

FINAL AUDIT REPORT TO THE KENT, SURREY AND SUSSEX POST GRADUATE DEANERY

AUDIT EVALUATION OF THE KENT, SURREY AND SUSSEX POSTGRADUATE DEANERY SIMULATED PATIENT PROJECT

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EXECUTIVE SUMMARY

1. Background

Simulated (or standardised) patients have been used in medical education for over 40 years. In the United Kingdom, the use of simulated patients in objective structured clinical examination (OSCE) was pioneered by the Royal London and St. Bartholomew's Hospitals. Many of the Royal Colleges have, since then, introduced an OSCE into their postgraduate membership examinations. The Royal College of General Practitioners, however, has simulated surgery for that about 5% of candidates use. Teaching communication skills has been the main use of simulated patients in medical education, where the use of simulation gives students the opportunity to be involved in approximations of real-world settings.

Simulated patients (SPs) may be real patients or lay persons who have undergone varying levels of training in order to provide consistent clinical scenarios. Most commonly SPs are used to assess history taking and communication skills or physical examination where no abnormality is found.

Local context

The simulated patients' project (SPP) has been in place in KSS GP Department for four years. Principal aims are to enhance the communication skills of trainees [GP Specialty Registrars (GPRs)] and established general practitioners (GPs) through the provision of a KSS GP Department in house training programme which involves role play by actors based on structured scenarios. Training scenarios can involve the actors taking the role of patients or GPs, depending on the specific needs of the general practitioner groups involved. At the conclusion of training scenarios, actors provide participants with feedback on their performance. For Clinical Skills Assessment (CSA) the participants are in the process of GP Specialty Registrar training. Actors are also involved in training mentors and appraisers among the GP workforce. In contrast, established GPs can undertake training involving simulated patients as part of the SPP.

2. Audit aim and objectives

The overarching aim was to conduct an audit evaluation of the impact of simulated training on GP Specialty Registrar (CSA programme) and established GP as well as to explore actors' experiences of delivering simulated scenarios.

3. Audit methods

Within an audit framework, a mixed methods approach was utilised to gather information, relating to the objectives above, the nature and timescales of recent training events and population size.

3.1 Quantitative audit methods

For the CSA training programme, a structured questionnaire was sent electronically via the KSS Deanery web site to a total of 230 GP trainees who had taken part in simulated training scenarios between January and July 2008. For the established GP programme, a similar structured questionnaire was sent to all 85 participants trained between Jan – July 2008. Both sets of questionnaires contained a mix of open and structured questions and were developed based on the KSS training programme contents. Re-mailings were made twice to maximise response rates.

3.2 Qualitative audit methods

The experiences and views of actors (n=18) who had been involved in delivering the scenarios forming part of the CSA (n=18) and GPs (n=8) programme were invited to attend a focus group interview. Two focus group discussions, involving all simulators/ actors (n=11; n=6) who responded positively, were conducted utilising a semi-structured schedule. The focus group interviews were tape recorded and transcribed.

3.3 Analysis of audit data

Quantitative audit data arising from the questionnaire was exported to Statistical Programme for Social Sciences (SPSS) software from a computer generated Excel spreadsheet. Data was then verified and analysed using descriptive statistics.

Qualitative audit data, from open-ended questions within both questionnaires and focus group discussions, were analysed thematically using a structured framework. Verification of focus group transcriptions was made by two independent researchers at LSBU.

4. Results

4.1 Clinical skills training

132 out of a total population of 230 General Practitioners who underwent Clinical Skills Assessment (CSA) training using simulated patient training responded to the questionnaire, a response rate of 57%.

Even though most respondents were aware of simulated 'patient' training, some were not aware of simulated 'patient' training prior to attending the KSS Deanery training programme. Most respondents agreed that simulated 'patient' training was satisfactory and were satisfied with the overall quality of training provided using simulated 'patient'. Additional views about simulated training by questionnaire respondents mainly included general comments about simulated 'patient' training, helping to prepare for the CSA exam and access to more training opportunities. In considering the effectiveness of role play and feedback, most respondents agreed that simulated 'patients' had acted their role effectively and two-thirds agreed they had provided constructive feedback. Simulators were also found to be highly skilled and delivered excellent work. Primarily, most respondents believed that simulated 'patient' training had enhanced their confidence and improved their communication skills. The majority identified 'helping to prepare for the CSA exam' as one advantage, followed by a realistic experience and safe environment to practice and refine subtle skills. Most of those who gave their views believed that simulated training is 'not like the real situation' or is an 'artificial environment'. Suggestions for improvements to the simulated 'patient' training were to have more training opportunities (both in frequency and duration), more diverse scenarios and a wider range of simulators (patients).

4.2 Established GP Training

From a total of 84 trained mentors/appraisers, 45 responded to the questionnaire survey, a response rate of 54%.

Most respondents (80%) were aware of and said they were satisfactorily prepared prior to attending the KSS Postgraduate simulated 'patient training programme. Respondents provided additional comments about their experience, of which, some stated that simulated training is an effective way to train appraisers and mentors. The majority of respondents stated that simulated 'patients' acted their role effectively and provided constructive feedback. The majority of respondents believed that simulated 'patient' had enhanced their confidence, improved their communication skills and improved their role as a mentor/ appraiser. The VTS trainees provided comments about the impact of their simulated 'patient' training experience which included; usefulness of training to enhance listening skills and having different actors as simulators on repeated occasions.

The most frequently mentioned advantage was that simulated training fosters learning and helps develop practice skills in communication and management techniques. Contrary to the advantages stated above, the majority of those who identified disadvantages stated that the unreal or artificial environment of the training was a disadvantage. The most frequently mentioned suggestion was to have more training and workshops as well as increasing the type of scenarios available, followed by suggestions to improve the type of cases (by ensuring that scenarios are modelled on actual cases) and in-depth training for simulators.

4.3 Focus groups with simulated 'patients'

Eleven and six simulators participated in two focus groups discussion, respectively. All simulators agreed that the KSS Deanery training was the most detailed they had experienced (compared to other organisations) and is continuously improving. Some simulators identified working in small groups as the best way to learn, where brainstorming and learning from one another occurs through a mutually supportive process.

Some simulators believed that facilitators can sometimes not utilise them to their full effect and could capitalise more on their unique position within the medical establishment and sometimes have to ask for their own feedback as it is not automatically provided. The support simulators received from the Deanery during simulated training was generally rated as good. However, many simulators stated that frequent staff turnover at the Deanery (the primary contact) might sometime de-stabilise the communication and information process. The challenges simulators faced whilst conducting the training (scenarios) included problems caused by a few students 'cheating' by trying to find out in advance what the scenarios are, being insufficiently informed about which scenario they will need to enact.

Experiences of some simulators revealed that facilitators do not always share the same approach or expectations of how feedback will be provided, leaving simulators feeling 'left out of the loop'. Simulators also expressed concerns and frustrations that their feedback was not taken seriously into account particularly where trainees' performance was perceived to be below an appropriate standard. Simulators raised concerns about the ways facilitators handle simulated training, not always providing necessary information in advance and not encouraging simulators to give feedback.

Simulators said they benefited from being involved in simulated training. They felt appreciated by the Deanery and it has given them job satisfaction because of team building and working together as well as increased their job prospects and networking opportunities. Simulators felt their input had positively affected the practice of GP trainees, most notably through increasing trainees' empathy and awareness, but also indirectly through simulators' cascading skills, knowledge and empathic approaches to facilitators.

5. Conclusion

Overall, GP Specialty Registrars of the SPP had positive experiences and views. The training has impacted on their communication and practical skills as well as preparing them for the CSA exam. However, some respondents were not informed or aware of simulated 'patient' training. In addition, lack of awareness has been noted amongst trainers, particularly at PCTs/ Patch Associate GP Deans (PADS) level. In this audit, simulators were found to deliver professional and excellent work. The audit focus group with simulated patients, however, showed that the KSS Deanery needs to standardise the provision of feedback to trainees.

The majority of respondents of both CSA and established GPs identified similar set of advantages and disadvantages of simulated patient' training. Safe environment to learn, develop and practice skills (communication) were identified to be the advantages of simulated patient training. Disadvantages identified by both CSA and VTS training respondents highlighted that GPs do not get equal access to simulated training opportunities and repetitiveness of simulator or scenarios. Respondents of both CSA and GPs training sessions suggested having more training opportunities and scenarios as improvements. The organisation and management of simulated training has also been suggested as an area that needs to improve.

6. Recommendation(s)

1. When using simulated patient in medical education, a need exists to increase the number of cases (scenarios) and balance cases in order to assess clinical competence effectively. In addition, students or trainees need to get broader experience as performance is related to experience.
2. The KSS Deanery needs to assess why discrepancies exist among GPs as some are not being provided with SP training opportunities and some are not aware of simulated training.
3. All trainers (including PCT and PADs) should receive appropriate training and could benefit from observing experienced trainers in action. This will increase their experience as well as their ability to select and prepare SPs.
4. SPs are a valuable resource and should be allowed to teach and give feedback to students. This maintains their interest in the programme. Standardising SP feedback and instituting a uniform structure to simulated patient training across the Deanery and PCT is recommended.

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Abstract

Background

Simulated (or standardised) patients have been used in medical education for over 40 years. The simulated patients' project (SPP) has been in place in KSS GP Department for four years. Principal aims are to enhance the communication skills of trainees [GP Specialty Registrars (GPRs)] and established general practitioners (GPs) through the provision of a KSS GP Department in house training programme which involves role play by actors based on structured scenarios.

Aim

The overarching aim was to conduct an audit evaluation of the impact of simulated training on GP Specialty Registrar (CSA programme) and established GP as well as to explore actors' experiences of delivering simulated scenarios.

Methods

Within an audit framework, a mixed methods approach, which combines quantitative (questionnaire) and qualitative (focus group discussion) methods, was utilised to gather information, relating to the aims above. A structured questionnaire was sent to a total of 230 GP trainees of the CSA training programme and 85 established GP programme trained between Jan – July 2008. Both sets of questionnaires contained a mix of open and structured questions. Quantitative audit data arising from the questionnaire was analysed using descriptive statistics (SPSS).

The experiences and views of actors who had been involved in delivering the scenarios were invited and attended two focus group interviews (n=11 and n=6)). The focus group interviews were tape recorded and transcribed. Qualitative audit data was analysed thematically using structured framework.

