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Good healthcare simulation practices: recent work in France

Zineb MESSERAT-HADDOUCHE, Marie-Christine MOLL, Jean Claude GRANRY, Laëtitia MAY-MICHELANGELI, Amélie LANSIAUX

French National Authority for Health (HAS) – La Plaine Saint-Denis – France | www.has-sante.fr

INTRODUCTION

Healthcare simulation is a learning-based teaching method aimed at all healthcare professionals. It can be **employed to provide training** (initial and continuing) and **to improve professional practices and risk management**.

To encourage the use of healthcare simulation, in 2012 the French National Authority for Health (HAS) published **a review of existing initiatives at national and international level**, with proposals for action (e.g. promotion as a method of continuing professional development), as well as a **good practice guide** for organisations wishing to implement and offer simulation programmes to professionals.

In 2015, it provided **simulation infrastructures** with a guide enabling them to assess their practices (external assessment and self assessment) and thus steer a voluntary approach to quality improvement.

Recently, following the development of simulation infrastructures, the HAS and the French-language Healthcare Simulation Society (SoFraSimS) wanted to take stock of current practices and organisations in order **to update the 2012 good practice guide**.

> **“ Healthcare simulation is a learning-based teaching method aimed at all healthcare professionals ”**

METHODS

Between 2016 and 2020, SoFraSimS conducted **a trial with volunteer simulation structures** to assess the good practice guide, on the basis of:

- **Their understanding of the good practice criteria**
- **The relevance and exhaustiveness of those criteria (teaching programmes, human resources, equipment and premises)**
- **The relevance of evaluation elements in order to classify the structure in three types of organisation (type 1: single activity; type 2: activities with limited diversity; type 3: all types of activities)**

To do this, specially trained simulation experts (from the medical and paramedical professions) visited each structure and met the teams.

They discussed the results of a self assessment (score calculated on the basis of a rating grid) that teams had undertaken to carry out in the four years prior to the visit. A visit report was given to the structure and included the issues raised, any recommendations for improving practices, if applicable, and a classification of the structure (see above).

Furthermore, **the update of the good practice guide** was also based on a **review of the literature** (including international recommendations) and the **expert opinion** of a working group.

RESULTS

Ten structures were assessed during the trial (four type-3 structures, four type-2 structures and two type-1 structures) and 5 working group meetings were held. The results revealed **that certain practices, which had not been fully developed in the guide, needed to be improved, namely**:

the simulation programmes:

- the quality of the scenarios was variable;
- document management was not sufficiently developed.

the organisation of simulation structures:

- few resources were dedicated to training via simulation;
- few structures were involved in the continuous training of professionals,
- structures that were not exclusively involved in continuous simulation training were not covered in the previous guide.

the good practices in simulation for specific activities, such as:

- **in situ simulation** (examples of areas for improvement: equipment installation plan, patient information, management of consumables and hygiene practices, etc.);
- **surgical simulation** (examples of areas for improvement: prerequisites for learners, ethical rules for the management of personal data resulting from the use of robots, etc.);
- **numerical simulation** (examples of areas for improvement: techniques used, rules for creating scenarios and specifications for digital applications, etc.);
- **shared platforms and healthcare simulation networks** (examples of areas for improvement: organisation, governance resources, resource and programme committees, etc.).

Moreover, general principles on healthcare simulation have been added or completed:

the prevention of infectious risk:

- ensure that professionals are properly dressed upon arrival;
- verify the availability of specific materials required for the scenarios, such as biological waste collection bags or hydroalcoholic solutions;
- respect cleaning and disinfection between the different scenarios.

the ethical aspects:

- have an ethical commitment to patient safety;
- respect the principles of bioethics for patients, trainers and learners;
- guarantee respect and protection of the biological tissue(s) used during a simulation action (living or not).

CONCLUSION

The results of this trial led to **an update of the healthcare simulation good practice guide** in March 2024: thus, new requirements linked to the evolution of structures and good practices for **new activities** (in situ simulation and digital simulation) have been added.

There are also plans **to update the guide for the assessment of healthcare simulation infrastructures** in 2025, including the rating elements, so that, in addition to resources, the quality of programmes is taken into account. Furthermore, the classification of structures, seen by participants as a promotional tool, could be made compulsory for all simulation structures.

Guide "Good practices in health simulation"

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