Simulation-based Education in Healthcare

Development of the Standards Framework 2016
Session outline

▶ Introduction & context
▶ Describe the consultation and development process 2015/2016
▶ Evaluate the consultation feedback and present the emergent key responses
▶ Summarise the Standards Document and its application
▶ Outline 2017 plans for adoption and accreditation
▶ Summary
Acknowledgements

- The engagement and contribution by such a breadth of organisations and individuals has exceeded all expectations.
- ASPiH will continue to need your support, engagement and willingness to share experiences in order to keep this moving forward.
- We continue to seek open engagement with all parties to make sure the standards work for us as ‘providers’ as well as others such as regulators, professional bodies, and commissioners.
- The partnership between ASPiH and HEE will ensure the most effective delivery and adoption during 2017 and beyond.
## Standards Project Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name and Position</th>
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<tr>
<td>Chair</td>
<td>Dr Makani Purva, Hull Institute of Learning and Simulation</td>
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<td>Advisors</td>
<td>Professor Bryn Baxendale, Trent Simulation Centre</td>
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<td>Team Leader</td>
<td>Andy Anderson Chief Executive Officer ASPiH</td>
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<td>Project Manager,</td>
<td>Jane Nicklin</td>
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<td>- Northern Region</td>
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<td>Project Manager,</td>
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<td>- Southern Region</td>
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<tr>
<td>Clinical Advisor</td>
<td>Andrew Blackmore, Hull Institute of Learning and Simulation</td>
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UK context and value

- UK health care system is unique in terms of regulation, workforce development and delivery of care.

- Significant pressures on health care funding require us to demonstrate the value of our work.

- Developing agreed national standards offers exceptional opportunities to define best practice linked to clear outcomes, undertaking high quality research, and disseminating innovation.
PROMOTING & COMMISSIONING HIGH QUALITY SIMULATION-BASED EDUCATION & PRACTICE IN HEALTHCARE

THE MODEL FOR ENGAGING STAKEHOLDERS AND PURSUING A CONSENSUS STATEMENT

(A) DESCRIBING PRINCIPLES OF GOOD PRACTICE

(B) DEFINING A FRAMEWORK & STANDARDS

STAKEHOLDER CONSULTATION & CONSENSUS

(C) IDENTIFYING SOURCES OF EVIDENCE

(D) PRODUCING COMMISSIONING GUIDELINES
BENEFITS NATIONALLY

• Producing a common framework and defined standards that can be applied within educational and healthcare sectors

• Providing a clear focus on improving the quality of simulation-based education & practice

• Informing future policy and practice amongst regulatory and professional bodies

• Supporting better informed and more consistent commissioning practices
BENEFITS TO CENTRES & SIMULATION COMMUNITY

• Strengthening opportunities and benefits of peer networking, collaboration & improvement

• Providing a more robust platform on which to develop the evidence base that will define best practice

• Creating the conditions that will enhance innovation and rapid spread of ideas

• Used to develop organisational engagement and secure appropriate resources
The Timeline and Plans

2014 National Project Report

1st Consultation

First Draft Document

ASPiH 2015

2nd Consultation

ASPiH 2016

2017 Adoption Phase and Accreditation Programme
Many different international organisations involved in SBE have been working to develop relevant standards to aid the design and delivery of high quality practice in the healthcare context. These documents were evaluated in the first phase of the project.

“You are to be congratulated in bringing together a set of standards for nursing, medicine and allied health professionals.”

