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Vision:
“To be an international leader in achieving measurable improvement in healthcare quality through the use of simulation-based training and research.”
Welcome to our acting Director of Services

On 30 May, Dr Peter Thomas began a 12-month secondment to the position of Director of Services for the Clinical Skills Development Service (CSDS).

Peter has had a long association with CSDS, beginning as a member of the Curriculum Development Faculty in 2006. Peter has authored eLearning packages and developed a number of courses that use skills training and simulation to teach cardiorespiratory and intensive care skills to physiotherapists. The courses Peter developed are now delivered more than 30 times each year to participants from within and external to Queensland Health, and the eLearning packages are accessed by health staff and students from a range of professions. Peter has a passion for simulation-based education and he has presented nationally at a range of conferences on curriculum outcomes, scenario design, and simulation equipment design.

Peter has been employed at the Royal Brisbane and Women’s Hospital since 1997, and is currently employed as a Physiotherapy Consultant – Critical Care. Peter completed his PhD on the positioning of ventilated intensive care patients in 2007. The thesis explored the utilisation of positioning by physiotherapists and nursing staff in Australian intensive care units and investigated the effect of lateral, semi-recumbent, and seated position changes in patients receiving mechanical ventilation. In 2010, Peter finished his fellowship training as a specialist cardiorespiratory physiotherapist.

“The CSDS has recently undertaken some activities that will enable or enhance the utilisation of simulation by clinicians for education in their workplace. This includes the expansion of Pocket Simulation Centres, simulation educator training, and online resources like CSDS Central. I am hoping that I can contribute to the further development, growth, and refinement of these activities. It is going to be a busy but exciting 12 months,” said Peter.
Around the room

Team changes

The Simulation team was split in March 2011 to create the Resource team. This new team is responsible for establishing Pocket Simulation Centres and for distributing, tracking, and repairing and maintaining all the CSDS simulation equipment state-wide. The Simulation team now focuses on simulation course and event delivery, and training simulation providers.

Safety reminder

CSDS places high priority on the safety of its course participants, Faculty, and staff. Safety procedures that apply in the real clinical environment apply in the simulated one too.

- All drugs must be stored in a secure pharmacy room or drug trolley.
- All sharps must be handled and disposed of in the appropriate manner, using sharps trays and bins.
- The same safety principles must also be applied to defibrillators in the simulated environment as in the clinical setting. The defibrillators at CSDS are live and will actually deliver the required shock, just as they would to a real patient.
- All course participants must wear enclosed footwear for safety during their course.

CSDS achievements

Some of our recent key achievements include:

- an increase in the number of Pocket Simulation Centres to 27 in the last financial year
- a total of 97 Simulation Coordinators trained around the state by the end of the last financial year
- a total of 265 CSDS courses delivered during last financial year, including 505 external events, and coordination of 2,800 participants through CSDS courses
- six new eLearning courses developed, with 847 pages created and 133 illustrations
- 8,147 eLearning course enrolments last financial year
- meeting our equipment usage target each month since February, and exceeding our target for three months already this year (see equipment usage graph below).


[Graph showing equipment usage with usage target line and months of January to June with usage hours for each month: January 2858.5, February 6018, March 7378.5, April 5672.5, May 7577.5, June 8754.5]
Every day, we receive feedback from participants on their courses at CSDS. Here is a selection of comments showing some of the positive experiences our participants have had.

Excellent teaching in a relaxed environment.

[The course was] well worth the time. Although frightening and nerve-racking, it is important to practise scenes in a non-judgemental and safe environment where people’s lives are not at risk.

Excellent, good reflective practice.

Manual is excellent with good theory and scenario-based training.

Excellent—good balance between teaching styles, i.e., passive observation followed by debriefing vs. active engagement during scenarios.

I am wanting to letting you know of an experience I had while working in Birth Suite the other night... We suddenly had an undiagnosed breech! I immediately went into MaCRM [Maternity Crisis Resource Management] mode... I was fortunate my assistant was a MaCRM educator so we had a beautiful breech birth, and a mother extremely proud of herself. An experience like this shows what an important programme MaCRM is in helping us respond to the unexpected. Great outcomes for mothers, babies, and midwives. Thank you! (Midwife via email)

[The presenters were] very knowledgeable and approachable. Experts in the field.
We have been continuing to develop and refine our training pathways for Simulation Coordinators, Simulation Educators, and Faculty. We now have three courses that are run on a regular basis, which aim to improve the overall quality of simulation education across the state. For more information on any of these courses, please contact csds-courses@health.qld.gov.au.

### Introduction to Simulation Training (IST)

The IST course has been running since late 2010 and has been attended by more than 90 staff. This course is the first step for all new Simulation Coordinators, Simulation Educators, and Faculty members, and provides a broad range of knowledge and skills relating to facilitating simulation education in healthcare.

### Simulation Coordinator Training (SCT)

CSDS has trained more than 50 Simulation Coordinators throughout the state since implementing this course in 2009. This training consists of three different streams, dependant on the participants’ primary site for delivering simulation education. Each stream of the course runs over two, three, or four days and covers all technical aspects of delivering simulation.

