validity, simulation program, or for formative or summative evaluation.
71. **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.
72. **Simulator** – any object or representation used during training or assessment that behaves or operates like a given system and responds to the user’s actions.
73. **Simulator Technologies** – a term used to refer to the various types of technology employed in simulation modalities. These vary in levels of complexity and integration into each modality.
74. **SME** – stands for Subject Matter Expert. This is an individual who is considered to have a high level of knowledge in the particular field being discussed, as well as knowledge of associated fields as appropriate.
75. **SSH** – stands for the Society for Simulation in Healthcare. May also see SSiH (e.g. on the website address).
76. **Substantial Program Change** – A Substantial program change is one that affects the mission/vision, structure, organizational leadership, functionality, policies/procedures, and/or the organizational chart(s) of the Program. All substantial program changes should be report to the Manager of Accreditation.
77. **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.
78. **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. See also Simulated Patient.

79. **Summative Assessment (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.
80. **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.
81. **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.
82. **Train** – an education activity designed to teach a learner new or to enhance existing skills or abilities. This is distinguished from educating in that this is typically a more constrained learning activity, and often does not include complex elements such as critical thinking.
83. **Training** – the process of learning new or enhancing existing skills and abilities. It may also be an education session in order to Train.
84. **Virtual Reality Simulation** – simulations that use a variety of enhanced technology to enhance reality in order to replicate real-life situations and/or healthcare procedures. This is distinguished from Computer-Based Simulation in that it generally incorporates physical or other interfaces (such as surgical instrumentation) that more readily replicate the actions required in a given situation or setting.