Accreditation Award
Comprehensive Accreditation for 5 Years / Accredited through June 30, 2027

Accreditation Award Summary

Name of Facility: Rocky Vista University's Institute of Medical and Surgical Simulation
Facility ID Number: 089
Name of Director: Susan Carter, MD, FACS
Date of Survey: March 14, 2022
Name of Surveyor: Richard Satava, MD, FACS
Date of Accreditation Decision: June 24, 2022

Overall Comments

ACS-Accredited Education Institutes (ACS-AEIs) undergo a rigorous application and evaluation process to ensure standards for all phases of learning. After the survey and secondary review by the Accreditation Review Committee, no areas of non-compliance were found. A multitude of strengths and best practices were identified, as noted in the report below, and RVU is commended for its outstanding work.

Annual Compliance Reports will be required over the next four years, which are an opportunity to keep the Accreditation Review Committee apprised of significant changes and noted areas of improvement.

The American College of Surgeons is pleased to award reaccreditation to Rocky Vista University's Institute of Medical and Surgical Simulation, a valued member of the ACS-AEI Consortium.
Performance Report

Name of Facility: Rocky Vista University’s Institute of Medical and Surgical Simulation
Accreditation Type: Comprehensive
Accreditation Status: Reaccredited
Term Expires: June 30, 2027

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<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
<th>COMMENTS</th>
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<td><strong>CRITERIA</strong></td>
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<td><strong>RATING KEY:</strong> C Compliance NC Non-Compliance NA Not Applicable</td>
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<td>Standard 1 – Personnel</td>
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| 1.1 | Education Institute Director | C | The Education Institute Director must:  
| | | • Have a term of appointment not less than three years  
| | | • Have protected time of 25 percent (for Comprehensive Institutes) or 15 percent (for Focused Institutes) dedicated to their role as Education Institute Director  
| | | • Be a member of the Education Institute's Oversight Committee  
| | | • Have educational qualifications demonstrated by formal training or teaching portfolio; the CV must demonstrate the following:  
| | | – The person is an MD/DO, and if not an MD/DO, a master or doctorate in education or a health care related field is required  
| | | – And at least one of the following:  
| | | -Experience using simulation as an educational technique  
| | | -Experience developing health care education content  
| | | -Background in educational research |
| 1.2 | Education Institute Surgical Director | C | The Education Institute Surgical Director must:  
| | | • Have responsibility for the Education Institute’s surgical education and training programs  
| | | • Be a surgeon who is FACS, or who has completed an AEI Simulation Education Fellowship with Associate FACS, or has received an equivalent designation  
| | | • Have protected time of at least 10 percent dedicated to their role as Education Institute Surgical Director  
| | | • Be a member of the Education Institute’s Oversight Committee |
| 1.3 | Administrative and Support Staff | C | Comprehensive Education Institutes have administrative and support staff totaling at least 1.5 full-time employees (FTE) who perform the duties below. Two of these staff must be at least 0.5 FTE each allocated to the simulation center. Focused Education Institutes have administrative and support staff totaling at least 1 FTE who perform the duties below. One staff member must be at least 0.5 FTE allocated to the simulation center.  
| | | • General accounting and budgetary functions  
| | | • Creation of an annual report and utilization data for the Education Institute  
| | | • Assist with preparation and documentation of continuing medical education (CME) activities for courses and participants (when offered)  
| | | • Scheduling the use of the Education Institute  
<p>| | | • Responsible for daily operations of the simulation center |</p>
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<th>Standard 2 – Governance and Budget</th>
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<tr>
<td><strong>2.1  Statement of Purpose</strong></td>
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| **2.2  Ongoing Financial Resources and Support** | C | Education Institutes must provide:  
• An annual budget and a two-year budget projection to confirm that the financial resources necessary to support the Institute are available. Budget deficits of 25 percent or more must be explained and supported in the document and tables.  
• A letter (or letters) of commitment and affirmation of the budget from the most senior official(s) responsible for support of the Education Institute’s budget. |
| **Strength:** The increased budget has led to the acquisition of new faculty, fellows, staff, and equipment. |
| **2.3  Oversight Committee** | C | Education Institutes must establish an oversight committee (or similar name) to perform the following functions:  
• Assist the Institute’s staff in making strategic decisions about resources, including space, funding, faculty/staff, technologies, and devices  
• Maintain authority over the curricular offerings by managing, supervising, monitoring, modifying, and adding curricula to meet the needs of learners  
• Evaluate the Institute’s effectiveness in meeting its mission, including review of evaluation data  
• Review ACS accreditation requirements and determine if the standards are continuously being met by all entities participating/using the simulation center |
| **2.4  Organizational Structure** | C | Education Institutes must provide an organizational chart that clearly illustrates the governance structure of the Education Institute, including how the oversight committee fits into the overall institutional governance structure. The chart must:  
• Demonstrate the relationship between the Education Institute and the parent/umbrella organization  
• Demonstrate how the oversight committee fits into the overall governance structure  
• Include the names and roles of key personnel, including the Education Institute Director, Surgical Director, and administrative and support staff  
• Demonstrate how organizations with multiple locations/sites are all unified under the oversight committee  
• Demonstrate that the parent institution (the accreditation applicant) maintains authority of the curricula |
## Standard 3 – Learners and Educational Resources

