**Quality Assurance in Simulation**

**Framework and Guidance**

**for the**

**South London Simulation Network (SLSN)**

**December 2016**

**V 2**

**Quality Assurance in Simulation**

**Standards Framework and Guidance *December 2016***

*Prepared by Colette Laws-Chapman on behalf of the South London Simulation Network*

## Acknowledgements:

The quality assurance standards framework & guidance was originally implemented following a collaborative project across South London Simulation centres to provide a peer quality assurance tool.

The 2014-15 framework was developed based upon the literature and from existing tools available at the time of writing including: NHS Yorkshire and Humber Quality Framework produced by the Montagu Clinical Simulation Centre which can be found below:

(<http://login.qaclinicalskills.co.uk/pdfs/QACSS>).

The Simulation Quality Assurance and Developmental (SQUAD) Visits Framework developed by Health Education Kent Surrey & Sussex & GAPS (2013) and the International Nursing Association for Clinical Simulation and Learning (INACSL) standards revised (2013).

This new version for December 2016 onwards has been modified based on the past years peer reviewer feedback and accommodates the newly launched National Standards Framework for Simulation Based-Education (SBE) by the Association for Simulated Practice in Healthcare & Health Education England (November 2016). It has retained many of its original features the principle changes can be seen in the process section which is vastly simplified from page 9-14 and changes reflected in the tools in appendix B & D.

**Background**:

In 2014 the following Simulation centre gave their support and vision for this framework to be developed as part of the founding centres supporting the development and expansion of the South London Simulation Network (SLSN):

Guys & St. Thomas’s NHS Foundation Trust

Kings College Hospital NHS Foundation Trust

South London and Maudsley NHS Foundation Trust

St. Georges Healthcare NHS Trust

The SLSN have been conducting peer reviews and self assessment of centres as part of the 3 year innovations project supported by an award from Health Education England South London (HEESL). The project is shared across nine simulation centres from secondary health care and three HEI’s all within South London.

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**Section Pages**

Acknowledgements 2

Introduction 5

Process Overview 6

The Quality Assurance Process and Submission of Evidence Guide 9-14

Appendix A: Quality Assurance Literature Review 15-40

Appendix B: Annual Peer Reviewer Observation Form 39-48

Appendix C: Annual Peer Review Summary Report Form 49-51

Appendix D: Biennial Quality Assurance and Governance Review Form 51-54

Appendix E: Day to Day QA Course Debrief Form 55

# Quality Assurance in Simulation Standards Framework and Guidance

# South London Simulation Network

## Introduction:

The utilisation of simulation based education (SBE) has become an established modality for inter-professional education within both hospital and university-based centres in South London in the last yen year.

The South London Simulation Network (SLSN) formed by key stakeholder providers of SBE including GAPS, GSTT, KCH, KCL and SLAM fully endorse a partnership approach to sharing resources and expertise is an effective format for the future of high-quality simulation. The SLSN recognised that the development of simulation based training is diverse and variable across South London and along with the intention to share resources there was a strong desire to share best practice and to support effective course development and quality assurance for all South London based simulation.

Members of this network include simulation centres based at the following hospitals: Croydon Epsom & St Helier, Greenwich University, Guys & St Thomas’, Kings College London, Lewisham, London South Bank University, Kingston, Kingston University, South London and Maudsley, South West London Mental Health Trust and St George’s Healthcare.

The SLSN Standards Framework & Guidance been developed from a number of sources as identified in the acknowledgements & literature. The SLSN actively carried out peer reviews over the past 3 three years and contributed to the new ASPiH Standards (November 2016).

This version has been updated to reflect the new ASPiH Standards, the literature review (see Supporting Document) has not been updated in 2016 in light of the activity led by ASPIH as this was deemed to be duplication.

## Purpose of this Document

The standards framework and guidance are not a mandatory process but centres and individual faculty are invited to utilise the tools for self and peer assessment and quality assurance purposes. The SLSN Standards framework reflect the ASPiH Standards Framework (Nov 2016) but has tools (appendix B, C, D & E) to help chart and record activities. For example, peer reviewers can use appendix B, the peer reviewer form to collect evidence whilst observing a course and write a summary report for the centre using appendix C.

**Key Principles:**

There is a common framework that incorporates elements of organisational principles, course design, delivery, evaluation and faculty development. Peer review strengthens the collaborative nature of the SLSN and this process enhances cross working within our geographical area.

Peer review visits are intended to be developmental with the opportunity to compare:

* operational & governance systems
* design and delivery of simulation courses against standards identified as best practice
* exchange good practice, ideas and processes
* any aspect of simulation could be observed from low or no-tech training sessions, part task training, role play and group work, through to fully immersive high-fidelity simulation using human patient simulators or actor based simulation and In Situ SBE activities.

