



Postcards from Sim Centers – what is going on out there?!

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Today...

- An Australian's view on where we are with Sim, nationally and internationally – there are more similarities than you might think...
- The WaGs – Winners are Grinners
- The WWs – Worried Well, and
- The Wannabes/Wonderers
- Sharing some 'postcards' or take home messages, from my various trips to Sim Centres/Universities



How did I get involved with ‘Sim’

Firstly, I am not an expert in simulation. I don't run Sims in labs. I don't know whether one simulator is better than another. But I am a senior and experienced nurse educator who believes that pedagogy should be driving the Clinical Simulation / Nurse Education agenda(s).

My interest in Sim particularly was piqued by:

- Assertions that we have a competency based model of Nursing Education in Australia
- Introspection about ‘what’s the use of practicum’
- BOFO model of practicum/’guaranteeing’ experiences
- Introspection about ‘how could we better guarantee our product?’
- Concerns that ‘industry’ sees our graduates as ‘not fit for purpose’
- Concerns that our graduates don't see themselves as ‘competent’



Eating the elephant...

A first bite – reviewing the literature on competency and ‘what’s the use of prac?’

- Statutory and role/job competencies – there is a difference

A second bite – securing funds to develop a clinical assessment tool that all Australian Schools of Nursing could use, nationally; supported by the CDNMA ANZ (essentially this forms a basis for a clearer scope of practice for new grads)

A third bite – hoping to build on this project, would see CDNMA ANZ developing a ‘nursing in simulation curriculum’, for use across Australia, funded by HWA – bearing in mind they have \$AuD 96 million to spend over the next 3 years, on Clinical Simulation activity **which increases ‘the system’s’ capacity to prepare more health professionals** (nb. not just nurses). **BUT NOT QUALITY.**



Meanwhile...

- I've spent time over the past 3 years, visiting Sim Centres in the US, Canada, UK, Scandinavia and Australia – typically directed by those 'in the know' as to where to go...

Hence the 'Postcards' reference in the title



The best laid plans of mice and men...

The proposal to develop a National Sim curriculum exceeded (pretty obviously) AuD \$25,000, thus it had to go out to competitive tender

The outcome was announced 2 weeks ago – Edith Cowan University to carry out this work.

ANZ CDNM will seek to support this development, in the first instance by my being on the project steering committee, there is an imperative that it links with the clinical assessment tool project



Where do I hope we get to?

- Agreement on core simulation content
- Agreement on simulation-based assessments to build upon the ALTC competency assessment tool project
- Resourcing of all SoN's so that they can operate this curriculum
- Sharing of resources and expertise via some sort of clearing house
- Expanding this activity internationally

All so we improve the outcomes for our students and thus provide excellent nursing care for the public. We don't have the time for every school to do this for themselves or by themselves – I fear we are at a crossroads of confidence in our ability to deliver competent graduates... we live in 'interesting' times

Spend the time we free up, by improving our pedagogies and thus the competency of our graduates. **This has to be our raison d'être**



What else is happening?

- Edith Cowan will develop a curriculum, we think...
- TEQSA and ALTC Discipline Scholars
- ALTC also, by funding integrating the Crookes and Brown Clinical Assessment tool into assessment in Sim activity
- Alongside this is the perennial issue of 'nursing in Universities' – the BN in TAFE; plus National Registration – Who (will accredit?) and How (using what standards?) still up for grabs



All this parallels with

- the UK and Graduate Entry (be careful what you wish for...)

and

- the US and its' various routes to an RN Qualification (when is an RN **really** an RN?)



Any questions or comments thus far?

Having given some insights as to how we are seeking to take the opportunity presented, to mix an increase in capacity with an increase in quality (of preparation and thus Care) -



Now, some postcards...

I thought I might share some insights with you, from my introspections, travels and discussions with those who **are** in the know, in the time we have left. They may seem common sense, but...

