In addition to hands-on practical sessions, great moulage skills, and responding to scenarios developed from the battlefield while under heavy enemy fire, delegates had the opportunity to practice their medical skills. Issues such as how best to use manikins into a battlefield moulage! Fantastic, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a battlefield moulage! Fantastic, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one ' Some of the workshops were amazin...
Mapping the future of healthcare simulation was on the agenda for more than 130 delegates at last year’s Simulation User Network (SUN) conference in Sydney. Sponsored by Laerdal Australia and New Zealand, the conference brought together leading Australian and international experts and practitioners in trauma simulation.

Over three eventful days, SUN delegates discussed the clinical benefits of using simulation technologies to improve the work readiness of Australia’s healthcare workforce. Issues such as how best to use manikins that convulse and have heart attacks were discussed, and participants were given the opportunity to practice their medical moulage skills.

According to Professor Rudd, the main objectives expressed by healthcare students who use the simulation centre are for them to experience scenarios in a safe environment that they would not otherwise experience. “If part of progressing and improving in our professional life is to learn from our mistakes, then what better approach than being able to recreate the mistakes of others via simulation,” he said.

Some people do enormous amount of clinical practice and still don’t progress and get better. There are many scenarios where simulation can deliver better learning outcomes,” said Professor Rudd.

Some of the workshops were amazing; we had one room turned into a “fighting field” and one into a battlefield moulage forest; fantastic to see the high level of engagement from the participants!”

Attendees were also put to work analysing real coroner’s reports. In addition to hands-on practical sessions, SUN delegates discussed the clinical benefits of using simulation technologies to improve the work readiness of Australia’s healthcare workforce.

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SIMULATION
BASED PRACTICES

Having been integrated into both entry-level student training programs as well as continuing education programs for practicing professionals, simulation training is rapidly becoming the standard in Emergency Medical Services (EMS) education.

Whether you’re just getting started with simulation training or want to take an existing program to the next level, there are some basic principles that must be considered.

According to Dr Paul E Phrampus, from the University of Pittsburgh’s Peter M Winter Institute for Simulation, simulation training is an extraordinarily powerful learning and assessment tool. However, its successful operation requires a close adherence to priorities and best practice.

“Some of the most fundamental priorities are organisational; however, they are often overlooked or minimised because of the mistaken belief that when the simulation arrives, the work is done,” he said.

Dr Phrampus notes that the key to successful simulation training comes down to addressing four key issues:

1) Planning Ahead

Clearly defined objectives help facilitate planning of other aspects of the simulation, such as equipment, instructors, facilities and necessary resources.

Simulations that aren’t properly planned often leave trainees sitting around and waiting, and nothing annoys students more than waiting for an excessive amount of time to participate in simulation.

2) Instructor Training

Hiring good quality instructors is paramount.

Instructors involved in simulation programs should be well trained in debriefing techniques and realise that this is the time when most learning transfer occurs.

3) Program Funding

Be sure to obtain the ongoing funding needed to carry out the program’s mission.

While it can be easy to secure grant funding for the actual equipment, your real challenge is to earmark funds that support staff and enable you to conduct structured faculty development programs.

4) Technical and Manufacturer Support

Dedicating an individual to technical operations is ideal. This is someone who can operate the simulation-based equipment, as well as the accompanying audiovisual equipment, and who understands the storage, stocking and deployment procedures.

“If you focus on developing and adhering to goals and objectives, hiring (and maintaining) quality instructors, monitoring the technical aspects of the program, as well as making a concerted effort to sustain ongoing funding and support, your program will enjoy long-lasting success,” said Dr Phrampus.

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With a full complement of patient cases and scenarios to ease instructor prep time, and the availability of comprehensive Technical and Educational Services - SimMan Essential is the solution set to define a new era in simulation training.

SIMTEC HEALTH CONFERENCE IN AUSTRALIA

Simulation Users from around the country gathered in Melbourne during late August to attend the annual SimTech Health conference.

Approximately 350 delegates enjoyed several days of workshops, plenary sessions and posters that featured many local and international presenters.

A key highlight of the conference was Mr Mark Cormack’s presentation on Developing a National Approach to Clinical Education featuring Simulation Programs.

As Chief Executive Officer of Health Workforce Australia (HWA), Mr Cormack’s keynote speech addressed the issues involved in using simulation technology on both a national and international scale.

HWA is a Commonwealth statutory authority, established in 2009 following the COAG decision to establish a new national authority to plan, fund, research and deliver programs for the enhancement and development of Australia’s health workforce.

Mr Cormack said that clinical education and training in simulated learning environments is an important part of the HWA agenda. He also noted that funding of up to $94 million has been secured over 4 years for:

• Capital works
• New centres
• Mobile programs
• Re-current funding for equipment and staff

Mr Cormack said that the HWA intends to increase clinical training capacity and enhance accessibility to this extra capacity, particularly in rural areas.

He also said that it is a HWA national strategy to use Simulated Learning Environments (SLEs) to integrate them into curriculums, and develop viable business models.

Mr Cormack added that this initiative will be targeted at entry level health care professionals, post graduate health care professional development and for ongoing health care professional training.

Next year’s renamed SimHealth Conference will be held from the 12th - 15th of September in Sydney.

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