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<tr>
<th>3.1</th>
<th>Accreditation</th>
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<td>The Education Institute or the parent institution must be accredited by one of the following bodies: Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME), Royal College of Physicians and Surgeons of Canada, as appropriate to learner type. For international Institutes, education and training programs should be accredited by an appropriate organization that is comparable to the accreditation bodies listed above.</td>
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<th>3.2</th>
<th>Learners</th>
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<tr>
<td>Comprehensive Education Institutes must provide education and training to surgeons in practice and three other learner groups. Focused Education Institutes must provide education and training to surgeons in practice or surgical residents.</td>
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Learner Group Categories include:
- Surgeons in practice
- Surgical residents
- Physicians from other disciplines
- Residents and fellows from any discipline
- Medical students
- Allied health professionals
- Nurses
- Health profession students
- Patients and families
- Others

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<tr>
<th>3.3</th>
<th>Space Requirements</th>
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| Comprehensive Institutes must:
- Have no less than 1,200 square feet of contiguous space dedicated to education and training and under the direct control of the Institute; have no less than 4,000 square feet of additional space as needed to meet the education and training needs of the learners, and to accommodate administrative support staff
- Comprehensive Institutes have space to accommodate a minimum of 20 learners at a time for hands-on training
- Have appropriate technology infrastructure to meet education and training goals and objectives
- Provide learners access to the Education Institute sufficient to meet education and training goals and objectives

Focused Education Institutes must:
- Have no less than 800 square feet of contiguous space dedicated to education and training and under the direct control of the Institute
- Have space to accommodate a minimum of six learners at a time for hands-on training
- Have appropriate technology infrastructure to meet education and training goals and objectives
- Provide learners access to the Education Institute sufficient to meet education and training goals and objectives |

**Best Practice:** Efficient use of facilities to train learners, most notably first responders and the military. The semi-annual disaster drill is an outstanding example of how resources can be used to deliver essential training.

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<tr>
<th>3.4</th>
<th>Device Inventory</th>
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<td>Education Institutes must list the necessary devices for their existing and planned curricula and have the support to use them effectively to meet their learners’ and curricular needs.</td>
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**Strength:** The center is exceptionally well-resourced with all types of simulators, patient exam rooms, and software.
### Standard 4 – Educational Methodology

| 4.1 Curriculum | C | Education Institutes are responsible for providing education to learners. The needs of students and the teaching material will change over time as new knowledge is developed and new skills and/or techniques are developed. Education Institutes respond to these needs by developing curricula addressing the gaps in knowledge. At least two new curricula must be developed during each five-year accreditation cycle. To develop curricula, Education Institutes must use the steps of curriculum development as described by a recognized curriculum development framework. The new curricula can be developed within the Institute or may be implemented or adapted from more standardized curricula. The required steps include:

