The battle against Ebola
SimGHOSTS Australia 2015 International Conference #SG15AUS
Clinical trial examination
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Executive address
Since the release of the last edition of STaR (Simulation, Training and Research), the Clinical Skills Development Service (CSDS) has welcomed the international community of healthcare simulation specialists by hosting the Australian SimGHOSTS conference as well as a workshop by our latest Visiting Professor.

This edition focuses on these recent events; it also focuses on what has occurred locally as well. Whether it be through the provision of education to ANZACs, building the capability of clinicians working within the Ebola environment or installing audiovisual equipment at the Lady Cilento Children’s Hospital, the team has been thinking and working innovatively to consistently achieve excellent results.

I am proud of what has been achieved in this quarter and I think that after reading this magazine, you will be as well.

A/Prof Marcus Watson / Executive Director

Keeping the ANZAC spirit alive through simulation
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During the last four years the Clinical Skills Development Service (CSDS) has delivered numerous Simulation Education Events (SEEs) for the Australian Defence Force (ADF). Past SEEs have catered for Australian medical teams about to be deployed to overseas conflict zones.

This year, on 10 April, the New Zealand Defence Force (NZDF) participated in a CSDS SEE for the first time, as they prepared to join forces with the ADF in sending an Australian and New Zealand Army Corps (ANZAC) team to Afghanistan. The significance of this being the 100th anniversary of the ANZAC landing at Gallipoli was not lost on any involved with the training.

The learning objective of this most recent SEE was for participants to gain an understanding of how crisis resource management (CRM) principles can be effectively utilised to improve teamwork during a crisis. This SEE was an eight-hour event, consisting of a CRM presentation, a skill station focusing on effective handovers, and five immersive scenarios.

Each scenario prepared participants for the next, steadily scaffolding their learning experience. Scenarios were delivered at a high noise, low signal level forcing participants to use CRM principles to deal with each crisis as it evolved. This high noise level was achieved in a number of different ways: ADF photos and playback of appropriate audio files were used to recreate realistic environments, silicone moulage was used to create blast injuries, and authentic military equipment was supplied. Participants were introduced to the HOTT acronym, which requires the clinician to attend to/exclude Hypovolemia, Oxygenation, Tamponade, and Tension pneumothorax before cardiopulmonary resuscitation (CPR) can commence. This was a new concept for many and prompted much discussion during the debrief session.

As the teams were working together for the first time, the skill station provided a team-building opportunity as they practised communication skills while performing a MIST (Mechanism of injury, Injuries sustained, Signs, Treatment/Trends in vital signs) handover exercise. In true ANZAC tradition the competition during the exercise was very spirited! After much debate the exercise was deemed a draw.

Scenarios ranged from a simple compound fracture though to mass casualties and saw participants working in emergency departments, theatre and intensive care environments. Manikins and standardised patients were used depending on scenario requirements. After each scenario a debrief session was led by a CSDS faculty member and a subject matter expert (SME) from the ADF.

On completion of the course, participants identified leadership and communication as two key CRM components that would help them function more effectively as a team.

A week after the CSDS training day the ANZAC medical team was deployed to Afghanistan.
SimGHOSTS (The Gathering of Healthcare Simulation Technology Specialists) was founded by Lance Baily in 2011. Lance ‘found his calling’ in healthcare simulation while working as a Simulation Technology Specialist for the Los Angeles Community College and Manager of the Clinical Simulation Center of Las Vegas. At this time he decided he needed to do more to support the simulation profession. Lance’s experience in computer technology, programming, audiovisual production, experimental learning and firefighting/EMS healthcare training combined with careful planning, hard work and collaboration was the birth of SimGHOSTS. SimGHOSTS is a non-profit organisation based in the United States that provides educational support to the international population of simulation technicians through online resource sharing, hands-on training and annual conferences. In 2014 SimGHOSTS announced its first international conference in Australia; this was held at the Sunshine Coast. In 2015 the Clinical Skills Development Service (CSDS) was chosen to host the annual international Conference, at the Brisbane Skills Development Centre, from 23 to 26 June.

SimGHOSTS Australia 2015 International Conference

After months of collaboration with international delegates, CSDS hosted the SimGHOSTS Australia 2015 annual conference opening the event with a Ghostbusters-themed introduction, with a Crocodile Dundee spin.

