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Healthcare Simulation Standards of Best Practice™ Facilitation

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As the science of simulation continues to evolve, so does the need for additions and revisions to the Healthcare Simulation Standards of Best Practice™. Therefore, the Healthcare Simulation Standards of Best Practice™ are living documents.

Standard

Facilitation methods are varied and use of a specific method is dependent on the learning needs of the learner and the expected outcomes. Facilitation provides the structure and process to guide participants to work cohesively, to comprehend learning objectives and develop a plan to achieve desired outcomes.²⁸ A facilitator is the educator that assumes responsibility and oversight for managing the entire simulation-based experience.

Background

Facilitation of a simulation-based experience requires a facilitator who has the education, skill, and ability to guide,

support, and seek out ways to assist participants in achieving expected outcomes.^{1-4,29} To maintain skill as an effective facilitator, one must pursue continuing education and assessment of their facilitation skills^{5,6} Selection of a facilitation method is guided by theory and research.⁷

Facilitation methods may vary based on the levels of the participants, the simulation objectives, and the context of the simulation-based experience while considering cultural⁸⁻¹⁰ and individual differences¹¹ that affect learners' knowledge, skills, attitudes, and behaviors. Facilitation methods may differ whether the simulation is conducted between healthcare simulationists and participants interacting in real time or whether participants interact individually within a virtual learning experience. Through

the use of facilitation methods, the facilitator's role is to help participants in their skill development and explore their thought processes in critical thinking, problem solving, clinical reasoning, clinical judgment, and apply their theoretical knowledge to patient care in a range of health care settings.¹²

Potential consequences of not following this standard may include impairing participants' engagement within the simulation and reducing opportunities for participants to meet the expected outcomes of the simulation-based experience.

Criteria Necessary to Meet This Standard

- 1 Effective facilitation requires a facilitator who has specific skills and knowledge in simulation pedagogy.
- 2 The facilitative approach is appropriate to the level of learning, experience, and competency of the participants.
- 3 Facilitation methods before the simulation-based experience include preparatory activities and a prebriefing to prepare participants for the simulation-based experience (Follow the Healthcare Simulation Standards of Best Practice™ (HSSOBP™) Prebriefing: Preparation and Briefing).
- 4 Facilitation methods during a simulation-based experience involve the delivery of cues (predetermined and/or unplanned) aimed to assist participants in achieving expected outcomes.
- 5 Facilitation after and beyond the simulation-based experience aims to support participants in achieving expected outcomes.

Criterion 1: Effective facilitation requires a facilitator who has specific skills and knowledge in simulation pedagogy.

Required Elements:

- The facilitator demonstrates competency in simulation pedagogy through:
 - Incorporation of the Healthcare Simulation Standards of Best Practice™.
 - Ongoing reflection on and assessment of their simulation-based teaching skill, knowledge, and facilitation performance.^{5,6}
- The facilitator acquires specific initial education on use of simulation through formal coursework/ training and participates in ongoing continuing educational offerings, and/or targeted work with an experienced mentor.^{1,13,26} (Follow the HSSOBP™ The Debriefing Process).
- The facilitator possesses and demonstrates a substantial skill set^{24,25} related to:
 - Fostering and role modeling professional integrity (Follow the HSSOBP™ Professional Integrity).
 - Applying principles of experiential, contextual, constructivist, sociocultural, and transformative educa-

tional theories as well as systems and organizational change theories.^{2,26}

- Having an awareness of how the diversity of participants and others involved in the simulation-based experience may impact the learning experience.^{8,10,11,14,24}
- Application of skills in facilitation include displaying genuine mutual respect, creating a partnership in learning, coaching, developing a dynamic goal-oriented process, managing conflict among participants, and promoting critical and reflective thinking.^{15,24}
- Creating and maintaining simulation fidelity by best practice and use of simulation technology.
- Identifying participants' knowledge and performance gaps and knowing when and how to respond to participants' actions across the simulation-based experience.²⁶
- Providing accurate, specific, and timely feedback.^{16,24}
- Utilizing theory-based debriefing practices (Follow the HSSOBP™ The Debriefing Process).
- The facilitator has familiarized themselves with all aspects of the intended simulation-based experience. This includes being familiar with the prebriefing and preparatory resources, the simulation-based experience itself and methods for cueing, scenario scripting and the selected debriefing and evaluation methods.