1. Needs assessment/gap analysis
2. Development of goals and objectives
3. Use and selection of effective and appropriate education methods and materials
4. Program evaluation and learner assessment |

| 4.2 Selection of Educational Methods and Models | C | Education Institutes will provide appropriate methods and animate and inanimate models that are necessary for learning to occur. The models and methods must align with the course goals and objectives, learner groups, and learner experience. In addition, the curricula should be reviewed periodically to determine effectiveness and need for changes. |

| 4.3 Domains of Education | C | Education Institutes will provide education and training based on learners’ needs to address core competencies in domains. These domains can be taught at an individual level or within teams. Coursework or curricula may encompass one or all the domains. Individual curricula may focus on one of the domains but include others to a lesser degree. The domains that must be included in the scope of education at the Institute include cognitive, psychomotor, and affective. Although simulation activities may focus on only one domain at a time, it is expected that Comprehensive Education Institutes will also provide team training. Team training is not a separate domain but frequently incorporates the three domains of education and skills with a focus on the development of teamwork skills and communication, decision making, and/or team strategies in various situations in health care environments to optimize care. |

**Strength:** The center is particularly strong at teaching affective skills and team training skills.

| 4.4 Assessment | C | In order to provide education to the learners, Education Institutes must ensure there is some form of assessment of the effectiveness of the learning. The process for determining effectiveness can be formative or summative. While not every course offered at the Education Institute requires summative evaluations, the course and program must be evaluated by the learners. The measurements must include assessment of the learner, evaluation of the faculty, and evaluation of the program or course. The program may be a single course or a group of related offerings. At least some of the learner assessments must occur at a time distant from the course (at least three months after completion). |

**Best Practice:** The ultrasound education activity program is an excellent example of long-term follow up.
Faculty Development

Education Institutes must utilize appropriately trained instructors. In order to educate learners, the educators must have both the underlying content knowledge of the subject and skills to teach using simulation. The educators must have knowledge of adult learning and education theories. In order to facilitate this learning, the Education Institutes must provide educators with access to the education required. This includes faculty development courses specific to the use of simulation in education that are either offered in-house or at a facility outside of the Education Institute.

Additionally, Education Institutes must provide ongoing access to education related to adult learning and use of simulation. For new curriculum and new simulators, this may include train-the-trainer instruction tailored to the specific course. The Education Institute can offer educational opportunities on site, at a parent institution, provide resources to access online education, and/or provide information about courses at regional, national, or international meetings.

Best Practice: The faculty training video on Virtual Reality (VR) simulation is exceptional and covers all the aspects of the science behind VR and how to use VR to teach a course.

Best Practice: The “Cut Suit” simulator was delivered at RVU and is used extensively, in both standard trauma simulations as well as miliary and first responder simulations. The center has also hired a research director and a biostatistician to strengthen research activities.

Standard 5 – Advancement of the Field

Research or Scholarly Activities in Simulation-Based Education

Comprehensive Education Institutes will pursue research or other scholarly activities such as:
- Developing innovative methodologies for education, training, and assessment
- Developing and evaluating technologies for education, training, and assessment
- Conducting long-term follow-up of learners and assessment of outcomes
- Developing and validating performance standards that provide practical and useful methods to assess competency
- Disseminating the results of simulation-based scholarly activities through publications and presentations and participation in conferences and workshops
- Measuring impacts on quality and outcomes

Best Practice: The “Cut Suit” simulator was delivered at RVU and is used extensively, in both standard trauma simulations as well as miliary and first responder simulations. The center has also hired a research director and a biostatistician to strengthen research activities.

Annual Compliance Reports

This criterion is not applicable to initial applicants.

Education Institutes must complete Annual Reports required by the ACS Division of Education.

Involvement in the Consortium of ACS-Accredited Education Institutes

This criterion is not applicable to initial applicants.

Education Institutes must participate in the Consortium by engaging in at least one of the following activities on an annual basis:
- Share knowledge and best practices with members of the Consortium of ACS-Accredited Education Institutes
- Participate in multi-institutional activities of the AEIs, such as research projects or collaborative trainings
- Participate in the Annual ACS Surgical Simulation Summit and other events of the Consortium of ACS Accredited Education Institutes

Strength: RVU is very involved in the ACS-AEI Consortium and strongly supports the annual Summit.