Simulation Faculty Development Review and Revision

An Overview of Simulation Train the Trainer Programmes Delivered within UCLPartners Network

The following paper summarises the finding of a network wide mapping of simulation faculty development (FD) provision and need. It is an attempt to outline the formal and informal training opportunities for simulation practitioners within UCLPartners Simulation Network. A literature review and the following three data collection exercises were undertaken:

- a network-wide online survey of FD needs and preferences
- the views of simulation centre leads on FD
- a peer observation of each commissioned FD programme

They have been analysed in turn and then triangulated. This work forms the initial phase of a programme of reviewing the FD opportunities available within the UCLPartners Simulation Network, what the gaps are and determining what (if any) revision to those programmes and practices is required.

Overview

The following section is an overview of FD programme types, learning objectives and resources required for each FD programme delivered within UCLPartners geography (see above). The purpose of this section is to identify similarities and differences between the stated objectives of these programmes.

There are 3 HEE commissioned simulation Faculty Development programmes. These are also known as "train the trainer" programmes. They are delivered by Barts Heath (BH), Homerton University Hospital (HUH) and University College London Hospitals (UCLH). In addition, a half day programme is delivered by UCLPartners on an ad hoc basis and Great Ormond Street Children's Hospital (GOSH) deliver an in-house programme.

Barts Health

Barts Health receive a commission from HEE to deliver a two-day simulation train the trainer course. This is delivered at all four hospital sites with some local variation – the programme outlined here is delivered at the Newham site. Participants engage in workshops focussed on educational theory and teaching tools, in practice debriefs, scenario design and simulation scenario delivery and debrief. This course is delivered with the expectation of participants returning to practice their debrief skills, receive coaching and support simulation within BH.

University College Hospitals London

UCLH also receive a commission from HEE to deliver a two-day simulation train the trainer course. Participants engage in a combination of classroom-based learning, practice debriefs, scenario design workshops and manikin skills. Topics covered include educational theory, human factors, CRM and debriefing. This course is delivered with the expectation of participants returning to practice their debrief skills, receive coaching and support simulation within UCLH.

Homerton University Hospital

Homerton receives a commission from HEE to deliver a 1-day simulation train the trainer course with follow up coaching. This programme is focussed around in situ simulation. The one-day programme teaches an introduction to simulation based education, the resources required to deliver simulation based education, faculty roles and responsibilities and supports attendees to design, deliver and debrief an in situ scenario.

UCLPartners

UCLPartners runs a half day debrief coaching programme. This programme is delivered in a classroom environment with 3 practice debriefs, providing a framework for debriefing and participants receive feedback and coaching. Learning objectives are set but the class is delivered flexibly based on the learning needs present in the room.

Shared Learning Objectives

Each programme lead has been asked to submit the programme learning objectives. They have been compared in the table below to identify similarity and difference.

K = knowledge based objective
S = skill based objective

	Title	Pedagogy	Debrief	CRM	Human Factors	Simulation tech	Scenario Design	Running simulation	SLE
BH	Art of Debriefing	K	S	K	K	K		K	
UCLH	TTT	K	K,S	K,S	K	S	S	K	
HUH	Learning with Patient Simulators	K,S	S	K,S	S		K,S		S
UCLP	Debrief Coaching	K	S						S
GOSH		K	K, S						

All programmes share knowledge-based objectives of "**pedagogy**" – which was detailed as knowledge of adult learning theory, experiential learning, differentiation between facilitation and instruction etc.

All programmes had skill-based objectives, that participants leave able to conduct a **debrief**. The details of this skill where not always specific (ie, whether supervision is needed or co-debriefing is expected).

Crisis Resource Management and **Human Factors** feature as objectives in all commissioned TTT courses but for some programmes this was only specified as an understanding of the phenomena but others the ability to teach the skill. None required that participants demonstrate CRM skill

Programme delivery over 12 months:

	Oct 18	Nov	Dec	Jan 19	Feb	Mar	April	May	June	Jul	Aug	Sept19
BH	x					x			x			x x
HUH					x	x		x		x	x	
UCLH									x		x	
UCLP							x	x			x	

This table illustrates the distribution of FD programmes over a 12 month period. It demonstrates and uneven distribution of programmes with 4 courses available over autumn and winter months versus 11 over spring and summer. This may be desirable based on winter pressures in the health service but there may be a case for centres planning together when then intend to deliver programmes to ensure cognisance of one another's programme time-tabling.

Peer Observations

The following section compares the similarities and differences of the three HEE commissioned TTT programmes based on data was collected by peer observation. A proforma was used, guiding observers to consider the following domains:

- Course purpose and context
- Learning environment
- Structure
- Delivery
- Use of resources
- Evaluation
- Overall impression

The three TTT courses observed were hosted by the following centres: Homerton (1 day); Barts Heath – Barts site (2 day); and UCLH (2 day).

Course purpose and content

All programmes were suitable for novice simulation trainers of all clinical backgrounds. It was observed that the Homerton TTT is designed for delivering insitu simulation. The focus of the three courses is immersive, non-technical skills training. CRM is taught on all courses. Physical health simulation (not mental health) is the predominant context of all three courses.

