

Report on the forum on “Simulation Training for Specialist Trainees: focus on Non-Technical Skills” 7th August 2008

The objective of the forum was to introduce specialist colleges to the project, and to encourage their participation.

Held in Melbourne, ASSH invited a range of speakers, and representatives of the colleges, together with the project team.

Approximately 50 attended the event, with many questions and discussions after the speakers.



An Expression of Interest is being drafted for the Colleges.

Following the close of the Forum, a project meeting was held with the Consultant, and the selected three pilot providers.

Annex A - Program

PROGRAM

| TIME | PRESENTATION | PRESENTER |
|---|--|--|
| 9.30am | Welcome | Leonie Watterson, Chair ASSH |
| SESSION 1: SPECIALIST TRAINEES' TRAINING NEEDS | | |
| 9.40am | The Expanded Specialist Training Program (ESTP) | Professor Rosemary Calder, the Australian Government Department of Health and Ageing |
| 10.00am | ESTP Simulation-based training for Non-Technical Skills: Project Overview | Leonie Watterson |
| 10.10am | The Junior Medical Officers' National Curriculum Framework: How will it impact on NTS in future specialist trainees | Dr Jag Sing, General Manager, Committee of Postgraduate Medical Education Councils, Australian Curriculum Framework project for Junior Doctors Project |
| 10.40am | Discussion | |
| 10.55am | Morning Tea | |
| SESSION 2: SIMULATION-BASED TRAINING FOR NTS | | |
| 11.15am | Simulation fundamentals | Elysabeth Leigh, Senior lecturer, Faculty of Education, University of Technology, Sydney |
| 11.45am | Crisis Resource Management | Brendan Flanagan, Associate Professor Medical Education, Monash University and Director, Southern Health Simulation and Skills Centre |
| 12.15pm | Training specialists to have difficult conversations with patients | Stewart Dunn, Professor of Psychological Medicine, University of Sydney and Director of the Pam McLean Cancer Communications Centre |
| 12.45pm | Contextualised simulation in procedural and operative skills - creating environments to develop technical and "non-technical skills" | Debra Nestel, Professor of Medical Education, Gippsland Medical School, Monash University |
| 1.15pm | Lunch | |
| SESSION 3: CURRICULA AND PROJECTS | | |
| 2.00pm | Curricula for NTS: a review of the literature | Robert O'Brien, Director of Medical Education, St Vincent's Hospital Simulation Centre, Melbourne |
| 2.30pm | Project 1 | Margaret Bearman, Senior Lecturer, CMHSE, Monash University |
| 2.45pm | Project 2 | Jennifer Shafer, Educator, Faculty of Medicine, University of Queensland |
| 3.00pm | Project 3 | Janet Chan, Intensivist, St Vincent's Hospital, Sydney |
| 3.15pm | Training needs analysis | Break out group work |
| 4.00pm | Close | |

Annex B - Attendees

| TITLE | GIVEN | SURNAME | ORGANISATION |
|------------------|------------------|--------------|---|
| Dr | Margaret | Bearman | Monash University |
| Prof | Spencer | Beasley | RACS |
| Mr | Graham | Beaumont | Treasurer ASSH |
| Prof | Rosemary | Calder | Dept Health & Ageing |
| Ms | Claudia | Casson | Australasian College of Dermatologists |
| Dr | Janet | Chan | St Vincents Hospital |
| Mr | Ian | Civil | RACS |
| Assoc Prof | John | Collins | RACS |
| Mr | Charlie | Corke | Royal Melbourne Hospital |
| Dr | Neil | Cunningham | St Vincents Hospital |
| Prof | Stewart | Dunn | Uni Sydney, Northern Clinical School |
| Dr | Tony | Elias | Royal Adelaide Hospital |
| Mr | Gary | Eves | QinetiQ Consulting |
| A/Prof | Brendan | Flanagan | Southern Health, Simulation Centre |
| Ms | Jenny | Gough | University of Melbourne |
| Dr | Julie | Gustavs | RANZCO |
| Mr | Peter | Hewett | Queen Elizabeth Hospital |
| Ms | Kathleen | Hickey | RACS |
| Mr | Peter | Hill | SIAA |
| Ms | Felicity | Hutton | St Vincents Hospital |
| Ms | Alison | Jones | RACP |
| Ms | Carol | Jordon | Postgraduate Medical Council of Victoria |
| Dr | Sarah | White | Australian Commission of Safety and Quality in Health |
| Dr | Troy | Kay | SAC Nephrology |
| Ms | Mary | Lawson | ANZCA |
| Dr | Elyssebeth | Leigh | Future Search |
| Dr | Elizabeth | Molloy | Monash University |
| Dr | Peter | Morley | Royal Melbourne Hospital |
| Prof | Debra | Nestel | Gippsland Medical School |
| Dr | Robert | O'Brien | St Vincent's Hospital |
| Ms | Karin | Oldfield | Australian Medical Council |
| Dr | Wendy | Pryor | RCPA |
| Ms | Bronwyn | Robinson | RANZCOG |
| Mr | Anthony | Rowley | ASSH Project Committee |
| Mr | Christopher | Rule | SSRS |
| Ms | Jennifer | Schafer | FRACGP |
| Ms | Yolanda | Schweizer | RANZCP |
| Dr | Jag | Sing | CPMEC |
| Ms | Alicia | Speer | AMA (NSW) Ltd |
| Ms | Denise | Sweeney | RACP |
| Dr | Patricia | Treston | ANZSPM |
| | Julian | Van Dijk | St Vincents Hospital |
| Ms | Tess | Vawser | St Vincents Hospital |
| Ms | Katie | Walker | Queensland Health Skills Development Centre |
| Ms | Deborah | Walley | CTEC University of WA |
| Mr | Marcus | Watson | Queensland Health Skills Development Centre |
| Dr | Leonie | Watterson | Chair ASSH |
| Dr | Xavier | Yu | AMA |
| Dr | Stephen | de Graaff | AFRM |
| committee | presenter | guest | |