This tool is intended to be used by individual faculty members /course or programme leads/centre directors and teams involved in the quality assurance process of simulation courses within the SLSN.

**Process overview:**

There are three formal stages to the review that occur over a two-year period.

**Stage 1: Annual Peer Review Visit:** Each course should have a peer review annually. Over the two year period, one of these peer reviews should be conducted by an external peer reviewer. Each centre should organise peer-to-peer course reviews with the peer reviewer completing an Annual Peer Review Observation form (Appendix B) and Annual Peer Review Summary Report form (Appendix C).

**Stage 2: Annual Quality Assurance Course Board Review:** Centres are encouraged to conduct an end-of-year course board review meeting with key stakeholders. Reports and course content are to be reviewed including course evaluation data, research results, peer QA review report and ongoing development activities / topic related evidence. Course review summary data is subsequently discussed at each centre’s Educational Governance meetings – where relevant.

**Stage 3: Biennial Quality Assurance & Governance review:** Self-reported return and peer site visits

* Centre completes the Biennial Review Form (Appendix D) showing evidence of QA processes, including Summary Reports carried out on current courses (Appendix C).
* A senior external reviewer from a peer organisation will visit the centre and sign-off the completed Biennial Review Form (Appendix D). The centre may be asked to provide the course materials and course review papers as evidence.

**Day to Day QA Course Debrief Form:** Centres are encouraged to utilise this tool on a day to day basis to capture feedback, thoughts and suggestions from faculty post courses debrief discussions (Appendix E). This is especially useful for where faculty may very across the dates of course delivery.

**The annual peer review visit:**

There will normally be one peer reviewer, either external or internal, observing the simulation course. Peer reviewers are encouraged from an educationalist or faculty background with significant experience in the field of medical simulation. Novice faculty will find conducting peer reviewers of great value and should be encouraged to undertake peer reviews with support. The reviewer will make notes during the observation using the Annual Peer Review Observation form (Appendix B) and may supplement these with their own notes for debriefs of debriefs they undertake for individuals.

A peer reviewer information pack should be made available, in advance of attending the visit wherever possible, which may include the following:

* pre-course information
* programme timetable
* intended learning outcomes
* scenario briefing sheets/ assessment frameworks
* any pre-course reading/ activities
* model of the debrief / feedback format in use
* level of learners present (e.g. undergraduate, RN’s, Therapists, Foundation Year 1, Specialist trainee)
* names and level of faculty members participating in training/scenarios/debrief
* example of the pre and post course evaluation measurement tool

Peer reviewers are expected to:

* attend and observe the faculty pre-brief
* observe at least two whole scenario and scenario debriefs or educational interventions
* conduct at least one debrief of the debrief to faculty observed
* provide a same day summary of quality improvement observations found during the visit
* where possible stay for the course debrief and review course evaluations

The peer reviewer is looking at the whole course process and through the QA tools will consider the following elements:

* The learning environment
* Pre-session development including scenario design and purpose
* Familiarisation for faculty and learners
* Course introduction
* Scenarios & workshop sessions used in the course
* Debrief of simulations
* Assessment of learners in procedural courses
* The characteristics of effective facilitation including debrief structure and questions
* Course evaluation

After the peer observation visit, the peer reviewer should complete an Annual Peer Review Summary Report (Appendix C) from their observations, which should be emailed to the course lead/ faculty within four weeks of the review. Subsequently, a course review board should consider the QA review recommendations alongside any relevant evaluation data at the annual course review to consider and amend the course if required.

**The Biennial Quality Assurance and Governance Review visit:**

A simulation based education provider / centre should aim to have a core governance structure that incorporates quality, finances, and course and faculty development elements. Ideally a centre has a designated director who co-ordinates a strategic governance framework that’s aligned with the organisational and stakeholder values and needs of the organisation it is based within. To support this, the SLSN QA process has incorporated a biennial review using a prompt sheet (Appendix D) which features the broader elements of centre governance combined with single course review(s).

The key principles of the Biennial Quality Assurance and Governance are that every other year a simulation centre will prepare for and host a biennial peer review. A senior external peer reviewer will meet with the centre director and conduct the biennial QA review. They will review governance documents and complete any gaps in Appendix D at the meeting.

