

## Development and Innovation

# Developing facilitator competence in scenario-based medical simulation: Presentation and evaluation of a train the trainer course in Bergen, Norway

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## ABSTRACT

Simulation-based learning (SBL) is becoming an accepted part of health education. Providing high-quality simulation-based education depends more on skilled facilitators than on elaborate simulator equipment. In the last six years, a cross-professional facilitator course has been developed to train interprofessional staff and faculty from health educational institutions in Bergen. The course starts with two days of traditional simulation theory and practice followed by a third day five weeks later. During the third day, participants present their own experiences from practising as facilitators in their own workplaces. In this paper, we present the course content and the participants' evaluation of the course based on the qualitative content analysis of their answers to open-ended questions. The main findings were that the course format and primary focus on practice were appreciated and that the follow-up day was especially useful to broaden the learning experience.

## 1. Introduction

Simulation-based learning (SBL) is increasingly used in both the clinical field and in health professional education. However, the specialty of a simulation facilitator is relatively new for health educators, and facilitators' knowledge and skills relating to the use of SBL may vary substantially (Koivisto et al. (2018)). The delivery of high quality simulation requires appropriately skilled facilitators (Nestel et al., 2016; Peterson et al., 2017; Thomas and Kellgren, 2017). Generally, health educators often have not been afforded the time and exposure to acquire the knowledge and skills required to successfully deliver SBL (Anderson et al., 2012; Bøje et al., 2017). Faculty also struggle with organising faculty development programmes for the various levels of simulation expertise (Waxman and Telles, 2009).

There is limited research on how health professionals and health educators should be trained in simulation (Koivisto et al., 2018). There are many faculty development programmes in simulation methodology,

e.g. programmes from Harvard, Stanford, and the National League for Nursing (Kim et al., 2018; Peterson et al., 2017). However, we have only identified a few empirical publications on such programmes (Bøje et al., 2017; Cockerham, 2015; Kim et al., 2018; Koivisto et al., 2018; Nestel et al., 2016; Roh et al., 2016; Waxman et al., 2011). The aim of this paper is to describe both the content and the evaluation of the Bergen train the trainer course. The course was cooperatively developed by a university hospital and two university colleges, and the first facilitators were trained in 2012.

### 1.1. Background

SBL is "an array of structured activities that represent actual or potential situation in education and practice" (Lioce et al., 2020). SBL claims to improve participants' knowledge, confidence, competence, and self-efficacy (Cant and Cooper, 2017). Furthermore, research has demonstrated that interprofessional simulation-based team training can

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increase safety by preventing adverse events and promoting optimal use of individual professional skills, resulting in improved healthcare (Manser, 2009; McGaghie et al., 2010; Reeves et al., 2013; Schmutz and Manser, 2013; Wisborg et al., 2008).

Hayden et al. (2014) found that high quality simulation experiences can replace up to 50% of real clinical time in pre-licensure nursing programmes, obtaining the same results on acquisition of knowledge, skills, and competence, as long as formally trained faculty members use an evidence-based debriefing methodology. When compared to more traditional teaching strategies, simulation also appears to be associated with superior learning outcomes (Cook et al., 2013).

Topping et al. (2015) found that effective SBL demanded a multi-skilled educator who demonstrated the attribute of “comportment”. Comportment constitutes attributes like the ability to bring theory to life through interactions, maintaining an emotionally safe learning environment, acting as a professional role model, and establishing authenticity in what remains an artificial situation. The effective SBL educator is able to fully utilise the simulation equipment and provide a relevant and trustworthy context to facilitate learning via purposeful debriefing (Koivisto et al., 2018; Topping et al., 2015).

