

COVID-19 toolkit for safe simulation in health and care

Guidance and principles of best practice in simulation – based education and training



Developed by Health Education England's
Technology Enhanced Learning team -
Simulation Programme

A new era for simulation-based education

The COVID-19 pandemic has created the need to adapt to deliver key aspects of care across the health and care system. This has been mirrored by the need for change and innovation in how we educate and train our current and future workforce.

The value of placement-based learning and simulation-based training that incorporates face-to-face interaction has been challenged by the need to adapt to the new circumstances in which we find ourselves.

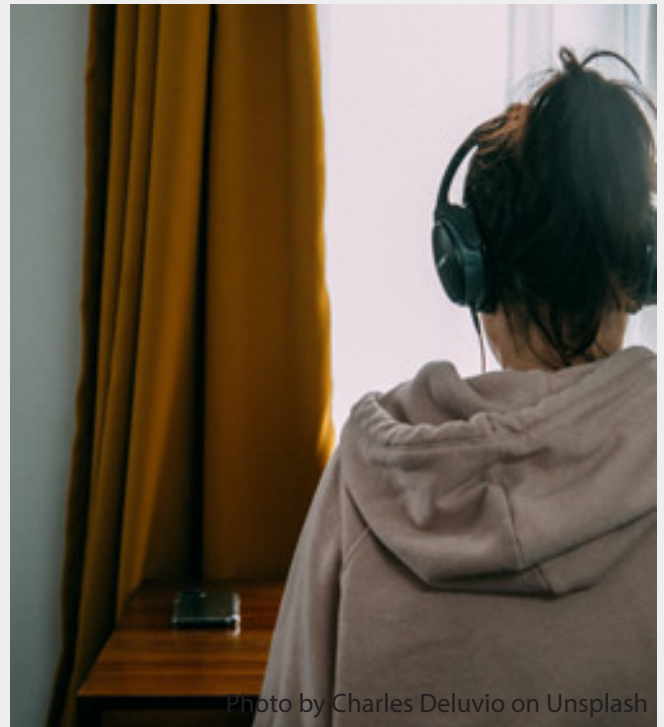


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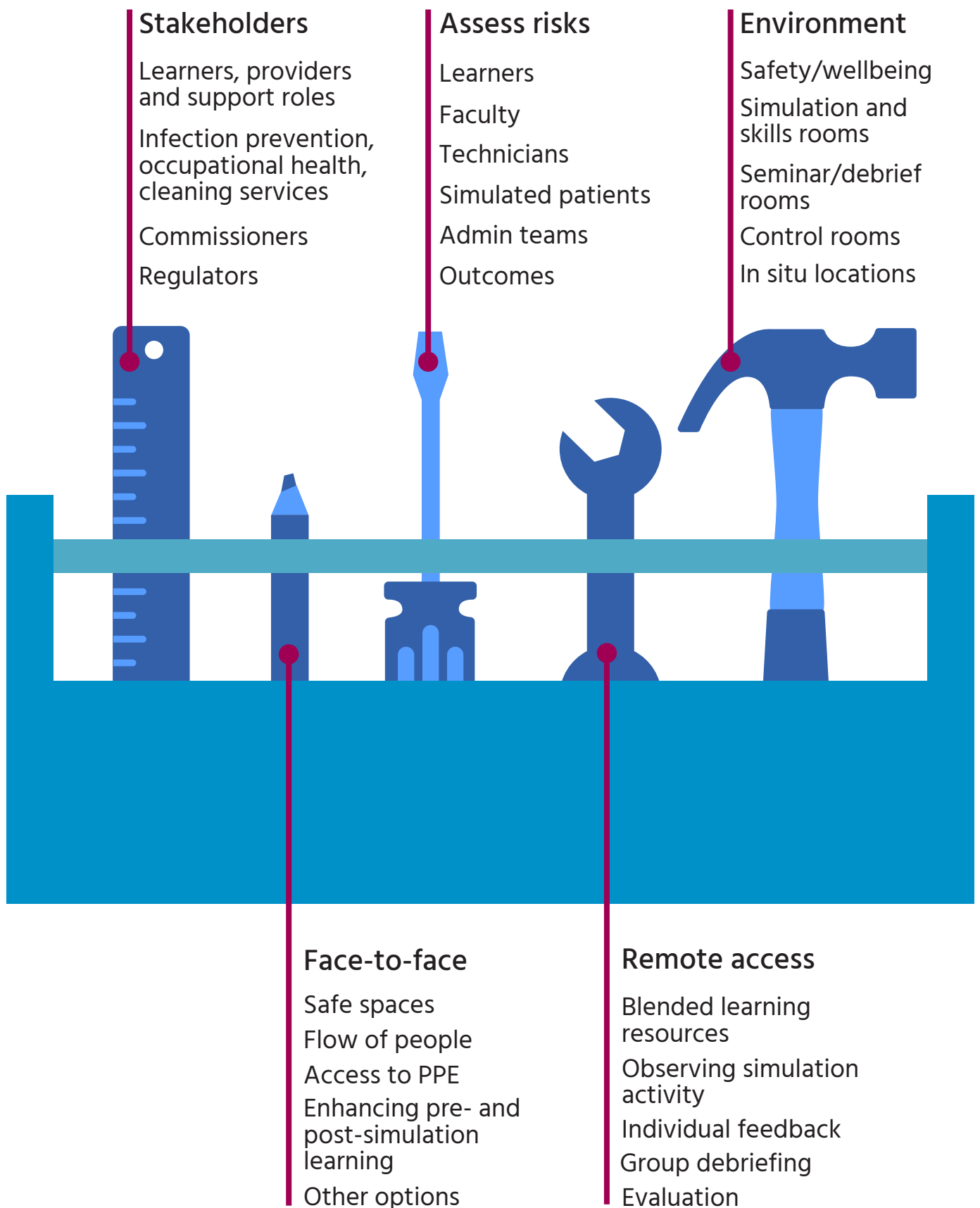
This document describes how Health Education England (HEE) is responding to COVID-19 in respect of its remit to set standards and provide educational leadership in simulation-based education (SBE). Our aim is to ensure all face-to-face SBE is designed, delivered and monitored with the safety and wellbeing of staff, faculty and learners as a priority.

