

Simulated Patient Common Framework



Manchester
Metropolitan
University

Training
requirements

Simulated
Patient
Common
Framework

Risk
assessments

Quality
assurance
procedures

Resource
considerations



Health Education North West

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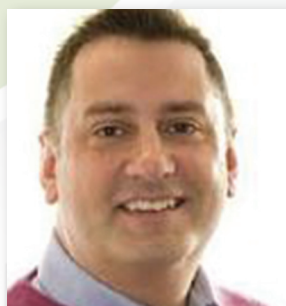
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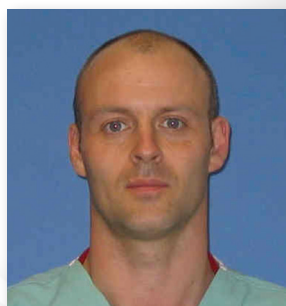
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Simulated Patient Common Framework

This project has developed, piloted and evaluated a bespoke Simulated Patient Train-The-Trainer (SP3T) programme for Simulation Trainers in the North West of England.

The overall aim was to improve knowledge, awareness and best practice in relation to incorporating Simulated Patients (SPs) within simulation-based education (SBE) or workforce development training programmes in the North West of England, UK.

The 'Simulated Patient Common Framework' has been developed from key topics arising from a literature review, regional survey and pilot project evaluation.

The 'Simulated Patient Common Framework' consists of five key components. The framework has been designed to support departments and organisations to plan, develop, integrate, deliver and evaluate Simulated Patient (SP) involvement in simulation-based education in healthcare.

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*'¹.

Key considerations for each element of the 'Simulated Patient Common Framework' are provided.

¹ Lave, J. and Wenger, E. (1991) Situated learning: Legitimate peripheral participation. Cambridge: Cambridge University Press.

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).

1
Establishment of clear and transparent procedures relating to funding, staffing, training and payment

Resource considerations

2
Development of a clear and transparent recruitment strategy, indicating clear selection requirements

Recruitment and selection processes

Simulated Patient Common Framework

Quality assurance procedures

5
Embedding clear quality assurance procedures to continually drive improvements in healthcare education

Element 5: Quality assurance procedures

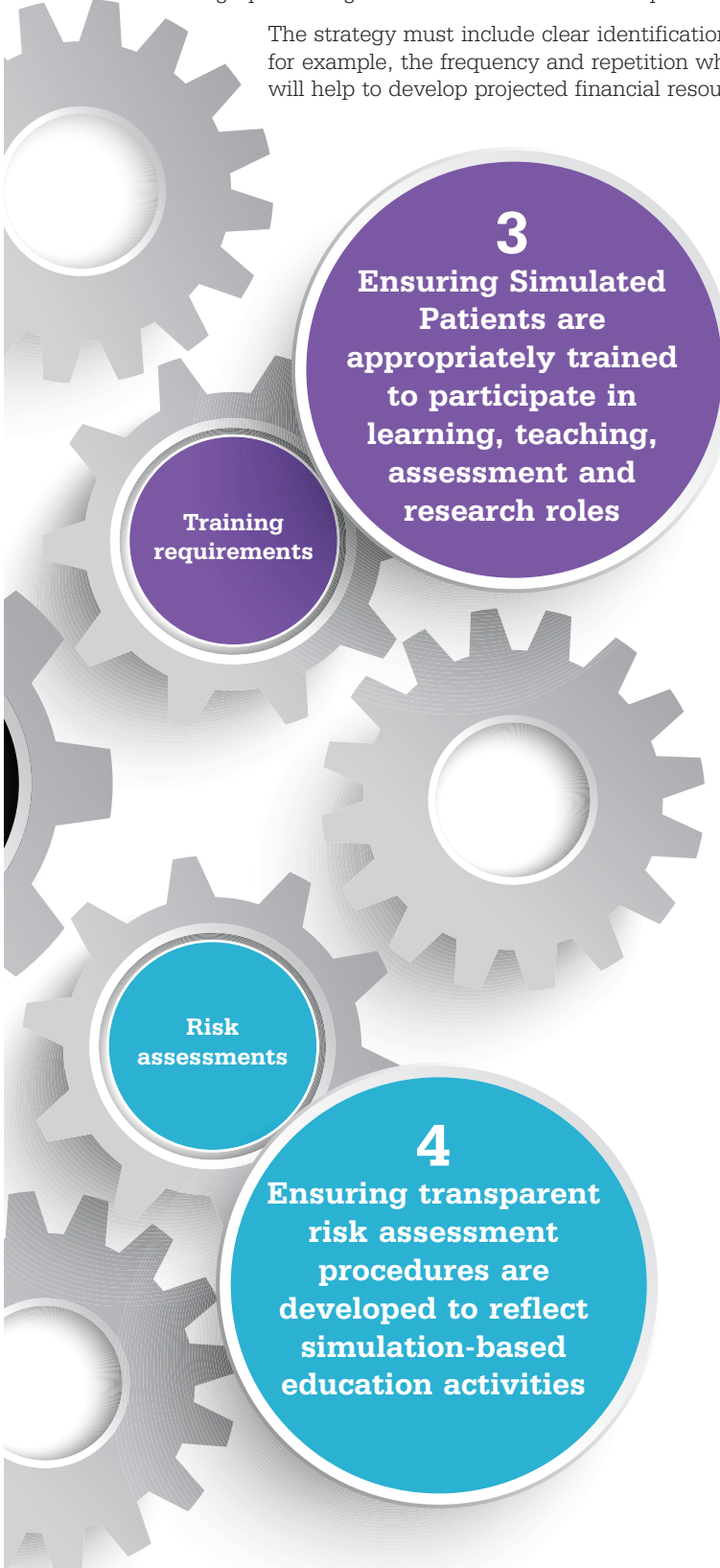
By embedding clear quality assurance (QA) procedures, departments and organisations will be able to continually drive improvements in healthcare education involving SPs. Healthcare and academic QA procedures emphasise the importance of service user and learner feedback, thus it is considered good practice 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.



Training requirements

3
Ensuring Simulated Patients are appropriately trained to participate in learning, teaching, assessment and research roles

Risk assessments

4
Ensuring transparent risk assessment procedures are developed to reflect simulation-based education activities

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 resources 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' (2TSP) 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 resource/finance/legal departments regarding the requirement of contracts for employment of SPs (whether voluntary or paid).

Simulated Patient Common

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.

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).

Framework Checklist

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 4: Risk assessments

Element 5: Quality assurance procedures

- 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).

- 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).

Further information

If you require this document in an alternative format or if you wish to learn more about the Simulated Patient Common Framework, please contact us:

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