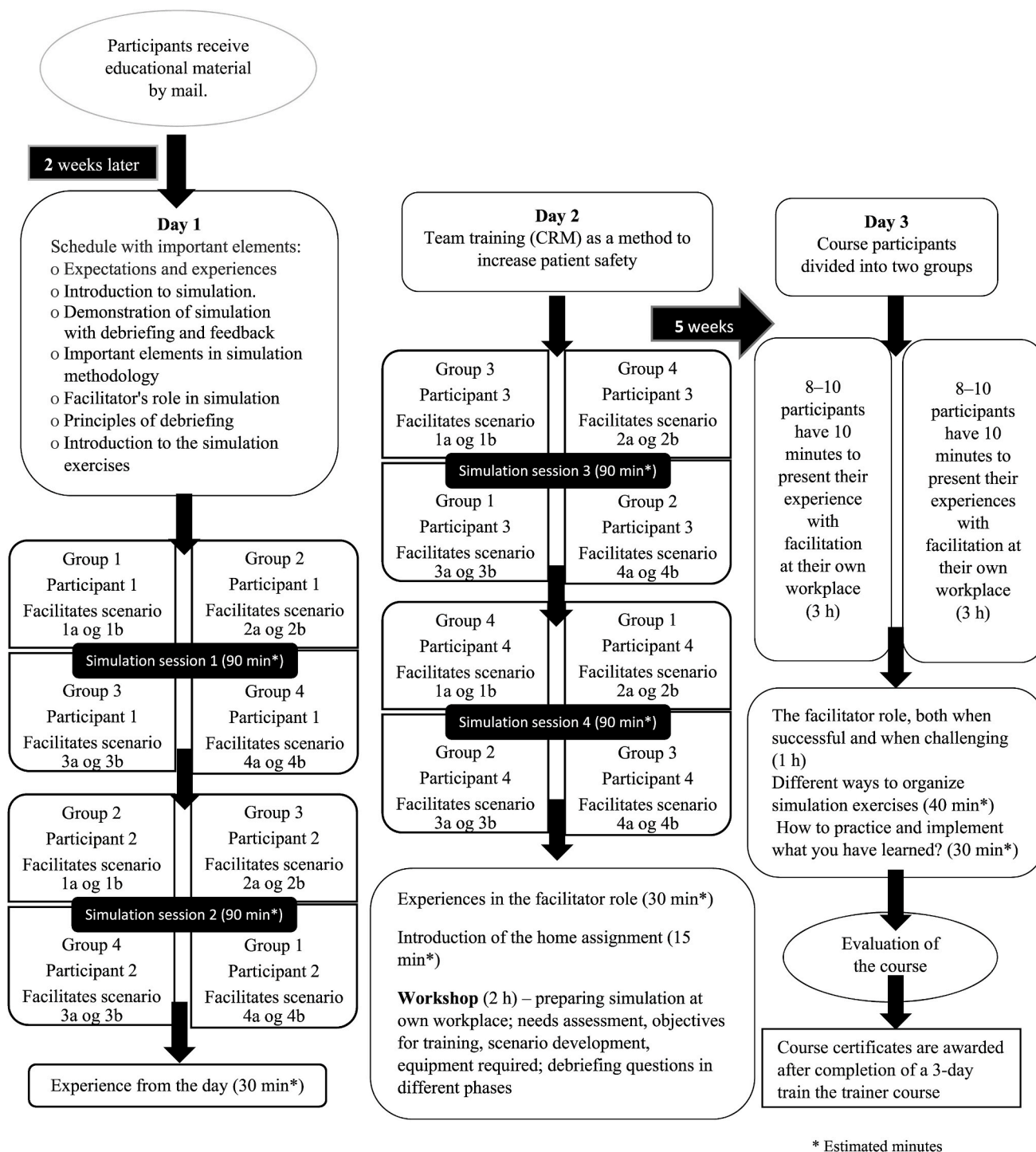


Fig. 1. Organization of the Bergen Train-the-Trainer course model.