Results

Overall, GP Specialty Registrars of the SPP had positive experiences and views. The training has impacted on their communication and practical skills as well as preparing them for the CSA exam. However, some respondents were not informed or aware of simulated 'patient' training. In addition, lack of awareness has been noted amongst trainers, particularly at PCTs/ Patch Associate GP Deans (PADS) level. The audit focus group with simulated patients, however, showed that the KSS Deanery needs to standardise the provision of feedback to trainees.

Safe environment to learn, develop and practice skills (communication) were identified to be the advantages of simulated patient training. Disadvantages identified by both CSA and VTS training respondents highlighted that GPs do not get equal access to simulated training opportunities and repetitiveness of simulator or scenarios. Respondents of both CSA and GPs training sessions suggested having more training opportunities and scenarios as improvements. The organisation and management of simulated training has also been suggested as an area that needs to improve.

Recommendation

The KSS Deanery needs to assess why discrepancies of SP training opportunities exist among GPs as well as increase the number of scenarios and balance cases. Appropriate training for all trainers (including PCT and PADs) and standardising SP feedback across the Deanery and PCT is recommended.

SECTION ONE: INTRODUCTION

1. BACKGROUND LITERATURE

1.1 Simulated training in medical education

Simulated (or standardised) patients have been used in medical education for over 40 years (Barrows and Abrahamson, 1964; Wallace *et al*, 2002). In the UK, the use of simulated patients in objective structured clinical examination (OSCE) was pioneered by the Royal London and St. Bartholomew's Hospitals. Many of the Royal Colleges have, since then, introduced an OSCE into their postgraduate membership examinations. The Royal College of General Practitioners, however, has simulated surgery for that about 5% of candidates use (Wallace *et al*, 2002). Teaching communication skills has been the main use of simulated patients in medical education, where the use of simulation gives students the opportunity to be involved in approximations of real-world settings (Wallace *et al*, 2002).

1.2 Simulated and standardised patients

Simulated patients (SPs) may be real patients or lay persons who have undergone varying levels of training in order to provide consistent clinical scenarios. The simulated patient if appropriately trained should not be distinguishable from a real patient by experienced clinicians (Norman *et al*, 1982). Simulated patients can be used to test a broad range of skills including history taking, physical examination and counselling. Most commonly SPs are used to assess history taking and communication skills or physical examination where no abnormality is found (R).

1.3 Definition of standardised patients and simulated patients

The term 'standardised patient' is increasingly used to indicate that a person has been trained to play the role of the patient consistently and according to specific criteria. The terms 'standardised patient' and 'simulated patient' are sometimes used interchangeably. However, the simulated patient as defined by Barrows (1985) is "a normal person who has been carefully coached to present the symptoms and signs of an actual patient". Standardised patients, in contrast, are "people with or without actual disease who have been trained to portray a medical case in a consistent fashion. These people may portray their own problem(s) or those based on other patients" (RCSA 1993). The term 'standardised patient' is a broader term which covers both real and simulated patients. It does not indicate whether the patient being dealt with or discussed, is a real or simulated one.

1.4 Advantages and disadvantages of using simulated patients:

Advantages of using simulated patients	Disadvantages of using simulated patients
The SP can be trained to respond more consistently in the examination than the real patient, can be duplicated to allow multiple examinations to be administered and is more standardised for use in different centres and internationally.	Recruiting, training and organisation of SPs is time consuming.
The complexity of the presentation can be more easily controlled and matched to the stage of training of the student.	The cost of SPs may be substantially higher than 'real patients'.
The risk that the performance by the student during the examination may be disturbing to the real patient is not a problem with SPs.	SPs do not duplicate the 'real patient'
SPs may be more readily available than real patients and can be relied upon to be present at an examination.	It is not possible to simulate many physical signs, for example, heart sounds, oedema, or goitre.
SPs can be used in situations where the use of a real patient would be inappropriate, e.g. counselling of a patient with cancer.	Opposition to the use of SPs may be voiced by some examiners and clinicians and the credibility of the examination may be questioned.
SPs can be trained to assess the student's performance and to provide feedback to the student.	
SPs may tolerate more students in an examination than a real patient	

Source: *Medical Education Guide N° 13; The Association for Medical Education in Europe, 1998*

1.5 The training and recruitment of simulated patients

Three components of training of simulated patients (SP) have been described by Barrows (1968) – the history, the physical findings and the dress rehearsal. The SP is first given a thorough history and outline of patient's problems. The SP's own experience and background are used as much as possible. This, Barrows (1968) suggests, makes it easier for the SP's performance to seem natural and unrehearsed.

When recruiting simulated patients, it is important to ensure that they do not bring their own personal agenda or lecture students about their opinions (Williams *et al*, 2001) and to arrange the training of SPs in individual and groups sessions. Primarily, a written brief of the scenario to be simulated should be supplied and where possible, video footage of real patients. Each simulator is then observed performing the role by the trainer (or station author) to verify realism of the portrayal and ensure consistency across the simulated patients in their presentation and their response to questions (Hodges *et al*, 1997; Collins and Harden, 1998). Trainers themselves should receive appropriate training and will benefit from observing an experienced trainer in action. The ability of trainers to select and prepare SPs will increase as their experience increases (Collins and Harden, 1998).

2. Local context

The simulated patients' project (SPP) has been in place in KSS GP Department for four years. Principal aims are to enhance the communication skills of trainees [GP Specialty Registrars (GPRs)] and established general practitioners (GPs) through the provision of a KSS GP Department in house training programme which involves role play by actors based on structured scenarios. Training scenarios can involve the actors taking the role of patients or GPs, depending on the specific needs of the general practitioner groups involved. At the conclusion of training scenarios, actors provide participants with feedback on their performance. For Clinical Skills Assessment (CSA) the participants are in the process of GP Specialty Registrar training. Actors are also involved in training mentors and appraisers among the GP workforce. In contrast, established GPs can undertake training involving simulated patients as part of the SPP.

Audit aim and objectives

Aim

To conduct an audit evaluation of the impact of simulated training on GP Specialty Registrar (CSA programme) and established GP as well as to explore actors' experiences of delivering simulated scenarios.

Objectives

- ☞ To investigate participants' experiences and views of simulated patient training in relation to the acquisition of communication skills, awareness, empowerment and confidence.
- ☞ To explore actors' experiences of delivering simulated scenarios and their perceptions of the impact on participants.
- ☞ To make recommendations for the further development of the SPP.

SECTION TWO: AUDIT FRAMEWORK AND METHODS

Within an audit framework, a mixed methods approach was utilised to gather information, relating to the objectives above, the nature and timescales of recent training events and population size. Anonymity has been secured in all aspects of data collection.

2.1 Quantitative audit methods

For the CSA training programme, a structured questionnaire was sent electronically via the KSS Deanery web site to a total of 230 GP Specialist Registrars have taken part in simulated training scenarios between January and July 2008. For the established GP training, a similar structured questionnaire was sent to all 85 participants trained between Jan – July 2008. Both sets of questionnaires contained a mix of open and structured questions and were developed based on the KSS training programme contents. Re-mailings were made twice to maximise response rates.

2.2 Qualitative audit methods

The experiences and views of actors (n=18) who have been involved on delivering the scenarios forming part of the CSA (n=18) and established GP (n=8) programme were invited to attend a focus group interview. Two focus group discussions, involving all simulators/ actors (n=11 and n=6) who responded positively, were conducted utilising a semi-structured schedule. The focus group interviews were tape recorded and transcribed.

2.3 Analysis of audit data

Quantitative audit data arising from the questionnaire was exported to Statistical Programme for Social Sciences (SPSS) software from a computer generated Excel spreadsheet. Data was then verified and analysed using descriptive statistics. Qualitative audit data, from open-ended questions on both questionnaires and focus group discussions, were analysed thematically using a structured framework (Ritchie and Spencer, 1994). Verification of focus group transcriptions was made by two independent researchers at LSBU.

SECTION THREE: FINDINGS

1. Clinical Skills Training: Questionnaire Results

1.1. Demographic characteristics

One hundred and thirty two out of a total population of 230 General Practitioners who underwent Clinical Skills Assessment (CSA) training using simulated patient training responded to the questionnaire, a response rate of 57%. The majority of the respondents were GP Specialist Registrars (n=64; 49%) [Table 1.1.1]. In addition, a slightly higher proportion of respondents were aged between 25 – 34 years (n=48; 36%) and from White British ethnic background (n=75; 57%) [Tables 1.1.2 and 1.1.3].

Table 1.1.1: In what capacity did you have experience of simulated 'patient' training?

<i>Capacity</i>	<i>N</i>	<i>%</i>
GPStR	64	48.5
GP Trainer	41	31.1
GP Programme Director	27	20.5
Total	132	100.0

Table 1.1.2: Age Group by gender of survey respondents

Age Group	Gender Male n (%)	Female n (%)	Total n (%)
25-34	22 (16.7)	26 (19.7)	48 (36.4)
35-44	21 (15.9)	20 (15.2)	41 (31.1)
45-55	19 (14.4)	16 (12.1)	35 (26.5)
55+	7 (5.3)	1 (0.8)	8 (6.1)
Total	69 (52.3)	63 (47.7)	132 (100)

Table 1.1.3: Ethnic background of survey respondents

<i>Ethnic Background</i>	<i>n</i>	<i>%</i>	
White	White British	75	56.8
	White Irish	4	3.0
	White other	15	11.4
Mixed	Mixed White Black Caribbean	1	.8
	Mixed White Black African	1	.8
	Mixed White Asian	1	.8
Black	Black African	4	3.0
	Black Other	1	.8
Asian	Asian/ Asian British Indian	19	14.4
	Asian/ Asian British Pakistani	4	3.0
	Asian/ Asian British Bangladeshi	1	.8
	Asian/ Asian British Other	1	.8
	Chinese or other Asian	2	1.5
Other Ethnic group	3	2.3	
Total	132	100.0	

1.2. Types of training using simulated patients

As shown in Table 1.2.1, the majority of questionnaire respondents experienced simulated patient training by attending clinical skills assessment training (n=94; 71%) followed by the GP Specialist Training programme (n=47; 36%). Fewer respondents (n=11) had varied types of training involving simulated 'patients' (Annex 1A; Box 1.2.1). These included 'CSA revision day' (n=4), at GP recruitment (n=2) and VTS training (n=2).

Table 1.2.1: What type of training using simulated 'patients' did you attend?

<i>Type of training</i>	<i>Yes n (%)</i>	<i>No n (%)</i>	<i>Total n (%)</i>
Clinical Skills Assessment	94 (71.2)	38 (28.8)	132 (100)
GP Special Training Programme (GPStR)	40 (30.3)	92 (69.7)	132 (100)
Training Day (GP Trainers/ GP Programme Directors)	47 (35.6)	85 (64.4)	132 (100)
Others	11 (8.3)	121 (91.7)	132 (100)

Eleven respondents further described the type of training on which they had experienced the use of simulated patients. These are shown in full in Appendix 1A, Box 1.2.1.

