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## Standards of Best Practice: Simulation

# INACSL Standards of Best Practice: Simulation<sup>SM</sup> Professional Integrity

## INACSL Standards Committee

### KEYWORDS

professional integrity;  
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boundaries;  
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simulation

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As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: Simulation<sup>SM</sup>. Therefore, the INACSL Standards of Best Practice: Simulation 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. Professional integrity is a person's internal system of principles encompassing a number of additional interrelated attributes such as confidentiality, compassion, honesty, commitment, collaboration, mutual respect, and engagement in the learning process.<sup>1-4</sup> Professional integrity is doing what is right in the face of strong countervailing temptation or pressure and regardless of who is or is not watching and continues indefinitely even after the conclusion of the simulation-based experience.<sup>5</sup>

Despite one's role in a simulation-based experience, whether as a participant, facilitator, debriefer, faculty,

operator, or other role, all involved with the simulation-based experience are responsible for acting with professional integrity and developing self-awareness of how one's personal and professional behavior affects those around him or her.<sup>3</sup>

All involved in the simulation-based experience need to discuss the attributes of professional integrity especially that of confidentiality. The level or degree of confidentiality is dependent on the policy established by the institution. Organizations must have established methods of sharing student performances.<sup>6,7</sup> There may be a *duty to report* inappropriate behaviors dictated by legal, ethical, and/or institutional regulations.<sup>8,9</sup>

Everyone becomes vulnerable to a certain extent when they are placed within a simulation-based experience; it is therefore imperative that an unequal power balance be recognized and professional boundaries maintained so the knowledge obtained from the simulation learning outcomes are not compromised.<sup>10</sup> Boundary crossings may be inadvertent, thoughtless, or purposeful but these judgments can affect grades, relationships, jobs, positions, and careers.

There is responsibility to act and monitor professional integrity across all disciplines and professions.

Potential consequences of not following this standard can lead to unanticipated behaviors and/or interference with simulation-based outcomes. Participants may have an inability to be fully immersed in the simulated based experience 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>1-6</sup>

### Criteria Necessary to Meet This Standard

1. Foster and role model attributes of professional integrity at all times.
2. Follow standards of practice, guidelines, principles, and ethics of one's profession.
3. Create and maintain a safe learning environment (see INACSL Standard: Facilitation).
4. Require confidentiality of the performances and scenario content based on institution policy and procedures.

**Criterion 1:** Foster and role model attributes of professional integrity at all times.

#### Required elements:

- Attributes of professional integrity include being:
  - Organized and prepared for the simulation-based experience.
  - Accountable for one's role and responsibilities.
  - Collaborative, supportive, nonintimidating, and mutually respectful.
  - Able to share expertise and/or experiences in a safe, nonjudgmental manner.
  - Calm, compassionate, and creating a sense of trust.
  - Cognizant of issues related to the care of diverse populations and the diversity among all involved in the simulation-based experience.
  - Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience.
- Recognize unprofessional and unethical behavior during simulation and take steps to abate it.
- Consciously make a personal choice to act with professional integrity.

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

#### Required elements:

- 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, guidelines, principles, and ethics of one's profession.

- Embed professional standards of practice and codes of ethics of participant's disciplines to develop, remind, and reinforce attributes of professional integrity.

**Criterion 3:** Create and maintain a safe learning environment (See INACSL Standard: Facilitation).

#### Required elements:

- Clearly communicate the attributes of professional integrity and the importance of confidentiality.
- Support active learning, reflection, and deliberate repetitive practice.
- Provide clear communication and honest feedback in an effective, respectful manner.
- Maintain professional boundaries to minimize fear of negative consequences to professional role/status and personal relationships (i.e., colleague to colleague, peer to peer, teacher to student, or friend to friend).

**Criterion 4:** Require confidentiality of the performances and scenario content based on institutional policy and procedures.

#### Required elements:

- Establish policies and procedures for the appropriate sharing of participant performance with those that need to know and have a legitimate educational interest including mechanisms for monitoring, reporting, and addressing violations.<sup>6</sup>
- Establish 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 simulation-based experience based on institutional policy.

### References

1. American Nurses Association. (2015). *Guide to the Code of Ethics for Nurses: Interpretation and Application*. Silver Spring, MD: Author.
2. Clickner, D. A., & Shirey, M. R. (2013). Professional comportment: The missing element in nursing practice. *Nurse Forum*, 48(2), 106-113.
3. 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.
4. Banks, S. (2010). Integrity in professional life: Issues of conduct, commitment, and capacity. *British Journal of Social Work*, 40, 2168-2184.
5. Cox, D., LaCaze, M., & Levine, M. (2003). *Integrity and the fragile self*. Burlington, VT: Ashgate.
6. 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.
7. Arizona State Board of Nursing. (2015). *Advisory opinion; education use of simulation in approved RN/LPN programs*. Retrieved from

- [https://www.azbn.gov/Documents/advisory\\_opinion/AO%20Use%20of%20Simulation%20in%20Pre-Licensure%20Programs.pdf](https://www.azbn.gov/Documents/advisory_opinion/AO%20Use%20of%20Simulation%20in%20Pre-Licensure%20Programs.pdf).
8. American Medical Association. (2014-2015). *Council on ethical and judicial affairs: Code of medical ethics, opinions 8.15, 9.0305, 9.031*. Chicago, IL: Author. Retrieved from <http://www.ama-assn.org/ama/pub/physician-resources/medicalethics/code-medical-ethics/opinion9031.page>.
  9. American Academy of Orthopaedic Surgeons. (revised 2011). American Academy of Orthopaedic Surgeons: Code of Medical Ethics and Professionalism for Orthopaedic Surgeons, I.A., II.C., II.D., II.E. Adopted 1988. Retrieved from <http://www.aaos.org/about/papers/ethics/code.asp>.
  10. NCSBN. (2011). *A nurse's guide to professional boundaries*. Chicago, IL: Author. Retrieved from [https://www.ncsbn.org/ProfessionalBoundaries\\_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf).