 **Quality Assurance in Simulation**

**Standards Framework and Guidance for the SLSN**

**Process and Submission of Evidence**

## The Core Standards

## KEY:

|  |  |
| --- | --- |
| **Stage** | **Person(s) responsible & areas** |
|  **1. Course Annual Peer Review Visit**  | **Centre Director:** Peer Site Visit: x1 per course to be arranged.Minimum of one external peer reviewer every two years per course. (appendices B + C) |
| **2. Annual Quality Assurance Course Board Review** | **Course Lead and Centre Director:**1x per courseCollates course evaluation data & QA review data to formulate review and recommendations for course changes / continuation.Provides reports and minutes of meeting to centre director.  |
| **3. Biennial (Centre Based) Quality Assurance and Governance Review** :  | **Centre Director:** Collates summary of peer review reports and peer visit feedback to formulate action plan for governance reviewsCompletes biennial review QA and governance form (Appendix D) |

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| Standard | Possible evidence  |
| 1. **Organisational leadership including facilities & technology management**
 | Standards: **The leadership team oversees SBE organisational structures including adequate consideration to finance, personnel and technology resources are made available to support the SBE programme strategy.**Principles:1. There is an organisational leadership structure that has oversight and accountability for SBE activity
2. There is an educational governance process that reviews the educational facilities and provision of services
3. The strategic aims of the service demonstrate alignment to the organisational and stakeholder needs such as patient, staff and student safety and quality
4. There are procedures in place for quality monitoring, and review of evaluation data, staffing, and finances on a regular basis
5. There are systems in place for ongoing faculty development for existing and new faculty
6. Outward facing information sources are maintained including web sites, learning material provision and use of social media
7. A variety of SBE modalities are utilised with appropriate levels of realism and accuracy applied
8. Appropriate maintenance schedules are in place for simulation equipment
 |
| **Annual Peer Review** (Peer course QA observation) | Evidence: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-courses formats are up to date and relevant for use
3. Moulage and other levels of realism 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
 |
| **Annual QA course board review**  (Self Report) | Evidence:1. The faculty can state whom is the overall lead responsible for standards and provision of services within the facility
2. There is a designated centre or area for the SBE activity with environmental facilities suitable to the SBE activity including a designated clinical and debrief area for scenarios
3. Courses or scenarios have appropriate props/equipment supplied e.g. props list on scenario template or technician info matches that available
4. A pre-brief is conducted for participants covers orientation to and general housekeeping of the simulation environment: and introduces them to the objectives, manikins and equipment prior to the training session
5. Faculty cab state the functions and safety checks for all equipment in use on the day
 |
| **Biennial Quality** **Assurance and Governance review** (Self-Report and Peer Site Visit) | Evidence:1. There is an educational governance structure where course board reviews and research, staffing, financial data and resources are reviewed
2. The Leadership team meet on a regular basis to maintain oversight and accountability for SBE activity and to review organisational commissioning of SBE activities
3. There are defined areas for the course sessions e.g. clinical skills facilities, scenarios, debriefing and equipment storage
4. Peer reviewers are invited to undertake course reviews
5. Faculty are supported to undertake peer reviews and CPD activities with professional leave and funding awarded as appropriate to the size of the facility
6. A needs analysis is undertaken to ensure that the technology and equipment available is appropriate to achieve the educational objectives.
7. Equipment and maintenance schedules records are kept up to date
8. The reviewer should consider all elements in the standards / principles section
 |
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| **2) Programme development, assessment & In Situ utilisation**  | Standard: **SBE activities inc ad hoc In Situ, or course programmes are aligned to formal curriculums or learning needs analyses undertaken by the education or practice provider** Principles:1. A learning needs assessment is conducted, up to date and reviewed
2. The learning needs and perspectives of the wider population are considered including patients, carers and other members of the workforce
3. Clear aims and objectives of the SBE session or course around cognitive, affective and psychomotor domains are linked to evidence based protocols, procedures and organisational goals: And shared prior to course application & activities
4. Human Factor approaches should be included in the programme where relevant and explained to participants prior to training
5. Pre-course materials should be distributed in a timely fashion and reviewed for relevance, suitability and added value.
6. Adequate preparation for participants and faculty should be factored into a timetable to support efficient and psychologically safe SBE e.g. pre-briefing
7. SBE activities are regularly evaluated using validated tools to assess learners confidence levels in the task being taught, and where possible the transfer of learning to the clinical setting or impact on patient safety
8. Other data to evaluate learning including KPI’s, patient and staff satisfaction and critical incident data should be used where appropriate
9. Course aims, activities and governance arrangements regularly reviewed by a faculty member with expertise in SBE to ensure it remains aligned to best practice and organisational goals
10. Assessment is appropriate to the LNA / organisational goal
11. Participants should be informed in advance if the SBE is a safe learning environment with formative assessment or is used as a Summative assessment process
12. SBE can be aligned where appropriate to CPD or accreditation from affiliation to professional bodies e.g. RCP, RCN, and RCS.
13. All equipment in use should be checked in and out at the start and end of an SBE exercise
14. All equipment should be checked and returned in good repair
 |
| **Annual Peer Review** (Peer course QA observation) | Evidence: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 on a regular basis, according to local protocol
 |
| **Annual QA course board review**  (Self Report) | Evidence:1. A course review meeting is held at least once per annum
2. The review should include course aims, objectives and relevant course materials
3. Attendance register / evaluation data is reviewed
4. A repeat learning needs assessment should be considered if the course is to be repeated for a second year
5. Action plans made for course changes should be shared with all relevant faculty
6. Faculty packs should be reviewed once changes are agreed
 |
| **Biennial Quality** **Assurance and Governance review** (Self-Report and Peer Site Visit) | Evidence:1. Minutes of educational governance or review board meetings, course board reports and QA review report should be made available
2. The reviewer should consider all elements in the standards / principles section
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| **3) Faculty and personnel** | Key: **Simulation based education programmes are designed and supervised by appropriately experienced/trained faculty**Principles:1. Faculty numbers are appropriate to allow for supervision & practice in procedural skills training
2. Faculty are appropriately trained to design, deliver and debrief SBE
3. Subject expert specialists will be supported to debrief in SBE if required
4. Subject experts and Faculty are delivering courses appropriate to their skills – Faculty in procedural skills should be experts in the subject matter
5. The course provider can access or provide faculty development programmes to ensure appropriate skilled faculty are available
6. Faculty should attend on-going continuing professional development education in this field.
7. All faculty receives feedback either informally or formally on a regular basis – e.g. peer observation of teaching/ debrief the debrief.
8. Staff or patients are trained to undertake roles such as the embedded participant, standardized patient, or patient voice
9. All faculty staff are supported to uphold professional standards and create a safe learning environment. using the basic assumption that all learners are attending with a desire to improve and have mutual respect for each other
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| **Annual Peer Review** (Peer course QA observation) | Evidence: 1. Number of faculty for each course is deemed adequate for the 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 the ASPiH (2016) standards
8. Experienced faculty conduct debrief of debriefs and provide reflective feedback for standardized patients and embedded participants
 |
| **Annual QA course board review**  (Self Report) | Evidence:1. Faculty database is reviewed to ensure evidence of training and CPD is logged “Faculty Development Course” e.g. CMS instructor, Train the Trainer or Essential debriefing skills
2. Each course date has a nominated expert in simulation or the specialist area present
3. Course peer review and participant evaluation data is reviewed and recommendations for change considered
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| **Biennial Quality** **Assurance and Governance review** (Self-Report and Peer Site Visit) | Evidence:1. See above – demonstrates evidence of faculty appraisal and development programmes
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**Appendix B: Annual Peer Reviewer Observation Form**