1.3. Simulated 'patient' training

Even though most respondents (n=87; 66%) were aware of simulated 'patient' training, 23% (n=30) were not aware of simulated 'patient' training prior to attending the KSS Deanery training programme (Table 1.3.1). When asked whether their simulated 'patient' training was satisfactory, most (n=73; 55%) respondents strongly agreed. In addition, Table 1.3.1 depicts that 66% (n=87) of respondents were satisfied with the overall quality of training provided by the KSS Deanery using simulated 'patient'.

Table 1.3.1: Your experience of training using simulated patients

<i>Your experience</i>	<i>(Strongly) Agree n (%)</i>	<i>Neither agree or disagree n (%)</i>	<i>(Strongly) Disagree n (%)</i>	<i>Total n (%)</i>
I was aware of simulated 'Patient' training prior to training	87 (65.9)	15 (11.4)	30 (22.7)	132 (100)
My preparation for simulated 'patient' training was satisfactory	73 (55.3)	35 (26.5)	24 (18.2)	132 (100)
Satisfied with the quality of training provided using simulated 'patients'	87 (65.9)	19 (14.4)	26 (19.7)	132 (100)

Additional views about simulated training by questionnaire respondents are summarised in Annex 1A, Box 1.3.1 and 1.3.2. These mainly included general comments about simulated 'patient' training, helping to prepare for the CSA exam and access to more training opportunities. Other GPs highlighted the importance of getting feedback from (simulated) patients.

Seven respondents did not have experience or formal training in the use of simulated 'patients' prior to attending the KSS Deanery training project. Some of these believed that prior training would have been very useful or helped them pass the CSA examination.

1.4. Simulated 'patient' role play and feedback

In considering the effectiveness of role play and feedback, 81% (n=107) of respondents agreed that simulated 'patients' had acted their role effectively and 71% (n=94) agreed they had provided constructive feedback (Table 1.4.1).

Table 1.4.1: Role and feedback of simulated 'patients'

<i>Question</i>	<i>(Strongly) Agree n (%)</i>	<i>Neither agree or disagree n (%)</i>	<i>(Strongly) Disagree n (%)</i>	<i>Total n (%)</i>
Simulated 'patients' acted their role effectively	107 (81.1)	5 (3.8)	20 (15.1)	132 (100)
Feedback provided by simulated 'patients' was constructive	94 (71.2)	15 (11.4)	23 (17.4)	132 (100)

Thirty-eight questionnaire respondents provided additional comments about the simulators (see Annex 1A Box 1.4.1). Thirteen respondents believed that the simulators were highly skilled and delivered excellent work. Some (8/38) stated that the simulators made the training a powerful and realistic learning experience, while others appreciated the feedback provided by the simulators (6/38). However, seven respondents expressed somewhat negative experiences, stating that simulators either provided poor feedback or no feedback or acted their role poorly.

1.5. Impact of simulated 'patient' training

General Practitioners were finally asked four questions about the impact of simulated 'patient' training (Table 1.5.1). Primarily most respondents (n=80; 61%) believed that simulated 'patient' training had enhanced their confidence, while 54% (n=71) (strongly) agreed that their communication skills had improved. However, 39% (n=52) of GPs were uncertain whether simulated 'patient' training had actually improved their professional practice. Half of the GPs believed that simulated 'patient' training was an empowering experience, while a third (n=43; 33%) were undecided.

Table 1.5.1: Impact of simulated 'patient' training

<i>Question</i>	<i>(Strongly) Agree n (%)</i>	<i>Neither agree or disagree n (%)</i>	<i>(Strongly) Disagree n (%)</i>	<i>Total n (%)</i>
Simulated 'patient' training enhanced my confidence	80 (60.6)	29 (22.0)	23 (17.4)	132 (100)
Simulated 'patient' training improved my communication skills	71 (53.8)	41 (31.1)	20 (15.1)	132 (100)
Simulated 'patient' training improved my professional practice	58 (43.9)	52 (39.4)	22 (16.7)	132 (100)
Simulated 'patient' training was empowering experience	65 (49.2)	43 (32.6)	24 (18.2)	132 (100)

Most GP trainees (47) who gave their views about the impact of simulated 'patient' training stated that the KSS Deanery training had improved their communication skills, given them more experience (12/47) and helped them prepare for the CSA (11/47) examination (see Annex 1A Box 1.5.1). Additional comments included gaining feedback from patients as well as a finding the training experience generally positive and helpful.

1.6. Advantages and disadvantages of simulated 'patient' training

Trainees were asked to describe the advantages and disadvantages of simulated 'patient' training. A total of 100 (76%) responses were provided about the advantages of simulated 'patient' training. As shown in Annex 1A Box 1.6.1, the majority (23%) identified 'helping to prepare for the CSA exam' as one advantage, followed by a realistic experience (22%) and safe environment to practice and refine subtle skills (21%). Other respondents' views are categorised under the importance of getting feedback (both from patients and trainers), helping to develop communication skills and confidence in consulting while few (n=2) gave various advantages (Box 1.6.1).

Fourth-four percent (n=58) of the total questionnaire respondents provided their views on the disadvantages of simulated 'patient' training (see Annex 1A Box 1.6.2). Most of those who gave their views (n=20) believed that simulated training is 'not like the real situation' or is an 'artificial environment'. Other disadvantages identified were: organisational/management issues, limited availability of training to some GPs and lack of variety of scenarios. Five respondents found no disadvantages with simulated 'patient' training. However, a small number of trainees (n=4) found simulated training 'threatening and intimidating to the learner if used in a group'.

1.7. Improvements in GP education (simulated 'patient' training)

Suggestions for improvements to the KSS GP Department simulated 'patient' training were made by 92% (n=122) of respondents (see Annex 1A, Box 1.7.1 for full illustrations). Of these, almost half wanted to have more training opportunities (both in frequency and duration), more diverse scenarios and a wider range of simulators (patients). Also mentioned were: specific improvements pertaining to 'patients' (such as simulators from ethnic minority backgrounds); increase in the bank of scenarios; general improvements, for example, use of simulated training throughout the full three years of GP training; better information and organisation; cost improvements and improvements in simulators' feedback. Fourteen percent (17/ 122) of respondents stated that KSS Deanery training is good as it is.

Finally, respondents were asked to give any additional comments they might have about simulated 'patient' training (Annex 1A Box 1.7.2). Of the 32 respondents, most (12/32) said they appreciated the KSS GP Department simulated 'patient' training. Nine commented on the quality of simulators. A minority (n=2) wanted more scenarios/practice or felt that overseas doctors particularly might benefit more from simulated 'patient' training.

2. Established GP Training: Questionnaire Results

2.1. Demographic characteristics

From a total of 84 trained mentors/appraisers, 45 responded to the questionnaire survey, a response rate of 54%. As shown in tables 2.1.1 and 2.2.2, most of the respondents were male (n=27; 60%) aged between 45 – 55 years old (n=27; 60%) and from a White British ethnic background (n=32; 71%).

Table 2.1.1: Age group by Gender of survey respondents

Age Group	Gender		Total n (%)
	Male n (%)	Female n (%)	
35-44	1 (2.2)	1 (2.2)	2 (4.4)
45-55	11 (24.4)	16 (35.6)	27 (60.0)
55+	15 (33.3)	1 (2.2)	16 (35.6)
Total	27 (60.0)	18 (40.0)	45 (100)

Table 2.1.2: Ethnic background of survey respondents

Ethnic background		n	%
White	White British	32	71.1
	White Other	3	6.7
Asian	Asian/ Asian British Indian	5	11.1
	Asian/ Asian British other	1	2.2
	Chinese or other Asian	1	2.2
Other Ethnic group		3	6.7
Total		45	100

2.2. Types of simulated training

The majority of questionnaire respondents were trained as mentors (n=31; 69%) as compared to appraisers (n=22; 49%) [Table 2.2.1]. Table 2.2.2 shows the variety of ways respondents experienced simulated 'patient' training. The majority attended a Training day for GP Mentors (n=28; 62%) followed by 'Training for Appraisers' (n=19; 42%). Few respondents experienced simulated 'patient' training through the MRCGP training (n=4; 9%) while none of the respondents attended the Half day GP Specialty training course.

Table 2.2.1: In what capacity did you have experience of simulated 'patient' training?

Capacity	Yes n (%)	No n (%)	Total n (%)
Appraiser	22 (48.9)	23 (51.1)	45 (100)
Mentor	31 (68.9)	14 (31.1)	45 (100)

Table 2.2.2: What type of training using simulated 'patients' did you attend?

Type of training attended	Yes n (%)	No n (%)	Total n (%)
MRCGP Clinical Skills Assessment	4 (8.9)	41 (91.1)	45 (100)
Training day for GP Appraisers	19 (42.2)	26 (57.8)	45 (100)
Training day for GP Mentors	28 (62.2)	17 (37.8)	45 (100)
Half day GP Specialty Training Course	0 (-)	45 (100)	45 (100)
Others	8 (17.8)	37 (82.2)	45 (100)

Other types of training described (n=8) using simulated 'patients' were: GP trainers' workshops, learning set training for appraisers, local appraisers group training, simulators' training and mentors and appraisees' training (see Annex 1B, Box 2.2.1).

2.3. Simulated 'patient' training

The findings of inquiry made regarding simulated 'patient' training are depicted in Table 2.3.1. Most respondents (n=36; 80%) were aware of and said they were satisfactorily prepared (n=35; 78%) prior to attending the KSS GP Department simulated 'patient training programme. 16% (n=7) were not aware of the training and 13% (n=6) were not satisfied with the training quality.

Table 2.3.1: Your experience of training using simulated patients

Your experience	(Strongly) Agree n (%)	Neither agree or disagree n (%)	(Strongly) Disagree n (%)	Total n (%)
I was aware of simulated 'Patient' training prior to training	36 (80.0)	2 (4.4)	7 (15.6)	45 (100)
My preparation for simulated 'patient' training was satisfactory	35 (77.8)	8 (17.8)	2 (4.4)	45 (100)
Satisfied with the quality of training provided using simulated 'patients'	35 (77.8)	4 (8.9)	6 (13.3)	45 (100)

Fifteen respondents (33%) who had attended established GP training provided additional comments about their experience. Five stated that simulated training is an effective way to train appraisers and mentors. Three found that simulated scenarios were quite different from real life cases. Others (n=7) gave individual comments about their simulated training experience (Annex 1B Box 2.3.1).

