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# THE SIM GUIDE

ALLIED HEALTH SCENARIOS

TEMPLATES AND TIPS FOR SIMULATION BASED EDUCATION



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# THE SIM GUIDE

## ALLIED HEALTH SCENARIOS

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### TEMPLATES AND TIPS FOR SIMULATION BASED EDUCATION





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# Foreword

The Health Education and Training Institute (HETI) is pleased to present *The Sim Guide: Allied Health scenarios, templates and tips for simulation based education*. This resource is the result of collaboration between HETI and allied health educators from Local Health Districts and Specialty Health Networks across NSW, and could not be possible without this partnership.

Simulation is an important aspect of education and training for health professionals. Through the use of simulation, health professionals can further develop their skills in providing high quality clinical services and delivering excellent patient care.

HETI is committed to supporting health professionals in their learning and development through educational approaches that are contemporary, innovative and evidence-based. *The Sim Guide* is a welcome resource, supporting allied health professionals in writing, providing and evaluating simulation based education in their workplaces.

This is both a practical and user-friendly resource to support allied health professionals across the state to use simulation based education as a component of their learning and development with allied health staff.

Simulation provides the professional with an opportunity to live and feel an educational experience. Simulation is used in both low risk and high risk care provision. Simulation allows the allied health professional to practise a skill in a supportive environment. There is an opportunity for allied health professionals to use simulation to further workforce skill development and to embrace new practices that may be challenging to most.

This guide will assist the reader in understanding the role of simulation, its benefits and offers a series of ready-made scenarios. This resource contains templates wherein the reader can construct simulation scenarios for use in their workplace. I commend this guide as being integral to supporting the use of simulation in allied health education.

**John Merrick**

Director Allied Health, 2012-2016  
Health Education and Training Institute

**Adjunct Professor Annette Solman**

Chief Executive  
Health Education and Training Institute

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This resource was developed by HETI, in partnership with the Allied Health Professional Educators Network (AHPEN) to support allied health professionals within Local Health Districts (LHDs) and Specialty Health Networks. AHPEN is a group of approximately 45 professional educators who are involved in the coordination and/or delivery of education and training for post-graduate allied health professionals in LHDs and Specialty Health Networks across NSW.

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# Allied health in NSW Health

## Allied health professionals

- hold tertiary qualifications
- hold relevant registration, license or accreditation to practice, eligibility for membership of professional associations
- provide a range of therapeutic and diagnostic services in either the public, primary health or private health care sector
- apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function in their clients/patients
- use a range of complex skills including specific professional clinical skills in addition to communication, clinical reasoning, reflection and evidence-based practice skills
- work as sole practitioners and/or in teams, including multidisciplinary, interdisciplinary, and transdisciplinary
- are allied or aligned with each other and other members of the health professionals workforce, their patient/clients, their families, carers and community, working across the health system

**NSW Health categorises the following 23 professions as allied health professionals\*:**

Art Therapy	Nutrition & Dietetics	Psychology
Audiology	Occupational Therapy	Radiation Therapy
Counselling	Orthoptics	Radiography
Diversional Therapy	Orthotics & Prosthetics	Sexual Assault Workers
Exercise Physiology	Pharmacy	Social Work
Genetic Counselling	Physiotherapy	Speech Pathology
Music Therapy	Play Therapy/Child Life Therapy	Welfare Officer
Nuclear Medicine Technology	Podiatry	

\* Allied health in NSW is defined as per NSW Treasury Codes Classification System.

# Introduction

## preparing for simulation



# Introduction

In the last decade, there has been significant investment in developing infrastructure, capacity, and evidence to support simulation education in clinical training across Australia (Health Workforce Australia, 2014). However, for allied health professionals in NSW, simulation based education has predominantly remained a largely 'untapped' educational approach and resource.

Simulation is defined as ‘the imitation or representation of one act or system by another. Healthcare simulations can be said to have four main purposes – education, assessment, research and health system integration in facilitating patient safety’ (Society for Simulation in Healthcare, 2014).

Simulation may be one of a variety of approaches educators may employ to facilitate the learning and development of allied health professionals. Additionally, simulation may adopt a variety of modalities ranging from high technology computer based systems, through to low technology, high fidelity approaches whereby professional skills with patients, environments and other areas such as team work or communication are rehearsed or simulated.

In a recent state-wide survey titled the **HETI Education and Training Requirements for Simulation Professional in NSW** (Health Education and Training Institute [HETI], 2014a) it was identified that the development of simulation scenarios was a high priority in the education and training needs of health professionals within NSW Health. Whilst simulation based education is commonly used in medicine and nursing, simulation is less established in allied health. As such, this resource has been developed as a guide to implementing simulation based education.

This user-friendly and clinically-relevant resource should be used in conjunction with learnings from simulation related education and training programs as a practical tool for educators and clinicians who wish to provide an allied health specific simulation activity.



**‘The ability to target key aspects of clinical practice and strategically recreate them in a simulated environment is what makes simulation such a powerful learning and teaching tool’ (HETI, 2012)**

# About this resource





This resource contains an overview of the key principles of simulation education, as well as five well developed scenarios both multi-disciplinary and discipline specific. Each scenario has its own customised documentation and briefing notes that can be found on the **HETI website**. The purpose of this resource is to feature a variety of different simulations. It is important to note that the scenarios can be applied to more allied health disciplines than those presented in the five simulations.

All five scenarios have been piloted in Local Health Districts (LHDs) and Specialty Health Networks to review the workshop logistics and ensure each scenario is true to the clinical setting. Lessons learnt from the pilot program have enhanced the contents of the resource.

This resource was developed for use by allied health educators and clinicians. There is an assumption that users of this resource have a foundation-level understanding of simulation education theory and practical skill in facilitation, debriefing and providing feedback.

There is a range of simulation related professional development activities to support educators and clinicians who wish to further their knowledge in this area.

## Top five most utilised professional development activities for simulation educators in NSW

	<b>National Health Education and Training Simulation (NHET-Sim)</b> Offers a range of face-to-face workshops and e-learning for simulation professionals including simulation fundamentals, using simulated patients, scenario development and debriefing skills.
	<b>SimHealth/SimTecT Conference</b> Annual national conference organised by Simulation Australia that includes a range of seminars, workshops and masterclasses.
	<b>Sydney Clinical Skills and Simulation Centre (SCSSC)</b> Offers a range of simulation instructor training including delivering immersive simulation and feedback courses.
	<b>Harvard Institute for Medical Simulation</b> Offers a range of training from five day instructor workshops, debriefing webinars and advanced instructor training packages.
	<b>Simulation Australia</b> As well as the SimHealth/SimTecT conference, Simulation Australia organise a range of seminars, workshops and masterclasses through its health division, the Australian Society for Simulation in Health (ASSH).

Source: HETI Education and Training Requirements for Simulation Professional in NSW

Additional professional development opportunities can be found at the **HETI Simulation** website.

## About this resource

Continued

### Who is this resource for?

This resource has been designed to be used in the education and training of qualified allied health professionals, however, it may also have applicability to student education. For more information on simulation based education with students see **Simulation Based Education: Professional Entry Student Education and Training**.

Additionally, while this resource was designed for use by allied health professionals, educators and clinicians may find that they are able to modify the simulations to include health professionals from other disciplines such as medicine, nursing and midwifery in collaboration with these professions.

### How to use this resource

The resource and supporting documentation is located on the **HETI website**. There are five fully developed scenarios that can be used by allied health professionals. The scenarios may be used in their current format or adapted for use to reflect the needs of a target group, including the consideration of:

- different settings (e.g. simulation centres, the ward or in a multipurpose room)
- different professional groups or teams
- different areas of clinical practice.

Each scenario includes:

- an overview
- a completed simulation scenario development template
- a facilitator session plan
- briefing notes for participants, confederates, and simulated patients (where applicable)
- a simulation activity running sheet (where applicable)
- progress notes, observation and medication charts (where applicable).