## 2. Framework

### 2.1. Organisation of the course

The course is organised as a 2+1-day course with an interval of approximately five weeks between the first two and the last day of the course. To promote simulation training at the participants' own workplace, each participant must plan, deliver, and evaluate a SBL event, and the experience from this assignment is presented on the last day of the course. We believe that our model allows the participants to internalise simulation pedagogy by giving them more time to prepare simulation training and reflect upon this experience, thereby increasing the probability that they will implement SBL in their own practice. The course alternates between theoretical sequences and practical exercises (Fig. 1). During the first two days, approximately 25% of time is spent on theory, 50% on practical training in the facilitator role, and 25% on preparing scenarios and presenting experiences using the skills learned.

### 2.2. Theoretical framework

The course is based on standards of best practice for simulation incorporating framework from the International Nursing Association for Clinical Simulation and Learning (INACSL) (INACSL Standards Committee, 2016; Sando et al., 2011) and National League for Nursing (NLN/Jeffries simulation framework (Jeffries, 2012). In addition Kolb's experiential learning theory (Kolb et al., 2001), deliberate practice (McGaghie et al., 2011), and the seven principles of good learning (Chickering and Gamson, 1987) is incorporated. (Supplementary file Table S1).

### 2.3. The concept of facilitation

The INACSL has established standardised terminology to advance simulation science and share best practices, offering guidelines on simulation as a teaching methodology (McDermott et al., 2017; Sittner et al., 2015). According to this terminology, facilitation is defined as "a method and strategy that occurs throughout (before, during, and after) SBL in which a person helps to bring about an outcome(s) by providing guidance" (Meakim et al., 2013). They define a facilitator as "a trained individual who provides guidance, support and structure at some or all stages of SBL including prebriefing, simulation and/or debriefing" (INACSL Standards Committee, 2016; Lekalakala-Mokgele and Du Rand, 2005). During the prebriefing, the facilitator provides preparatory information to the participants (INACSL Standards Committee, 2016; Lioce et al., 2020). (Supplementary file Table S2.) Simulation is based on a scenario, which is a deliberately designed simulation experience providing participants with an opportunity to meet identified objectives (INACSL Standards Committee, 2016). Debriefing is a formal, collaborative, reflective process after a simulation experience to foster the development of clinical judgement and critical thinking skills to transfer learning to future situations (INACSL Standards Committee, 2016; Lioce et al., 2020).

Facilitators should embrace a learner-centric "guide on the side" approach to facilitation (van Soeren et al., 2011), having a genuine interest in "making others good." Therefore, prioritising participants' talk during debriefing (Dieckmann et al., 2009) and emphasising an open and safe learning environment to share experiences, thoughts, and feelings are essential (Brett-Fleegler et al., 2012; INACSL Standards Committee, 2016; Rudolph et al., 2014).

Our course emphasises the difference between the roles of instructor and facilitator. An instructor is "a content resource, appearing as the 'sage on the stage,' imparting all knowledge to a passive participant and controlling what is taught and when". A facilitator, on the other hand, is a "guide by the side" (Wilder and Holwegner).

### 2.4. Practical training

During the first two course days, participants (in groups of four) practice the facilitator role under the guidance of course supervisors. Eight scenarios are prepared for simulation sessions, and participants each, facilitate two of these scenarios. Participants are unfamiliar with the specific simulation scenarios. Therefore, course supervisors introduce them to scenarios. Then, the facilitator trainee briefs the team on learning objectives, patient situation, and available equipment. They also provide input regarding the patient's situation during the simulation and lastly, they lead the debriefing session after the simulation. Some scenarios use video recording and provide participants' experience with both oral and video-assisted debriefing. In our course, we use three learning objectives based on recommendations from the WHO patient safety curriculum guide for medical schools (Walton et al., 2010) on tools to assist interprofessional communication in healthcare curricula:

- Demonstrate systematic patient examination using ABCDE
- Demonstrate the use of standardised communication using ISBAR
- Demonstrate closed loop communication, teamwork, and leadership

After the debriefing session, the facilitator trainee asks the team members for feedback on their performance as facilitator. Then, the course supervisor provides constructive feedback to the facilitator trainee regarding the different phases of the simulation (Supplementary file Table S3.).