Dr Carolyn Yucha, Dean of the Schools of Nursing and Allied Health Sciences, University of Nevada, delivered the keynote address on Communicating and Negotiating to Advance Your Simulation Program. Dr Yucha spoke about the different roles for technical staff within a large Simulation Centre and strategies around communicating technical needs to ensure effective and efficient student learning environments.

Throughout the event, there were a range of workshops, which provided hands-on specialist training in the following areas:

» audiovisual: covering technology and trends, production techniques and debugging
» simulation technology: covering high-fidelity manikin hardware, software operation, maintenance and repair and troubleshooting
» general education: covering global simulation alliances and research concepts
» moulage and crafting: covering tools, techniques and 3D printing
» medical training: covering terminology, physiology, pharmacology and the latest in health education practices
» management: including team leadership and communication techniques
» information technology: covering virtual reality, 3D visualisation, networking and troubleshooting

The event was sponsored by Laerdal, TraumaSim, CAE Healthcare, Mediquip, Limbs and Things, the Australian Society for Simulation in Healthcare (ASSH), CSDS, and Turning Technologies and was attended by over 100 national and international guests.

For more information on SimGHOSTS and their upcoming events, please visit the SimGHOSTS website – www.simghosts.org
Lance Baily interview
Founder and Development Director of SimGHOSTS

Lance you have had experience as an EMS/firefighter - is this where you were first exposed to healthcare simulation?
Yes – although I had worked in teams while working on sets in Hollywood, firefighting was the first time I had experienced teamwork requiring time-sensitive life-saving skillsets while engaging in dangerous environments. Obviously you don’t want to enter into a burning building without a plan, communication methods, or emergency tactics. In my EMS program, simulators were the only way we could learn how to do everything from CPR to victim extraction.

But my journey somewhat began before those experiences. During my childhood my father worked at NASA and so flight simulator video games were always a part of my upbringing, and then my mother worked as an ICU nurse and so I have always been around healthcare. I just happened to grow up in the age of personal computers and would always be tinkering with them.

You were the Director of the Clinical Simulation Center of Las Vegas from 2009 to April 2012. What would you say were the highlights of this role for you?
This was an amazing opportunity to lead and manage a team of simulation champions. Previously my experience had been as a simulation technology specialist – and so my knowledge helped our center create logistic plans to maximise the integration and utilisation of the technology.

That position was my first managerial role and so obviously I had a lot to learn. We were bringing three different schools together for the first time and had to change roles, responsibilities, policies, and procedures very quickly in the first year as we all evolved into our new professions. This stress really trained me for the entrepreneurial lifestyle which is always “go go go”! When the Sim Center started to settle down in 2012, I had already started working on HealthySimulation.com and SimGHOSTS.org and was ready to continue that kind of work.

In June this year the Clinical Skills Development Service hosted SimGHOSTS 2015: Australia. How did this event go and do you see the collaboration between SimGHOSTS and CSDS evolving in the future?
The staff at CSDS are amazing! They are always smiling and happy to help with projects small to big. We really felt like we were part of the family again – like we did last year with the team from the University of the Sunshine Coast. James Bishop and his AV team put on an awesome stage and recording presence for our group – certainly the most awesomely “produced” event we have ever had around the world!

CSDS Director Dylan Campher and I have already started sharing needs and talking about ideas. I am extremely impressed with the success he has brought to Queensland and am honored to be collaborating with him.

For us, CSDS is a great collaborator because they are driven by a mission to help others through technology, through innovative practices and excellent customer service. Although the means are different, CSDS and SimGHOSTS are aligned in this way – and so the opportunities to collaborate are clearly only a matter of lining up mutually beneficial projects to benefit the same national and international communities.

Since 2010 you have started two web-based ventures – both of which are free and independent resources for the healthcare simulation industry. Have the healthcare simulation industry embraced these resources?
I believe so. HealthySimulation.com has grown to provide more than 9,000 unique visitors a month and serves over 3,000 email subscribers through our free monthly newsletter. While we do provide some advertising banners from time to time, what keeps me passionate about writing for the site is the emails I receive from simulation champions around the world thanking us for the articles that have helped their programs improve utilisation and outcomes.
Konsiderate.com, the medical simulation peer review platform for big ticket purchases, opened to the community in June of 2014 but already has 1,300 members from more than 85 countries, 15 subscribing vendors, and more than 225 reviews.

Between HealthySimulation.com, SimGHOSTS.org, and Konsiderate.com – the common theme is to provide gateways for the simulation community to connect and share best practices for the benefit of everyone – and looking at the feedback from the CSDS SimGHOSTS event – I believe it’s working!