This resource contains a brief overview of each of the five simulations, as well as templates, example forms and a glossary. The full package which includes all of the supporting documentation for each simulation can be downloaded from the **HETI website**. A **list of all the hyperlinks** presented in the resource can be found on page 86.

## Why simulation?

Simulation based education can serve as an important mechanism for increasing the skills of health professionals, and can be an effective approach in teaching clinical skills (Cant & Cooper, 2010; Rosen, Hunt, Pronovost, Federowicz, & Weaver, 2012; Schmidt, Goldhaber-Fiebert, Ho, & McDonald, 2013).

There are a number of advantages of simulation based education:



**1. Protecting patients from unnecessary risks** (Lateef, 2010): Health professionals can learn to use new clinical equipment, develop a new skill or use a new treatment approach without the risk of harming patients as they learn.



**2. Opportunity to safely practise rare or high risk events** (Ker & Bradley, 2010): Simulation can be used effectively in the rehearsal of serious or rare events or complex clinical situations.



**3. Opportunity for practise and feedback** (Ker & Bradley, 2010): Simulation can provide opportunity for health professionals to practise and receive feedback on their 'non-technical' skills with patients/families, colleagues or the team.



**4. Integration of physical, cognitive and psychological aspects of practice:** Simulation can connect emotional and cognitive forms of learning to maximise knowledge transfer to the real world (Clapper, 2010). It may also provide opportunity for health professionals to learn how to mitigate ethical tensions and resolve practical dilemmas (Lateef, 2010).

# Engaging staff in simulation based education

Critical to its success, simulation needs to be a purposeful and meaningful learning activity. It is important that educators acknowledge participants as adult learners who are interested to learn about areas relevant to their current needs and are able to reflect on real-life situations. As adult learners, participants need feedback and learn best in environments in which they are supported to develop (Clapper, 2010).

Engaging staff in simulation based education can be challenging, especially if it is a new experience for participants. When introducing simulation into the workplace consider:

- **The needs of the workplace:** What do people want? What issues have been raised that could benefit from a simulation activity?
- **Highlighting the benefits for staff:** Can the sim activity be linked to Continuing Professional Development (CPD), professional registration or mandatory requirements?
- **Introducing it gradually:** Are there staff who are more familiar with simulation, perhaps from recent undergraduate studies?
- **Creating partnerships:** Are there other health professionals who share an interest in simulation? Is there access to a local simulation centre?
- **Showcasing simulation:** Are there opportunities to showcase the resource or short examples during in-services or a locally organised 'Sim' symposium? This could be combined with mandatory training such as Basic Life Support to increase engagement.

# Interprofessional Education (IPE) and simulation

Interprofessional Education (IPE) is recognised as foundational to achieving safe, high quality, accessible and patient-centred care (WHO, 2010; Wilhaus et al., 2012). The aim of IPE is to enhance the way health professionals learn with, from and about each other to improve collaboration and quality of care (Centre for the Advancement of Interprofessional Education, 2002). This includes education that occurs across disciplines and is focused on person-centred communication and shared decision making.

The intersection between IPE and simulation is a place where a range of 'non-technical' professional skills (such as team work or communication) can be rehearsed or simulated and teams can practice working together to improve care. Furthermore, simulation is an effective vehicle for achieving and evaluating the interprofessional practice competencies outlined in the Core Competencies for Interprofessional Practice (Interprofessional Education Collaborative Expert Panel, 2011; Wilhaus et al., 2012).

One of the desired learning outcomes of this resource is to feature simulations that encourage and develop interprofessional teamwork and communication. Simulation can be an ideal approach to integrating IPE into health professional education programs and the workplace, through addressing challenges of IPE such as siloed thinking, professional compartmentalisation, role confusion, and coordination/time constraints.

# Choosing the right simulation modality

When considering simulation as an education approach for allied health, it is important to consider how simulation fits into the overall education plan, needs and learning objectives of individuals, groups/teams, the service or organisation.

Simulation includes a wide variety of modalities that are used in health education and training (HETI, 2014b). The full scope of simulation modalities is listed below. It is important to select the right simulation modality to match the learning objectives of the activity (e.g. a learning objective focussed on teamwork may best suit role play or simulated patient modalities).



Further information about the full scope of simulation modalities can be found in **Simulation Based Education: Professional Entry Student Education and Training**.

# Key requirements in simulation based education

## People in simulation

Facilitating a simulation activity involves a number of people. These include; learners, facilitators, faculty, technicians, confederates, observers and administrators (refer to the **Glossary** for further information on page 84). Often staff who are involved in the simulation are referred to as the faculty. Each person has a key role to play in the simulation, so a good place to start is to map out who is needed and where you can access the people required.

## Choosing the most appropriate learning environment

Simulation activities may be held in a range of locations, such as simulation centres, multi-purpose rooms, or in situ in the clinical environment. There are a variety of reasons for selecting a particular location for a simulation activity. For example, conducting a simulation in situ in a clinical environment can promote experiential learning, maximise realism and offer training efficiency through integrating the simulation into the actual workday and environment (Patterson, Blike & Nadkarni, 2008). One of the major challenges of conducting a simulation in a 'non simulation' environment (such as a multi-purpose room or in the clinical environment) is to achieve a sense of realism needed to engage participants in the simulation activity. A way to do this is to consider:

- i) props that can be used (e.g. bed or chair)
- ii) the detail in the visual aspects of the clinical environment (e.g. medication charts, hospital bed linen, patient labels), and
- iii) using simulated sounds of the clinical environment (e.g. playing recordings of equipment beeping on a smartphone).

## Creating a safe learning environment

Simulation based education can be a new and exciting experience for some participants or perhaps anxiety-provoking for others. Their response to a given simulation may be influenced by various factors including their previous learning and clinical experiences, individual learning style, relationship with other participants and their understanding of the learning outcomes (Rudolph, Simon, Dufresne & Raemer, 2006). Health professionals may also feel like they are taking a 'psychological risk when they allow their performance to be watched and/or appraised by peers or instructors' (Centre for Medical Simulation, 2010, p2).

For these reasons it is essential to establish a learning environment that is safe and where participants feel reassured that they are able to freely participate in the exercise without fear of judgement, ridicule or consequence. The more participants feel at ease, the more willing they will be to engage and learn. As such it is important to establish a group agreement and discuss confidentiality, psychological safety and feedback preparation (Motola, Devine, Chung, Sullivan & Issenberg, 2013). Rudolph, Raemer & Simon (2014) provide a comprehensive overview for establishing a safe environment for learning in simulation.



Key requirements in simulation based education

Continued

Managing emotional responses

If at any time, physical, behavioural or emotional indicators of distress are identified during the simulation activity, it is necessary for the facilitator to respond. Suggestions for managing participants who may be showing signs of distress include:

- Provide time-out and a signal to stop the simulation, if necessary
- Support individuals to step back, receive support or even tag team so someone else takes over in the scenario
- Provide balanced debriefing so that individuals do not feel that they have ‘failed’ or ‘humiliated themselves’
- Offer follow-up after the simulation, either informally or through programs such as Employee Assistance Program (EAP) depending on the nature of the issue.

