

Dear Member,

Welcome to the second edition of the newsletter of **ASSH**, the **Australian Society for Simulation in Healthcare**. The purpose of this newsletter is to keep members informed of what is happening in the rapidly changing world of healthcare simulation in Australia. This newsletter provides an opportunity to share your experiences with others engaged in the use of simulation to improve healthcare.

Message from Chair: Prof Marcus Watson



Health Workforce Australia (<http://www.hwa.gov.au/>) delivery of funding for simulations has changed. A significant part of the funding is now going to be delivered through the state systems. "HWA will directly apply a proportion of funding to State and Territory government health agencies for allocation across the public sector." See (<https://www.hwa.gov.au/programs/clinical-training/sle-update-march-2011>)

There is an opportunity for ASSH members to benefit from collaborations around access to simulations, curriculum and the development of the skills to deliver training that will effectively compliment clinical placements. We need to work together across jurisdictional boundaries to get the most out of simulations. So here are some examples where collaboration can have a multiplier effect for only a small overhead.

Hub and spoke model for Simulations Equipment

Queensland Health Clinical Skills Development Service manages more than 1400 simulations assets including over 120 full-bodied mannequins. Although centrally managed the equipment is located at over 20 sites statewide. In many cases the equipment is actually located in clinical areas and used for in situ training by clinicians and students. The centralised management of simulations equipment allows for equipment to be loaned between sites and to external organisations. With proper planning this increases access to the right equipment for the right training. In most cases this approach has increased simulators usage 3-10 fold. The centralised management of equipment also allows for preventive maintenance programs that saves Queensland Health over a million dollars a year.

The Hub and spoke model for Simulations Equipment could be implemented at state or national levels or even as a consortium of universities and health districts across state borders. The loan library does need to be of significant size to justify employing the staff to manage the logistics and conduct preventive maintenance.

Collaborating on the development of Virtual Worlds

In many cases the staffing requirements and the coordination of large numbers of students makes the implementation of simulations program difficult. This is especially true for interdisciplinary training. There is a strong argument for developing virtual worlds to address some types of training as virtual worlds can provide access to large numbers of students even if they are remotely distributed. The technology for developing virtual worlds has matured and the licences for the developmental platforms have dramatically reduced in costs. The development costs of building virtual world scenarios would be high for a single university; however, if delivered across many universities the cost per student is very low.

Essential to the development of effective virtual worlds, is appreciating the strengths and weakness of the approach. In general, virtual world are stronger for understanding process and decision-making rather than conducting clinical tasks. ASSH provides an opportunity to collaborate with groups who have experience in developing virtual world.

Curriculum exchange

The development of simulations curriculum is often time consuming and in many cases the material already exists at another teaching institute or simulations centre. There is an opportunity to get more out of the Health Workforce Australia funding by considering how existing training material can be exchanged. The wealth of simulation knowledge held by the ASSH community makes it likely that some one has already tackled the problem you are facing. Many of the simulations centres around the country have libraries of simulations scenarios that could be drawn upon and integrated into university programs.

In many cases there will be costs associated with curriculum transfer; however, the costs of transfer is likely to significantly less than the development costs. Utilising existing scenarios and programs will also allow the simulations to be quickly integrated into existing undergraduate curriculum.

Instructor/educator training

The collective knowledge on healthcare simulations is extensive in ASSH. Several organisations around the country offer a range of training programs that cover the broad range of skills required maintaining a simulation program. These vary from short debriefing courses to graduate qualifications. Linking with existing programs to train up faculty to conduct student training and provide specialists who can maintain and develop simulations based training programs.

Our ASSH Executive Committee Profile:

Each newsletter will feature a profile of one of our ASSH Executive Committee members. This issue we would like to introduce you to **Debra Nestel** who joined the ASSH Executive Committee as a Member of Good Standing in September 2009. Debra is also keynote speaker at SimHealth 2011:



Debra is Professor of Medical Education, Gippsland Medical School (GMS), Monash University, Australia. Over the last thirty years, she has worked at the University of Hong Kong and Imperial College London. In 2008, Debra returned to Monash where she is responsible for educational research at GMS. Her research interests include the role of simulation in supporting learning, particularly in procedural and operative skills. Debra pioneered the concept of patient-focused simulation (PFS) with her colleague Roger Kneebone. In PFS, a simulated patient and simulator model (urinary catheterization, suture pad etc) are 'combined' in a simulated environment in order to provide a learner-centred experience. PFS enables the learner the opportunity to integrate the broad sets of psychomotor, communication and other professional skills required for safe and effective practice. The approach has been adopted internationally for teaching, learning and assessing procedural skills in undergraduate medical education.