 (The courses objectives are compared on page 3).

Learning environment

Courses were delivered within a classroom setting, making use of simulation centre facilities and equipment. Considerations for the psychological safety of participants was made through icebreakers, breaks, refreshments and sharing the course outline. The effect of this was described as "bringing different professional groups onto one page".

UCLH and BH courses are designed to be delivered to 12 participants by 4 faculty.

Structure

The structures of all programmes are designed to provide participants with the knowledge and skills required to be able to design, deliver and debrief a simulated scenario. Participants then use these skills to design a deliver a simulated scenario at the end of the course which they receive feedback on the design, deliver and debrief from faculty. All three programmes give over all or most of an afternoon to simulation scenario design, delivery and debrief, followed by feedback on reflection on this exercise. The courses all end with a time of reflection on learning and next steps. All courses expect participants to return as novice faculty to a number of simulation courses to further develop skills through practise and feedback.

The courses differ in the degree to which they explore different elements of simulation. Debrief methodology; the volume of practice debriefs; human factors; and in-situ simulation are explored to different degrees. From this data, is not possible to make estimates of the level of understanding achieved in each domain from each course.

The content differences are as follows:

- A debriefing and a detailed model of debrief (PEARLS) is taught at UCLH over 2 hours, where the DAA model at BH and HUH is delivered over a shorter period.
- Human factors and CRM are explored at UCLH over an hour, at BH in half an hour and as an aspect of the "Simulation in Context" workshop at Homerton.
- Content to support the design and running of a scenario was included on all programmes but the time spent on this differed. For instance, the BH programme excluded an orientation to the simulated environment where the other programmes include centre tours and introduction to kit and manikins.
- As mentioned, only the Homerton programme has specific learning content regarding insitu simulation and participants design an insitu scenario.
- BH has 2 workshops exploring cognitive bias and resilience which the others don't have.
- The number of practise debriefs differs on the courses, with one opportunity at Homerton, 4 or 5 at UCLH and 7 or 8 at BH.

The knowledge-based content is spread over the two days of both BH and UCLH courses. The Homerton TTT delivers knowledge-based content mostly in one morning. All courses cover an introduction to simulation-based education, CRM, the purpose of debriefing and how it is done and how to design and deliver a scenario.

The note-worthy differences in structure of the two-day courses are whether debriefing is taught in depth in a theoretical session and practiced there-after or taught more briefly with more time given over to practice and feedback. The one-day programme has a single opportunity to practice debrief.

Delivery and Resources

All courses utilised a mixture of didactic sessions with power point, group work, practical workshops and participant led exercises. Observers commented that participant engagement was evidenced in their engagement in group activity and through questions and that mixed methodologies maintained energies high.

Pre-reading: UCLH, HUHand BH send pre-reading.

Video content: The Homerton programme includes a recorded demonstration of in situ, outlining each stage: from planning, set up, delivery, debrief and the return to the centre. UCLH resources were identified as being of a quality suitable for sharing across London. BH make use of recorded scenarios for faculty to debrief.

Practice debriefs: BH make use of videos and abstract/team exercises to generate content to rehearse debrief. UCLH uses abstract exercises alone. On all three courses, participants debrief the final scenario which they have written.

Evaluation

Formative feedback was provided following practice debriefs and scenario design and delivery. A continuation of this learning process is seen in the follow up days which were not observed as part of this programme.

The volume and opportunity for formative feedback on the day differed across programmes, dependent on the number of practise debriefs delivered.

BH collect user satisfaction and enjoyment of the course via an online survey.

Telephone Surveys

Thirteen simulation centres were asked whether their centre lead would participate in a structured telephone interview. At one trust, 4 leads were identified serving four separate centres so in total, seventeen centre leads were approached. Thirteen leads agreed to participate in the survey within the project timeframe.

The following survey questions were asked:

1. What are your local simulation facilities?

2. What do you want from a competent simulation educator in terms of personal qualities, capabilities, skill sets, knowledge and qualifications?

3. Do you suggest any specific training before they start facilitating a simulation course?

4. According to your opinion, what is the prerequisite for running a sim course?

5. According to your opinion what is the minimum number of courses they should be involved in to maintain the competence?

6. Other than initial training in debrief and simulation programme design, how are your faculty supported? (eg coaching, video libraries, peer observation/feedback)

They have been analysed by question, identifying themes present in each.

Do you suggest any training prior to starting a simulation course?

All respondents (n = 10) considered a TTT course, either in house or provided by HEE/ UCLP, essential before beginning debriefing, although 2 respondents provided opportunities for supervised or co-debriefing prior to undertaking the TTT.

Debriefing skills were considered the essential component of a TTT course, along with some basic knowledge of pedagogy or adult learning theory. Technical skills were considered less important, as these can be acquired locally (n= 2) or not important, other than for technicians (n = 1). Scenario design was also taught locally at a workshop (n = 1).