2.4. Role and feedback of simulated 'patients'

The majority of respondents stated that simulated 'patients' acted their role effectively (n=39; 87%) and provided constructive feedback (n=40; 89%) (Table 2.4.1).

Table 2.4.1: Role and Feedback of simulated 'patients'

Question	(Strongly) Agree <i>n (%)</i>	Neither agree or disagree <i>n (%)</i>	Strongly disagree <i>n (%)</i>	Total <i>n (%)</i>
Simulated 'patients' acted their role effectively	39 (86.6)	2 (4.4)	4 (8.9)	45 (100)
Feedback provided by simulated 'patients' was constructive	40 (88.9)	1 (2.2)	4 (8.9)	45 (100)

Of the nine who commented on effectiveness and feedback, over half (5/9) stated that the simulators were well rehearsed and their feedback was exceptional. Three, however, found the simulators not to be 'completely realistic' or 'in character' (Appendix 1B, Box 2.4.1).

2.5. Impact of simulated 'patient' training

Respondents were asked to rate the impact of simulated 'patient' training. Table 2.5.1 indicates that 69% (n=31) believed that simulated 'patient' had enhanced their confidence, improved their communication skills (n=29; 64%) and improved their role as a mentor/ appraiser (n=30; 67%). Though many responded positively, 13% (n=6) and 18% (n=8) of respondents respectively stated that simulated 'patient' training had not improved their professional practice or was not an empowering experience.

Table 2.5.1: Impact of Simulated 'Patient' Training

Question	(Strongly) Agree <i>n (%)</i>	Neither agree or disagree <i>n (%)</i>	(Strongly) Disagree <i>n (%)</i>	Total <i>n (%)</i>
Simulated 'patient' training enhanced my confidence	31 (68.9)	8 (17.8)	6 (13.3)	45 (100)
Simulated 'patient' training improved my communication skills	29 (64.4)	10 (22.2)	6 (13.3)	45 (100)
Simulated 'patient' training improved my professional practice	25 (55.6)	14 (31.1)	6 (13.3)	45 (100)
Simulated 'patient' training has improved my role as a mentor &/or appraiser	30 (66.7)	10 (22.2)	5 (11.1)	45 (100)
Simulated 'patient' training was empowering experience	27 (60.0)	10 (22.2)	8 (17.8)	45 (100)

A third (32%) of the established GP programme trainees provided comments about the impact of their simulated 'patient' training experience. These included usefulness of training to enhance listening skills and having different actors as simulators on repeated occasions. Less positive comments included: repetitive nature of the cases, unrealistic simulated training and lack of clarity (see Annex 1B, Box 2.5.1).

2.6. Advantages and disadvantages of simulated 'patient' training

Questionnaire respondents were asked what the advantages and disadvantages of simulated 'patient' training were based on their experience. 73% (n=31) identified advantages (see Annex 1B, Box 2.6.1). The most frequently mentioned advantage (n=9) was that simulated training fosters learning and helps develop through practice skills such as communication skills and management techniques. Some believed that getting feedback from 'patients' and the real life experience of the training were advantageous. Others said it helped them to experiment with various skills and approaches within a safe environment.

Twenty-eight responses were provided pertaining to the disadvantages of simulated 'patient' training (Annex 1B, Box 2.6.2). Contrary to the advantages stated above, the majority (n=11/28) stated that the unreal or artificial environment of the training was a disadvantage. Some (n=6) identified the limitations of simulators as a disadvantage. The training in front of a large group was a disadvantage for a minority (n=2) of respondents. Two respondents stated that sessions were too short.

2.7. Improvements in simulated patient' training

All 45 respondents provided some suggestions for improving simulated training (for established GP). The most frequently mentioned suggestion (n=10) was to have more training and workshops as well as increasing the type of scenarios available (see Annex 1B, Box 2.7.1). This was followed by suggestions (n=8) to improve the type of cases (by ensuring that scenarios are modelled on actual cases) and in-depth training for simulators. Other suggestions included organisational, management and more general improvements.

Finally, respondents were asked to provide additional comments about GP education re- simulated patient training (see Annex 1B, Box 2.7.2). From a total 12 respondents who provided views, four commented positively about simulators while five highlighted the usefulness and importance of simulated training in GP education.

3. Focus Groups with Simulated 'Patients'

3.1 Experiences of training received to facilitate simulator training

Simulators were asked in two focus group discussions about their experiences of the training they received prior to engaging in the simulated patients programme. All simulators agreed that the KSS Deanery training was the most detailed they had experienced (compared to other organisations) and is continuously improving. Furthermore, the simulators indicated that during their training they received a concise set of guidelines, realistic scenarios and training on portrayal of patient emotions:

"...was just going to say, when you get a whole day's training, you know the ones that we do for the other company, that's the R... (named organisation). The exams that they do there, we don't get a whole day's training on the brief. I have to say that I work for different companies as well and this is the most detailed training."

Quote 2

"... it's always very concise, we feel we're actually achieving something all the time."

Quote 1

"... to go off, to give you an opportunity as you say, to work out where to pitch it, like emotional levels or something like breaking bad news, you need to know where to pitch things like that so someone is not breaking down in tears, you need to know that and see other people do it as well because you'll see what's missing if you get asked a question..."

Quote 3

Some simulators identified working in small groups as the best way to learn, where brainstorming and learning from one another occurs through a mutually supportive process:

"Excellent in terms of focusing on what is expected of us, and providing us with plenty of opportunities to practise together and to refine from the paperwork what could and should be done in order to facilitate the simulation."

Quote 6

The only problem identified was that simulators might require more training or information about different acronyms used, particularly in the established GP programme:

"they can provide us each time with more efficient and precise material to work from as well. And especially it's very useful for us, all this jargon, if we have to use that as a doctor."

Quote 5

3.2 How effectively were you used in training?

Some simulators believed that facilitators can sometimes not utilise them to their full effect and could capitalise more on their unique position within the medical establishment:

"... we must be very unique creatures in the sense that we're kind of on the inside of the medical establishment but we're not part of it. Somehow it would be really interesting for the deanery to think about what can we contribute from that very valuable position." Quote 25

Simulators also indicated that they sometimes have to ask for their own feedback as it is not automatically provided. Others stated that provision of feedback during training sessions conducted by the Deanery is not systematic.

'I think they should always ask us how did that feel as a patient, because very often they don't.'

Quote 41

3.3 Support from the Deanery during training

The support simulators received from the Deanery during simulated training was generally rated as good. One reason for this was perceived to be the stability created within the Deanery by the presence of a 'core group' which has been there from the beginning:

'.... the good thing about KSS is that there is a core of people who have been doing it for a long time, and when someone new comes along, they're joining a team and it's sort of easier to integrate into that team'. Quote 11

Simulators had good access to Deanery staff. However, many simulators stated that frequent staff turnover at the Deanery (the primary contact) might sometime de-stabilise the communication and information process. In addition, allocation of work is done by email and this means, who ever see's it first will get the job. Therefore, simulators believed that this is not always fair.

The other issue simulators raised pertaining to the Deanery's support is payment. Simulators suggested improvements in the following areas:

- ☞ want pay structure for work
- ☞ confirmation slip with job, date etc
- ☞ travelling not always thought through. Travel time and distance, plus a half day's work often equals a full day.

3.4 Challenges whilst conducting the training scenarios

The challenges simulators faced whilst conducting the training (scenarios) included problems caused by few students 'cheating' by trying to find out in advance what the scenarios are, thus reducing the benefits of practice within a new situation:

'... the Deanery are finding different ways to try and derail them(from cheating) and they get a bit more complicated, it's a bit like MI5, every year they get craftier' Quote 31

'...it doesn't faze them at all, and so it's not beneficial to them, because they know what's coming, you know' Quote 29

...being insufficiently informed about which scenario they will need to enact:

'I had a series of experiences of turning up, having been asked to prepare one thing and then being asked have you got another up your sleeve'. Quote 8

.... and unexpected, difficult questions by trainees that could threaten the authenticity and success of the scenario being used:

'I think sometimes you get, however well you've prepared, sometimes you can get a killer question that you haven't prepared for. Yes, and it was something we ironed out afterwards in discussion, but just occasionally they'll discover a chink in the scenario, and you just have to try and think on your feet.' Quote 9

Some simulators also stated that playing a part for long time, such as depression, can impact on their own mental health.

3.5 Experiences in providing feedback

Provision of feedback was one of the main points discussed by most simulators during the focus groups. Simulators believed that they should always provide feedback both in and out of character, yet experiences of some simulators revealed that facilitators do not always share the same approach or expectations of how feedback will be provided, leaving simulators feeling 'left out of the loop':

'...as the character, outside of the consultation simulation, give your feedback, so give it both as the actor and character, so they get that extra level as well.' Quote 4

'... there's a huge, great big gulf in the different ways in which the facilitators see how that consultation should go, and so it very much... and then the feedback just varies and you don't really get involved in that process, because you can't, that's a bit of a moral issue on how they should conduct it, so you're kind of missed out on the loop' Quote 40

The simulators also believed that it is a waste not to provide constructive feedback given their valuable knowledge and, since the approach to feedback provision is not standardised, facilitators are not sure what is required:

'... they've evolved (our feedback) but they haven't actually sat down I don't think and standardised it.' Quote 16

'...you kind of get missed out of the feedback I think our feedback in those situations, because we've done it a lot, could be quite important, because we can suggest ways that have worked before' thing. Quote 41

Simulators also expressed concerns and frustrations that their feedback was not taken seriously into account particularly where trainees' performance was perceived to be below an appropriate standard. In some cases simulators reported trainees whose performance they considered unsatisfactory, had in fact, passed assessment, calling into question the criteria and standards on which trainees are assessed:

'I've been faced with doctors where I definitely would have walked out and definitely would have made a complaint, and they've been passed. So there's a sense of frustration I feel.' Quote 18

'... when you go to your doctor you see him as a pillar of strength... and some of these people aren't and they're never going to be, and we need to be able to express that and it needs to be taken seriously' Quote 19

3.6 Experiences of working with groups at PCT- Patch Associate Deans

Simulators were asked about their experiences of work with groups at PCT and Patch Deans. As previously stated under 'Challenges', simulators raised concerns about the ways facilitators handle simulated training, not always providing necessary information in advance and not encouraging simulators to give feedback. The best facilitators, however, set up a 'safe zone' during training:

'... the best facilitators are the people that set it up right at the beginning and make it a safe place by saying, okay we're in a training situation, if you need some time out.... whereas you get some

facilitators that are slightly nervous, they're not quite sure how to use you and don't involve you as part of the group, so you become alien to the rest of the trainees'. Quote 10

'what would be useful is for us to have the training, so we'd got a list of the scenarios we should be using, the facilitators then have a list, so they can go right, we want that scenario, that scenario, they can then email us, then we can allocate it between us, so we can say right, you do this one and I'll do that one or whatever, but then at least we're clear and they're clear on what's coming.' Quote 30

Furthermore, simulators believed that some of the facilitators (at PCT/ Patch Associate Deans), who appear to hold more traditional beliefs in regard to the training of GPs' resent them and clinical staff do not appreciate the skills involved in being a simulator. Some simulators' experiences suggest some facilitators may lack understanding or the appropriate skills to carry out their role:

'...some facilitators I think only want to tell the trainees how to do it, and for those people we're quite irrespective really, because we get in the way of the facilitator lecturing the trainees'

Quote 21

'... you spent an awful long time sitting in a little huddle, listening to somebody telling, going on and on, and you do a five minute simulation, another watch of somebody going on and on, another five minute simulation, then off you go. Pointless isn't it.'