Teresa Gore, President INACSL
The First Consultation 2015

KEY OUTCOMES - ROUND TABLE ASPIH 2015

- a need for wider engagement with the different networks and professional bodies
- a need to establish relevance of the document to the diversity of current and future models of SBE
- a need to create a framework which would define best practice, encourage innovation as well as promote inclusivity

Do you agree that standards are important for the effective design and delivery of SBE?
- Yes
- No
- Not Sure

Do you agree with the overall outlay and section headings in the standards document?
- Yes
- No
- Not Sure
The Second Consultation 2016

Jane Nicklin   Northern territories

- East Midlands, North East, North West, West Midlands, Yorkshire and the Humber, Scotland and Ireland

Susie Howes   Southern territories

- East of England, Kent, Surrey and Sussex, Wessex, Thames Valley, South West, Wales, London West, South, North, East and Central
Consultation Project Plan

PLANS

• Minimum of one pilot site per HEE region (13)
• And include Scotland, Wales and Ireland
• A variety of institutions and organisations
• Online questionnaire

ACTUAL

• 40 Pilot sites recruited
• Moved to a detailed evaluation form with telephone support
• Some visits conducted where feasible
NORTH

Trent Simulation and Clinical Skills Centre
Royal Derby Hospitals Clinical Skills Department
Simulation Suite - Northampton General Hospital
Clinical Skills Simulation Centre, QE Hospital Gateshead
Simulation Suite - North Tees and Hartlepool NHS
Manchester Metropolitan University
Blackpool Victoria Hospital, Blackpool Teaching NHS
Simulation and HF Centre, University Hospital of South
Manchester NHS Foundation Trust
Pinewood Education Centre - Stockport NHS Trust
SimWard, New Cross Hospital, Royal Wolverhampton
NHS Trust
Staffordshire University
University of Birmingham
Hull Institute of Learning and Simulation - Hull Royal
Infirmary
The Suttie Centre - University of Aberdeen and NHS
Grampian
Scottish Clinical Simulation Centre, Forth Valley Royal
Hospital
School of Nursing and Midwifery, Queens University
Belfast
College of Anaesthetists of Ireland
SIMWEST Galway University Hospitals
Northern Ireland Medical and Dental Training Agency
(NIMDTA)

SOUTH

The Education and Development department St
George’s University NHS Foundation Trust
Brighton & Sussex Medical School
Bristol Medical Simulation Centre - University Hospitals
Bristol
School of Health Sciences and Social Work, University of
Portsmouth
School of Paramedic Science, Kingston University and St
Georges University of London
East Surrey Hospital
Frimley Health NHS Foundation Trust
University of Bedfordshire
South Central Ambulance Service NHS Foundation Trust
OxSTaR, John Radcliffe Hospitals NHS Foundation Trust
University Hospitals Southampton NHS Trust
University of the West of England
Northern Devon Healthcare NHS Trust
School of Healthcare Sciences, Cardiff University
School of Medicine, Cardiff University
Maudsley Simulation, Kings College Hospital
School of Health and Social Care, London South Bank
University
Homerton University Hospital
The SaIL Centre, Guy’s and St Thomas’ NHS Trust
UCL Partners, Royal Free Hospital
Norfolk and Norwich University Hospitals NHS Trust
School of Health Sciences, Oxford Brookes University
Pilot sites

41 Organisations

10 Universities & Colleges

31 Trusts, Centres

In total over 150 individuals contributed to their organisation’s response
‘there is still a lot of work to be done at our end; yet, both new and existing simulation centres could use the Standards as a guide to improve and drive further development’
Dr. Crina Burlacu, Director of Simulation Training, College of Anaesthetists of Ireland

'I believe that having a generic set of standards will mean greater parity and equity of learning experiences, whilst allowing for local delivery variance’
Jacqueline England, Senior Lecturer, University of Bedfordshire

‘reviewing the standards for education has made us re-look at our activities, preparation, performance and staff. Developing and implementing a basic standard of simulation education has given a focus and meaning to our core teaching activities’
Dr Mick Harper School of Health Sciences and Social Work, University of Portsmouth

‘the value outweighed the difficulties and highlighted the importance of standardisation, not only within our department but regionally and nationally’
Caroline Cocking & Jenny Baker Resuscitation and Clinical Skills Department, Royal Derby Hospital
Online survey responses

82 in total

15 responses on behalf of their organisation

40 as Individuals

27 anonymous

More than 95% agreed with the introduction of national standards
‘Need to ensure a balance between prescriptive standards and allowing local flexibility’

‘Important to show stakeholders the importance of good technical support personnel’

‘Robust simulation activities will reassure employers, students and commissioners, however, a complex set of standards can also become a barrier’

‘Make it more concise and user-friendly’

‘There is repetition in the content which is mainly due to layout - the initial standards are stated, then they are repeated’

‘Setting guidance for “novice faculty” specifically is very useful’
Who did we consult with?

