

The Role of ASPiH in Simulation Based Education

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TITLE: The Role of ASpiH in Simulation Based Education

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Introduction

This year sees the 10th anniversary of the Association for Simulated Practice in Healthcare (ASPiH, www.aspih.org.uk) and close collaboration with the IAS and the Northern Ireland Simulation and Human Factors Network will deliver a fitting celebration of this milestone at the annual conference in Belfast. Much has changed in ten years and Simulation Based Education (SBE) is now accepted in the UK and worldwide as an integral part of the armamentarium of an educator in healthcare. It is helpful that SBE is championed by educators, academics and commissioners¹⁻³ but it is now supported by a robust evidence base which reveals the effectiveness of experiential learning incorporating simulation for both technical⁴ and non-technical skills.⁵ This editorial will review progress in SBE in the UK over this decade through the lens of our national association's development and future aspirations.

ASPiH's mission is to "promote and support simulation based education and technology enhanced learning (TEL) in the pursuit of best practice for our patients, learners and partners."⁶ Underpinning this mission are aims which focus on delivery of effective communication networks; providing a resource for expertise in SBE and TEL; supporting expansion of SBE; sharing resources and encouraging research and innovative practice. The question is have we achieved those aims in the past ten years?

In order to facilitate ASPiH's mission an understanding of scale and variety of SBE in the UK was necessary and the National Simulation Development Project (NSDP)⁷ was devised with the support of Health Education England (HEE) and the Higher Education Authority (HEA). This scoping exercise was undertaken between 2011-12, two years after ASPiH's founding, and revealed several important challenges including the need for improved networks in SBE; better support and development for faculty and the requirement for standards to quality assure the training delivered across the NHS, universities and Health Education Institutes which were enthusiastically adopting SBE. Since the publication of the project educators in SBE are able to:

- Access expertise and information hosted on ASPiH's website
- Access communities of practice at national and regional events
- Take advantage of the rise in provision of training for novice and experienced faculty including, in collaboration with HEE, the piloting of an entry level faculty development programme in SBE which has already been validated in Australia
- Use ASPiH's standards for SBE (see below)

Any professional, academic organisation seeking to advance their field of interest and share research and innovative practice benefits from the availability of a peer-reviewed journal as a platform for discussion and debate. The launch of BMJ Simulation and Technology Enhanced Learning (BMJ STEL) in November 2014 has provided that platform for ASPiH and the Irish Association of Simulation under the leadership of Professor Nick Sevdalis.

The publication of ASPiH's standards for SBE in 2016⁸ was another milestone in the progress of the organisation's strategy to provide support and expertise for all professionals involved in SBE. They are a framework for peer or self-reviewed assessment of simulation centres, programmes of education and faculty (including technicians) with an option to undergo formal accreditation. Since

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November 2017, six ASPIH members have achieved Individual accreditation, five Institutional Members have achieved Organisational Accreditation and one Programme has been accredited.

ASPIH has always sought to work across perceived boundaries in health and social care whether at geographical, clinical or educational interfaces and this year, more than ever, we will celebrate interprofessional collaborations. We have championed our technical staff in SBE and, since 2016, they have been eligible for professional registration with the UK Science Council and a total of 18 technicians, across the UK and further afield, have achieved RSci or RSciTech status. The technical scientific programme within the annual conference has gone from strength to strength since its addition to the annual conference in 2012 and technicians in SBE are regular contributors to peer reviewed journals.

Most recently, publication of HEE’s national strategic framework for SBE in October 2018 has led to specific work exploring how quality, governance, commissioning and outcomes of simulation-based programmes can be measured and monitored at a national level. Collaboration with ASPIH and the various simulation networks in England and the wider UK remains an important feature for HEE as these areas of work gain momentum.

What next for SBE and ASPIH?

Significant changes in the delivery of simulation-based education have occurred during ASPIH’s ten years in existence and whilst we celebrate the organisation’s achievements to date, our members will be under no illusion that many challenges remain.

The healthcare landscape is set to change dramatically in the first few decades of this millennium⁹ with an ageing population and increasingly complex treatment requirements set against a backdrop of limited resources and a focus on care delivery outside hospitals. This provides us with an opportunity to highlight the value of SBE and TEL in providing cost-effective and sustainable solutions to support safer care in the varied environments where it will be provided in future. It is vital that we engage with healthcare service users to ensure we do this effectively. This year ASPIH has achieved “Patient’s Included™” accreditation and service users are involved not just in our conference but in the formation of our strategy and in educational meetings around the UK.

Evolving requirements in clinical education present additional challenges for the development of newly qualified members of our professions; for an increasingly diverse and mobile workforce and in the requirements of regulatory bodies. A greater awareness of healthcare human factors (HHF)⁹ has led to growing recognition that none of us works as an individual in clinical settings. The role of SBE in team training (in simulation centres and in the workplace) is growing in importance. Appreciation of the impact of stress and fatigue on an individual’s performance is beginning to influence how the healthcare professionals of the future will be trained to improve resilience. Human factors training can support clinical staff in delivering safe, high-quality care by addressing all aspects of the clinical environment, including equipment, workspace, work practices, organisational structure and safety procedures with the aim of ensuring that the system in which they work in runs as smoothly and safely as possible. The use of simulation as a tool to test and design safe and efficient care pathways in primary and secondary care settings is currently under-appreciated and under-utilised and has the potential to provide cost effective solutions to reduce error and improve the quality of patient care.

How we, as simulation trainers, choose to engage with opportunities to employ SBE outside training environments will influence how it is viewed and supported in the future.

ASPiH's annual conference has always provided an opportunity to highlight the rapid advances in technology to support learning in simulated environments. Perhaps most notable is the rapid rise in the prevalence and applicability of virtual reality and augmented reality. These technologies offer hitherto unparalleled opportunities for individualised learning, where competency-based education and mastery learning can be achieved at an individual's own pace. They also provide simulation educators with new opportunities for research, curriculum development and skills assessment, an area in which surgery has led the way.¹⁰

Simulation educators must continue to embrace working in this technologically sophisticated environment in which pace of change can seem relentless. Many of the newer entrants to the healthcare professions are already very comfortable with gaming technology and learner's expectations of such technology are high. It is the role of ASPiH to support our members in keeping pace with these changes and to work with our industry partners in developing these novel educational tools which are creating extraordinary flexibility for learning opportunities in clinical care and quality improvement.

Conclusion

Despite the strong evidence base supporting the benefits of SBE, we remain a long way from the ideal situation where well designed, evidence-based programmes of SBE are provided for healthcare professionals from all backgrounds. ASPiH will continue to thrive as an organisation over the next decade if we avoid the temptation not just to adapt to the changing nature of workplace learning but to drive forward the process of change in an educational environment where simply 'knowing how' is not enough.

Like many other national and international organisations focused on SBE we are dedicated to and driven by the many different professional groups, clinical and educational institutions, commissioners, regulators and service users with whom we engage. ASPiH's pre-eminent focus is to continue our endeavours in the support and promotion of SBE and to be worthy of the engagement and enthusiasm of our members and the wider TEL community in the future.

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