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Clinical Skills and Simulation Conference 04 - Waikato, New Zealand

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CONFERENCE REPORT

Clinical Skills and Simulation Conference 04
Waikato Clinical Skills and Simulation Centre 1st – 3rd April 2004

"A multi-disciplinary New Zealand and Australian overview of current programmes and research and development of skills and simulation based education"
Article 990067

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The Clinical Skills and Simulation Conference 04 was the first of its type in New Zealand and from the enthusiasm and general consensus of attendees, it is hoped that other centres will consider the benefits of hosting conferences of this type in the future. Many agreed that the success of the conference highlighted the need for organizations in New Zealand and Australia, to consider encompassing a wider range of professional disciplines when planning future conferences. This was evident in the exchange of knowledge and discussion which was generated throughout the conference.

This conference included the interests of a wide range of disciplines, including clinical skills and simulation centre organisers, nurses, paramedics, educators, general practitioners, surgeons, anaesthetists, intensivists, and emergency care doctors.

Over the three day period, the conference included a mixture of keynote presentations and oral presentations. Although the conference did not include workshops, this will be considered for future events. In all there were eleven keynote presentation sessions and eleven oral presentation sessions.

Day One

The conference was opened by Dr Jan White, (CEO Waikato District Health Board) who welcomed the delegates to the hospitals excellent lecture and simulation facilities. The auditorium contained all technological requirements and modern audiovisual resources that were required by presenters, with the backup of an audiovisual technician to ensure that all ran smoothly.

The first speaker was from Laerdal, who spoke on the theme of the "New Direction in Education-Micro Simulation". Initially covering the more traditional methods of learning, the speaker then moved on to present the scope of possibilities which are now being considered for the future, as new technologies emerge. By employing programs such as "Micro Sim", Laerdal's self-directed learning system, it is possible to offer alternative and complimentary learning aids which utilize self-directed learning. This allows the student to study, at a pace which is best suited to their individual learning requirements while structured to make the best use of their own particular learning methodologies. It also transfers some of the responsibilities for attaining competence to the learner. [1]

The remainder of day saw presentations from speakers representing both New Zealand and Australian Simulation centres. The focus and nature of simulation varied from centre to centre. While some centres are currently directing their energies towards skill training, employing techniques such as "virtual reality" and three-dimensional models upon which skills such as laparoscopy can be practiced; others are focussing on scenario training with risk minimisation as their primary concern. Regardless of the centre's focus, funding was

indicated as being a shared major concern, as in many cases 'one of' grants had enabled the establishment of a simulation centre but recurrent financing was not available. To obtain further funding as a means of supporting simulation training, centres had to employ creative strategies which would provide evidence of the need to include simulation as a required component of the medical curriculum.

The Chairman, Royal Australian College of Surgeons (RACS) Skills Training Sub-Committee, delivered the final presentation on day one. He spoke of the need to establish standards for skills centres that could then be accredited by RACS. Trainers and the courses would then need to attain accreditation to satisfy both the need for appropriate courses and to be eligible for funding. In this speaker's opinion, funding should be obtained jointly from the participants in any courses and the wider "benefiting" community.[1]

Day Two

Day two saw papers being presented from a research or educational / training perspective. The purpose of one paper was to "evaluate the effectiveness of simulation, in comparison to each other, without training or other methods of surgical training on the basis of a systematic review" The results of the research failed to show any significant benefit to such training. The recommendation was that such further studies have a standardised approach, sufficient participants and be part of a standard surgical skills training course. [1]

Two papers presented by Paramedic training facilities offered positive conclusions to Simulation training. One Victorian based paper discussed the outcome between Student paramedics undergoing practical simulation training compared with a similar cohort that undertook only case based training in the classroom. The results showed a significant benefit to the simulation cohort. A NSW study employing a computer based simulation program showed a similar benefit to those officers who had access to it compared to those who did not.[1]

One study of particular interest was the development of a model for identification of errors in anaesthesia. Two scenarios where undertaken by ten anaesthetists, the purpose of which, was to identify errors that had occurred during the exercise where identified. Analysis of the data that is underway which could provide opportunities to identify errors that occur during simulation, and allow for harm reduction strategies to be implemented.[1]

The training and educational papers covered a variety of topics such as the use of the Internet to deliver training to remote areas. Other topics included education for nurses and the opportunity for General Practitioners to learn new skills and upgrade existing skills.

One paper covered the opportunity of simulation in the multi-disciplinary team setting to enable skills practice which enhances the various disciplines that are employed when working as a team. It is hoped that the outcome of such training in a realistic setting will see a reduction in errors, because each member of the team is contributing to the team's activities rather than focussing solely on their own individual roles.[1]

An excellent dinner on the banks of the Waikato River in the Ferrybank lounge was well attended and thoroughly enjoyed. This was a great opportunity to meet up with other people and discuss a range of topics in an informal and friendly atmosphere.

Day Three

Day three saw two interesting presentations on the value and effectiveness of audiovisual aids, and the value of debriefing. Waikato Hospital has excellent audiovisual and telemedicine facilities, which allow medical staff to observe surgical procedures taking place in the hospital's operating theatre, from within the simulation centre.

It was reinforced by one of the speakers that the simulator "is the wand not the magic" and that to maximise the use of the simulator a holistic approach needs to be employed, embracing as many learning strategies as is appropriate to that particular debriefing session.[1]

One paper covered the value of simulation for medical undergraduates helping them to bridge the gap between "theory and practice". Students responded enthusiastically on the benefits of being able to practice medical emergencies on a simulator before having to do it on a real patient.[1]

The day concluded with a panel discussion on where Clinical Skills and Simulation should be going in New Zealand. The primary objective was to encourage collaboration between all centres, to ensure that too many players do not dilute expertise and finances. A model was suggested to enable simulations centres of excellence to have a base at particular hospitals, and that participants could attend those hospitals to undertake training.

The question of a further conference was raised in addition to discussions concerning financial cost of additional bi-annual conferences. It was decided at this time that at least for next year there would be a Clinical and Simulation Conference in New Zealand.

The conference was particularly relevant in revealing the lack of consensus between those organisations undertaking simulation training, in the following areas:

- Each facility has its own objectives and determines its own agenda, in some cases replicating work done at adjacent sites.
- Skills training is seen as a useful tool to a student's training, however what sort of simulation aids should be employed and delivered by whom is a mute point.
- There are no recognized standards that simulation centres and trainers should be accredited to.
- Financing simulation centres is on an ad hoc basis thus making long term planning difficult.
- Simulation courses can tend to be "supply" driven rather than "demand" driven.
- Simulation centres must operate to provide a required product by demonstrating an end benefit to doing such a course.

However, as previously stated, at the end of the conference there was a ground swell of opinion that the various organizations need to collaborate more closely.

Reference:

1. Waikato Clinical School. Clinical Skills and Simulation Conference 04 Conference Handbook. A multi-disciplinary New Zealand and Australian overview of current programmes, and research and development of skills and simulation based education. New Zealand: Waikato Clinical School; 2004:21-41.