#### Criteria for Master Facilitator at the MUSC Healthcare Simulation Center

To be eligible for the Master Facilitator designation at the MUSC Healthcare Simulation Center, the designee must:

- 1. Have facilitated at least 5 simulation sessions or 10 hours of simulation in the past 12 months.
- 2. Submit a standard simulation bio sketch documenting simulation professional development and other simulation activities.
- 3. Undergo a formal review of at least one simulation session (combination of participant evaluations and observation by the MUSC Healthcare Simulation Center Director or other qualified observer)<sup>1</sup>
- 4. Successfully complete the MUSC HSC Facilitator Training course (Moodle)<sup>2</sup>

<sup>1</sup>Criteria 3 may be waived for facilitators who have at least 36 months' experience as an MUSC Healthcare Simulation Center facilitator with an average of at least 5 simulation sessions for 10 hours of simulation per year.

<sup>2</sup>Criteria 4 may be waived for facilitators who have previously participated in simulation-specific continuing education or professional development or have contributed to the advancement of simulation, through national or regional presentation, publication or research.

Master Facilitators are required to submit an updated simulation bio sketch each year and participate in at least one of the following:

- Formal review of at least one simulation session (combination of participant evaluations and observation)
- Continuing education or professional development related to simulation
- Regional or national presentation or publication related to simulation

Rev. October 20, 2017

Approved by Steering Committee November 29, 2017

#### **BIOGRPAHICAL SKETCH**

**NAME** Click to enter text.

**POSITION TITLE** Click to enter text.

#### **EDUCATION/TRAINING (three most recent)**

INSTITUTION AND LOCATION	DEGREE	COMPLE DATE	FIELD OF STUDY
Click to enter text.	Click	Click	Click
Click to enter text.	Click to enter	Click	Click
	text.		
Click to enter text.	Click to enter	Click	Click
	text.		

## **POSTIONS** (three most recent)

INSTITUTION AND LOCATION	POSITION TITLE	START DATE	END DATE
Click to enter text.	Click	Click	Click
Click to enter text.	Click	Click	Click
Click to enter text.	Click	Click	Click

#### PERSONAL STATEMENT of SIMULATION INTERESTS AND ACCOMPLISHMENTS

Click to enter text.

## **CERTIFICATIONS**

Click to enter text.

#### RECENT PROFESSIONAL SIMULATION DEVELOPMENT ACTIVITIES

Click to enter text.

# **RECENT PUBLICATIONS/PRESENTATIONS (last three years)**

Click to enter text.

## SIGNIFICANT RESEARCH PROJECTS/AWARDS

Click to enter text.

## **OTHER HONORS AND AWARDS**

Click to enter text.