Some centres send pre-reading prior to their TTT course, but no specific knowledge of crisis resource management, human factors or non-technical skills were mentioned.

Both before receiving TTT training & immediately afterwards, engagement with feedback on debriefing, either as peer-review (n = 4), supervised practice (n = 4), written feedback (n = 3), self-reflection (n = 2) or all four, were viewed as important & encouraged. Specific numbers of supervised practice days varied, where specified, ether 1, 2 or 3 days were offered.

Observation of a range of simulation courses beyond one's speciality, either before or after TTT training was regarded as useful or essential, in order to be exposed to different debriefing and educational styles (n = 4).

Some leads cited difficulties in recommending TTT courses across the region, citing that the content was either unknown, not quality controlled, site specific or different between centres across the network.

What is the minimum number of courses to maintain competence?

Most leads found this difficult to determine for a number of reasons. Those that specified a number, cited monthly as the minimum frequency needed to prevent skills becoming rusty.

Frequency depended on role within simulation (n = 3), core simulation staff were expected to teach weekly, while interested staff or simulation champions from within the wider Trust monthly (n = 3). This was considered desirable but optimistic for the majority (n = 3). Lack of protected education time (n = 1) & being dependant on goodwill (n = 1) were reasons cited. Some leads felt they could not mandate a specific level of attendance (n = 2). Four times per year was regarded as the absolute minimum (n + 6)

Frequency also depended on competence & competence (n = 6) the type & frequency of the training being taught (n = 2) or what additional similar clinical teaching people did (n = 2).

What do you want from a competent simulation educator?

Leads were asked to identify the personal qualities, capabilities, skill sets and training or qualifications desirable within competent educators.

Personal qualities included:

- Active listener
- Empathy
- Dynamic/flexible/thinking on feet/calm under pressure/agile
- EI
- Approachable

- Personable
- Some backgrounds give people natural facilitative style ("who they are" and professional background eg palliative care)
- Willing to learn new things

Capabilities included:

- Overlap with capabilities
- Clinical background

- Clinically up to date

Skill sets included:

- Technology skills, need to be comfortable with technology
- Leadership and communication skills

- Debriefing
- Not necessary to be able to design a scenario

Training or qualifications included:

- Clinical knowledge and appreciation of other people's clinical background
- TTT
- Debrief training

- Some professional qualifications
- Understanding educational theory
- Human factors

According to your opinion, what is the pre-requisite for running a sim course?

There were differing interpretations of this question. Some identified faculty knowledge, skills and behaviours for leading a simulation programme, other leads highlighted the organisational conditions and competencies and others the preparatory work and materials necessary for simulation based training.

Faculty require leadership skills, the ability to manage other faculty and build collaborative relationships. They must understand educational theory, human factors/ergonomics and have the ability to debrief.

Organisational conditions included administrative support, capacity to release staff as participants and faculty, stakeholder buy-in and sufficient financial resources.

Preparatory work for the running a simulation course included designing programmes with clear, aligned aims and objectives, having knowledge of the learners and their learning needs, time for debrief and reflection, the provision of refreshments and consideration of course logistics.

Other than initial training in debrief and simulation programme design, how are your faculty supported?

There was variation in the type of support on offer, from no support (n=2) to centres with planned supervision, peer and expert observation and self-reflection. Many different support opportunities and resources were identified and used differently across the network.

Feedback and supervision is provided to support ongoing faculty development (n=8). Supervision, peer discussion, 1-2-1s, debrief coaching and observation were more intensely provided for novice faculty. All established simulation centres aspire to support feedback and supervision. Some provide expert review and co-delivery with an expert (n=3) but some leads are unable to provide the frequency of oversight desired or felt necessary (n=2).

Post graduate study in the form of a PGCert in clinical education is pursued by all fellows (n=1), those staying for a second year are supported to complete a PGDip. Permanent faculty are supported to work towards a MSc in clinical education (n=1).

Internal workshops are utilised (n=3), topics included debriefing and how to run a scenario.

Resources for reflective practice are utilised for novice and more experienced faculty (n=2). This includes templates for peer review, debrief logs and scenario libraries. Faculty are encouraged to record and self-reflect on debriefs (n=1). As experienced faculty, finding time for self-reflection and professional development is difficult (n=2). There are fewer faculty development opportunities for experienced faculty (n=3), but UCLPartners Network meetings, the peer review process and observation of others were recognised as FD opportunities in this case (n=1).

Network wide online survey

A short online survey was sent through the UCLPartners simulation network aiming to understand the means of FD engagement and educators' preferences. The survey was also circulated to primary care networks and anyone who delivered simulation was eligible to respond.

Results 1: Demographics

The survey was sent to over 330 network contacts directly and cascaded beyond. 100 responses were collected.

Nearly half of respondents (49) were from BH or UCLH. Nearly one quarter of respondents (24) were from Royal Free or Homerton University Hospital. The remaining respondents were from 10 other organisations and primary care.

