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SCORS Guidebook: A Companion for Completing the Simulation Culture Organizational Readiness Survey

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Available at: <https://www.healthysimulation.com/tools/evaluating-healthcare-simulation/simulation-culture-organizational-readiness-survey-scors>

*Some references were updated Dec 2025

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Introduction

Do you know if your organization is ready for Simulation-Based Education (SBE)? Alternatively, have your efforts to integrate simulation been less productive than what you anticipated?

Today, there is clear evidence that successful implementation and integration of simulation in nursing education is linked to organizational culture readiness for change. In a recent study of thirteen schools of nursing in Ontario, Canada five key organizational factors were tied to uptake of high-fidelity simulation: 1) leaders working in tandem 2) information exchange, 3) physical locale, 4) shared motivators, and 5) scaffolding to manage change (Taplay, Jack, Baxter, Eva, & Martin, 2014). The resulting Organizational Elements that Shape Simulation in Nursing (OESSN) model helps organizations gain insight into what will contribute to a more rapid or smooth adoption of simulation. Moreover, in 2014 the National Council of State Boards of Nursing (NCSBN) published its seminal study and findings on the conditions under which quality simulation can serve as a substitute for traditional clinical experiences (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). Their findings supported that under specific conditions simulation could comprise up to 50% of traditional clinical hours. Armed with the findings from the NCSBN study (2014), a team of experienced nurse simulationists developed the National Simulation Guidelines for Prelicensure Nursing Programs (Alexander, Durham, Hooper, Jeffries, Goldman and Kardong-Edgren, et al., 2015). The Guidelines feature evidence and resources recommended for the integration of simulation in a nursing program and also provide checklists to guide program administrators and faculty. Moreover, since 2011 the International Nursing Association for Clinical Simulation and Learning (INACSL) continues to revise the Healthcare Simulation Standards of Best Practice (INACSL Standards Committee, 2025). The Standards provide simulation programs with an evidence-based and evidence-informed foundation that outline what constitutes best practices in simulation. Additionally, the Society for Simulation in Healthcare (SSH, 2021), published the most recent version of the Accreditation Standards for the accreditation of the healthcare simulation programs. Looking at broader healthcare simulation contexts, Sim Base reiterates similar themes for organizational success with simulation integration (Garcia & Guisado, 2013), listed below. We suggest that you have copies of each of the aforementioned documents available as team resources during the SCORS scoring process.

Critical Success Factors for Simulation Success

1. Orientation towards healthcare [education requirements/standards]
2. Integration into the curriculum
3. Available resources
4. Design of the training activity [SBE standards upheld]
5. Fidelity in simulation [reality is important]
6. Team-based learning [learning organization]
7. Feedback [debriefing skills]
8. Deliberate practices [evidence-based approaches to SBE]
9. Roles and training [of the instructor]
10. Skills acquisition and retention [faculty and staff]
11. Translation to practice [facilitate knowledge and skill transfer from SBE to clinical]
12. Measurement of results
13. Organizational and educational content [must be aligned].

The *SCORS and Companion Guidebook* were designed to help you explore several content areas that are sorted into themes that pertain to an organization's readiness for simulation. Ultimately, the scoring process should provide you with a better understanding of your organization's cultural readiness for change and potential for successful adoption of simulation.

To complete the survey, we suggest that you work with a group of colleagues. You may choose to have individuals from the team first complete the survey then review responses together, or to answer the questions together as a larger group (e.g., include program leaders and those who would be/or have been implementing). The process should involve ensuring a safe environment where individuals or the team can feel free to answer the questions in the SCORS assessment openly and honestly (Appendix A).

You will require access to organizational information and data before starting the assessment. Please consider the questions carefully, be forthright and detailed in answering, and adopt a team note taking process. The answers you provide here will form the foundation for writing the strategic plan for SBE in your organization. The data or information needed to respond to these items can originate from a variety of sources, including:

- Institutional key documents such as strategic directions or planning documents, organizational and /or program mission, vision and values statements, meeting minutes, program evaluation documents, and student outcomes;
- Prior organizational assessments (i.e. SWOT or SOAR Analyses);
- Program employee surveys, including student satisfaction surveys; and
- Faculty or employee requests for change.

