Training vs time
Advanced life support course for the Wesley
Honorary fellowship program
Introduction to the Communication program team
After the success of the first edition of the Clinical Skills Development Service’s (CSDS’s) Simulation Training and Research (STaR) Magazine in December 2014, we are now happy to release the second edition.

This edition focuses not only on blended learning, but also on the launch of new courses, the use of innovative technology, and the introduction of a number of new facets to CSDS, namely the Communication program team, and the Honorary fellowship program.

I hope that you enjoy reading this magazine as much as the CSDS team enjoyed putting it together for you.

A/Prof Marcus Watson / Executive Director
Training VS time
Getting the blend right

No one questions the need for clinicians to keep their training up to date, but fitting it in is another matter. The dance between competing needs is a delicate one as busy clinicians struggle to get time off work to attend training courses that may be long and expensive.

eLearning has sometimes been presented as a panacea: Affordable learning at your fingertips! Anywhere, anytime! However, the truth is that even well-designed eLearning struggles to teach or assess many of the complex physical and interpersonal skills required by the modern clinician and a face-to-face option is required.

Blended learning, where training is conducted both online and face-to-face, aims to deliver the best of both worlds. Blended learning can mean many things, but at the Clinical Skills Development Service (CSDS) our approach is usually to use eLearning to ‘pre-load’ the learner with the underpinning knowledge they need. This means that their face-to-face time, which is now generally shorter than a course delivered through only face-to-face methods, can be spent practising more complex hands-on tasks.

CSDS’s Advanced life support (ALS) is one course that uses this model. The eLearning provides comprehensive background knowledge to the subject and must be completed before the face-to-face component.

This allows us to keep the face-to-face component relatively short (four hours). During this period, participants are able to learn core practical skills and still have time for an immersive scenario, where they can practise their higher-level crisis resource management skills.

The combination of eLearning and face-to-face means that our participants can be trained and assessed to a higher level without extra time spent away from work. Our course participant feedback has informed us that participants leave the course feeling that they have a good handle on both the theory and its practical application.

Another approach that we are using is to ‘chunk’ our learning even further into one or two hour face-to-face courses supported by a brief module of eLearning. These short, sharp learning chunks can be used to teach critical skills like intravenous cannulation or basic adult airway management. They can also be combined to create a ‘learning pathway’ for a particular cohort of participants, allowing that cohort to get just the training they need, with no superfluous material.

Just like eLearning, blended learning is no cure all. Poor quality blended learning is just as disappointing as any other badly planned learning experience. When used intelligently, however, blended learning can assist in mitigating some of the anxiety or indecision that clinicians may face when trying to decide how best to spend their limited training time.

Curriculum team / CSDS
Creating compelling courses
Designing with learners in mind

An important part of the work of the Clinical Skills Development Service (CSDS) is designing educational courses. This is the first article in a series letting you in on our course design and development secrets.

How do you want to learn?
Do you want to watch a video of how to complete a task instead of reading instructions? Do you want to see the task completed by someone who is standing right in front of you? Do you need to practise the skill immediately after you’ve seen it performed, or would you rather reflect, and then attempt?

These kinds of questions, and their associated answers, are very relevant to the second stage of Analysis, Design, Development, Implementation and Evaluation (ADDIE), the popular course development model that we use at CSDS. (see image).

How design fits into course development
A training needs analysis looks at information like: why do we need this course? What training ‘gap’ does it address? Who are the learners going to be? From here the course can be designed to target this gap, and to speak directly to the identified learners.

What is the best way for learners to learn?
There has been much debate in regards to how people best learn, and it is generally accepted that in this respect, we are all different. However, the reality is that most people have a number of common ways in which they like or prefer to learn. A lot of people prefer the same things: such as the inclusion of videos in eLearning as they can present a lot of information in a short space of time, with no reading required. Another example may be the use of a scenario in face-to-face training to practically apply theoretical knowledge. These considerations must be taken into account when designing any training.

At CSDS, we aim to design courses in a way that will appeal to a wide variety of people. In relation to delivery, this could mean identifying that the most effective method is through face-to-face training, eLearning, or a combination of both in the form of blended learning.

How should we design assessment?
Assessment should always aim to be flexible, fair, reliable and valid. We assess as authentically as possible and align the assessment with the learning objectives of the course. Where possible, the assessment is meaningful and tests the learner in the way that they will be tested when they apply the knowledge and skills when they are back in their workplace.

For example, if someone is learning how to apply clinical reasoning skills, an ideal assessment in a face-to-face environment would be participation in an actual scenario and debrief. If the same content was to be assessed using eLearning, an interactive branching scenario may be effective. CSDS has produced a number of interactive branching scenario assessments, such as those in Criteria led discharge (CLD), and the final eLearning assessment in Basic life support (BLS). Interactive branching scenarios are proving to preload learners such that they perform better in face-to-face assessment.

What happens next?
Once design has been completed, a course moves into the phases of development, implementation and evaluation. These will be covered in the next editions of the magazine.

