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Enhancing Learning Environments for the
support of NHS funded Healthcare

Final Project Report

Date 28th January 2016



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Victorian Simulated
Patient Network

Simulated Patients:

***Blending performing arts
pedagogy and healthcare
education***

www.mmu.ac.uk/simulatedpatient



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Health Education North West

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Project Team

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Suzanne Gough



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Project Consultant

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Project Team Member

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Project Consultant

Professor of Simulation Education in Healthcare for Monash University School of Rural Health.

Expertise: Chair of the NHET Simulation Program. Author of specific NHET modules regarding Standardised Patients. Highly published researcher regarding the role of simulation in supporting learning, particularly in procedural and operative skills. Debra pioneered the concept of patient-focused simulation (PFS) with Prof. Roger Kneebone, which uses a simulated patient and simulator model.

Debra has been chief and/or partner investigator in successful grant and tender applications that exceed AU\$12m. She has over 120 peer reviewed publications and regularly presents and is invited to deliver keynote presentations at international meetings.

Prof Brian Webster-Henderson



Project Consultant

University Dean of Learning & Teaching & Professor of Nursing, Edinburgh Napier University, UK

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Dr Neil Tuttle



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Expertise: Received over \$1 million off funding for simulated learning projects, including a current project with A/Prof Andrea Bialocerkowski that involves six allied health disciplines. With over 30 years of experience as a clinical physiotherapist, teacher and clinical educator, Dr Tuttle conducts workshops on clinical skills internationally (Australia, the US, Europe, Asia) and is a faculty member of NHET-Sim, a nationally-funded program that trains simulation educators. His primary research areas include evaluation of telemedicine platforms to conduct simulated learning environments and the development and evaluation of spinal palpation simulators.

Acknowledgments:

Miss Farzah Fahim



Miss Farzah Fahim (MMU Student) for assisting the project team in piloting the SP database, proofreading and assisting with dissemination events.

Visiting Professor Ralph MacKinnon



Visiting Professor Ralph MacKinnon (Consultant in Paediatric Anaesthesia at Royal Manchester Children's Hospital and a Paediatric Intensive Care Retrieval Physician with the North West & North Wales Paediatric Transfer Service and a Visiting Professor at Manchester Metropolitan University) is acknowledged for his contribution to the project.



The Project team would like to acknowledge the Victorian Simulated Patient Network (VSPN), Australia for sharing Simulated Patient learning resources.

The e-learning and workshop material clearly indicates where VSPN resources, images or videos have been used and they are appropriately acknowledged.

The 2TSP course material also indicates that all VSPN video resources are subject to copyright by VSPN (2015) and cannot be downloaded or shared outside of the 2TSP programme.

Executive Summary

The purpose of this project was to develop and evaluate a 'Train-The-Simulated Patient' (2TSP) programme to provide a standardised, innovative approach to aid a flexible extension to simulation-based learning environments in healthcare education. The project was undertaken in two phases.

Phase one featured the development of the 2TSP programme, Simulated Patient (SP) Passport and SP Database. The 'Train-The-Simulated Patient' (2TSP) programme features a blended learning package featuring an e-learning course and face-to-face workshop. The e-learning course integrates digital media, scenarios, learning activities and reflective exercises, which are completed prior to workshop attendance. The workshop focuses on the practical elements of SP development; role portrayal and feedback. It includes performing arts techniques; thought tracking, observation, motivation and emotional memory.

Phase two included pilots of the 2TSP programme (e-learning and workshop), SP Passport and SP Database with accompanying instruction manual. The SP Common Framework and Checklist provides best practice guidance for organisations to embed 'Trained SPs' in simulation-based learning or assessment activities. Thirty-four Simulated Patient have now completed the 2TSP programme. Feedback from 31 participants has been incorporated within the pilot analysis presented in this report.

The outcomes of the project include:

- 1) A standardised, evidence-based training package to train anyone portraying the role of an SP (e.g. medical, non-medical, bands 1-4, pre-/post-registration students, actors, laypersons, or service users) utilising drama and performance pedagogies.
- 2) An evaluation of the 'Train-The-Simulated Patient (2TSP)' programme and resources including the SP Passport and SP database.
- 3) Guidance for the provision of opportunities embed Trained SPs within learning and assessment activities via the SP Common Framework and Checklist.
- 4) An instructional guide for the implementation of the Simulated Patient Programmes across the North West of England.

This report documents the success of the 2TSP pilot and presents the impact and dissemination of the 2TSP programme to date. The next steps are to rollout the resources both regionally and locally to ensure as many people as possible can benefit from this project. It is envisaged that engagement with well-trained SPs will enhance learning environments and improve the future and existing health and social care workforce.

1.0 Introduction

Simulated Patients (also known as Standardised Patients) have played an important role in pre-registration education in the last two decades (Nestel, 2008; Nestel et al 2011; Blackstock and Pritchard, 2015). A simulated patient (SP) is person trained to portray a patient or in some cases, a patient's relative. Alternative terms used to describe SPs include: role-player, clinical teaching associate, trained patient, patient instructor, incognito or unannounced patient, volunteer patient, hybrid patient, actor patient and confederate (Nestel and Bearman, 2015).

Examples of Simulated Patient involvement in healthcare education include:

- Facilitation of professional skill development (technical skills, non-technical skills or behaviours, patient assessment, clinical reasoning and analysis).
- Formative and summative examinations
- Simulated Patients have also been integrated within pre-registration healthcare practice-based placements to facilitate increased capacity in pre-registration education.

However, despite their involvement in healthcare education programmes, there is no documented, standardised, evidence-based approach to training the actual Simulated Patients for uni-professional or multi-professional simulation-based learning activities in the UK. The recent Simulated Patient Train-The-Trainer scoping exercise undertaken in the North West of England during October-November 2014, highlighted:

- Formal training is not always provided for Simulated Patients.
- Organisations often rely on agencies to train the Simulated Patients in role portrayal.
- Where training is provided, it lacks consistency in duration, quality and content.
- There is no standardised training approach for Simulated Patients within assessment procedures.

(Gough, Greene, Nestel et al, 2015).

There are currently no national guidelines or training packages/programmes for the involvement of Simulated Patients (SP) in learning, teaching or examinations in healthcare programmes, in the UK. Students, actors and service users are commonly involved in simulation-based learning activities, for example, role-play, without any formal training of how to portray roles (Nestel et al. 2011). Additionally, no quality assurance framework has been developed for the involvement of SPs in learning and teaching.

Evidence highlighting the benefits of using performing arts techniques in healthcare education is emerging:

'To learn to be a nurse, one needs to think like a nurse, perform like a nurse, and act like a nurse'
(Morris and Faulk, 2012).

Talbot, Roberts & Greene (2010) reported that there is much to be gained from seeking an understanding of learning outside one's own discipline. Furthermore, traditional approaches to learning in clinical environments may encourage students to learn in a superficial way, and may even prevent students from achieving true mastery of the knowledge that forms the basis of their work (Alexander, 2001). By merely developing a set of skills that enables students to imitate what they see happening in

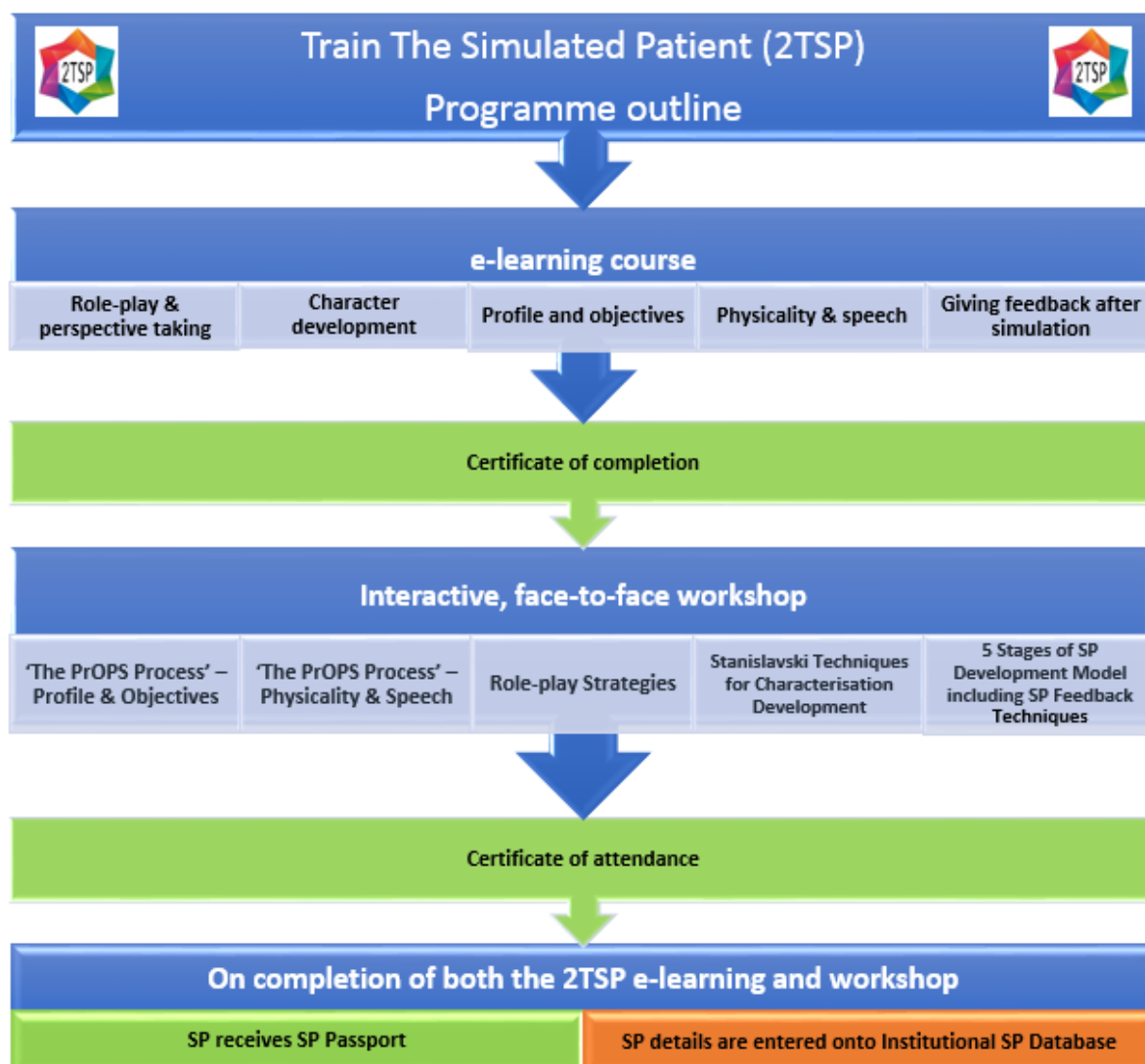
the workplace, they are unable to truly learn to act like a nurse, which can impact on patients' experience of the 'performance' (Talbot, Roberts & Greene, 2010).