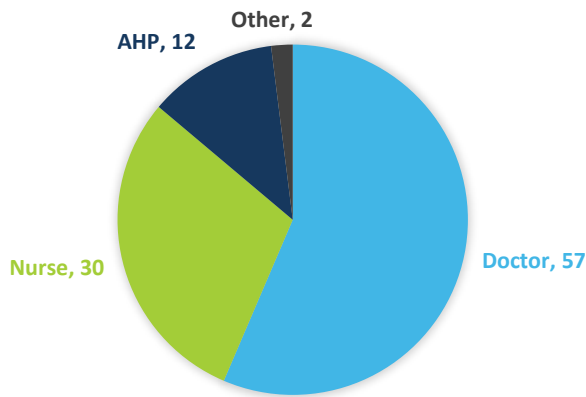| EMPLOYER	NUMBER
BARKING, HAVERING AND REDBRIDGE	5
BARTS HEALTH	23
C&I	1
CITY, UOL	1
EAST LONDON NHS FOUNDATION TRUST	2
GOSH	3
HOMERTON	15
NELFT	2
NORTH MIDDLESEX NHS TRUST	2
PRIMARY CARE	7
RNOH	1
ROYAL FREE	9
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	1
UCLH	26
WHITTINGTON	2

CHART 1
RESPONDENTS BY EMPLOYER
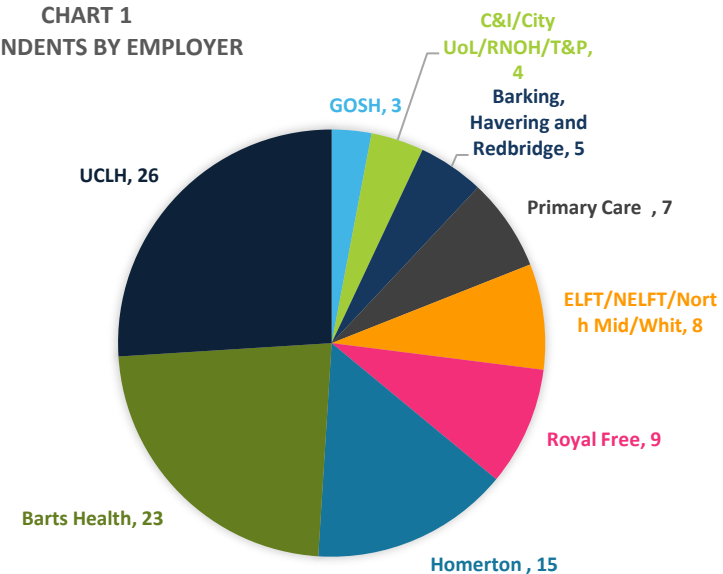
The following charts illustrate respondents aggregated by profession, grade or banding and experience in years.

Over half of respondents (57) were doctors, of which 34 were consultants. Simulation experience was non-normally distributed. The modal number of years' experience was one year (25), 21 had two or three years' experience
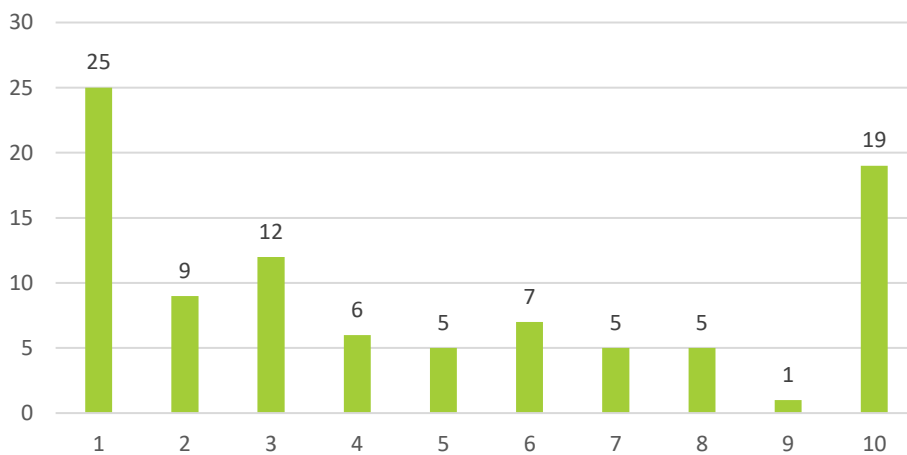
CHART 2:
RESPONDENTS BY PROFESSION

Other, 2
AHP, 12
Nurse, 30
Doctor, 57

CHART 3:
RESPONDENTS BY GRADE/BAND

Band 6
Other
Band 7
Consultant/GP
Band 8
Trainee
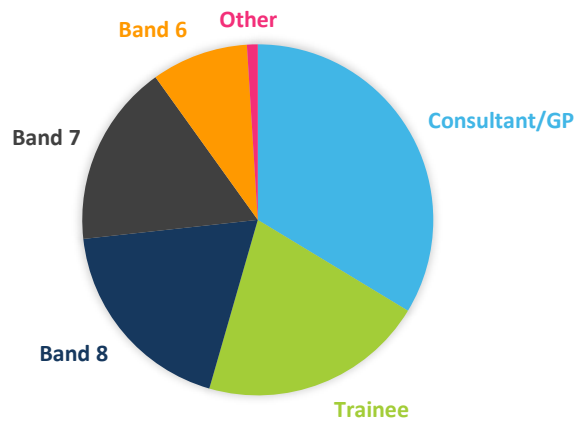
CHART 4: RESPONDENTS BY SIMULATION EXPERIENCE (#/YEARS)