Want to know more?
If you have any questions about design, and its role in course development, please contact CSDS.
Curriculum team / CSDS
Speaking words of wisdom
Visiting professor workshops

Did you know that the Clinical Skills Development Service (CSDS) presents an annual ‘Visiting Professor Workshop’? Each year, it is our privilege to host an internationally renowned simulation expert to share their knowledge and insights with interested clinicians and clinical educators. To ensure maximum reach, attendance is free for employees of Queensland Health and partner organisations.

These workshops are a great way to keep informed about some of the latest international developments and innovations in the field of simulation in healthcare. The Visiting Professor Program is also an important quality control mechanism for CSDS. In addition to presenting a workshop, part of the role of the Visiting Professor is to identify both our strengths and our opportunities for further improvement as a statewide simulation service.

Past Visiting Professors
Over the years, the Visiting Professor Workshop has been presented by a variety of high-calibre speakers, including the following.

» **A/Prof Pamela Andreotta** from the University of Minnesota is currently President of the Society for Simulation in Healthcare (SSH). A/Prof Andreotta is an expert in the use of team-based and individual methods for training, performance assessment, and maintenance of competencies in healthcare.

» **Prof Rhona Flin** is Chair in Applied Psychology at The University of Aberdeen. Prof Flin’s areas of expertise include non-technical skills in safety-critical occupations (including healthcare), safety leadership, and organisational safety culture.

» **Prof Jean S Ker** is Clinical Professor and Director of the Clinical Skills Centre at the University of Dundee. Prof Ker founded the Scottish Clinical Skills Network, and is an expert in the use of simulation for performance assessment and education in healthcare.

» **Prof Roger Kneebone** is Professor of Surgical Education and Engagement Science at Imperial College, London. Prof Kneebone originally trained as a surgeon and later became an expert on surgical education and simulation. Prof Kneebone’s multidisciplinary research group focuses on hybrid, distributed and sequential simulation techniques.

» **Prof Debra Nestel** is Professor of Healthcare Simulation in Education at Monash University and Chair of the NHEt-Sim Executive Committee. Prof Nestel’s areas of expertise include patient-focused simulation (which she pioneered with her colleague Prof Roger Kneebone at Imperial College), and the role of simulation to support the learning of clinical skills.

» **Prof Harry Owen** is Professor of Anaesthesia and Pain Medicine, and Director of Clinical Skills and Simulation, at Flinders University. Prof Owen is an expert on simulation-based skill acquisition and the history of simulation.

» **Prof Karim Qayumi** from the Department of Surgery at The University of British Columbia is the Director of the Centre of Excellence for Simulation Education and Innovation (CESEI) in Vancouver. Prof Qayumi is an expert in simulation-based training with special interests in interactive teaching program development and device development and testing.

» **A/Prof Dan Raemer** from Harvard Medical School and Massachusetts General Hospital is the Director of Clinical Programs at the Centre for Medical Simulation in Charlestown, Massachusetts, and a past President of SSH. A/Prof Raemer’s areas of expertise include teamwork, crisis management, debriefing, and the use of simulation as a research tool.

This Year’s Workshop
The next CSDS Visiting Professor Workshop is planned for May 2015. Our esteemed guest this year will be Prof. Suzie Kardong-Edgren, who is the Director of the Regional Research and Innovation in Simulation Education (RISE) Center and a Professor of Nursing at Robert Morris University. Prof Kardong-Edgren is an internationally renowned simulation researcher and educator with an impressive record of achievements. Most recently, Prof Kardong-Edgren and her colleagues conducted a large-scale national study in the USA testing the viability of replacing clinical hours with simulation training in prelicensure nursing education, which won the Excellence in Educational Research Award in 2014.

**Title:** The US NCSBN National Simulation Study: How might the results inform Australian health provider education?

**Date and Time:** 27 May 2015 | 9-11am

**Location:** CSDS Conference Room 2 Level 5, Block 6 Royal Brisbane and Women’s Hospital

**RSVP:** CSDS-Admin@health.qld.gov.au or 07 3646 6500

For more information about the workshop, or to register, please visit the CSDS Blog: https://www.sdc.qld.edu.au/blog

Research team / CSDS
As the Simulation Manager for the Clinical Skills Development Service (CSDS), I am passionate about simulation and I love gadgets... the more 'bleeding edge' the better. I pride myself on being an early adopter of technology and I have a box of junk in my garage to prove it. I've always thought that this is part of my passion for simulation – building curriculum and figuring out the most appropriate piece of technology that would enhance the learning experience.

When I began work at CSDS, I discovered another element that I now consider critical to success in simulation-based education: community. Under one roof we have experts in audiovisual technology, eLearning development, healthcare simulators, equipment maintenance and repair, learning management systems, vocational education and administration. This breadth of knowledge means that we can develop new training products and find innovative solutions for healthcare providers that are appropriate, practical, cost-effective and can ultimately lead to better patient outcomes.

The success of CSDS made me wonder what would be possible if we could expand this network of professionals and build a community of practice with simulation experts across Australasia. At the 2014 SimHealth Conference, I attended the inaugural meeting of the Simulation technologists special interest group (SimTech SIG), set up under the auspices of the Australian Society for Simulation in Healthcare (ASSH). Looking around the room, I realised that I wasn't alone in my obsession with technology or my desire for connection with others. I have since stepped up to lead the SimTech SIG group, and am excited about creating a vibrant community of practice supporting those interested in simulation across Australasia.