Learning objectives

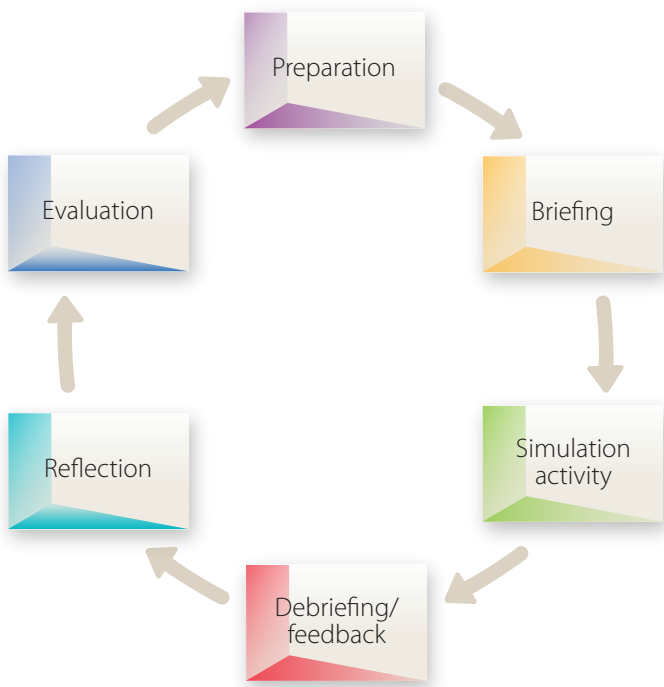
Learning objectives 'describe what the learner should have learned as a result of participating in the learning program' (McMillan, 2001). Learning objectives are essential in simulation based education as they anchor the learning and provide clear direction on the purpose (e.g. formative or summative) and on the desired educational outcomes. When writing learning objectives, keep them brief and measurable and try to have two or three learning objectives for the activity.

Example: *By the end of this simulation, participants will be able to demonstrate three key skills and strategies to assist in de-escalating a situation where a patient/client is verbally aggressive.*

The most effective way to write learning objectives in simulation is to formulate them using observable verbs such as demonstrate, identify, explore or consider. Bloom's Taxonomy (Bloom, Englehart, Furst, Hill & Krathwohl, 1956) is a classification of thinking and may be a useful reference point for developing learning objectives. In its revised state (Anderson & Sosniak, 1994), it describes six levels of cognitive tasks from the most basic to higher order of thinking skills. Further information on Bloom's Taxonomy can also be found on pages 33 and 73 of **The Learning Guide** (HETI, 2012).

Simulation Phases

Jolly, Nestel & Sprick (2012) present simulation in six phases. Each phase is equally important and therefore time should be taken to prepare for each phase as part of planning for the simulation.



Tips for each simulation phase

Preparation

- Book ahead:** Include the time needed to run through the scenarios, orientate faculty and set up on the day of the simulation.
- Recruit faculty:** Consider who in your department, facility or service has experience in simulation training or is interested in being involved. Distribute the relevant simulation documentation to the faculty prior to the simulation event.
- Recruit simulated patients** (if applicable): These may be professional actors, staff members or volunteers from the community.
- Recruit participants:** Consider audience, availability, cost and shared learning needs.
- Test equipment/props:** Establish a contingency plan if technology does not work.
- Faculty orientation:** Faculty briefing often occurs immediately prior to the participants arrival for the simulation activity or, alternatively, in advance. Consider the best time to brief the faculty when planning the activity. This can be done in advance or on the day of the simulation activity.

# Simulation Phases

Continued

## Briefing

**Introductions:** Invite participants and faculty to share information about their backgrounds and past experience of simulation.

**Housekeeping:** Discuss timing, breaks and facilities (e.g. toilets) so as to familiarise participants to the environment. Also consider signing of paperwork (e.g. consent for photography/video recording).

**Group confidentiality:** Create a group agreement which reflects an environment that is confidential, non-judgemental and conducive to giving and receiving feedback. Participants should also sign the simulation consent form which outlines their responsibilities around confidentiality. An example **consent form** can be found on page 81.

**Presentation of learning objectives:** Make these explicit to the participants. It sets up expectations of what is going to be learned.

**Expectations:** Discuss what is going to happen, the roles of participants and faculty, what the room will look like, any equipment that will be used and what will happen after.

**Basic assumption:** A 'basic assumption' which underpins all simulation based education is that participants are 'intelligent, well-trained, and are trying to do their best to learn and improve' (Center for Medical Simulation, 2010, p7). It is important to cover this as part of the briefing.

**Fiction contract:** is an agreement from participants that they will 'buy in' to the simulation experience, suspend disbelief and embrace the simulation for what it is. An example of what to say can be:

*What we are about to do isn't real and there are limitations to what we can do to make it real. However, an attempt has been made to make it as true to real life as possible. The more you engage in this activity, the more you will get out of it.*  
(Jolly, Nestel & Sprick, 2012).

**Participants' roles in the simulation:** Participants should be allocated a role within the scenario which matches their own professional background. Professional role assignment has been found to impact on the effectiveness of the learning experience, with learners valuing the opportunity to play their own professional roles during the simulation activity (van Soeren et al., 2011).

**Observers' role in the simulation:** Observers can be tasked with observing and providing feedback, either generally or on specific aspects of the simulation (e.g. via an observation sheet or checklist to help keep focussed) and can enrich not only their own learning, but the debriefing process through having an opportunity to provide some feedback on what was observed.

# Simulation Phases

Continued

## Simulation activity

If participants are not well known to each other or in the interest of group cohesion, it may be necessary to carry out a short ice breaker/warm up activity. **Examples** can be found on page 83.

The facilitator's role is to:

- keep track of time
- know when to intervene (e.g. when confederates should step in, if someone is distressed, if the scenario is going off track or to monitor equipment)
- maintain the integrity and realism of the scenario
- observe what learners/participants are doing
- if able, take notes to assist with debriefing later or allocate note taking as one of the roles.

## Debriefing

Participants step back from the experience, reflect and start to understand the significance of what they have just learnt. They also have an opportunity to think about how this impacts on their clinical work (Refer to **Key Skill: Debriefing** on page 24).

## Reflection

An opportunity to think personally about the simulation and consider what went well and what could be changed for next time. Thoughts and reflections can be discussed with other staff or faculty. This can also be documented for Continuing Professional Development (CPD) purposes. An **example CPD reflection sheet** can be found on 82.

## Evaluation

Evaluation may focus on whether:

- i) the scenario addressed the learning objectives
- ii) the intended skills were gained from the activity (i.e. knowledge transfer)
- iii) participation in the simulation led to a change in practice
- iv) the approach from the faculty could be changed or improved (i.e. quality improvement).

One or all of these aspects can be evaluated.

Resources which support evaluation include:

- participant evaluation forms
- faculty debriefing (what worked? did not work?)
- observer feedback
- pre/post-test, survey or quiz
- validated evaluation/assessment tools.

An **example participant evaluation form** can be found on page 80.





# Key skills





# KEY SKILL: Debriefing

Simulation requires people to perform and practice under observation, often in the presence of other colleagues. Feedback and reflection are critical components of the process. The aim of debriefing and discussion is to ‘reflect on action’ (Schön, 1983). This means thinking about an experience after it has occurred and developing more effective ways to deal with it in the future. Debriefing is a critical step in simulation based education and should be led by a skilled facilitator. It is important to ensure that participants are able to process what has occurred in a safe environment, feel reassured about mistakes, discuss potential strategies that lead to improvement and to be provided with an opportunity to practise again in the future. Provide adequate time to the debriefing process and seek input from observers, faculty and actors (if applicable).

## Co-debriefing

At times it can be useful to have more than one facilitator leading the debriefing. Cheng et al. (2015, p69) state that ‘the goal of co-debriefing is for co-facilitators to work together to manage discussion in fluid fashion that promotes effective learning’. Co-facilitators may be from the same or different professional backgrounds or specialties.

This may be particularly useful when the facilitators have different skill sets to offer. For example, the lead debriefer has the developed expertise in human-factors, simulation facilitation and debriefing models but not necessarily the specific content expertise of the discipline group. The lead debriefer guides the overall themes and points for discussion but is informed on technical skills or techniques by an ‘associate facilitator’ from the group’s own discipline. The ‘associate facilitator’ role can be called upon by the lead facilitator when a specific question related to his or her context expertise arises (Cheng et al., 2015).

# Key skill: Debriefing

Continued

## Models of Debriefing

There are a number of models which can guide the debriefing process following a simulation activity. Four approaches are presented here, however there may be others which are useful.