Criterion 2: The facilitative approach is appropriate to the level of learning, experience, and competency of the participants.

Required Elements:

- Assess the needs of the participants. These include preferred approaches to learning, abilities, cultural differences,^{8,10} and knowledge and skill level of participants (Follow the HSSOBP™ Simulation Design).
- Determine the facilitative approach during the design of the simulation-based experience (Refer to the HSSOBP™ Simulation Design).
 - Use facilitation methods that are appropriate to the type of modality and fidelity used in the simulation experience whether manikin based, embedded simulation participant, hybrid, technology-enhanced simulation, virtual reality, gaming or augmented reality (Follow the HSSOBP™ Simulation Design and Glossary).
 - Allow the simulation scenario to progress with or without interruption depending on the level of the participants and objectives of the simulation-based experience.²⁷
 - Achieve scenario fidelity by delivering consistent simulation-based experiences across cohorts of participants.⁵

- Consider the opportunity for the collection of assessment and evaluation data of the simulation-based experience through observation of simulations and monitoring for appropriateness of participants' performance (Follow the HSSOBP™ Evaluation of Learning and Performance).

Criterion 3: Facilitation methods prior to the simulation-based experience include preparatory activities and a prebriefing to prepare participants for the simulation-based experience. This introduction to the simulation-based learning experience is to promote psychological safety for the participant(s).

Required Elements:

- Provide participants with information and/or preparatory activities, skills review, and practice time before the simulation-based experience (Follow the HSSOBP™ Prebriefing: Preparation and Briefing).
Discuss ground rules to create and maintain a safe learning environment¹⁷ and noncompetitive environment (Follow the HSSOBP™ Professional Integrity).
- Acknowledge that mistakes may happen and will be reflected upon during the debriefing.
 - Acknowledge the simulated nature of the learning environment, the differences in learning in a simulated environment¹⁰, and discuss the concept of a fiction contract.¹⁷
 - Hold a prebriefing at a designated time before the simulation-based experience in which the amount of time may vary depending on the modality and complexity of the simulation-based experience (Follow the HSSOBP™ Prebriefing: Preparation and Briefing).^{18-20,23,24}

Criterion 4: Facilitation methods during a simulation-based experience involve the delivery of cues (predetermined and/or unplanned) aimed to assist participants in achieving expected outcomes.

Required Elements:

- Deliver cues (also referred to as prompts or triggers) to draw attention of the participants to critical or noncritical information related to the context of the scenario or case. Cues can be predetermined or unplanned:
 - Predetermined cues are incorporated into the design of the simulation based on common and anticipated actions by participants (Follow the HSSOBP™ Simulation Design).
 - Unplanned cues (also referred to as lifesavers)²¹ are delivered in response to unanticipated participant actions.

- Delivers cues to help redirect participants when the simulated reality is unclear or when participants need redirection to obtain expected learning outcomes.^{22,27}
- Execute cues during the running of the simulation in a manner that maintains fidelity of the scenario or case.
- Deliver cues to clarify by using a variety of methods, for example, laboratory results, moulage, phone calls from providers or other health care departments, comments from patient, a family member, or triggered by equipment in the room. An embedded participant or a standardized patient can be used to provide cues to manage the unexpected events.
- Use a consistent method and mode of delivery of cues when conducting the same simulation across cohorts of participants to help ensure/enhance a standardized simulation-based experience.

Criterion 5: Facilitation after and beyond the simulation experience aims to support participants in achieving expected outcomes.

Required Elements:

- Follow the HSSOBP™ The Debriefing Process.
- Facilitation continues beyond the simulation-based experience considering learning is a continuous and developmental process as participants form new frames or ways of thinking.
- Facilitation may extend beyond the debrief as participants may need additional time to reflect on, process new knowledge, personally deal with the events that transpired, or clarify clinical experiences that conflict with their simulation experiences.
- Facilitation may extend beyond the simulation-based experience when issues of professional integrity need addressing (Follow the HSSOBP™ Professional Integrity).

