**Appendix 1**

***The SBE tools of assessment and learning objectives***

Anaesthesia most common tool was expert opinion (33%). Non-anaesthesia most common tool was validated checklists (56%).

The tools used for assessment during SBE events are shown below in Supplementary Figure 1.

**Supplementary Figure 1.** Tools for assessment (% positive response)

**Supplementary Table I.** Protected time and accreditation (% positive response)

|  |  |  |
| --- | --- | --- |
|  | Anaesthesia | Non-anaesthesia |
| Yes (%) | No (%) | Yes (%) | No (%) |
| Protected time present | 47 | 53 | 50 | 50 |
| Accreditation | 40 | 60 | 38 | 62 |

**Supplementary Table II.** Formal simulation instructors course

|  |  |
| --- | --- |
| Name of course | Number of respondents |
| BASIM | 3 |
| Basic simulation instructor workshop | 1 |
| APLS | 1 |
| Local | 1 |
| MEPA | 1 |
| Bristol simulation centre | 1 |
| Generic instructors course | 1 |

***The resources available within South Africa for SBE***

The only category of equipment that most respondents had no access to was virtual reality and haptic. Most respondents had some access to the majority of SBE equipment. Access to equipment is shown in Supplementary Figures 2 and 3.

**Supplementary Figure 2.** Access to equipment: Anaesthesia (% positive response)

**Supplementary Figure 3.** Access to equipment: Non-anaesthesia (% positive response)

***The perceived barriers to the implementation of SBE in South Africa and attitudes towards SBE***

When discussing the barriers to SBE anaesthesia and non-anaesthesia, groups were asked specifically about whether protected time for SBE was allocated or not, 47% and 50% answered Yes respectively. Forty percent of the anaesthesia group had SBE providers who were formally accredited, non-anaesthesia group had 38%.

**Supplementary Figure 4.** Simulation for assessment (% positive response)

**Supplementary Figure 5.** Funding of facility and equipment (% positive response)

**Glossary**

***Methods used for evaluation of impact of SBE.***

*Informal discussions:* These are discussions by the SBE faculty to determine the impact of the training provided. This is largely expert opinion based.

*Leaner feedback:* The impact of the SBE is determined by data collected from learners.

*Assessment of learner in simulation:* The improvement of the learner is assessed by a rating tool.

*Assessment of the learner in real situation:* Lessons learnt in simulation are subsequently assessed in the clinical environment using a rater scale assessment model.

*Patient outcomes:* Real life patient outcomes are determined to assess the impact of the SBE