Years	1	2	3	4	5	6	7	8	9	10
Count	25	9	12	6	5	7	5	5	1	19

Results 2: Faculty Development Engagement

Respondents indicated participation in a number of stand-alone and continuing FD practices. Over 70% had attended in a train the trainer programme and nearly half had attended FD simulation network meetings, conferences or workshops (chart 5). Over 70% respondents have participated in debrief of the debrief and personal reflection. Over 80% respondents have observed others delivering simulation (chart 6). 31% respondents have completed or are working towards a post-graduate qualification in clinical education.

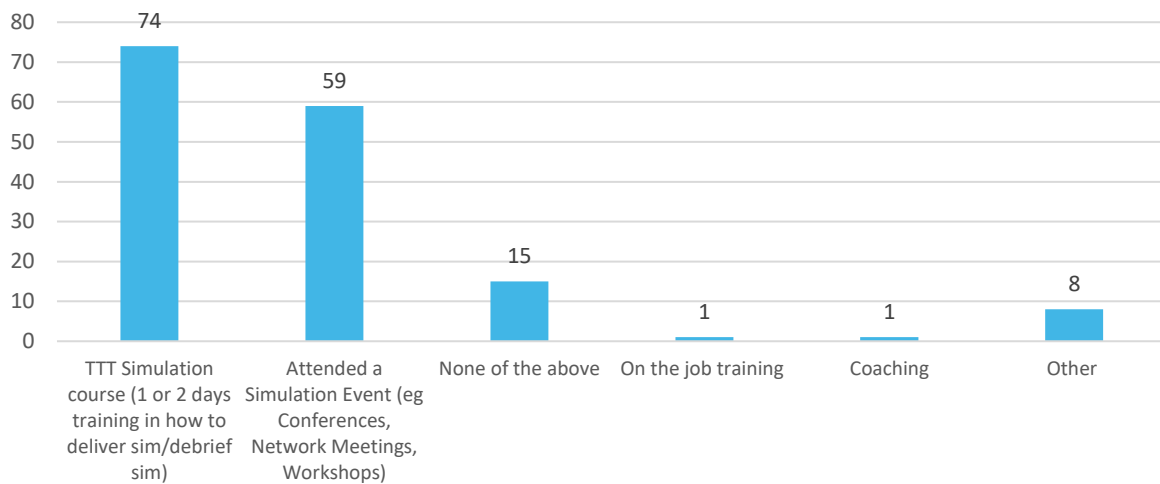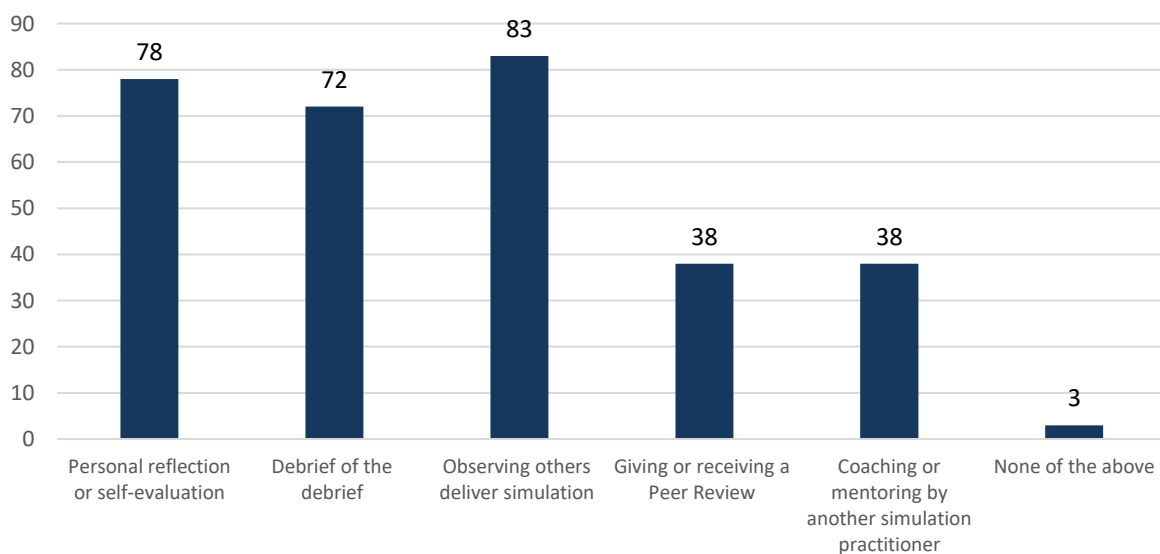**CHART 5: FACULTY DEVELOPMENT EVENTS OR PROGRAMMES ATTENDED**

CHART 6: PARTICIPATION IN ONGOING FACULTY DEVELOPMENT

Results 3: Faculty Development Needs and Preferences

Faculty Development Efficacy

Respondents indicated with a single response, which FD opportunity was most helpful to them. These free text answers have been analysed by theme with the most populous theme first.