The principles within this guidance document will be reinforced by accessible, practical tools and techniques to help implement appropriate risk management and blended educational approaches that help offer safe face-to-face learning where required.

The Learning Hub, HEE's newest digital platform, will be explored as a national repository for shared resources and providing access to good/best practice exemplars.

This response will also offer a unique opportunity to address issues of inequity of access from learners based in remote/rural settings and offer an educational safety net in case of changes in circumstances locally or nationally that impact on access to simulation more profoundly.

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What can HEE provide under these new circumstances?

- Strategic leadership
- Support for sharing of innovation
- Communication platform/forum for disparate groups
- Resources to support conversations with stakeholders that can encourage engagement
- Guidance for system transformation/adaptation to remote learning
- Tools to offer assurance that risks to patients, educators and participants are mitigated and that the associated risk of not delivering simulation is described.

Consider and engage with stakeholders

- Commissioners – those who are requesting/funding the activity – need to share any guidance they are providing to prospective participants (learners), including advice regarding the need to travel between locations/provider organisations, if required
- Regulators, professional bodies and patient groups need to be actively engaged
- Employers – where appropriate, staff and faculty supporting the provision of simulation-based activity should access and follow advice/guidance from their employer and/or Public Health England
- Engagement and advice from local infection prevention and occupational health teams should be sought and documented
- Consult with local or network simulation experts to check for latest guidance and shared resources.



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Environment

- Undertake an assessment of maximum numbers of people permitted in all simulation training spaces, seminar rooms, social/refreshment spaces and administrative offices and corridors
- Local guidance and standards for cleaning equipment and training spaces should be introduced and monitored
- In situ exercises should be subject to similar rigour of risk assessment in advance of being delivered.

Face-to-face simulation activities

- Measures to mitigate risk include reducing numbers of participants through changes in scheduling, extending hours to access simulation resource, or providing enhanced use of complementary remote access/learning resources
- Register of attendance should be kept, including staff and faculty
- Floor markings and reminders should be placed to help remind attendees and staff about social distancing measures
- Access to appropriate PPE should be available.

Promoting remote access learning

As a generalisation, the pressures will be to promote Remote Access Learning. These different measures/innovative approaches can avoid or mitigate against the risks of simulation-based activity, previously delivered to larger groups face-to-face or for individuals deemed to be at higher risk. Examples of new measures and innovation may include:

- Developing and enhancing access to shared online learning resources
- Providing remote observation of simulation activity for individuals (including the offer of formative or summative assessment) or groups/teams
- Developing techniques to support remote facilitation and technical support.

