

# UCLPartners' Simulation Strategy

## Introduction

Under the guidance of STELI (Simulation & Technology Enhanced Learning Initiative) North Central & East London (NCEL) has been well provisioned with simulation facilities and simulation equipment. A faculty development programme has also provided NCEL with a large pool of simulation-trained faculty with the ability to deliver simulation-based training. Many well-established, excellent and innovative training courses and programmes exist across NCEL.

However, the historical funding streams and competitive bidding has largely led to:

1. A silo approach to development and delivery of simulation activities within Trusts with little sharing of resources, faculty and good practice.
2. Simulation training that is mainly targeted towards doctors.
3. A lack of a co-ordinated approach for provision of simulation training within specialties.
4. A lack of large-scale research activity aimed at measuring effectiveness of simulation training on workforce development and patient outcomes.

It is noted that there are some good examples of collaborative working across the region for Anaesthesia, Paediatrics, Foundation training and Core Medicine.

Our commissioners, HEE NCEL, have particularly requested that we improve non-medical access to simulation training through multi-professional training that promotes patient safety.

## Strategic Aims

The aims of the UCLPartners' simulation strategy are:

1. To provide simulation training that has patient safety at its heart
2. To identify existing trained simulation faculty and develop a UCLPartners' network of simulation faculty able to deliver training anywhere in the region
3. To identify and optimise the use of existing simulation resources across UCLPartners
4. To maximise simulation opportunities for nurses and AHPs
5. To maximise the opportunities for multi-professional team training
6. To provide a co-ordinated approach to development and delivery of simulation training within specialties
7. To ensure all healthcare professionals can access simulation training regardless of their location in UCLPartners
8. To integrate patient and public involvement into the simulation experience
9. To define outcomes for simulation training
10. To measure success against the outcomes through quality assurance
11. To develop a research strategy to underpin simulation development and delivery

## Delivering the strategy

### 1. UCLPartners' Simulation Structure

Strong working relationships and communication between the following individuals and groups will enable the strategy to be delivered

#### Director of Simulation

The Director of Simulation will be responsible for development and delivery of the Simulation strategy and will report to the Director of Education & Capability

#### Associate Clinical Directors of Simulation

Two Specialty Board Chairs will act as associate clinical directors (ACD) for simulation to support development and delivery of the simulation strategy by enhancing communication with the Training Programme Management Committees (TPMC).

#### Multi-Professional Lead for Simulation

A Multi-professional Lead has been appointed to drive the increased access for nursing and AHPs and increase multi-professional training opportunities. They will form the hub for the UCLPartners network of simulation providers, co-ordinating information and resource exchange and developing outcome measures and a QA programme. The Multi-professional lead will manage the UCLPartners simulation fellows.

#### Training Programme Management Committees (TPMC)

TPMCs will either nominate a simulation lead or have a standing agenda item for simulation.

#### Simulation Strategy Group (SSG)

The SSG (see TOR document) will report to the Post-graduate Medical and Dental Education (PGMDE) board.

#### Simulation Providers Network

The Director of Simulation and Multi-Professional Lead will meet with representatives from our simulation providers on a 6 monthly basis as a means of information exchange and support.

### 2. Establishing the current position

A UCLPartners-wide library of current resources, faculty and training will be created. This will allow us to maximise the use of resources and faculty. It will also allow us to identify areas of excellence that can be shared and eliminate re-inventing the wheel. Appointment of the Multi-Professional Lead and the Simulation Fellows will support information gathering and cross-site working.

### 3. Increasing access for nursing & AHP staff and promoting multi-disciplinary training

Appointment of the Multi-Professional lead and inclusion of a nursing representative on the SSG will promote networking with nursing training leads across UCLPartners. This will allow us to explore ways of involving nurses and AHPs in simulation training. We should target 'in situ' training since this is usually short, focussed on actual patient safety issues relevant to

that environment and best delivered in a multi-professional manner. This will address patient safety, multidisciplinary team training and increased nursing & AHP access in one hit. We should encourage Trusts to use simulation training to support Statutory and mandatory training for all professions where possible. We should give preference to bids with a multi-professional content.

#### 4. Co-ordination of training within specialties

This will be supported by the organisational structure of simulation within UCLPartners. Applications for funding will be assessed on the basis of a collaborative approach across the specialty with equal access for all trainees in that specialty. Specialty-based simulation training will need to be supported by the TPMC to ensure that it is curriculum-based, cost-effective, and available to all relevant trainees across UCLPartners. Specialty Board Chairs or nominated representatives will bring TPMC simulation matters to the SSG and vice versa. The appointment of simulation fellows to specific specialty-based simulation projects will also ensure collaboration and equality of access across UCLPartners.

#### 5. Responding to public and patient opinion

A UCLPartners' patient representative will be invited to join the SSG to ensure public interests are represented in the decision making of the SSG. A trainee will also be invited to join the SSG so the trainee body is represented. We should engage with patients in designing simulation training and review SIs, Never Events, near misses and complaints to see if simulation training could support organisational learning.

#### 6. Setting Outcomes and measuring success

The presence of the Multi-Professional Lead and simulation fellows will allow development and employment of metrics to measure performance against the aims of the strategy and the quality of the simulation training. Collaboration and delivery of standardised courses across the region will make the sharing of faculty and measurement of quality easier. We should aim to ensure 2000 of our 2800 medical trainees are exposed to simulation training in the next academic year and that 50% of our courses are multi-professional.

#### 7. Research

Standardised delivery of simulation programmes across UCLPartners will provide large numbers of subjects and opportunities for better-powered research studies. The appointment of fellows will improve research output. Research output will improve our National and International profile and direct future strategic developments. The Simulation Providers Network will be encouraged to collaborate on research projects. We should engage with the Academics in the AHSC to form a Simulation Research Group.

#### 8. Networking

The Multi-professional Lead, fellows and the Simulation Director will encourage networking through;

- The simulation providers network
- Visiting simulation providers at their institution
- Meeting with TPMC chairs or their simulation representative
- Organising faculty development events
- Developing a UCLPartners' simulation webpage

## Timeline

### 1 year targets

1. Staff and structures in place
2. Library of resources in place
3. Library of faculty in place
4. Library of courses
5. Webpage in place
6. Measure current numbers of medical and non-medical staff attending simulation training
7. Measure current numbers of medical and non-medical staff delivering training
8. Develop and deliver a plan to increase nursing and AHP access and measure this increase

### 2 year targets

1. Established, co-ordinated UCLPartners wide simulation programmes in place
2. Sharing of courses, faculty and resources across UCLPartners
3. Aim for 2000 of our 2800 medical trainees receiving simulation training
4. Increased access for Nursing & AHPs established.
5. Aim for 50% of simulation course having a multi-professional element
6. Quality Assurance programme in place
7. Develop a Simulation Research Group

### 3 year targets

1. Collaborative research programmes in place
2. Host National/International Simulation conference

## Risks

1. Reduced funding from HEE (NCEL)
2. Loss of funding for Multi-Professional lead and/or fellows
3. Trusts failing to support local simulation faculty
4. Trusts failing to release staff for training
5. Failure to engage Simulation providers
6. Restructuring of HEE