Quote 22

One simulator said that clarification and agreement about personal boundaries was necessary, particularly regarding 'patient' examinations:

'... I don't mind and one expects it, but I never have been, and that seems to be an area that is never properly addressed, and I think it should be, because the first CSA I did it became apparent that I might be asked to take items of clothing off. I wasn't, but nobody had ever asked me if that was okay..'

Quote 20.

All in all, simulators agreed that the training sessions at PCT/Patch Deans are improving and if given more leeway, standards could further improve.

3.7 Simulators' perceived training benefits

Simulators said they benefited from being involved in simulated training. Primarily, they felt appreciated by the Deanery. Simulators also stated that it has given them job satisfaction because of team building and working together. Being involved in the KSS simulated patient project has also increased their job prospects and networking opportunities. Finally simulators felt good about playing a part in GP education and feel like "patient representatives".

'It sort of demystifies the whole thing, if you're a lay person.... the medical world is a bit of a closed shop, a bit of a mystery, and it has demystified it to a certain extent'.

Quote 23

'... a sort of improvised acting as opposed to text based, and still find it lovely, because you don't quite know what's coming... you've got things to say and attitudes to convey and don't know when the opportunities will come so it's like a lovely roller coaster and nobody dies at the end if you get it wrong'.

Quote 13

'... a skill..., sometimes you're given three or four pages and just be able to pick out the important bits, retain them and structure things quicker, it's been invaluable for me in terms of thinking on my feet in other situations as well, not just in role plays'

Quote 14

'I didn't realise the skills I'd acquired until as this went on I encountered other people in corporate situations and so on who quite clearly hadn't acquired them at all. I wouldn't have been aware of that when I started'

Quote 15

'The other benefit, just from an actor's point of view, is that it's a chance to improvisation'. Quote 26

Other benefits or impact(s) of simulated training involvement identified by simulators are summarised in box A below

Box 3.7.1: Impact of participation in simulated training on simulators

- Improves acting ability
- Disciplines you as need to keep to rules
- Improves interaction with others
- Pick up medical knowledge
- Increase confidence to retain information
- Can self diagnose!!!

3. 8 Has your input affected the practice of the GP trainees?

Simulators felt their input had positively affected the practice of GP trainees, most notably through increasing trainees' empathy and awareness, but also indirectly through simulators' cascading skills, knowledge and empathic approaches to facilitators, who are themselves experienced GPs with responsibilities for developing new generations of patient-sensitive GPs:

'... there is this kind of empathy, they're being trained how to ask open questions and get information out of people and look into lifestyle..... It gives me a lot of confidence and when I hear other people, moaning about GPs, I say 'that's not how it's done now, they are trained and take into consideration people's medical beliefs'

Quote 12

'... who better to ask than the 'patient', if they showed clear signs of empathy and sensitivity, because only the patient's going to know that,. There's nothing clinical you can do about that, that's about building a rapport and empathising with the person'

Quote 17

'... it's a good learning curve for the facilitators as well, because facilitators are often very experienced GPs who have been in the medical world for a long time, they've become quite set in their ways maybe, inadvertently, it's a good way for them to learn how to develop a GP trainee, because a trainee to me means you can have brilliant clinical knowledge but no idea how to handle a patient.'

Quote 28

SECTION FOUR: DISCUSSION

4.1 Preparation for simulated 'patient' training

Our findings indicated that many respondents who attended CSA and VTS training events were already aware of simulated training. However, 21% of all respondents were not informed or aware of simulated 'patient' training. Simulated training began as early as the 1960s (Barrows, 1993), and currently it is used by various professions such as the military emergency services, nursing, pharmacy, and other fields (Education through Simulation News – www.laerdal.co.uk).

In addition, lack of awareness was also been noted amongst trainers, particularly at PCTs/ Patch Associate Deans level, by simulators who stated that some facilitators did not know how to conduct simulated training sessions. The Association for Medical Education in Europe states that trainers themselves should receive appropriate training and will benefit from observing experienced trainer in action. The ability of trainers to select and prepare SPs will increase as their experience increases (Collins and Harden, 1998). The KSS Deanery, therefore, needs to identify why discrepancies exist, in order to address these issues.

4.2 Simulated patients: roles and feedback

In this study, simulators were found to deliver professional and excellent work. Qualitative data from questionnaire respondents also reinforced this as one stated that simulators are "a huge asset to the (training) scheme". The majority of GP respondents also found simulators feedback very helpful and unique making a difference to the learning process. Furthermore, focus group findings of our audit highlighted that simulators felt that providing feedback is one of the most important part of a simulated training session.

The audit focus group with simulated patients, however, showed that the KSS Deanery needs to standardise the provision of feedback to trainees. Providing feedback depends on the nature of the trainer/ facilitator running the simulated training. Studies have shown that one of the advantages of SP is that they can be trained to assess students' performance and to provide feedback to the student (Collins and Harden, 1998; AMEE). Stillman (1993) also indicated that SPs are valuable resource and should be allowed to teach and give feedback to students. This, it was suggested, maintains their interest in the programme. It is also necessary to provide ongoing reinforcement to them about their contributions. Standardising SP feedback and instituting a uniform structure to simulated patient training across the Deanery and PCTs is recommended. Simulators have also stated that some facilitators and clinician who hold more traditional beliefs in regard to the training of GPs' resent them and do not appreciate their skills. Similar opposition to the use of SPs may be voiced by some examiners and clinicians in previous studies. Complaints were made in the UK to the suggestion of the use of simulated patients to assess doctors, culminating in a headline news in the Sunday Times (18 August 1996) – "*Doctors to be tested by bogus patients*". Collins and Harden (1998) quoted a GP who stated that "*there are much better ways of assessing peoples' performance than using 'joke' patients. It is an insult to the whole profession*". However, scepticism to the use of SPs is usually quickly erased by personal exposure to the concept in action (Miller, 1990).

4.3 Impact of simulated 'patient' training

Audit findings indicated that even though a majority agreed simulated training improved their confidence and communication skills, a proportion disagreed and/ or were undecided. In addition, a third of all CSA and VTS trainees were uncertain whether simulated training improved their professional practice. Qualitative data was also in line with the above questionnaire responses with an additional similar proportion of respondents indicating that simulated training helped them prepare for the CSA exam. Our findings are in line with previous studies which highlighted teaching communication skills as the main use of simulated patients in medical education, where the use of simulation gives students the opportunity to be involved in approximations of real-world settings (Wallace et al, 2002).

4.4 Advantages and disadvantages of simulated training

The majority of respondents of both CSA and VTS training programmes, in this audit, identified similar sets of advantages of simulated patient' training (Table 4.4.1). These findings are in line with the experiences of medical students, as reported by William *et al* (2001), where safe practice and teaching communication skills were identified to be the importance of simulated (standardised) patient training. Others also stated that the major advantage of effectively devised simulation is that they can simultaneously have the most engaging qualities of reality while being explicitly controlled and safe (Jason *et al*, 1971).

Table 4.4.1: Summary of the advantages of simulated 'patient' training

CSA	VTS
1. Realistic learning experience (n=22)	1. To learn, develop and practice skills (n=9)
2. Prepare for CSA exam (n=23)	2. Feedback (n=5)
3. Safe environment; replay and rewind (n=21)	3. Safe environment (n=4); Real life experience (n=4); experiment different techniques and skills (n=4)
4. Important to get feedback (n=15)	
5. Develop skills (communication, etc) practice (n=12)	

The disadvantages of simulated training identified by both CSA and VTS trainees are also identical, though in different order (Table 4.4.2). It is interesting to see that similar proportion of respondents found simulated 'patient' training to be a 'real life experience' as well as 'unreal' or artificial' at the same time.

This finding needs to be examined more closely by the simulated patient project co-ordinators at KSS. In addition, disadvantages identified by both CSA and VTS training respondents highlighted that GPs do not get equal access to simulated training opportunities and repetitiveness of simulator or scenarios. Previous studies have indicated that performance might be related to training experiences.

Table 4.4.2: Disadvantages of simulated 'patient' training

CSA	VTS
1. Not a real situation; artificial (n=20)	1. Unreal and artificial environment (n=11)
2. Organisation and management (n=12)	2. Difficulty with or of simulators (n=6)
3. Cost is high or is expensive (n=7)	3. Organisation and management (n=4)
4. Simulators too 'pure' or repetitive (n=6)	4. Group training not good (n=2)
5. Training threatening in a group (n=4)	

Some simulators stated that playing a part for long time can impact on their own (mental) health. Jeremy *et al* (2002) highlighted that the often highly emotional nature of simulated patients' role can have a residual effect on the simulators. It has also been shown that such roles have difficulties emerging from the characters, exhaustion, euphoria and more seriously, sleep disturbances, heightened level of anxiety, anger and sadness (Hodges *et al*, 1997). Both these studies suggested that great care to be taken in the selection of simulated patient and that debriefing and monitoring of simulated patients are essential. In addition, a 5 – year longitudinal study indicated that simulated patients' perception of their own health was significantly worse at one-year post participation [in OSCE] (Rubin and Philip, 1998). It is, therefore, important that co-ordinators as well as trainers of SP programmes be aware of debriefing and monitoring simulated patients, continuously.