On the second day, the participants prepare for their individual assignment of delivering simulation training at their own workplace. The course supervisors assist participants in formulating learning objectives and designing scenarios based on a need assessment from the participants' workplace. A scenario design template is available to participants (Fig. 2).

To structure a reflective conversation, the debriefing consists of three or more phases (Sawyer et al., 2016). Thus, our facilitator course is inspired by the gather-analyse-summary (GAS) model (Phrampus and O'Donnell, 2013; Sawyer et al., 2016) and the Diamond debriefing method (Jaye et al., 2015; Sawyer et al., 2016).

The first phase in GAS (gathering) encourages the team to recapitulate the simulation events to establish a shared mental model. The second phase (analyse) is dedicated to reflection and analysis of the actions during the simulation. The final phase (summary) ensures that all important learning objectives and teaching points have been covered, providing a review of lessons learned (Phrampus and O'Donnell, 2013; Sawyer et al., 2016). In the Diamond debriefing method, the first two phases are roughly the same as in GAS. In addition to summarising the learning objectives achieved, Diamond focuses on how the participants will implement the learning outcomes in their own practice (Jaye et al., 2015). We have included this in our debriefing template to assist facilitators through the different phases of simulation. (Supplementary file Table 4) Finally, the facilitators must evaluate the entire simulation experience and make adjustments if necessary (Riley, 2008).

### 2.5. Participants' presentation of their experiences

On the third day, approximately five weeks later, the participants present their experiences from facilitating simulation training at their own workplace. Each participant has 15 min for presentation, discussion and feedback. Participants have presented a great variety of learning objectives and scenarios, showing a wide range of possible situations where simulation can be used to improve the quality of patient care.

<b>Perform a needs assessment focus for the training session</b>
<b>Who will attend?</b> <b>Which setting?</b> <b>When will the training take place?</b>
<b>Construct measurable objectives</b> (2–3 relevant, technical, and/or non-technical skills)
<b>Design a scenario to provide the context for the simulation-based experience.</b> <b>Briefing:</b> A short, precise description of the situation, with relevant clinical parameters
<b>Instruction to the patient role in scenarios without manikins</b>
<b>Clinical information:</b> Vital parameters for the situation – if relevant
<b>A:</b> <b>B:</b> <b>C:</b> <b>D:</b> <b>E:</b> Others:
<b>Available equipment:</b> (equipment that must be available)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Medication?</b>
<b>Expected patient care</b>
<b>Simulation ends when...</b>

Fig. 2. Scenario design template.

### 3. Methods

#### 3.1. Design and data collection

Evaluation research focuses on developing the necessary information to adopt, modify, or abandon a programme or a practice (Polit and Beck, 2017:238). Our study had a descriptive qualitative design where course participants' comments on five open-ended questions were analysed using qualitative content analysis (Polit and Beck, 2017:479).

The questions were the following:

1. Could you describe what aspects of the course you think you derived a particular benefit from and therefore, want to emphasise?
2. How did you feel about the course's pedagogical methods?
3. Did you miss anything in the course content? Please describe.
4. Do you have any suggestions for improvements? Please describe.
5. What do you think about the organisation of the course?

#### 4. Participants

Each course had 16 to 20 participants. Half of the participants were health educators, and the rest were nurses (22%), postgraduate nurses (15%), medical doctors (6%), midwives (4%), radiographers (2%), and

others (1%). Altogether, 179 participants attended the course from 2012 to 2017. Participation in the course was voluntary, making our sample a convenience sample (Polit and Beck, 2017). In the training sessions, health educators and clinicians from different professions and wards were mixed.