What are the greatest challenges in providing healthcare simulation?

Continued administrative support is the greatest challenge. If you have a simulation champion at the highest level of your organisation supporting the program, almost anything is possible. Without that leadership, simulation champions can burn out from constant resistance from within their institution. Securing such support is currently the key to get simulation integrated and permanent.

What is your dream or hope for the future of healthcare simulation?

In my opinion, healthcare professionals have some of the most challenging careers in the world. They are asked to work long hours in extremely challenging positions that can be physically dangerous, emotionally draining, and psychologically frustrating. My hope for the future of healthcare is that we can utilise technology to reduce these stresses and improve the outcomes of our work. After costs, only limiting beliefs really stand in our way forward and that is only ever a matter of time.

While you are no doubt busy with your many business ventures, how do you spend your spare time?

You know I do try to build in some extra time for traveling – usually connected with scuba diving. 100 feet under water seems to be only place wireless work can’t find me!

The following are excerpts from quick and candid interviews that took place with SimGHOSTS attendees during SimGHOSTS Australia 2015.

**Why did you decide to attend SimGHOSTS 2015?**

‘It’s one of the few conferences which is tailored to technical officers, the people “behind the scenes”’. (Chris Glub, Senior Technical Officer, Charles Darwin University)

‘Mind blowing! The Clinical Skills Development Service has been staggering. The equipment, the staff and the facilities are just incredible.’ (Chris Glub, Senior Technical Officer, Charles Darwin University)

‘The purpose of me coming here to attend SimGHOSTS is to expand my knowledge, collaborate with old friends who I have met at previous conferences and improve my knowledge of simulation.’ (Michael Burke, Simulation Technician, iSim Centre, Coffs Harbour)
program is very interesting, I didn’t really understand it before so it was really good to hear about that.’ (Julie Dol, Clinical Simulation Lab Manager, University of New England)

‘CSDS is awesome. It’s an awesome facility and I think it’s something that we can all aspire to. I think it has a sense of reality from the staff who are still very ‘grass roots’ and their interpersonal skills are great. So whilst they have this great facility they are still really approachable people, and friendly, and very willing to help.’ (Michael Burke, Simulation Technician, iSim Centre, Coffs Harbour)

What has been the best part of the event?

‘The best part of the event is hearing other people’s concerns and problems, which are everyday problems and the input that the audience and key players have had in problem solving and the alternatives to that. It has been a very engaging process.’ (Tracey Simes, Lecturer, Central Queensland University)

How has SimGHOSTS been different to other events that you have attended?

‘SimGHOSTS differs in the sense that it is a relaxed atmosphere and particularly focuses on a real technical slant, rather than purely academic or research. They are offering a lot of things… Variety.’ (Mark Harrington, Simulation Coordinator, Nambour General Hospital)

‘I think SimGHOSTS is different because most of the time I’m not really sitting in a chair staring at someone talking. There is a lot of interaction whether that be a conversation session or getting the hands-on involvement with the equipment and the people who are the experts in using that so it is very interesting and very engaging and I’m not at all falling asleep.’ (Shannon Barnes, Nursing Lecturer, Australian Catholic University)

What lessons from SimGHOSTS will help with your simulation program?

‘Attending SimGHOSTS to date has assisted me by stretching the imagination, generating thought around simulation as to what you can do. In particular these last few days has shown me the limitations to simulation that we have to be aware of.’ (Mark Harrington, Simulation Coordinator, Nambour General Hospital)

What did you think about the networking opportunities this week with vendors and the community?

‘The networking opportunities, with respect to the vendors and other technicians, is probably the high point of coming here for me. I deal with procurement solely for the School of Health and for the University so it’s great to actually get a face to face, it helps enormously later on when you’re trying to purchase and order equipment and get information on things.’ (Chris Glub, Senior Technical Officer, Charles Darwin University)

‘It’s been really great to network and meet other people who are involved in simulation around the country and internationally. Certainly there are a lot of people who are ahead with their simulation providing, so it’s been really great to talk to people that are a little bit further down the road and gain from their learning and expertise. Perhaps get some ideas about how we might do things better in the future.’ (Shannon Barnes, Nursing Lecturer, Australian Catholic University)

Who do you think would benefit from attending a SimGHOSTS event?

