



Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Facilitation

INACSL Standards Committee

KEYWORDS

facilitation;
facilitator;
learning theory;
learner support;
cueing

Cite this article:

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>.

© 2016 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved.

As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: SimulationSM. Therefore, the INACSL Standards of Best Practice: Simulation are [living documents](#).

Standard

Facilitation methods are varied, and use of a specific method is dependent on the learning needs of the participants and the expected outcomes. A facilitator 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 To maintain skill as an effective facilitator, one must pursue continuing education and assessment of his/her 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 participants' knowledge, skills, attitudes, and behaviors. Facilitation methods may differ whether the simulation is conducted between faculty and participants interacting in real time or whether participants interact individually with a computer-assisted simulation. 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.
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 INACSL Standards of Best Practices: SimulationSM.
 - Ongoing reflection and assessment of his/her 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} (see INACSL Standard: Debriefing)
- The facilitator possesses and demonstrates a substantial skill set related to:
 - Fostering and role modeling professional integrity (see INACSL Standard: Professional Integrity).
 - Applying principles of experiential, contextual, constructivist, sociocultural, and transformative educational theories as well as systems and organizational change theories.²
 - 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}
 - Application of skills in facilitation that 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
 - Creating and maintaining simulation fidelity and use of simulation technology.

- Identifying participants' knowledge and performance gaps and knowing when and how to respond to participants' action across the simulation-based experience.
- Providing accurate, specific, and timely feedback.¹⁶
- Utilizing theory-based debriefing practices (see INACSL Standard: Debriefing).
- The facilitator has familiarized his/herself 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, 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 (see INACSL Standard: Simulation Design).
- Determine the facilitative approach during the design of the simulation-based experience (see INACSL Standard: Simulation Design).
- Use facilitation methods that are appropriate to the type of modality used in the simulation experience whether manikin based, standardized patient, hybrid, or computer assisted (see INACSL Standard: Simulation Design).
- Allow the simulation scenario to progress with or without interruption depending on the level of the participants and objectives of the simulation-based experience.
- Achieve intervention fidelity by delivering consistent simulation-based experiences across cohorts of participants.⁵
- Ensure 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 (see INACSL Standard: Participant Evaluation).

Criterion 3: Facilitation methods prior to the simulation-based experience include preparatory activities and a prebriefing to prepare participants for the simulation-based experience.

Required elements:

- Provide participants with information and/or preparatory activities, skills review, and practice time before the simulation-based experience.
- Discuss ground rules to create and maintain a safe learning environment¹⁷ and noncompetitive environment (see INACSL Standard: 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.¹⁸⁻²⁰ Minimally, the prebriefing should include:
 - Discussing the detail and expectations of the simulation-based experience. The level of detail revealed depends on the purpose, goal, and/or objectives of the simulation-based experience.
 - Providing participants necessary background information about the simulation-based experience.
 - An orientation of participants to the simulation environment, modality for delivery of the simulation, manikins, and the equipment that can be used or not used.
 - Providing clear descriptions of assigned roles for the scenario, whether as a direct care provider, as an observer, or as other assigned role characters.
 - Discussing the process to contact others (as needed) during the simulation, and if appropriate, ways to seek further information.
 - As appropriate, providing time for participants to prepare before the start of the simulation experience.

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 (see INACSL Standard: Simulation Design).
 - Unplanned cues (also referred to as life savers²¹) are delivered in response to unanticipated participant actions.
- Deliver cues to help participants interpret or clarify the simulated reality or help redirect participants toward the expected outcomes.²²
- Execute cues during the running of the simulation in a manner that maintains fidelity of the scenario or case.
- Deliver cues using a variety of methods, for example, laboratory results, phone calls from providers or other health care departments, comments from patient, a

