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SUN SIMULATION
user
NETWORK

NEWSLETTER

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SIMULATION USER NETWORK (SUN) CONFERENCE

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.



"Some of the workshops were amazing!, we had one room turned into a "nightclub bombing" and one into a battlefield moulage! Fantastic to see the high levels of engagement from the participants!"

Attendees were also put to work analysing simulated injuries, rescuing "injured" diggers in the battlefield while under heavy enemy fire, and responding to scenarios developed from real coroner's reports.

In addition to hands-on practical sessions, the SUN conference also hosted an excellent line up of local and international speakers, with Professor Cobie Rudd (Australia), Dr Richard Morris (Australia), Dr David Grant (UK), Professor Beth Mancini (USA), and Associate Professor

Julie Settles (USA) all providing expert commentary and insights.

Dr Richard Morris from the St George Hospital in Sydney discussed the importance of simulation training in medical education: "The challenge for Australian medical and nursing educators is to provide opportunities for health staff to have as much 'life-like' experience as possible – but to make sure this is done in a way that does not put genuine patients at risk. Getting practitioners, visionaries, policy makers and researchers together sharing information at meetings like SUN makes an important contribution to this", he said.

Meanwhile, Professor Cobie Rudd told delegates that simulation training can lead to educational outcomes which can be better in some circumstances to clinical practice:

"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.

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, and then give participants the opportunity to put themselves through those very same challenges," said Professor Rudd.

The key message behind the conference was to embrace simulation at all levels, and to start the journey.

According to Laerdal's Managing Director Andrew Smith, simulation is playing an increasingly important role in better preparing clinical staff for real life challenges: "Simulation technology is the "way of the future" in medical education. We're talking about technology that can improve decision times, increase confidence in health and emergency workers and overall save the lives of those people who need urgent, high quality help," said Mr Smith.

RENAL DIALYSIS SIMULATION AT CAIRNS HOSPITAL

Renal Nurse Educator at Cairns Base Hospital, Ms Kylie Dunbar-Reid, together with the Cairns Skill Centre staff, has taken simulation training to a new level, becoming the first in Australia to use the SimMan for renal dialysis teaching.

After recognising the need for simulation training in this field, Cairns Skill Centre Co-ordinator Mr Denis Hudson set to work adapting SimMan's veins for use with dialysis and water treatment equipment.

As part of this process, SimMan's arm was revascularised using silicone veins.

Thanks to Ms Dunbar-Reid's initiative, and with the support of the renal staff at Cairns Base Hospital and Qld Health Clinical Skills Development Service, staff are now able to simulate an array of scenarios that can happen when caring for a renally impaired patient. "The best thing about it is that it allows for errors and learning in a safe environment. Staff are now practicing their response to caring for haemodialysis patients with chest pain, fluid overload, electrolyte disturbances and cardiac arrest scenarios without having to practice on a real patient", said Ms Dunbar-Reid.

The re-vascularised SimMan has been a big hit with the staff who appreciate the opportunity to improve their skills in a safe learning environment. "The staff love it and their feedback is beautiful, they always say thank you and want more" she said.

Ms Dunbar-Reid said that simulation technology has many advantages over using 'real life' patients. "With simulation we are able to conduct thorough debriefings, practice core skills and provide on-the-spot training. It also allows us to mix staff roles, which is interesting, as we often get junior staff to step up into leadership roles", she said.

Ms Dunbar-Reid recently showcased her use of simulation technology at the Renal Society of Australia's annual conference held in Cairns. "In addition to running simulated haemodialysis patient scenarios, we also ran two renal simulation workshops, explaining how other facilities could adapt this innovation and these were brilliantly received", she said.



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 simulator 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 an excessive amount of time to participate in simulation.

Instructors involved in simulation programs should be well trained in debriefing techniques & realise that during simulations, trainees feel vulnerable, because their every action is being critically scrutinised.

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** Dedicate an individual to technical operations. Ideally 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 learning 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.

WELCOME

2011 promises to be an eventful year in the simulation industry. At Laerdal we have a number of exciting product additions to our portfolio which were recently showcased at the International Meeting of Simulation in Healthcare (IMSH) in late January.

There are also several new conferences and a new round of government funding for Simulated Learning Environments (SLE) due to be announced during the early part of the year.

In this edition of our Simulation User Network (SUN) newsletter, we feature

best practices within EMS training and explore an innovative simulation teaching method for renal dialysis. We also review the recent SimTecT conference and Laerdal's SUN Meeting.

As always we are proud to share news and interesting developments within the industry and our simulation user network. Your feedback and story ideas are always welcome; please email us at customerservice@laerdal.com.au (Australia) or customerservice@laerdal.co.nz (New Zealand).

SIMTECT HEALTH CONFERENCE IN AUSTRALIA

Simulation Users from around the country gathered in Melbourne during late August to attend the annual SimTecT 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 Commonwealth statutory authority, enacted 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), 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 grad 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.

2011 Conferences		
Date	Conference	Location
13-17 Mar	6th World Congress in Pediatric Critical Care	Sydney, NSW
07-09 Apr	8th International Spark of Life Conference	Perth, WA
10-13 Apr	15th Annual Congress of the Perinatal Society of Australia and New Zealand	Hobart, TAS
02-06 May	Asia Pacific Military Medicine Conference	Sydney, NSW
18-20 May	5th International Congress on Innovations in Nursing	Perth, WA
19-22 May	Asia Pacific Meeting on Simulation in Healthcare	Hong Kong
25-27 May	NZNO National Enrolled Nurse Section Conference	Gisborne, NZ
12-15 Sep	SimHealth 2011: Education, Innovation and Research	Sydney, NSW
06-08 Oct	Australian College of Ambulance Professionals Conference	Sydney, NSW
21-23 Oct	Australian Military Medicine Association Conference	Melbourne, VIC
23-25 Nov	Australasian Nurse Educators Conference 2011	Hamilton, NZ

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The Essential part of your simulation training

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

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