The plan for 2015 is to establish a strong membership and uncover the needs of this membership group through an Australasia wide survey. A forum will be developed for debate and support. I hope to include not only government, independent simulation centres and clinical areas in this group, but also the wider simulation community. By including grassroots professionals, simulation centres and industry representation, we will determine relevant and practical solutions to many of the hurdles the simulation community faces.

There are many exciting possibilities for the future, including:

- assessing new technology that has potential to be used in simulation so that we can evaluate it, sharing our results with the wider group;
- sharing ideas on how to repurpose or stretch the simulation resources we have to make simulation-based training less expensive and more accessible;
- developing resources for simulation providers so that simulation equipment isn’t left broken or unused in cupboards; and
- providing support for educators to ensure that equipment is selected based on curriculum and not the other way round.

The second annual meeting of the SimTech SIG will be held at the Simulation Australia annual conference SimHealth/ Tech in Adelaide (August 17th-21st 2015).

If you have a passion for exploring the use of technology in education please join us.

Contact Simulation Australasia
Telephone: +61 8 8223 4888
Fax: +61 8 8223 2211
Email: admin@simaust.com
Postal Address: Simulation Australasia Ltd
PO Box 119, Rundle Mall SA 5000

See more at: www.simulationaustralia.com
CSDS is committed to the development of education in healthcare to support the provision of a first class healthcare system on a state-wide, national and international basis. The CSDS Honorary Fellowship program is a key component of this, by providing professional development to individual fellows that focuses on the use of simulation and education in healthcare. The fellowship program is separated into the following types:

- Honorary Fellow in Simulation Coordination;
- Honorary Fellow in Simulation Facilitation; and
- Honorary Fellow in Education.

The voluntary program is aimed predominantly at healthcare professionals with an interest or background in simulation and/or education. It is also open to potential applicants with a simulation and/or education background in other industries such as:

- Aviation;
- Defence;
- Resources and infrastructure;
- Transport and logistics; and
- Emergence management and national security.

The participation of non-healthcare fellows will support the investigation of alternate simulation and/or educational tools, viewpoints and methodologies in relation to the clinical environment. Similarly, the professional development of the non-healthcare fellow will include the use of simulation and education in healthcare.

The program is delivered over a six-month period, which enables the fellow to receive the greatest professional development from the program while being able to maintain their normal employment. It is envisaged that fellows will maintain their normal employment while participating in this program.

A fellow must attend CSDS as part of the program for a minimum period of 25 days. This may occur as individual days (e.g. one day per fortnight), or as a block period (e.g. five or more consecutive workdays).

Fellows participating in this program will receive professional development from CSDS through attendance on the following courses as a minimum:

**Honorary Fellow in Simulation Coordination:**
- Introduction to simulation training (IST); and
- Simulation Coordinator training (SCT).

**Honorary Fellow in Simulation Facilitation:**
- Introduction to simulation training (IST); and
- Simulation education event design (SEED); and
- Fundamentals of debriefing course (FDC).

**Honorary Fellow in Education:**
- Introduction to simulation training (IST); and
- Fundamentals of debriefing course (FDC); and
- Simulation education event design (SEED).

CSDS will periodically request applications for one or all of the three types of fellows depending on organisational needs and vacancies through:

- Queensland State Government SmartJobs website;
- Seek website; and
- Industry governing bodies and authorities e.g. Simulation Australia.

Expressions of interest in the CSDS Honorary Fellowship program can be sent to CSDS through:
CSDS-Admin@health.qld.gov.au or by phoning (07) 3646 6500.

Curriculum team / CSDS
The Advanced life support (ALS) course at the Clinical Skills Development Service (CSDS) is delivered in a blended manner utilising eLearning and face-to-face practical components. The course has been developed for all healthcare professionals and utilises Australian Resuscitation Council (ARC) guidelines for effective management of cardiopulmonary arrest. The course has been approved by a number of professional bodies for Continuing Professional Development (CPD) including the Australian and New Zealand College of Anaesthetists (ANZCA).

As part of the recently released ANZCA guidelines for CPD, one activity that Anaesthetists are required to complete is a module addressing cardiac arrest. This session must occur at least every three years, and include a minimum of 80 minutes of simulation.

Dr Danielle Moses, recently appointed as the Course Director for ALS at CSDS is also a Consultant Anaesthetist working for the Wesley Anaesthetic and Pain Group. As a result of this relationship, CSDS supported the Wesley Group with providing ALS training to meet their mandatory requirements.

The face-to-face component of our ALS course includes the delivery of four immersive scenarios. Initially, the scenarios had been designed to be generic in nature in order to create a familiar environment for a variety of health professionals. The Wesley Group consisted entirely of anaesthetists who almost exclusively work in a theatre environment.