4.5 Improvements in simulated 'patient' training

Williams *et al* (2001) indicated that when using simulated patient in medical education, a need exists to increase the number of cases (scenarios) and balance cases in order to assess clinical competence effectively. In addition, students or trainees need to get broader experience, as performance is related to experience. Our findings, where respondents suggested having more training opportunities and scenarios as improvements, are in line with this study. Respondents of both CSA and VTS training sessions have again stated that the organisation and management of simulated training has to improve, as seen under disadvantages of simulated training. GPs not being provided equal training opportunities and some never being aware of simulated training are some examples. It is, therefore, suggested to redress these issues as part of the improvements in GP education at KSS.

SECTION FIVE: CONCLUSION

In this audit, 21% of all respondents were not aware of simulated 'patient' training. In addition, lack of awareness has been noted amongst trainers, particularly at PCTs/ Patch Associate Deans level. All in all, simulators were found to deliver professional and excellent work. The audit focus group with simulated patients, however, showed that the KSS Deanery needs to standardise the provision of feedback to trainees.

Audit findings also indicated that a majority agreed simulated training improved their confidence and communication skills, a proportion disagreed and/ or were undecided. Lack of awareness has been noted amongst trainers, particularly at PCTs/ Patch Associate Deans level, by simulators. The majority of respondents of both CSA and VTS training programmes identified similar sets of advantages and disadvantages of simulated patient' training. Safe environment to learn, develop and practice skills (communication) were identified to be the advantages of simulated patient training. Disadvantages identified by both CSA and VTS training respondents highlighted that GPs do not get equal access to simulated training opportunities and repetitiveness of simulator or scenarios. Respondents of both CSA and VTS training sessions suggested having more training opportunities and scenarios as improvements. The organisation and management of simulated training has also been suggested as an area that needs to improve.

SECTION SIX: RECOMMENDATIONS

1. When using simulated patients in medical education, a need exists to increase the number of cases (scenarios) and balance cases in order to assess clinical competence well. In addition, students or trainees need to get broader experience as performance is related to experience.
2. The KSS Deanery needs to assess why discrepancies exist among GPs as some are not being provided with training opportunities and some are not aware of simulated training.
3. All trainers (including PCT and PADs) should receive appropriate training and would benefit from observing an experienced trainer in action. This will increase their experience as well as their ability to select and prepare SPs.
4. SPs are a valuable resource and should be allowed to teach and give feedback to students. This maintains their interest in the programme. Standardising SP feedback and instituting uniform structure to simulated patient training across the Deanery and PCT is recommended.
5. It is important that co-ordinators as well as trainers of SP programmes be aware of debriefing and monitoring simulated patients continuously to ascertain their well being.

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ANNEX 1: QUALITATIVE RESPONSES FROM QUESTIONNAIRE SURVEY

A. Clinical Skills Training

Box 1.2.1: Type of training experienced using 'simulated patients'. (n=11)
<p>'CSA revision day'</p> <p>Out of hours training day. CSA 'practice day'</p> <p>'Mock CSA day – RCGP'</p> <p>'RCGP CSA preparation course and Deanery half-day CSA prep course'</p> <p>'GP Recruitment at Gatwick'</p> <p>'Selection centre'</p> <p>'Handling difficult patients - Residential'</p> <p>'Local trainers workshop away day'</p> <p>'Our own VTS Residential last Summer'</p> <p>'We used simulated patients in our local GP-VTS also'</p> <p>'Training sessions conducted by the Deanery involving actors at Holiday Inn Gatwick in December/November 2008'</p>

Box 1.3.1: Additional comments about the simulated 'patient' training (n=47)
<p>General comments about training experiences using simulated 'patients' (n=11)</p> <p><i>Apart from deanery offering CSA training day it is also useful to set up study groups and practice with friends/colleagues</i></p> <p><i>Training using patient simulators very useful for trainees and trainers</i></p> <p><i>Working with actors is a safe environment in which to practice communication skills and address difficult issues. It allows trainees the opportunity to rerun scenarios which they find challenging and can establish good techniques for future practice.</i></p> <p>Additional comments about simulators and trainers (n=11)</p> <p><i>Actors used were well rehearsed in their cases and portrayed a believable patient</i></p> <p><i>I always feel confident in groups of trainers and find simulators are a fantastic resource for development.</i></p> <p><i>The actors KSS use are absolutely brilliant</i></p> <p><i>The actors used by the Deanery are of very good standard</i></p> <p>More training exposures (n=6)</p> <p><i>Extremely useful tool would love to have the opportunity to see and do more practice consultations in this manner</i></p> <p><i>The more simulated patient training we can get better. Not enough opportunities to role play with simulators and receive constructive feedback.</i></p> <p>Helps to prepare for CSA exam (n=5)</p> <p><i>Gave a good flavour of the CSA exam</i></p> <p><i>I attended the CSA courses by the RCGP and courses conducted by other GP Trainers to help me develop the right consultation skills to help me pass the CSA. I had to take the exam 3 times before I could actually pass it. I felt 1 year to do both my AKT & CSA was difficult.</i></p> <p><i>'More realistic feedback'</i></p>

Negative comments (2)

The problem was case selection was too complex for CSA according to examiners

Other (n=2)

'The use of stimulated patient should start at the beginning of GP training as we learn about general Practice and not 3 months before the end of the training.'

Box 1.3.2: No proper experience before training (n=7)

'I took the CSA first time in April 2008. I felt that I did not have proper training for the CSA and hence failed the exam.'

'I have taken the CSA twice, once in April 2008 and then again in Oct 2008, during my first attempt, I was not properly trained at all.'

'I was not aware that there was training for using the simulators'

'No formal training in the use of simulators but experimental learning over several years'

'No preparation, was part of a GP trainer day update using simulated patients to demonstrate CSA cases, very useful'

Box 1.4.1: Additional comments provided about the 'patient' simulators (n=38)**Very good and excellent work from simulators (n=13)**

I can only stress how impressed I am with their quality.

Very skilled and professional

Excellent work for most of them

They are all brilliant. A huge asset to the scheme.

Simulators provide effective, powerful, realistic learning experience. (n=8)

They make an excellent contribution to very powerful experiential learning

The consultations provided by the simulators were quite realistic.

Most actors used in the CSA and by the deanery were convincing.

Useful and helpful Feedback (n=6)

Very good and the trainees really enjoy having feedback from a patient.

The feedback was particularly helpful - to get the views of the 'patient' made a big difference to the learning.

The simulator was friendly and approachable out of role and able to give appropriate feedback in a constructive manner

Poor simulation/ acting and feedback (n=7)

No feedback ever received

The feedback was very poor. Feel that we should have constructive feedback pertaining to each case. The fees are expensive and we all felt cheated that we did not have proper feedback.

The actor didn't follow the script- rather he followed the script of a case he was very used to playing the insights offered by the simulated 'patients' to the trainees in how to elicit information was useful

Miscellaneous (n=4)

Were really good, but at times they are not very helpful in guiding the consultation in the proper direction. I believe it's very subjective.

Feedback did play no part in the 2 day CSA prep course - probably because it does not count towards CSA pass/fail scores yet.

Box 1.5.1: Please give any additional comments about the impact of the experience on you. (n=47)**Improved consultation, communication skills and more experience (n=12)**

A protected way to practice consultation skills

Improved my communication skills, help me see areas which needed improvement

It also gave me experience on issues which I have yet to come across in general practise

Great opportunity to pick up strategies for effective communication, and sometimes to see how and why not to do it another way

Help preparation for the CSA exam (n=11)

Realistic, and has given me an understanding of the type of case that will come up at the CSA and how it will be marked

Using simulated patients on prep CSA courses is of course beneficial as the same method is applied in the CSA assessment.

Was actually pretty scary having to act out the role in front of a group of colleagues? Gave some insight into how it must feel for a trainee doing a CSA when their whole future depends on it!!

Feedback (n=2)

Getting feedback from a "real person" as opposed to a PD colleague in role play was excellent

I found recent feedback from the royal college simulated course informative and impersonal with a computer grid not correlating to the order of scenarios.

Really helpful and positive training experiences (n=7)

Really helpful to have such realistic scenarios which could be practiced more than once

Found very useful, I still recall the cases used etc and how the consultation went.

It is very helpful to be watched by peers in a doctor - patient interaction where one can do no harm

Only facilitated a training or involved as an observer (n=5)

I was a facilitator rather than participant

I was a group and observed rather than participated in a consultation with a simulated patient so feel unable to comment further on the impact etc.

There were not enough simulators so I session no "patient" for our group

Negative remarks (n=6)

I was confused as the simulate patient feedback was not really particularly helpful/relevant

Very intimidating, demoralizing and stressful experience. Felt sorry for everyone having to sit it. But I did learn from it

On occasions I felt simulated patients' acting were not as real patients e.g. "over acting".

Miscellaneous (n=4)

Lifelike and useful most of the time. Occasionally overacted in an offensive manner, and not representative of the normal patient range of behaviours. More a criticism of years past than recent experience.

It was a surgery session which I might only encounter very rarely & testing our ability as a GP registrar is very harsh as I believe even some GP's in real practice will struggle.

Box 1.6.1: Advantages of simulated 'patient' training (n=100; 76% of total respondents)**Realistic experience to learn to deal with 'real' and challenging patient (n=22)**

Can pick appropriate scenarios to be used. Can try out different ways of dealing with a particular patient / tutorial Useful to get feedback from the 'patient perspective' Can 'tailor' a particular scenario to particularly look at an aspect of weakness.

Attempting to be more realistic of GP surgery.

No other experience so real and challenging for registrars

Sometimes more extreme than real life, can be a advantage as learn to deal with situations

The advantages that it gives you a real taste of general practice.

The simulated patient training is a first-class method of involving the learner and helping them to define areas where improvements can be made.

Helps to prepare for CSA exam (n=23)

Give good insight about actual CSA, Highlighted time keeping issues.

Better knowledge of how to prepare an ST3 for CSA

Enabled group of GP trainers to gain understanding in CSA and be better placed to assist our registrars

I think this as close to exam as we can make it and the exam is similar to day to day practice.

Needed to help prepare for CSA. Useful for working on difficult scenarios not readily found day to day e.g. bad news.

Safe Environment, reproducible, can replay scenarios (n=21)

Can replay certain situations if didn't do well in first place. This then really sticks in your mind and affects clinical practice.

Opportunity to practice different ways of dealing with challenging situations in a protected environment.

Practicing difficult consultations in safe environment. Able to share with colleagues' experience of getting stuck.