5. Data analysis

Qualitative content analysis was used as described by Graneheim and Lundman (2004), including identification of meaning units, followed by text condensation, and lastly, abstraction into themes. To get an overall sense of the content, two of the researchers read the completed questionnaires independently, identifying the natural meaning units. The material was then condensed into a description close to the text: the manifest content. Finally, the researchers agreed on the manifest content and discussed how the manifest content should be interpreted, resulting in five themes (Table 1). To ensure the trustworthiness of the themes, examples are quoted in the text to demonstrate the voice of participants (Graneheim et al., 2017).

6. Ethical considerations

At the end of each course, participants had the opportunity to provide feedback and evaluate the course in an anonymous paper-based survey. No personal demographic data were collected or could be linked to individual respondents. The participants placed their completed questionnaires in a pile when leaving the room. According to the Norwegian Centre for Research Data (NSD), paper surveys can be carried out without notification if no names or any other personal data is registered.

7. Findings

Between 2012 and 2017, 11 train the trainer courses involving 179 participants were conducted, and 79% (n = 141) answered the questionnaire. The analysis process resulted in five themes (Tables 2 and 3).

7.1. Theme: Facilitation of simulation training at participant's workplace (in situ) promotes implementation of simulation pedagogy and continuing education

7.1.1. Sub-theme: Participatory learning fosters insight into simulation methodology

Several of the participants emphasised the importance of being an active participant in the learning experience. This was illustrated by the remarks, "It was great that we had to do the facilitation ourselves and not only have an introduction on how to do it" and "Practical training

Table 1 Analysis process inspired by Graneheim and Lundman (2004).

Meaning Unit	Condensed Meaning Unit: Description close to the text	Condensed Meaning Unit: Interpretation of the underlying meaning	Sub-Theme	Theme
It was great that we had to do the facilitation ourselves and did not have only an introduction and lecture on how to do it	Doing the facilitation ourselves was important	Being an active participant in learning was valuable	Participatory learning fosters greater insight into simulation methodology	Facilitation of simulation training at own workplace (in situ) promotes implementation of simulation pedagogy
Having to go back to our own workplace and plan and facilitate gave new experiences and broadened my learning	Facilitating simulation training at own workplace broadens the learning experience	Learning by doing broadens learning	Learning by doing fosters self-confidence	
It was exciting to do simulation at my own workplace and be forced to get it done in a busy ward	Workplace facilitation gives new insight and enhances learning Exciting to be forced to do simulation at a busy workplace	Learning by doing facilitates integration of knowledge and skills Satisfying to accomplish simulation training despite time constraints		

Table 2 Overview of themes and sub-themes regarding questions 1, 2, and 5.

Themes	Sub-Themes
Facilitation of simulation training at own workplace (in situ) promotes implementation of simulation pedagogy and continuing education	Participatory learning provides insight into simulation methodology Learning by doing fosters self-confidence Simulation training fosters a new tool for continuing education
Having a toolbox for designing and facilitating simulation training promotes self-confidence in the facilitator role	Templates for designing and structuring the different phases of simulation training gives support to the facilitator Simulation training fosters a new tool for continuing education
Learning from each other's experiences	Useful being facilitated by different facilitator trainees and course supervisors Sharing experiences by mixing faculty and different health professionals broadens the experience and promotes new ideas Embodied learning contributes to better understanding of emotions involved in simulation training
Facilitator role versus instructor role	

Table 3 Overview of themes and sub-themes regarding questions 3 and 4 categories.

Themes	Sub-Themes
More of everything	More training on challenging debrief situations More variations in the scenarios More use of video More focus on the pedagogy Organising simulation is easier when several colleagues are attending the course Support between the course days

early in the course with the opportunity to try and fail was beneficial for learning." In addition, participants also highlighted the significance of discussing and reflecting on their own simulation experiences for better understanding of simulation methodology: "Participation enhanced learning and integration of the new methodology" and "I learn by doing, discussion, and reflection." During the practical training sessions, participants experienced the roles of facilitator, team leader, assistant, and observer. Participants emphasised these role experiences, together with several training sections, as important for broader insight into the methodology: "Doing many simulations in different roles was very useful and promoted reflection."

