

The Role of Simulation in the Education of GP Residents

Dr Rohit Kotnis and Dr Kate Staveley
Associate Deans, TV GP School

October 2026 Faculty Day



Outline:

- What is Simulation
- Sharing ideas of how it is being used.
- Where SIM sits in training
- Debrief vs Feedback
- Tabletop Simulation - exercises

What is Simulation - definition ?

Audience

What is simulation?

“a technique - not a technology - to replace or amplify real experiences with guided experiences, that evoke or replicate substantial aspects of the real world in a fully interactive manner” (Gaba, 2004)



An educational technique that allows interactive, and at times immersive, activity by recreating all or part of clinical experience, without exposing patients to the associated risks”

(Maran and Glavin, 2003)

Simulation Based Education

"A learning method where students explore the realities of clinical practice through constructed, safe, immersive scenarios or situations, designed with a clear purpose, followed by a guided learning conversation (debrief) to reflect on and make sense of the experience."

01

Prebrief

02

Simulation

03

Debrief

04

Evaluation



Simulation Standards

THE ASPIH STANDARDS 2023

CORE VALUES

1. All individuals involved in the design, delivery, evaluation and translation of simulated practice should adhere to the ASPIH core values:
 - i. Safety
 - ii. Equity, diversity and inclusion
 - iii. Sustainability
 - iv. Excellence.

FACULTY

2. All individuals involved in the design, delivery, evaluation and translation of simulated practice should be trained and committed to continuous professional development.
3. Simulation technicians should have received training for the simulation activity they support.
4. Simulation educators and trainers must possess competence in simulation as well as appropriate content knowledge.
5. Simulated participants (SP) should be trained for the roles they are required to undertake.

RESOURCE MANAGEMENT

16. There should be a clear vision, mission and strategy to sustain and grow simulation practice in alignment with wider organisational and stakeholders' needs.
17. Designated leads with organisational influence, appropriate expertise and accountability should oversee the design and delivery of simulation activities and use of resources.
18. Robust policies should be in place to ensure prioritisation, financial support, quality assurance and safety.

ACTIVITY

Preparation and planning

6. The intended learning outcomes must be relevant and aligned with learning needs.
7. The simulation modality, fidelity and activity design should be determined by the intended learning outcomes.
8. Evaluation and research should be considered during the planning stage.

Facilitation

9. The individual or team facilitating the activity should have training and experience in facilitation, including establishing psychological safety and debriefing.
10. The activity must be initiated by a briefing or pre-briefing which helps create a safe environment where learning can take place.
11. The purpose of the activity should be to ensure achievement of the intended learning outcomes.
12. The simulated experience must include a facilitated reflection or debriefing in which the participants should explore and develop strategies to improve individual, team and system performance.
13. The use of simulation for summative assessments should prioritise validity, reliability and psychological safety.

Evaluation and research

14. The activity should be evaluated by participants and faculty to inform future activities and, where applicable, system improvement.
15. Simulation-related research should be of high quality, and carried out ethically.

For full guidance, please refer to the relevant section in the entire document

Strategy

Why Simulation is useful to our Residents

Bridges the gap between theoretical knowledge and real-world practice.
Think we know how to do it but can we demonstrate it

Environment we work in:

- Challenging system with different expectations
- Medicolegal challenges

Training constraints

- Diversity of residents
- LTFT
- Variability of scheme experience

Limited Opportunities for learning

- Placements / hours of work

Simulation Faculty TVW

- Joint Simulation Faculty for GP and Primary Care Schools
- Members – HoS, ADs, TPDs & Fellows
- Plotting the current activity, access to Sim Suites and practice
- Sharing resources- creating a bank of scenarios and models
- Upskill educators- BSF- scenario development and debrief skills
- Start working with KSS- share ideas
- Develop primary-care-focused simulation and identify priorities

Current Facilities and Use - VTS

Bucks

actors / sim suite / models – prostates / cervical and funcoscopy

Milton Keynes

sim faculty / IT support / models and actors – VR and AR equipment

N Oxon

small group actors / SIM room with mannikin

Oxford

models – gynae / injection models / actors for SCA / link with Oxford Brookes sim suite

Reading

actors – exam skills dermoscopy / sim suite / univ of reading link

Windsor

primary care emergencies / sim suite / sim fellow

Simulation in Practice

How are you using Simulation in your practice ?

Examples - Audience

Simulation in Primary Care – What could you do?