‘I’ve been really amazed that this isn’t just a conference for SimTechs, although I know it’s so valuable for them. As somebody who’s on the education side I found it so valuable just to upskill my knowledge, both with the technology side of simulation but also how to better collaborate with the SimTechs I’m currently working with. So that ultimately we’re both achieving our goal of providing better education.’ (Shannon Barnes, Nursing Lecturer, Australian Catholic University)

‘I think anyone that’s involved in simulation would benefit from SimGHOSTS, without a doubt. It gives you an insight into both sides or another aspect of simulation and the SimTech role. To me, the SimTech role is a bit like the “shifting spanner of simulation” in the sense that you have to be variable and adjustable to all situations. Like a shifting spanner you need to be able to adjust quickly to all environments, that’s how I see it.’ (Michael Burke, Simulation Technician, iSim Centre, Coffs Harbour)

Would you recommend SimGHOSTS to other simulation champions and if so why?

‘Most certainly, I think it’s about developing our resources together and being collaborative in how we approach simulation rather than working in silos. So I will certainly be attending in future years and I will certainly be bringing other people with me.’ (Tracey Simes, Lecturer, Central Queensland University)

‘Yes I would recommend SimGHOSTS to anyone involved in simulation. It’s relaxed, it’s a fantastic opportunity to network and build relationships and you always come away having learnt something new.’ (Mark Harrington, Simulation Coordinator, Nambour General Hospital)
The Lady Cilento Children’s Hospital (LCCH) simulation audiovisual installation

The project

In November 2014 the Clinical Skills Development Service (CSDS) were approached by the LCCH Project Team to provide a functional and versatile installation to support the delivery of Simulation Education in key areas of the newly-opened children’s hospital.

The three key areas of the hospital were:

1. Emergency department
   Four active resuscitation bays and one control room were included in the design build to support simulation education.

2. Paediatric intensive care unit (PICU)
   This included two multi-use rooms with adjoining control room and a shared meeting room for debriefing.

3. Education centre
   This consists of a single room mock ward with two bed bays within the education space. Live viewing and debriefing can be done from any room in the Education centre.

The equipment

The main requirements for this installation were functionality and sustainability. As this is a newly-opened facility, the equipment installed needed to be of high grade commercial quality and cutting-edge technology to provide a robust and long term solution. The CSDS audio visual team developed a purpose-built system to meet these standards and found the system met and exceeded these expectations. Due to the nature of technology we had to factor in expansion and infrastructure by including redundancy and additional cabling to facilitate future requirements of simulation equipment and hospital training expectations.

The heart of the installation is the recording and streaming equipment. This device can allow multiple connections and can stream at full high definition simultaneously from any of the scenario rooms in use. In addition to this the file server storage which gets automatically uploaded on completion of the scenario being recorded.

This functionality allows streaming and playback from any approved computer within the hospital network.

All sources within the scenario space are 1080p (full HD) compatible, allowing for high-quality recording and playback. Event marking is also a feature of this system with control of this from an AMX Touch Panel.

All of the usual simulation tools are included such as facilitator communication via ‘santa’ speakers, vital signs monitoring, pan-tilt-zoom cameras and a variety of manikin control connections, all of which are controlled from an easy-to-use interface which is fully operational and ready to go within a minute of powering up.

The installation

The CSDS technical installation team worked closely with the staff at the LCCH to ensure that the product supplied was suitable to their simulation requirements. Some modifications were employed as requested to better suit individual areas and help minimise impact on the clinical environment. Special provisions were allowed so that this installation could progress in the time allocated and meet the commissioning time frame. We are all pleased with the outcome of this installation and are confident that this will be a new benchmark in CSDS audiovisual pocket installations.
Visiting Professor Workshop

Here, there and everywhere: Visiting Professor’s work brings simulation to the masses

Each year, the Clinical Skills Development Service (CSDS) hosts a ‘Visiting Professor Workshop’. This free event is an opportunity for employees of Queensland Health and partner organisations to share in the knowledge and insights of an internationally renowned simulation expert. This year’s Visiting Professor was 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 (RMU). Prof. Kardong-Edgren is a prominent simulation researcher and educator who was a senior member of the team that conducted The NCSBN National Simulation Study, which won the Excellence in Research Award 2014. This project was a large-scale national study in the USA, which focused on prelicensure nursing education and tested the viability of replacing a proportion of clinical placement hours with simulation training (i.e. 50% simulation vs. 25% simulation vs. traditional clinical experience incorporating up to 10% simulation).

