



Revised Standards

Healthcare Simulation Standards of Best Practice® Professional Integrity



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Background

The World Health Organization defines integrity in its 2023 Code of Ethics as being committed to “act in good faith in all matters.... driven by the qualities of honesty, truthfulness, impartiality, and incorruptibility” (World Health Organization, n.d.). The role of the professional integrity standard within Healthcare Simulation Standards of Best Practice® (HSSOBP®) is to ensure the prioritization of upholding ethical standards and professional conduct in simulation-based education by all participants, both facilitators and learners (INACSL Standards Committee et al., 2021a). A recent exhaustive systematic review of the literature was conducted which reaffirmed the need for intentional implementation of the professional integrity criteria listed below when designing simulation experiences (INACSL Standards Committee et al., 2025e). The standard highlights the importance of each participant following their own profession's standards of practice, guidelines, and ethical codes, and it does this within the larger framework of health-

care simulation with its own relevant ethical principles, values, and codes of conduct.

The Society of Simulation in Healthcare (SSH) describes the establishment of a code of ethics as a critical milestone in the development of a profession which helps promote key aspirational values and solidify professional identity, in this case for the healthcare simulationist (Society for Simulation in Healthcare & Code of Ethics Working Group, n.d.). The SSH established the Healthcare Simulationist Code of Ethics in 2018, specifically emphasizing the importance of professional integrity as the first of six fundamental aspirational values critical for successful implementation of SBE (Park et al., 2018). Professional integrity is also recognized as essential in many of the other major healthcare simulation organizations such as the Association of Standardized Patient Educators (ASPE) in their Standards of Best Practice (SOBP) (Lewis et al., 2017) and the Interprofessional Education Collaborative (IPEC) in their Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education Collaborative, 2023).

There are many potential benefits to prioritizing professional integrity in simulation. One of the benefits for learners is the opportunity to bring more of themselves to actively engage in this learning process. However, this also increases the potential vulnerability, especially of student learners in addition to simulated patients, among others (Picketts et al., 2021). In order to provide

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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.

a trustworthy context for learning and professional development, physical and psychological safety must be emphasized. Physical and psychological safety are the natural result of trusting in a process where ethical principles are upheld (McNaughton & Gormley, 2021). Maintaining confidentiality is a key element that significantly contributes to a psychologically safe environment. It allows learners to fully engage and push themselves to the edge of their abilities in order to learn and grow, and it encourages an openness to learn from mistakes (Elendu et al., 2024; Madireddy & Rufa, 2024).

Inclusion and respect are also essential elements in the professional integrity standard for all participants in SBE and involve the related values of diversity and equity (INACSL Standards Committee et al., 2021a). According to the American Association of College of Nursing, inclusion in education is about establishing an organizational culture in which diverse communities of interest thrive, students, faculty, and staff alike (American Association of Colleges of Nursing, 2017). In addition, by demonstrating respect and inclusion in the design of SBE, educators can better reflect and educate learners to provide care for the diversity of patient populations and settings within which the interdisciplinary team provides care (American Association of Colleges of Nursing, 2017; Denizard-Thompson et al., 2021; Murillo et al., 2024).

There are numerous potential negative consequences for either not including or not prioritizing professional integrity (INACSL Standards Committee et al., 2021a). One key area that has received increasing attention, especially for its potential negative impact on healthcare education, is the so-called “hidden curriculum” (Brown et al., 2020). Much learning occurs outside of the formal learning objectives. Brown et al. (2020) showed how informal learning influenced students’ professionalism and identity formation from a variety of sources like role modeling, stereotyping, organization culture, and professional dress. Similarly, there can be a significant discrepancy between what learners know to say as the correct answer and what they report their actions would be in a real-life clinical situation (Joynt et al., 2018). Since professional integrity emphasizes consistency between values and conduct, not prioritizing it in SBE increases the risk of inconsistency seen between the officially stated values and those that are internalized and demonstrated. With numerous benefits and the potential harm of not emphasizing professional integrity in SBE, the professional integrity standard remains crucial toward the aim of continued growth and advancement of the healthcare simulation profession (Lewis et al., 2017; Society for Simulation in Healthcare & Code of Ethics Working Group, n.d.).

Criteria necessary to meet this standard

1. Foster and exemplify attributes of integrity in all interactions, adhering to established standards, guidelines, and ethical principles of clinical simulation and professional integrity.
2. Establish and maintain a safe learning environment in alignment with the HSSOBP® prebriefing: Preparation and Briefing, Facilitation, and The Debriefing Process (INACSL Standards Committee et al., 2025a; INACSL Standards Committee et al., 2025b; INACSL Standards Committee et al., 2025c).
3. Establish an inclusive environment by fostering trust and respect among all participants involved with the development and execution of the SBE.
4. All participants are required to maintain confidentiality of simulation activities and scenario content based on individual institutions’ policies and procedures.