Induction

Simulated patients- emergencies
Video tour / meeting the team

Primary care emergencies

Collapsed patient in reception
Acutely unwell child

Consultation skills

Role-play consultations
Communication and difficult conversations
SCA-style simulated consultations

Team & practice learning

BLS/ anaphylaxis scenarios
Explore roles, communication and teamwork
Identify gaps in systems and processes

Clinical skills

Examination- pelvis/ rectal examination
Joint injections- Shoulder and knee
Wound management- equipment location, suturing

High Fidelity SIM (HFS)

- Advanced educational and training methodology
 - lifelike tools—such as computerized patient manikins
 - virtual reality, or standardized actor
 - closely replicate real-world clinical environments and emergency scenarios
- Virtual reality
 - immersive, computer-generated training technology that replicates clinical environments and patient scenarios
- AI software- Bodyswaps, Simflow AI CliniTalk, Improval, Revolve360
- Simbulance

Things to consider before implementing SIM

- Perform a Needs assessment
- Choose scenario
- Level and difficulty
- Clear learning objective
- Who is involved
- Plan and write
 - Pre-brief
 - Run scenario
- Debrief

Tabletop Simulation

- Training tool to develop
 - clinical reasoning, leadership and crisis management skills.
 - Clinical triage, workflow management
 - Emergency response
- Focus decision making, triage and systems.
- Dilemma / 'Twist'
- Cases / scenarios
 - Waiting room emergency
 - Safeguarding – ethics and working in MDT
 - Systemic breakdown
 - Home visit
 - Care Home – end of life care / proactive care planning

Psychological Safety

Psychological Safety: Simulation

- Creating psychological safety is important to enable the learner to take risks and to know that they will be viewed positively even if they make mistakes (Rudolph, Raemer and Simon, 2014)
- If learners are pushing their own boundaries because they feel safe to take a risk, this can move them into what Vygotsky (1978) would call their zone of proximal development.