# Quality Assurance in Simulation & Interactive Learning - Peer Reviewer Observation Form

Course title:

Course lead:

Date of review:

Name and title of reviewer:

Place of work of reviewer:

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|  |
| **1. Pre-course information:**  |
| **i) Reading:** Please indicate if the course has any pre-course reading materials. | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **ii) What type of material was included in the pre-course reading?** | Human Factors literature | *[ ]*  |
| Clinical literature (eg NICE standards, algorithm) | *[ ]*  |
| Weblinks | *[ ]*  |
| e-learning resources | *[ ]*  |
| Information about venue and timings | *[ ]*  |
| **iii) Comments on pre-course information** (Consider age of literature/are weblinks active etc) |  |

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| **2. Course Administration on the day:**  |  |  |
| **i) Was an attendance record taken?** | Yes | *[ ]*  |
| No | *[ ]*  |
| **ii) Was a timetable provided/on display?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iii) Did the course follow the timetable?** | Fully | *[ ]*  |
|  | In part | *[ ]*  |
|  | No | *[ ]*  |
| **iv) Was the necessary consent obtained for research/photography etc?**  | Yes | *[ ]*  |
| No | *[ ]*  |
| **v) Comments on administration on the day** |  |

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| **3. Pre-briefing faculty :**  |
| **i) Please indicate if the faculty attended a pre-course pre-brief orientation**  | Yes | *[ ]*  |
| No | *[ ]*  |
| **ii) What did the pre-brief cover?** *(circle all that apply)* | Introductions | *[ ]*  |
| Running order | *[ ]*  |
| Role allocation and role guidance | *[ ]*  |
| Overview of scenarios | *[ ]*  |
| Learning objectives | *[ ]*  |
| Opportunity to ask questions | *[ ]*  |
| Creating/maintain a safe learning environment | *[ ]*  |

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| **4. Type of simulation programme/ modality being observed**:  |  |
| **i) Which simulation modality was in use on the course?** | Role play | *[ ]*  |
| In situ/mobile sim | *[ ]*  |
| Virtual reality | *[ ]*  |
| Part task trainers | *[ ]*  |
| High fidelity full scale human patient simulators | *[ ]*  |
| Simulated patients/actors | *[ ]*  |
| **ii) Comments on the appropriateness of the modality used to meet learning needs** |  |
| **iii) Comments on the simulation fidelity** |  |
| **iv) Were any other teaching modalities employed as part of the course?** | Didactic sessions | *[ ]*  |
| Skills workshop | *[ ]*  |
| Group work | *[ ]*  |
| Case based discussion | *[ ]*  |
| Other:  | *[ ]*  |
| **v) What (if any) assessment was used for the course?** | Formative | *[ ]*  |
| Summative | *[ ]*  |
| **vi) Comments on assessment:** |  |

