Human Factors Simulation

Simulation

Simulation encompasses a broad range of training techniques. For Human Factors, the emphasis is not on the clinical technical tasks, but on the interactions with other team members and the environment. Please note that none of this work replaces technical skills, which are essential to our roles.

You need to be prepared as a facilitator to discuss behaviours. The fundamental prerequisite of this is to understand that personality is different to behaviour.

Ideally, before leading a simulation you should have some basic training in human factors (i.e. have attended a course) as well as some faculty training in simulation techniques and debriefing. We recognise that not everybody will have had this opportunity and so hope that the following suggestions are helpful.

Trying out, versus trying on.

Where technical simulation is focussed on “trying out” technical skills in a safe environment, human factors simulation is focussed on “trying on” behaviours. The first step is to ensure that you have a psychologically safe environment and set out ground rules for simulation. Some suggested rules can be found in the “further information” section.

Location and Set-Up for simulation

This can range from exploring different scenarios in role-play, to a full simulated emergency on delivery suite. Your ability to do this will depend on the resources available to you and your unit, but remember it is the human interaction element which is important. Try to include to a multi-disciplinary team.

Feedback and Debrief

The goal of these simulations is encourage reflection and development of team behaviours. For this to happen careful facilitation and structured debrief is essential. The RCOG provides structured feedback tools which can be used – NOTTS – which can be found in the further information section.

Dealing with unexpected or challenging behaviours

Just as technical simulation can reveal eccentric clinical practice, so can human factors simulation reveal unusual or occasionally unwelcome behaviours. Careful consideration needs to be given to how to tackle these by the facilitators, but importantly to understand why they have happened. These could range from becoming angry at a perceived challenge, or upset at recalling a stressful past experience.