Important Note: Please read through the complete scoring information beginning on page 11 prior to starting the survey.

We suggest that you PRINT a hard copy of the SCORS in Appendix A or from <https://www.healthsimulation.com/tools/evaluating-healthcare-simulation/simulation-culture-organizational-readiness-survey-scors/>

Terminology

Adoption: the extent to which your organization and programs are willing to accept and work towards simulation integration. Can be expressed as uptake – low, mid, and high levels of adoption (Taplay, 2014).

Administrative Support Staff: Instructional Technology/Audio Visual staff, administrative assistants, etc.

Clinicians: practicing healthcare professionals who care for individuals, groups, or populations.

Critical Mass: a significant core group of individuals ready to change

Education: formal programs, training, conferences, workshops for SBE teams and others.

Equipment Expense: capital expense budget and/or alternate sources of funding for SBE.

Integration of SBE: the planning, development, execution (implementation), and evaluation of SBE across the curriculum.

Mission: a statement explaining the reason that your institution exists.

Program of Research: focused, clear program of research in SBE for which dollars exist and/or can be readily accessed; not every organization actively focuses on research.

Physical Learning Space Development to include:

- **Design Build:** a process project delivery system in construction usually led by a designer (architect, engineer) or contractor, or a combination of both that work to build said spaces for customers.
- **New build:** the construction of brand-new spaces.
- **Renovation:** the redesign and build of existing spaces.
- **Retrofit:** the repurposing and utilization of existing spaces with no construction.

Simulationist: an individual with formal education or training that has a formal role in simulation (CHSE, CHSOS, Sim Ops specialist, moulage artist, etc.).

Vision: evidence of clear, bold, and well-communicated message for future of SBE in the institution -- producing a shared vision and understanding of its importance to organizational success.

Section A: Defined Need and Support for Change

It is important to understand the perceived need and level of support for SBE integration that currently exists within your organization. With change comes resistance, and your organization is likely to experience varying levels of acceptance related to change. You will need to consider whether your institution has *clearly defined a need for SBE integration* and a desire to either begin or expand your simulation program. You will also need to determine the extent to which your organization is ready for culture change. Consider both the culture and the climate in your organization. *Culture* can be thought of as the way things get done in your organization, and *climate* refers to how employees express the way it feels to work in your organization. Also, remember that an organization is more likely to be ready to undertake SBE when it has objective data and an underlying sense of urgency to support the need for its implementation. Complete Section A of the SCORS now.

Section B: Readiness for Culture Change

Taplay et al., found faster and higher rates of simulation adoption where employees had explicit knowledge of organizational guiding philosophies (i.e. mission and vision), and then consciously linked that knowledge to the simulation adoption process (2014).

Specifically, the terms “innovative, research focused, experiential learning, and quality of students’ experiences as well as the institutional teaching and research components facilitated decision making with regard to simulation” (p. 4--5). The specific terminology; however, was not found to be as important as the practice of linking those words between the simulation program and the larger organizational goals.

SBE involves culture change. It also requires a comprehensive systems approach to change, as well as effective collaboration and communication within your institution. An organization that is ready to focus on SBE is also more likely to have improved student outcomes.

Integration of SBE is not a one-time event; it is a multistage cultural change process. Therefore, Alexander et al. (2015) advise that nursing programs take a slow, staged approach to simulation integration. Build your simulation program on a solid foundation from the outset. Ground your initiatives in best practices, known critical success factors, and on sound educational principles, and grow it from there.

Successful change outcomes are also linked to the use of change theory and associated leadership and management frameworks/models. Therefore, it is wise to employ change models to bolster your chances of success. Kotter’s 8--Steps to Accelerate Change (2015) is one such evidence-based approach to change leadership and management.

Review the following 8 steps and reflect upon the extent to which your organization utilizes these steps to promote change.