### Plus/Delta (+/Δ)

Plus/Delta is a technique that rapidly gains feedback on what participants believed they did well and what they thought they could do differently next time. It can also be used as a note taking tool for facilitators to quickly write down their observations under +/Δsymbols. For example,

(Plus) + What worked well?	(Delta) Δ What would you change/do differently?
<i>Communicated actions clearly to others</i> <i>Worked well together as a team</i>	<i>Errors made in standardised assessment</i> <i>Team ran out of time to complete task</i>

### SHARP (Imperial College London, 2014)

SHARP is a practical model which can be used to guide the debriefing process. SHARP is an acronym for the five key principles of the model.

BEFORE the simulation activity:

<b>S</b> et learning objectives	<i>What would you like to get out of this?</i>
---------------------------------	--

AFTER the simulation activity:

<b>H</b> ow did it go?	<i>What went well? Why?</i>
<b>A</b> ddress concerns	<i>What did not go so well? Why?</i>
<b>R</b> everview learning points	<i>Were the learning objectives met? What did you learn about (clinical/team work) skills?</i>
<b>P</b> lan ahead	<i>What actions can you take to improve future practice?</i> <i>What learning will you take away with you?</i>

Further information on the SHARP approach can be found in **The London Handbook for Debriefing**.

Key skill: Debriefing

Continued

**Advocacy-Inquiry Approach** (Rudolph, Simon, Rivard, Dufresne, & Raemer, 2007)

The Advocacy-Inquiry approach can be a useful framework for giving feedback with ‘good judgement’.

i) **Reactions Phase**

Inviting participants to talk about their immediate feelings or reactions can support a release of emotional tension prior to exploring some of the learning from the activity (Rudolph, Simon, Raemer & Eppich, 2008). This can be done through questions such as:

*‘There was a lot going on in that simulation. How are you feeling?’*

It may also provide the facilitator with some insights as to what was most exciting or worrying for the participants (Rudolph et al., 2008).

ii) **Understanding Phase**

The Advocacy-Inquiry approach allows educators to explore the participant’s perspective while still providing feedback on important events in the simulation.

For example, during the simulation activity, a facilitator notices that participants did not check the brakes when transferring the simulated patient into the wheelchair. Application of the Advocacy-Inquiry approach may look like this:

Advocacy	
Sentence starters	Example
I saw/noticed...	‘I noticed that you didn’t check the brakes on the patient’s wheelchair.’
I think...	‘I think that’s a really important aspect of ensuring patient safety in transfers.’
Inquiry	
Sentence starters	Example
I wonder...	‘I wonder what was going on for you at that time.’

Key skill: Debriefing

Continued

This approach can assist the educator to understand the participant’s mental frame, diagnose the issue and find an appropriate solution. For example,

Participant’s mental frame:	‘I thought that my colleague had checked the brakes.’
Issue/Diagnosis:	This is a communication issue, not a knowledge issue.
Solution:	‘Perhaps, when working together it is useful to say aloud when you’ve put the brakes on or off.’

iii) **Summary Phase**

An effective way to conclude the session is to summarise the learnings regardless of what model is chosen. It is important to end the debriefing with a reflection on their experience as a whole in order to solidify their learning. For example,

*‘What is one thing you have learnt today that you can apply in your clinical practice?’*  
*‘How do you plan to do that?’*

Key skill: Debriefing

Continued

PEARLS Framework and Debriefing Script (Eppich & Cheng, 2015)

Eppich & Cheng (2015) present a blended framework for healthcare debriefing called ‘Promoting Excellence and Reflective Learning in Simulation’ (PEARLS). The PEARLS debriefing framework recognises that most experienced educators merge various approaches into a single debriefing depending on the learning objectives and learner needs. These educational strategies include many of those already presented:

- Learner self-assessment (including Plus/Delta, SHARP technique)
- Focused facilitation to promote discussion and reflection around key topics (including advocacy-inquiry, among others)
- Providing information in the form of directive feedback and teaching.

The PEARLS debriefing script provides a useful structure for implementing the framework for both novice and experienced educators. The PEARLS debriefing script covers:

1. Setting the stage for the debriefing
2. Discussing initial participant reactions, relevant case elements, positive and suboptimal areas of performance and a summary of lessons learned
3. Formulating questions that empower educators to share clearly their honest point of view about events.

The full version of the PEARLS debriefing script can be found in Eppich and Cheng (2015).

Key skill: Debriefing

Continued

Targeting the debriefing at the right level

In debriefing it is important to match the level of the facilitator’s involvement to the needs of the group. Fanning and Gabba (2007, p119) recommends facilitating the debriefing at ‘the highest level possible’. To find the right level, consideration needs to be given to the facilitator’s skill level, participants’ skill level and available equipment. The table below breaks down at a glance the varying levels at which debriefing can be targeted.

Foundational	<ul style="list-style-type: none"><li>• Review event</li><li>• Clarify thoughts and facts</li><li>• Release emotional tension</li><li>• Reinforce specific teaching points</li></ul>
Intermediate	<ul style="list-style-type: none"><li>• Guide reflection</li><li>• Make meaning</li><li>• Explore connections</li></ul>
Advanced	<ul style="list-style-type: none"><li>• Use observers</li><li>• Use video analysis</li><li>• Self-evaluate learning</li></ul>

(adapted from Fanning & Gabba, 2007)

Debriefing tips

- A tight horseshoe set up with the facilitator sitting in the opening can promote open communication where everyone can be heard and seen
- Consider co-facilitation when debriefing if you are not feeling confident
- Ask open ended questions and allow participants adequate time to respond. Practise counting to 10 in your head before saying anything
- If the room is persistently quiet, ask participants to write down their own thoughts and allow time for self-reflection before facilitating discussion
- When the simulated patient is out of character, the facilitator may like to invite them to give feedback about the ‘patient’s’ experience. Feedback should always be delivered in a positive way, not singling anyone out (e.g. *Can you tell the group how it felt as the patient in this scenario?*)

Key skill: debriefing

Continued

Evaluating the quality of faculty debriefing

There are tools available which can evaluate the quality of the debriefing delivered by the faculty in simulation. Two approaches are presented here but there may be others which are useful.

1. Debriefing Assessment for Simulation in Healthcare (DASH)

(Center for Medical Simulation, 2010)

DASH is a useful tool for evaluating techniques used in debriefing. There are three versions of DASH:

- i) Rater version - designed for trained raters
- ii) Student version - designed for students to rate their instructors
- iii) Instructor version - designed for instructors to rate themselves.

Versions of DASH can be downloaded from the **Center for Medical Simulation**.

2. Objective Structured Assessment of Debriefing (OSAD)

(Imperial College London, 2014)

OSAD is a scripted tool which can be used for assessment of faculty debriefing. It identifies eight core components/categories of effective debriefing:

- i) Approach
- ii) Establishment of learning environment
- iii) Engagement of learners
- iv) Reflection
- v) Reaction
- vi) Analysis
- vii) Diagnosis
- viii) Application.

Further information on OSAD can be found in **The London Handbook for Debriefing**.

Additional training on debriefing

NHET-Sim – Module S9-Debriefing Scenarios

Australian Institute of Medical Simulation and Innovation (AIMSi) – Instructor Training

Hunter New England Simulation Centre (HNEESC) – Instructor Training

Sydney Clinical Skills and Simulation Centre (SCSSC) – Instructor Training

Center for Medical Simulation - Debriefing Assessment for Simulation in Healthcare (DASH)

Imperial College London - Objective Structured Assessment for Debriefing tool (OSAD)

KEY SKILL: Working with simulated patients

Simulated patients are commonly used in simulation based education. A simulated patient is a member of the faculty who role plays a patient within the simulation activity. Simulated patients may be professional actors, lay people (community members) and/or health professionals. All have advantages and disadvantages. If choosing to use a professional agency, be aware of the costs and training requirements. Some organisations may be willing to have their actors prepare ahead of the simulation at home; others may require actors to come in for a face-to-face training session. Cost may also vary depending on topic (e.g. topics with high levels of emotion will often cost more than standard communication tasks). If looking to recruit actors, a **local simulation centre** may be able to provide guidance. Alternatively, it may also be acceptable to recruit fellow colleagues, staff or lay people to play simulated patients as long as you have prepared them adequately for the role. If recruiting colleagues, try to find someone who participants are less familiar with to increase engagement and realism of the scenario.