The study was conducted across ten prelicensure programs, with a total of 666 students completing all of the study requirements for inclusion in the final analyses. Overall, participants in the three training conditions performed the same on a variety of performance metrics at the end of their training, including measures of clinical competency (as assessed by their instructors), comprehensive nursing knowledge assessments, and licensure examination pass rates. They also scored equivalently on ratings of clinical competency and readiness for practice, as scored by their managers after six weeks, three months and six months of subsequent clinical practice. Taken together, these results were interpreted as indicating that comparable educational outcomes can be obtained in nursing prelicensure programs when up to 50% of clinical hours are replaced with high-quality simulation experiences.

Prof. Kardong-Edgren’s workshop, which was entitled ‘The US NCSBN National Simulation Study: How might the results inform Australian health provider education?’, offered attendees valuable insights into the practicalities and potential barriers (cultural and otherwise) associated with transitioning from traditional models of clinical training to large-scale implementation of simulation-based education. Although student outcomes were the focus of the study, attendees were also treated to behind-the-scenes anecdotes about the experiences of clinical trainers who gained new insights about training – and consequently improved as clinical educators – through their engagement with simulation. This fascinating workshop was thoroughly enjoyed by all in attendance.

The full report of The NCSBN National Simulation Study is available at the following link: https://www.ncsbn.org/JNR_Simulation_Supplement.pdf
The Mackay Base Hospital redevelopment has not only provided the Mackay Hospital and Health Service with a state-of-the-art simulation training facility, but has also significantly increased their capacity to provide training for clinicians.

The Mackay Skills Centre team are Rachel Waye (Clinical Nurse and Simulation Coordinator), Vicki Braithwaite (Nurse Educator Simulation) and Kirsty Freeman (Administration) and programs coordinated and conducted include:

- Advanced Life Support (ALS), a two-day course accredited through ACRRM
- Paediatric Advanced Life Support (PALS)
- Emergency Event Management (EEM) - Airways
- Recognition and Management of the Deteriorating Patient (RMDP) - Adult
- Recognition and Management of the Deteriorating Paediatric Patient (RMDPP)
- Practical Obstetric Multi-Professional Training (PROMPT)

The Mackay Skills Centre wish to acknowledge the support and contributions from CSDS, who not only provided and installed the audiovisual systems for the new centre, but also travelled to Mackay to provide Introduction to Simulation Training (IST) and the Fundamentals of Debriefing Course (FDC). This training will increase the number of trained simulation faculty from all clinical streams to maximise the use and functionality of the centre to its fullest potential. Plans are in place to have this training repeated and to also conduct a Simulation Education Event Design (SEED) program.

Above Left: QAS participants responding to car vs. pedestrian (patient actor) Trauma Training Day
Above Right: QAS participants bringing patient into Mackay Skills Centre ED Trauma Training Day
Above Left: ED handover in Mackay Skills Centre
Above Right: Patient airway assessment
The Ebola virus disease (EVD) is a serious and often fatal disease that involves infection from a virus of the family Filoviridae, genus Ebolavirus. The 2014 outbreak of Ebola in West Africa has been larger and more serious than any previous outbreak and has developed into a humanitarian crisis, killing over 11,000 people so far.

CSDS is supporting front-line health workers in Queensland through the delivery of three Ebola courses. These are targeted at clinicians and support staff who would be responsible for the treatment of patients suspected or confirmed to have contracted the disease. The courses are:

» Ebola virus disease – this eLearning course was developed in collaboration with the Royal Brisbane and Women’s Hospital. This course covers what EVD is, how it is transmitted, details around infectivity and the proper application of personal protective equipment (PPE). It is primarily aimed at participants from the RBWH, however can be utilised by clinicians and support staff from other hospitals and health services.

‘The CSDS were innovative and proactive in supporting the response of Ebola virus disease through the development of educational resources.’ - Michelle Doidge, Clinical Nurse Consultant, Infection Monitoring and Prevention Service.

» Clinical training workshop - Ebola virus disease – this face-to-face course was developed in collaboration with the Queensland Health Communicable Diseases Unit. It aims to help clinicians develop the skills and knowledge appropriate to provide clinical care to patients with EVD.

‘Working with the CSDS has allowed QH to provide simulated, immersive, skills training for clinical staff to test and resolve the practical dilemmas that they will face in caring for patients with the Ebola virus disease. The Communicable Diseases Unit values the high quality service that CSDS offers in this field in terms of expert facilitation and facilities.’ - Debra El Saadi, Manager Communicable Diseases, Queensland Health.