- 1) **Creating a sense of urgency** for change by appealing to leaders' hearts and heads and getting them onboard.
- 2) **Building a guiding coalition** – this is a team from within and sometimes outside your institution's ranks who will guide, coordinate, and communicate to others about SBE integration.
- 3) **Formulating a unified and clear vision** for SBE integration (deliver a bold, clear, concise, and authentic message that defines goals and links those to overall institutional strategy).
- 4) **Enlisting volunteers to work** (administrators/educators/students/staff) on specific aspects of SBE integration such as curricular transformation, space transformation, equipment procurement, orientation, etc. that are needed to make change happen. Volunteerism and service is a critical factor in moving change forward.
- 5) **Removing barriers** to change such as inefficiencies in hierarchies, processes, and programs.
- 6) **Creating opportunities to celebrate** short-term achievements along the way. Recognize, reinforce, and reward positive outcomes, excellent teamwork behaviors, and improvements in processes. Successes need to be formally recognized and showcased throughout the organization. These activities help maintain the momentum needed to sustain a culture of change.
- 7) **Sustaining movement** by ongoing processes and commitment. Simulation is not a single event initiative. Planning for ongoing funding, resources, and curricular development is key.
- 8) **Cementing change** as part of the institution and tie it to institutional success. Those programs that have experienced successful simulation adoption and program integration have succeeded in changing their culture. Simulation has become the new normal for them, and they can't imagine going back to old ways of doing and being. They also strive to continuously improve their simulation program offerings through outcomes measurement and integrated total quality improvement processes.

Note: Critical mass may simply be a matter of perception on your part. It might be helpful to survey your staff on SBE integration and explore to what extent support exists prior to completing this survey.

If you are uncertain about the timing of your planned SBE integration, consider if your organization is currently experiencing many significant changes all at once; SBE requires comprehensive planning, implementation, and evaluation. Additionally, SBE demands extensive human and material resources, a focus on curricular integration, and a commitment to team development with the underlying goal of improving patient care. Be honest, it may not be the ideal moment to begin implementing a full scale SBE initiative.

Does your organization allow for flexibility in how SBE is to be implemented? An institution may decide to incrementally integrate SBE and will need a specific plan to break down the integration into segments. We will caution you however, that there is a tendency to purchase equipment and fail to plan for educator and support staff. If employees are saddled with SBE over and above current workloads, implementation success diminishes. Your team should discuss this and think incremental integration through using a well-planned strategic approach.

NOTE: If your institution attempts to manage multiple simultaneous change efforts, it may diminish your institution's ability to succeed and decrease employees' willingness to implement and sustain the SBE effort. The program may be viewed as a distraction or an imposition, rather than a solution. Answer this section of the SCORS now.

Section C: Time, Personnel, and Resource Readiness

SBE involves a complicated delivery system that includes many people, resources, and processes. Simulation adoption and integration require effective change leadership and management, including recognizing the need for change, developing a culture that will accept change, and fostering change in individuals' approaches to the teaching and learning methodology and educational philosophy. Your institution must be willing to change its culture and organizational processes related to how it allocates time, personnel, and resources to support SBE integration. It is essential that the leaders of your institution actively support and develop simulation champions. Without executive sponsorship and recognition of the complex needs associated with simulation integration, you may find your efforts to adopt simulation stymied. Note that simulation champions are needed at every level of your organization.

"It has been said that it takes about six years of hard work to become an overnight success"
~ Seth Godin

Simulation Champions should possess the following characteristics to enhance SBE integration success:

- Viewed as advocates of SBE and are knowledgeable in SBE and adjunct learning theory, and:
 - Dynamic presenters, teachers and mentors.
 - Committed, passionate, and capable individuals.
- Viewed by peers and administrators as leaders who are highly respected and able to influence others.
- In positions that allow flexibility in scheduling.
- Highly visible, accessible, and available for teamwork throughout the change effort (it is recommended that for larger integration efforts, a team of individuals champion this initiative).
- Be effective at developing the teamwork skills of others.
- Be able to effect changes in work patterns, behaviors, and the environment.
- Be highly respected with sufficient informal or formal power.
- Have an interpersonal style conducive to coaching (i.e. demonstrate a supportive attitude and ability to build confidence in others).
- Be able to provide effective feedback that is descriptive, problem oriented, empowering, exploring, and considerate.