Being coached, mentored and receiving debrief of the debrief (21 responses)

"Debrief of the debrief. Allows you to explore you own debrief style and discover better/ alternative ways to debrief"

"I think I didn't get what sim was from the TTT day I did (many years ago at xxxx) - I certainly didn't come away with any understanding of the educational methodology. My learning has been from working with others […] where we also had opportunity to debrief the debrief. Ongoing RCUK debriefs and observing others. I do consider experiential learning to be most effective. I could not pick just one of these options as best – [it] needs a combination"

Observing Others (16 responses)

"I have always found learning with and from peers to be the most useful. This includes observation of others' debriefings and seeking feedback on my debriefing, whether via recorded debriefings, in-action/on-action debrief of the debriefs, or peer coaching during courses"

"Observing other deliver simulation training. This seems to positively influence my trainee feedback"

Peer Review (14 responses)

"Most recently the peer review but these are a big commitment and require associated training and funding. I can't deliver on sim and support peer review with the current funding in my job plan"

"Receiving a peer review. Really helpful for someone else to observe and give feedback re blind spots, technique and encouragements!"

A Progressive Approach (10 responses)

"Combination of all of it at different stages, more self reflective with more experience"
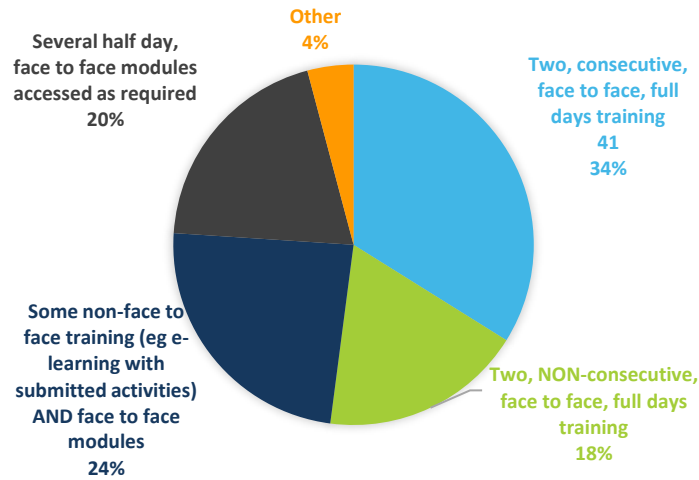
"Initial training is essential, without this there is no foundation on which to build one's facilitation and skills development; peer feedback is invaluable as it allows development inline with measurable peer standards and ensures that there is consistency in training"

The Train the Trainer Course (9 responses)

"TTT - really helpful and showed me how to debrief and focus on human factors, not the technical skills which a lot of simulation course candidates get too focused on initially!"

"Sim TTT gave excellent insight into what good facilitation and debriefing looks like. "

CHART 7: PREFERRED FACULTY DEVELOPMENT FORMAT

Other
4%

Several half day,
face to face modules
accessed as required
20%

Two, consecutive,
face to face, full
days training
41
34%

Some non-face to
face training (eg e-
learning with
submitted activities)
AND face to face
modules
24%

Two, NON-consecutive,
face to face, full days
training
18%

Respondents articulated variable preferences as to the format of faculty development programmes. There was no majority preference but the most popular format was of two consecutive days of face to face training (chart 7).

Self-Assessed Simulation Expertise

Respondents were asked to classify their simulation experience (Chart 8) and justify that classification. Their free text responses have been analysed by theme without reference to self-assessed competence.

CHART 8: SIMULATION EXPERIENCE

Expert , 9, 9%

Advanced , 40,
40%

Novice , 51,
51%
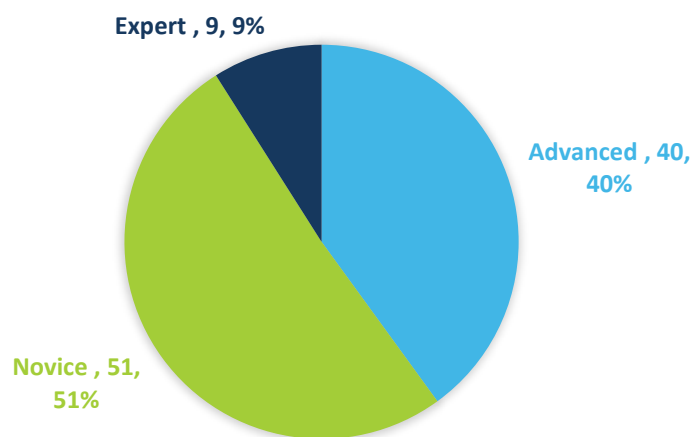
Free text responses have been analysed by theme with the most populous theme first and comments presented as representations of the theme:

Experience over time (37 responses)

"[I have] 18 years experience"

"I have only been working in simulation for less than 6 months"

"I have been delivering simulation for several years and have grown in my practice, so no longer a novice, but much of my knowledge/development is borne of on the job experience and peer contributions, rather than formal training, so I would not see myself as an expert."

