



# Clinical Simulation in Nursing

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# Healthcare Simulation Standards of Best Practice<sup>TM</sup> Professional Integrity

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#### **KEYWORDS**

Professional integrity; Code of ethics; Diversity; Confidentiality

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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<sup>TM</sup> are living documents.

#### Standard

Professional integrity is demonstrated and upheld by all involved in simulation-based experiences.

### **Background**

Professional integrity refers to the ethical behaviors and conduct that are expected of all involved throughout simulation-based experiences (SBE); facilitators, learners, and participants. Professional integrity is a person's internal system of principles encompassing a number of additional interrelated values such as compassion, honesty, commitment, collaboration, mutual respect, and engagement in the learning process.<sup>1, 2</sup>

Many organizations have addressed professional integrity and its role in successful SBE. For example, in

2018 the Society of Simulation in Healthcare (SSH) published the first Healthcare Simulationist Code of Ethics<sup>3</sup>; the Association of Standardized Patient Educators (ASPE) addresses a safe work environment in the ASPE Standards of Best Practice<sup>4</sup>; and Values/Ethics is a core competency of the 2016 Interprofessional Education Collaborative (IPEC).<sup>5</sup> Despite one's role in a SBE all are responsible for acting with professional integrity and developing self-awareness of how one's personal and professional behavior affects others.<sup>2</sup>

There is a responsibility to act and monitor professional integrity across all disciplines and professions. Awareness of other profession's Code of Ethics builds a foundation of respect of the interprofessional team. Contributing at the highest level of one's own discipline related to practice,

principles, and ethics, is being a role model and contributor on behalf of the profession.<sup>5</sup>

Everyone becomes vulnerable, to a certain extent, when they are placed within a SBE; it is therefore imperative that a negative power dynamic between learner and facilitator or between learners be recognized and professional boundaries maintained so the knowledge obtained from the simulation learning outcomes are not compromised.<sup>6,7</sup> It is critical that all stakeholders involved in the SBE: embedded simulation participant, learners, faculty, patients, program staff; have a safe psychological and physical learning environment.<sup>4</sup>

Confidentiality is a key component of professional integrity while maintaining a safe, respectful learning environment for all roles participating in the SBE. Organizations have a commitment to professional integrity by having established methods of sharing student performances.<sup>8</sup>, There may be a duty to report inappropriate behaviors dictated by legal, ethical, and/or institutional regulations, however the learners should be aware of these policies for transparency and integrity of the safe environment.<sup>10</sup>

Potential consequences of not following this standard can lead to unanticipated behaviors or interference with simulation-based outcomes. As a result, all learners may have an inability to be fully immersed in the SBE, altering or biasing an individual's performance. It can affect a career, self-esteem, create a sense of distrust in professional relationships, loss of a safe learning environment, and alteration of group dynamics.<sup>1-5,7</sup>

## Criteria Necessary to Meet This Standard

- 1 Honor and uphold the Healthcare Simulationist Code of Ethics.
- 2 Follow standards of practice, guidelines, principles, and ethics of one's profession.
- 3 Create and maintain a safe learning environment (Follow the HSSOBP<sup>TM</sup> Facilitation)
- 4 Practice inclusion by respecting equity, diversity, and inclusivity among all involved and in all aspects of SBE.
- 5 Require confidentiality of the performances and scenario content based on institution policy and procedures.

**Criterion 1:** The Healthcare Simulationist Code of Ethics asserts key aspirational values important to the practice of simulation. The Code identifies values important to the welfare of all parties in the healthcare simulation community of practice, and it asserts our identity and commitment to healthcare simulation as a profession.<sup>3</sup>

Required Elements:

The Healthcare Simulationist shall:

 Maintain the highest standards of integrity including honesty, truthfulness, fairness, and judgment in all matters affecting their duties.

- Perform all healthcare simulation activities in a manner that promotes transparency and clarity in the design, communication, and decision -making processes.
- Respect the rights, dignity, and worth of all. They shall
  practice empathy and compassion to support beneficence and non-maleficence towards all involved in simulation activities.
- Conduct themselves in a manner that upholds the professional standards inherent in healthcare simulation.
- Be accountable for their decisions and actions in fulfilling their duties and responsibilities.
- Serve to support activities that enhance the quality of the profession and healthcare systems. Outcomes are inclusive of all parts of the process of healthcare simulation and are not exclusive to a final product.

**Criterion 2:** Follow standards of practice, guidelines, principles, and ethics of one's profession.

Required Elements:

All involved stakeholders in the SBE are responsible to:

- Always pursue excellence as a member of a profession.
- Abide by the legal and professional standards of practice and codes of ethics that guide one's discipline.
- Remain current in standards of practice, principles, and ethics of one's profession.
- Embed professional standards of practice and codes of ethics of learner's disciplines to develop, remind, and reinforce attributes of professional integrity.
- Be aware of other profession's Code of Ethics to foster respect of Interprofessional teams.
- Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.<sup>5</sup>

**Criterion 3:** Create and maintain a safe learning environment (Follow the HSSOBP<sup>TM</sup> Prebriefing: Preparation and Briefing and The Debriefing Process)

Required Elements:

All involved stakeholders in the SBE are responsible to:

- Ensure that all stakeholders involved in the SBE have a safe psychological and physical learning environment.<sup>11</sup>
- Work with individuals of other professions to maintain a climate of mutual respect and shared values.<sup>5</sup>
- Provide clear communication and honest feedback in an effective, respectful manner.
- Maintain professional boundaries.
- Recognize disruptive behavior (incivility, bullying, lateral violence) during simulation and take steps to abate it 5, 12
- Interact and treat simulated patients and other simulation staff members with respect as valuable members of the SRE
- Promote a full circle of mutual respect from facilitator to learner and learner to facilitator.

