

Better Training Better Care (BTBC) TOP TIPS through the lens of the pilot project

These Top Tips have been derived from the lessons that were learnt throughout the projects and will hopefully give you an insight into what has worked well, and areas that can be improved.

East London NHS Foundation Trust

Reducing the severity, frequency and impact of serious incidents through simulation

1. Project Management

- Determining the learning needs and skills gaps of project participants at the start can make a significant difference in the outcomes of the training sessions.
- Best to ensure that your project objectives are as SMART (Specific, Measurable, Assignable, Realistic, Time-measurable) as possible to avoid difficulties with evaluation arising from less SMART objectives.

Project Team

 Having senior leadership involvement and engagement as a driver for the project is important. This role can be undertaken by the Director of Medical Education or another clinical lead with the relevant skills and enthusiasm for the project.

• Delivery of the training sessions

- Writing the scripts for the role play scenarios is demanding and requires focus and attention to detail to ensure that the scenarios are plausible, and also contain covert learning points.
- Ensure the minimum number of delegates required to deliver each session, which can be challenging at times due to clinical commitments.
- Commission a seminar to train facilitators and project managers in the delivery of simulation training. Training around scripting scenarios should also take place at the beginning of the project.
- Gaining the ongoing commitment of senior clinicians to deliver a detailed programme of training can be difficult, so set realistic goals around the number and frequency of training sessions which can be delivered.



- Use in-house expertise and facilities to deliver and facilitate training sessions as much as possible.
- Film the training sessions for the purpose of enabling facilitators to review their own sessions and for the project managers to also review the style and quality of facilitation.
- Use a mock set of clinical records and recordings of verbal handovers or similar situations.
- Create signage to use to designate parts of the mock clinical setting.
- Use a large training room to divide up into mock clinical areas for the role plays, allow observers to clearly witness all aspects of the role play whilst retaining enough space for debrief and classroom teaching part of the training session.
- The suggested mock clinical areas are that of an interview room, a patient's bedroom and then are a ward round setting. The training skills laboratory can contain a hospital bed, some tables and chairs to be used to create the required clinical settings for the role play scenarios.
- Have an adjacent room to the training laboratory for the professional actor/actress, in order to prepare and 'get into role' before joining the training session and participating in the role scenario.

Sustainability of the project

- Build training sessions into trainer job plans.
- Commission a bespoke and detailed train the trainer course from expert simulation trainers with additional follow-up sessions.
- o Establish the programme of simulation training to be delivered long-term.
- Develop long-term evaluation metrics for the programme.

2. Multi-professional Engagement and Project Ambassadors

- Allocate a nursing (Modern Matron) and a medical (Consultant Psychiatrist) lead facilitator for the simulation training.
- Identify a pool of nursing (Modern Matrons) and medical (Consultants and Senior Trainee) clinicians, who would like to train as simulation trainers and be involved in delivering the training, most of whom will also be trainers for your project.

3. Academic Involvement

Engage with an academic partner to review the outcome measures.



4. Board Support and Endorsement

• Ensure your Trust Board's support by involving one of its members in your project steering group.