Royal College of Surgeons of England
Academy of Medical Royal Colleges
Royal College of Emergency Medicine
Faculty of IC Medicine
Faculty of Occupational Medicine
Faculty of Public Health
Faculty of Pharmaceutical Medicine
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Radiologists
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians of Edinburgh
Royal College of Physicians of London JRCPTB
Royal College of Physicians and Surgeons of Glasgow
Royal College of Psychiatrists
Royal College of Surgeons of Edinburgh
NMC
College of Aneasthetists in Ireland
Royal College of Physicians in Ireland
Royal College of Nursing
Royal College of Dentists
Faculty of Medical Leadership and Management
NHS Education for Scotland
Royal College of Midwives
Royal College of Midwives

Carol Fordham-Claire, Lead advisor NMC

Julie Mardon
Clinical Director Emergency Medicine,
Chair of College of Emergency Medicine
Simulation Committee

Dr Michael.J.Morrow MEd FRCA
NIMDTA Simulation Lead
Consultant Anaesthetist, Honorary Senior Lecturer,
The Queen’s University of Belfast

Professor Clare McKenzie looking at
Simulation Within Curricula for NHS
Education for Scotland

Graham Harris BSc. PGCE. MSc. FCPara
National Education Lead
College of Paramedics

Dimitrios Siassakos MRCOG MD
National Simulation Adviser,
Royal College of Obstetricians & Gynaecologists

Fiona Spencer, Chair of Training Committee
The Royal College of Ophthalmologists
The Consultation Analysis and Development Process

Andrew Blackmore
## Pilot Site Evaluation Framework and Process

<table>
<thead>
<tr>
<th>Responsible person for completion:</th>
<th>Mark Fores</th>
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<tbody>
<tr>
<td>Professional Practice Educator</td>
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<td>Email:</td>
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<tr>
<td>Date submitted:</td>
<td>15 September 2015</td>
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### SECTION

<table>
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<th>Generic questions</th>
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<td>Theme 1: FACULTY</td>
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<tr>
<td>Theme 2: ACTIVITY</td>
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<tr>
<td>Theme 3: RESOURCES</td>
<td>Completed</td>
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### Generic questions on the draft Standards

1. **General principle**  
   Do you agree that National standards are important for the effective design and delivery of SBE?  
   **Yes** we agree as a centre that National standards or guidelines would be important for the effective delivery of SBE. It would provide guidance for practice and establish a defined standard that Simulation Centres could utilise to ensure consistent and effective delivery of SBE.

2. **Structure of the document**  
   Do you agree with the overall layout and section headings in the standards document?  
   Needs to be simplified, attention to language and clarity of purpose with specific sections, whilst avoiding duplication. Activity should be first and Faculty should follow. As with guidance from other specialised areas the core activity should be emphasised first, subsequently supported by Faculty and Resources e.g., Resuscitation.

3. **Please let us know if you have any thoughts on how the evidence could be collected and/or validated (i.e. on-line, peer-review, self-evaluation, face to face audit)**  
   There is an opportunity for development of on-line electronic evaluation tools both for courses and centres. The main challenge is getting the data completed. Could use Net Promoter Scores. Friends & family surveys. Regarding centres – As per ALS centres electronic evaluations and a Regional Representative visits the course centre every four years & provides a report. Self & Peer review, use of OSAD tools for faculty development, online, face to face.
Welcome to the 2nd Consultation of the ASPiH Standards for Simulation Based Education in Healthcare

We are seeking the widest possible range of views and feedback from all those who have an interest or expertise in simulation based education (SBE). Thank you for participating in our questionnaire. Your feedback is important to us.