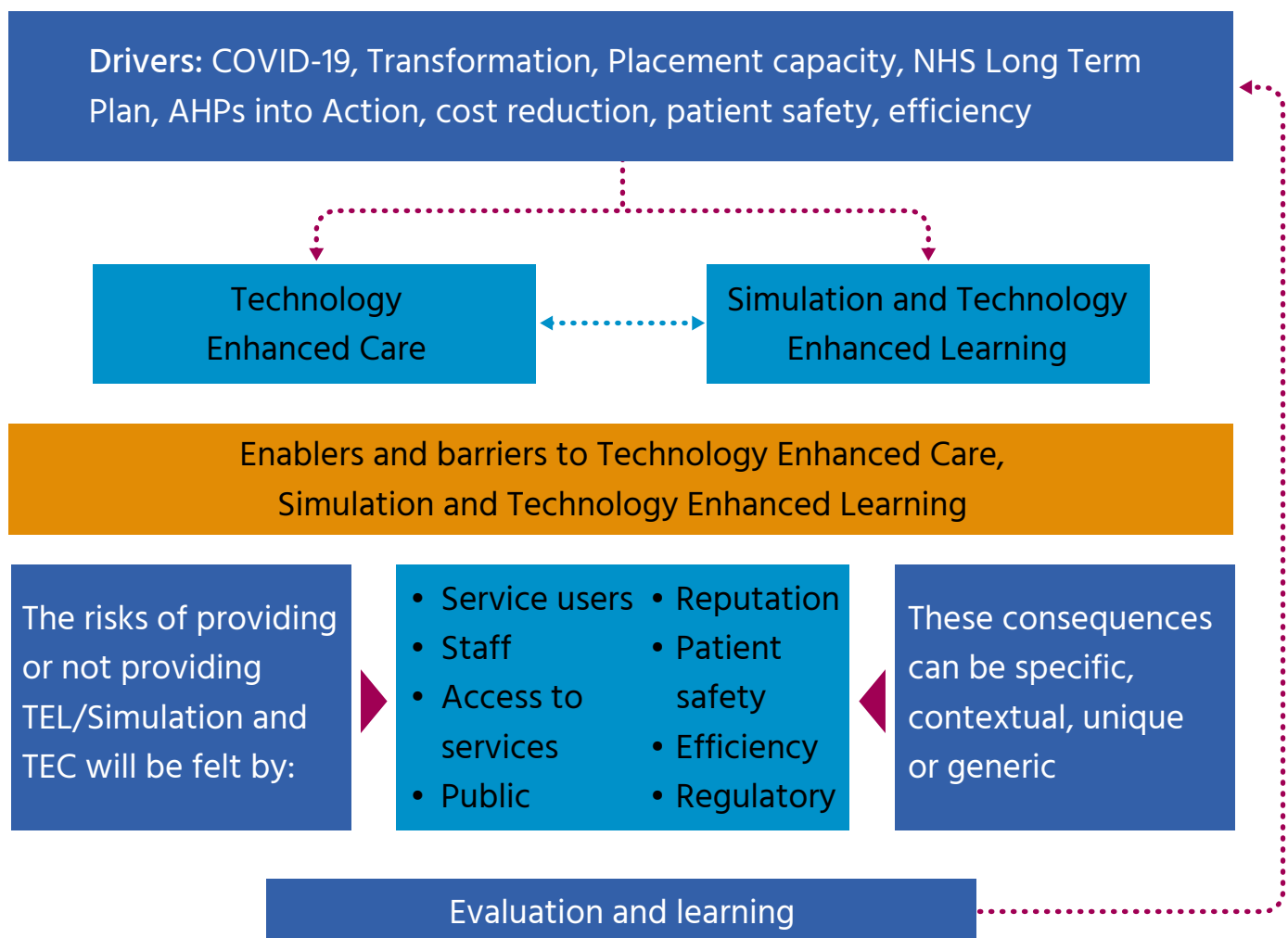
Evaluation

Ensure that the revised simulation-based education remains aligned to the curriculum and is justifiable:

- Consider what has been **gained** by adopting new approaches
- Be sensitive to what has been **lost or diminished** – can this be mitigated in some way?
- Monitor and share any unintended consequences.

Plans should consider how to enable further adaptation to offer training in an inherently dynamic situation. Risks of not delivering relevant simulation-based education at all should be considered carefully against a balance of continuing in some format or another.

Collaboration and evaluation are essential to sustain future improvements.



For more information, to provide feedback or contribute ideas or resources,
please email tel@hee.nhs.uk.