SBE champions must seek to understand all program development factors involved in SBE adoption and integration (i.e. the need for designated change leader and project manager; design and build/renovation/retrofit of physical spaces for SBE learning; preparation and training; faculty education; staff development; integration of knowledge translation; technological capacity; equipment procurement process; talent acquisition of qualified simulationists and other requisite human resources). Subsequently, there must be a willingness to provide the personnel, time, and resources required to successfully implement and sustain SBE programs. You will need to think about whether your institution is ready and willing to allocate the necessary time, resources, and personnel to implement and sustain SBE integration. Additionally, it is important to find individuals with the right characteristics to serve as champions to train others and increase the success of SBE integration.

Consider how you will promote *knowledge to action processes* in all aspects of SBE integration. The Canadian Institutes of Health Research (CIHR, 2014) defines knowledge translation (KT) as “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of [a given population], provide more effective health services and products, and strengthen the

health care system. KT is also grounded in quality evidence-based practice inquiry and research. The KT process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user” (para, 3).

Note: Not all institutions are research-focused and novice simulationist researchers would benefit from paring research efforts with experienced simulation researchers. Regardless of the extent to which your organization engages in formal research, you will need to consider a plan for KT. Perhaps, for example, your organization’s focus is on evaluation of teaching and learning. You should create a plan for synthesis, dissemination and exchange, and the ethically sound application of knowledge to improve simulation in your programs. Complete this section of the SCORS now.

Section D: Sustainable Education Development to Embed Culture

Sustainable practices in education and healthcare are of primacy in today’s change initiatives and must be embedded as part of an organizations culture. This segment does not refer to ecological, social, and economic sustainability policy and practices, rather, it focuses on *sustainable educational practices*.

Simulation involves ongoing commitment and support to thrive. One would think that the days of the simulator graveyard are a thing of the past; however, to this day there are still programs investing in equipment while failing to engage in sustainable educational practices required to maintain healthy simulation programs. Thriving SBE programs involve more than a simple paradigm shift in teaching methodology. Actually, successful SBE integration is linked to every facet of the organization and beyond. Although sustainable educational practices will differ from place to place, some examples of sustainable educational practices you might consider include:

- Inter-institutional collaboration to maximize responsible SBE resource management,
- Fostering transdisciplinary approaches by optimizing student access to SBE across other health programs at your institution,
- Encouraging student involvement in SBE initiatives,
- Ensuring ongoing programs to train educators in SBE,
- Establishing clear assessment and reporting structures for SBE that inform program changes,
- A plan for comprehensive curricular integration (as opposed to one-off simulation events),
- Adopting a consistent and evidence-based approach to SBE delivery and design,

implementation, and research,

- A plan to update and maintain currency of physical space operations and equipment, and
- Stakeholder engagement to maximize the use of simulation.

As such, post-secondary and healthcare institutions must examine and make transparent systems and processes to promote sustainable education practices. Complete this section of the SCORS now.

Scoring Your Form

Important Note: Please read through the complete scoring information prior to starting your survey as you may wish to make modifications to the survey to fit your environment.

Your overall measure of culture and readiness for SBE can be scored by a simple sum. The possible range of scores is 36 to 180. Simply assign a score for each of the items on the survey (24 questions in total with questions 10, 19, 22, & 24 having multiple items within them; each to be treated as individual items). Once you have compiled your total for all the survey items, compare your sum total against the anchored sums as follows:

None: 0-36

A Little: 37-72

Somewhat: 73-108

Moderately: 109-144

Very Much: 145-180

Interpreting overall score:

If the overall mean for your organization falls at a score of 78, for example, then you would interpret that your culture and readiness for SBE would be *slightly more than a little* ready but not quite yet in the *somewhat* category, suggesting opportunity for intervention. **Ideally, scores above 144 indicate organizational and culture readiness for SBE as very ready.*

An additional *scoring interpretation example* would be if the overall mean for your organization falls at 140, you would interpret that your culture and readiness for SBE would be *moderately*, and almost *very much* ready. This would imply the need for some, but not as much intervention to achieve readiness as in example one. To target specific areas that need intervention, examine each of the 36 survey item scores individually and explore the rationale behind the score.