**Criterion 4:** Practice inclusion by respecting equity, diversity, and inclusivity among all involved and in all aspects of SBE.

Required Elements:

All involved stakeholders in the SBE are expected to be:

- Honest, mindful, and sensitive to all differences and ethical issues related to the SBE.
- Cognizant of issues related to the care of diverse populations, awareness of social determinates of health and the diversity among all involved in the SBE.<sup>5</sup>
- Consciously aware of diverse worldviews and individual differences that characterize patients, populations, and the health team.<sup>13</sup>
- Respectful of the unique perspectives related to cultures, values, roles, responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.<sup>5</sup>

**Criterion 5:** Require confidentiality of the performances and scenario content based on institution policy and procedures.

Required Elements:

The SBE is based on:

- Ethical practice and academic integrity derived from honesty should be the foundation of the learning environment. 10, 14
- Policies and procedures for the appropriate sharing of learner performance with those that need to know and have a legitimate educational interest, including mechanisms for monitoring, reporting, and addressing violations.<sup>6</sup>
- Policies and procedures for securing and destroying written documents, audio, and/or video footage. Preserve the integrity of scenario content, events/actions that occurred in the simulation, feedback delivered, and all conversations that occurred before, during, and after the SBE based on institutional policy.

- Lewis, K., Bohnert, C., Gammon, W., Holzer, H., Lyman, L., Smith, C., Thompson, T., Wallace, A., & Gilva McConvey, G. (2017).
   The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). Advances in Simulation, 2(10). https://doi.org/http://dx.doi.org/10.1186/s41077-017-0043-4.
- Interprofessional Education Collaborative (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative https://nebula. wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId= DC06780E69ED19E2B3A5&disposition=0&alloworigin=1.
- National Council of State Boards of Nursing, Inc (2018). A nurse's guide to professional boundaries. Chicago, IL: https://www.ncsbn. org/ProfessionalBoundaries Complete.pdf.
- Blakey, A., Smith-Han, K., Anderson, L., Collins, E., Berryman, E., & Wilkinson, T. (2019). It's 'probably the teacher!' A strategic framework for clinical staff engagement in clinical student bullying intervention. *BMC Medical Education*, 19, 116-135. https://doi.org/10. 1186/s12909-019-1552-8.
- 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. https://doi.org/10.1016/S2155-8256(15) 30783-3.
- 9. Arizona State Board of Nursing (2015). Advisory opinion; education use of simulation in approved RN/LPN programs https://azbn.gov/sites/default/files/advisory-opinions/ao-use-of-simulation-in-pre-licensure-programs.pdf.
- American Medical Association. Council on ethical and judicial affairs: Code of medical ethics, opinions. Chicago, IL: Author. https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview
- Allen, C., Stanley, S., Cascoe, K., & Stennett, R. (2017). Academic Dishonesty among undergraduate nursing students. *International Archives of Nursing and Health Care*, 3(3). https://doi.org/10.23937/2469-5823/1510074.
- Lachman, V. (2014). Ethical issues in the disruptive, behaviors of incivility, bullying, and horizontal/lateral violence. *MEDSURG Nursing*, 1(23), 56-60. https://doi.org/10.1016/j.aorn.2012.01.020.
- Drevdahl, D. (2018). Culture shifts: From cultural to structural theorizing in nursing. *Nursing Research*, 67, 146-160. https://doi.org/10. 1097/NNR.00000000000000262.
- Henning, M., Ram, S., Malpas, P., Shulruf, B., Kelly, F., & Hawken, S. (2013). Academic dishonesty and ethical reasoning: Pharmacy and medical school students in New Zealand. *Medical Teacher*, 35(6), e1211-e1217. https://doi.org/10.3109/0142159X.2012.737962.

#### References

- American Nurses Association (2015). Code of Ethics for Nurses with Interpretive Statements. American Nurses Association. Nursebooks.org.
- Wiseman, A., Haynes, C., & Hodge, S. (2013). Implementing professional integrity and simulation-based learning in health and social care: An ethical and legal maze or a professional requirement for high-quality simulated practice learning? *Clinical Simulation in Nursing*, 9(10), e437-e443. https://doi.org/http://dx.doi.org/10.1016/j.ecns.2012.12.004
- Park, C. S., Murphy, T. F., & the Code of Ethics Working Group (2018). Healthcare Simulationist Code of Ethics. http://www.ssih.org/ Code-of-Ethics.

# **Original INACSL Standards**

The INACSL Board of Directors. (2011). Standard II: Professional integrity of participant. *Clinical Simulation in Nursing*, 7, s8-s9.

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.

Franklin, A., Boese, T., Gloe, D., Lioce, L., Decker, S., Sando, C., ., & Borum, J. C. (2013). Standards of best practice: Simulation standard IV: Facilitation. *Clinical Simulation in Nursing*, 9(6S), S19-S21.

Gloe, D., Sando, C., Franklin, A., Boese, T., Decker, S., Lioce, L., ., & Borum, J. (2013). Standards of best practice: Simulation standard II: Professional integrity of participant(s). *Clinical Simulation in Nursing*, 9(6S), S12-S14. http://dx.doi.org/10.1016/j.ecns.2013.04.004.

INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation<sup>SM</sup> Professional integrity. *Clinical Simulation in Nursing*, 12(S), S30-S33. http://dx.doi.org/10.1016/ j.ecns.2016.09.010.

# 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 community 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: Simulation SM, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research. The Healthcare Simulation Standards of Best Practice TM are provided with the support and input of the international community and sponsored by INACSL.