The funding from HENW has provided the opportunity to design, develop, pilot and evaluate a unique 'Train-The-Simulated Patient' (2TSP) programme to provide a standardised, innovative approach to aid a flexible extension of simulation-based learning environments in healthcare education. This approach embeds performing arts methodology within the standardised SP training programme to enhance the quality of the healthcare learning environment for existing and future workforce training and development. The focus was to develop an innovative standardised, quality assured training package that can be used to train pre-/post-registration students, actors, lay people, or service users, to participate in learning, teaching and assessment activities as 'Simulated Patients'.

The programme has two components; an e-learning course and an interactive face-to-face workshop (see Figure 1).

The 2TSP programme provides the 'trainee' SP with the opportunity to gain new skills regarding adopting the role of an SP, whether this be as a patient, carer or other health professional involved in the simulation-based learning activity. The 'trainee' SP is taught specific techniques relating to analysis of body language, tone of voice, dialogue and facial expressions, all of which are directly transferable to other areas of healthcare education and placement preparation. By teaching the 'trainee' SPs how to immerse themselves in a patient focused role, this encourages the development of a deeper sense of compassion and empathy as they learn to act like a simulated 'patient'. The training resources (scenarios, scripts and learning resources) also facilitate the development and enhancement of communication skills (Francis, 2013), facilitate an awareness of the six C's (DH, 2012) and NHS values and behaviours outlined in the NHS Constitution (DH, 2013). Innovative techniques from process drama are integrated into the workshops to encourage transferable skills including reflection in and on-action, analysis and critical thinking. The skills developed in the workshops enable the Simulated Patients to enhance the quality of future role-play, enabling character development, which will enhance role portrayal and facilitate immersion of learners within future simulation-based learning activities.

The 'Train-The-Simulated Patient' programme itself builds on the previous Forerunner funded project 'Simulated Patients: a standardised, quality assured approach to training and implementation' (SP3T). The regional survey undertaken in the SP3T project identified that there was no formal or standardised approach to the training of Simulated Patients in the North West of England and is supported in the literature (Nestel et al. 2011).



Key:



2TSP programme content



Items SPs receive



SPs personal details are held by individual organisations in line with the Data Protection Act, 1998

Figure 1: 2TSP Programme outline

1.1 Purpose statement and aim

The purpose of this project was to develop and evaluate a 'Train-The-Simulated Patient' (2TSP) programme to provide a standardised, innovative approach to aid a flexible extension to simulation-based learning environments in healthcare education.

The aims of this project are to:

- 1) develop a standardised, evidence-based training package to train anyone portraying the role of an SP (medical, non-medical, bands 1-4, pre-/post-registration students, actors, laypersons, or service users) utilising drama and performance pedagogies.
- 2) evaluate the 'Train-The-Simulated Patient' (2TSP) programme.
- 3) develop an instructional guide for acute and community healthcare organisations and HEIs in the North West of England, to enable them to embed the 'Train-The-SP' package (featuring a blended learning approach using e-learning and performing arts methodology in the workshop resources).
- 4) develop guidance for the provision of opportunities for 'Trained SPs' to volunteer in simulation-based learning or assessment activities (within their own discipline and across healthcare professional programmes/placement learning, via the 'SP Passport' and 'Trained SP' database).

1.2 Project overview

This project was undertaken in two phases as illustrated in Figure 2.

Phase 1 featured the development of the 2TSP project resources. This has included a multi-platform e-learning resource, workshop learning and teaching resources, SP database and instructional manual. All resources have been developed by drawing on existing examples from the Region and the literature. All resources have been fully referenced and acknowledgements attributed accordingly.

Phase 2 involved piloting all of the resources. The e-learning package was piloted in multiple platforms (Microsoft Word, paper format, iBook and respective pdf format). Five pilot workshops were delivered; 2 at a National Health Service (NHS) Trust Education and Training Centre and 3 at Manchester Metropolitan University (MMU). In addition, SP Database and SP Passport development and pilots have been undertaken. The resultant final project resources are outlined in Figure 2 and have been included on the supplementary USB pen drive.

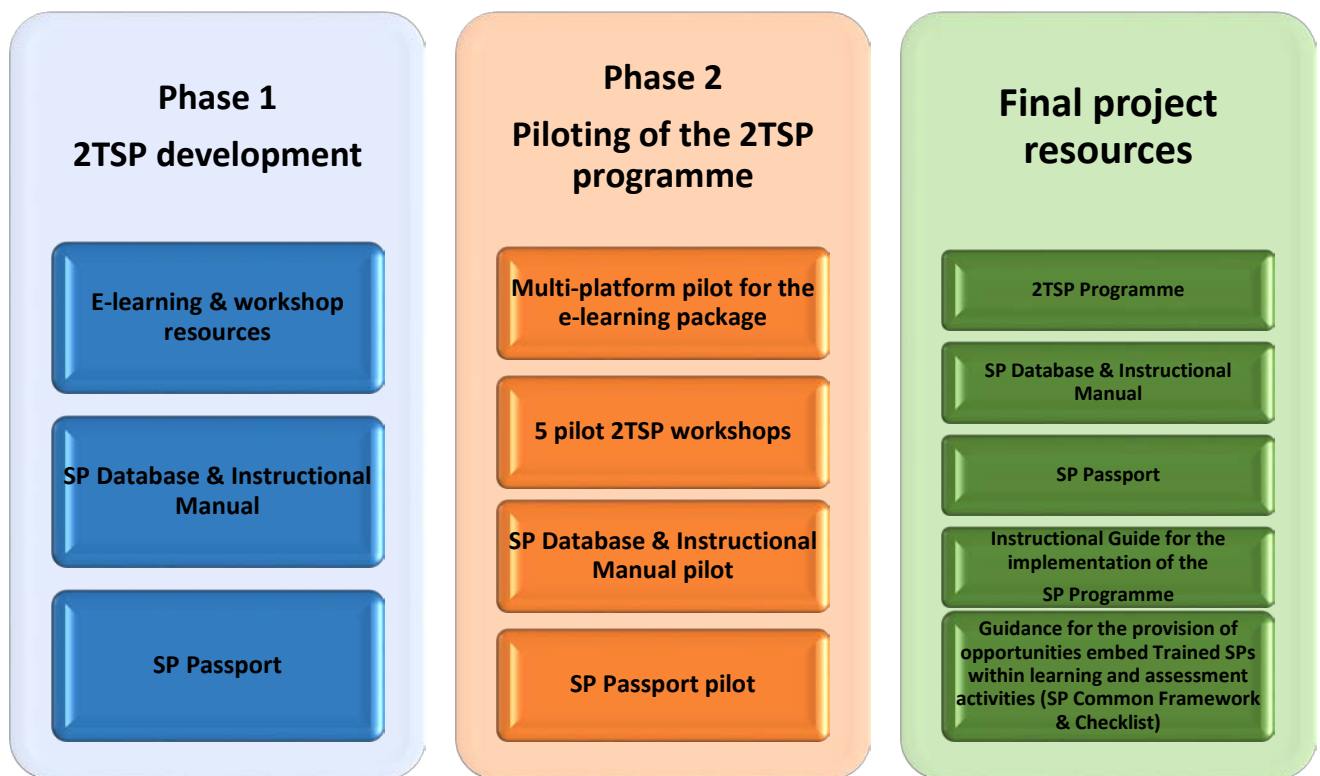


Figure 2: Project phases and outline of resources

2.0 Phase 1 (June to September 2015)

A 'Train-The-Simulated Patient' (2TSP) blended learning programme was developed featuring e-learning and workshop resources. The e-learning resources feature a blend of digital media, scenarios, learning activities and reflective exercises. Two formats of the 2TSP e-learning resources were developed and piloted in phase 2:

- 1) Microsoft Word 2003 and 2013 formats
- 2) Apple iBook and identical Pdf format (which facilitates electronic recording of comments/notes).

The workshop element focuses on the practical elements of SP development, including role portrayal, thought tracking, observation, motivation and emotional memory techniques. Resources have been branded with the 2TSP project and HENW logos in according with HEE branding guidance. The workshop resources have been made available in Microsoft PowerPoint, Word and Pdf formats, to ensure that the resources can then be used by organisations across the region. A summary of all the project resources has been provided in [Section 9.0](#)

2.1 2TSP Programme Development

To our knowledge, this project has provided the first regional, standardised, quality assured approach to training Simulated Patients in the United Kingdom. Another novel aspect of this project is that it has embedded performing arts methodology within the 2TSP blended learning programme.

The pedagogy includes 'Applied Theatre' practice and, specifically, the use of 'Process Drama'; a method of teaching and learning where both participants and facilitators work in and out of role. Process Drama explores single or multiple

problems, situations and/or themes using improvisation. It encourages negotiation of meaning, reflection-in-action, analysis and critical thinking. Through the use of Process Drama techniques, a series of frameworks have been integrated within the 2TSP programme to demonstrate the parameters and requirements for successful role-play. The 2TSP programme comprises the following teaching styles and techniques:

- Forum Theatre (Boal, 1993; 1994)
- Character development strategies including hot-seating, analysis of body language, tone of voice, dialogue and facial expressions (Stanislavski, 1949; 1961)
- Role-playing including the following strategies: Flash-back/Flash-forward, Marking the Moment, Image Theatre and Thought Tracking (Taylor and Leeder, 2001; Flemming, 2003; Neelands and Dobson, 2005)
- Utilisation of the Stanislavski System (Stanislavski, 1936; 1949; 1961) particularly exploring The Magic 'If', observation, motivation and emotional memory.

The PrOPS process developed by Gibson (2015), has been integrated within the 2TSP programme (Figure 3). The PrOPS process blends performing arts pedagogies to enhance characterisation development (role portrayal) in a non-arts settings (Gibson, 2015).



(Copyright: Gibson, 2015. All rights reserved)

Figure 3: The PrOPS Process

2.2 SP Database and Manual

An electronic database was generated following a literature search and regional examples of paper SP Databases. The purpose of the SP Database was to provide an electronic record that facilitates effortless tracking, searching and reviewing of SP data. A blank SP Database was developed and piloted to enable individual organisations to embed within their departments or to streamline electronic SP records across departments. Although other database software was available, previous projects have highlighted compatibility issues with Microsoft Access in NHS organisations. Microsoft Excel was therefore selected due to the experience of developing identical and compatible databases to be used across NHS, organisations and HEIs in the region. The SP Database manual and blank pdf file version for SPs to complete have been included in [Appendix 1](#). The SP Database is customisable to accommodate individual institutional names and logos.