Diversity of Experience in Simulation Development and Delivery (21 responses)

"I run on-call sim training for paeds and adult - this was developed by myself and the team. I help deliver a AHP sim programme (2 years in a row), we have written and designed [...several other simulation programmes...] and I am presenting at the ASPiH conference 2019"

"Not enough experience in delivery of courses yet."

"I feel I have had a good exposure to simulation education. I feel comfortable and confident in my abilities to deliver simulation training in a range of settings/courses to different health professionals and facilitate constructive, useful debriefs. However I continue to learn and develop every time [...]"

Receipt of Formal Training (13 responses)

"Although I have been facilitating PROMPT study days for several years, the Sim TTT really opened my eyes to the importance of good debriefing, I need to gain further experience in this."

"Haven't attended a formal training course and I believe I can improve a lot if I had the right training."

Knowledge of the field (9 responses)

"I am a newly appointed Sim Technician with no clinical background and have a lot to learn by observing others"

"I have been engaged in simulation training for over 10 years, and while it is an ever-changing field and knowledge in the field continues to grow, there is much that I can still learn and develop."

Role or responsibility (7 responses)

"I have been engaged in simulation training for over 10 years, and while it is an ever-changing field and knowledge in the field continues to grow, there is much that I can still learn and develop."

"I work as a facilitator/educator, supporting clinical staff on apprenticeships"

Regarding areas for further development of knowledge, skills and behaviour, diverse responses were received. Key themes were found to be debriefing, both as a basic and more advanced skill. A second key theme was the ability to develop simulation content.

Synthesis of Faculty Development Mapping

Three data collection methods have been utilised to understand FD utility, preferences and needs across the UCLPartners network. In addition to these methods, the authors have drawn on their knowledge of local simulation FD.

Wide participation has been sought in all elements of the mapping exercise. The chart below compares participation in this review by organisation. Engagement in this review has been strongest in organisations where the commissioned TTT programmes are delivered. With exceptions in primary care (where there would be no single lead) and BHR, if centre leads were unable to engage in interviews, participation in the survey has been poor. Participation suggests that acute trusts are over-represented within the survey and possibly within the local simulation community.

Employer	Survey Responses	Centre Leads Interviewed	Trusts Delivering Commissioned TTT
UCLH	26		
Barts Health	23		
Homerton	15		
Royal Free	9		
Primary Care	7		
Barking, Havering and Redbridge	5		
GOSH	3		
ELFT	2		
NELFT	2		
North Middlesex NHS Trust	2		
Whittington	2		
Camden + Islington	1		
City, UoL	1		
RNOH	1		
Tavistock and Portman	1		

The results from the survey of network members covers 13 NHS trusts, primary care and one HEI. Doctors, nurses and allied health participated. Acute, community and primary care are included. The sample reflects a network whereby most simulation activity is within acute hospitals and has a significant skew towards doctors. Doctor survey respondents outnumbered nurse respondents 2:1 and AHPs nearly 4:1. (Within the NHS in England, the approximate staffing ratio is 3:2:1 nurses or midwives : scientific, therapeutic and technical staff (and paramedics) : doctors – NHS Workforce Statistics Nov 2019). Work needs to be done to equip develop a faculty which is reflective of the roles within the NHS workforce by training more nurses and AHPs SBE.

An ongoing concern voiced by senior faculty is the lack of trained simulation practitioners. It is necessary to train more faculty year on year and it is difficult to maintain a trained faculty. The simulation fellowship model utilises considerable faculty development resources, but it is not clear that these individuals remain with the simulation community.

Despite 69% survey respondents having 2 or more years of simulation experience, 51% self-identify as "novice" faculty. This suggests that there continues to be considerable load on a few intermediate

and expert faculty to sustain simulation training and the existing faculty development provision may not be developing large numbers of experienced or confident faculty. Training, identifying and retaining those with simulation delivery skills would make the system of FD more efficient.

Key Findings

Work needs to be done to equip develop a faculty which is reflective of the roles within the NHS workforce by training more nurses and AHPs SBE.

Training, identifying and retaining those with simulation delivery skills would make the system of FD more efficient.

What faculty development is available?

Train the trainer

Three commissioned train the trainer faculty development programmes are delivered. These have been attended by 74% of survey respondents. They are continually oversubscribed. There is a perception that these are delivered mostly within the first months of the academic year but between Oct 2018 and Sept 2019, most were delivered February to September.

An additional function of the UCLPartners network leads has been to deliver debrief coaching. This also has been oversubscribed, well received and requests for half day debrief coaching continue to be received. This has not previously been a core activity of the simulation network leads but this could be considered.