### 7.1.2. Sub-theme: Learning by doing fosters self-confidence

Two days of facilitator training seemed to prepare the participants for planning and conducting scenario training at their own workplaces. One participant illustrated this by remarking, “I felt well prepared to facilitate simulation training at my workplace.” Furthermore, the participants expressed that after the training, they felt more confident in the role as facilitator and that the role had become clearer after facilitation at their own workplace. One response exemplifies this: “To facilitate at one owns workplace is important and provides a higher level of learning.”

### 7.1.3. Sub-theme: Simulation training fosters a new tool for continuing education

The replies “I have discovered the usefulness of this methodology both in education and in the clinical field, experiencing that it can be used in many different situations” and “I have got a new tool for continuing learning at my own workplace” support simulation pedagogy as suitable for adult learning and continuing education.

## 7.2. Theme: Having a toolbox for designing and facilitating simulation training promotes self-confidence in the facilitator role

### 7.2.2. Sub-theme: Templates for designing and structuring the different phases of simulation training give support to the facilitator

The statement “I discovered the importance of defining learning objectives” may illustrate that the planning phase of simulation training might have been secondary to the scenario training itself. Furthermore, participants expressed that they had received useful tools for helping them structure the different phases of simulation to meet the desired learning outcomes. The quote “I have had special benefit of creating my own scenarios and trying them out on my colleagues” suggested that participating in as many as eight scenarios during the course provided participants experiences of how to design scenarios. Templates describing content in the four phases used in simulation methodology, and sample questions for the different phases of the debriefing session, provided participants with tools for conducting the facilitator role. The statement “I feel more confident in the facilitator role” illustrates the importance of having a “toolbox” for designing and facilitating simulation training. However, the most important tool when facilitating the debriefing session was the facilitator himself in terms of the way in which questions are asked to promote reflection.

## 7.3. Theme: Learning from each other's experiences

### 7.3.1. Sub-theme: Being facilitated by various facilitator trainees and course supervisors is useful

The response “It was useful to be debriefed by various facilitator trainees, experiencing alternative questions posed and differences in body language” highlighted the fact that there was more than one way to debrief. The participants also valued receiving feedback from various course supervisors as participants moved between four simulation locations during the course. The course supervisor group was inter-professional, and all had experience with facilitation of various groups of students and professions, which may have provided the participants with valuable input on the facilitator role.

### 7.3.2. Sub-theme: Sharing experiences by mixing faculty and different health professionals broadens the experience and promotes new ideas

On the third course day, participants shared their experiences with facilitating at their own workplaces. Responses such as “I have got new ideas and motivation to further simulation training at my own workplace,” “I am looking forward to facilitating more and have been inspired by listening to others' experiences and different scenarios,” and “I have experienced that simulation can be used in many different situations” demonstrated that sharing experiences in this area was a motivation for expanding the use of this methodology.

### 7.3.3. Sub-theme: Embodied learning contributes to better understanding of the emotions involved in simulation training

The participants expressed that it was useful to experience how it felt being in the different roles during the scenario training. A participant remarked “Being out of depth handling assorted patient situations in simulation training was stressful.” This response underlined that it would be useful for facilitators to gain an understanding of the actual experience of participating in simulation training. Another participant expressed that “Learning is connected to emotions; you do something wrong or something good, you feel it in your body,” highlighting the impact emotions can have on the learning experience. These statements reveal that simulation is a powerful method, which requires facilitators to acknowledge the stress SBL might cause. Therefore, a significant part of the facilitator role is contributing to a positive learning climate.

## 7.4. Theme: Facilitator role versus instructor role

The quote “I have never reflected on the difference between the instructor role and the facilitator role” illustrates a common perception among many of the participants. Hence, they found it useful to discuss the two roles. The difference is that the facilitator must keep in mind that the participants should talk and share their experiences, in contrast to merely being told what to do and then being evaluated by an instructor.