2.3 SP Passport

The purpose of the developing the SP Passport was to provide an opportunity for SPs to document evidence of their 2TSP and SP-related training. The SP Passport example has been presented in [Appendix 2](#). It is intended that the SP Passport will enable the holder to develop an ongoing record of their involvement as an SP within simulation-based education. SPs can use the Passport to track, record and monitor their SP activities. In essence, it will act as a career record of skills, as well as a

personal reflective portfolio of the SP's individual experience. The initial guidance outlined in the SP Passport indicates that the passport is valid for five years unless otherwise stated by NHS HENW. An SP Passport that has expired or has no further space can be replaced from NHS HENW (or other authorised issuing organisation to be agreed by NHS HENW).

3.0 Phase 2 (September 2015 to January 2016)

This phase included piloting the 2TSP programme (e-learning and workshop), SP Database and accompanying Database instruction manual. Guidance for the provision of opportunities to embed Trained SPs within learning and assessment activities has also been developed in the form of the SP Common Framework and Checklist. These provide best practice guidance for organisations to embed 'Trained SPs' in simulation-based learning or assessment activities (Gough, Greene, Nestel, et al., 2015). The SP Common Framework consists of five key components, to support departments and organisations to plan, develop, integrate, deliver and evaluate SP involvement in simulation-based education in healthcare (see Box 3 in [Section 4.1](#)).

3.1 Methods

Prior to commencement of the project, ethical approval was obtained from the Faculty of Health, Psychology and Social Care Academic Ethics Committee, Manchester Metropolitan University (Ethics application reference number: 1293).

Setting

Five pilot dates were provided: two took place at an NHS site (Stepping Hill Hospital Education and Training Centre) and three took place at Manchester Metropolitan University (MMU). None of the participants had completed any form of SP training in the past.

Participant recruitment

Participants were invited to participate in the pilot of the 2TSP programme (e-learning and workshop). Recruitment was invited via email and a Moodle (VLE) announcement from the 2TSP Project Team Members in accordance with ethical approval criteria. Participants were recruited from various multi-professional groups; including NHS Service Users and volunteers, NHS staff, MMU staff and pre-registration students from the University of Manchester (Medicine students) and MMU (Physiotherapy and Nursing students). A total of 34 people volunteered to participate in the pilot of the 2TSP programme (15 at the NHS site and 19 at MMU).

3.2 Data collection

All volunteers were invited to participate in the 2TSP programme evaluation. This included completing the 2TSP e-learning course and participating in a 1-day 2TSP face-to-face workshop.

3.2.1 The 2TSP E-learning pilot

All participants were invited to complete an electronic questionnaire-based survey ([Appendix 4](#)) to review the e-learning resources that they completed prior to attending the 2TSP Workshop. The questionnaire focused on the appropriateness of the content and layout of the e-learning resources. The survey was administered via Survey Monkey, in line with the ethical approval requirements.

The first two pilot workshop groups (n=15) piloted the Microsoft Word version of the e-learning course and the remaining three pilot workshop groups (n=19) completed the iBook/pdf e-learning course.

All participants completed the e-learning questionnaire-based survey, which was administered via Survey Monkey. The survey questions permitted comparative analysis of both e-learning formats as the content remained identical.

3.2.2 The 2TSP workshop pilot

Five 2TSP workshop were delivered to 34 volunteer participants. The workshop contents have been summarised in Box 1. At the end of the 2TSP Workshop, all participants were asked to complete a standardised evaluation tool delivered in electronic format ([Appendix 5](#)). Utilising a standardised tool ensures the questions, administration, conditions and interpretation of results were consistent and standardised (Popham, 1999). A 'Reactionnaire' was selected to evaluate the 2TSP Workshop to obtain the reactions of the participants to matters outside the evaluation of the learning itself (Rae, 2004). By using a well-constructed and effective 'Reactionnaire', useful data was obtained, which helped to plan future iterations of the 2TSP Workshop; to enable fine tuning and to identify any problem areas. The survey was administered via Survey Monkey, in line with the ethical approval requirements.

Box 1: Summary of the 2TSP workshop contents

Registration
Welcome and Introduction
Section 1: The PrOPS Process – Profile and Objectives
Section 2: The PrOPS Process – Physicality and Speech
Section 3: Role-play strategies (including still imagery, flash forward/flash back, thought tracking & forum theatre)
Section 4: Stanislavski techniques for character development (including 'magic if' and emotional memory)
Section 5: Five stages of SP development Model (featuring: Person, Learning Activity, Context, Rehearsal and SP feedback)
Summary and Evaluation

3.2.3 SP Database pilot

The SP Database pilot has included usability of the SP blank form (as a printable function from the Microsoft Excel SP Database) and manually data entry. Pilot testing included compatibility testing on HEI and NHS computers.

3.2.4 SP Passport pilot

Multiple iterations of the SP Passport have been developed, including various formats, colours and size options piloted by the project team. The SP Passport allows identification of SP activities, acting as a career record of skills and training acquired, in a similar way that the Skills for Health Passports operate (DH, 2006).

3.2.5 Data analysis

The questionnaire-based survey data has been analysed using descriptive statistics (number, percentage and weighted averages) and content analysis.

3.3 Phase 2 results

Demographics

A total of 34 people volunteered to participate in the pilot of the 2TPS programme. Fifteen completed the programme at the NHS site and 19 at MMU. Participants included NHS Service Users and volunteers, NHS staff, MMU staff and pre-registration students from the University of Manchester (Medicine) and MMU (Physiotherapy and Nursing).

3.3.1 The 2TSP E-learning course

The e-learning course was completed by 34 participants, of which 30 (88%) answered the e-learning questionnaire survey. Twelve evaluated the Microsoft Word format and 18 evaluated the iBook/pdf format. Table 1 presents the comparative analysis of the Microsoft Word and iBook/pdf versions of the e-learning course.

Completion time (Word/iBook/pdf format)

Approximate completion times varied widely and ranged from 30-minutes to and approximately 4-hours. Participants reported both completing this in one session or across several evenings/days.

Microsoft Word format feedback

Throughout the survey, several participants reported using a printed copy of the e-learning workbook rather than the digital copy provided. Nine of the 12 participants reported difficulties viewing the 2TSP embedded video or pdf resources:

Video and pdf difficulties

The difficulties related to being unable to access the videos or pdfs on NHS premises. Whilst some participants reported being unable to open the videos, others reported no video issues:

"I couldn't play the videos."

"I couldn't open the pdfs."

"Was unable to view the view at work."

Navigation difficulties

Difficulties were reported relating to the navigation between e-learning sections including: inability to access the completed workbook from NHS computers. Some participants reporting being unable to open the document at all at on NHS premises.

During the workshop, participants explained that the inability to open and view the videos was due to restricted access on the NHS Trust computers, which did not allow access to videos hosted on MMUTube (a University version of YouTube). Additionally, participants reported accessing the Word document on Microsoft Office 2003, in which embedded video functionality is not permitted. This issue was rectified by embedding the video resources in the iBook/pdf, thus removing hosting issues.

Table 1: 2TSP E-Learning Course Evaluation

Navigation	Version	Percentage (no. of participants/no. who answered question)					Weighted average
		Very Difficult	Difficult	Neutral	Easy	Very Easy	
Ease of opening the individual online learning resources	Word	25 (3/12)	8 (1/12)	17 (2/12)	33 (4/12)	17 (2/12)	3.08
	iBook/pdf	0 (0/18)	17 (3/18)	11 (2/18)	33 (6/18)	39 (7/18)	3.94
	Version	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Weighted average
The layout of the sections was easy to read	Word	0 (0/12)	0 (0/12)	58% (7/12)	42 (5/12)	0 (0/12)	3.42
	iBook/pdf	0 (0/18)	0 (0/18)	11 (2/18)	61 (11/18)	0 (0/)	4.17
The layout of the sections was easy to use	Word	0(0/12)	0 (0/12)	67 (8/12)	33 (4/12)	0 (0/12)	3.33
	iBook/pdf	0 (0/18)	0 (0/18)	11 (2/18)	61 (11/18)	28 (5/18)	4.17
The colours were easy to read	Word	8 (1/12)	0 (0/12)	58 (7/12)	33 (4/12)	0 (0/12)	3.17
	iBook/pdf	0 (0/18)	0 (0/18)	17 (3/18)	50 (9/18)	33 (6/18)	4.17
Resource content	Version	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Online resources content was aimed at the appropriate level	Word	0 (0/12)	0 (0/12)	25 (3/12)	67 (8/12)	8%(1/12)	
	iBook/pdf	0 (0/18)	0 (0/18)	5%(1/18)	50 (9/18)	44 (8/18)	
The content was appropriate for me	Word	0 (0/)	0 (0/12)	25 (3/12)	58 (7/12)	17 (2/12)	
	iBook/pdf	0 (0/18)	0 (0/18)	17 (3/18)	44 (8/18)	39 (7/18)	
It was not necessary to record answers for future reference/CPD purposes	Word	0 (0/11)	0 (0/11)	64 (7/11)	36 (4/11)	0 (0/11)	
	iBook/pdf	0 (0/18)	17 (3/18)	28 (5/18)	44 (8/18)	11 (2/18)	
The 'stop and think ' learning activities were useful'	Word	0 (0/12)	8 (1/12)	25 (3/12)	42 (5/12)	25 (3/12)	
	iBook/pdf	0 (0/18)	0 (0/18)	11 (2/18)	55 (11/18)	0% (0/)	
The material was too in-depth	Word	25 (3/12)	25 (3/12)	33 (4/12)	17 (2/12)	0 (0/12)	
	iBook/pdf	17 (3/18)	56 (10/18)	5 (1/18)	17 (3/18)	5 (1/18)	

Key: Bold italics have been used to highlight the highest scoring category for each question (Green: Word version; Blue: iBook/Pdf version).

Layout of individual sections

Perceptions of the content were positive. Some participants also reported using a printed paper copy of the e-learning alongside the electronic version. A participant suggested the text could be more distinct and photographs could be of a higher resolution.

In relation to the content of the online resources participants provided positive comments regarding the resources and suggested the following improvements:

Positive aspects of the e-learning resources

Participants provided positive comments with regards to the content:

"I complete the booklet with a friend, which I thought was very useful to talk through ideas and feel it helped to get more out of it and an understanding of the booklet and being an SP."