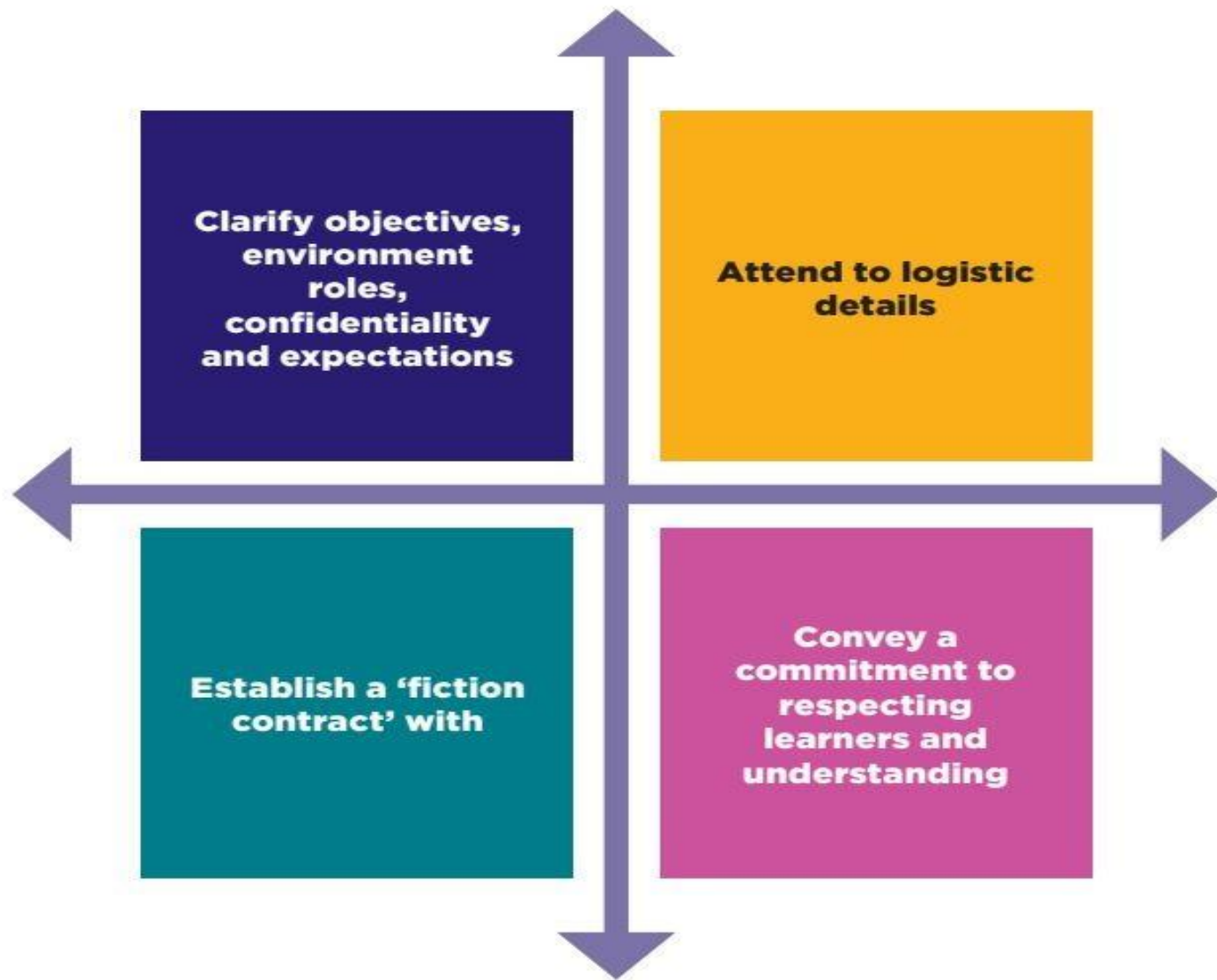


Figure 11. Creating psychological safety

Effective Debriefing

Debriefing versus Feedback

Feedback: information about performance provided to simulation participants with the intent to modify thinking and/or behavior to facilitate learning and improve future performance. Thus, feedback is viewed as the one-way conveyance of information to the learner.



Debriefing versus Feedback

Debriefing: an interactive, bidirectional, and reflective discussion or conversation. Debriefing also involves some level of facilitation or guidance (either by a facilitator or the learners) to assist the reflective process.

(Sawyer et al., 2016)



The Art of Debriefing

- Plan in the Preparation Phase
- Time allowance
 - Ratio of scenario to debrief 1:3 (traditional)
 - Origami pause method ?
- Guided reflection
- Encourages learner-led discussions resulting in deeper learning
- Balance of discussion (who talks most?)
 - Participants vs facilitator
 - Participants vs observers
- Structured methods- Origami, DDA, PEARLS, Advocacy enquiry
- Maintain learner sweet spot & psychological safety throughout

Origami Debriefing Method

BMJ Simul Technol Enhanc Learn. 2018; 4(3): 150–151.

Published online 2018 Jul 9. doi: [10.1136/bmjstel-2017-000230](https://doi.org/10.1136/bmjstel-2017-000230)

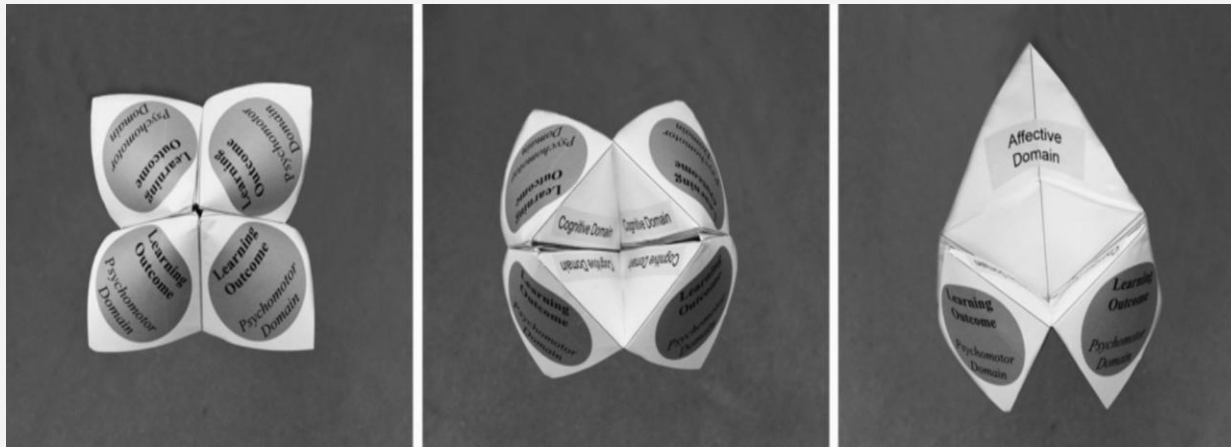
PMCID: PMC8936804

PMID: [35520469](https://pubmed.ncbi.nlm.nih.gov/35520469/)