Essential characteristics of a simulated patient

A person who is able to:

- respond to and give effective feedback  
*(e.g. 'As the patient, I felt ... did well/could improve on ... for next time think about...')*
- understand the learning objectives of the activity
- 'get into character' of the simulated patient
- follow directions.

Briefing the simulated patient

When briefing the simulated patient it is important to cover the following:

- run through the background knowledge of patient scenario
- discuss any risks (e.g. clothing, contact, props and/or moulage)
- discuss how long they will be in role
- the type of feedback they will be providing (if any)
- what the learning objectives are
- when, if and how to respond to participants if the simulation goes 'off track'
- what to do if a 'time out' is called (e.g. look to ground or off to the corner) and the signal to know when to re-engage
- familiarisation of equipment/setting
- rehearsal.

# KEY SKILL: Writing a simulation

The effectiveness and success of simulation depends largely on good planning and preparation. Developing scenarios that reflect or portray real clinical situations have the potential to appeal to adult learners who are highly motivated to learn in areas relevant to their current practice needs (Clapper, 2010). It is therefore essential to identify the objectives of the activity (e.g. what is the expected performance I want to observe?) and who the learners are (e.g. level of experience, training and motivation to participate). Often the first step in developing a simulation is collaborating with others to identify the need, the issues and objectives of the activity. The scenario can then be developed drawing on the clinical, technical and educational expertise of those in collaboration. The templates in the appendices of this resource can assist in the development of a simulation. These templates can also be downloaded from the [HETI website](#).

## 1) Start with the Simulation Scenario Development Template.

This template will assist in conceptualising the simulation, and identifying:

- Why** is this simulation needed?
- Who** is the target audience?
- What** key skills will the participants learn?
- How** will they learn these key skills?
- Who** should be in the faculty?
- What** equipment, resources and costs are required?
- Where** can the simulation be held?
- How** will the simulation be evaluated?

An **example of a completed Simulation Scenario Development Template** is found on page 65.

## 2) Complete the Facilitator Session Plan

This template will assist in mapping out the workshop, the simulation and the associated timings and resources. The facilitation session plan utilises the information gathered in the simulation development template.

## 3) Complete the Briefing Notes – Participants/Confederate/Simulated Patient

These templates will assist in specifying the specific tasks and responsibilities of each person in the simulation. If technicians or confederates are required to perform specific tasks at specific times, it might be useful to map these out in a **Simulation Activity Running Sheet**.

# Key skill: Writing a simulation

Continued

## 4) Seek review and feedback on the simulation

It is important to seek review and feedback from colleagues who have an interest or relevant experience. Colleagues can assist in ensuring the clinical aspects of the simulation are accurate, the documentation is clear and easy to follow and may provide suggestions for increasing learning opportunities in the simulation. This may also be an opportunity to scope out interest and can enhance collegial engagement. Educators in simulation centres are another excellent resource for providing feedback and may also provide advice on the logistical aspects of the simulation.

## 5) Pilot the simulation

Piloting the simulation is an important aspect of simulation development. Piloting assists with determining whether:

- the key learning objectives are met
- there are any additional resources required
- the timings are appropriate
- the content is pitched at an appropriate level for the target audience.

## Tips for completing the Simulation Development Template

- Draw inspiration from real life situations
- Keep it straight forward  
e.g. have two - three clear learning objectives rather than a long list
- Keep to one focus  
e.g. clinical, collaboration/teamwork, communication
- Consider phases and time lapse  
e.g. using a 'time warp' if time is limited – 'it's now 30 minutes later...'
- Write scenarios flexibly so they can be adapted to other environments, disciplines or settings  
e.g. rural, regional or metropolitan
- Build frames or cues into the scenario so faculty know what to do next.  
e.g. after five minutes the phone rings and extra information is provided to participants
- Aim to write the 'stem' of a scenario which can then be modified for other contexts e.g. write a straight forward assessment, then add a family member in distress. This can add another dimension and complexity





# Simulations



# Overview of the simulations

One of the fundamental goals of simulation based education is to improve patient outcomes. Through well developed simulations, there is potential to change practices, processes, perceptions and/or cultures in the workplace (Weller, 2013). As simulation based education has largely been an untapped educational approach for the allied health professions, the following five simulations have been developed to encourage interest, activity and enthusiasm in this space.

There are five simulations presented in this resource. These simulations have been developed by allied health educators from Local Health Districts and Specialty Health Networks.

- i. **Managing behavioural and psychological symptoms of dementia and delirium**
- ii. **Medication and falls prevention**
- iii. **Delivering difficult news to children’s families**
- iv. **Physiotherapy management of an intubated and ventilated child requiring suctioning**
- v. **Radiation safety and communication**

There are a number of simulation modalities and environments showcased including role play, simulated patients and manikins (high fidelity human patient simulators). The purpose of this resource is to feature a variety of different simulations, however it is important to note that the scenarios can be applied to more allied health disciplines than those presented in the five simulations. Each simulation has been piloted in a LHD/Network to ensure the scenario is true to the clinical setting and can be delivered according to the session plan.

The desired learning outcomes of all five simulations focus on learning a specific skill and/or developing interprofessional teamwork and communication. While each simulation may appear specific (to a discipline or setting), the methods used to teach the skills and interventions are generic and can be applied to teaching other skills in other settings or disciplines. As such, each simulation has the capacity to be adapted to increase the number of participants and include other disciplines.

Within this resource an overview of each simulation is presented. All the supporting documentation required to provide the simulations are available online at:

<http://www.heti.nsw.gov.au/allied-health/the-sim-guide>

# Overview of the simulations

Continued

- Next steps**
- Educators and clinicians familiar with simulation based education who would like to provide a simulation in its existing format, can print off the complete package from the **HETI website**
  - Those who are less familiar with simulation based education but who are interested in providing a simulation could discuss with their **local simulation centre** how to implement these simulations
  - The simulations can also be used as a foundation for developing scenarios that are more reflective of other workplace settings. For example, educators and clinicians may wish to change the setting and/or develop additional roles for disciplines not currently represented in the simulations





# Managing behavioural and psychological symptoms of dementia and delirium



## Synopsis

This simulation aims to equip allied health professionals with skills in how to respond to patients who present with behavioural and psychological symptoms associated with dementia and delirium. There is a particular emphasis on developing a team approach to managing these presentations. Clinical specialists and educators may also find that they can adapt this simulation to suit differing clinical settings such as patients with a brain injury or a mental health condition. It can be individually facilitated or co-facilitated. The simulation can be conducted in a multi-purpose room, simulation centre or on a ward.

## Learning Objectives

By the end of the simulation, participants will be able to:

1. Expand or enhance communication skills with patients who have behavioural and psychological symptoms of dementia and delirium
2. Communicate across disciplines about patients who have behavioural and psychological symptoms of dementia and delirium
3. Demonstrate key skills and strategies to assist in the management of patients who have behavioural and psychological symptoms of dementia and delirium
4. Develop an interdisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium.

## Target Audience

Allied health professionals from a range of disciplines may find this simulation useful. In particular, this simulation is written to include qualified occupational therapists, physiotherapists, social workers and speech pathologists who are working in multidisciplinary teams. Not all disciplines have been included in this scenario; however disciplines can be added or subtracted depending on local needs (e.g. dietetics, psychology, pharmacy, diversional therapy). While this scenario has been developed for allied health professionals, some adjustments can be made to include medicine and nursing in the simulation. This scenario has been written for health professionals early in their career; however it can be adapted in complexity depending on the learners’ needs. For example:

- To increase complexity for more experienced staff, risk factors may be introduced such as suspected elder abuse.
- To reduce complexity for undergraduate students, participants may work in pairs to share the responsibility of the clinical assessment task.