A forum on “Simulation Training for Specialist Trainees: focus on Non-Technical Skills”

Date – Thursday August 7, 2008

Venue – Hilton Melbourne International Airport

0930-1600

Hosted by the Australian Society for Simulation in Healthcare



An Australian Government Initiative

Overview

The Australian Society and for Simulation in Healthcare (ASSH) represents stakeholders across a number of sectors within Australia, that have an interest in healthcare simulation. During 2008, ASSH will oversee an educational project on behalf of the Commonwealth Department of Health and Ageing, as part of the Australian Government’s Expanded Specialist Training Program. The project is entitled: *Non-Technical Skills Training (NTS) in Synthetic Learning Environments – Mapping Curricula for Vocational Specialist Training*. The project broadly aims to increase utilisation of simulation in medical specialist training programs in respect to training non-technical skills (NTS).

Project Background

- 1.1 Non-technical skills (NTS) are recognised to underpin safe and effective clinical practice. NTS are core skills, such as communication, teamwork, crisis management and professional demeanour, which underpin competency in a wide range of tasks relevant to medical specialist practice. Specific examples of the latter include obtaining informed consent; managing end-of-life care; disclosing adverse events and handling complaints; working in multi-disciplinary teams; managing emergencies; managing workplace conflict; leading clinical practice reviews and improvement initiatives; negotiating with hospital administration etc.
- 1.2 Simulation (defined in Table 1) has an established role in providing learning for NTS. A variety of learning technologies and learning methods, available in synthetic learning environments have been used for this application (See Table 2).
- 1.3 NTS are prominent in medical specialist training programs, but curricula designed to be delivered in simulated learning environments are not generally well developed.
- 1.4 The project comprises a consultancy, the outcomes of which will be completed in four sequential steps, as shown below:
 - 1 **Inform key stakeholders** from specialist colleges about simulation-based training for NTS and the potential to develop this to address the contextual needs of their respective specialist disciplines.
 - 2 **Increase engagement** by the colleges to develop, or further advance, simulation applications to support NTS training, which are contextually relevant in their specialty.

Annex C - Handout

- 3 **Undertake a training needs analysis** of three specialist colleges relevant to NTS to inform future curricula design and training initiatives.
- 4 **Develop curricula maps** for the same specialist colleges outlining priorities for competency development, appropriate simulation applications and vertical and horizontal integration with the existing vocational training program(s).
- 5 **Mentor** the same specialist colleges as in 3 and 4 as they participate in pilot training activities. **(The subject of this Expression of Interest)**. The consultant will independently evaluate the pilots and provide recommendations for future developments.

1.5 A final component of this larger project will entail a series of pilot training activities.

Table 1: Definition of simulation

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1. **Synthetic learning environment (SLE)** – an area, used for the purpose of learning and related activities, the latter including research into, assessment and evaluation of learning, which reproduces components or aspects of the real world environment, to support learning.
 2. **Simulation** in this document refers to learning methods provided in SLEs which support experiential learning. Key components of experiential learning include:
 - a. the learner interacts with his or her environment.
 - b. A high proportion of the learning activities enact activities and tasks representative of the learner's real world responsibilities.
 - c. The environment needs to be sufficiently realistic for experiential learning to occur. Depending upon the learning objectives, realism can be built into the equipment, the surrounding environment or the overall integration of equipment, environment and interactions between learners and instructors ¹
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¹ From Beaubien JM. Baker DP. The use of simulation for training teamwork skills in health care: how low can you go? Quality & Safety in Health Care. 13 Suppl 1:i51-6, 2004 Oct.

Table 2: Learning technologies and training methods.

The table lists a learning technologies and training methods that are employed in synthetic learning environments.

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1. **Learning technologies** used in (SLEs) include, without being limited to:
 - a. Manikin – life-like aspects of people and situations are generated by a manikin and or a “theatrical” interaction of actors and props with manikins.
 - b. Computer-based virtual reality – a realistic environment is reproduced on a computer screen.
 - c. Haptics (tactile information is fed back to the learner (E.g. feel of surgical instruments on tissue)
 - d. Actors – reproduce components of real world experience, especially involving communication between people
 - e. Part-task trainers – reproduce components of a patient's anatomy. They are generally used to support procedural skills training however may be used in conjunction with other learning technologies to create integrated clinical situations.
 - f. Video – actual real world, or any of the above enacted on video
 2. **Learning methods** used in (SLEs) include, without being limited to:
 - a. Scenarios - Using any of the above technologies to enact whole events or components of events.
 - b. Case-based learning – using other formats including written and oral presentations, to present clinical scenarios for learning.
 - c. Role play – Using any of the above technologies to enact interactions between people, including but not limited to:
 - i. health professionals and patients (E.g doctor–patient; nurse-patient)
 - ii. Health professionals and health professionals
 - d. Procedural training - Using any of the above technologies as a platform from which to conduct a procedure.
 - e. Multimodal formats – refer to activities which integrate two or more discrete techniques or curricula which use a variety of specific formats to address specific individual learning objectives.
 - f. Debriefing and reflection
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