

National toolkit to support the use of simulation in health and care

Faculty development guidance

March 2021





Purpose

In 2018 Health Education England Technology Enhanced Learning (HEE TEL) published a national framework for simulation-based education (SBE), comprising 5 guiding principles to support high quality development, delivery, and commissioning of SBE for health and care. One of these principles relates to faculty development, and this document is intended to offer advice and some resources to help simulation providers apply this element of the framework to their practice.

This document is not intended to be exhaustive or prescriptive, as it is recognised that there is a comprehensive literature available offering a more detailed review. Where standards are mentioned, these might be drawn from existing local, national, or international sources according to context and profession, but for the purpose of this document the national standards developed in conjunction with the Association of Simulated Practice in Healthcare (ASPiH) are referenced. These are available to view online here: www.aspih.org.uk/standards-framework-for-sbe/.

Introduction

The HEE national framework states that an effective and credible simulation faculty should be multi-professional and able to offer consistently high quality education to learners from different health and care professions, specialties or disciplines and support inter-professional learning where appropriate. Employers should also recognise and support the role of the simulation faculty wherever possible.

This document describes what this looks like in practice and has been developed as a result of consultation and reference to existing exemplars of good or best practice and case studies shared by colleagues from within the HEE TEL Simulation Reference Group.



Key recommendations for ensuring effective simulation faculty development in organisations

Best practice guidance and support for simulation faculty development is described under the following headings:

- providing educational rigour
- be an appropriate blend of outcomes based and process led pedagogies
- provide a supportive environment for training
- enable collaboration and sharing of best practice within and across programmes
- be sustainable in the long term, and agile to adapt
- be streamlined, efficient and provide value for money

The document subsequently describes current and potential future provision for online faculty development resources that can embrace these principles. The final section also offers some case studies of faculty development programmes that have been provided successfully within different organisations to date.

1. Providing educational rigour

You should build the simulation faculty on the foundations of sound educational principles that align with meeting your learners' needs and those of the service or organisation. Your organisation is responsible for supporting and demonstrating educational rigour as part of faculty development and be willing to participate in peer or external review where feasible and appropriate.

In this context, educational rigour means:

- ensuring the content of faculty development programmes promotes the use of adult learning principles and is aligned with relevant published standards for healthcare educators. We recommend appropriate input from, and collaboration with, educational advisors
- promoting faculty development that is academically, intellectually, and personally challenging
- ensuring that standards for faculty are easily and clearly identified and applied consistently
- encouraging regular reviews of faculty development programmes by individuals, peers, and learners, and establishing a process for quality assurance and evaluation

2. Providing appropriate support and training to enable continuous faculty development

You should ensure faculty members are trained and supported to deliver high quality simulation-based education. Your aim is for faculty members to be continually aware of their responsibilities to deliver high quality education with quantifiable learning outcomes to learners from a diverse range of health and social care contexts. Investing in faculty development will enable faculty members to reach their full potential as educators, and many of these attributes will inform their wider practice in the education or clinical setting. You should aim to foster a sense of achievement and commitment amongst faculty members and help sustain their continued contribution in this practice.

This support can include:

- providing opportunities and protected time for continuous professional development for all faculty members, including chances to reflect, so they can develop, update, and improve key educational capabilities
- providing appropriate supervision for less experienced faculty members to support them in applying and refining new skills and techniques to their simulation-based education practice
- encouraging continuous improvement of educational capabilities through mentoring, coaching, peer review and feedback within local and national faculty communities
- ensuring faculty members are encouraged to maintain a portfolio that documents their continuing professional development, including records of activity, feedback from other faculty and learners and related personal reflections
- being clear about pathways for development, progression, and recognition of individual faculty members
- offering opportunities for faculty members to be innovative in their practice, and to collaborate actively with colleagues and wider networks



3. Enabling a supportive and sustainable environment

Your faculty members will draw a powerful sense of identity from being part of a 'community of practice' and learning through working and developing together. Your organisation can promote this by creating and maintaining a supportive environment in which the faculty operates and connects.