Criterion 1. Foster and exemplify attributes of integrity in all interactions, adhering to established standards, guidelines, and ethical principles of clinical simulation and professional integrity.

Required elements:

- Uphold and honor the Healthcare Simulationist Code of Ethics (Park et al., 2018).
- Pursue excellence within one’s profession.
- Adhere to ethical standards and professional integrity of clinical practice.
- Utilize best practices and updated guidelines of the disciplines involved (INACSL Standards Committee et al., 2021a).
- Integrate professional standards into simulation experiences to foster integrity.
- Demonstrate professional integrity, including preparedness and accountability (INACSL Standards Committee et al., 2021b).

Criterion 2. Establish and maintain a safe learning environment in alignment with the HSSOBP® Prebriefing: Preparation and Briefing, Facilitation and The Debriefing Process. (INACSL Standards Committee et al., 2025a; INACSL Standards Committee et al., 2025b; INACSL Standards Committee et al., 2025c).

Required elements:

All involved communities of interest in the SBE are responsible to:

- Ensure a safe psychological and physical learning environment for all SBE communities of interest.
- Foster a culture of mutual respect by maintaining professional boundaries and valuing all SBE members—including simulated patients and staff—as integral partners in interprofessional collaboration.
- Collaborate with other professionals to promote mutual respect and shared values.
- Communicate clearly and provide honest, respectful feedback (Madireddy & Rufa, 2024).
- Identify and address disruptive behaviors (e.g., incivility, bullying, lateral violence) during simulations.
- Promote a climate of mutual respect equally shared between facilitators and learners.

Criterion 3. Establish an inclusive environment by fostering trust and respect among all participants involved with the development and execution of the SBE.

Required elements:

All involved communities of interest in the SBE are expected to:

- Practice honesty and mindfulness and demonstrate sensitivity toward cultural differences which includes ethical concerns associated with the SBE.
- Acknowledge any social determinants of health relevant for the populations involved in each SBE.
- Be cognizant of diverse perspectives and individual differences that exist between all participants in the SBE—learners and facilitators.
- Foster respect for the diverse opinions, values, and expertise of the faculty represented in the SBE.

Criterion 4. All participants are required to maintain confidentiality of simulation activities and scenario content based on individual institutions’ policies and procedures.

Required Elements:

- All participants should agree to maintain confidentiality of all simulation activities, including those that occur during the debriefing process (Madireddy & Rufa, 2024).
- Per institutional policies, learner performance, including audio and/or video recordings, should only be accessible to those with a legitimate educational interest (Elendu et al., 2024).

- The integrity of scenario content, events/actions in the simulation, and feedback discussed should be preserved. Documents, audio, and/or video recordings should be stored, secured, and destroyed based on institutional policies.
- SBE data used for research should be handled according to institutional policies to maintain participant privacy (Elendu et al., 2024).

Standard

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

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: 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.