Debra has extensive experience of working with simulated patients to support the development of communication and other professional skills. This experience includes scenario development, training methods for role portrayal and feedback to learners. A thread through much of her work is the need for authentic simulation. In simulated patient methodology this means offering authentic *patient* perspectives.

A focus of her current simulation-based research is finding ways to make high quality simulation-based education accessible to the health workforce through the concept of 'Distributed Simulation'.

Debra's research usually draws on qualitative methods. She has extensive expertise in program evaluation. Social learning and instructional design theories underpin her educational program design.

Debra holds an honorary professorial appointment at the University of Melbourne where she has developed a Master's level program in Surgical Education to be offered with the Royal Australasian College of Surgeons. She remains a consultant to Imperial College where she contributes to various research and educational programs.

Debra has published over 120 peer-reviewed publications and several book chapters in the field of clinical communication and simulation-based education.

SimHealth Conference:

The SimHealth Scientific Committee is pleased to announce the completion of the Preliminary Scientific Program. A copy of the program can be downloaded here. An interesting mix of 10 interactive pre-conference ½ day sessions are available on Monday the September 12, 2011. Bookings are essential. On-line registration is now open and in-conference workshops, breakfast sessions, SimWars and the conference dinner all require bookings. Please note the conference dinner will be held at the Sydney Hilton Hotel. Tickets are \$110. Early Bird registration closes on the 16th of June 2011. We look forward to welcoming all of our members to Sydney for an informative and productive conference.

Website: <http://2011.simhealth.com.au>

Special Interest Groups:

For those who missed out, the "**An Expert Guide to Paediatric Simulation**" was a fantastic workshop with four days worth of program crammed into one. This was both a testament to the organisers and the quality of the presenters and instructors involved.

The workshop demonstrated that good simulations can be delivered in just about any teaching environment with the right preparation, planning and appropriate equipment. The scenarios provided very immersive training and an excellent opportunity to demonstrate approaches to debriefing.

Well done to Rino and the team.

An Expert Guide to Paediatric Simulation

In March, the Paediatric and Neonatal Special Interest Group (PaNSIG) organised a pre-congress symposium to coincide with the 6th World Congress of Paediatric Critical Care in Sydney. Over 50 participants registered and attended the symposium, which was aimed at clinicians interested in the use of simulation for education of healthcare staff in paediatric intensive care and also other clinical areas.

The symposium brought together an international faculty of simulation experts and aimed to provide participants with knowledge and skills to deliver effective teaching using simulation. Experts including David Grant (Bristol Simulation Centre, UK), Vinay Nadkarni (Medical Director, Center for Simulation, Advanced Education, and Innovation at Children's Hospital of Philadelphia) and Stephanie Sudikoff (Director of Simulation for the Department of Pediatrics at Yale School of Medicine) joined local Faculty to present information on innovative simulation course design, uses and techniques. Practical workshops on scenario writing, debriefing and effective moulage divulged tricks of the trade and provided opportunities to participate in a number of simulation related activities. Question and answer sessions with experts organised during a "working lunch" covered a range of relevant topics with groups

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reporting back after lunch to all participants on issues discussed. The day culminated in three simulation sessions - where teams of volunteers participated in simulated paediatric scenarios using varying resources. Overall, the day was extremely well evaluated and allowed opportunities for networking for paediatric and neonatal educators from around Australia, New Zealand and far beyond.

Photo shows Andrew Heasley presenting at the Paediatric Simulation symposium.



ASSH Membership:

It is important to note that a 12-month ASSH membership is **included in the 2011 SimHealth conference full registration fee. (Excluding day and student registration)**. Those delegates who are already members will have their membership anniversary date extended by one full year. The ASSH membership also includes full member benefits of the International Society for Simulation in Healthcare (SSH). Your membership will include access to the Simulation in Healthcare Journal, Listserv and networking and curriculum sharing opportunities. If you need further assistance please contact Andrea Couzell via email Projectofficer@siaa.asn.au