"At the beginning was unsure if the course was aimed at training the trainer or training an SP. Later on I appreciated the input for both, so outcome was successful."

Recommendations for improvements

"The booklet was not discussed during the day. I had spent a lot of time completing it and this seems to have been a waste of time...a good day however"

"I printed the document, finding it was to read in paper form."

Two participants thought that completion of the prior learning unnecessary for successful completion of the course.

Apple iBook and pdf format

Ten participants (56%) chose to use the pdf version and seven (39%) the iBook version and one (5%) preferred to print a hard copy to be used in conjunction with the iBook.

Navigation difficulties

Whilst some participants reported that they had no access or download difficulties, others reported access issues related to being a large document which reportedly took a long time to download and was subject to the available internet access (speed). During the workshops, participants discussed trying to download the iBook/pdf on their mobile device, despite clear guidance on the webpage advising against this.

Layout of individual sections

Participants commented that the iBook/pdf was:

"Very clearly laid out"

"A good standard layout throughout made it easier to read, not too much information on each page, which was good"

Some participants reported difficulties with the embedded videos on the pdf. This appeared to be related to the device that the files were accessed on not having up-to-date software.

E-learning content

Participants provided mixed comments regarding the content of the e-learning resource. Whilst some felt it provided a useful, applicable and balanced resource, others felt that it was extensive. Conversely, one participant felt that it was pitched too low, but reflected that this may be due to his/her prior experience as a healthcare student.

The comments possible reflect the diversity of participants (hospital volunteers, healthcare staff and students) and experience of working with or as an SP.

Use of the additional 'note' functions in the iBook and pdf

The iBook and pdf formats provided an opportunity for electronic notes to be recorded on their personal copy. Twenty-eight percent of participants (5/18) opted to use this function prior to the workshop. Some reported that the option to write electronic notes worked well, whilst others reported making additional handwritten notes. One participant reported being unable to work the notes section.

A summary of actions arising during the pilot have been summarised in Box 2.

Box 2: Summary of actions implemented from the e-learning course evaluation

1) Clarification

Further clarification of how each sections of the 2TSP e-learning course related to the 2TSP workshop was provided in the iBook/pdf version of the e-learning resource.

2) Comments and note functionality

Clarification of the note functionality was added to the iBook/pdf formats and associated frequently asked questions sheet

3) Embedded videos

Inability of some users to open the embedded videos in the Microsoft Word format was rectified in the production of the iBook/pdf format. This permitted direct opening and play functionality within the document. Additional advice has been provided in the iBook/pdf version and in the FAQ sheet relating to checks that can be undertaken when trying to play the videos.

4) Production of a Frequently Asked Questions ([FAQ](#)) Sheet

The FAQ Sheet provides information regarding:

- Browser requirements
- Downloading the iBook/pdf
- Playing the videos
- Adding electronic notes

3.3.2 The 2TSP Workshop

Thirty-one (92%) of the 34 participants who attended 2TSP workshop, completed the electronic Reactionnaire survey to evaluate the workshop. Table 2 presents the results of the workshop Reactionnaire. All respondents reported that they would recommend the 2TSP programme to their friends and colleagues.

Participants provided additional comments relating to the 12 questions in the Reactionnaire. Illustrative comments have been provided for each of the 12 questions. (A score on the Reactionnaire of 6 indicates a high, positive score, while a score of 1 indicates a low, negative score).

1) Level of stimulation

Participants provided positive comments and found the workshop to be stimulating, thoroughly enjoyable, relevant, informative, very engaging, fun, of a good length, well balanced and interactive:

"I have learnt so much today and found it to be very inspiring and worth learning about".

"Interactive teaching works well because it helps to embed the theory and gives it relevance".

"I came away with knowledge I did not have when I started".

2) Usefulness for work as an SP

Participant comments related to empathy and application of the contents for current/future work as an SP:

Application:

"It will allow me to make a contribution to the student experience".

"I can use the feedback mechanism when working with other colleagues and giving constructive feedback. Also different ways in dealing with different types of people in my work environment".

Empathy:

"As a [anonymised professional group] student I think it will help me understand the SP objectives better".

"It had given me a good idea of what to expect when I have to be a learner. It will also help me in practice because it has made me think about not taking patients/relatives at face value".

One participant felt that they *"didn't work in a field where this would be useful"*.

3) Relevancy for work as an SP

Participants reported the 2TSP programme was highly relevant to their work as an SP, in particular linking with developing empathy and self-awareness skills:

"Links closely with understanding empathy and self-awareness in nursing."

"Gives me the knowledge and an insight into how patients can feel when in a hospital setting."

Table 2: 2TSP Workshop Reactionnaire Evaluation

Reactions	Percentage (no. of participants/no. who answered question)						Weighted average
	6 (Stimulating)	5	4	3	2	1 (Boring)	
The 2TSP programme was...	42 (13/31)	52 (16/31)	3 (1/31)	3 (1/31)	0 (0/31)	0 (0/31)	5.32
The 2TSP programme was...for my work as an SP	6 (Useful)	5	4	3	2	1 (Useless)	5.10
	45 (14/31)	38 (12/31)	3 (1/31)	10 (3/31)	0 (0/31)	3 (1/31)	
The 2TSP programme was...for my work as an SP	6 (Relevant)	5	4	3	2	1 (Irrelevant)	4.94
	36 (11/31)	42 (13/31)	13 (4/31)	3 (1/31)	3 (1/31)	3 (1/31)	
The reaction that closely represents your feeling about the 2TSP programme 'discussions'	6 (Good)	5	4	3	2	1 (Limited)	5.32
	45 (14/31)	42 (13/31)	13 (4/31)	0 (0/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about the 2TSP programme 'structure'	6 (Flexible)	5	4	3	2	1 (Rigid)	4.97
	36 (11/31)	32 (10/31)	26 (8/31)	6 (4/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about 'how well' the 2TSP programme was conducted	6 (Well)	5	4	3	2	1 (Poorly)	5.58
	62 (19/31)	36 (11/31)	3 (1/31)	0 (0/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about 'how demanding' the 2TSP programme was	6 (Demanding)	5	4	3	2	1 (Undemanding)	4.23
	6 (4/31)	29 (9/31)	36 (11/31)	13 (4/31)	10 (3/31)	0 (0/31)	
The reaction that closely represents your feeling about 'how challenging' the 2TSP programme was	6 (Challenging)	5	4	3	2	1 (Patronizing)	4.68
	16 (5/31)	45(14/31)	29 (9/31)	10 (3/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about 'how well-spaced out' the 2TSP programme was	6 (Well-spaced)	5	4	3	2	1 (Too condensed)	5.00
	38 (12/31)	32 (10/31)	23 (10/31)	3 (1/31)	3 (1/31)	0 (0/31)	
The reaction that closely represents your feeling about 'the use of time' within the 2TSP programme	6 (Good use)	5	4	3	2	1 (Poor use)	5.16
	49 (15/31)	26 (8/31)	19 (6/31)	6 (2/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about 'the level of activity' within the 2TSP programme	6 (Good)	5	4	3	2	1 (Poor)	5.48
	49 (15/31)	52 (16/31)	0 (0/31)	0 (0/31)	0 (0/31)	0 (0/31)	
The reaction that closely represents your feeling about 'achievement of your objectives' within the 2TSP programme	6 (Achieved)	5	4	3	2	1 (Not achieved)	5.35
	55 (17/31)	29 (9/31)	12 (4/31)	3 (1/31)	0 (0/31)	0 (0/31)	

Key: Bold blue text has been used to highlight the highest scoring category element of each question

4) Level of discussion

Participants reported that the discussions were relevant, provided different perspectives, generally very fun, very useful and lively.

"We discussed many areas and covered many different aspects of simulation. I found this to be very useful and will take what I have learnt throughout my ongoing training."

Participants shared different opinions in relation to their perceptions of the value and relevancy of others' comments/contributions.

5) Structure flexibility

The structure was deemed to be flexible, worked well, adapted to participant needs:

"Facilitators ready to adapt to our needs."

"It is very well structured throughout the day and everything flowed from one activity to the next."

"Flexible and allowed input from volunteers, regardless of time."

6) Programme conduct

The course was perceived to be very well conducted, well presented, and participants liked the explanations and interactions:

"Brilliant, engaging team."

"Well presented by professional experts in the field."

"It was well conducted. The people running it knew exactly what to do and when."

7) Workshop demands

Participant comments relating to the demands of the programme varied. Whilst some thought that it was (positively or emotionally) demanding, whilst others perceived it to be relaxed:

Demanding:

"Emotionally demanding when exploring characterisation and bringing own experiences into characters, and also when practising being the oppressor."

"It was slightly demanding but in a good way. I do not have anything negative to say about the workshop today."

"Lots to take in all at once, 2-3 sessions would have been better."

Not demanding:

"I do not think the course was demanding. It was quite relaxed and very constructive."

8) Level of challenge

The level of challenge integrated in the 2TSP programme was deemed to be either positively challenging or well balanced:

Positive challenging:

"I think the course was quite challenging as I have never done anything like this before, yet very enjoyable."

"Challenging as it is out of my comfort zone but facilitators encouraging."

Well balanced:

"Not too challenging, definitely not patronizing. A good balance."

9) Spacing of activities

Whilst participants perceived the programme to be balanced and well-spaced, others reported that more time may be necessary:

"This is a one day course and a lot is squeezed in to the time available. I felt spacing was about right."

"Perhaps a bit too well spaced out."

"Slightly over ran, maybe need more time allocated."

10) Use of time

Participants expressed mixed options regarding the timing of activities:

Positive:

"Good use of time bit too much to take in."

"Really good use of time and I would recommend it to anyone."

Mixed:

"Not as useful for my medical studies as I was expecting but good experience for being an SP."

Negative:

"I felt that some of the theory diverged from the practical aspects of the course."

11) Level of activity

It was perceived that the workshop provided a good level of activity that was interspersed with the theoretical aspects:

"Plenty of activity to keep people involved, interspersed with theory."

"I'd only add more activity. Those were the best bits."

"I think we have all been kept very active."

12) Achievement of objectives

Participants reported that their objectives had been achieved and that they had developed new skills:

"Gives a very good foundation to work from, using some interesting techniques."

"I learnt new skills and gained more confidence in myself".

One participant *"wanted to know more about how an SP is trained to respond in clinical scenarios."*

Additional comments:

Twelve participants provided very positive additional comments in response to an open question at the end of the survey. Participants reported that they 2TSP was very enjoyable and would highly recommend the course:

"Very enjoyable day, well facilitated."