Safe environment to try to refine more subtle skills

Simulated patient training allows exploration of the trainee's skills and attitudes to be explored without putting patients at risk. The assessments seem very reproducible

Realistic way to practice difficult/ challenging scenarios safely with scope for formative feedback

Develops communication skills, confidence in consulting and practice skills (n=12)

Good test of communication skills but little room for your own consultation style. I felt marking of management plan was to examiner dependent (I sat exam 3 times). Many of the cases had several management options but examiners seemed to want what they would do

Good chance to practice new techniques and gain confidence.

Got more experience, helped to improve professional skills.

Good to develop communication skills in general practice.

Importance of getting feedback (n=15)

Advantages are the person gives their feedback if they have a hidden agenda and you miss it, you can take that experience into "real life"

Able to give constructive feedback and highlight areas for improvement

Appropriate consultations with feedback- very powerful, cannot be as effective with doctors acting! or patients who more care needs to be taken over and always a gamble using (only use for real consultations).

Realistic, with feedback from the patient immediately following the consultation very helpful

Simulated patients (n=5)

I think the SIMS are very good and have been well trained

I was so nervous about CSA - all the rumours of how difficult it was supposed to be, simulated patient showed real cases and reassured me that it really is just everyday cases.

Box 1.6.2: Disadvantages of simulated 'patient' training (n=58; 44% of total respondents)**Not like the 'real' situation and not like 'real' patients (n=14)**

Only disadvantage is in the real world, patients are usually slightly more complicated than simulated patients. However, the actors are very realistic and it is.

Lacks the adrenaline of reality other than that no disadvantages

Often aren't that real life like - patients ask other questions or don't ask as many (CSA asked many specialist questions which member or public wouldn't)

The disadvantage is that in real life you only have one opportunity to make or break the doctor - patient relationship. The small groups mean that everyone can have a go and no one should feel too.

Artificial environment (n=6)

Artificial environment; poor feedback (CSA); difference between advice and training/RCGP information and actual requirements in examination.

No matter how good the "actor" is, a consultation with a simulated patient remains a very artificial situation. It can be rather nerve racking to be observed by a large group of people.

In some ways it still feels slightly artificial as there are limits to the depth of history obtainable and sometimes you feel the actors are definitely acting a particular role, albeit very well.

Organisation and management (n=12)

Not every candidate gets enough practice

Many are rarely seen by many GP registrar's during their training year.

Lack of variety of scenarios, useful to use SIM s not known to examinees

Only disadvantage is the time needed to use the simulators fully often resulting in some participants not 'having a go themselves.

Sometimes simulators 'too pure' or cases repeated (n=6)

Sometimes simulators may not behave as the normal patient will.

Generally none but the actors can sometimes be too good and too "pure" unlike real life

No real disadvantages really except if one goes off on a tangent in a consultation could perhaps throw off the actor/actress

Expensive or cost too high (n=7)

As a programme director, I find it quite an expense!

As an exam a rather expensive and maybe not very reliable tool

It is expensive when the CSA is already ridiculously expensive

Miscellaneous (n=4)

Not sure how much it helps with clinical workload.

Offers opportunity for dry-runs and to see how others would approach a particular problem

Unless feedback is misleading there is no disadvantages

Box 1.6.3: How can simulated 'patient' training in GP education be improved? (n=122)**Different Improvements suggested (n=24)**• **Suggested improvements pertaining to simulators (n=10)***Score simulators**Having two actors together to mimic e.g. a couple, or elderly mother/father and daughter/son, etc**Simulated patients from ethnic minorities should be included.**Calibration of actors and roles played**Use a broad age range*• **Improvements of scenarios (n=6)***By trying out different scenarios for the same case and teaching trainees how to get patients who deviate back on track.**Common cases should be used in training as well as challenging cases**Increase the bank of scenarios that can be acted.*• **Suggested improvements about simulated 'patient' training (n=8)***If being used for examination preparation, the level of challenge presented to the 'candidate' needs to be the same for all**Trainers need to be actively involved and updated on CSA skills.**Use of simulated patients throughout the 3 years of GP training**It can be used to demonstrate good and bad consulting- e.g. the same scenario can be acted out in different ways to illustrate the pitfalls of a consultation.***More training opportunities, scenarios and/ or patients (n=54)***Be more readily available and flexible so that trainees can try different consultation styles with the same person to see if they can get a better outcome rather than it being a one off event**Have more patients, so have more opportunity to practice with them and also have smaller groups watching you.**Ensure that GP trainers' experience this every 2-3yrs at KSS deanery days**Make more available and allow the greater use of CSA Examiners**More scenarios. It's really good though. Also I like the way we just talk about how it went on a general level using the three domains that the CSA uses to mark. It would be a shame if it started to be more formalised into anything like ALOBA - which would make it much less fun and less relaxed**Need Regular workshops by the KSS Deanery to help GP registrar's pass the CSA and develop the necessary skills earlier on in their training.**Need more workshops to be conducted by the Deanery, using role players and GP trainers who are trained for the CSA, right from the beginning of the GP registrar year to help in passing the exams before the end of the registrar year.**Used more widely if time/finances permit. Perhaps ST1/2s could attend a session on consultation/communication skills during 'hospital jobs'?***Better organisation and more information (n=8)***Clearer information on requirements and format, approach and expectations.**Better organisation with determining the cases the simulators are expecting to act when they arrive**Improved awareness - perhaps feedback at PD conferences as to how other areas have used them?*

Improve cost of training and feedback by simulators (n=5)

Perhaps have simulators in training, at lesser expense available to VTS

Reducing the cost, thereby increasing the accessibility

Perhaps a robust feedback from the actors-knowing how they feel makes quite an impact

Miscellaneous (n=9)

Very intense and frantic 3 hour session. No time to think about the cases many of which are quite complex. If you make one mistake, you go off on a tangent and can never recover in time. Not fair in that respect. Would never do them in 10 minutes in real life. May be better if they had more cases but made them less complex.

I am not sure they are that helpful for trainers as patients. I can see them useful in training more junior doctors/GPRs. If they could role play as a trainee that will be useful.

Some of the ST3s who took the CSA and had experienced the simulators in practice felt that the simulators' assessment of their performance was less critical than it turned out in the exam

When role playing as a doctor to show how an assessment process is used there is little point the doctor producing the perfect consultation. The performance is more valuable if there are borderline issues

Box 1.6.4: Please provide any additional comments about training using simulators in general.**General comments about training using simulators (n=6)**

I think it is very beneficial; it gives you an idea of what patients are really thinking about you/ the consultation as they walk out the door.

Those using the simulators need to be familiar with 'how' to use the simulators

Very useful. Ideally could be rolled out to established Drs with critiques in early and mid career

Positive comments about the KSS Deanery Simulated Patient Project (n=12)

Excellent-also offers an opportunity for qualified doctors to experience the students experience

Generally a very positive experience and helped in knowing how to prepare or registrars for the CSA exam ; Our workshop had no fails this cohort and I hope this was in part due to CSA training using simulators

KSS Deanery workshops conducted by Dr(named doctor), Dr. (named doctor) & other GP trainers in the KSS deanery were excellent and helped me a lot to pass my exams and develop the right consultation skills.

We had an excellent co-ordinator who gave us useful good feedback ...I've heard that the attitude of co-ordinators varied & it did make a huge difference with regards to what we gained from the day!

Additional comments about the quality of simulators (n=9)

The simulators are very well trained and their feedback is useful

The simulators used were very good and provided constructive comments. The only thing I would add is that it would have been useful to use them more than once in our VTS training groups however I appreciate that there is a cost involved in hiring them.

Patient simulators are an asset and their use should continue.

Miscellaneous (n=3)

Overseas graduates need more practice and training in communication skills which can be definitely improved by using simulators.

I think overseas trained doctors would benefit from this training more than home trained. Exam and real consultation have significant difference and more hours of simulated patients would be of benefit for better outcome of exam passes rate.

B. Vocational Training Skills (VTS) Training

Box 2.2.1: What other types of training using simulated 'patients' have attended

'GP trainers workshops'

'Learning set training for appraisers'

'This was within our local appraisers group some time ago'

'TRAINER for CSA'

'Training day for simulators'

'Used simulators in appraiser training, and also in communication skill training of registrars in GP training.'

'VTS Course Organiser'

'I ran courses in both mentoring and appraisal using simulated appraisees and mentors'

Box 2.3.1: Give any additional comment about the training (n=15)

Effective way of training, opportunity to try out different challenges and interaction, etc (n=5)

Effective way of training does require good observer/facilitator input

It was helpful and gave opportunity to try out different styles of challenges and interaction.

Simulated training was the highlight of the day with peer presence and constructive criticism.

Simulated cases differ from real cases (n=3)

The simulated cases have not been like the real cases I have seen

The types of cases presented haven't been at all like the situations I have found in mentoring.

Miscellaneous (n=7)

As a Course Organiser I was trying to provide 'Patients' for simulated surgeries. They were frequently wives or members of staff. I can remember one 'actual patient' who agreed to participate in the e

Because of the nature of mentoring the number of cases dealt with is low, therefore, there is a need to broaden experience by this sort of training. Immediate feedback from the actor and the group is a powerful training tool

Box 2.4.1: Please give any additional comments you may have about the simulators (n=9)**Well rehearsed and their feedback added value(n=5)**

All the ones I have experienced have been excellent...well rehearsed and conversant in their roles, I hope they are told how much they are valued.

I think the simulators were excellent and in their feedback did want to be positive to us

The feedback was exceptional and added value to the training.

Shortcomings of simulators (n=3)

Given a role it is difficult for the actors to go beyond this when challenged by the learners - e.g. the actor did not appear to understand the diversity issues which she was acting out.

The 'Patients' are now professional actors and I am not sure if it is completely realistic. I think that it is an extremely sensitive process and we may have become slightly blasé about it and are not

Some were scarcely in character!!

Miscellaneous (n=1)

Ran out of time for more feedback from the "patients"

Box 2.5.1: Additional comment about impact on experience on you (n=14)**Variations in training (n=1)**

Depends on the expertise of the facilitator

Useful, good to enhance listening skills. (n=3)

It's a good way to keep us all alert in the post- lunch session and is fine but not the same as cases I have met

Listening skills can be enhanced by training; the narrative of the mentee or appraisee is in itself therapeutic to the narrator; that my experiences can sometimes be a reinforcing tool.

Varied comments about simulators (n=3)

We had the same actors on 3 occasions now - and although they are very good it would be helpful to have someone different

My roles with the simulators have been more in the group facilitation than actually improving my own appraising skills.