Q14: Do you agree with the standards and guidance relating to where a simulated patient programme exists?
- Strongly agree

PAGE 11: THEME 3: Resources cont’d

Q15: Do you agree with the standards and guidance relating to the technological support personnel section of the standards document?
- Strongly agree
- Comments: I’m glad to see this has been moved into the “Faculty” section.

PAGE 12: THEME 3: Resources cont’d

Q16: Do you agree with the standards and guidance relating to the management, leadership and development section of the standards document?
- Strongly agree

PAGE 13: Additional information

Q17: How do you anticipate the best method for collection of evidence to support the processes outlined in the standards document? i.e. self-assessment/report, assessment by peers, online reporting, local committee reporting etc

As accreditation will be linked to the standards in the future, perhaps an online reporting system would be of benefit. Individuals/organisations can start to collect evidence they are meeting the standards and then publish them when complete. Once accreditation is live, perhaps peer assessment would be beneficial initially; followed by self-declaration is subsequent years and maybe a repeat peer review at 3 yearly intervals.
Collation of feedback

- Feedback received both from the survey and from the pilot sites was collated and then analysed.

- Members of the ASPiH executive committee were then allocated to a group of standards within a Theme.

- They were asked to draw out recurring comments within the feedback, as well as any key points raised.

- The standards project team then went through all of the feedback, as well as the analysis from the ASPiH executive.
Process

- Feedback had mentioned repetition in the standards

- The decision was taken to reduce the number, but this required an OBJECTIVE process to take into account the feedback received

- The initial 77 standards were sorted according to two metrics:
  - Importance (based on feedback received)
  - Evidence base
Inclusion Criteria

- **Evidence**
  - Low= No evidence/ opinion from one source
  - Medium= Multiple sources of opinion/ existing guidance (consensus)
  - High= Published, peer-reviewed evidence. T1-3 evidence

- **Feedback Importance - Consensus**
  - Low= Low importance items had been filtered out by the initial consultation
  - Medium= other remaining standards
  - High= 80% or more positive responses from consultation
Feedback analysis matrix

1.1.1.1  1.1.1.2  1.2.1.2  2.1.1.2
1.1.1.6  2.3.1.2  2.3.1a.4  2.3.1a.6

1.1.1.7  1.1.1.8  2.1.1.1  2.1.1.3
2.1.1.5  2.2.1.1  2.3.1a.7  3.1.1a.3
3.2.1.1  3.2.1.3  2.3.1.1  3.1.1.1
3.2.1.2

1.1.1.4  1.1.1.5  1.1.1.6  2.1.1.8  3.1.1.3
1.1.1.8.4  1.1.1.8.5  1.2.1.1  1.2.1.3
1.2.1.4  2.2.1.2  2.2.1.3  2.2.1.9
2.2.1.10  2.2.1.11  2.2.1.12  2.3.1a.3
2.3.1a.5  2.4.1.1  2.4.1.4  2.4.1.7
2.4.1.8  2.4.1.9  2.4.1.10  2.4.1.11
3.1.1a.4  3.1.1a.5  3.1.1a.6  3.1.1b.1
3.1.1b.2  3.2.1.5  2.1.1.4

2.4.1.5

1.1.1.6  2.1.1.5  2.2.1.8  2.3.1.3
2.3.1a.2  2.4.1.6  3.1.1.2  3.1.1a.3
3.1.1b.5  1.1.1.8.1  2.2.1.4  2.2.1.5
2.2.1.6  2.2.1.7  2.3.1.4  2.4.1.3
3.1.1a.1  3.1.1a.2  3.1.1b.4  3.2.1.4
3.2.1.6

Retained  Discarded  Retained  Discarded  Possible

Health Education England

ASPiH

ASSOCIATION FOR SIMULATED PRACTICE IN HEALTHCARE
Standards Development

- Draft Standards that were supported by a *high* level of evidence and had *high* or *medium* importance were retained.

