CaegesadOriiesi Simai ad Assessme

Ronnie J. Glavin, MB, M.Phil David M. Gaba, MD "Ideals, standards aspirations, - those are chameleon words, and take color from their speakers," - Carolyn Wells

What do you call the person who gradua**tiest** in their medical school class? "The valedictorian

What do you call the person who gradualtest in their medical school class? "Doctor"Old Joke

n this issue of the journal we feature an article by Boulet¹@astandard setting for examinations using simulation. Standard setting is an extremely important component of the assessment process. It is often thought of in the context of high-stakes assessments that have a tangible outcome riding on them (such as successful graduation, or specialty board certification) but both assessment and standard setting are common in many other settings. This is a good opportunity to review some

or performance. Moreover, simulation has now been around long enough that its characteristics are better known, and there is sufficient familiarity with it as a teaching tool that clinicians can readily understand the difference between learning simulations and examination simulations. Therefore, members of the simulation-based teaching community

developing and conducting summative assessment places deferences mands that probably exceed the direct expertise of many of us involved in health care related simulation. Boulet's team, like1. Others around the world, involves psychometricians and simulation-savvy clinicians and educators who collectively attack the three challenges of developing summative tests we outline above. We predict that there will be a growing need for such teams to lead the way in the complex processes of setting standards as healthcare embarks upon the journey from doing simulation-based training—primarily for early learners—to a career-long ongoing cycle of simulation-based training

coupled with both formative and summative performance

assessment.

Boulet JR, Murray D, Kras J, Woodhouse J. Setting performance standards for mannequin-based acute-care scenarios:-229.8(s051.cute-cxar