Interpreting item scores:

Examining the individual item-scoring *mean* [as in average] will help you to know where to expend time, energy and fiscal resources to improve certain aspects of culture readiness expected to enhance the organization's SBE efforts. Each individual item mean will fall somewhere between 1 and 5 on the Likert scale. Generally, if an item mean falls below 3, then there is demonstrated opportunity for intervention to strengthen that area to enhance the culture of SBE within the organization.

Adapting the SCORS to fit your organization:

You may also wish to adapt your scoring benchmarks to reflect your organization's specific expectations. Normally an item that is above 3 denotes an acceptable mean cut off point within the 5---point scale. However, if for example, it is already an expectation in your organization that your faculty/educators be familiar with SBE, you may want to exercise the option of raising the bar by adjusting the *acceptable mean* for that indicator to be a number that is more than 3.5, or even, 4. Once adjusted, anything falling below 3.5 or 4 would then signal the need for an intervention for that specific question only.

Here is another example:

*15. To what extent are there **graduate level prepared researchers** available to assist in research to develop new knowledge, as appropriate to your organization's mission?*

Let's say your organization has a strong research focus and you have a large pool of graduate level prepared researchers, you would want to change your indicator acceptable mean to 4.5 or 5. If survey results come in at 3.9, this score would denote an area of need. Perhaps you happen to have a shortage of graduate level prepared researchers at the moment. Chart your insights as you move through the scoring process.

Areas of greatest need:

To ascertain areas in most need of intervention, simply look at the *mean scores* within each of the survey items that fall below acceptable benchmarks and then cluster those results by section. Your aggregate numbers will tell you which sections need the most attention. Create a strategic plan for intervention to address each of the identified gaps or section gaps.

References

Recommended SCORS citation:

Foisy-Doll, C., & Leighton, K. (2017). SCORS: Simulation culture organizational readiness survey[®]. An adaptation with permission of the Organizational Culture & Readiness for System-Wide Integration of Evidence-Based Practice Survey[®]. Fineout-Overholt, E., & Melnyk, B. M. (2015). In B. M. Melnyk, & E. Fineout-Overholt. (Eds.), *Evidence-based practice in nursing and healthcare: A guide to best practice* (3rd Ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins. Retrieved from <https://www.healthysimulation.com/tools/evaluating-healthcare-simulation/simulation-culture-organizational-readiness-survey-scors/>

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Portions of this guidebook were adapted with permission from:

Agency for Healthcare Research and Quality, AHRQ. (n.d.). Based on TeamSTEPPS[®] Readiness assessment information items and tips. Retrieved from <http://teamstepps.ahrq.gov/informationitems.htm>

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Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., & Kardong-Edgren, S., ... Tillman, C. (2015, October). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation, 6*(3), 39-42. [https://doi.org/10.1016/S2155-8256\(15\)30783-3](https://doi.org/10.1016/S2155-8256(15)30783-3)

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Appendix A: Simulation Culture Organizational Readiness Survey – SCORS

SCORS: Simulation Culture Organizational Readiness Survey - 2017							
Before starting the SCORS scoring process, read through the SCORS Guidebook and review recommended references.							
A.	Defined Need and Support for Change	None at All	A Little	Somewhat	Moderately	Very Much	Scores
1	To what extent are innovation, experiential learning and quality student experiences clearly described as central to the mission and philosophy of your institution?	1	2	3	4	5	
2	To what extent has your organization clearly defined the need to consider simulation-based education (SBE) integration?	1	2	3	4	5	
3	To what extent have administrators within your organization communicated a clear strategic vision for SBE?	1	2	3	4	5	
4	To what extent have administrators within your organization provided a written commitment to SBE?	1	2	3	4	5	
5	To what extent have administrators within your organization provided funding to support the commitment to SBE?	1	2	3	4	5	
6	To what extent does your organization promote the need for SBE based on current evidence, standards, and guidelines?	1	2	3	4	5	
7	To what extent is SBE currently being used as a teaching modality in your institution?	1	2	3	4	5	
8	To what extent have the educators you work with articulated a need for SBE integration into the curriculum?	1	2	3	4	5	
9	To what extent have the educators in your institution verbalized a commitment to SBE integration into the curriculum?	1	2	3	4	5	
Subtotal Section A						Potential Score 45	
B.	Readiness for Culture Change	None at All	A Little	Somewhat	Moderately	Very Much	Scores
10	In your organization, to what extent is there a critical mass of professionals who already possess strong SBE:						
a.	Knowledge	1	2	3	4	5	
b.	Skills	1	2	3	4	5	
c.	Positive Attitudes	1	2	3	4	5	
11	To what extent do administrators support culture change including the efforts required to implement and sustain SBE program integration?	1	2	3	4	5	
12	To what extent are there credentialed or trained simulationists who mentor/coach others, including, other simulationists?	1	2	3	4	5	
13	To what extent does your organization have individuals who model SBE best practice?	1	2	3	4	5	