» Ebola virus disease – Retrieval Services Queensland (RSQ) – this blended course is being developed in collaboration with RSQ. It prepares healthcare workers to retrieve people with suspected or confirmed Ebola from regional areas.

‘CSDS have greatly assisted Retrieval Services Queensland in ensuring their preparedness in the event that a retrieval is required for the suspected/confirmed Ebola patient. As it is paramount that the retrieval be executed as safely and effectively as possible, it was essential that the Retrieval Services Queensland Ebola Virus Disease Response Team (RSQ EVDRT) have excellent training. CSDS have now developed an eLearning and face-to-face course specifically for the RSQ EVDRT. This will help immensely in preparing the team to respond with optimal outcomes.’ - Jennifer Craig, Nurse Manager – Specialised Transport, Retrieval Services Queensland.

The aim of these courses is to not only build the capability of individual clinicians in managing and treating patients who are suspected or confirmed to have contracted the disease, but also to increase Queensland’s capacity to react to the demands that may be placed on it in the future.

Cara McDonald (left) and Fiona Dias (right)
Pocket Centres: Your local simulation hub

Finding the time and resources to provide ongoing training to full-time clinicians is often a struggle, especially in rural areas. In 2006, the Clinical Skills Development Service (CSDS) identified that the simulation-based training we provided in Brisbane was difficult to access for the rest of the state. Clinicians working at full capacity had limited time available for travel and training. Dylan Campher, Director of CSDS, also knew from first-hand experience that simulation equipment was not always accessible to clinicians keen to use it.

These twin constraints of lack of access to training and lack of access to simulation resources were seen as critical stumbling blocks on the path to effective simulation training in Queensland Health.

To address this CSDS has identified and established Pockets of simulation training within hospitals throughout Queensland; we like to call them Pocket Centres. Currently there are 56 established sites, with an additional 13 identified for establishment over the next seven months. Some of these sites have designated space set aside for simulation training, while others conduct simulations within their normal clinical environment.

To support the establishment of Pocket Centres throughout Queensland, CSDS implemented a strategy to focus on five key areas to assist with an effective delivery model. These are:

» Centralised web-based curriculum resources. CSDS provides access for Pockets to download templates, guidelines and process models, standardising the way curriculum is developed state wide within Queensland Health.

» Supporting state-wide accreditation. CSDS provides accreditation for staff, faculty and Pocket Centres across Queensland.

» Standardisation of resources. CSDS provides standardised training for Simulation Educators, Coordinators and Simulation Faculty. We are also happy to share suggested position descriptions and qualification requirements for staff.

» Equipment and asset management. CSDS evaluates and purchases a wide range of simulation equipment. We are open to suggestions for new equipment to be evaluated. We then centrally store it, ship it to pockets as needed, and provide support with repair and maintenance when necessary.

» Training pathways. CSDS develops pathways for Simulation Coordinators and Faculty, providing fundamental skills and ‘hands on’ training for healthcare professionals involved in developing, delivering and managing simulation education events.

The key ingredient to the success of a Pocket Centre is having key staff who champion simulation education. We provide ongoing support (in the form of training, curriculum resources, and the supply and maintenance of simulation equipment) as well as collaboration and networking opportunities.
Training for speech pathologists managing tracheostomy patients

The Clinical Skills Development Service (CSDS) is proud to host the Tracheostomy and Speech Pathology (TASP) course for basic speech pathology management of adult tracheostomy patients.

The learning environment uses realistic clinical scenarios and full body manikins in a small group environment to develop core practical skills for speech pathologists working with this population. It allows for the development of confidence in tracheostomy management for clinicians prior to live patient contact.

TASP is a one-day hands-on workshop. The aims of the course are:

» to develop core practical skills in the area of basic adult tracheostomy management via skill stations; and

» to develop clinical reasoning and problem solving skills for basic tracheostomy management via completion of problem-based patient scenarios with experienced facilitators.

Over the last few years, the TASP course has developed a reputation as an excellent introductory course for Speech Pathologists wanting to develop further skills in basic tracheostomy management.

