Standards for organisations that deliver simulation-based education

The HEESW Simulation Network has developed standards for organisations that deliver simulation based education. It applies to all organisations that deliver healthcare in the HEESW region and is purposefully designed to be appropriate for many different organisations, including Hospital Trusts, Primary Care settings, University settings for medical, nursing and other professional education, Speciality Schools in PGME, Ambulance Trusts, Mental Health Trusts, Health and Social Care and others.

It takes into account the delivery of simulation in a variety of settings and acknowledges the importance of integrating simulation with other educational modalities to optimise educational and patient outcomes. This document should be read alongside the document Standards for Simulation-Based Education In Healthcare, published by the Association of Simulated Practice in Heathcare (ASPiH).

It is recognised that not every part of this document will be directly relevant to every organisation, due to the wide range of organisations that come under the HEESW Simulation Network umbrella. At this time, no organisations within the network meet all of these standards. The purpose of the standards is to define best practice and to provide aspirational goals for organisations to work towards.

Leadership and structure of the simulation programme

Organisational leadership

There should be an identified Board member to have oversight of the simulation strategy.

Expectations of the role:

- Reports on strategy to board
- Liaises with simulation lead to ensure organisational objectives included in simulation strategy

Simulation programme leadership

There should be an identified Simulation Lead for the Organisation.

Expectations of the role, as outlined in job description:

- Appropriately trained in simulation delivery
- Close relationships and support from all the professional groups within their organisation
- Work collaboratively with the organisational leads for Patient Safety, Clinical Governance and Education as appropriate
- Develop and lead the simulation programme within their organisation
- Identify and develop local/departmental simulation leads/champions

- Coordinate activities of local/departmental simulation leads in collaboration with the leads for patient safety, clinical governance and education to align activities with strategic requirements of the organisation
- Take responsibility for regular appraisal of the local/departmental simulation leads/champions
- Share resources with other organisations in the region through the South West Simulation Network and the iRIS platform
- Annual appraisal of the role should be carried out by an appropriate manager
- Sufficient time should be allocated in the job plan or job description to allow this activity to be carried out

Local/Departmental simulation leads/champions should be identified.

Areas of responsibility will vary depending on the organisation but might be geographic (e.g. a leader for each ward/group of wards), based on professional groups (e.g. a leader for medicine, nursing, anaesthesia etc.) or have some other structure based on the organisational needs.

Expectations of the role:

- Appropriately trained to coordinate and deliver teaching within their area/team
- Job plan/job description recognition for time spent working in the simulation programme
- Collaborate with other local/departmental leads to deliver simulation experiences across multi-professional groups and across geographical areas as required
- Utilise organisational simulation support structures (e.g. technicians, admin support) to ensure that they are able to deliver simulation teaching effectively
- Participate in regular appraisal, which should cover all simulation programme activity

Simulation strategy

The simulation programme should have a mission statement

This should outline the strategic direction of simulation-based education for the organisation.

There should be an organisational culture of learning and support that should incorporate life-long learning, mentoring, reflective practice and an inclusive approach to faculty training and development.

Integration with the educational strategy of the organisation

The simulation programme should be recognised within the educational structure of the organisation.

- The activity of the programme should be aligned with the educational strategy of the organisation
- The programme should serve the strategic educational and governance needs of the organisation
- The programme should serve as a vehicle for proactive systems evaluation and quality improvement within the organisation

Guidance on policies and procedures

Standards for organisations that deliver simulation-based education

Staff should be introduced to the simulation programme at induction to the organisation.

There should be accessible guidance for faculty and learners relating to:

- Confidentiality
- Quality assurance
- Health and safety

Curriculum content

The content of the simulation programme teaching should cover both local/departmental, organisational and national priorities.

This should be achieved through review of:

- Undergraduate and Postgraduate curricula
- Organisational and local/departmental clinical governance data
- National targets and CQUINS
- Learner training needs assessment

Local leads should identify specific areas of need for their own areas/teams (e.g. through reviewing local critical incidents etc.)

The organisational simulation lead should be aware of the strategic needs of the organisation and should disseminate that information through the local leads.

The specific needs of undergraduates or unregistered staff/trainees within the organisation (medical, nursing, AHPs, others) should be reflected in the content of the simulation programme where appropriate.

Specific teaching to support the education of post-graduates and other trained staff should be incorporated into the programme, and should be multi-disciplinary wherever appropriate.

Simulation sessions should be aimed primarily at multi-disciplinary groups.

- Ideally teams who work together should be trained together
- Where appropriate some sessions targeted at specific groups will be uni-disciplinary

Simulation sessions should be delivered in an appropriate environment to maximise learning potential
In many cases, point-of-care simulation will be the most appropriate setting.

Other educational methodologies should be used if more appropriate (e.g. sessions in a dedicated simulation centre, non-simulation based educational sessions).

Commitment to quality improvement

The simulation programme should be focused on improving the quality of patient care within the organisation.

The content should be designed with the quality improvement agenda of the organisation in mind.

Standards for organisations that deliver simulation-based education

Risks to patient safety, latent systems errors and other risks identified through the activity of the simulation programme should be fed back through the clinical governance structures of the organisation.

The clinical governance and patient safety monitoring apparatus of the organisation should use the simulation programme to modify risks and to identify latent errors in systems.

The programme should have a key role in testing new patient care models and new care pathways to identify potential risks prior to patients being exposed to them.

There should be an audit trail of feedback, decisions and changes implemented within the simulation programme.

Research

There should be a commitment to research activity within the simulation programme to evaluate evidence of patient benefits due to the activity of the programme.