This professional environment will include:

- having sound selection processes which ensure faculty members are recruited from different professions and areas of practice, with suitable experience and credibility in their content knowledge, and with values that will support their development as a simulation-based educator
- encouraging experienced faculty members to supervise, coach and mentor colleagues during their development as simulation-based educators
- providing protected time for faculty members that recognises the value of their role and encourages continued professional development and retention
- actively promoting opportunities for high quality simulation-based interprofessional education supported by an inclusive, diverse faculty community
- providing resources for delivering simulation in different contexts according to local needs. *Note: This does not mandate provision of high cost equipment*
- having a robust governance structure for the faculty which clearly describes lines of reporting, accountability, and management within the organisation acting as an education provider. This should provide demonstrable evidence for external scrutiny by commissioning groups, or other professional/regulatory bodies
- promoting a no blame culture of risk assessment, reporting and management that holds the psychological safety of faculty members and learners as a core value

4. Collaborating and sharing best practice

Working with other SBE providers is an important way to establish best practice, ensure parity of learning and avoid unnecessary duplication. It also offers an unrivalled pathway to share and develop innovations in educational practice or in the development of new simulation tools and techniques. As a simulation educator you must be prepared to share your learning and learn from others. Your organisation also has a responsibility to collaborate and share best practice with other SBE providers both locally and nationally.

Opportunities for collaboration and shared practice include:

- building links with other SBE providers to work together on shared endeavours in faculty development and in support of networking and learning across professional, organisational, and geographical boundaries
- collaborating on educational and practice-based audit, evaluation, and research activities to improve quality, promote best practice and reduce unnecessary variation in faculty support and SBE provision
- establishing effective peer review processes at local level and engagement with national faculty reviews when required
- ensuring resources including faculty members are allocated fairly and used appropriately to promote equal opportunity for all learners



Establish an effective peer review process at local level.





Online faculty development

A number of faculty development resources are currently available on the e-Learning for Healthcare platform such as these materials developed by the North West Simulation Education Network and more recently by the London Transformation and Learning Collaborative. The latter has been compiled for use within a system-wide transformation programme during 2020 to enhance critical care workforce capabilities and capacity in response to the COVID-19 pandemic. It is anticipated that these and future faculty development resources will be migrated to the Learning Hub, HEE's new digital platform which will offer an inclusive and easily accessible environment for collaboration and sharing good practice.

More information and updates regarding development of the Learning Hub will be posted here: https://learninghub.nhs.uk.

During 2019-20 HEE TEL has worked with simulation network colleagues in the east Midlands, west Midlands and east of England to evaluate the modular online National Health Education and Training Simulation programme (NHET-Sim) developed by expert simulation educators at Monash University and implemented as a national simulation faculty programme in Australia. This project aimed to explore the potential for adopting a similar approach for use in the UK. The existing NHET-Sim programme includes a range of core and optional e-learning modules and associated workshops to help prepare new simulation-based educators across a range of key topics including:

- applying adult learning theory to SBE
- designing scenarios and debriefing techniques
- delivering fundamental and advanced communication skills training with simulated patients
- understanding and using different types of simulation to meet specific learning needs
- basics of managing SBE resources



This pilot has been completed and has confirmed interest and relevance of this approach to offer a common pathway for supporting the development of new simulation and immersive learning educators, practitioners, technicians, technologist, and managers. HEE TEL is now exploring how to translate and contextualize elements of this programme and collaborate with existing expertise available in different UK simulation providers and networks to create a high-quality national faculty development programme that demonstrates all of the principles outlined in this document. This will also provide an important opportunity to link with resources that support educators in adopting and optimizing use of broader virtual learning technologies and methodologies.

Further information about this development plan or other aspects of the faculty toolkit can be requested by contacting us here: SimImmTech@hee.nhs.uk.



Case study 1:

HEE North West Simulation Education Network

The North West (NW) NHS Simulation Strategy identified faculty development as a key topic, and it has been a core focus of activity and a Key Performance Indicator (KPI) set by NHS HEE NW. The programme, running since 2010, consists of 5 online modules and a face to face session. which normally run 25 days per year. More than 1,200 people have gone through the introductory programme. The evaluation played a key part in the guality assurance of simulation in the north west.