Andragogy principles describe that adult learners need relevancy in their education sessions to facilitate learning. To engage this specific group of learners, and provide a valuable learning experience, the existing course was tailored to meet the clinical and environmental aspects of anaesthesia. In conjunction with the Wesley Group, four new anaesthetic-specific scenarios were developed in accordance with both the ANZCA accreditation requirements and the learning objectives of the existing ALS course. By creating this familiar environment, participants became fully immersed in the scenarios, which subsequently created rich learning opportunities during the debriefing sessions.

Feedback from participants following the course revolved around how real things seemed and the relevance behind each scenario. The participants agreed that they would like to make this an annual event, as opposed to being triennial as per ANZCA guidelines.

While the variation of the course delivery required more resources and effort from all CSDS staff involved, the outcome was truly worthwhile. Participants were presented with valuable learning opportunities in a safe learning environment, not to mention their CPD points. Dr Moses is acknowledged for her enthusiasm throughout this process.
You have been involved in the medical industry for some time, can you tell me about what drew you to simulation training?

As a junior doctor I was exposed to the early stages of medical simulation. I was really impressed with the level of engagement that it generated in my colleagues and I. I found simulation exciting, engaging and it provided a level of insight into your own behaviour that you didn’t get from lectures and text books. During my training to be an anaesthetist, I became aware of the enormous morbidity and mortality associated with medical errors in our hospitals. The numbers horrified me. I learnt how the use of simulation in other high stake industries like nuclear power, the military and aviation had improved their safety profile. I became fascinated by the ideas of error management and human factors in medicine. I started my simulation education training in Scotland in 2007 at the Scottish Simulation Centre, which was previously the Stirling Simulation Centre, under the likes of Nikki Maran and Simon Edgar. Since then I have been involved in simulation in five different continents: Europe, North America, Africa, Asia and Australia. It is a very innovative field and I am very passionate about providing exciting and engaging educational events.

You are now heavily involved in simulation-based education and founded the company Paper Scalpel Rock. Can you tell me about this journey?

Throughout my postgraduate education, I was endlessly frustrated with the sort of educational opportunities there were. I felt that the time spent on the educational events that were available weren’t utilising the best of my precious time and that was a common frustration among my colleagues. On top of that, because I was delivering medical simulation I was seeing many amazing facilities were being under utilised. These things drove me to deliver engaging medical education events with genuine educational goals that use expert facilitators. I wanted to do this in partnership with world-class facilities. This approach has allowed us to produce courses that are very well received by doctors...or maybe it’s the barista coffee at our events...

Have you been involved in any research in regards to how simulation changes the outcomes in regards to human factors and medical errors?

There is a lot of research out there supporting the benefits of Simulation Education. I am in the process of collecting data that will perhaps provide additional support for simulation as a form of medical education.

What are the greatest challenges in providing healthcare simulation?

The greatest challenges are managing the needs of multiple stakeholders.

Our primary stakeholder is the participant so providing genuine and relevant education that excites and engages participants is our primary objective. We want to remain at the cutting edge of medical education and are therefore constantly trying to push those boundaries to be leading the industry in exciting and engaging courseware.

We also aim to provide financially achievable events. This is a major task in such a highly skilled and costly resource environment.

To overcome these challenges, we have been working strategically with industry partners and collaborating with multiple facilities to enable sharing of industry experience.

By partnering with the healthcare industry we are able to deliver the highest quality experiences and outcomes for doctors who are hungry for high-quality education.

Who do you look up to in the medical or healthcare simulation field?

I have been really impressed by the aviation industry in the way that they have taken simulation on board.
Paper Scalpel Rock and the Clinical Skills Development Service (CSDS) work closely to deliver training events to participants. Can you tell me about this relationship?

A lot of my training in medical simulation was done through CSDS, so I was very aware of the amazing facilities, and the professionalism, experience and combined knowledge of its staff. I was excited to be able to work with them to deliver amazing courses. By combining the expertise of Paper Scalpel Rock in course design and facilitation with the well-known expertise of CSDS we achieve industry-leading events. I think the other benefit of this collaboration is the cross pollination of ideas and experience which move the simulation and education industry further forward.

How do you see the collaboration of Paper Scalpel Rock and the CSDS evolving in the future?

We are excited about the future and hope to continue developing world-class educational experiences for healthcare professionals. This would be to leverage the best practice skills that are available across both of these businesses, Paper Scalpel Rock and CSDS.

It’s been quite a journey for you personally and for Paper Scalpel Rock, can you tell me about what problems you have encountered and lessons that you have learnt?

One of the problems that we have encountered is a perception that educational events that are done in partnership with the healthcare industry are somehow less credible education. We are challenging that idea by accessing genuine investment partnerships to deliver world-class, authentic education with credible industry leading facilities like CSDS. The lesson that I have learnt is to be true to your educational goals. If you do that and ensure that you are nailing those educational goals, participants will see great outcomes and great value from the course.

If you could go back in time would there be anything you would do differently?