## Bibliography

- Akhtar-Danesh, N., Bauman, A., Kolotylo, C., Lawlor, Y., Tompkins, C., & Lee, R. (2013). Perceptions of professionalism among nursing faculty and nursing students. *Western Journal of Nursing Research*, 35(2), 248-271.
- Andreatta, P., & Lori, J. (2013). Developing clinical competence and confidence. In Ulrich, B., & Mancini, B. (Eds.), *Mastering simulation: A handbook for success*. Indianapolis: Sigma Theta Tau International. (pp. 27-47).
- Arhin, A. (2009). A pilot study of nursing students' perceptions of academic dishonesty: A generation Y perspective. *American Black Nursing Foundation Journal*, 20, 17-21.
- Beck, J. (1990). *Confidentiality versus the duty to protect: Foreseeable harm in the practice of psychiatry*. (Issues in Psychiatry). Washington, DC: American Psychiatric Press, Inc.
- Clapper, T. C. (2010). Beyond Knowles: What those conducting simulation need to know about adult learning theory. *Clinical Simulation in Nursing*, 6, e7-e14.
- Clark, C. M. (2008). Faculty and student assessment of and experience with incivility in nursing education. *Journal of Nursing Education*, 46, 458-465.
- Clark, C. M., & Springer, P. J. (2007). Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education*, 46, 7-14.
- Decker, S. (2009). Are we ready for standards? *Clinical Simulation in Nursing*, 5, e165-e166.
- de Raeve, L. (1997). Maintaining integrity through clinical supervision. *Nursing Ethics*, 4(2), 147-157.
- Dreifuerst, K. T. (2010). Debriefing for meaningful learning: Fostering development of clinical reasoning through simulation (Doctoral dissertation). Retrieved from <http://hdl.handle.net/1805/2459>.
- Dreifuerst, K. T. (2009). The essentials of debriefing in simulation learning: A concept analysis. *Nursing Education Perspectives*, 30, 109-114.
- Faucher, D., & Caves, S. (2009). Academic dishonesty: Innovative cheating techniques and the detection and prevention of them. *Teaching and Learning in Nursing*, 4, 37-41.
- Felblinger, D. M. (2009). Bullying, incivility, and disruptive behaviors in the healthcare setting: Identification, impact and intervention. *Frontiers of Health Services Management*, 25, 13-23.
- Fontana, J. S. (2009). Nursing faculty's experience of students' academic dishonesty. *Journal of Nursing Education*, 48, 181-185.
- Gornley, G., Emmerich, N., & McCullough, M. (in press). Ethics of Healthcare Simulation, Chapter 16. In Nestel D., Kelly M., Jolly B., & Watson M. (Eds.) *Healthcare Simulation Education: Evidence, Theory and Practice*. West Sussex: John Wiley & Sons.
- Harrison, L. (2015). Professionalism in human resource management: Evolution of a standard. *People & Strategy*, 38(4), 9-11. Retrieved from Business Source Complete, Ipswich, MA.

- Howard, V. M., Englert, N., Kameg, K., & Perozzi, K. (2011). Integration of simulation across the undergraduate curriculum: Student and faculty perspectives. *Clinical Simulation in Nursing*, 7(1), e1-e10.
- Jeffries, P., & Rogers, K. (2012). Theoretical framework for simulation design. In Jeffries, P. (Ed.), *Simulation in nursing education: From conceptualization to evaluation* (2nd ed.). New York: National League for Nursing. (pp. 25-42).
- Kaplan, K., Mestel, P., & Feldman, D. L. (2010). Creating a culture of mutual respect. *AORN Journal*, 91, 495-510.
- Kolanko, K. M., Clark, C., Heinrich, K. T., Olive, D., Serembus, J. F. M., & Sifford, S. (2006). Academic dishonesty, bullying, incivility, and violence: Difficult challenges facing nurse educators. *Nursing Education Perspectives*, 27, 34-43.
- Lasater, K. (2007). High-fidelity simulation and the development of clinical judgment: Student's experiences. *Journal of Nursing Education*, 46, 269-275.
- McCabe, D. (2009). Academic dishonesty in nursing schools: An empirical investigation. *Journal of Nursing Education*, 48, 614-623.
- Neill, M. A., & Wotton, K. (2011). High-fidelity simulation debriefing in nursing education: A literature review. *Clinical Simulation in Nursing*, 7, e161-e168.
- Nelson, J. (2009). True confessions? Alumni's retrospective reports on undergraduate cheating behaviors. *Ethics and Behaviors*, 19, 1-14.
- Pope, W., Gore, T., & Renfro, K. (2013). Innovative teaching strategy for promoting academic integrity in simulation. *Journal of Nursing Education and Practice*, 3(7), 30-35.
- Sousa, S., Griffin, R., & Krainovich-Miller, B. (2012). Professional nursing competence and good moral character: A policy exemplar. *Journal of Nursing Law*, 15(2), 51-60.
- Tippitt, M., Ard, N., Kline, J., Tilghman, J., Chamberlain, B., & Meagher, G. (2009). Creating environments that foster academic integrity. *Nursing Education Perspectives*, 10(4), 239-244.
- Wolfgram, L. J. B., & Quinn, A. O. (2012). Integrating simulation innovatively: Evidence in teaching in nursing education. *Clinical Simulation in Nursing*, 8(5), e169-e175.

## 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>.

## **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: Simulation<sup>SM</sup>, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research.