References

1. Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., Kardong-Edgren, S., & Tillman, C. (2015). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation, 6*(3), 39-42.
2. Clapper, T. C. (2014). Situational interest and instructional design: A guide for simulation facilitators. *Simulation & Gaming, 45*(2), 167-182 <http://dx.doi.org/> <https://doi.org/10.1177/1046878113518482>.
3. Kolb, A. Y., Kolb, D. A., Passarelli, A., & Sharma, G. (2014). On becoming an experiential educator: The educator role profile. *Simulation & Gaming, 45*(2), 204-234 <http://dx.doi.org/> <https://doi.org/10.1177/1046878114534383>.
4. Topping, A., Boje, R., Rekola, L., Hartvigsen, T., Prescott, S., Bland, A., & Hannual, L. (2015). Towards identifying nurse educator competencies required for simulation-based learning: A systemized rapid re-view and synthesis. *Nurse Education Today, 35*(11), 1108-1113 <http://dx.doi.org/> <https://doi.org/10.1016/j.nedt.2015.06.003>.
5. Jeffries, P. R., Dreifuers, K., Kardong-Edgren, S., & Hayden, J. (2015). Faculty development when initiating simulation pro-

- grams: Lessons learned from the national simulation study. *Journal of Nursing Regulation*, 5(4), 17-23.
6. Board of Governors, NLN (2015). *Debriefing across the curriculum: A living document from the National League for Nursing*. Washington, DC: National League for Nursing.
 7. Clapper, T. C. (2015). Theory to practice in simulation. *Simulation & Gaming*, 46(2), 131-136 <http://dx.doi.org/>. <https://doi.org/10.1177/1046878115599615>.
 8. Chung, H. S., Dieckmann, P., & Issenberg, S. B. (2013). It is time to consider cultural differences in debriefing. *Medicine*, 8(3), 166-170 <http://dx.doi.org/>. <https://doi.org/10.1097/SIH.0b013e318291d9ef>.
 9. Graham, C. L., & Atz, T. (2015). Baccalaureate minority nursing students' perceptions of high-fidelity simulation. *Clinical Simulation in Nursing*, 11(11), 482-488 <http://dx.doi.org/>. <https://doi.org/10.1016/j.ecns.2015.10.003>.
 10. McNiesh, S. G. (2015). Cultural norms of clinical simulation in under-graduate nursing education. *Global Qualitative Nursing Research*, 2 <http://dx.doi.org/>. <https://doi.org/10.1177/233393615571361>.
 11. Paige, J. B., & Morin, K. H. (2015). Diversity of nursing student views about simulation design: A Q-methodological study. *Journal of Nursing Education*, 54(5), 249-260 <http://dx.doi.org/>. <https://doi.org/10.3928/01484834-20150417-02>.
 12. Dreifuerst, K. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education*, 51(6), 326-333 <http://dx.doi.org/>. <https://doi.org/10.3928/01484834-20120409-02>.
 13. Hayden, J., Smiley, R., Alexander, M., Kardong-Edgren, S., & Jeffries, P. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), S1-S64 Suppl.
 14. Foronda, C., Baptiste, D., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210-217 <http://dx.doi.org/>. <https://doi.org/10.1177/1043659615592677>.
 15. Burrows, D. (1997). Facilitation: A concept analysis. *Journal of Advanced Nursing*, 25, 396-404.
 16. Rudolph, J., Foldy, E., Robinson, T., Kendall, S., Taylor, S., & Simon, R. (2013). Helping without harming: The instructor's feedback dilemma in debriefing - A case study. *Simulation in Healthcare*, 8(5), 304-316 <http://dx.doi.org/>. <https://doi.org/10.1097/SIH.0b013e318294854e>.
 17. Rudolph, J., Raemer, D., & Simon, R. (2014). Establishing a safe container for learning in simulation: The role of the presimulation briefing. *Simulation in Healthcare*, 9(6), 339-349 <http://dx.doi.org/>. <https://doi.org/10.1097/SIH.0000000000000047>.
 18. Chamberlain, J. (2015). Prebriefing in nursing simulation: A concept analysis using Rodger's methodology. *Clinical Simulation in Nursing*, 11(7), e318-e322 <http://dx.doi.org/>. <https://doi.org/10.1016/j.ecns.2015.05.003>.
 19. McDermott, D. S. (2016). The prebriefing concept: A Delphi study of CHSE experts. *Clinical Simulation in Nursing*, 12(6), 219-227 <http://dx.doi.org/>. <https://doi.org/10.1016/j.ecns.2016.02.001>.
 20. Page-Cuttrara, K. (2015). Prebriefing in nursing simulation: A concept analysis. *Clinical Simulation in Nursing*, 11(7), 335-340 <http://dx.doi.org/>. <https://doi.org/10.1016/j.ecns.2015.05.001>.
 21. Dieckmann, P., Lippert, A., Glavin, R., & Rall, M. (2010). When things do not go as expected: Scenario life savers. *Simulation in Healthcare*, 5(4), 219-225.
 22. Paige, J. B., & Morin, K. H. (2013). Simulation fidelity and cueing: A systematic review of the literature. *Clinical Simulation in Nursing*, 9(11), e481-e489 <http://dx.doi.org/>. <https://doi.org/10.1016/j.ecns.2013.01.001>.
 23. Rutherford-Hemming, T., Lioce, L., & Breymier, T. (2019). Guidelines and essential elements for prebriefing. *Simulation in Healthcare*, 14(6), 409-414.
 24. Moulton, M. C., Lucas, L., Monaghan, G., & Swoboda, S. M. (2017). A CLEAR approach for the novice simulation facilitator. *Teaching and Learning in Nursing*, 12(2), 136-141. <https://doi.org/10.1016/j.teln.2016.11.003>.
 25. Tutticc, N., Coyer, F., Lewis, P. A., & Ryan, M. (2017). Student facilitation of simulation debrief: Measuring reflective thinking and self-efficacy. *Teaching and Learning in Nursing*, 12(2), 128-135. <https://doi.org/10.1016/j.teln.2016.11.005>.
 26. Thomas, C. M., & Kellgren, M. (2017). Benner's novice to expert model: An application for simulation facilitators. *Nursing Science Quarterly*, 30(3), 227-234 <https://doi.org/10.1177%2F0894318417708410>.
 27. Luctkar-Flude, M., Wilson-Keates, B., Tyerman, J., Larocque, M., & Brown, C. (2017). Comparing instructor-led versus student-led simulation facilitation methods for novice nursing students. *Clinical Simulation in Nursing*, 13(6), 264-269 <http://doi.org/>. <https://doi.org/10.1016/j.ecns.2017.03.002>.
 28. Bens, V. (2012). *Facilitating with ease! Core skills for facilitators, team leaders and members, managers, consultants, and trainers*. Wiley.
 29. Kronziah-Seme, R. (2017). Faculty Competence in Facilitating Clinical Simulation. *Dissertation*. <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=5926&context=dissertations>.