# Managing behavioural and psychological symptoms of dementia and delirium

Continued

## Simulation activity

In this simulation, participants will enter a simulated ward environment. They will first attend a brief journey board meeting where the Nursing Unit Manager (NUM) will provide handover of the two patients who have been transferred on to the ward.

Following the journey board meeting, the participants will visit the patients, either individually or in pairs, to conduct their clinical assessment.

**Helena** (simulated patient) is an 85 year old female patient presenting with a delirium. She was admitted following a fall at home in the context of increasing confusion and reduced oral intake over the last week.

**Barbara** (simulated patient) is a 68 year old female patient with Frontotemporal Lobar Degeneration who was brought to the emergency department. She was admitted with a urinary tract infection and had been refusing food.

It is expected that participants will be able to employ strategies to manage the patients’ behavioural and psychological symptoms, while conducting their clinical assessment. These strategies will be presented in the education session preceding the simulation activity.

Following the clinical assessment, the participants re-convene at a multidisciplinary team meeting, facilitated by the NUM, to discuss team approaches to manage the patients’ behavioural and psychological symptoms on the ward. Participants then engage in the debriefing following the simulation.



Managing behavioural and psychological symptoms of dementia and delirium

- Duration

3.5 hours
- Faculty

1 x Facilitator  
2 x Confederates [Nursing Unit Manager (NUM) / Family member on the telephone]  
2 x Simulated patients (Helena and Barbara)
- Participants

4 participants from the disciplines of occupational therapy, physiotherapy, social work and speech pathology.  
  
NB – The number of participants can be increased by including observers into the simulation. Observers can be tasked with observing and providing feedback, either generally or on specific aspects of the simulation.
- Authors

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Educators and clinicians who would like to offer this simulation can access the complete package on the **HETI website**. Supporting documentation includes:

- PowerPoint Presentation
- Facilitator Session Plan
- Participant Briefing Notes
- Confederate Briefing Notes – Nursing Unit Manager
- Confederate Briefing Notes – Family Member
- Simulated Patient Briefing Notes – Barbara
- Simulated Patient Briefing Notes – Helena
- Sample Medication Chart
- Sample Progress Notes for the Medical Record

*Facilitators can print off copies and distribute the relevant documentation to faculty and participants.*

Managing behavioural and psychological symptoms of dementia and delirium



# Medication and falls prevention



**Synopsis** The area of focus for this simulation is the identification of environmental, patient, medical and medication risk factors that may increase or contribute to the incidence of falls. Particular emphasis is placed on the use of medications both contributing to an increased risk of falls and also to those that may lead to poorer outcomes after patients have had a fall. It can be individually facilitated or co-facilitated. The simulation can be conducted in a multi-purpose room, a simulation centre or on a ward.

- Learning Objectives**
- By the end of the simulation, participants will be able to:
1. Identify medications associated with an increased risk of falls
  2. Identify medications that may be associated with increased adverse outcomes if a patient does have a fall
  3. Recognise patient characteristics and disease states that may predispose a patient to falls
  4. Expand knowledge of medication management in patients with falls
  5. Develop skills to effectively communicate to other health professionals increased falls risks that are associated with medications.

**Target Audience** This simulation is written to include qualified pharmacists, although a range of health professionals may find this simulation useful (e.g. physiotherapists, occupational therapists). Not all disciplines have been included in this scenario; however disciplines can be added or subtracted depending on the local processes. While this scenario has been developed for allied health professionals, some adjustments can also be made to include medicine and nursing in the simulation. This scenario has been written for pharmacists early in their career; however it can be adapted in complexity depending on the learners needs. For example:

- To increase complexity for more experienced staff include medications with less recognised falls risk, or medications with pharmacokinetic interactions which together increase the risk of falls or lead to more severe outcomes after a fall.
- To reduce complexity for undergraduate students focus on more commonly used medications that are well known to be associated with falls such as antihypertensive agents.

# Medication and falls prevention

**Simulation activity** In this simulation, participants will enter a simulated ward environment. They will first attend a brief meeting where the Nurse In Charge will provide handover of the two patients on the ward.

Following the handover, participants will work with either one or two patients.

**Michael** (simulated patient) is an 75 year old male patient admitted to hospital with dizziness and palpitations. He has been diagnosed with paroxysmal atrial fibrillation during his hospital admission and has a background of Parkinson's Disease, hypertension and heart failure.

**Julie** (simulated patient) is a 70 year old female patient admitted to hospital with a fractured neck of femur. She has early stage Alzheimer's disease and macular degeneration. Julie has a medical history of type II diabetes, hypothyroidism, ischaemic heart disease, osteoporosis and hypertension.

Participants will have access to patient medical notes, pathology, medication charts and the Clinical Information Access Portal (CIAP). It is expected that participants will review clinical notes and medication charts, talk to the patients and then make recommendations on their current treatments plans based on the information presented in the education session preceding the simulation activity.

After interacting with the patients, the participants will be asked to handover any recommendations to the Nurse In Charge in a meeting. Participants then engage in the debriefing following the simulation.

# Medication and falls prevention

**Duration** 2.5 hours

**Faculty** 1 x Facilitator  
1 x Confederate (Nurse In Charge)  
2 x Simulated patients (Michael and Julie)

**Participants** 4 - 6 qualified pharmacists

NB - The number of participants can be increased by including observers into the simulation. Observers can be tasked with observing and providing feedback, either generally or on specific aspects of the simulation.

**Authors**

Jo Rimington	Senior Pharmacist – Clinical Education & Training, South Eastern Sydney LHD
Kate Symonds	Senior Pharmacist – Clinical Education & Training, Western NSW LHD
Cathy Martin	Senior Pharmacist – Clinical Education & Training, Hunter New England LHD



Educators and clinicians who would like to offer this simulation can access the complete package on the **HETI website**. Supporting documentation includes:

- Simulation Template
- PowerPoint Presentation
- Participant Briefing Notes
- Confederate Briefing Notes – Nurse In Charge
- Simulated Patient Briefing Notes – Michael
- Simulated Patient Briefing Notes – Julie
- Sample Medication Charts
- Sample Progress Notes for the Medical Record

*Facilitators can print off copies and distribute the relevant documentation to faculty and participants.*

# Medication and falls prevention





# Delivering difficult news to children’s families



**Synopsis** There are many situations in therapeutic environments where allied health professionals need to have difficult conversations with families and/or carers. This requires a level of complexity of communication skills beyond those needed in regular therapeutic interactions (e.g. delivery of difficult news about a child’s slow progress with therapy). Often these conversations are managed in a team situation. This simulation aims to equip allied health professionals with skills in how to effectively deliver difficult news to children’s families in a team environment. Clinical specialists and educators may also find that they can adapt this simulation to suit differing clinical contexts (e.g. oncology or intensive care) or different paediatric contexts. It can be individually facilitated or co-facilitated. The simulation can be conducted in a multi-purpose room, a simulation centre or on a ward.

- Learning Objectives**
- By the end of the simulation, participants will be able to:
1. Identify the communication skills required in effectively delivering difficult news
  2. Identify the key aspects of their own communication style
  3. Demonstrate the communication skills required in effectively delivering difficult news.

**Target Audience** Allied health professionals from a range of disciplines may find this simulation useful. In particular, the simulation is written to include qualified occupational therapists, physiotherapists, social workers and speech pathologists who are working in multidisciplinary teams. Not all disciplines have been included in this scenario; however disciplines can be added or subtracted depending on local needs (e.g. psychology, dietetics, child life therapy, genetic counselling). Nursing and medical professionals working with children and families in multi-disciplinary teams may also find this simulation useful. This scenario has been written for allied health professionals already working in teams and ideally will be conducted with these teams in their natural work settings. The scenario, however, can be adapted in complexity depending on the learners’ needs. For example:

- To increase complexity for more experienced staff, a range of family issues and behaviours could be introduced.
- To reduce complexity for undergraduate students, family issues and complex behaviours could be minimised, or the simulated patients could be briefed to make the emotional reactions less challenging.

