Health-related training and education scenarios reached a new apex in June when over 100 local and international guests descended upon St Kilda Novotel for the Simulation User Network (SUN) 2011 Conference.

Over three thought-provoking days, delegates immersed themselves in a series of interactive workshops and lectures with the aim of improving the workplace readiness of Australia’s healthcare practitioners.

Key highlights included a fully simulated SUN DelegateS take HealthCare SimUlation to Next level ‘earthquake disaster’ scenario replete with moulaged manikins in various states of medical distress, and a series of hands-on emergency response sessions. Now in its second consecutive year in Australia, the 2011 conference drew on the well-known benefits of using simulation technologies and added a crucial new dimension; skill refinement and best practice.

Dr Kristina Dreifuerst, an Assistant Professor in the School of Nursing at Indiana University delivered an exceptional analysis of the important role that debriefing plays in understanding how nursing students develop critical reasoning skills. Titled ‘Debriefing for Meaningful Learning’, Dr Dreifuerst’s presentation was extremely well received by SUN delegates and her practical workshop generated positive feedback from all involved.

Professor Andy Newton from the University of Surrey (UK) was also in attendance. Professor Newton shared his renowned expertise in emergency medical services with enthusiastic delegates, and presented his thoughts on ‘The 5 Factors That Will Shape the Paramedic Profession; Ambulance Services and Simulation in the Developed World’.

The presentations from SUN’s international guests combined well with those from local experts, such as Associate Professor Marcus Watson. With over 12 years of experience in healthcare simulations, Associate Professor Watson leads Australia’s largest healthcare educational and research simulation program at the Queensland Health Clinical Skills Development Service. His paper, entitled ‘Size Does Matter; How David & Goliath Work Together’ provided excellent insights into the practical applications of simulation technology within Australian medical care settings.

In addition to enabling delegates to learn from local and international experts, the conference also provided some much needed networking time. “It’s a great way to catch up with other people who are working in the field and share our experiences” said one delegate. “As well as acquiring new skills, I’ve also had the chance to share best practice tips, it’s definitely been worthwhile.”

An important message behind this year’s SUN conference was to build upon the known benefits of simulation technology. In advancing the best-practice applications of simulated healthcare, SUN delegates have the power to positively advance the future of Australian healthcare simulation services.

The 2011 SUN conference was hosted by Laerdal Australia and presentations from key speakers are now available from the Laerdal website. If you are interested in attending the 2012 SUN conference, expressions of interest are now being taken at customer.service@laerdal.com.au.

Laerdal New Zealand SUN Meeting

Laerdal New Zealand also celebrated their 10 year anniversary on June 24th 2011 with the celebration of their 3rd NZ SUN meeting. 120 delegates gathered from throughout the country at the University of Victoria Graduate School of Nursing Midwifery and Health to share ideas, build local simulation user networks and hear presentations from keynote speakers including Dr Kris Dreifuerst from the School of Nursing, Indiana University and Professor Andy Newton – South East Coast Ambulance.

Workshop streams gathered participants together by level of experience and by customer groups, and included sessions with both New Zealand and Australian simulation users.

With the recent tragedy of the earthquake in Christchurch and the ongoing challenges associated with the aftershocks, it was an important opportunity for the Simulation Community to show their support for Cantabrians and for our customers from the city to enjoy two days without quakes.
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WELCOME
With 2011 in full swing, it’s worth taking a moment to consider the diverse, simulation-based medical activities that SUN members across Australia and New Zealand have recently been involved in.

In this edition of our SUN newsletter, we reflect upon the proceedings and outcomes of the recent SUN conference in St Kilda, Melbourne and Wellington, NZ. We also turn our attention towards the important aspect of contextualising simulation-based medical education within best-practice contexts.

NEW VICTORIAN SIMULATION ALLIANCE

The Victorian Simulation Alliance (VSA) is an exciting new initiative aimed at providing nursing educators with a community of practice to support the ongoing development and implementation of simulation within their teaching practice.

According to Leone English, Chair of the VSA Steering Committee and Dean at Holmesglen Institute in Melbourne, the Alliance has been met with an overwhelmingly positive response by nurse Educators in Victoria.

The VSA comprises educators from universities, vocational training organisations and hospitals, in both metropolitan and regional Victoria. While a number of Alliance members are quite experienced in simulation, there are many who are still new to the technology and teaching methods.

“Victorian Simulation Alliance is relevant to any nurse educators, nurse involved in the planning & development of existing programs of contexts eg: hospitals & health care or pre-existing in a range professional development and training through the application of simulation methods in a range educational utility is likely to increase as SBME is embedded that have the most powerful influence on the process and delivery of training” says Leone English.

In May this year the Alliance launched its new website and is working towards providing providers with valuable networking opportunities, access to expert advice and information opportunities for collaboration in research and development: high quality education and training, and fully validated simulation scenarios.

NEW INTRODUCING THE SIMJUNIOR PATIENT SIMULATOR

Enhancing your paediatric training
Providing care to a child tests your skills and abilities in unique and often unfamiliar ways. Their bodies are different and the medical treatment they require is unique to their age and weight. Laerdal’s newest paediatric solution combines scenarios developed by industry leaders with the SimJunior patient simulator - providing a validated education and training experience that can maximise paediatric healthcare skills.

For more information on SimJunior, visit our website or contact your local Laerdal representative.

RECENT STUDIES: CONTEXTUALISING SBME AND BEST PRACTICE

Simulation Based Medical Education (SBME) has matured significantly over the past 40 years, and according to William C. McGaghie, its impact and educational utility is likely to increase even further.

In a recent edition of MedEd: McGaghie and colleagues analyse the introduction and maintenance of SBME innovations, and the role they will play in reshaping the goals and practices of medical education programmes into the future.

Central to their analysis is a timely reminder that in order to achieve maximum benefit, our technological advances must always be matched with best practice applications and attention to human learning contexts.

For McGaghie et al., SBME is a complex service whose introduction in a medical education environment will rarely be easy. Refinements and adaptations to local requirements are always necessary and it is the “features of the educational and professional contexts in which SBME is embedded that have the most powerful influence on the process and delivery of training”.

In elaborating on this idea, the team identified 12 features and best practices for the best possible use of SBME technologies; (i) feedback; (ii) deliberate practice; (iii) curriculum; (iv) outcome measurement; (v) simulation fidelity; (vi) skill acquisition and maintenance; (vii) mastery learning; (viii) transfer to practice; (ix) team training; (x) high stakes testing; (xi) instructor training; and (xii) educational and professional context.

They are also quick to point out that simulation-based medical education continues to be a complex service intervention that needs to be planned and practiced with attention to offering organizational contexts.

For McGaghie et al., there is no doubt that simulation technology can produce substantial educational benefits, “however, informed and effective use of SBME technologies and best practices requires knowledge of best practices, perseverance, and attention to the values and priorities at play in one’s local setting”.


FOR MORE INFORMATION OR FEEDBACK CONTACT: SUN members across Australia and New Zealand are benefiting from the latest advances in simulation based nurse education.

For more information on Sim Junior visit www.mysimcenter.com

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