Repetitive, unreal and lacking clarity (n=4)

Lack of clarity about format (i.e. one at a time? how long for? etc)

Some simulated patients repeat the same theme again & again

STILL FEELS A LITTLE UNREAL COMPARED TO SEEING A MENTEE

Others (n=3)

Used these in the VTS as well as mentoring and appraisal.

I was also involved in the early days of using the Camcorder in the surgery with actual patients. Reviewing the tapes with the local Trainer / Trainee group and during the Day Release Course on our residential sessions was poignant.

Box 2.6.1: Advantages of simulated 'patient' training (n=33)**Helpful to get feedback (n=5)**

Variety of scenarios, observation of own skills by peers, feedback from 'patient', reflection on own performance.

Advantages are the observable reactions of the 'trainee' which can be fed back by observers and simulators and the opportunity to explore new strategies. Group discussion enhances this.

Cases can be selected to illustrate a particular issue. The feedback from simulated patients gives us a patient perspective that we do not usually receive explicitly

A real life experience (n=4)

A real experience, one can try different approaches, feedback from other mentors helps learning, the shared experience improves bonding between mentors and trust therefore improves.

Closest to real life. Able to rerun or try alternative approaches. Able to give feedback and analyse on the spot.

It is fairly real. The flexibility of switching subjects working with the simulator; fast forwarding or rewinding etc

To experiment different skills and approaches (n=4)

Advantages are they can step out of role and give feedback - if things go wrong in the session no one gets 'damaged'. One can experiment with new skills in mentoring and get feedback on how it felt for the mentee.

Chance to observe and experiment as a group

Experiential type of learning is very suitable for most of appraisers.

Safe environment, can stop – start again or replay scenarios (n=4)

Ability to stop and start and give everyone a chance to have a go.

Safe place to practice, though doing so in front of others can be very inhibiting. Need to create a safe environment where it is ok to do badly and to practice and learn by repeating the exercise

They are too "kind" advantage is can risk new techniques without "harming" a patient

Helps to develop, learn and practice skills (n=9)

... But on the whole fantastic for developing communication skills and feedback great

It gave opportunities for groups to observe differing ways of handling the same scenario.

Very helpful to practice skills with simulated patients and getting feedback from simulated patients and other mentors very useful

They can help in understanding techniques of management

Miscellaneous (n=5)

Time to rehearse different approaches to a difficult appraisee simulators not aware of some of the technical issue as non doctors

Allows discussion in group and can use to set up difficult possible scenarios to practice skills

Box 2.6.2: Disadvantages of simulated 'patient' training**Unreal and artificial environment (n=11)**

A false environment where you are on show to others

Artificial situation - especially being watched by colleagues, can be in

Not totally real, and therefore may not match the initiative levels many of us work at

I Still is a rather artificial scenario, and NOT like real general practice, where patient is known, GP is known to patient (Trust, confidence, etc)

It is not so realistic doing it in a group setting though it is interesting to see other peoples' styles also.

STILL FEELS A LITTLE UNREAL COMPARED TO SEEING A MENTEE

Organisation and management (n=4)

Time and expense training the simulators; needs to keep producing new scenarios.

The only real disadvantage is the time needed to explore the situation fully, which is not always available. Ill j

The disadvantage is the time limit per simulated episode.

Difficulty with or of Simulators (n=6)

Sometimes limited by lack of knowledge of situation being portrayed. (Mentor training meant simulator was trying to be a GP in a difficult partnership)

Naturally there are difficulties when the simulator is not totally "au fait " with the condition or situation, but is almost as good as the real thing!

Simulated 'Patients' never match the problems of real patients and the situation feels very contrived.

I feel in mentoring that the understandable knowledge and experience of the actors is far out balanced by the diverse experience of GP mentors and this creates a mismatch as they do not behave as GPs would!

Not good to train in front of a large group (n=2)

Difficult if you do not like "performing" in front of your peers in group work

Not so good when carried out in a large group setting. Better if only 2-3 people involved.

Miscellaneous (n=3)

"Reality" check

Disadvantage is perhaps sometimes more constructive criticism from simulator.

Box 2.7.1: How can simulated 'patient' training be improved (n=45)**General improvements of simulated 'patient' training (n=7)**

As above - smaller group work. Aiming to simulate situation which require recently taught acquired skills to be used e.g. Motivational Interviewing at the mentor Conference

Because I meet them in 3 different situations mentoring/appraising/F2 training I have met some of them on several occasions, although they act their scenarios very well I get confused hearing different things from the same people. This can only be changed if there are more simulators available

By keeping the simulated patients rotate with different problems

Create a safe place to be, with people the candidate trusts. Time to try different communication skills

Involve some real Doctors in training

Organisation and management of the training (n=7)

Clearer structure on how to share the session

More awareness of day to day issues in GP. Use them more often!

Dependent on scenarios used. Actors seem very good and playing their role. Small groups work best so everyone has a chance to practice and give feedback.

Time has to be devoted to this exercise exclusively and not merely tacked onto the programme as an add on.

Improving the 'Cases' and simulators (n=8)

Ensure that the cases are modelled on actual cases

Look at the kind of cases that we see in real and try to make them representative

Largely depends on the skill of the actor and the scenarios that they are presented with. Also needs good facilitation to draw maximum out of the training session.

More background in medical issues though appreciate this is tricky

Quality of patients is important and they need to understand the areas of issue that are being dealt with

Positive comments (n=2)

GOOD FROM REGISTRARS WHEN DEALING WITH SPECIFIC SITUATIONS SUCH AS ANGRY PATIENTS, OR BREAKING BAD NEWS

More access to similar training (n=10)

More of them. Scenarios created by the group to have real live scenarios which reflect the experience of the group

More scenarios. I have now experienced the same scenarios twice in simulated appraisals

Occur more often, have more trained up facilitators

Use more often For larger groups of appraisers, use several simulators Could be worth using some appraisers or those working in appraisal as simulators, could then use previous real experiences as examples.

Negative (n=2)

Time to move onto "real" patients

Miscellaneous (n=4)

Take away evidence of the experience- video recording or notes from a facilitator. Immediate notes by doctor and subject.

The use of SMT after learning a new approach is particularly useful, as happened on the mentor training day.

Box 2.7.2: Provide any additional comments about training using simulated 'patients in general (n=12)

Comments about Simulators (n=4)

Could not now imagine working without them!

Simulation is the best form of mentor training in my opinion. May we have more please!

The simulators are excellent

Comments about the simulated 'patient' training (n=5)

Have always found it a useful tool and gives scope for discussion and exploration of issues

Having trained on real patients in my undergraduate days I think it is a valuable way to train. It is certainly useful in practising new mentoring skills and getting feedback.

In the various roles I have held, GP, Mentor, trainer and appraiser, I have always felt that role play, simulated training and emphasis on listening and narrative have been the most formative educational experiences I have had. However it is very difficult to assess its effectiveness. I believe the

It has a really good place in training and the actors provide a rich enhancement of training

It's fun and most useful if done in groups of up to 8 people max

Miscellaneous (n=3)

I think I have done this once - but doing it again just in case.

I think that I have 'said it all'!

No experience at GP registrar level. There is a limit to what actors can simulate - fine as patients, but they are not health professionals and cannot be expected to act this role in a useful way.

ANNEX 2: SIMULATED PATIENT PROJECT AUDIT QUESTIONNAIRE

The Kent, Surrey and Sussex (KSS) Deanery is committed to ensuring it provides effective support to trainee GPs during their training and education. With this in mind, the KSS Deanery has asked London South Bank University to audit the use of simulated 'patients' used in training programmes for GPs. This short questionnaire has been designed to gather experiences and views of your recent training using simulated patients in relation to acquisition of communication, appraisal and mentoring skills, awareness, empowerment and confidence.

Completing the survey will take no longer than 10 minutes. All the information provided will be treated in strictest confidence. Please

I. About you (please tick all that apply)

	Clinical Skills Assessment (CSA)	Vocational Training Scheme[GPR]	Training day [GP trainers/ appraisers]
1. Which type of training using simulated patients did you attend			

II. Simulated patient training

(Please tick (✓) the appropriate box below each question. Key: SA = Strongly agree; A = Agree; N = Neither; D = Disagree; SD = Strongly disagree)

	SA	A	N	D	SD
1 I was aware of simulated patient training prior to attending the KSS Postgraduate Deanery programme					
2 My preparation for simulated patient training was satisfactory					
3 I was satisfied with the quality of training provided using simulated patient scenarios.					

Please give any additional comments/reason for your ratings on section II

III. Simulated patients role play and feedback

	SA	A	N	D	SD
4 The simulated patient participating in the training played their role effectively					
5 Feedback provided by the simulated patient was constructive					

Please give any additional comments/reasons for your rating on section III

IV. Impact of simulated patient training

	SA	A	N	D	SD
6 Simulated patient training has enhanced my confidence					
7 Simulated patient training has improved my communication skills					
8 Simulated patient training has improved my professional practice					
9 The vocational training using simulated patients has improved my role as a mentor and/ or appraiser					
10 Simulated patient training was an empowering experience					

Please give any additional comments/reasons for your rating on section III

11. From your experience, what are the advantages/disadvantages of simulated patient training

12. How can simulated patient training in GP education be improved?

IV. Participant descriptors/ demographic information

Please ✓ as appropriate for each question.

13. Are you: Male Female
14. Which of the following age groups are you in? 25-34 35-44 45-55 55+

15. How would you describe your ethnic background (*please circle as appropriate*)

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other	
Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other mixed
Black	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other Black	
Asian/ Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese or other Asian Group (<i>please specify</i>)				
<input type="checkbox"/> Other ethnic group (<i>please specify</i>)				

16. Please provide any additional comments about simulated training, in general.

Thank you for completing the questionnaire!

ANNEX 3: SIMULATED PATIENT PROJECT AUDIT FOCUS GROUP SCHEDULE

Kent, Surrey and Sussex Post Graduate Deanery Simulated Patient Training Project Audit Focus Group Discussion Schedule

1. What are your experiences of the training you received to facilitate simulated patient training for GPs? [*Probe: Clear purpose and guidelines, presentations ...*]
2. How effective do you think you were used in the training programme?
3. What kind of support did you received from the Deanery during the training?
4. Were there any challenges you faced while conducting the simulated training scenarios?
5. What were your experiences in providing feedback to trainees? [*Probe: Did you feel confident enough to provide feedback? How did trainees respond to your feedback? ...*]
6. What were your experiences of your working with various groups at Primary Care Trusts/ Patch Associate Deans?
7. What benefits did you get from being involved in the training?
8. Has being involved in simulated patient scenarios affected the practice of GP trainees in any way?
9. How has participation impacted on your developing experience, knowledge and skills?