The organisation should make a commitment to engaging in collaborative research activity across several organisations within the region, coordinated through the South West Simulation Network.

Fiscal accountability

The simulation programme should be able to demonstrate its fiscal accountability through:

- An annual budget
- Financial statements

Resources available to the simulation programme

Access to learners within the organisation

Learners should be given time and space to take part in simulation activity within their normal working day or through study leave.

Learners should be given personalised learning outcomes that they can use as evidence of ongoing professional development and that will count towards revalidation.

Learners should be encouraged to suggest areas for training and improvement within their own working environment.

Organisational culture of learning:

- Facilitation of education from the ground-up with adequate staffing to allow regular teaching to be delivered without detracting from patient care
- Adequate time and resources allocated to allow learners to take part in simulation-based education
- Organisational culture of learning and support for life-long learning, mentoring and reflective practice
- Facilitation of point-of-care based simulation within all clinical areas of the organisation

Standards for organisations that deliver simulation-based education

Faculty standards

Any individual who teaches within the simulation programme is regarded as a member of the programme faculty.

There should be a faculty development programme within the organisation:

- The organisational simulation lead should develop local leaders/champions in all areas of their organisation
- Local leaders should be aiming to identify staff who would be effective and enthusiastic as faculty within their or other teams
- Learners who develop an interest in delivering simulation teaching should be encouraged to develop into faculty with a mentor and appropriate training
- All faculty who teach within the programme should have a personal development plan
- Training for faculty who teach within the programme should be in line with the standards set out in the Professional Practice Guidelines for Health Education South West Simulation Network Simulation Educators
- There should be an inclusive approach to faculty training and development that creates opportunities for learning and supports life-long learning, mentoring and reflective practice
- Faculty training and simulation delivery should be standardised in line with the standards of the South West Simulation Network
  - The programme should use a standardised format of teaching materials, content delivery, and (especially) debriefing style
  - Most simulation faculty training should be delivered locally
    - There should be modular training modules and informal introductory training
  - Higher levels of faculty training should be delivered centrally
    - Modular training of core skills at "Masterclass" level for those that want to take their skills to a higher level
  - There should be a system of certification/qualification that faculty can use to show their level of training
  - The faculty should be encouraged to continue teaching when they move to other organisations

Where simulated (standardised) patients are used, these should be appropriately trained actors or members of faculty who have had adequate training and who have been fully briefed in their role.

Equipment

Adequate and appropriate equipment should be available to allow the delivery of simulation-based education.

There should be equipment management systems in place that allow:

- Safe easily accessible storage of equipment
- Booking system for equipment that logs use
- Maintenance of equipment

Standards for organisations that deliver simulation-based education

Educational resources

There should be standardisation of the format of educational materials.

Educational materials should include all resources required to deliver education.

There should be organisational access to a bank of teaching resources through a centralised repository of materials such as the iRIS platform.

Technical support

Sufficient technical support should be available to enable educational delivery, so that faculty are not unduly burdened with these tasks.

Resources required for technicians:

- Appropriate training on equipment, in order to allow its operation andmaintenance
- Time to set up, break down and store equipment

Administrative support

There should be adequate administrative support for the simulationprogramme.

Administrative duties:

- Collection and collation of activity monitoring and feedback
- Assist with organising sessions including liaising with learners, faculty and other stakeholders and booking rooms/equipment etc.

Annual budget allocation

Activity reporting

The organisation should keep a log of all simulation activity.

Data recorded:

- Location
- Content of education
- Number/type of learners
- Duration of educational delivery
- Organisational/systemic failures identified, and steps taken to address them

Patterns in patient safety and other critical incidents should be monitored to identify changes attributable to the activity of the simulation programme.

Regular reports covering the information above should be generated for distribution to the simulation lead and the organisational leadership for Patient Safety, Clinical Governance and Education.

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Information on simulation activity and efficacy should be shared with HEESW Simulation Network.

Quality assurance

The organisation should ensure that the simulation training provided is of the highest quality through numerous methods

A faculty development programme that satisfies the standards of the South West Simulation Network.

Ensuring that the simulation resources utilised within the organisation are developed to the standards of the South West Simulation Network.

Reviewing the activity of the simulation programme through regular activity reports.

Ensuring that annual appraisal of the simulation programme leadership occurs and is of a high standard.

Learner feedback

There should be organisational records of feedback gathered from all simulation sessions.

Feedback should be collated periodically and fed back to local faculty for their own professional development.

Feedback should be fed back to the simulation leads for each area as well as to the overall simulation lead.

Feedback should focus on identifying improvements in self-assessed confidence and competence in tasks associated with the simulation sessions performed.

The efficacy of the simulation programme should be assessed through monitoring of patient outcomes, patient safety incidents and other events pre and post implementation

Dissemination of learning

Learning from the simulation programme should be shared within the organisation

Learners should be given personalised learning outcomes that they can use as evidence of on-going professional development and that will count towards revalidation.

Patient safety risks identified through the simulation programme should be fed into the organisational Clinical Governance framework through the use of incident forms or through other appropriate means.

Information around latent system errors should be fed back to the appropriate local teams and to organisational Clinical Governance structures.

Information about the work of the simulation programme should be publicised through use of organisational websites, internal communications and other means.

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Educational resources developed in specific areas of the organisation should be available for sharing with other areas if appropriate.

Educational resources developed within the organisation should be made available to be shared with other organisations within the South West Simulation Network

The overall simulation lead should engage with the South West Simulation Network to share data and resources and to utilise the size of the network for research activity

Where appropriate, the organisation should aim to publicise its simulation programme and the benefits that it has delivered on a regional and national basis