If I could go back in time I would have asked my partner, Sarah, out earlier and I would have bought shares in Apple.
Pocket centre profile

Hervey Bay Pocket Centre

A Pocket Centre Profile will be included in each edition of the STaR Magazine. The profile will provide information on one or more of our Pocket Centres starting from initial engagements through to the day-to-day delivery that takes place within the Pocket Centre.

| Site Name               | Hervey Bay Pocket Centre
|-------------------------|--------------------------|
| HHS                     | Wide Bay Hospital and Health Service
| Site Location           | Hervey Bay Hospital
| Centre Type             | AV: Full
|                         | EQU: Full body manikins and part-task trainers
| Application Form Received| Early 2010
| Pocket Agreement Started| Late 2010
| Accreditation           | Hervey Bay Pocket Centre was accredited as a skill centre on 15/04/2013
| Audio visual            | Full AV Install, equipment provided and owned by the Hervey Bay Pocket Centre
| Simulation space        | Scenario Room
|                         | Debrief Room
|                         | Lecture Theatre
|                         | Insitu
|                         | Control Room
|                         | Skills Lab
| Simulation training provided onsite |
| PROFESSIONS             | Medical
|                         | Nursing
|                         | Allied Health
|                         | Operational
|                         | Other...........
| SIMULATION TYPE         | Immersive
|                         | Pause and discuss
|                         | Procedural
|                         | Skills stations
|                         | Role play
|                         | Other...........
| COURSES                 | Human factors
|                         | Technical skills
|                         | ALS/BLS
|                         | Surgical
|                         | Sim Provider Training
|                         | Meeting & conferences
|                         | Other...........

COURSE  | NUMBER OF STAFF ATTENDING
---      | ------------------------
IST      | 10
SCT      | 7
FDC      | 3
SEED     | 3
Graduate Certificate in Healthcare Simulation | 2

From left: S Schofield (Simulation Coordinator), D Spanhake (Educator), & K Karrasch (Program Manager)
Introduction to the Communication program team

On the 5th of January 2015, the Clinical Skills Development Service (CSDS) welcomed the Communication program team, formerly the Centre for International Medical Graduates (CIMG), to our organisational unit.

The team has worked from the Skills Development Centre during the entire ten years of the Centre’s operation and has worked alongside CSDS, also delivering training to healthcare professionals. Here at CSDS, we are excited to have the Communication program team on board and are anticipating a valuable collaboration in training and development for healthcare professionals.

Snapshot of the Communication program team

What we do

The Communication program team provides information, programs and support for:

» International Medical Graduates (IMGs) who are employed by Hospital and Health Services (HHSs) in Queensland; and

» Queensland Health staff who assist doctors to progress through the Australian Medical Council (AMC) examination process.

The Communication program team also assists IMGs to integrate into professional practice in Queensland by refining their English language and communication skills, as well as cultural appropriateness suitable for professional practice in Australia. Communication program educators are experienced in teaching and assessing health professionals with non-English speaking backgrounds.

What services do we provide?

Education and training for doctors on standard pathways who are preparing for the AMC Clinical Examinations through the provision of:

» Weekly (Wednesday night 6-9pm) clinical scenario-based sessions to all states and territories via videoconference;

» Workshop summaries sent to all participants after the Wednesday night workshop, encapsulating any clinical, cultural and communication issues that impact upon safe and effective consultations;

» Clinical trial examinations;

» Small group and individual role play practice with educators delivered in hospitals or via video conference;

» Pre-Employment Structured Clinical Interviews (PESCI) non-clinical panel members; and

» PESCI panel referred communication tutorials.

Communication and cultural training for all doctors:

» Communication workshops delivered in hospitals;

» Orientation to prescribing workshops; and

» Individual communication assessments for all doctors.

How do we incorporate simulation into our programs?

All of our educational activities involve the use of simulation to maximise learning opportunities for time-poor doctors. Communication program educators simulate a variety of patients in different clinical settings and consultation types, according to the specific needs of each doctor. In addition, the communicative demands of examinations and the workplace are factored into all education settings.

We aim to create a safe learning environment where development of effective language and communication can be supported. This involves encouraging reflection, providing immediate feedback on performance and also discussing professional behaviours and cultural issues. This ensures best possible outcomes for the doctor’s performance in examinations and integration into the workplace.

Expressions of interest in the Communication program team or any of their programs can be sent to CSDS through: CSDS-Admin@health.qld.gov.au or by phoning (07) 3646 6500.

Communication program team / CSDS
Recently launched

The following are eLearning and blended courses that have been launched in the previous quarter. For more information about these courses, or to enrol, please see our website: https://www.sdc.qld.edu.au/.

**EVD - The Ebola virus disease eLearning course** covers what EVD is, how it is transmitted, details around infectivity, and the proper application of personal protective equipment (PPE). This course has been developed for Queensland Health staff, and more specifically for health professionals from the Royal Brisbane and Women’s Hospital (RBWH). For this reason, the course is based on, and refers specifically to, RBWH procedures and guidelines.

**EVD**
- **Audience**: Registered nurses, medical doctors, patient support officers, and pathology staff. This course can also be completed by a variety of health professional staff who play a role in this environment.

**BI-G - The Brief interventions for a healthy lifestyle: General population eLearning course**, formerly known as Alcohol, Tobacco and Other Drugs - General, introduces the concepts of brief intervention and healthy lifestyles. It also provides guidance on how you can conduct brief interventions with patients about making healthy lifestyle choices that limit substance use, encourage healthy eating and incorporate physical activity into daily life.