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| **5. Environment- Simulation**:  |
| **i) Please indicate the degree of immersive simulated environment the training is taking place in:** | In-situ training in the clinical environment | *[ ]*  |
| Dedicated static simulation centre  | *[ ]*  |
| Classroom based room enhanced with props to recreate reality | *[ ]*  |
| Other: | *[ ]*  |
| **ii) Comments on the simulation environment:** |  |

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| **6. Environment- Debriefing:**  |
| **i) Was there a designated and private area for debriefing?** | Yes | *[ ]*  |
| No | *[ ]*  |
| **ii) Comments about debriefing area** |  |

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| **7. Faculty and Facilitators:** **i) Please indicate the number of faculty and facilitators for the course:**  | Number | Comments |
| Total (excluding actors) |  |  |
| Technician  |  |
| Debriefers (of any level) trained in model used |  |
| Novice debriefer |  |
| Intermediate debriefer |  |
| Advanced debriefer |  |
| Specialist faculty |  |
| Actor(s)/standardised patients |  |
| **ii) Did the course use faculty as:** | Patient voice |
| **ii) Did the course use faculty as:** | Embedded person | *[ ]*  |
| Clinical response/escalation | *[ ]*  |
|  | *[ ]*  |

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| **8. Participants:**  |  | Comments |
| **i) How many participants were booked to attend the course?** |  |       |
| **ii) How many participants attended the course?** |  |       |
| **iii) Is the course interprofessional (2 or more professions participating)?** | *Yes**[ ]*  | *No [ ]*  |       |
| **iv) Which of the following professions were represented?** |  |
| Hospital doctor/Trainee | *[ ]*  | Dietician | *[ ]*  |
| GP/Trainee | *[ ]*  | Physician assistants | *[ ]*  |
| Nurse | *[ ]*  | Pharmacist | *[ ]*  |
| Midwife | *[ ]*  | Social worker | *[ ]*  |
| Physiotherapist | *[ ]*  | Security | *[ ]*  |
| Paramedic | *[ ]*  | Porter | *[ ]*  |
| Health care assistant/nursing assistant | *[ ]*  | Manager | *[ ]*  |
| Carer  | *[ ]*  | Ward clerk/administration  | *[ ]*  |
| Undergraduate – med/nurse/AHP | *[ ]*  | Consultant nurse/AHP  | *[ ]*  |
| Consultant medical | *[ ]*  |
| Occupational therapist | *[ ]*  | Other:       | *[ ]*  |

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| **9. Learning Objectives:**  |  | Comments |
| **Please indicate how many specific measurable objectives participants are expected to achieve ghegheduring the simulation based course** | None | *[ ]*  |       |
| 1 | *[ ]*  |
| 2 | *[ ]*  |
| 3 | *[ ]*  |
| 4 | *[ ]*  |
| >5 | *[ ]*  |

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| **10. Pre-briefing participants on the day:**  |  |  |
| **i) Simulation orientation:** did the course pre-briefing cover any of the following?*(check all that apply)* | Intro to other participants (eg icebreaker) | *[ ]*  |
| Intro to faculty and their roles | *[ ]*  |
| Course aims and objectives | *[ ]*  |
| The modality being used | *[ ]*  |
| The modality of simulation within human factors (exploring individual and team performance) | *[ ]*  |
| The debrief model intended for use | *[ ]*  |
| The use of social media | *[ ]*  |
| **ii) Environmental orientation:** Please indicate if the participants received information regarding the following: *(check all that apply)* | Housekeeping & safety information (eg fire exits) | *[ ]*  |
| Orientation to the simulated environment | *[ ]*  |
| Orientation to manikins functions/equiptment | *[ ]*  |
| **iii) Professional integrity**: Please indicate if the course introduction discusses confidentiality and the protection of course content & participants including:*(check all that apply)* | The need to demonstrate professional and ethical behaviour | *[ ]*  |
| An expectation of receiving and providing constructive feedback | *[ ]*  |
| An expectation of mutual respect | *[ ]*  |
| **iv) Psychological & physical safety:** Did the facilitator indicate that simulation is used as a **safe learning environment** which permits mistakes and/or whether the course was being used as an assessment? | *(Yes fully)**[ ]*  | Comments:       |
| *(In part)**[ ]*  |
| *(No)**[ ]*  |
| **v) Psychological & physical safety:** Did the facilitator indicate that **debrief formats** are designed to allow a safe environment for participants to speak up, share thoughts/feeling/perceptions without the risk of retribution or embarrassment? | *(Yes fully)**[ ]*  | Comments:       |
| *(In part)**[ ]*  |
| *(No)**[ ]*  |
| **vi) Comments on the simulation environment:** |       |