References

- American Association of Colleges of Nursing. (2017, March 20). *Diversity, Equity, and Inclusion in Academic Nursing: AACN Position Statement*. AACN. <https://www.aacnnursing.org/news-data/position-statements-white-papers/diversityequity-and-inclusion-in-academic-nursing>
- Brown, M. E. L., Coker, O., Heybourne, A., & Finn, G. M. (2020). Exploring the Hidden Curriculum's Impact on Medical Students: Professionalism, Identity Formation and the Need for Transparency. *Medical Science Educator*, 30(3), 1107–1121. <https://doi.org/10.1007/s40670-020-01021-z>
- Denizard-Thompson, N., Palakshappa, D., Vallevand, A., Kundu, D., Brooks, A., DiGiacobbe, G., Griffith, D., Joyner, J., Snavely, A. C., & Miller, D. P. (2021). Association of a Health Equity Curriculum With Medical Students' Knowledge of Social Determinants of Health and Confidence in Working With Underserved Populations. *JAMA Network Open*, 4(3), Article e210297. <https://doi.org/10.1001/jamanetworkopen.2021.0297>
- Elendu, C., Amaechi, D. C., Okatta, A. U., Amaechi, E. C., Elendu, T. C., Ezeh, C. P., & Elendu, I. D. (2024). The impact of simulation-based training in medical education: A review. *Medicine*, 103(27), 1–14 CINAHL Ultimate. <https://doi.org/10.1097/MD.00000000000038813>
- INACSL Standards Committee, Bowler, F., Klein, M., & Wilford, A. (2021a). Healthcare Simulation Standards of Best Practice[®] Professional Integrity. *Clinical Simulation In Nursing*, 58, 45–48. <https://doi.org/10.1016/j.ecns.2021.08.014>
- INACSL Standards Committee, McDermott, D. S., Ludlow, J., Horsley, E., & Meakim, C. (2021b). Healthcare Simulation Standards of Best Practice[®] Prebriefing: Preparation and Briefing. *Clinical Simulation In Nursing*, 58, 9–13. <https://doi.org/10.1016/j.ecns.2021.08.008>
- INACSL Standards Committee, Decker, S., Sapp, A., Bibin, L., Chidume, T., Crawford, S. B., Fayyaz, J., & Johnson, B. K. (2025a). Healthcare Simulation Standards of Best Practice[®] The Debriefing Process. *Clinical Simulation in Nursing*, 105, Article 101775. <https://doi.org/10.1016/j.ecns.2025.101775>
- INACSL Standards Committee, DiGregorio, H., Todd, A., Blackwell, B., Brennan, B., Repsha, C., Shelton, C., Vaughn, J., Wands, L., Wruble, E., & Yeager, C. (2025b). Healthcare Simulation Standards of Best Practice[®] Facilitation. *Clinical Simulation in Nursing*, 105, Article 101776. <https://doi.org/10.1016/j.ecns.2025.101776>
- INACSL Standards Committee, Persico, L., Ramakrishnan, S., Wilson-Keates, B., Catena, R., Charnetski, M., Fogg, N., Jones, M. C., Ludlow, J., MacLean, H., Simmons, V. C., Smeltzer, S., & Wilk, A. (2025c). Healthcare Simulation Standards of Best Practice[®] Prebriefing: Preparation and Briefing. *Clinical Simulation in Nursing*, 105, Article 101777. <https://doi.org/10.1016/j.ecns.2025.101777>
- INACSL Standards Committee, Xavier, N., Quinn, J., Amidon, B., Barnes, R., Bronson, S., & Dunning, L. (2025e). The impact of professional integrity on simulation learning outcomes: A systematic review. *Clinical Simulation In Nursing*, 101. <https://doi.org/10.1016/j.ecns.2025.101716>
- Interprofessional Education Collaborative. (2023, November 20). *IPEC Core Competencies for Interprofessional Collaborative Practice*. Version 3. <https://www.ipcollaborative.org/ipcec-core-competencies>
- Joynt, G. M., Wong, W.-T., Ling, L., & Lee, A. (2018). Medical students and professionalism—Do the hidden curriculum and current role models fail our future doctors? *Medical Teacher*, 40(4), 395–399. <https://doi.org/10.1080/0142159X.2017.1408897>
- Lewis, K. L., Bohnert, C. A., Gammon, W. L., Hölzer, H., Lyman, L., Smith, C., Thompson, T. M., Wallace, A., & Gliva-McConvey, G. (2017). The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Advances in Simulation*, 2(1), 10. <https://doi.org/10.1186/s41077-017-0043-4>
- Madireddy, S., & Rufa, E. P. (2024). Maintaining Confidentiality and Psychological Safety in Medical Simulation. *StatPearls*. StatPearls Publishing IN..
- McNaughton, N., & Gormley, G. (2021). From manifestos to praxis: Developing criticality in healthcare simulation. *BMJ Simulation & Technology Enhanced Learning*, 7(3), 123–125. <https://doi.org/10.1136/bmjstel-2020-000821>
- Murillo, C. L., Díaz, D. A., Tamanna, N., Worthy, K., & Jenerette, C. (2024). Social Determinants of Health in Graduate Nursing Simulation Education: An Integrative Review. *Nurse Educator*, 49(4), E198–E202. <https://doi.org/10.1097/NNE.0000000000001561>
- Park, C. S., & Murphy, T. F. Code of Ethics Working Group, & Society for Simulation in Healthcare. (2018). *Healthcare Simulationist: Code of Ethics* (pp. 1–12). <https://www.ssih.org/SSH-Resources/Code-of-Ethics>
- Picketts, L., Warren, M. D., & Bohnert, C. (2021). Diversity and inclusion in simulation: Addressing ethical and psychological safety concerns when working with simulated participants. *BMJ Simulation & Technology Enhanced Learning*, 7(6), 590–599. <https://doi.org/10.1136/bmjstel-2020-000853>
- Society for Simulation in Healthcare, & Code of Ethics Working Group. (n.d.). *Healthcare Simulationist Code of Ethics*. Society for Simulation in Healthcare Resources. Retrieved January 24, 2025, from <https://www.ssih.org/SSH-Resources/Code-of-Ethics>
- World Health Organization. (n.d.). *WHO Code of Ethics*. Retrieved January 24, 2025, from <https://www.who.int/publications/m/item/who-code-of-ethics>