family member, or triggered by equipment in the room. An embedded actor 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 INACSL Standard: Debriefing.
- 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 (see INACSL Standard: 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/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/10.1177/1046878114534383>.
4. Topping, A., Boje, R., Rekola, L., Hartvigsen, T., Prescott, S., Bland, A., ..., & Hannula, L. (2015). Towards identifying nurse educator competencies required for simulation-based learning: A systemised rapid review and synthesis. *Nurse Education Today*, 35(11), 1108-1113. <http://dx.doi.org/10.1016/j.nedt.2015.06.003>.
5. Jeffries, P. R., Dreifuerst, K., Kardong-Edgren, S., & Hayden, J. (2015). Faculty development when initiating simulation programs: Lessons learned from the national simulation study. *Journal of Nursing Regulation*, 5(4), 17-23.
6. NLN Board of Governors. (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/10.1177/1046878115599615>.
8. Chung, H. S., Dieckmann, P., & Issenberg, S. B. (2013). It is time to consider cultural differences in debriefing. *Simulation in Healthcare*, 8(3), 166-170. <http://dx.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/10.1016/j.ecns.2015.10.003>.
10. McNiesh, S. G. (2015). Cultural norms of clinical simulation in undergraduate nursing education. *Global Qualitative Nursing Research*, 2. <http://dx.doi.org/10.1177/2333393615571361>.
 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/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/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 Suppl), S1-S64.
 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/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/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/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/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/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/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/10.1016/j.ecns.2013.01.001>.
- Bibliography**
- Adamson, K. (2015). A systematic review of the literature related to the NLN/Jeffries simulation framework. *Nursing Education Perspectives*, 36(5), 281-291. <http://dx.doi.org/10.5480/15-1655>.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Chan, E. A. (2014). Cue-responding during simulated routine nursing care: A mixed method study. *Nurse Education Today*, 34(7), 1057-1061. <http://dx.doi.org/10.1016/j.nedt.2014.02.010>.
- Der Sahakian, G., Alinier, G., Savoldelli, G., Oriot, D., Jaffrelot, M., & Lecomte, F. (2015). Setting conditions for productive debriefing. *Simulation & Gaming*, 46(2), 1-12. <http://dx.doi.org/10.1177/1046878115576105>.
- Dreifuerst, K. (2015). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, 11(5), 268-275. <http://dx.doi.org/10.1016/j.ecns.2015.01.005>.
- Fanning, R., & Gaba, D. (2007). The role of debriefing in simulation-based learning. *Simulation in Healthcare*, 2(1), 1-11.
- Foisy-Doll, C., & Leighton, K. (Eds.). (in press). *Simulation champions: Fostering courage, caring, and connection*. Philadelphia, PA: Wolters Kluwer Inc.
- Foronda, C., Swoboda, S., Bahreman, N., & Foisy-Doll, C. (in press). Cultural Competence, Safety, and Humility in Simulation. In Foisy-Doll C., & Leighton K. (Eds.), *Simulation champions: Fostering courage, caring, and connection*. Philadelphia, PA: Wolters Kluwer Inc.
- Husebo, S. E., Dieckmann, P., Reistadt, H., Soreide, E., & Friberg, F. (2013). The relationship between facilitators' questions and the level of reflection in post-simulation debriefing. *Simulation in Healthcare*, 8(3), 135-142.
- Jeffries, P. R., & Rogers, K. J. (2012). Theoretical framework for simulation design. In Jeffries, P. (Ed.), *Simulation in nursing education: From conceptualization to evaluation* (2nd ed). New York, NY: National League for Nursing. (pp. 25-42).
- Jones, A. L., Reese, C. E., & Shelton, D. P. (2014). NLN/Jeffries simulation framework state of the science project: The teacher construct. *Clinical Simulation in Nursing*, 10(7), 353-362.
- Kelly, M & Guinea, S. (in press). Facilitating Healthcare Simulations. In Nestel D., Kelly M., Jolly B., & Watson M. (Eds.) *Healthcare simulation education: Evidence, theory and practice*. John Wiley & Sons: West Sussex.
- Kelly, M. A., Hager, P., & Gallagher, R. (2014). What matters most? Students' rankings of simulation components that contribute to clinical judgment. *Journal of Nursing Education*, 53(2), 97-101. <http://dx.doi.org/10.3928/01484834-20140122-08>.
- Kelly, M. A., Hopwood, N., Rooney, D., & Boud, D. (2016). Enhancing students' learning through simulation: Dealing with diverse, large cohorts. *Clinical Simulation in Nursing*, 12(5), 171-176. <http://dx.doi.org/10.1016/j.ecns.2016.01.010>.
- Lee, J., Cheng, A., Angelski, C., Allain, D., & Ali, S. (2015). High-fidelity simulation in pediatric emergency medicine: A national survey of facilitator comfort and practice. *Pediatric Emergency Care*, 31(4), 260-265. <http://dx.doi.org/10.1097/PEC.0000000000000396>.
- LeGros, T. A., Amerongen, H. M., Cooley, J. H., & Schloss, E. P. (2015). Using learning theory, interprofessional facilitation competencies, and behavioral indicators to evaluate facilitator training. *Journal of Interprofessional Care*, 29(6), 596-602. <http://dx.doi.org/10.3109/13561820.2015.1040874>.
- Lyons, R., Lazzara, E. H., Benishek, L. E., Zajac, S., Gregory, M., Sonesh, S. C., & Salas, E. (2015). Enhancing the effectiveness of team debriefings in medical simulation: More best practices. *Joint Commission Journal on Quality & Patient Safety*, 41(3), 115-125.
- McIntosh, P., Freeth, D., & Berridge, E. J. (2013). Supporting accomplished facilitation: Examining the use of appreciative inquiry to inform the development of learning resources for medical educators. *Educational Action Research*, 21(3), 376-391. <http://dx.doi.org/10.1080/09650792.2013.815044>.
- Nickerson, M., Morrison, B., & Pollard, M. (2011). Simulation in nursing staff development: A concept analysis. *Journal for Nurses in Staff Development*, 27(2), 81-89.
- Nielsen, B., & Harder, B. N. (2013). Causes of student anxiety during simulation: What the literature says. *Clinical Simulation in Nursing*, 9(11), e507-e512. <http://dx.doi.org/10.1016/j.ecns.2013.03.003>.
- Rooney, D., Hopwood, N., Boud, D., & Kelly, M. (2015). The role of simulation in pedagogies of higher education for the health professions: Through a practice-based lens. *Vocations and Learning*, 8(3), 269-285.
- Rudolf, J. W., Simon, R., Dufrense, M. S., & Raemer, D. B. (2006). There is no such thing as non-judgmental debriefing: A theory and method for debriefing with good judgment. *Simulation in Healthcare*, 1, 49-55.
- Shinnick, M. A., & Woo, M. A. (2015). Learning style impact on knowledge gains in human patient simulation. *Nurse Education Today*, 35(1), 63-67. <http://dx.doi.org/10.1016/j.nedt.2014.05.013>.

- Waldner, M. H., & Olson, J. K. (2007). Taking the patient to the classroom: Applying theoretical frameworks to simulation in nursing education. *International Journal of Nursing Education Scholarship*, 4, 1-14.
- Waxman, K. T. (2010). The development of evidence-based clinical simulation scenarios: Guidelines for nurse educators. *Journal of Nursing Education*, 49(1), 29-35.
- Whitman, B., & Backes, A. (2014). The importance of role direction in simulation. *Clinical Simulation in Nursing*, 10(6), e285-e289.

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>.

- 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. <http://dx.doi.org/10.1016/j.ecns.2013.04.011>.

About the International Nursing Association for Clinical Simulation and Learning

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 provides the INACSL Standards of Best Practice: SimulationSM, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research.