### Fundamentals of Debriefing Course (FDC)

FDC is designed for Faculty members and Simulation Educators who are involved in conducting debriefing sessions. The course allows participants to gain an understanding of various debriefing theories and techniques, and how to apply these to simulation-based education. Debriefing skills and techniques are rehearsed through a range of activities, and through supervised debriefs of actual scenarios. Participants must complete the IST course prior to enrolling in FDC.
Research

Projects

So far, 2011 has been a busy year for research output.

Over the past three years, an interdisciplinary team of researchers from CSDS and The University of Queensland has conducted a large-scale project to develop a national colonoscopy training curriculum based on collaborative research findings. In June, the project reached a major milestone with the delivery of the final report to the Commonwealth Department of Health and Ageing.

In addition to the colonoscopy project, we have continued to collaborate with University of Queensland researchers on work relating to the design and evaluation of patient observation charts.

In recent months, seven papers describing aspects of these two projects have been submitted for publication in quality scientific journals and are currently under review:


Preece MHW, Hill A, Horswill MS, Karamatic R, Watson MO. ‘Do healthcare professionals prefer observation chart designs that optimize the detection of patient deterioration?’

Preece MHW, Hill A, Horswill MS, Watson MO. ‘Supporting the detection of patient deterioration: Observation chart design affects the recognition of abnormal vital signs’.
CSDS staff have recently published two research papers about our courses in international journals.

Pauline Lyon, Patricia Régo, and Marcus Watson authored ‘The impact of maternity crisis resource management training’, which was publishing in May in the British Journal of Midwifery. The paper discusses a study evaluating outcomes of CSDS’s Maternity Crisis Resource Management (MaCRM) course in terms of participant satisfaction and application of learning in the workplace. The study’s major conclusion was that regular compulsory upskilling in managing maternity emergencies is needed.

Graham PerryHaines and Patricia Régo contributed to the article ‘Is simulation training effective in increasing podiatrists’ confidence in foot ulcer management?’, published in the Journal of Foot and Ankle Research in June. The paper describes a pilot study assessing improvement in the clinical confidence of podiatrists to manage foot ulcers following the Foot Ulcer Simulation Training (FUST) course. The study found a 42% improvement in confidence (P <0.05), demonstrating that the course has the potential to improve clinician knowledge and confidence through simulation-based training.
State-wide Simulation Delivery Project

The State-wide Simulation Delivery Project (SSDP) was established to improve access to simulation-based training to all clinicians across Queensland, while standardising curriculum, accreditation, staffing, and equipment processes and resources. Over the last two months, SSDP has been focused on meeting its first milestone, relating to curriculum.

CSDS Central is a web portal that will electronically manage centralised web-based curriculum, allowing qualified users access to download course materials, development templates, guidelines, and process models. This will standardise the way curriculum and simulation education are developed state-wide within Queensland Health. Access to CSDS Central is via a link on the CSDS website. To ensure quality and security, only registered users have access.

The web portal was launched on 1 June, with the first month dedicated to user test trials. The trials included nominated simulation-based employees from districts who provided feedback on the registration process and effectiveness of the database. The user test trials identified technical issues and allowed SSDP insight into how the system can be improved to provide greater access to districts.

CSDS Central was released for state-wide use on 1 July. CSDS has uploaded a large number of scenarios, with more to be standardised and uploaded in the coming months. CSDS Central will grow over the next few years as more users become associated with the web portal and see the benefits of sharing material across the state.

The SSDP team is now focusing on milestones for accreditation, staffing, and equipment.
eLearning

Five eLearning courses have recently been completed, and we are awaiting feedback from the subject matter experts and test user groups. These are:

- Basic Knowledge for Colonoscopists, developed with Marcus Watson (CSDS), and Mark Horswill from The University of Queensland
- Cardiorespiratory and Orthopaedic Physiotherapy, developed with Peter Thomas (CSDS), and Rebecca Ferrier from The Prince Charles Hospital
- Criteria Led Discharge, developed with Helen McConachy from the Access Improvement Service
- Paediatric Trauma, developed with Andrew Blanch and Sally Johns from the Royal Children’s Hospital
- Spina Bifida, developed with Nicole Thomas from the Royal Children’s Hospital.

The eLearning and Curriculum teams have been working hard for the last few months to develop these courses, and initial feedback shows that we have delivered high-quality results.

“We asked the CSDS eLearning team to take our paper-based training and create an online education and assessment tool. The eLearning team has been motivated and enthusiastic with a real ‘can-do’ attitude. They are highly skilled professionals who have built a strong working relationship with us, I believe, through their ability to meet and even exceed our expectations.

They know their products and what can be achieved, and have helped us to produce a valuable and highly polished educational resource.”

Helen McConachy
Manager, Inpatient Improvement Team
Access Improvement Service, Queensland Health
New assessment tools

The eLearning team has been working to improve the quality of assessment tools used in our eLearning programs. Two recently developed tools have been used in our new courses and are now available for use in future courses as well.

Hotspots are an assessment tool that ask the user to click the correct part (or parts) of an image to answer a question. ‘Click-to-reveal’ questions and answers allow participants to compare their own typed responses with model answers to evaluate their learning.

We have also used scenario-based assessment in eLearning for the first time in the Criteria Led Discharge (CLD) course. This assessment requires the participant to view a scenario—a comic strip, in this case—then select the appropriate action from several presented options.

All of these new assessment tools allow us to test practical applications of knowledge in an online format.