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| **11. Scenarios:** |  | Comments |
| **i) Please indicate if the participants receive a pre-brief to each scenario (that included context of scenario eg name, age, time and place):** | Verbally *[ ]*  |       |
| On paper *[ ]*  |
| Opportunity to ask questions *[ ]*  |
| **ii) How many simulated scenarios were included in the course?** |  |       |
| **iii) Were there specific learning objectives for each scenario?** | None *[ ]*  |       |
| 1-2 *[ ]*  |
| 3-4 *[ ]*  |
| >5 *[ ]*  |
| **iv) Were the scenarios appropriate to the learner’s level/grade and previous experience?** | Yes | *[ ]*  |  |
| No | *[ ]*  |

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| **12. Embedded participant (plant):**  |  |
| **i) Please indicate if the influence of the EP is:** | - Positive | *[ ]*  |
| - Negative | *[ ]*  |
| - Neutral | *[ ]*  |
| - Distracter | *[ ]*  |
| **ii) Free text for comment on the EP roles** |       |

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| **13. Formative feedback:**  |  |
| **i) In the situation where clinical or professional performance is identified as a concern, please indicate how the faculty / centre gives formative feedback to individuals (leave blank if not appropriate)** |       |

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| **14. Debrief observational specific questions** |  |
| **i) Debrief format:** Please indicate the model of debrief or format of debrief that was used: | - Advocacy with Inquiry  | *[ ]*  |
| - Diamond Debrief | *[ ]*  |
| - PEARL | *[ ]*  |
| - Plus Delta | *[ ]*  |
| - Team gains | *[ ]*  |
| - 3D (Diffusing, Discovering & Deepening) | *[ ]*  |
| - Other | *[ ]*  |
| - No specific model used | *[ ]*  |
| **ii) Was the debriefing model on display/available for participants to refer to?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iii) Please comment on the use of model** |       |
| **iv) Were facilitators:** | Co-debriefing | *[ ]*  |
| Single debriefer | *[ ]*  |
| Other: | *[ ]*  |
| **v) Was video playback used in the debrief?** | No | *[ ]*  |
| Occasionally | *[ ]*  |
| Often | *[ ]*  |
| Always | *[ ]*  |
| NA | *[ ]*  |
| **vi) In general, did the debriefs allow space for participants to reflect on the simulation experience? Consider skills (kinetic), knowledge (cognitive), feellings/interactions (affective).**  | No | *[ ]*  |
| Occasionally | *[ ]*  |
| Often | *[ ]*  |
| Always | *[ ]*  |
| NA | *[ ]*  |
| **vii) Were there comparisons to real life experiences?** | No | *[ ]*  |
| Occasionally | *[ ]*  |
| Often | *[ ]*  |
| Always | *[ ]*  |
| NA | *[ ]*  |
| **vii) Did the debriefer ask open ended questions** | No | *[ ]*  |
| Occasionally | *[ ]*  |
| Often | *[ ]*  |
| Always | *[ ]*  |
| NA | *[ ]*  |
| **viii) Was there opportunity for discussion of specific non-technical skills or Human Factors during the debrief?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **ix) Which Human Factors were explored in detail during the debriefs?** |       |
| **x) Was there any discussion of application of reflection and learning to future practice?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **xi) Please elaborate on the questions in this section in relation to the facilitation of debrief discussions:** |       |

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|  |
| **15. Psychological safety:**  |
| **i) Maintenance of safety**Please indicate if you feel that the facilitator (s) maintained a safe environment for participants to speak up, share thoughts, feelings, perceptions without the risk of retribution or embarrassment  | *(Yes)**[ ]*  | Comments:       |
| *(No)**[ ]*  |
| **ii) Validation**If during the debrief participants shared personal experiences - Was this contribution validated? | *(Yes)**[ ]*  | Comments       |
| *(No)**[ ]*  |

