

Name \_\_\_\_\_

School \_\_\_\_\_

Dept \_\_\_\_\_

## UAB OIPS Instructor Certification® Designation Tracking Grid

### Simulation Educator I

Activity	Date	Verification
What is Healthcare Simulation? online module		Attach print screen of course completion to packet (certificate?)
OIPS sponsored simulation observations (2 required)	1. 2.	Initials of OIPS personnel next to date of observation
Sim I class		OIPS reviews sign in sheet

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

### Simulation Educator II

Activity	Date	Verification
Simulation Educator I designation		Signature by OIPS personnel above
Simulation as a Teaching Tool online module		Attach print screen of course completion to packet (certificate?)
OIPS sponsored simulation observation (1 additional required)		Initials of OIPS personnel next to date of observation
Sim II class		OIPS reviews sign in sheet

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

### Simulation Expert I

Activity	Date	Verification
Simulation Educator II designation		Signature by OIPS personnel above
Documented proficiency in DASH® elements 1 and 3 (6 or 7 rating for each element)	Date(s) of DASH ratings:	Signature of SimExpert III rater
Lead three debriefings observed by SimExpert III	1. 2. 3.	Initials of SimExpert III next to each debriefing date
Regularly involved in simulation education (at least 9 hours per year)	Describe and list frequency:	Chair or Supervisor signature required in this box
One course design or coordination in progress	Describe course and give date:	Chair or Supervisor signature required in this box

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

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**Simulation Expert II**

Activity	Date	Verification
<i>Simulation Expert I designation</i>		Signature by OIPS personnel above
Lead two debriefings observed by SimExpert III	1. 2.	Initials of SimExpert III next to each debriefing date
Regularly involved in simulation education (at least 9 hours per year)	<i>Describe and list frequency:</i>	Chair or Supervisor signature required in this box
Documented proficiency in DASH® elements 1, 2, 3, 5 (6 or 7 rating for each element)	<i>Date(s) of DASH ratings:</i>	Signature of SimExpert III rater
Partner with SimExpert III to help facilitate 25 hours of simulation	<i>Describe and list frequency:</i>	Signature of SimExpert III required in this box
One simulation course successfully implemented	<i>Describe course and give date:</i>	Chair or Supervisor signature required in this box
Must complete requirements for Sim Expert II within 1 calendar year of achieving Sim Expert I	Date of packet submission to OIPS must be within one calendar year of SimExpert I designation in top row of this column	OIPS personnel signature required in this box

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

**Simulation Expert III**

Activity	Date	Verification
<i>Simulation Expert II designation</i>		Signature by OIPS personnel above
Attend a national professional development course or sim development conference	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Documented proficiency in all DASH® elements (6 or 7 rating for each element)	<i>Date(s) of DASH ratings:</i>	Signature of SimExpert III rater
Lead two debriefings observed by SimExpert III	1. 2.	Initials of SimExpert III next to each debriefing date
Regularly involved in simulation education (at least 9 hours per year)	<i>Describe and list frequency:</i>	Chair or Supervisor signature required in this box
Partner with SimExpert III to help facilitate 25 hours of simulation (in addition to SimExpert II requirement)	<i>Describe and list frequency:</i>	Signature of SimExpert III required in this box
Three simulation courses successfully implemented	<i>Describe courses and give date:</i> 1. 2. 3.	Chair or Supervisor signature required in this box
Must complete requirements for Sim Expert III within 18 months of achieving Sim Expert II	Date of packet submission to OIPS must be within 18 months of SimExpert II designation in top row of this column	OIPS personnel signature required in this box

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

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### **Simulation Expert III Yearly Requirements for Maintaining Designation**

Activity	Date	Verification
<i>Original Simulation Expert III designation</i>		Signature by OIPS personnel above
Documented proficiency in all DASH® elements (6 or 7 rating for each element)		Signature of peer SimExpert III required in this box
Lead two debriefings observed by peer SimExpert III	1. 2.	Initials of SimExpert III peer next to each debriefing date
Regularly involved in simulation education (at least 9 hours per year)	<i>Describe and list frequency:</i>	Chair or Supervisor signature required in this box
Partner with peer SimExpert III to facilitate 25 hours of simulation	<i>Describe and list frequency:</i>	Signature of peer SimExpert III required in this box
Three simulation courses successfully implemented	<i>Describe courses:</i> 1. 2. 3.	Chair or Supervisor signature required in this box
Must complete requirements for maintaining designation within one calendar year of original designation	Date of packet submission to OIPS must be within 1 calendar year of signature at the top of this column	OIPS personnel signature required in this box

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_

### **Simulation Expert III Conference Requirements for Maintaining Designation**

Activity	Date	Verification
National course or conference from SimExpert III	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended
Conference required every two years	<i>Describe course or conference and give date:</i>	Attach certificate from course or conference sessions attended

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**Simulation Expert III Yearly Requirements for Maintaining Designation**

Activity	Date	Verification
<i>Date of last Simulation Expert III designation</i>		Signature by OIPS personnel above
Documented proficiency in all DASH® elements (6 or 7 rating for each element)		Signature of peer SimExpert III required in this box
Lead two debriefings observed by peer SimExpert III	1. 2.	Initials of SimExpert III peer next to each debriefing date
Regularly involved in simulation education (at least 9 hours per year)	<i>Describe and list frequency:</i>	Chair or Supervisor signature required in this box
Partner with peer SimExpert III to facilitate 25 hours of simulation	<i>Describe and list frequency:</i>	Signature of peer SimExpert III required in this box
Three simulation courses successfully implemented	<i>Describe courses:</i> 1. 2. 3.	Chair or Supervisor signature required in this box
Must complete requirements for maintaining designation within one calendar year of original designation	Date of packet submission to OIPS must be within 1 calendar year of signature at the top of this column	OIPS personnel signature required in this box

Date Designation Assigned (OIPS Faculty and Staff only) \_\_\_\_\_

OIPS Faculty/Staff Signature \_\_\_\_\_