# Delivering difficult news to children’s families

**Simulation activity** In this simulation, participants are meeting with parents of a patient named Thomas to discuss their concerns and initiate a referral to the paediatrician. Prior to the meeting with Thomas’ parents, participants meet briefly to prepare their approach with this family.

**Thomas** (not present at the meeting) is an 18 month old male child with global developmental delay including delayed motor, speech and language skills and continued feeding delays. The treating therapists suspect that Thomas has Cerebral Palsy. In the past, Thomas’ parents have not accepted that Thomas may have developmental delays and have requested that therapists’ reports are kept confidential from the child care centre that Thomas attends.

Participants will have access to patient medical notes. Using communication strategies presented in the education session preceding the simulation activity, participants will be expected to deliver the results of their clinical assessments to the parents, and manage the emotional reactions which may arise as a result of the discussion.

In this simulation, participants are divided into two groups. One group will participate in the simulation in their relevant clinical role, while the other group observes. Participants then engage in debriefing following the simulation. The two groups then swap roles and the simulation is repeated, again followed by group debriefing.

Delivering difficult news to children’s families

**Duration** 4 hours

**Faculty** 1 x Facilitator  
2 x Simulated parents (Michael and Anita)

**Participants** 6-8 participants from the disciplines of occupational therapy, physiotherapy, social work and speech pathology.

**Authors** Carmel Blayden Allied Health Educator, Children’s Healthcare Network  
Sonia Hughes Allied Health Educator, Children’s Healthcare Network  
Jennifer Nicol Allied Health Educator, Children’s Healthcare Network  
Sue Sims Allied Health Educator, Children’s Healthcare Network



Educators and clinicians who would like to offer this simulation can access the complete package on the **HETI website**. Supporting documentation includes:

- Simulation Template
- PowerPoint Presentation
- Participant Briefing Notes
- Simulated Parent Briefing Notes – Michael
- Simulated Parent Briefing Notes – Anita
- Sample Progress Notes for the Medical Record

*Facilitators can print off copies and distribute the relevant documentation to faculty and participants.*

Delivering difficult news to children’s families



# Physiotherapy management of an intubated and ventilated child requiring suctioning



## Synopsis

Physiotherapists treating patients with respiratory illness will often perform manual techniques and suctioning, in many cases, in an intensive care environment. Specific knowledge and skills are required in performing these techniques, given there are a range of risks and contraindications. This simulation aims to equip physiotherapists with the knowledge and skills to provide safe and effective treatment of an acutely unwell child using manual techniques and suctioning via an endotracheal tube (ETT). Clinical specialists and educators may find that they can adapt this simulation to suit physiotherapists treating adult patients. The scenario should be co-facilitated with at least one physiotherapist with specialist experience in managing an intubated and ventilated child requiring suctioning. The simulation should be conducted in a simulation centre where specialist equipment and technical support is available.

*NOTE: While this simulation can assist in the development of new knowledge and skills, it is important that physiotherapists consult with their line manager, as well as review local policies and practice guidelines, prior to providing treatment to patients.*

## Learning Objectives

- By the end of the simulation, participants will be able to:
1. Demonstrate safe and effective assessment of an acutely unwell child who is intubated and ventilated in a Children's Intensive Care Unit (CICU) including subjective and objective assessment
  2. Demonstrate safe and effective treatment of an acutely unwell child who is intubated and ventilated in a CICU including manual techniques and suctioning
  3. Demonstrate re-assessment during and after treatment and modification of treatment as appropriate
  4. Demonstrate effective skills in communication, teamwork and role delineation.

## Target Audience

This simulation has been written for qualified physiotherapists who have some experience in performing suctioning on children with respiratory problems. The scenario, however, can be adapted in complexity depending on the learners' needs. For example:

- To increase complexity for more experienced staff, the stability of the patient/handling tolerance could be modified according to the level of staff experience.

# Physiotherapy management of an intubated and ventilated child requiring suctioning

## Simulation activity

The simulation will take place in the context of a simulated CICU. The CICU registrar has paged the physiotherapist asking for physiotherapy review of a patient, Millie.

**Millie** (SimJunior) is a 7 year old female patient who has been admitted with likely aspiration pneumonia. Millie has chest x-ray (CXR) changes and thick secretions that are difficult to clear with suctioning. Millie has a background of Cerebral Palsy, seizures, reflux (has had a fundoplication and feeds via jejunostomy), scoliosis, poor swallow and global developmental delay (GDD).

Participants will have access to patient medical notes, the observation chart, and the resuscitation chart. There will be a CICU nurse present who can answer questions, and assist with providing treatment.

It is expected that participants will review and interpret information, identify precautions/contraindications for treatment and interact safely and effectively with the patient, treating team and the environment. They will be required to perform manual techniques and suctioning on the patient. The information and skills required to perform these tasks will be presented in the education session preceding the simulation activity.

In this simulation, participants work in pairs. One pair will participate in the simulation, while the other two pairs observe. Participants then engage in the debriefing following the simulation. The simulation is then repeated another two times so that each pair can participate in the simulation; each time followed by a debriefing session.



Physiotherapy management of an intubated and ventilated child requiring suctioning

- Duration

4 hours
- Faculty

1 x Facilitator (a physiotherapist who is highly experienced in performing manual techniques and suctioning)

1 x Facilitator (another health professional/educator who can provide feedback on communication/non-technical aspects of simulation)

1 x Confederate (preferably a Clinical Nurse Educator (CNE) who can assume the role of CICU nurse)

1 x Technician (person who can operate SimJunior and the simulation environment)

Participants Up to 6 qualified physiotherapists.

Authors	Laura Brown	Senior Physiotherapist – ICU, Sydney Children’s Hospital, Randwick
	Meg Wemyss	Allied Health Educator, Sydney Children’s Hospitals Network
	Nadine Alcorn	Simulation Coordinator, Sydney Children’s Hospitals Network
	Marino Festa	Medical Consultant - Children’s ICU, Children’s Hospital at Westmead



Educators and clinicians who would like to offer this simulation can access the complete package on the **HETI website**. Supporting documentation includes:

- Simulation Scenario Development Template
- Facilitator Session Plan
- Simulation Activity Running Sheet
- Participant Briefing Notes
- Confederate Briefing Notes – CICU Nurse
- Sample Progress Notes for the Medical Record
- Sample Observation Chart/Resuscitation Chart/Chest X-Ray
- Sample Competency Self-Checklist

*Facilitators can print off copies and distribute the relevant documentation to faculty and participants.*

Physiotherapy management of an intubated and ventilated child requiring suctioning



# Radiation safety and communication



## Synopsis

Radiation Therapy and Medical Imaging departments pose many potential risks to the health professionals working within or travelling through them. Staff who are unfamiliar with the radiation environment may not be aware of the safety protocols that they should be following. A large focus of this simulation is on effective team communication. Appropriate communication within the radiation environment is vital in order to ensure that the radiation/imaging staff are not distracted while providing treatment and that the patient receives the prescribed treatment/procedure. Sound communication will ensure that the environment remains safe for both the patient and other professionals working within the area. Participants will learn of the link between the two. This simulation can be conducted in a multi-purpose room, a simulation centre or a live radiation environment. It can be individually and co-facilitated and is easily attached to an orientation program.

## Learning Objectives

- By the end of the simulation, participants will be able to:
1. Identify the key safety aspects involved with working in a radiation area
  2. Demonstrate the appropriate communication required when dealing with radiation therapists delivering patient treatment
  3. Demonstrate safe conduct in a radiation area
  4. Manage a highly distressed patient in a radiation area (radiation therapy students only).