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|  |
| **16. Evaluation:**  |  |
| **i) Please indicate the type of evaluation utilised for the programme/training (Kirkpatrick Levels):** | - Reaction of student - what they thought and felt about the training | *[ ]*  |
| - Learning - the resulting increase in knowledge or capability | *[ ]*  |
| - Behaviour - extent of behaviour and capability improvement and implementation/application | *[ ]*  |
| - Results - the effects on the business or environment resulting from the trainee's/participant’performance | *[ ]*  |
| **ii) Pre-course evaluation: did the evaluation tools measure pre-course knowledge/skills/attitudes?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iii) Post-course evaluation: did the evaluation tools measure post course knowledge/skills/attitudes?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iv) Feedback – did the evaluation tool provide space for feedback about the course/faculty/environment etc?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **v) Latent errors – where identified during In Situ, potential actions were also discussed and recorded, to capture learning and identify preventative strategies?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **vi) Latent errors were graded using appropriate systems such as the NPSA risk matrix** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **vii) Comments about the course evaluation and feedback**  |       |  |
|  |  |
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|  |
| **17. Faculty / Course debrief**: |
| **i) Faculty debrief: did the faculty debrief each other formatively at any stage of the day?**  | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **ii) Was a specific tool used?** | Yes | *[ ]*  |
| No | *[ ]*  |
| **iii) If a specific tool was used, please state/describe:** |       |
| **iv) What level was the debriefer of the debriefs?**  | Novice | *[ ]*  |
| Intermediate | *[ ]*  |
| Advanced  | *[ ]*  |
| Expert | *[ ]*  |
| **v) Did the faculty debrief the whole course/review the evaluations at the close of the day?** | Yes | *[ ]*  |
| No | *[ ]*  |
| **vi) Were changes/suggestions recorded?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |

|  |
| --- |
|  |
| **18. For procedural skills courses**:  |
| **i) Specialist presence - was there an appropriate specialist (eg consultant surgeon) present as faculty?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **ii) Was the equipment used to perform the procedure identical (or as close as possible) to the equipment used in clinical practice?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iii) Candidate assessment – is the assessment of participants appropriate to the skill being taught? (see specific course curriculum/assessment documents)** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **iv) Additional comments about this section (procedural skills)** |       |

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|  |
| **19. Course governance** |
| **i) Is the course delivery standardised?** **e.g. Each course content includes the same aims/content/scenarios**  | Yes | *[ ]*  |
| No | *[ ]*  |
| **ii) Is the course accredited in any format?** *Check all that apply* | Nil accreditation | *[ ]*  |
| Royal College (eg. RCS, RCN) | *[ ]*  |
| Yes – other accreditation | *[ ]*  |
| CPD hours | *[ ]*  |

|  |
| --- |
|  |
| **20. Annual Review** |
| **i) Does the course have a course review board that meets annually?** | Yes | *[ ]*  |
| No | *[ ]*  |
| NA | *[ ]*  |
| **ii) Does the course review receive collated course information, including the participant’s evaluations to enable improvement to be made to the course?** | Yes | *[ ]*  |
| No | *[ ]*  |
|  |

These standards are adapted from the ASPiH standards (2016): Association for Simulated Practice in Healthcare, Simulation Based Education in Healthcare – Standards for Practitioners – Consultation Document and INACSL (2013) standards: International Nursing Association for Clinical Simulation and Learning (INACSL) (2013) Standards for Simulation *Clinical Simulation* *in Nursing* 9(6S) Si – S32 <http://dx.doi.org/10.1016/j.ecns.2013.05.010>

## 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.

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

|  |
| --- |
| **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** |  |

|  |
| --- |
| **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** |  |

|  |
| --- |
| **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** |  |

|  |
| --- |
| **Summary – Overall Feedback** |
|  |

## Appendix D: Biennial Quality Assurance and Governance Review Form

Please complete ahead of your biennial peer review visit:

|  |  |
| --- | --- |
| **Simulation Centre & Organisation** |  |
| **Name of Director or DME** |  |
| **Review Date** |  |
| **Name(s) of Peer reviewer**  |  |
| **Number of staff employed (WTE)*** Administration
* Management
* Fellows
* Clinical educators
* Technicians
* Standardised/ Simulated patients
* Other
 |  |
| **Size of centre** (Number of rooms for training ) |  |
| **Facilities** (such as Live A-V feed, HPS - adult/child/birthing manikin, lapro trainers, haptics) |  |

### Simulation based education (SBE) provider organisational leadership including facilities & technology management

Standard: **The leadership team oversees SBE organisational structures including adequate consideration to finance, personnel and technology resources are made available to support the SBE programme strategy.**

|  |  |
| --- | --- |
| **Principles** | **Evidence provided:** |
| 1. There is an organisational leadership structure that has oversight and accountability for SBE activity
 |  |
| 1. There is an educational governance process that reviews the educational facilities and provision of services
 |  |
| 1. The strategic aims of the service demonstrate alignment to the organisational and stakeholder needs such as patient, staff and student safety and quality
 |  |
| 1. There are procedures in place for quality monitoring, and review of evaluation data, staffing, and finances on a regular basis
 |  |
| 1. There are systems in place for ingoing faculty development for existing and new faculty
 |  |
| 1. Outward facing information sources are maintained including web sites, learning material provision and use of social media
 |  |
| 1. A variety of SBE modalities are utilised with appropriate levels of realism and accuracy applied
 |  |
| 1. The environment is educationally supportive and clinically credible
 |  |
| 1. There are defined areas for the course sessions e.g. clinical skills facilities, scenarios, separate debriefing areas and equipment storage.
 |  |
| 1. Appropriate maintenance schedules are in place for simulation equipment
 |  |
| 1. The centre undertakes a needs analysis to ensure that the technology and equipment available is appropriate to achieve the educational objectives.
 |  |