**BI-G**
- **Audience**: Nurses and allied health professionals (including psychologists, social workers, occupational therapists, dieticians, and physiotherapists).

**BI-M - The Brief interventions for a healthy lifestyle: Maternity and child health eLearning course**, formerly known as Alcohol, Tobacco and Other Drugs - Maternity and Child Health, introduces the concept of brief intervention.

**BI-M**
- **Audience**: Maternity and child health workers.

**IICE - The Introduction to intravenous cannulation events blended course** provides participants with an introduction to inserting a peripheral intravenous catheter (PIVC) into an adult patient.

**IICE**
- **Audience**: Health professionals who are required to use a PIVC.

**CRM - The Crisis resource management blended course** focuses on the effective management of resources in a crisis. The aim of this course is to introduce healthcare professionals to the seven key principles and the concept of CRM.

**CRM**
- **Audience**: All health professionals.

**SFL - The Shock for life blended course** covers the theory of defibrillation and other uses of a defibrillator, as well as providing participants with the opportunity to develop and test their skills within a face-to-face environment.

**SFL**
- **Audience**: All health professionals.

**BAAM - The Basic adult airway management blended course** teaches the knowledge and skills necessary to provide airway management to an adult in an uncomplicated situation.

**BAAM**
- **Audience**: Health professionals who are required to provide basic adult airway management.

Curriculum team / CSDS
Equipment spotlight

LLEAP – Laerdal Learning Application Software Platform

LLEAP is the new software platform that controls Laerdal’s full range of human patient simulators. The Clinical Skills Development Service (CSDS) was heavily involved with testing and evaluating early Beta releases of the software. This has provided Laerdal with significant technical advice on the layout, features and manikin integration, assisting in the development.

Soon to be released, this platform merges six different simulator software applications into one application, meaning that it is possible to control ten different Laerdal manikins, in addition to controlling a patient monitor for standardised patient simulations.

Historically, Simulation Coordinators were required to locate, swap and change laptops and control devices, as well as learning the different nuances in software for operating the manikins with similar functionalities. By contrast, the new LLEAP interface will adapt to show the relevant controls for whichever manikin you are connected to, while maintaining the same overall layout.

For current users of the SimMan 3G and SimMan Essential manikins, the transition to LLEAP will be seamless as Laerdal have kept a very similar graphical user interface, also adapting elements from the Simpad interface.

New innovations like SimMom’s automatic delivery module will only be compatible with the LLEAP platform.

CSDS will be staging a rollout of LLEAP throughout 2015/2016, which will affect all CSDS Laerdal manikins, except SimMan Classic and SimBaby, which will continue to use the same software and laptop setup.

Simulation provider courses delivered in the future, such as CSDS’s Simulation Coordinator training (SCT), will integrate the use of LLEAP software.

If you would like to know more about the LLEAP platform and how this affects your Pocket, please contact us directly at CSDS-Equipment@health.qld.gov.au.

Resource team / CSDS

Kersi Taraporewalla interview

STaR Magazine interviewed Associate Professor Kersi Taraporewalla, Director of Education, Anaesthesia and Perioperative Medicine, Royal Brisbane and Women’s Hospital (RBWH), Deputy Head of Anaesthesiology and Critical Care, University of Queensland and Course Director of a number of courses at the Clinical Skills Development Service (CSDS).

Here are his responses...

How long have you been involved with simulation education?

In its present form, since 2002, when I helped start the Skills Development Centre (SDC), which is now the primary site of the Clinical Skills Development Service (CSDS). My first involvement in simulation education, in the broad sense, was in 1987/88 at the Princess Alexandra Hospital (PA), when I was conducting little brain-based simulations and desktop simulations for anaesthetic trainees. Simulation education became more realistic in the early 2000s after the combined meeting of Australian and New Zealand College of Anaesthetists (ANZCA) and The Australian Society of Anaesthetists (ASA) occurred in 2000. The present type of simulation started when we began using full body manikins around 2002.

What do you like most about simulation education?

That it uses a whole body learning approach rather than just individual complex units that you would teach during tutorials. The fact that you are getting someone up and moving and they are learning from a combination of muscle memory plus doing something, that’s the thing I enjoy most.
What do you like least?

Bureaucracy and lack of recognition of prior learning (RPL). Also, I think there’s a tendency for some simulation centres to put themselves forth as the single authority that everyone else has to replicate, and I’m not keen on that. I like places that adjust themselves to accommodate broader views.

What do you see in the future with RPL, do you think it will evolve?

I hope it does – to give credence to people who practically work in simulation as well as those who write and present papers. RPL should ideally focus on your credibility as a performer, not just on your published works.

What or who has been your greatest influence in education and why?

The person who has had the greatest influence is Lev Vygotsky, because when I started reading his material it completely changed my view and turned it all upside down. It made me realise how I could change education completely. He is the person who has been credited for using constructivist teaching rather than behaviourist teaching. Most medical education has used behaviourist teaching for a long time.

What would you say is your greatest accomplishment to date in simulation?