"Very enjoyable day, found the group work very stimulating and learned quite a lot about how to make a believable simulated patient".

Two participants had mixed options on the workshop duration:

“May be make the day shorter.”

“Very good day, would like to practice giving feedback, however there is a lot to fit in and think the pace was right – is very difficult”.

Participants rated the 2TSP Workshop positively, with weighted average scores shown in Table 2. They found the workshop to be stimulating, useful, promoting good discussions, flexible, well conducted, well-spaced out, a good use of time and providing a good level of activity. They all commented that they would recommend the 2TSP Workshop to their friends and colleagues.

3.3.3 SP Database

Twenty-eight completed records were entered on to the database by a member of the project team. Data entry, search and edit facilities were tested using all 28 SP data sets. Pilot testing concluded the compatibility of the SP Database on HEI and NHS computers. All fields of entry were reported as operational. The pilot confirmed the functionality of the data entry fields, edit function, and search facilities. The pilot highlighted that where an SP is a child, parental consent was required. This feature has now been added into the final SP Database. Data protection requirements were also raised during the pilot and have been addressed and a declaration has been included on both the database and accompanying instruction manual. All workshop participants were invited to complete the paper version of the SP database ([Appendix 1](#)). Twenty-eight of the pilot participants (80%) completed the paper version of the SP database form, to facilitate the pilot of the SP database. Data entry and storage of confidential personal details have been undertaken in line with the ethical approval.

3.4 Phase 2 Discussion

This section will first discuss the findings of phase 2. This is followed by guidance on how the 2TSP programme can be embedded within organisations throughout the region.

3.4.1 2TSP Programme

The pilot evaluation of the 2TSP programme has been overwhelmingly positive. The finalised e-learning resources have been presented in multiple formats to permit accessibility and usability by a diverse range of individuals, who wish to become SPs. The iBook and identical pdf format permit access in residential, NHS and HEI settings. A frequently asked questions (FAQ) sheet has been produced ([Appendix 6](#)) to assist and facilitate usability.

3.4.2 SP Database and Manual

It is intended that the blank SP Database will be used as a private resource for individual organisations/departments to populate with their own SP data. The SP Database is fully searchable to allow facilitators/administrators to identify the correct SPs for the role. The blank SP Database is customisable, permitting insertion of the Institutional name and logo

The blank SP Database is password protected and information is provide on how to change the default password, personalise the SP Database to the individual

department and institution, print blank forms and add records. The SP Database features inbuilt steps to safeguard the SPs data. A data protection statement is included added to the printable SP Database form ([Appendix 1](#)) and the SP Database prompts that to verify that the data protection statement has been signed by the SP, or the record will not be saved. Individual departments and organisations will be responsible (not NHS HENW) for the compliance and maintenance of their local SP Database in line with local and UK data protection and storage requirements.

A comprehensive SP Database Manual is presented in a step-by-step approach to enable organisations/departments to transition towards a generating a fully searchable database (Appendix 1). The finalised SP Database Manual includes written guidance and screenshots outlining the functionality of the database including copyright and data protection information. Screenshots also illustrate how to add records and using the search and edit facilitates.

2.4.3 SP Passport

The 'SP Passport' allows identification of SP activities, acting as a career record of skills and training acquired, in a similar way that the Skills for Health Passports operate (DH, 2006). The SP Passport provides SPs with an opportunity to document evidence of their 2TSP and SP-related training ([Appendix 2](#)). The SP Passport enables the holder to develop an ongoing record of their involvement as an SP within simulation-based education. Contents allow SPs to track, record, monitor and reflect on their SP activities.

Initial guidance has been provided in the SP passport itself to indicate that it will remain valid for five years unless otherwise stated by HENW. An SP Passport, which has expired or has no further space can be replaced from HENW (other authorised issuing organisation agreed by HENW). The SP passport covering information indicates the purpose, validity and a caution statement that the SP passport remains the property of HENW and may be withdrawn at any time. Caution should be noted that the issue of a passport does not bear reference to the skills and abilities/performance of an individual SP.

The SP Passport provides one form of development record that may be adopted by individual departments or organisations within the region. Further advice and guidance on the distribution and validation of SP Passports will be provided by HENW.

Additional examples have been agreed with MMU to allow students to gain further recognition of their SP voluntary activities through the 'MMU futures' programme. MMU Futures is a dynamic awards scheme aimed at supporting students to develop skills through an extensive programme of interesting workshops, short courses, activities, events and volunteering. It is designed to be fun and enjoyable, offering students valuable and meaningful extra-curricular opportunities, with the chance to have their achievements recognised by an award. Further information on MMU Futures is available by clicking on the following hyperlink: <http://www.mmu.ac.uk/students/futures/>. Similar schemes may exist in other North West Universities and Trusts.

4.0 Project Dissemination

This section firstly provides guidance for the provision of opportunities for organisations to embed trained SPs within learning and assessment activities in the North West of England. Secondly, it proposes a 2TSP programme dissemination strategy. Finally, this section reports the implementation and impact of the 2TSP pilot to date and future dissemination strategy.

4.1 Guidance for the provision of opportunities to embed Trained SPs within learning and assessment activities

The SP Common Framework and Checklist provides best practice guidance for organisations to embed 'Trained SPs' in simulation-based learning or assessment activities (Gough, Greene, Nestel, et al., 2015). The Simulated Patient Common Framework consists of five key components, to support departments and organisations to plan, develop, integrate, deliver and evaluate SP involvement in simulation-based education in healthcare ([Appendix 7](#)).

A summary of the Simulated Patient Common Framework has been provided in Box 3.

Box 3: Summary of the five Simulated Patient Common Framework Components

- 1) Resource considerations - Establishment of clear and transparent procedures relating to funding, staffing, training and payment
- 2) Recruitment and selection process – Development of a clear and transparent recruitment strategy, indicating clear selection requirements
- 3) Training requirements – Ensuring Simulated Patients are appropriately trained to participate in learning, teaching, assessment and research roles
- 4) Risk assessment – Ensuring transparent risk assessment procedures are developed to reflect simulation-based education activities.
- 5) Quality assurance procedures – Embedding clear quality assurance procedures to continually drive improvements in healthcare education

The Simulated Patient Common Framework has also been developed to support the involvement of SPs within healthcare education and research in the North West of England. It is envisaged that the framework will help to support local developments and encourage collaboration through the establishment of a simulated patient 'community of practice' (Lave and Wenger, 1991). The SP Common Framework has been disseminated nationally, at the Association for Simulated Practice in Healthcare conference in the UK in November 2015 (Gough and Greene, 2015). The SP Database and SP Passport may also provide useful accompaniments for organisations to embed trained SPs within learning and assessment activities.

4.2 Instructional guide for the implementation of the Simulated Patient Programme

To maintain quality assurance of the Simulated Patient Train-The-Trainer (SP3T) course and 2TSP programme, an instructional guide has been outline to promote roll out of the 2TSP programme across the North West of England (Figure 4). NHS HENW have already funded courses for SP Trainers to complete the Simulated Patient Train-The-Trainer (SP3T) course. This funding will allow future SP trainers to complete the

2TSP course followed by the SP3T course. Figure 4 illustrates one strategy to enable organisations to embed the SP3T course and 2TSP programme (e-learning and workshop resources), and SP Common Framework within acute and community healthcare organisations and HEIs in the North West of England. Organisations who wish to use the HENW Simulated Patient Programme are required to progress from Level 1 to 5.

Level 1 – Completion of the Train-The-Simulated Patient (2TSP) programme (e-learning and workshop) by SPs and Trainers. Trained SPs will exit this level with certification of completion. SP Trainers continue to Level 2.

Level 2 – SP Trainers may now complete the Simulated Patient Train-The-Trainer (SP3T) Programme.

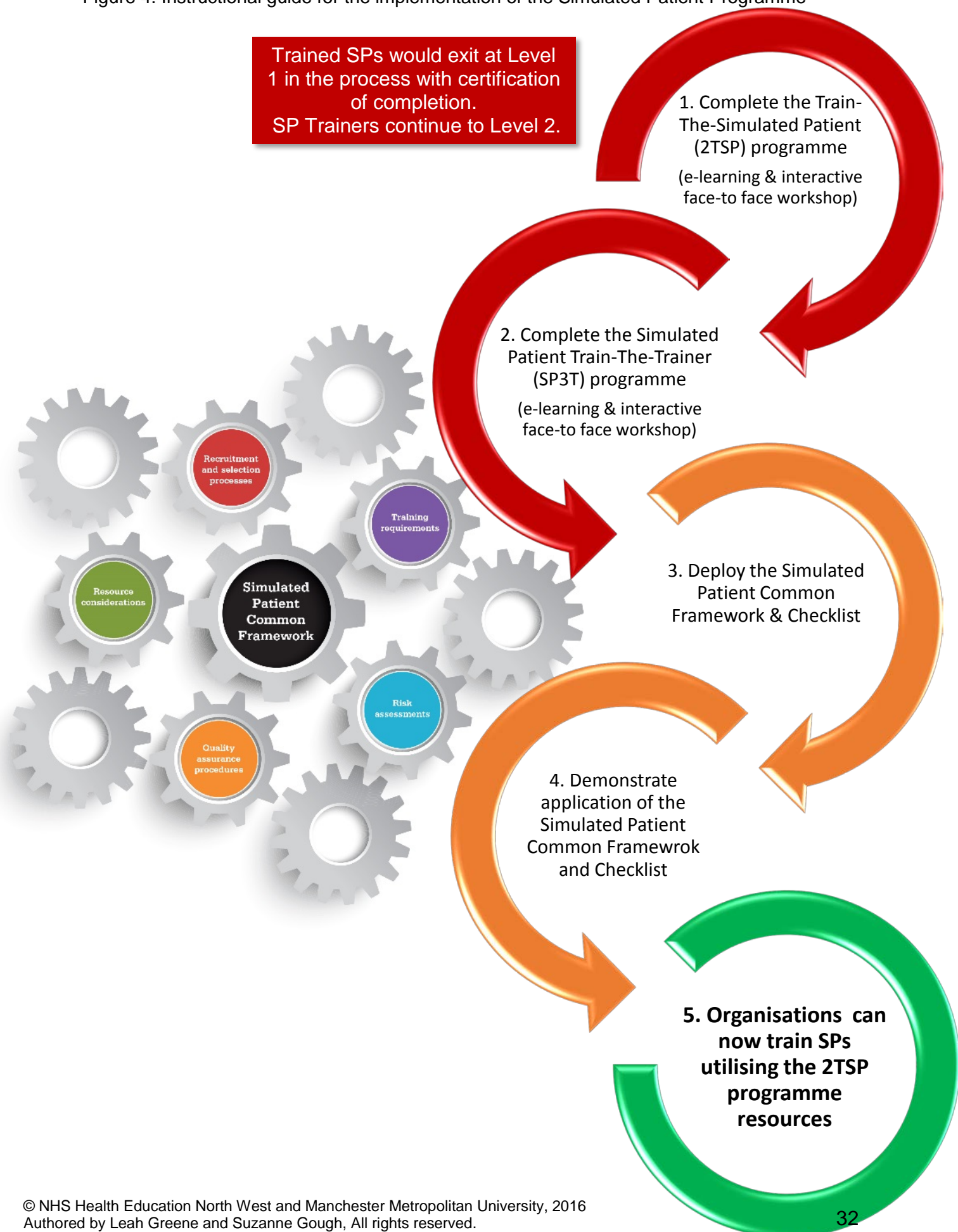
Level 3 – Organisations wishing to continue to embed the HENW Simulated Patient Programme are required to deploy the Simulated Patient Common Framework and Checklist.

