

## The Article : “Simulation Faculty Development : A Tiered Approach”

Peterson, Dawn Taylor PhD; Watts, Penni I. PhD, RN, CHSE-A; Epps, Chad A. MD; White, Marjorie Lee MD, MPPM, MA, CHSE (2017)  
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### Case Author :

- Ben Symon

### Expert Commenters :

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Simulcast Journal Club is a monthly/ series heavily inspired by the [ALiEM MEDiC Series](#).

It aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

### The Case :

Nimali had been surprised with Nitin. For a new fellow, he had been surprisingly perceptive about what the running of the Simulation Centre involved.

“It’s true,” she said. “We could be a lot better, but it’s hard!”

“We get great feedback from the learners, sure, but we’re not going to improve if we just gauge ourselves based on the Likert scales of a bunch of interns who are so relieved to be taught in a non-threatening environment that their dopamine levels are through the roof.”

Nitin shrugged philosophically, “It’s nice to be liked at least.”

Nimali agreed. “But I think we’re addicted to it! We’re so busy being non-threatening and nice and intellectually cuddly that we’re not growing as a unit! We talk about debriefing with good judgement all the time, but I watched Catherine debrief the debrief yesterday, and it was basically ‘You guys are tops! High five!’”.

She gestured out the window towards the sim centre.

“We’ve been given this gift.” she said to Nitin, and it was clear that she meant it.

“I want us to be world class. But we’ve been too busy educating others to improve ourselves. I’ve got to get my staff on board, but first I need a plan.”

She gazed outside again and smiled.

“I want to make this place sing.”.

### Discussion :

Running a simulation program can be work enough on its own, let alone worrying about your own faculty’s development. But as Peterson et al suggest in this month’s article, educating the educators can be a significant challenge and one which many institutions ignore. Peterson et al provide information on their certification process and explore lessons learned from its implementation.

To get the discussion started :

- What are your thoughts on the principles raised in this article?
- What’s your experience of faculty development in your program?
- Is the proposed framework within this article feasible for your institution? And if not, what lessons and principles are still translatable to your service?

We are privileged to have the authors as our expert commenters this month, so we look forward to your thoughts!

## Article Summary :

In ‘Simulation Faculty Development : A Tiered Approach’, Peterson et al describe the tiered faculty development program of the Office of Interprofessional Simulation for Innovative Clinical Practice (OIPS), which is a large simulation centre associated with the University of Alabama at Birmingham that sponsors > 24,000 learner hours a year.

The article starts by providing a series of arguments supporting the importance of faculty development in simulation education including drawing parallels with other industries as well as standards from the Society for Simulation in Healthcare and the International Nursing Association for Clinical Simulation and Learning. The authors note, however, that the majority of faculty development publications appear to specifically focus on debriefing at the exclusion of other elements of simulation teaching, and that a “one size fits all” approach is most common.

The article then describes the development of a tiered faculty development program, which is defined as “a progressive building of skills with increasing complexity at each level.”. It contains five tiers (Sim Apprentice 1, 2 and Simulation Expert 1, 2, 3). Early tiers involve online modules, workshops and observation, whereas more senior tiers have higher expectations regarding specific advanced debriefing courses, assessments with the DASH debriefing tool and implementing courses. Interwoven throughout the tiers is an expectation of ongoing mentor meetings and workplace assessments to provide ongoing feedback and opportunities for growth.

The authors provide arguments to support their approach by outlining benefits which include :

- “Giving faculty the opportunity to gradually grow in simulation expertise”
- Providing staff with a “simulation identity”
- More consistent standardisation of the faculty’s expectations of learners
- Allowing faculty to develop a personalised plan for development appropriate for their role within the service.

As the article closes, the authors reflect on the take up rate of the program within their service and discuss potential benefits that staff receive from signing up.

## Summary of this Month's Journal Club Discussion :

### Blog Contributors :

- Vic Brazil, Nemat Alsaba, Ben Symon, Suneth Jayasekara, Shaghi Shaghagi, Bruce Lister, Ben Lawton, Sarah Janssens

The bloggers were appreciative of the article's use as a stimulus to contemplate local faculty development programs, however there was an unexpected level of reticence regarding the hierarchical nature of the structure of the program, potentially reflecting different cultural perspectives from a north american vs australasian context. The primary themes touched on throughout the posts could be summarised as :

- Widespread appreciation of the use of tiers as an inherent motivator for self improvement
- Concern that implementing educational standards for faculty could create barriers to local clinical experts participating in education
- Acknowledgement that this particular approach would be more suited to a large simulation service such as the OIPS, rather than the smaller simulation faculty that many of the bloggers come from.

