



# ASPE Position Statement on SP Reentry During COVID-19 Pandemic

ASPE recognizes what a challenging time this is for all SPEs as they work during the COVID-19 pandemic. The question of how and when to reintroduce simulated/standardized patients (SPs) to live on-site work in a safe manner has been the subject of sometimes divisive debate over the past few months. SPEs have asked ASPE to take a stand on this issue. Making sweeping and unilateral recommendations are not possible as one solution does not fit the diversity and complexity of SP practice. However, drawing on key pieces of evidence, ASPE does assert that SP educators have a moral and ethical responsibility to advocate for the safety of all SPs.

ASPE's mission statement is to promote best practice, foster dissemination of scholarship, and advance professional knowledge and skills. Through a 4-year, rigorous and dynamic process, the ASPE Board of Directors accepted and approved the Standards of Best Practice (<https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-017-0043-4>). The Standards of Best Practice (SOBPs) are designed to be aspirational and to serve as a guide within the framework of each program's region, organizational structure, institutional policies, and resources.

The SOBPs are organized into five domains including one entitled "safe work environment." All domains are supported by five underlying values including "safety." As stated in the SOBPs, "Safety is the cornerstone of simulation practice. It is the most central of all values because safety is a principal motivation for using simulation. In turn, simulation must be conducted in a safe manner that minimizes the risk to all stakeholders, no matter the activity."

The Standards of Best Practice may inform, supplement, and enhance policies and practices. They can also provide a framework for self-regulation and an opportunity for self-reflection and discussion. However, it is important to recognize the limitations of the SOBPs. They do not supersede institutional or government policies, regulations and laws. Therefore, we must be mindful of the guidelines set forth by organizations like the Centers for Disease Control & Prevention (or similar organizations in countries outside the USA), the World Health Organization, local, regional and national governments, as well as our own institutions.

ASPE promotes advocating for SPs by supporting safe, ethically sound, and data-driven considerations that, when conscientiously followed in conjunction with individual institution stipulations, will lower risk for our SPs and our learners, staff, and faculty. Additionally, ASPE looks to the Healthcare Simulationist Code of Ethics (<https://www.ssih.org/SSH-Resources/Code-of-Ethics>) and INACSL's Standards of Best Practice (<https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>) for guidance.

Through the ethical lens, ASPE supports risk assessment techniques to guide decisions and timelines for the re-entry of SPs into the workplace as illustrated in Figure 1. This figure is adapted from a hazard recognition model developed by the United States Department of Labor, Occupational Safety and Health Administration (<https://www.osha.gov/SLTC/covid-19/hazardrecognition.html>).

	<b>Low Risk</b>	Online Simulation Tele-SP encounter Px verbalized by learner or shared virtually
	<b>Low to Moderate Risk</b>	Hybrid (i.e. SP remote, student on-site) Student isolated in one exam room
	<b>Moderate Risk</b>	On-site activities (history cases only, no Px) with PPE Limited time spent on-site 1 SP with small student groups in classroom Px performed on task trainers and/or manikins
	<b>Moderate to High Risk</b>	On-site activities with physical exam with PPE 1 SP with 1 student in PDC exam room (max. 2) Students stay in one exam room Patient encounters less than 15 minutes Px performed on SP (no HEENT)
	<b>High Risk</b>	On-site activities (Hx & Px cases) with PPE Px involving HEENT Activities with 3 or more people per exam room Students rotating through multiple exam rooms Patient encounters longer than 15 minutes

While there is currently no blinded, peer-reviewed evidence specific to SPs that provide specific directives, ASPE supports considering the following questions prior to reentry:

**What is the infection rate and risk level in your region?**

The Centers for Disease Control and Prevention (<https://www.cdc.gov/>) or similar government organizations in other countries, the World Health Organization (<https://www.who.int/>), local health organization, and regional public health agencies provide the most up-to-date evidence and directives related to reentry.

Exercise judgment based on infection rates in your region.

**What is your regional and local mandate?**

Institutions and governments will differ and public safety guidelines will continuously change requiring each of us to work within our institutions to advocate on behalf of the program and the SPs through the appropriate chain of command.

Your institution is likely to follow your regional and local policies regarding institutional (university or healthcare system) reentry to work. Further, the for-profit or non-profit status of your workplace may impact policies.

**What evidence supports your policy?**

In addition to public health agency data and policy, the ASPE SOBPs, the Healthcare Simulationist Code of Ethics, and INACSL's Standards of Best Practice are peer-reviewed resources to provide evidence to support your position and policy.



### **Are your SPs contractors or are they Institutional Employees?**

Educate yourself on your regional employee laws or institutional policies regarding SPs as employees or independent contractors. Your legal or HR department at your institution may be a source of information. Of note, these departments function as risk mitigation for the institution and this may differ from your ethical considerations of reentry of SPs.

Independent contractors have no policies to lean on and need advocacy. Ensure processes and protocols are in place to protect them.

### **How are you advocating for the safety of your SPs?**

SPEs need to advocate for SP wellness, including access to PPE, testing, and vaccines, as well as adherence and enforcement of safety guidelines.

When possible, the lowest risk is for SPs to work remotely.

### **What guidelines are in place for reentry?**

Institutions must ensure that safety guidelines (i.e. from the CDC or the WHO) are strictly followed including those outlining PPE and cleaning.

Be mindful of these guidelines on those individuals at higher risk for severe illness and those who need to take extra precautions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

SPs/staff/faculty/students must undergo daily COVID-19 symptom screening.

All facilities must be subject to regular disinfection and cleaning, before, during, and after every event. Traffic flow for events must be redirected to avoid close contact between individuals. Remove all unnecessary objects from rooms to reduce cleaning and transmission. Reduce the number of learners, staff, faculty, and SPs. Limit the number of individuals per room. Set room limitations for maximum capacity in advance.

Set clear parameters on running physical exams, including what procedures may or may not be done (i.e. HEENT).

### **What are some of the ethical considerations at play with reentry?**

You are ethically obligated to assure your SPs of the processes in place for their safety and protection.

Be mindful of the psychological well-being of SPs whether they work with new restrictions/guidelines or are unable to work.

Reintroducing SPs to live on-site activities also puts institutional employees at potential risk.

### **How will you enforce your policy?**

Revise policies and procedures to account for working during the time of COVID 19, including an indication of those individuals responsible for enforcing safety.

When communicating and advocating for safety, use validated methods and tools from the healthcare industry. For example, TeamSTEPPS (<https://www.ahrq.gov/teamstepps/index.html> )



patient safety tools such as CUS (concerned, uncomfortable, safety) and DESC (describe, express, suggest, consequences) are professional, succinct, and evidence-based.

This is a dynamic situation and ASPE will continue to encourage dialogue and update our communications around this issue as evidence continues to emerge and practices evolve.

Sincerely,

**President Robert MacAulay, MMHPE, CHSE  
& The ASPE Board of Directors**