The participants expressed that the debriefing phase was the most challenging. These included “How to ask questions that facilitate reflection” and “How to lead the debriefing to obtain the individuals contributions and letting everyone be heard.” Another challenge of the facilitator role was to get participants to articulate what they had learned from the experience and support participants who were disappointed over their own performance. All of which demonstrate the significance of simulation methodology competence, learning by doing, self-reflection, and receiving feedback from course supervisors and peers.

## 7.5. Theme: “More of everything”

Questions 3 and 4 identified the following sub-themes: The need for more training on challenging debrief situations, more variation in scenarios, more use of video, more focus on learning theories, providing support between the course days, and the realisation that organising SBL is easier when several colleagues are participating in the course together.

## 8. Discussion

Our train the trainer course emphasises the importance of learning by doing and the active involvement of participants in the learning process. Participants' feedback emphasised the importance of participatory learning for providing good insight into simulation methodology. The individual assignment of planning, delivering, and evaluating an SBL event at the participant's own workplaces strengthened their self-confidence in the facilitator role. Hopefully, this will lead to further use of SBL techniques in participants' workplaces, as comfort is a significant component of successful simulation implementation (Simes et al., 2018).

Allvin et al. (2017) reported that the pedagogical development of experienced simulation educators was based more on self-confidence in the educator role than on a deeper theoretical understanding of teaching and learning, calling for increased knowledge and understanding of educational theories and their application to teaching and learning in faculty training programmes. Participants in the prototype of the Nurse Educator Simulation-Based Learning (NESTLED) model also wanted more emphasis on educational theories. They eventually changed the course days from the prototype of four consecutive days in a row to a 2 + 2+1 day schedule (Koivisto et al., 2018). Our course assignment enhanced participants understanding of simulation methodology in

addition to providing a greater level of learning and confidence in the facilitator role. In addition, our participants called for more focus on the theories supporting SBL. To fulfil this wish, the course has to be extended. Standardised tools such as scenario templates and clarification of learning objectives, made the implementation of simulation at the participants' workplaces successful. Novice facilitators often feel that they have to control the simulation process in detail by following a structure. However, with increased experience, one becomes more flexible and can successfully utilise the possibilities that arise in a scenario rather than just adhering to a particular structure (Allvin et al., 2017).

The participants appreciated the opportunity to take part in simulation and taking on different roles as this provided better understanding of the stress participants might feel, comparable to stage fright. Facilitators must acknowledge the impact of emotions on learning experience and the stress this might cause, handling it by creating a positive learning climate with emotional safety (Topping et al., 2015). Encouragement and positive feedback from facilitators have been shown to motivate participants and improve performance (Abe et al., 2013).

The participants attended eight different simulation scenarios during the first two days of the course, exposing them to several facilitator trainees and course supervisors. The participants found this very useful in their initial attempts to fill their role as facilitators. Nestel et al. (2016) also describe the success of providing participants the opportunity to learn from each other and observing different styles of debriefing. On the third course day, participants shared their own experiences of being in the facilitator role at their own workplace. This assignment expanded participants' experiences and promoted additional new ideas and inspiration.

Participants believed that the debriefing phase was the most challenging. All participants practised the facilitator role twice during the first two course days. Practising twice to enhance confidence was advocated by Stocker et al. (2014), who applied Kolb's model of experiential learning to team training. The BEST (Better and Systematic Team training)-project (Wisborg et al., 2008) has used the same approach. Cheng et al. (2015) proposed a debriefing training model emphasising opportunities for conscious practice, feedback, and full-length debriefing. These elements are also emphasised in our course. Participants found the difference between the facilitator role and the instructor role clarifying, but expressed that it was challenging to put the instructor role aside and take on the facilitator role. How to ask questions facilitating reflection and assuring individual contributions from all participants was discussed. Therefore, asking open-ended questions focusing on learning objectives and encouraging reflection and providing constructive feedback require training. van Soeren et al. (2011) also differentiated between learner-centred and teacher-centred debriefing styles, resulting in contrasting types of discussions among learners.

