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Response to 'ASPiH standards for simulation-based education: process of consultation, design and implementation'

Kristina T Dreifuerst,¹ Teresa Gore,² Bette Mariani³

The International Nursing Association for Clinical Simulation and Learning (INACSL) developed seven Standards of Best Practice: Simulation in 2011 with the purpose of providing a framework to guide best practice for the international simulation community. Since that time, the INACSL Standards of Best Practice: Simulation have guided simulation educators and practitioners around the globe in the use of evidence-based simulation. As of 2017, there are eight INACSL Standards of Best Practice: Simulation, plus a glossary^{1,2} and they are updated every 4 years.

Since their inception, the Board of Directors of INACSL and their membership have worked tirelessly to update and revise these standards based on the evolving evidence as well as create new Standards to meet the growing global science of simulation that continues to advance exponentially. The Standards of Best Practice: Simulation are reflective of the best, most recent and relevant evidence, and are written using the expertise of simulation experts in academia and clinical practice around the world. With each iteration, simulationists and organisations across the globe have been invited to review, comment and endorse the documents thus ensuring their relevance

for the greater simulation community. As the foremost organisation in nursing simulation, INACSL is the global leader in transforming practice to improve patient safety through excellence in healthcare simulation and we serve an international membership.

Consistent with INACSL's position, Purva and Nicklin's article on the ASPiH standards for simulation-based education³ addresses the critical importance of using a framework and standards to guide simulation-based experiences in academia and practice. The process of including experts, as well as governing bodies in the development of the ASPiH Standards demonstrates a commitment of those authors to engage key stakeholders in the creation and implementation of the standards similar to the INACSL methodology. In this same vein, as members of the simulation community strive to achieve excellence in healthcare simulation, it is imperative that we work collaboratively across organisations, disciplines and borders to have universal standards that represent the best practices in simulation-based experiences globally. This avoids confusion and inconsistencies.

While many of the new ASPiH Standards of Best Practice are consistent with the INACSL Standards of Best Practice: Simulation, a significant difference is that the ASPiH Standards merge debriefing into the faculty standard, as opposed to having debriefing as a stand-alone standard. Debriefing is an important aspect to the simulation experience, and there has been considerable research documenting

that debriefing is where significant learning and reflection occurs. Embedding debriefing into another standard may minimise its importance in simulation and diminish the relevance of the evidence.

Perhaps the next step in the development of the ASPiH Standards is collaboration among organisations such as ASPiH, APSE, INACSL and SSiH, so that all organisations dedicated to supporting the best practices in simulation may work together to have universal Standards of Best Practice to guide the science of simulation and satisfy the needs of the simulation community, as well as governing bodies.

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