When I think over my career my greatest accomplishment is building CSDS. In the beginning there was a lot of resistance and no money, until formulating with Emeritus Professor Michael Ward (Academic Gastroenterologist, now retired) the concept and the ideas of this place and working through it all.

What's the best piece of advice you have received that you wish to pass on to our readers?

Have lots of storage space! That’s one thing that Dr Brendan Flannigan (who organised the building of the Monash Simulation Centre) told me when we built the centre. I thought we had lots of storage space, but it turns out we still don’t have enough.

Where do you see health education in ten years’ time?

In ten years’ time I can see health education continuing to have difficulty with funding. Another thing health education continuously lacks is development. I think in ten years’ time we will be at the beginning of brain-based learning which has been established in other areas.

Simulation is a forever evolving industry can you tell me about the evolution you have experienced and what you think about blended learning?

The big evolution I have experienced is the broadening of the definition of simulation. A lot of things are now characterised as simulation; it’s almost coming to the point that if it’s not real, it’s considered to be simulation. Blended learning is just another form of change. I think ‘blended education’ is essentially just giving a name to something that people have been doing for a long time.

You have been involved with CSDS for over ten years, can you tell us about the highlights of collaborating with CSDS?

The highlight has been working with the Simulation Coordinators and the other Facilitators. The practical day-to-day problem solving and experience in improving how a manikin runs, how the simulation runs, and learning how people teach within simulation is a highlight for me.

Lastly, you’ve been nominated in the best Faculty category for the Oscars of Simulation. Anything you want to say to your competitors?

Each person who would have been nominated would have contributed significantly and I think it would be better to get them all together and work together rather than competing against each other; cooperation rather than competing.

The fun stuff:

What do you enjoy doing in your down time?

At present it’s all about looking after grandkids. I have two grandchildren, a boy who is 21 months and a girl who is four months. I am currently knitting them booties.

Where would be your favourite holiday destination?

Fraser Island or Caloundra. I like Fraser because you are close enough to shore but just far enough away to be separate and I would like to retire in Caloundra.

If you had the opportunity to invite three people to dinner, dead or alive, who would you invite?

They are all dead…..I would put together, Albert Einstein, John Kennedy and Mahatma Gandhi. With Albert Einstein I would discuss how to bring up concepts and ideas from what he called brain experiments and use it in other areas. With Gandhi I would ask how to peacefully get through negotiating material with a persistent manner. With Kennedy I would ask how to peacefully get through negotiating material with a persistent manner. With Kennedy I would ask how to peacefully get through negotiating material with a persistent manner. With Kennedy I would ask how to peacefully get through negotiating material with a persistent manner.
Hi guys, Simon here: the official face of CSDS (I know! I’m blushing).

I was pretty humbled by the response to the last article about me. I know I’ve got a solid fan base out there, but it really was special to hear how I’ve changed lives, just by doing my job. Sarah from the RBWH said that my instructions helped her to find the loos when she was at an event in the Centre. Robert, who was visiting from Cairns, said that my video meant that he knew what to do when he lost his sunglasses. Remember folks, it’s all just part of my job.

But it did get me thinking… I do a lot around the Centre, but how can I help those of you who might be out in the Pockets, or further afield?

Then it came to me: put a call out to find out what you need to know. Any question about CSDS, what we do or how we do it. You can ask about simulation too. Nothing is too big or small. I know everyone here, we’re all good mates, and I can find out anything I don’t know myself already. You might just find your question and my answer in a future edition of STaR magazine. It’ll be your very own 15 minutes of fame. Email your questions to our awesome Administration team, and they’ll pass them on to me: CSDS-Admin@health.qld.gov.au

HOSTING CSDS COURSES

I was recently asked by one of our participants from New South Wales, about how they could host one of our courses. So just in case any of you are interested, I’ll explain a little bit about it. Basically the first step is that you need to contact our Administration team. They’re responsible for scheduling the courses delivered both here at the Centre and On the Road (OTR). This usually involves everything from arranging suitable venues and training rooms, sourcing facilitators and support staff, managing registrations and payments, disseminating course resources, arranging catering and providing post support with evaluations and feedback. While CSDS does prefer running courses in the Centre (due to the high level of quality training we can offer with our team of simulation staff), we are also keen to support courses OTR.

Over the years CSDS has delivered courses in Mackay, Ipswich, Darwin, Charleville, Randwick, Atherton, Wollongong, Thursday Island, Gawler, Rockhampton and Barcaldine just to name a few. Depending on which course it is and what resources you have, CSDS will discuss with you the level of support we can provide. We can also set the course up on our website so participants can register and access resources (if applicable). The resources required do vary from course to course and there are costs involved, however, our team will work closely with you to ensure a high quality training event that meets your needs.

Some of the courses we have delivered OTR include:

» Advanced life support (ALS);
» Emergency crisis resource management (ECRM);
» Cardiorespiratory and orthopaedic physiotherapy (CROP);
» Introduction to simulation training (IST);
» Simulation Coordinator training (SCT);
» Fundamentals of debriefing (FDC); and
» Pre-hospital trauma life support (PHTLS).