14	To what extent are staff/faculty proficient in the use of technology? (I.e. computer systems, AV and IT systems)	1	2	3	4	5	
15	To what extent are there graduate level prepared researchers available to assist in research to develop new knowledge, as appropriate to your organization's mission?	1	2	3	4	5	
16	To what extent are librarians available within your organization to help search for evidence-based practice and related simulation resources?	1	2	3	4	5	
17	To what extent are your librarians accessed to search for evidence-based practice and related simulation resources?	1	2	3	4	5	
18	To what extent do you believe that now is the right time to implement a culture change to support SBE?	1	2	3	4	5	
Subtotal Section B						Potential Score 55	
C.	Time, Personnel, and Resource Readiness	None at All	A Little	Somewhat	Moderately	Very Much	
19	To what extent are fiscal resources available to support SBE in the following areas:						
a.	Human resources (simulation personnel)?	1	2	3	4	5	
b.	Education?	1	2	3	4	5	
c.	Release time to lead integration of SBE?	1	2	3	4	5	
d.	Development of physical learning spaces?	1	2	3	4	5	
e.	Equipment?	1	2	3	4	5	
20	To what extent do employees in your institution have access to quality technology , including computers, audiovisual equipment, and other institutional technologies?	1	2	3	4	5	
21	To what extent is support available to learn and manage technologies that support education?	1	2	3	4	5	
22	To what extent are there existing simulation champions (people who will go the extra mile to advance simulation) in the current environment among:						
a.	Administrators?	1	2	3	4	5	
b.	Clinicians?	1	2	3	4	5	
c.	Educators?	1	2	3	4	5	
d.	Technology Specialists?	1	2	3	4	5	
e.	Administrative Assistants and Support Staff?	1	2	3	4	5	
Subtotal Section C						Potential Score 60	

D. Sustainability Practices to Embed Culture		None at All	A Little	Somewhat	Moderately	Very Much	
23	To what extent is the measurement and sharing of outcomes part of the culture of the organization in which you work?	1	2	3	4	5	
24	To what extent are decisions regarding SBE influenced by:						
a.	Clinicians?	1	2	3	4	5	
b.	Educators?	1	2	3	4	5	
c.	Administration?	1	2	3	4	5	
Subtotal Section D						Potential Score 20	
<i>Not Ready: 0-36 A Little: 37-72 Somewhat: 73-108</i> <i>Moderately: 109-144 Very Much: 145-180</i>					TOTAL OVERALL SCORE (potential score = 180)		
SCORS SUMMARY IMPRESSION		Not Ready	Getting Ready	Been Ready But Not Acting	Ready to Start to Act	Past Ready & Into Action Planning	
25	Considering all of the SCORS indicator scores, how would you rate your organization's readiness for SBE integration?	1	2	3	4	5	
26	Looking back 6 months, how would you have rated your organization's readiness for SBE integration?	1	2	3	4	5	
Plot your overall readiness level by marking an "X" on the adjacent continuum.		NOT READY A GREAT DEAL					

Leighton, K., Foisy-Doll, C., & Gilbert, G. E. (2018). Development and psychometric evaluation of the Simulation Culture Organizational Readiness Survey (SCORS). *Nurse Educator, 43*(5), 251-255.
<https://doi.org/10.1097/NNE.0000000000000504>

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