1. **Programme development, assessment & In Situ utilisation**

Standard: **SBE activities inc ad hoc in Situ, or course programmes are aligned to formal curriculums or learning needs analysis undertaken by the education or practice provider**

|  |  |
| --- | --- |
| **Principles** | **Evidence provided:** |
| 1. The centre encourages learning needs assessments to develop local objectives and programme design for each course
 |  |
| 1. The learning needs and perspectives of the wider population are considered including patients, carers and other members of the workforce
 |  |
| 1. Aims and objectives include cognitive, affective and psychomotor domains (linked to Blooms taxonomy) and / or are linked to evidence based protocols, procedures and organisational goals:
 |  |
| 1. Human Factor approaches are included in the programmes where relevant.
 |  |
| 1. A system is in place for pre-course materials to be distributed in advance of course attendance
 |  |
| 1. A system is in place for pre-course and course materials to be reviewed for relevance, and suitability on a regular basis.
 |  |
| 1. Course leads are supported to allow time for faculty support inc pre-brief and debriefing for ongoing CPD of faculty.
 |  |
| 1. SBE activities are regularly evaluated using validated tools to assess learners confidence levels in the task being taught, and where possible the transfer of learning to the clinical setting or impact on patient safety.
 |  |
| 1. Where relevant Ethical approval is in place for ongoing research evaluation.
 |  |
| 1. The Centre works with the organisation to access other data to evaluate learning including KPI’s, patient and staff satisfaction and critical incident data where appropriate
 |  |
| 1. The Centres educational governance arrangements include regularly review of courses by a faculty member with expertise in SBE to ensure it remains aligned to best practice and organisational goals
 |  |
| 1. Assessment processes used in the SBE facility is appropriate to the curriculum leaner needs / organisational goal
 |  |
| 1. Participants are informed in advance if the SBE is a safe learning environment with formative assessment : or is used as a Summative assessment process and assessment criteria is shared
 |  |
| 1. The centre selects appropriate / utilises validated models of debriefing and/or reflective practice frameworks to allow learner’s to identify and reflect on their learning experience, identify performance gaps and explore personal development.
 |  |
| 1. SBE, where appropriate has been awarded accreditation from affiliation to professional bodies e.g. RCP, RCN, RCS
 |  |

1. **Faculty and personnel**

**Simulation based education programmes are designed and supervised by appropriately experienced/trained faculty**

|  |  |
| --- | --- |
| **Principles** | **Evidence provided:** |
| 1. Arrangements are in place to ensure faculty numbers are appropriate for the supervision & practice of procedural skills training
 |  |
| 1. Faculty have access to a full CPD programme to ensure faculty are appropriately trained to design, deliver and debrief SBE
 |  |
| 1. Subject experts and Faculty are reviewed to ensure they are delivering courses appropriate to their skills
 |  |
| 1. Faculty should attend on-going continuing professional development education in this field.
 |  |
| 1. Mentoring/support is provided for novice simulation faculty
 |  |
| 1. Arrangements are in place to ensure faculty receives feedback either informally or formally on a regular basis – e.g. peer observation of teaching/ debrief the debrief.
 |  |
| 1. Staff or patients are trained to undertake roles such as the embedded participant, standardized patient, or patient voice
 |  |
| 1. All faculty staff are supported to uphold professional standards and create a safe learning environment. using the basic assumption that all learners are attending with a desire to improve and have mutual respect for each other
 |  |

**Appendix E: Day to day quality assurance course debrief form**

Day to DayQuality Assurance Course Debrief Form

Please use at the end of each day and pass to the administration team for scanning into the course evaluation data folder.

|  |  |  |
| --- | --- | --- |
| **Course Title** |  | **Date:** |
| **Faculty** |  |
| **Course lead** |  |
| **Review of Feedback Forms*** **Did it meet learning objectives**
 |  |
| **Timetable/ Structure of day** * **What went well/ needs improving**
 |  |
| **Debriefing Model** | **Model / Adherence:**  |
| **Debrief the debrief themes** |  |
| **Scenarios**  | **Content:** **Other**: **Actor Feedback:**  |
| **Technical Feedback** |  |
| **Agreed Action Points** |
| **What?** | **Who?** | **By when?** |
|  |  |  |