### **Widespread appreciation of the use of tiers as an inherent motivator for self improvement :**

Multiple blog posts highlighted a thirst for self improvement and admiration for the extensive and thorough nature of the OIPS faculty development program. Multiple comments revolved around the nerdy nature of many of our sim educators and the self satisfaction they would enjoy from 'levelling up' and feeling an internal sense of progress. As Suneth described *"The nomenclature is almost like a video game – and I would be very much ....pushing to achieve the "simulation expert 3" level!"*.

### **Concern that implementing educational standards for faculty could create barriers to local clinical experts participating in education :**

Ben Symon and others voiced concern that in smaller centres while increasing expectations of educational faculty would hopefully lead to better learner outcomes there was a risk of isolating potential staff who might see those expectations as barriers to their participation. Ben Lawton also identified local challenges to implementing those expectations, including *"I do find setting standards for qualification to act as faculty on our courses difficult as there really isn't a universal marker of competence in our context."*

It was also acknowledged that the paper itself states a 19% uptake rate within their own faculty, a potential supporting argument regarding staff perceptions about the program.

### **Acknowledgement that this particular approach would be more suited to a large simulation service such as the OIPS, rather than the smaller simulation faculty that many of the bloggers come from.**

There was widespread admiration (and in some cases open jealousy) regarding the infrastructure the OIPS team had created, but also an acknowledgement that for local hospitals with a small team of simulationistas a similar approach might not be entirely appropriate. Financial, staffing and geographical challenges were also acknowledged as potential barriers in setting standardised expectations for local simulation facilitators.



## Journal Club Summary July 2017 “Who Watches the Watchmen?”

### Experts’ Opinions :

**Dawn Taylor Peterson, PhD**

**Penni Watts, PhD, RN, CHSE-A**

**Chad Epps, MD**

**Marjorie Lee White, MD, MPPM, MA**



*Dawn Taylor Peterson, PhD is the Director of Faculty Development & Training for the Office of Interprofessional Simulation for Innovative Clinical Practice (OIPS) at the University of Alabama at Birmingham (UAB). She is also an Assistant Professor in the School of Medicine, Department of Medical Education and the School of Health Professions, Department of Health Services Administration. She completed her initial simulation training and the Advanced Comprehensive Instructor Course at the Center for Medical Simulation in Cambridge, Massachusetts. Dr. Peterson is also a TeamSTEPPS® Master Trainer. Her primary interests include debriefing, interprofessional simulation, and faculty development for simulation.*



*Penni Watts, PhD, RN, CHSE-A is currently an Assistant Professor and the Director of Clinical Simulation at the University of Alabama at Birmingham (UAB) School of Nursing. In this position, she oversees the daily operations of the simulation and skills lab that services nursing and health professions students. Her background includes over 25 years in critical care, emergency/trauma care, staff development, and most recently academics. Dr. Watts has received her advanced certification in simulation education, CHSE-A. Her service includes serving on several committees in the Society for Simulation in Healthcare and the International Nursing Association for Clinical Simulation in Learning.*



*Chad Epps, MD trained in Anaesthesiology and completed a fellowship in Healthcare Simulation at the Mount Sinai Medical Center in New York City. He is currently the Executive Director of Healthcare Simulation and Professor in the Departments of Anaesthesiology and Interprofessional Education at the University of Tennessee Health Science Center. Dr. Epps is the Immediate-Past President of the Society for Simulation in Healthcare and past Chair of the Council on Accreditation of Healthcare Simulation Programs. He is published in the areas of simulation-based interprofessional education and co-edited the textbook *Defining Excellence in Simulation Programs* (Lippincott Williams & Wilkins, 2014).*



*Marjorie Lee White MD, MPPM, MA serves as the Director of the Office of Interprofessional Simulation for Innovative Clinical Practice (OIPS) at the University of Alabama at Birmingham (UAB). She is Vice President for Clinical Simulation UAB Health System and Assistant Dean for Clinical Simulation for UAB Medicine. Dr. White is also an associate professor in the UAB School of Medicine, Department of Paediatrics, Division of Pediatric Emergency Medicine and practices in the emergency department at Children’s of Alabama, Birmingham, AL, USA.*

## **Expert's response to this month's article:**

Thank you to all who contributed to the blog allowing us to have such an interesting discussion. We would like to address each of the themes that emerged throughout the posts.

