## Appendix C: Annual Peer Review Summary Report Form



Please complete with reference to the Quality Assurance Framework Document. The numbered points correspond to the evidence required for the 3 core standards of the QA Framework: please consider these as you complete the summary.

Please complete this appendix C as a summary of the evidence presented during the course and with your recommendations for the course lead.

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| **Simulation Centre** |  |
| **Date** |  |
| **Course title** |  |
| **Course Lead** |  |
| **Group Size** |  |
| **Name(s) of Peer reviewer and**  **Place of work** |  |

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| **SBE provider Organisational leadership, includes facilities & technology management** | |
| 1. A designated individual leads the strategic delivery of the SBE provision and faculty are aware of who this is. 2. Course materials on web sites and issued via pre-course formats are up to date and relevant for use 3. Moulage and other levels of realism are of a high quality and appropriately applied 4. A variety of SBE modalities are utilised with appropriate levels of realism and accuracy applied 5. A training programme is in place for all levels of faculty including technicians, simulated patients and visiting faculty for the equipment available for use. 6. Equipment is appropriate to the SBE activity and is clean and well maintained |  |
| **Recommendations** |  |

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| **Programme development, assessment & In Situ utilisation** | |
| 1. Evidence of a learning needs assessment should be made available if utilised 2. Course packs/ manuals/ marketing materials should include aims, objectives & evaluation plans 3. A faculty pack should be made available to inc timetable and model of debriefing in use to support consistency in delivery 4. A pre-brief for faculty & participants should take place- that includes the plan for delivery format (modality), assessment or feedback methodologies in use 5. Course attendance records should be maintained / reviewed & DNA’s followed up 6. Course evaluation should inc human factors measurements and be recorded pre- and post SBE interventions where possible to measure impact 7. The assessment tools in use measure the learning objectives set should be familiar to faculty 8. An In Situ checklist is utilised to ensure information/ equipment is checked in and out for safety & cost effective reasons 9. Day to day course review takes place and where relevant actions are documented 10. Debrief of debriefs and feedback to faculty, SP’s and participants should be conducted according to local protocol |  |
| **Recommendations** |  |

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| **Faculty and personnel** | |
| 1. Number of faculty for each course is adequate to SBE intervention. 2. Faculty have evidence of CPD in a portfolio or other matrix 3. Faculty including experts are pre-briefed and are aligned to the course objectives and plan for the day 4. The embedded participants and standardised patients are included in the pre-brief as faculty and their impact on scenarios is discussed in advance 5. Appropriate healthcare professional; Medical consultant / subject expert faculty are present; e.g. surgical skills course 6. Faculty emphasises / maintains a safe learning environment with confidentiality, professionalism and embodies this within the principles of the course 7. Novice faculty have attended an introductory course as outlined in by ASPiH (2016) 8. Experienced faculty debrief debriefs and conduct reflective feedback for standardized patients and embedded participants |  |
| **Recommendations** |  |

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| **Summary – Overall Feedback** |
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