Level 4 – Organisations are required to demonstrate application of the Simulated Patient Common Framework and Checklist requirements to HENW/NWSEN.

Level 5 – Once an organisation can demonstrate achievement of Levels 1-4 to HENW/NWSEN, they will be able to train SPs using the 2TSP programme resources.

Further quality assurance, checklist compliance and operational procedures are beyond the remit of this project team and will be developed by HENW.

Figure 4: Instructional guide for the implementation of the Simulated Patient Programme



4.2.1 Future recommendations

Future recommendations to facilitate ease of dissemination of the 2TSP e-learning course include uploading the iBook to Apple iTunes. By releasing the iBook in this way, unrestricted access can be granted, free of charge, to people wishing to download from iTunes. Furthermore, new versions or editions of the iBook could easily be released via iTunes.

The iBook could also be converted into an ePub e-book format. This is a free and open format which is compatible with Kindle and android devices, thus expanding the usability and reach of the 2TSP e-learning course for smartphone, tablet, or e-reader users.

A hard copy of the 2TSP e-learning course (iBook/pdf) with accompanying DVD compilation of the video resources is also recommended to enable members of the public, who have no easy access to the Internet, the option to become a trained SP. Thus, ensuring equality of access to the resources for all.

4.3 Dissemination strategy

This section reports the implementation and impact of the 2TSP pilot to date and future dissemination strategy.

4.3.1 Implementation and impact to date

Since piloting the 2TSP programme, participants have reported implementing their knowledge and skills within local SP initiatives. We have provided a brief summary of four regional examples including two different study days, implementation at a local NHS Trust and conference workshop. The project leads for the regional examples have been invited to share their initiatives at the 2TSP impact masterclass (outlined in 4.2).

- 1) Manchester Metropolitan University Nursing team has developed an innovative method to help educate General Practice Nurses (GPNs) through the use of simulated scenarios. The innovation was supported by funding from HENW and accredited by the North West Simulation Education Network (NWSEN). The study day is incorporated into an existing unit for novice GPNs. It combines theory and practice in a simulated environment and offers students the opportunity to reflect on the experience and their own practice in a safe, supported environment. An SP and simulated relative further enhance the realism of the learning experience. Further information can be found by accessing the hyperlink: <http://www2.mmu.ac.uk/nursing/about-us/news/detail/index.php?id=3792>
- 2) Manchester Metropolitan University Physiotherapy and Community Nursing Teams have also developed a Chronic Obstructive Pulmonary Disease study day, to be hosted throughout 2016. This features several 2TSP trained SPs who will be able to utilise their skills in role portrayal and to provide constructive feedback to learners during the debrief. The simulation scenario and SP role profiles have been submitted to the NWSEN scenario library for dissemination throughout the region.
- 3) Stepping Hill Hospital Education and Training Department have developed a series of simulation scenarios and accompanying SP role profiles to enhance existing

simulation training for NHS staff and undergraduate healthcare students. The 2TSP trained SPs will also be able to utilise their skills in role portrayal and to provision of constructive feedback.

- 4) A hybrid simulation workshop was also presented at the Association for Simulated Practice in Healthcare (ASPiH) conference in the UK, November 2015.

Workshop title: The best of both worlds: thespians and tech in labour ward simulation

Presenters: Jessica Ford, Leah Greene, Suzanne Gough, Catherine Langley, Adrian Molyneux, Cliff Shelton, University Hospitals South Manchester NHS Foundation Trust, Manchester Metropolitan University, Keele University.

Workshop Summary: This interactive workshop, jointly hosted by the Simulated Patient Train-The-Trainer project Team from Manchester Metropolitan University and the developers of the 'CTG Simulator' app will outline the principles of developing hybrid simulation. Examples will be explored featuring simulated patients and the CTG simulator monitor.

Excerpt available from the book of abstracts:

<http://www.aspih.org.uk/static/aspihdjango/uploads/documents/2015-conference/conference-programme-2015.pdf>

4.3.2 Future dissemination

A series of immediate dissemination events including an SP impact masterclass and an International conference workshop have been outlined below. We wish to acknowledge that future publications in peer reviewed, high impact journals will be prepared by members of the project team. However, funding to support publications was not included within the cost of this project.

1) SP impact masterclass

A masterclass will be hosted on 22nd February 2016, at Brooks Building. Manchester Metropolitan University ([Appendix 8](#)). The new 2TSP programme will be showcased at this event. Delegates will have the opportunity to find out more about best practice for involving Simulated Patients in healthcare education. Guest speakers from the region will also share their experiences of working with SPs as a result of their involvement in the 2TSP pilot.

2) IPSSW Pre-conference workshop

Following on from the success of a hybrid simulation workshop presented at ASPIH Conference (see section 4.3.1) Suzanne Gough and Leah Greene have been invited to include the 2TSP programme, SP Common framework and checklist as part of a pre-conference workshop at the International Paediatric Simulation Symposium (IPSS) in Glasgow, May 2016.

Workshop 5: Innovation in Simulation: Exploring the Engagement of Paediatric Simulated Patients in your Programme.

Presenters: Kate Pryde, Karen Reynolds, Kim Sykes, Suzanne Gough, Leah Greene, Carrie Hamilton

Workshop Description

From novice to expert, this workshop aims to immerse participants in the world of paediatric simulated patients. We will lead you through the whole process of setting up a paediatric SP programme from conception to engagement with your local ethics review board to the practicalities of running an educational event. We will cover the types of scenarios that are successful; training and debriefing of the SPs; as well as the preparation of faculty, the facility and the participants for the event. Real-time scenarios will be presented with optional participation from the audience. Questions from the audience in advance of the workshop will be encouraged to enable us to focus on specific challenges that participants may wish to cover in the workshop.

Target Audience

Multi-professional simulation faculty interested in engaging paediatric simulated patients in their programme (no previous experience with simulated patients required). Simulation faculty with established programmes who would like to share their experiences and discuss challenges involved in engaging children in simulation.

Further information can be found by clicking the following hyperlink: <http://campaign.r20.constantcontact.com/render?ca=a07d75dc-a04f-4b52-8c69-7f6ec4c55cde&c=55920140-7f3e-11e5-9f58-d4ae527b895a&ch=5702a840-7f3e-11e5-a032-d4ae527b895a>

5.0 Project management

The project has been managed by the Project Leads, Suzanne Gough and Leah Greene. This has included a series of Faculty Forerunner project group meetings, project steering group meetings and a series of project reports to HENW. The project has been completed on time and on budget. The project expenditure has been detailed in [Appendix 9](#).

6.0 Conclusions

The Train-The-Simulated Patient (2TSP) pilot has been a definitive success. After initial concerns about enabling participants to access the e-learning, a workable solution has been established that enables participants to easily engage with the online resources. The workshop evaluated favourably with all participants commenting that they would recommend the 2TSP Workshop to their friends and colleagues. The project team have produced and evaluated an SP Database and SP Passport, which are valuable resources for both trained SPs and institutions in the Region. An instructional guide, which firmly embeds the SP Common Framework and SP Checklist (© NHS HENW and Manchester Metropolitan University, 2015), has also been developed to enable institutions to successfully prepare for SP engagement. The next steps are to rollout the resources both regionally and locally to ensure as many people as possible can benefit from this project. The subsequent engagement with well-trained SPs will further enhance learning environments and improve the future and existing health and social care workforce.

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8.0 Appendices

- Appendix 1: SP Database Manual and SP Blank Form Screenshots
- Appendix 2: SP Passport Screenshots
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Appendix 1: SP Database Manual and SP Blank Form Screenshots

This is a screenshot of the 'CONTENTS' page. It features the same 2TSP logo and NHS Health Education North West branding as the title page. A dark blue horizontal bar with the word 'CONTENTS' in white capital letters is positioned at the top of the table of contents. Below this bar, the table of contents is listed with page numbers aligned to the right.

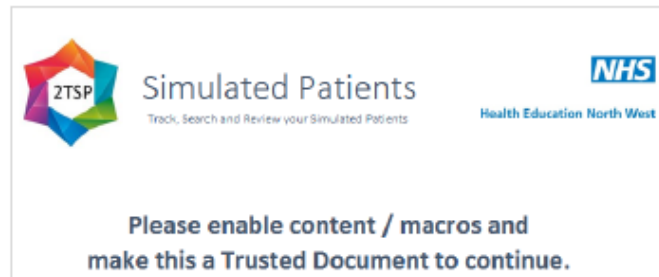
Information.....	3
Purpose.....	3
Caution.....	3
Your First Time	4
Enable Macros	4
Login and Set Organisation Name.....	4
Change Default Password	5
Printing a Blank form for Completion.....	7
Adding a Simulated Patient	7
Searching for an SP	10
Editing an SP	12



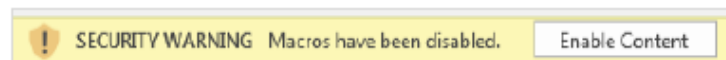
YOUR FIRST TIME

ENABLE MACROS

- The first time you open the spreadsheet, you'll need to enable macros.

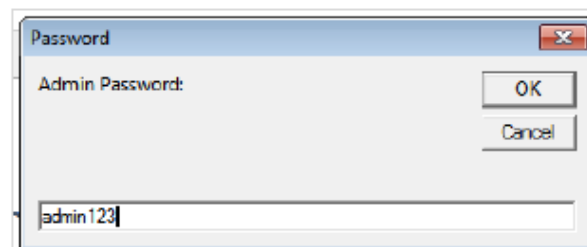


- Do this by clicking 'Enable Content'. If you've saved the spreadsheet on a network drive, Excel may also ask you to make the file a 'Trusted Document'.