Please feel free to comment OR to give your own 'postcard' if we have time

My thanks in particular to: Uni of Texas (Arlington); Texas Tech Uni (Lubbock); Uni of Huddersfield; Oregon Health and Science University; the University of Maryland; Johns Hopkins University; Buskerud College of Health Sciences; and Uni of Stavanger



“Many nursing schools we do work with have simulators they’ve hardly ever had out of the box” (Simulator services provider)

So:

- It’s not just about the kit
- Staff training is more important than simulators
- It needs to focus on more than simulators
- There is a difference between clinical lab work and clinical simulation – content and location
- Simulation needs to be driven by the curriculum – not vv.

In my view we need to share the load...(via the expertise and experience)



Is clinical simulation about practice/skills development or evaluation/assessment?

I experienced somewhat of an east/west divide in the US

The obvious answer is BOTH

Two nations divided by a common language, PLUS



Reflection and feedback are the keys

De-briefing is a major component of the educational effect of simulation activities,

therefore

Remember the kit required for feedback and reflection – we are looking to spend at least half our resources money on IT and data recording kit



High Fidelity Simulation = High Tech Simulators?

People are currently undertaking systematic reviews of the literature on the content, efficacy etc. of Clinical Simulation

The key issue is not what 'kit' is used, but rather how 'real' or 'truthful' or 'authentic' the experience is for the student

Technical expertise (ie. Not 'just' clinical) is **vital** re Sim data capture

Again, the curriculum/study aim is *the* key issue



Simulation isn't suitable for nursing because it focuses on procedural interventions

Experience tells me that this isn't so, in fact much of what I've seen has focused on communications (intra- and inter-professional) and quality and safety issues

NET/NEP paper on Psychosocial assessment skills development using simulators

How might we simulate 'glue'? Is an interesting question

Is simulation as effective as practicum? \$64,000 question...

Oregon doing very interesting work on clinical decision making and Sim



Is Simulation the solution to problematic Inter-Professional communications?

I believe it could be a part of a solution...

BUT

It is not a universal panacea

AND

It is **not** just about getting nurses to role play doctors and vice versa

IDEALLY

One has the sort of inter-professional teaching and learning activities I saw in Oregon

AND

One can think laterally – eg. Working with Acting students



IPL continued

But what is really needed is mutual respect, plus Competence, and, a sense of self worth/efficacy on the part of nursing students

Collaboration in Sim can help with these things, eg wrt. 'Difficult Conversation' scenarios

A constant point I heard on my travels was 'students just don't get to talk to Drs or AHP's



Simulation can lead to clinical innovation

Johns Hopkins University's clinical documentation system

NET/NEP paper on psychosocial assessment skills

It may also be our only hope re 'Craft Transfer' in some skills areas



Simulation is a 'capstone' activity

Agree, but does it **have** to be (only) that?

- Uni of Maryland using it increasingly as a trigger for student learning

NB. Clinical Simulation needs to be seen for what it is: a L +T approach to help develop and assess clinical competence in our students (pre- and post-reg)



Standardised Patients

Is there a limit to what we can do with simulators?

Is there a limit to what we can do with standardised patients?

When would you choose a simulator over a standardised patient?

In the US, there is an 'Association of Standardised Patient Educators' (www.aspeducators.org)



Some people/places are way ahead of the rest...

Yes, but...

Experience tells me that those in advanced positions are willing to share

The 'advanced' may not be so far advanced as one might think – very few could tell me exactly how much Sim **every** student gets

My 'Holy Grail' at the moment is 40 hours of Sim per student during their 3 year programme



New/other Opportunities and Threats

- Int'l links as a means of sharing expertise we are in danger of losing – L+T and clinical
- Interestingly US nursing schools are moving back to running Nurse Educator programmes and Nursing Education research because they believe they have focused too much on clinical research
- Simulation is being used by some to run hugely accelerated registration programmes
- The focus on Sim as an alternative to Prac'



Any other 'Postcards'

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Thankyou