Speech Pathologists in Queensland and Australia wide are reported to face challenges seeking appropriate and sufficient workplace training for tracheostomy management. TASP was originally developed as part of a study which examined tracheostomy skill acquisition following training in a simulated learning environment and explored changes in clinicians’ confidence and perceptions. This study “Can Human Mannequin-Based Simulation Provide a Feasible and Clinically Acceptable Method for Training Tracheostomy Management Skills for Speech-Language Pathologists?” was published by Ward et al in 2014. This study supports the use of simulation as a clinical training medium and validates its role in tracheostomy competency training pathways. Many of the authors of this paper are intimately involved in the ongoing management and delivery of TASP, which means all course participants have access to clinical experts in this field.

The final TASP course for 2015 will be held at the Brisbane Skills Development Centre on 2 October and it is filling up fast! If you are an up-and-coming Speech Pathologist interested in developing your skills further, look up TASP on the CSDS Course list on our website and call our office if you have any further questions.
Clinical trial examination

An integral component of the Communication program team’s Clinical preparation program is to provide clinical trial examinations to support our doctors’ preparation for the Australian Medical Council (AMC) clinical examination. Passing the AMC clinical examination enables a doctor with limited registration to progress to general registration and on to speciality training programs.

Clinical trial examinations are important, as many international medical graduates have never been assessed in an objective structured clinical examination (OSCE) format, and being ‘exam-ready’ is not only about knowing the clinical content, but also about knowing the protocols and procedures of the OSCE-style exam, and importantly being aware of what happens to language and communication under time pressure. Doctors evaluate this ‘trial experience’ as being an essential part of their preparation for the AMC clinical examination. And further down the track, doctors also report that this focused preparation for the AMC clinical examination ensured better preparation and outcomes for their speciality examinations.

The Communication program team acknowledges that feedback is essential to hone clinical, communication and cultural skills. Therefore, these clinical trial examinations incorporate immediate verbal feedback on performance, after each station, by the consultant examiner to the individual doctor then group feedback by the examiners is provided at the end of the examination session. Written assessments from the examiners and the standardised patients are sent to the individual doctor’s Director of Clinical Training (DCT) for their discussion with the doctor.

The first clinical trial examination for 2015 was held at the Royal Brisbane and Women’s Hospital, Metro North Hospital and Health Service, on Saturday 2 May. The content of this examination incorporated clinical scenarios from the nine national health priorities, as well as topical issues that are affecting the Australian population now, namely domestic violence and substance abuse of methamphetamine.

This examination comprised 20 stations, with each station being 10 minutes long. Doctors were assessed on their ability to manage a patient with a disease or condition from the following specialities: medicine, surgery, obstetrics, gynaecology, paediatrics, and psychiatry. They were also required to undertake physical examinations on standardised patients whilst asking their examiner for relevant physical examination findings. Their ability to perform advanced life support on a manikin was also incorporated into the examination. The doctors were assessed on their ability to take a history, perform physical examinations, order appropriate investigations and radiology and interpret these, and explain diagnosis, treatment and management plans to their patients. This last communication task is often the most demanding for our international medical graduates, as doctors often need to convey complex medical issues in language that their patients can understand, in a timely manner.

The examination was well supported by consultants, medical students (who role-played simulated patients), and the international medical graduates. All who attended benefited from the expert feedback sessions at the conclusion of the examination.

Clinical trial examinations are a safe learning environment where doctors learn about their own performance in a structured examination process. This ensures best possible outcomes for the individual doctor’s performance in examinations as well as integration into the workplace.
You are a Registrar Emergency Medicine at the QEII Hospital in Brisbane, and have an extensive background in emergency medicine. What drew you to emergency over other medical specialties?

I actually started off training in anaesthetics and then made the unusual move back to emergency medicine, which surprised many of my colleagues at the time. I love the fact that you have no idea what will happen on a shift, and what kind of patients and pathology you’re going to see. It’s also a great team environment. There are always people around, even in the middle of a long dark night shift, so it’s a very sociable specialty. Emergency also allows a wide variety of specialist interests, and it has allowed me to travel, which is something I value.

Most of your education and training took place in the UK, but you have continued your training here in Australia. Are there any obvious points of difference in the way medical training is conducted here as opposed to the UK?

There aren’t huge differences in the training to be honest, as despite what people think of the NHS they are both very similar healthcare systems. Both countries have their strengths and weaknesses. The lifestyle is more relaxed and the weather a bit warmer in Australia, but the beer is definitely better in Scotland!

Definitely! I think it is one of the most important parts of our training. My first experience of simulation training was in Scotland as an anaesthetic trainee, and I grew up as a junior doctor thinking it was a fantastic way to build confidence and practise clinical situations. We can’t practise on real patients so we need some sort of environment that gives us scenarios that are as realistic as we can invent.