### **Widespread appreciation of the use of tiers as an inherent motivator for self improvement :**

We agree with the consensus of the readers. Anecdotally, we have heard our simulationists talking about what level they have achieved and what they will need to do to get to the next level. Healthcare simulation can certainly benefit from the lessons learned in the gaming world where a "level up" or "next level" is desired by all. We also hope that the levels or tiers will eventually come to mean more than a game. We would hope that a facilitator development program such as this would be motivating for any faculty or staff member who is involved in simulation. Eventually, we would like to see a connection to Promotion and Tenure considerations for faculty who are involved in simulation and a comparable connection to a robust evaluation system for staff who are involved in simulation. We recognize that we are the ones watching the watchmen and this comes with a great deal of responsibility.

### **Concern that implementing educational standards for faculty could create barriers to local clinical experts participating in education :**

We can understand the concern of isolating potential staff who might view these expectations as barriers to participation. However, in our opinions, the quality of the simulation experience and the psychological impact on the learner are most important. We need to ask ourselves, "Who do we want facilitating simulations?" Do we want clinical experts or simulation experts? We believe there is a role for both. In our opinion, simulation expertise is essential and those requirements are more robust than those of a clinical expert or content expert. The OIPS certification plan is intended for those who are the primary facilitators of simulations and debriefing. We consider the role of the content expert or clinical expert equally important, and their training looks different than that of a simulation facilitator and debriefer.

One reader mentioned that there isn't really a universal marker of competence in the field of simulation. The standards and literature we used to develop the plan are cited in the article. For example, we currently use the DASH© tool to give feedback to our facilitators. We recognize that additional tools to assist with providing feedback about the entirety of the simulation experience are needed, and we plan to adapt our plan as the evidence in the literature expands. We view the OIPS certification plan as an amalgamation of the currently available evidence in our field. We also view the 19% uptake rate as buy in for the program, not opposition. Our program is less than three years old, and we look forward to it continuing to evolve.

### **Acknowledgement that this particular approach would be more suited to a large simulation service such as the OIPS, rather than the smaller simulation faculty that many of the bloggers come from.**

We believe it is imperative for faculty to receive simulation training to ensure quality and consistency across programs. We also know that a single initial training is not enough. Our own simulation journeys have continued with the support and feedback of our colleagues and mentors. In our opinion, the OIPS certification plan is a scalable model. Perhaps in smaller institutions there is not a need for five levels, possibly two or three. Our goal is to avoid the perception of an "all or none" model of training (i.e., sim expert or not sim expert). We also recognize that the acquisition of expertise requires deliberate practice and want to ensure that a structure is setup to support this. The most expensive part of simulations is, in our view, not the technology but the human capital. The faculty and staff who have the expertise need continuous improvement expectations as well. Simulation training does not occur solely in a classroom, and providing feedback on facilitation performance should be a standard no matter what type of institution or what the size. We believe it is possible for small centers to work toward a gradual change and adoption of simulation best practice. A change in practice is always hard, but setting standards gradually over time can be a way to slowly move faculty and staff to best practice. We also envision that smaller institutions might be able to partner across the time/space continuum with larger institutions to benefit from the support structure needed to put simulation quality first and by making sure that the initial investment in training simulation facilitators is not lost. Please reach out to us if you would like to work together in this process!



## Journal Club Summary July 2017 "Who Watches the Watchmen?"

### Acknowledgements :

Simulcast would like to thank the creators of the AliEM MEDiC series for the inspiration for the journal club's blog format and their ongoing support and contributions to the project.

Thankyou to Dawn Taylor Peterson, Penni Watts, Chad Epps and Marjorie Lee White for their expert commentary this month.

Thankyou to all commenters this month for sharing your thoughts and allowing us to learn from you.

### References :

- Peterson, Dawn Taylor PhD; Watts, Penni I. PhD, RN, CHSE-A; Epps, Chad A. MD; White, Marjorie Lee MD, MPPM, MA, CHSE (2017)  
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