Participants noted that they wanted "more of everything", indicating a need for a follow-up course. They wanted more focus on challenging debriefing situations with various types of participants. Grant et al. (2018) elaborated the same, describing challenges, such as participants who were quiet, disengaged, dominated the discussion, continually interrupted, reacted emotionally, or defensively. Furthermore, participants wanted scenarios from other areas than acute situations. The application of simulation methodology and the facilitator role is highlighted in the course. Therefore, because participants did not facilitate their own scenarios, the learning objectives were identical. This prevented participants from spending energy adapting to different learning objectives.

We applied video recordings in one simulation session to providing some experience with this tool. Video can be an important contribution in debriefing, and our participants wanted more experience with this tool. This was in line with participants in the NESTLED model, who called for more emphasis on video debriefing (Boje et al., 2017). Video must be used with caution, and it is our experience that one person

should be dedicated to this function. This person may identify specific learning issues during the simulation that may be focused on when the participants debrief the scenario. On the other hand, Karlgren et al. (2019) found that collaborative analysis of the entire video, rather than short clips, enabled the facilitator to help participants catch sight of problems that they had been unaware of and helped them realise underlying explanations to why the problems took place and alternative ways of working in the future. However, this approach requires more time.

Our course mixed participants from both university colleges and clinical practice. Healthcare students are future employees in clinical practice, and SBL provides predictability for transition from student to employee. Shared faculty experiences provide motivation to discover different ways of using simulation methodology. Furthermore, mixing participants from hospitals and educational institutions creates networks that are favourable for both sides.

Enhancing and maintaining competence as a facilitator requires practice and reflection to achieve proficiency. According to participants' evaluation, there is a need for a follow-up course to support further competence development. Other programs have offered online simulation training as a supplement to ordinary training (Kim et al., 2017), and Bryant (2014) proposed a three-step approach: self-directed eLearning module, on-site interactive training and mentoring from simulation educators. In addition, we consider local networks to share experiences in the facilitator role as valuable. It would also be of interest to follow course participants' development over time. Tools for self-assessment, peer feedback, and course supervisors' feedback might also contribute to enhancing facilitator competence.

## 9. Methodological considerations

Participation in the course was voluntary, which might have made participants more positive when evaluating the course. Researchers being actively involved as course supervisors was also a limitation, as it might have introduced "eagerness to please" bias. In contrast, both a high response rate (79%) and anonymous questionnaires encouraging frankness (Polit and Beck, 2017), could be considered strengths. The qualitative analysis process illustrated how meaning units, condensations, and abstractions were established. In addition, quotations serve to illustrate our findings, providing the reader the opportunity to consider alternative interpretations. This give credibility to the findings (Graneheim and Lundman, 2004). However, other qualitative data collection methods, such as focus groups or in-depth interviews with the participants, may have contributed to a deeper understanding of how participants evaluated our train the trainer course model and how it contributed to development of facilitator competence.

## 10. Conclusions

The aim of this paper was to describe a train the trainer course along with the participants' evaluation of the course. The course has been developed and run in accordance with the framework for best practice for SBL and educational theories fostering active learning. The participants highlighted participatory learning and facilitation at their own workplace as important, because it provided confidence in their role as facilitators. Mixing participants from university colleges and the clinical field promoted new ideas and broadened the learning experience. However, feedback from participants revealed a need for follow-up courses with more training on challenging debriefing situations.

## Author statement

This manuscript is submitted exclusively to *Nurse Education in Practice*. My co-authors and I declare that no financial or other conflicts of interest are involved in this work. The requirements for authorship are met and all authors have approved the final article.

## Ethical approval statement

The paper and the findings are written according to ethics in publishing and ethical guidelines for the journal *Nurse Education in Practice*.

## Declaration of competing interest

We have not been paid for the work of this paper and there is no conflict of interest.

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2020.102840>.

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