Glossary

PURPOSE:
The purpose of this TTUHSC Simulation Program policy is to provide definitions for the terminology used in healthcare simulation.

REVIEW:
The Simulation Program OP will be reviewed September 1 of each even-numbered year by the Executive Director of the Centers.

POLICY/PROCEDURE

1.0 Policy

The TTUHSC Simulation Program utilizes The Society for Simulation in Healthcare (SSH) Dictionary* for terms used in simulation-based activities. In addition to the SSH definitions, the Simulation Program also utilizes the following terms:

- **Centers**: Use of the terms “centers” in the simulation policies refers to the simulation centers on the Lubbock, Odessa and Abilene TTUHSC campuses.
- **Clinical Educational Experience**: Practice in settings where students provide care to patients under the direct guidance of a faculty or preceptor. Settings include but are not limited to inpatient, ambulatory care and the community.
- **Evidence-based practice**: Practice supported by the most current, relevant and valid research or best practices. Healthcare decisions are made in collaboration with the patient, family, and/or significant others.
- **Formative Assessment**: An assessment that monitors and provides feedback on the participant’s previous learning. Formative assessments are generally “low stakes” allowing the participant to analyze feedback and make improvements prior to a summative assessment.
- **Formative Learning**: Learning is the process of acquiring new or modifying and reinforcing previously acquired knowledge, skills and attitudes.
- **Independent Practice**: Practice outside of scheduled curriculum experiences that do not include monitoring or feedback being provided by a faculty member.
- **Interprofessional Collaborative Practice**: “When multiple health workers from different professional backgrounds provide comprehensive services by working with
patients, their families, carers [sic], and communities to deliver the highest quality of care across settings” (WHO, 2010, p. 13) “Care is team-based, efficient, and coordinated; curricula focus on developing trustful, collaborative relationships.” (IOM, 2013, p. 58)

- **Mid-Fidelity**: Simulation-based experiences that are technologically sophisticated such as computer-based self-directed learning systems or the use of manikins that have some basic physiologic responses. The participant relies on a two-dimensional focused experience to problem solve, perform a skill, and make decisions.

- **Practice Experience**: Experiences (individual or group) other than simulation and actual patient care that focus on developing professional characteristics such as ethical situations.

- **Skill**: The ability to safely perform technical and/or non-technical tasks while upholding efficiency and accuracy. Skills are more than the ability to perform or cite. Competencies in intra and interprofessional skills require an individual and/or team to demonstrate clinical reasoning, appropriate communication, and collaboration.

- **Skills Experience/Skills Lab**: Activities designed to promote or assist the development, efficiency, and accuracy of technical and non-technical skills. These activities are designed to uphold professional comportment with respect for the development of intra/inter professional knowledge, skills, attitudes, and behaviors.

- **Summative Assessment**: An assessment designed to evaluate the participant at the end of a planned instructional unit. The assessment compares the participant’s knowledge, skills and attitudes against national standards and/or best practices.


SD/SB
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