Original INACSL Standards

The INACSL Board of Directors. (2011). Standard IV: Facilitation methods. *Clinical Simulation in Nursing*, 7, s12-s13. The INACSL Board of Directors. (2011). Standard V: Simulation facilitator. *Clinical Simulation in Nursing*, 7, s14-s15.

Subsequent INACSL Standard

Boese, T., Cato, M., Gonzalez, L., Jones, A., Kennedy, K., Reese, C., ., & Borum, J. C. (2013). Standards of best practice: Simulation standard V: Facilitator. *Clinical Simulation in Nursing*, 9(6S), S22-S25. <http://dx.doi.org/10.1016/j.ecns.2013.04.010>.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Facilitation. *Clinical Simulation in Nursing*, 12(S), S16-S20. <http://dx.doi.org/10.1016/j.ecns.2016.09.007>.

About the International Nursing Association for Clinical Simulation and Learning (INACSL)

The International Nursing Association for Clinical Simulation and Learning (INACSL) is the global leader in transforming practice to improve patient safety through excellence in health care simulation. INACSL is a commu-

nity of practice for simulation where members can network with simulation leaders, educators, researchers, and industry partners. INACSL also provided the original living documents INACSL Standards of Best Practice: SimulationSM, an evidence-based framework to guide simulation design,

implementation, debriefing, evaluation, and research. The Healthcare Simulation Standards of Best Practice™ are provided with the support and input of the international community and sponsored by INACSL.