Pre-learning modules are available through both Electronic Staff Record (ESR) – an online platform for NHS staff that holds information on pay and annual leave, as well as training – and via the e-LfH platform (as described above). Feedback has shown additional wider access across the UK. Some organisations use the modules directly on the North West Virtual Learning Environment

(VLE) and 2 royal colleges use the human factors module on their own websites. This gives users choice, as they can select modules that meet their needs.

The programme is an introduction to simulation and it encourages further CPD. It is part of the North West NHS Simulation Strategy accreditation process that encourages organisations to review and support performance development, via annual appraisals, etc. Participants are automatically included into the simulation network which supports, provides, and signposts to additional training, as well as holding regular events and a range of other opportunities – especially on collaboration and sharing.

For further information, contact: mark.hellaby@mft.nhs.uk.



Case study 2:

London School of Paediatrics

The London School of Paediatrics has been running a modular faculty development training programme, aided by mentorship and peer support, since 2011. Now fully established, 151 multi-professional staff have undertaken the programme and it has successfully prepared participants with skills they can apply to their educational practice as well as in other aspects of their professional working lives. Several participants have progressed to become training programme directors within wider simulation programmes or facilities.

The training programme provides automatic enrolment into the faculty network, which has two meetings yearly and offers ongoing support and engagement. For further information, contact: mehrengise.cooper@nhs.net.

I thoroughly enjoyed designing and running this course. It taught me key skills in simulation course design/delivery, leadership and management skills and collaboration with faculty members. I always find I learn something from every simulation experience I am involved in and this experience taught me a huge amount.

the art of debriefing very valuable. I have been able to appreciate my skills have also to be an expert in this further practice I needed. I have been able to recognise the learning experience has been richer for participants when my debriefing has allowed the group to talk through their own learning.

I found learning and practicing I have also found the process of expanding local simulation teaching useful – in particular, for getting buy-in from our nursing colleagues. This is something I can take forward to other departments when expanding simulation in future posts.

I have seen that multiprofessional simulation has improved the team working in crisis situations. It has also empowered some of the junior nursing staff to be more active participants in resuscitation scenarios.

It (the programme) has been helpful for clinical governance in identifying in situ problems, or to highlight helpful guidelines, pathways and local equipment.

Testimonials and feedback

Case study 3:

James Paget University Hospital NHS Foundation Trust

In 2017 the Trust launched a plan to increase the use of an existing simulation facility by developing an interprofessional faculty with appropriate educational capabilities. In order to ensure different staff groups felt a sense of ownership within this initiative, an internal advertising and marketing campaign was undertaken and reinforced through a series of live roadshow events to capture the attention and invite engagement from all professions. As well as highlighting opportunities to look at managing specific medical emergencies, emphasis



Testimonials and feedback:

Excellent delivery of the course, the facilitator was passionate and knowledgeable. Thoroughly enjoyed the course! The practical application in real time scenarios was really useful. undation Trust was also given to the importance of having a safe learning environment that switched perceived 'failures' in performance into valued learning opportunities. An ongoing series of 3 distinct short courses (three hours in duration) were developed to cover 'design and delivery'; 'facilitation' and a refresher course, all aimed at engaging anyone interested in teaching to develop their skills in creating a safe learning environment and providing evidence-based feedback and debriefing. Ongoing pastoral support and development sessions help reinforce these principles in practice.

The success of this faculty development programme has resulted in new experiential learning approaches being used to support previous lecture-based teaching (for example, blood transfusion training), and plans are in place to extend the faculty offer into GP and paramedic training. The faculty has also been instrumental in redesigning course delivery to meet new constraints introduced by COVID-19, and this facility has been put to great use to help prepare staff for changes to clinical practice arising from the pandemic.

For further information, contact: Emily.Russell@jpaget.nhs.uk.



NHS Health Education England

Acknowledgements

HEE TEL is extremely grateful to the members of the task and finish group listed and others who have contributed to this work.

Lydia Lofton Dr Georgia Winnett Mark Fores Danielle Fullwood Chris Taylor Amanda Thomas Debbie Taylor

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