I hope this information has helped you understand more about hosting a CSDS course. If you have any further questions about hosting a CSDS course, or if you are interested in hosting one of our courses, please contact our fantastic Administration team via email: CSDS-Courses@health.qld.gov.au.

And remember, if you have any questions for me (Simon), email CSDS-Admin@health.qld.gov.au.
Central
Frequently asked questions

There are a number of questions that are frequently asked about Central, and these will be addressed below. The most common questions are:

» What is Central?
» What can Central do for me?
» How do I get access?
» I have access but what if I can’t log in?
» I can’t remember my password, how do I reset it?

What is Central?
The Clinical Skills Development Service’s (CSDS’s) Central is a web application that helps CSDS deliver day-to-day business to our clients. It assists in the management of:

» participant information;
» participant payments and history;
» participant completion information;
» course profile information;
» course facilitator allocation;
» facilitator and participant notifications;
» room bookings;
» the resource library;
» resource sharing;
» Pocket information; and
» Pocket accreditation.

What can Central do for me?
Right now if you are a Pocket, Central can help you share and access important resources, like scenarios. This year we have three planned upgrade launches, the first of these will add an equipment management function. This means that when you log in you will be able to see what equipment you have loaned and all of the loan details including upcoming loans, arrival and return dates. Now that all of the equipment data is stored in Central the majority of the process is automated, resulting in a faster loan process and better notifications.

How do I get access?
Access is granted to CSDS staff, faculty and Pocket Centre staff. If you fit into one of these categories and do not have access, please contact us on (07) 3646 6500. If you are not a faculty member or associated with a Pocket Centre and would like to be, please contact us on (07) 3646 6500.

I have access but what if I can’t log in?
If you are having difficulties logging in, the first thing you should do is visit our ‘Help’ webpage: https://www.sdc.qld.edu.au/help.

The information provided here can usually solve basic login issues. If you can’t find a solution please give us a call on (07) 3646 6500 and we will gladly assist.

I can’t remember my password, how do I reset it?
If you have forgotten your password you’re in luck, we’ve built a password retrieval process into the website. In the login panel click the ‘Forgot password’ link, enter your email address and ‘presto’: an email will be sent to that address to allow you to change your password.

For more systems-based frequently asked questions, please refer to the CSDS website ‘Help’ webpage: https://www.sdc.qld.edu.au/help.

For any additional support, please email: support@sdc.qld.edu.au or phone (07) 3646 6500.

Systems team /CSDS
Here at the Clinical Skills Development Service (CSDS) we value the feedback that is received. It allows us to make sure our courses are up to date and professionally relevant.

Some of the feedback we have received has been:

Advanced life support (ALS)

“I loved this course – will definitely be back for more – excellent facilitators. Thanks so much.”

“The small number allows the course convenors to provide adequate education and feedback. Online course excellent.”

“Facilitators very knowledgeable and informative. All important points covered.”

“Excellent facilitation, targeted at right level.”

“Thank you for a great day! Great facilitators, great scenarios and considered and supportive feedback.”

“Brilliant interactive learning experience.”

“It was all fantastic and ran very smoothly from enrolment to completion.”

Fundamentals of debriefing course (FDC)

“Good balance – theory/practice and relaxed atmosphere.”

“Well set up and directed.”

“Good dynamics.”

“I found this course very relevant to my role and will be able to use lots of information I learnt today back in my clinical area.”

Basic laparoscopic training (BLT)

“Relaxed, easy to follow format, logical structure.”

“Pitched perfectly to the audience of the day. Lots of hands on. Not too basic not too advanced – just right.”

“Very good course for junior doctors starting.”

“A very valuable and useful course. Very engaging.”

“Enthusiastic and well experienced educators who gave lots of tips/advice/insight.”

Simulation Coordinator training (SCT)

“Course opened my eyes to what’s involved in being a Simco.”

“The presenters made you feel relaxed. Topic covered in good time.”

“Great job by presenters. Very practical. Definitely recommend it for other Simcos.”

“Spent the day learning SimPad and ALS Advanced and feel very confident in using it.”

“Facilitators were very patient, approachable and easy to talk to.”

During the last three months, 100% of participants agreed that they learnt something of value and that the course they attended was relevant. 100% of participants also agreed that they would recommend the course they attended to others.

Thank you to all our participants for taking the time to provide feedback.

Administration team /CSDS
Simulating bone for intraosseous access practice

Simulation education at CSDS utilises a variety of resources: some we source and some we create ourselves. This is the first in a series of ‘how to’ recipes and guides, for items we routinely make and use here at CSDS.

Simulation team / CSDS

Accreditation

CSDS courses are accredited through:

- Australian College of Emergency Medicine
- Australian College of Rural Medicine
- Australian College of Anaesthetists
- College of Intensive Care Medicine of Australia and New Zealand
- Australian Physiotherapy Council
- Royal Australian College of Physicians
- Royal College of Nursing Australia
- College of Emergency Nursing

Administration team / CSDS

Image credits

Front cover image and the images on pages 4, 9, 10/11, 20/21, and 32/33 were designed by Freepik.com
SUDOKU

check solutions and play more sudoku online
http://1sudoku.net