- Draft Standards that were supported by a *medium* level of evidence but had *high* importance were also retained.

- Draft Standards that were not supported by any or only a *low* level of evidence, but had *high* importance were reviewed individually, and of these, 4 more were retained.

- This resulted in 21 Standards across the 4 Themes
Standards Document and Application

Dr Makani Purva
Components

SIMULATION-BASED EDUCATION IN HEALTHCARE
STANDARDS FRAMEWORK AND GUIDANCE

ASpiH
Health Education England

www.aspih.org.uk
Components of the framework document

- Faculty development
- Debriefing

- Programme
- Procedural skills
- Assessment
- In situ simulation

- Simulation Facilities and Technology
- Management, Leadership and Development
Relationship between Standards and Guidance

- **Standards** are a platform for accreditation and differ fundamentally from mandatory professional standards as set by regulators.

- **Guidance** provided much more detailed advice and in addition provides a framework for achieving the standards.

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**STANDARDS**

1. Faculty ensure that a safe learning environment is maintained for learners and encourages self-reflection on learning.
2. Faculty engage in continuing professional development with regular evaluation of performance by both learner and fellow faculty.
3. Faculty are competent in the process of debriefing.

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**Guidance**

**General**

- Attracting, recruiting and retaining faculty is key to delivering courses effectively and in a sustainable fashion. A supportive environment for faculty with protected time to develop simulation activities should be key considerations for faculty retention and development [11].

- Engagement from management of healthcare organisations and educational institutions is vital to ensure continued support for faculty development. This should be through explicit time in job plans/contracts and linked to regular appraisal and evidence of professional development in the role [3][4].

- In designing SBE activities or courses, faculty should ensure content adheres to best practice standards in education where applicable [12][13][3][4][5].

- Simulated Patient (SP) involvement, as a specialist group of faculty, should be supported with the same considerations as other faculty members.

- Content should adhere to best practice when engaging with SPs, such that the four principles of biomedical ethics are adhered to: autonomy, beneficence, non-maleficence and justice [14].
Key Changes - Second consultation

- Delineation between standards and guidance
- New theme dedicated to technical personnel
- Consolidation into 21 Standards
- Removal of duplication
- Consistency and clarity of terminology
- Expanded glossary and reference sections
Key Questions - Second consultation

- What is a good train the trainer programme?
- How can we avoid training in silos?
- How should a team based training look like?
- How can we achieve higher levels of evaluation in training?
- Who is an expert?
- What is competence?
- Can we create validated assessment tools?
- What is a good simulated patient programme?
- How can we engage with industry, device testing and innovation?
AREAS of APPLICATION

Evidence of standards being used for self-assessment and reflection of current practice.

Identify shortfalls and areas of practice requiring more resources.

Quality assurance via accreditation.

Drive technology developments and cooperation with industry partners.

Extensive evidence that standards can be used for future accreditation purposes.

Possible commissioning framework going forward.

The objective was to make the framework generic and relevant to Trusts, HEIs, and other organizations using SBE including those using part-task trainers, in situ, assessments, high fidelity, low fidelity, and simulated patients.
HEE Plans 2017

Working with:

- Education Commissioners
- Quality leads
- HEE Dean

Defining plans and timelines underway
Next Steps 2017 Adoption Phase

- Enable utility across the simulation community in order to determine fitness of purpose
- Introduce a trial, online self-evaluation process towards accreditation
- HEE internal consultation and scoping exercise process will occur in parallel e.g Commissioners, Deans and Regulators
- Evaluate integration with regional standards
- Address the key issues identified in the second consultation
- Pilot self-assessment using online tools
Summary

- Engagement levels exceeded expectations
- Formal consultation now ended
- Move in to an adoption and delivery phase in 2017
- Still a work in progress
- Self evaluation will provide information about the next iteration
- Detailed Consultation and Engagement Report December
- Initial questions and feedback via post-conference Twitter chat

Document and news available at www.aspih.org.uk
Self assessment
Online reporting
Peer review
Face to face audit