Origami debriefing model: unfolding the learning moments in simulation

Clare Butler,¹ [Rozz McDonald](#),² and [Clair Merriman](#)³

Journal



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8936804/#:~:text=The%20origami%20debriefin g%20model%20illustrates,deeper%2Dlevel%20complexities%20and%20explanations>

Debriefing Diamond (DAA)

UK Based method - SaIL Centre in London
(Peter Jaye, Libby Thomas, Gabriel Ready)

- Based on a technique of
 - Description /Analysis/Application (DAA approach)
- Uses specific prompts & key phrases
 - May seem didactic / inflexible (but this is intentional)

<https://doi.org/10.1111/tct.12300>



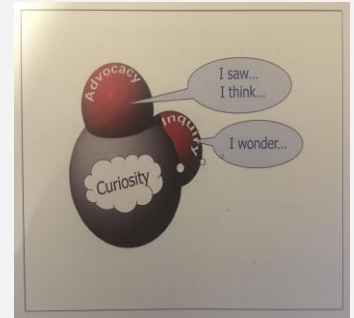
The PEARLS Healthcare Debriefing Tool

	Objective	Task	Sample Phrases
1 Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2 Reactions	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3 Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4 Analysis	Explore variety of performance domains	See backside of card for more details	Preview Statement (Use to introduce new topic) "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary (Use to summarize discussion of one topic) "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?			
5 Application/Summary	Identify take-aways	Learner centered ----- Instructor centered	"What are some take-aways from this discussion for our clinical practice?" ----- "The key learning points for the case were [insert learning points here]."

*Basic assumption. Copyright © Center for Medical Simulation. Used with permission.

Reproduced with permission from *Academic Medicine*. Originally published as Bajaj K, Meguerdichian M, Thoma B, Huang S, Eppich W, Cheng A. The PEARLS Healthcare Debriefing Tool. *Acad Med*. 2017. [Post Author Corrections]. <http://journals.lww.com/academicmedicine/Tool/publishahead>.

3. Advocacy-inquiry debriefing approach



Review > Anesthesiol Clin. 2007 Jun;25(2):361-76. doi: 10.1016/j.anclin.2007.03.007.

Debriefing with good judgment: combining rigorous feedback with genuine inquiry

Jenny W Rudolph ¹, Robert Simon, Peter Rivard, Ronald L Dufresne, Daniel B Raemer

Affiliations + expand

PMID: 17574196 DOI: 10.1016/j.anclin.2007.03.007

<https://static1.squarespace.com/static/5548a43ce4b0d188a9b27a21/t/5996cfb8ebbd1a09cdcc96a2/1503055801626/Rudolph.pdf>

<p>Advocacy (I saw....)</p>	<p>Good judgement (I think...)</p>	<p>Inquiry (I wonder...)</p>
<ul style="list-style-type: none"> ● “I can see that...” ● “I noticed that you...” ● “It seemed to me that...” 	<ul style="list-style-type: none"> ● That caused an improvement in.... ● I am concerned because.... ● I was a bit worried... 	<ul style="list-style-type: none"> ● “I’m interested in why....” ● “Help me to understand why...” ● “I was wondering why...” ● “I’m curious as to why...”

Tabletop Simulation Exercise

The Prebrief

- Learning Outcomes- may or may not share with the learner before the simulation
- Housekeeping- timeout, mobiles
- Timetable
- Suspending Disbelief
- Ground Rules- respect, confidentiality, embrace mistakes, goal is to learn from them in a non-threatening environment
- The Basic Assumption- We believe that everyone participating in activities here is intelligent, capable, cares about doing their best, and wants to improve.
- Psychological Safety

Simulation

Scenario 1: Refusal of Hospital Admission

Scenario 2: Advance Care Planning

Scenario 3: Early Anaphylaxis Following Vaccination

Scenario 4: Chest Pain in the Waiting Room

Limitations and Challenges

Tabletop SIM- Limitations and Challenges

- Requires significant preparation time
- Scheduling time
- Cannot fully replicate the unpredictability
- Emotional complexity of real live events
- Focuses on isolated training

Next Steps

- VTS offer
- SIM faculty - join
- Events and conferences
 - AsPiH
 - Simnet
- Learning
- e-LfH “Becoming Simulation Faculty” modules
- <https://www.e-lfh.org.uk/programmes/becoming-simulation-faculty/>
- Funded PG Cert in Simulation