All train the trainer programmes give an introduction to adult learning, principles of simulation based education and debrief. All programmes enable participants to develop, deliver and debrief a scenario. It is important to acknowledge that they are different in design and deliver different objectives to differing levels of detail but that this is difficult to discern from stated learning objectives. The two-day programmes include cycles of debrief coaching. The foci within programmes differ: teaching on human factors, theory of debrief, insitu simulation and specific aspects of human error appearing in different programmes.

Significantly, the courses have been developed to local specifications. For attendees from those trusts, ongoing support from expert faculty compliments training provided but centre leads external to these organisations struggle to provide complimentary support, in part due to a lack of transparency over the objectives of the programmes.

Key Findings

All formal faculty development opportunities are continually oversubscribed

The commissioned train the trainer programmes achieve different learning outcomes which need clearly articulating

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Ongoing Faculty Development

Many different support opportunities and resources were identified and used differently across the network. Many are of a quality which could be shared across the network. Most were provided "in-house" with some facilitated by the UCLPartners Simulation Network. Only 3% faculty report not engaging in ongoing faculty development.

Reflective practiced has been identified by simulation centre leads as useful at all stages and facilitated with reflective logbooks and videoing of debriefs. Expert supervision and feedback is widely utilised but recognised as resource intensive and difficult for faculty to sustain. Other self-reflection methodologies such as videoing debriefs or peer observation may relieve the burden from senior faculty. Where ownership of simulation is handed over to local teams (made possible through insitu programmes), the coaching role of expert faculty is essential for quality assuring training. 78% faculty use reflective practice and 72% have engaged in debrief of the debrief.

Postgraduate study of education has been completed by 30% of the respondents. Centre leads report that this is the case for simulation fellows but not to staff with predominantly clinical responsibilities.

Key Findings

Many different support opportunities and resources were identified and used differently across the network. Many are of a quality which could be shared across the network.

Self-reflection methodologies such as videoing debriefs or peer observation (rather than expert feedback) may relieve the burden from senior faculty.

What faculty development is needed?

Centre leads identify that simulation practitioners should have personal qualities of emotional intelligence, active listening, calmness under pressure, approachability and a willingness to learn new things.

The train the trainer programme is considered essential by centre leads prior to delivering simulation based education. They identify that the key skill needed for delivering simulation is the ability to debrief and that this should be a core component of a FD programme. Debrief coaching has been identified as the most useful format of FD, closely followed by observing others. Simulation debriefing is as an ongoing learning need. Faculty development programmes and ongoing support must focus on developing competence in debrief and simulation faculty should be aware that this is both a key skill and a difficult skill to master. It may be necessary to provide stand-alone debrief training for some faculty who may not initially be developing scenarios.

Survey respondents also identify ongoing learning needs in scenario design and delivery. Centre leads have identified this as a necessary skill for delivering a simulation programme. It is appropriate that present train the trainer provision includes scenario development but this may not be necessary for all faculty initially.

Developing simulation content and debriefing scenario are evidently key skills for simulation practitioners. Considerable programme time within existing train the trainer programmes is spent developing scenarios.

Transitioning from novice to intermediate and expert is mediated by more than exposure to formal training opportunities. Experience of simulation based education over time and in a range of settings is a core component of competency development and could be quantified and cited by faculty as a qualifier of their competence. Faculty place high value on observation, feedback and peer review.

Centre leads have said that it is at times difficult to access the train the trainer programmes and collaboration may be needed between centres to ensure the programme distribution across the year is intentional.

Key Findings

It may be necessary to provide stand-alone debrief training for some faculty who may not initially be developing scenarios.

Faculty development programmes and ongoing support must focus on developing competence in debrief and simulation faculty should be aware that this is a key skill and a difficult skill to master.

Experience of simulation based education over time and in a range of settings is a core component of competency development and could be quantified and cited by faculty as a qualifier of their competence.

Next steps

The key findings of this review are to be discussed by the simulation strategy group and faculty development commissioners (HEE). Consideration as to how faculty can track their competence and in what format FD opportunities should be provided is necessary.

Key Findings

Work needs to be done to equip develop a faculty which is reflective of the roles within the NHS workforce by training more nurses and AHPs SBE.

Training, identifying and retaining those with simulation delivery skills would make the system of FD more efficient.

All formal faculty development opportunities are continually oversubscribed

The commissioned train the trainer programmes achieve different learning outcomes which need clearly articulating

Many different support opportunities and resources were identified and used differently across the network. Many are of a quality which could be shared across the network.

Self-reflection methodologies such as videoing debriefs or peer observation (rather than expert feedback) may relieve the burden from senior faculty.

It may be necessary to provide stand-alone debrief training for some faculty who may not initially be developing scenarios.

Faculty development programmes and ongoing support must focus on developing competence in debrief and simulation faculty should be aware that this is a key skill and a difficult skill to master.

Experience of simulation based education over time and in a range of settings is a core component of competency development and could be quantified and cited by faculty as a qualifier of their competence.