LOGIN AND SET ORGANISATION NAME

- Log in using the default password **admin123**.





Health Education North West

Your Details for the Simulated Patient Database

Data Protection

<p><i>By completing this form, I give permission for my data to be held in the SP database of Health Education North West and agree that Health Education North West may process personal data relating to me for personnel, administration and / or management purposes, make such data available to Health Education North West, and as required by law.</i></p> <p><i>We will not make your contact details available to the public or external organisation in print or online.</i></p>	Signed
	Date

Personal Particulars


First Name(s)	
Surname	
Preferred Name	
Gender	
Ethnicity	
Nationality	
Country of Birth	
Date of Birth	
Home Address (press ALT+Return for a new line in the field)	
Home Phone Number	
Mobile Phone Number	
Email Address	
Emergency Contact Name	
Emergency Contact Number	

Photos

Please provide two photos for use in the database.
--

Appendix 2: SP Passport Screenshots







SIMULATED PATIENT PASSPORT

CONTENTS

Information.....	iv
Simulated Patient Training Record	1
Additional Training Record	5
Training Experiences – Roles	9
SP Experience Record	13
Passport Details	27


Health Education North West



SP EXPERIENCE RECORD

Role Portrayed	
Purpose of SP Involvement	<i>e.g. learning and teaching, training course, learning assessments, course planning, course evaluation</i>
Date	
Duration	
Frequency	
Additional Comments	<i>This space is provided for you to add any comments regarding your involvement in the SP role(s) recorded above, e.g. what went well, what you enjoyed, what you learned from the experience, what you may do differently next time</i>

SP Experience Record 13



**TRAIN THE
SIMULATED
PATIENT**

Introduction

General Information

Welcome to the **Train-The-Simulated Patient Programme (2TSP)**, which is designed to teach you how to become a **Simulated Patient**. The programme uses two different methods to facilitate learning. They are as follows:

E-learning module: this workbook will provide you with an underpinning knowledge of **Simulated Patients (SPs)**; it will prompt you to think and learn through reflective activities. This workbook has also been provided for you to record your thoughts from the learning activities. Please be advised that non-completion of the learning activities will restrict with your ability to gain from the workshop and you will not be eligible for certification.

Face-to-face workshop: this will provide you with an opportunity to discuss key topics that arise from the e-learning module. During the workshop experienced facilitators will guide you through group discussions and enable you to participate in interactive activities.

Introduction

Please use this workbook to gain knowledge, reflect and think creatively about portraying the role of a Simulated Patient (SP) and to record your answers to the learning activities.



Stop and think tasks are indicated by this symbol throughout the workbook.

Example movie



Videos have been embedded throughout this book. They appear as a black box with a 'Play' button on the left. To close the videos click on the 'X' in the top right hand corner.

Chapter 4; Section 2

Introduction to PrOPs Process

Note: the acronym 'PrOPs', is a word associated with role-play. It is a shortened version of the word 'property', which refers to any moveable objects in the simulation that are not people, buildings or costumes.

INTRODUCTION TO PROPS PROCESS

The PROPS Process has been developed by a drama expert, to support character development for role-play purposes, in non-performing arts, multi-professional settings (Gibson, 2015). The process supports and guides users through character development by offering four prompts for consideration




Gibson, 2015

The acronym **PROPS** stands for:

- Profile
- Objectives
- Physicality
- Speech

Through following The PROPS Process, it can help you to develop distinct, well-rounded characters for use in simulation.

Appendix 4: 2TSP E-Learning Survey



2TSP E-learning Pilot Evaluation

Welcome

This is a short survey to evaluate the usability of the Train-The-Simulated Patient (2TSP) e-learning package.

* 1. Which version of the 2TSP e-learning package did you download?

☐ iBook (for Apple MAC, iPad users)

☐ PDF (for PC, android users)

☐ Other (Please specify)

* 2. Please rate the following statement:

	Very difficult	Difficult	Neutral	Easy	Very easy
I found downloading and opening the 2TSP e-learning package...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide more information on any issues

1

* 3. Please rate the following statements regarding the LAYOUT of the e-learning package:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The layout of the individual sections (e.g. Chapter 1: Who are simulated patients?) was easy to read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments:

The layout of the individual sections (e.g. Chapter 1: Who are simulated patients?) was easy to use (navigate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Please provide comments:

The colours used in the e-learning were easy to read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Please provide comments:

* 4. Please rate the statements relating to the CONTENT of the e-learning package:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The content of the e-learning resources was aimed at the appropriate level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was appropriate for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was of sufficient detail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel that it is necessary to record my answers for future reference (for CPD purposes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the learning activities useful (the Stop and Think activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought that the material was too in-depth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments regarding e-learning content

* 5. Did you use the 'note' functions built into the e-learning package to write notes and/or reflections as you worked through the e-learning package?

- ☐ Yes
☐ No

Please provide comments on how you made notes throughout the e-learning

* 6. Approximately how long did it take you to complete the 2TSP e-learning package?

7. If you have any other comments or suggestions regarding the 2TSP e-learning package, please provide them below

Appendix 5: 2TSP Workshop Reactionnaire



2TSP Reactionnaire

Welcome

Please complete this survey to give details of your reactions to the 2TSP course you have attended.

1. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Stimulating and 1 is Boring.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

2. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Useful for my work as an SP and 1 is Useless.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

3. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Relevant to my work as an SP and 1 is Irrelevant.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

4. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Good discussions and 1 is Limited discussions.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

5. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Flexible structure and 1 is Rigid structure.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

6. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Well conducted and 1 is Poorly conducted.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

7. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Demanding and 1 is Undemanding.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

8. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Challenging and 1 is Patronizing.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

9. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Well spaced out and 1 is Too condensed.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

10. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Good use of time and 1 is Poor use of time.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

11. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is Good level of activity and 1 is Poor level of activity.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

12. Please check the box that most closely represents how you feel about the 2TSP programme on a scale of 1 to 6, where 6 is My objectives achieved and 1 is My objectives not achieved.

6	5	4	3	2	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment briefly about your reasons for giving this score.

13. I would recommend the 2TSP programme to my friends or colleagues?

- ☐ Yes
☐ No

14. Any other comments?



Health Education North West

TRAIN-THE-SIMULATED PATIENT (2TSP) E-LEARNING

FREQUENTLY ASKED QUESTIONS (FAQ) SHEET

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2TSP e-learning – FAQ sheet

1. Are there any browser requirements for the e-learning?

Latest version of your browser is recommended. Most issues are reported on Internet Explorer. Chrome is recommended.

2. How big is the iBook/PDF?

iBooks download size is 119.2 MB
PDF download is 114.3 MB

3. How do I download the iBook/PDF?

The iBook and the PDF version are available from:

Insert the website hyperlink for iBook/PDF here

For example:

<http://www2.mmu.ac.uk/hpsc/research/simulated-patients/elearning/>



4. Can I download the e-learning resources to my mobile phone?

It is NOT recommended to download either the iBook or the PDF via a 3G or 4G connection. This may be very slow given the size of the files and could lead to unnecessary data charges from your mobile provider particularly if you are on a contract or pay-as-you-go. We recommend using Wi-Fi or a hard-wired internet connection.

5. What do I do if the video doesn't play?

There are various reasons why the video might not play.

First - if you are using the PDF. The flash player on your computer might be out of date. Try to update to the latest version. You can check at Adobe at the following address to see if the player is out of date. It will prompt you to update if it is.

6. How do I add electronic notes to the iBook/PDF?

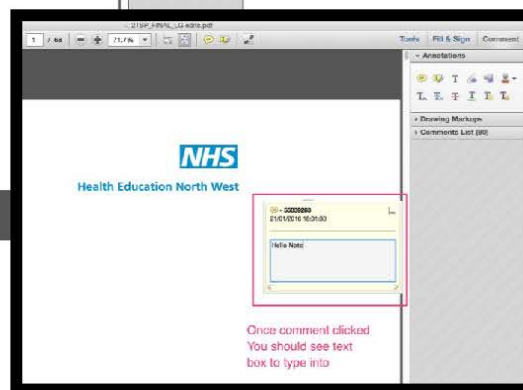
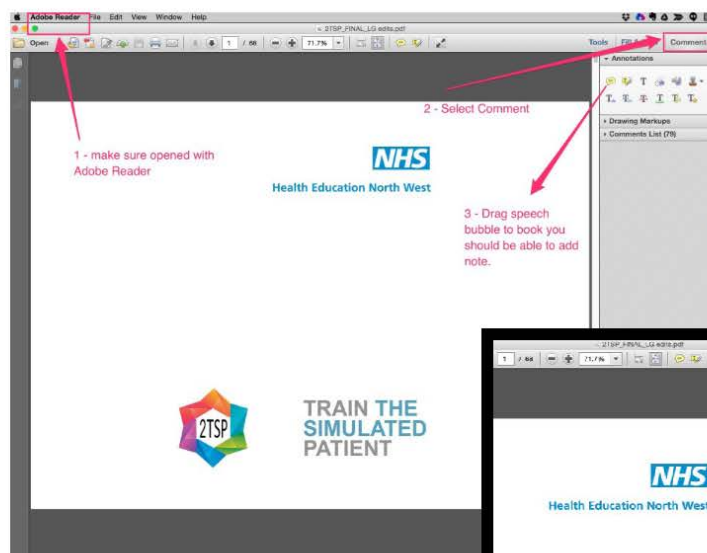
In the iBook:

Open the iBook, then do any of the following:

Option	Description
Highlight text:	Select the text, then choose a highlight option (a colour or underline) from the pop-up menu.
Add notes:	Select text, then choose Add Note from the pop-up menu.
See all highlights and notes:	Move the pointer to the top of the book, then click the Notes panel button. For some books, you can also choose View > Show Notes In Margins to see your notes in the margins of the book.



For the PDF:



Appendix 7: Simulated Patient Common Framework and Checklist

Element 1: Resource considerations

Resources are variable in relation to financial funding and the ability and method of reimbursement of SPs for their time.

In the UK, payment examples included £30 per hour for teaching, £25 per hour for academic examinations, £75 for non-role players for physical examination (per session or approx. £150 per day).

The regional survey identified a variety of current funding models exist, which were reportedly department/faculty specific.

The regional survey highlighted inconsistencies in resources available to reimburse SPs across different departments in the same organisation.