Simulation has such an important role to play in teaching us not only clinical skills but also crisis resource management, which is otherwise quite hard to master in stressful situations for the first time. Being a junior doctor has changed significantly since I first started work. We were often thrown in the deep end, and we learnt to sink or swim very quickly. It’s great that juniors are more protected now, but we need to give them the chance to experience the stressful situations during their early career, learn how to deal with medical emergencies, and make decisions under pressure before they have to do it for the first time as senior doctors.

What are the greatest challenges in providing education in the medical field?

It’s just finding the time in an increasingly hectic hospital environment, where we seem to be giving ourselves more and more hospital targets to achieve, and the emergency departments are getting busier and busier. It can be hard work but I think it’s important we put the effort in not just for educational purposes but also for the team building skills and confidence it gives people.

Places like CSDS (Clinical Skills Development Service) are invaluable to help promote the role of simulation training and provide support to the Pocket centres where there are sometimes only a handful of people involved in running simulation.

You are currently enrolled in the Honorary Fellow in Simulation Facilitation with CSDS. Once complete, how are you hoping to apply this training?

The Simulation Registrar is a new role for QEII and CSDS, and the first time I’ve been really involved in simulation training from the ‘delivery’ side. I’ve learned huge amounts already in the three months I’ve been in the job, particularly from the time I’ve spent at CSDS, which has been invaluable in teaching me the technical skills. I’m moving on from QEII in August and then possibly moving back to the UK next year. Wherever I end up this post has given me the confidence to be an advocate for simulation training. I feel a bit sorry for my future junior colleagues—they’ll probably be sick of simulation training by the time they’ve finished working with me!

Do you think simulation-based training has an important role to play in medical education?

Who do you look up to in the sphere of emergency medicine?

That’s a hard one to answer... There are many consultants and colleagues I’ve worked with over the years that I admire for different reasons, or have helped me along the way, both in Australia and abroad. I’m not going to name any names, as I’ll probably get in trouble for leaving people out!

What are your interests outside of work?

It always surprises people when I tell them but I’m a total petrol head, with a particular passion for motorbikes. I’ve got a Triumph Street Triple R that is my own pride and joy, and I also do volunteer medical cover for various race events around Australia throughout the year. The racing community is like one big family, and I love helping look after them. I think people think we just patch up grazes etc but we get some fairly big trauma from time to time. I get lots of comments about the dangers of motorbikes, and as a rider I’m well aware of the risks, but I think we sometimes wrap ourselves up in cotton wool a bit too much. There is nothing better than taking the bike out for a spin and getting away from it all.

I try to get back to the UK every year to help out with the Isle of Man TT (Tourist Trophy) races. It’s the best two weeks of the year, and I’m missing out this year because of exams. I’m absolutely gutted but I’ll be following closely on TV!
CSDS provides wide-ranging support services for simulation providers across Australasia and further afield.

Recently CSDS have begun to provide resources for the Simulation Training on Resuscitation for Kids (SToRK) program. SToRK coordinates the Recognition and Management of the Deteriorating Paediatric Patient (RMDPP) course, that has been rolled out across Queensland. The demand for this course has been overwhelming, highlighting a need for paediatric training and education from the experts at Children’s Health Queensland (CHQ). This high demand meant that the SToRK group had to find a coordinated and efficient way to get a considerable amount of equipment and consumables to regional and remote areas, and back again. This is where CSDS have been able to help.

CSDS has over ten years’ experience in logistical support for these types of programs - either those run by CSDS or those run by partner organisations. The simulators used are both owned and maintained by CSDS. CSDS freights them to and from sites, and supplies kits of clinical equipment and consumables for each workshop, which are checked, and rechecked using an efficient and structured review process. This comprehensive logistical support ensures that clinicians who run courses, such as RMDPP, only have to be concerned with delivering valuable and lifesaving education.

In collaboration with the CHQ SToRK team, CSDS has supported 26 RMDPP on the road courses since April ’14 – this number is a mixture of Train the Trainer and actual training throughout Queensland. Generally there are between two to four courses a month, each month.

So far CSDS have supported 18 different sites with kits for RMDPP, going as far north as Thursday Island - some other sites include Emerald, Barcaldine, Innisfail and Mt Isa to name but a few.

The RMDPP course is going from strength to strength and CSDS look forward to working with the CHQ SToRK team for some time to come.
I’m back with a new batch of questions... keep them coming!

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
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