Considerations that can influence the rate of payment for SP involvement include: highly emotional scenarios, mental illness portrayal, roles for film making/video for teaching and learning/promotional material, physical examinations, teaching/assessment or research purposes and provision of learner feedback. Where SPs are involved on a voluntary basis, considerations may include reimbursement of travel expenses, provision of refreshments and other gestures of appreciation (e.g. thank you cards/emails).

Element 5: Quality assurance procedures

By embedding clear quality assurance (QA) procedures, departments and organisations will be able to continually drive improvements in healthcare education involving SPs. Healthcare and academic QA procedures emphasise the importance of service user and learner feedback; thus it is considered good practice to evaluate and provide feedback to SPs. Peer review is common practice in academic institutions but may be less so in informal education occurring in healthcare organisations. Thus, the concept of peer review/performance evaluation should be established as part of the locally developed training and clearly communicated to SPs during recruitment and training procedures (see Element 2). Feedback procedures, support and training following peer review or use of a 'SP performance rating tool' should be clearly communicated between SP trainers and SPs. The feedback and support offered should be documented and stored in the SP database (see Element 2).

Element 2: Recruitment and selection processes

Three themes arose from the literature and survey relating to key considerations when considering SP recruitment: including the development of a clear and transparent recruitment strategy, clear selection requirements and maintaining a database.

Areas to consider within a recruitment strategy include the method of recruitment, outlining a formal process, which may include an application with or without formal/informal interview. Consideration of the SP role demographics (age/gender/ethnicity/abilities) is important and can be reflected as categories in a database. Expensive data management software packages are not cost-effective for small-scale SP involvement. Basic database spreadsheets offer the ability to store demographic and generic information under simple headings.

The strategy must include clear identification of the individual programme, curriculum or course requirements, for example, the frequency and repetition when/where SPs are required and approximate duration. This information will help to develop projected financial resource and training requirements.

Element 3: Training requirements

It is essential to establish clear local training arrangements for SPs involved in learning, teaching, assessment or research activities. Following the development of the SP3T course, it is envisaged that all staff involved in the training of SPs should be offered the opportunity to complete the SP3T e-learning and workshop.

It is acknowledged that training SPs and their facilitators carries specific resource considerations and is labour intensive; this should be factored into course/programme design and financial resource plans (see Element 1).

An additional regional 'SP' training course will be available from December 2015. This will provide a standardised, evidence-based training package to train anyone portraying the role of an SP. 'Train The SP' (TTSF) course aims to embed performing arts methodology within the standardised SP training package, to enhance the quality of the healthcare learning environment for existing and future workforce training and development.

Locally developed training may also be provided, which is generic for a department/organisation. Consideration is required for the development of training of SPs for specific roles. This may include training on the provision of feedback to learners in specific simulation activities. Careful consideration is also required if SPs are to be involved in education or academic examinations/assessments.

It is important to emphasise punctuality, commitment and communication between programme staff and SPs. Clear communication and dissemination strategies should be identified to ensure staff and SPs are aware of how role information is to be distributed. It is also important to consider the ratio of SP trainers to SPs when developing and delivering local training.

Element 4: Risk assessments

The development of transparent risk assessment procedures to reflect SBE activities are advised. These may be an extension to existing SBE scenarios or separate risk assessments to specifically cover SP involvement within departments/organisations.

It is advisable to check with your organisation's legal cover regarding risk assessment and other related policies that are required to cover voluntary or paid SPs. Additional policies may include cover for SPs in the case of accident/sickness/injury whilst volunteering/participating in paid employment within your department/organisation.

It is advisable to clarify with your organisation's human resources/finance/legal departments regarding the requirement of contracts for employment of SPs (whether voluntary or paid).



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Simulated Patient Common Framework Checklist

A checklist has been developed incorporating the 5 elements of the 'Simulated Patient Common Framework'.

This checklist will assist with strategic planning and goal-setting.

Not all elements will be currently established in your organisation; it is something to aspire to achieve over time and will assist your work with Simulated Patients.

Element 1: Resource considerations

- ☐ 1a. Clear and transparent procedures documented for staff training relating to simulation-based education involving Simulated Patients (SP).
- ☐ 1b. Clear and transparent procedures documented for the payment of SPs (voluntary or paid including reimbursement of travel expenses, provision of refreshments and other gestures of appreciation).

Element 2: Recruitment and selection processes

- ☐ 2a. Evidence of a clear and transparent recruitment strategy, including frequency and repetition, when/where SPs are required and approximate duration.
- ☐ 2b. Evidence of clear SP selection requirements.
- ☐ 2c. Maintenance of transparent records of recruitment and selection.
- ☐ 2d. Maintenance of an SP database (paper or digital).

Element 3: Training requirements

- ☐ 3a. Establishment of clear local training arrangements for SPs involved in learning, teaching, assessment or research activities.
Components may include:
 - ☐ SP generic training relating to the integration of SPs within a department or organisation.
 - ☐ SP specific role portrayal training (e.g. relating to specific cases, assessments or research projects).
 - ☐ SP feedback training related to specific learning/teaching/assessment requirements.
 - ☐ Highly specialised SP intimate examination role training.
 - ☐ Standardised performance training (e.g. for academic/professional/high-stakes assessments).

Element 4: Risk assessments

- ☐ 3b. Evidence of local training prior to SP involvement in learning, teaching, assessment or research activities, including arrangements for personal safety (e.g. fire/infection control), payment/reimbursement procedures, expectations and performance review details.
 - ☐ 3c. Evidence of documented training records (e.g. duration, trainers, update frequency, including performance review if required).
 - ☐ 4a. Evidence of transparent risk assessment procedures to reflect simulation-based education (SBE) activities. These may be an extension to existing SBE procedures or separate risk assessments to specifically cover SP involvement within departments/organisations.
 - ☐ 4b. Provision of risk assessments and specific policies required by the organisation for volunteer or paid SP.
 - ☐ 4c. Provision of clear procedures that cover SPs in the case of accident/sickness/injury whilst volunteering/participating in paid employment within your department/organisation.
- It is advisable to clarify with your organisation's human resource/finance/legal department regarding the requirement of contracts for employment of SPs (whether voluntary or paid)*

Element 5: Quality assurance procedures

- ☐ 5a. Provision of clearly documented quality assurance procedures for courses/programmes/departments/organisations involving SPs in SBE.
- ☐ 5b. Clearly established departmental/organisation programme management policies and procedures, which outline the expectations of the course/programme.
Components may include the development and evaluation of:
 - ☐ Specialised training for staff and SPs.
 - ☐ Recruitment, management and retention of SPs.
 - ☐ SP performance evaluation.
 - ☐ Provision of continual feedback which demonstrates the impact of SBE (learning/teaching/assessment/research) activities involving SPs (from staff, SPs and learners).

Appendix 8: Simulated Patient Impact Masterclass Flyer

The University for
World-Class Professionals



Simulated Patients: Sharing Best Practice in the North West



The new Health Education North West (HENW) Train-The-Simulated Patient programme will be showcased at this event. You will have the opportunity to find out more about best practice for involving Simulated Patients (SPs) in healthcare education. Guest speakers from the Region will also share their experiences of working with SPs.

Monday 22nd February

10:00-12:30, Room 2.12, MMU, Brooks Building, Birley

There are 50 places available and lunch will be provided.

Book your free place now by clicking the Eventbrite link below:

<http://simpatients.eventbrite.co.uk>

For further information on the project, scan the QR code or click the following link: www.mmu.ac.uk/simulatedpatient

For informal enquiries, please email: ke.hpsc@mmu.ac.uk



Appendix 9: Project Expenditure 2015/16:

Dates for spend 2014/15	Description of spend inc. counterparty	
Staff costs	Suzanne Gough (SL) 43.41 days	
	Leah Greene (SL) 43.41 days	
	Jodie Gibson (SL) 29.41 days	
	Stuart Roberts (SL) 6.00 days	
	Neil Tuttle (PL) 4.62 days	
	Brian Webster (Prof) 1.62 days	
	Mark Hellaby (NWSEN) 2.62 days	
	Debra Nestel (Prof) 2.84 days	
	Service User (Jobs4Students) 11.41 days	
	Christopher Meadows (e-Resources Developer) 21.8 days	
	Doogie Whitcombe 7 days	
	MMU Implementation Team 3.03 days	
	Total	84, 027
Software	E-Learning development software	730
Consumables	Printing (Course documents & reports)	1000
Travel	Non-MMU Project Team Expenses (@ 45p per mile + parking costs)	300
Pilot Delivery Costs	Refreshments	1000
	Non-MMU guest parking (@ £2.30 per day)	92
	Workshop props	1000
Project Impact Masterclasses	Refreshments	300
	Non-MMU guest parking (@ £2.30 per day)	92
Total exclusive of VAT		88,541

9.0 Contents provided on the USB Pen Drive

- 1) 2TSP E-learning resources
 - a. 2TSP E-learning (iBook)
 - b. 2TSP E-learning (pdf)
 - c. 2TSP Frequently Asked Questions Sheet (pdf)
 - d. 2TSP E-learning certificate for customisation (Microsoft Word)
 - e. SP Role Profiles (Levi Williams & Lillian Williams) and SP Feedback Sheet to accompany the iBook/pdf when hosted on a Website/Virtual Learning Environment
- 2) 2TSP Workshop resources
 - a. Workshop presentation (Microsoft PowerPoint file *with presenter notes to facilitate the interactive exercises*)
 - b. Workshop Faculty Checklist (pdf)
 - c. Staffed Workshop Example (Microsoft Word)
 - d. Workshop Plan – Learner copy (pdf)
 - e. Blank registers
 - f. Icebreaker - Pre and Post-course Expectations (pdf)
 - g. Role portrayal resources (Section 4 resources including a variety of SP role profiles and videos)
 - h. SP feedback resources (Section 5 resources videos and SP feedback sheet)
 - i. 2TSP Evaluation form (Reactionnaire, in Pdf format. *NB: This can be translated to Institutional Virtual Learning environments e.g. Moodle or Survey monkey*)
 - j. 2TSP Workshop certificate for customisation (Microsoft Word)
- 3) Simulated Patient Database
 - a. Simulated Patient Database (Microsoft Excel file)
 - b. Simulated Patient Database Manual (pdf)
 - c. Simulated Patient Database sample blank SP form (pdf)
- 4) Simulated Patient Passport (Pdf, recommended printing size of A5)
- 5) Simulated Patient Common Framework and Checklist
 - a. High resolution format for brochure printing (pdf)
 - b. Website compatible format (pdf)
 - c. Poster format (pdf)
- 6) Instructional guide for the implementation of the Simulated Patient Programme
 - a. Format for printing A4
 - b. Format for printing A3



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