## Target Audience

The simulation has been written to include qualified health professionals of any experience level from disciplines such as physiotherapy, occupational therapy, dietetics, speech pathology and social work whose daily routine may cause them to travel through a Radiation Therapy or Medical Imaging department in the course of treating their patients. Not all disciplines have been included in this scenario; however disciplines can be added or subtracted depending on local needs. It can also be used to educate radiation therapy students during an orientation session and/or skill development session. While this simulation has been written for use in a radiation therapy environment, the scenario can be adapted depending on the learners' needs. For example:

- The simulation could be easily adapted to suit diagnostic radiography or nuclear medicine contexts.

# Radiation safety and communication

## Simulation activity

The simulation will take place in the context of a radiation therapy bunker. Participants will take turns to enter into the simulated radiation environment. The participants who are not actively involved in the simulation will act as observers who will keep an eye out for safety procedures which were either observed or not observed. Each participant will have a scenario relevant to their respective discipline. Each scenario will involve the participant and one or more radiation therapists who will be actively treating a patient. When particular breaches to safety protocol occur, alarms may activate as they would in the radiation environment.

It is expected that participants observe the signs in the radiation environment, conduct themselves in a safe manner, make determinations as to when it is safe/not safe to enter the environment and make determinations as to when/how to communicate with the staff in the radiation environment. The information and skills required to perform these tasks will be presented in the education session preceding the simulation activity.

An additional scenario for radiation therapy students on clinical placement provides an opportunity for students to manage a situation whereby an anxious patient becomes very distressed in the treatment room.

Following each simulation a short discussion may be facilitated around safety procedures observed and not observed before the next simulation commences. Participants then engage in the debriefing following the simulation.



Radiation safety and communication

**Duration** 60 minutes

**Faculty** 1 x Facilitator  
2 x Confederates (Radiation Therapists)  
1 x Simulated patient

**Participants** Qualified health professionals or students on clinical placement.

**Authors** Natalie Coburn Radiation Therapy Educator, Western Sydney LHD  
Kim Faulkner Radiation Therapy Educator, Central Coast LHD  
Melanie Rennie Radiation Therapy Educator, South Western Sydney LHD  
Craig Slater Senior Program Officer – Allied Health Portfolio, HETI  
Daniella Pfeiffer Senior Program Officer – Allied Health Portfolio, HETI



Educators and clinicians who would like to offer this simulation can access the complete package on the **HETI website**. Supporting documentation includes:

- Simulation Template
- Facilitator Session Plan
- PowerPoint Presentation
- Simulation Activity Running Sheet
- Participant Briefing Notes – Health Professional
- Participant Briefing Notes – Radiation Therapy Student
- Confederate Briefing Notes – Radiation Therapist
- Simulated Patient Briefing Notes

*Facilitators can print off copies and distribute the relevant documentation to faculty and participants.*

Radiation safety and communication







# Appendices







TEMPLATE: Simulation scenario development

(This template can be found on the HETI website in MS WORD format).

About the simulation

Title:

Authors:

Date:

Identified need

What is the issue and the need for training?

Target audience

Who is this simulation activity designed for?

Learning objectives

What do you intend for participants to learn?  
e.g. At the conclusion of the simulation, the participant will be able to...

Background

List the background knowledge which needs to be reviewed or taught as well as any reference materials (e.g. Specific information on technique, process, theory, product as well as reference protocols, practice guidelines or algorithms.)

Simulation activity

Modality (select more than one if applicable):  
☐ Simulated patient (or standardised patient) ☐ Task trainer ☐ Manikin/human patient simulator  
☐ Computer based ☐ Role play ☐ Animal or cadaveric ☐ Hybrid ☐ Virtual reality  
☐ Objective Structured Clinical Examinations (OSCEs)

Setting/environment

In what context is the simulation occurring in?  
e.g. ward/home visit/acute/rehab/metro/rural/regional.

Staff/faculty/confederates

List the staff/faculty/confederates required including tasks.

Equipment, tools and resources

List the equipment and resources required for the activity including details of what needs to be prepared prior to the simulation.

Tools: ☐ Moulage ☐ Props ☐ Other - Details:  
☐ Audio/Video capture (ensure consent forms are signed)

Costs

List the cost required for the activity including details of individual charges, 'in kind' support or not applicable.  
*Note: check with LHDs and Specialty Health Networks regarding appropriate approval processes.*

Venue
Faculty/staff
Actor hire
Equipment hire
Consumables
Catering
Other – Details
Total

Subject details (profile of simulated patient, details of task trainer, details of confederate, etc.)

e.g. Condition, presentation, history, age, demographic.

Timing

Briefing of participants

What needs to be discussed before the activity?

Debriefing and reflection

What needs to be discussed after the activity?

Think about specific questions.

Evaluation

How might you evaluate the simulation?



EXAMPLE: Completed simulation scenario development template

About the simulation

Title:	Managing behavioural and psychological symptoms of dementia and delirium	
Authors:	Craig Slater	Senior Program Officer – Allied Health Portfolio, HETI
	Daniella Pfeiffer	Senior Program Officer – Allied Health Portfolio, HETI
	Lauren Christie	Health Professional Educator- BIRU, South Western Sydney LHD
	Melissa Loos	Social Work Educator, Western Sydney LHD
	Virginia Mitsch	Occupational Therapy Advisor, Murrumbidgee LHD
Date:	June 2015	

Identified need

What is the issue and the need for training?

Managing patients who present with behavioural and psychological symptoms associated with dementia or delirium can be difficult. It is not the sole responsibility of one health professional/discipline to manage patients with these symptoms, but rather it requires a team approach. There is often a lack of communication between disciplines with regards to the management of patients (i.e. siloing) and a lack of shared responsibility around developing an appropriate action plan. Given that behaviours of patients are often unpredictable, and management of the situation requires high level communication skills, the use of simulation as an educational approach to learning about the management of these issues is an appropriate modality.

Target audience

Who is this simulation activity designed for?

This simulation is designed for graduate allied health professionals (AHPs) who have limited experience working with patients who present with behavioural and psychological symptoms associated with dementia and delirium. It is assumed participants will have an understanding of dementia and delirium, although education is also provided in the workshop component of this simulation. The number of participants can be increased by including observers. Observers can be tasked with observing and providing feedback, on either general or specific aspects of the simulation.

Learning objectives

What do you intend for participants to learn?

e.g. At the conclusion of the simulation, the participant will be able to...

By the end of this simulation, participants will be able to:

1. Expand or enhance communication skills with patients who have behavioural and psychological symptoms of dementia and delirium
2. Communicate across disciplines about patients who have behavioural and psychological symptoms of dementia and delirium
3. Demonstrate key skills and strategies to assist in the management of patients who have behavioural and psychological symptoms of dementia and delirium
4. Develop a multidisciplinary team approach to manage patients who have behavioural and psychological symptoms of dementia and delirium.

Background

List the background knowledge which needs to be reviewed or taught as well as any reference materials (e.g. Specific information on technique, process, theory, product as well as reference protocols, practice guidelines or algorithms.)

The workshop will cover the following:  
Useful strategies:

- Consideration of environmental set up (e.g. over stimulation, noise, timetable)
- Use of equipment (e.g. hi-lo beds, falls mats/switches)
- Orientation devices (e.g. clocks, boards, calendars)
- Consideration of patient supervision needs.

Communication skills:

- Active listening, empathy and patient-centred communication
- Questioning, negotiation and de-escalation techniques.

Clinical documents to support team management:

- Behaviour management log (e.g. Medical Record No. SMR110.060)
- Documentation used within Local Health District/Specialty Network.

Frameworks to support practice (e.g. local policies/key documents):

- Delirium Guideline for Local Health District/Specialty Network.

Simulation activity

Modality (select more than one if applicable):  
☒ Simulated patient (or standardised patient)   ☐ Task trainer   ☐ Manikin/human patient simulator  
☐ Computer based   ☒ Role play   ☐ Animal or cadaveric   ☐ Hybrid   ☐ Virtual reality  
☐ Objective Structured Clinical Examinations (OSCEs)

This simulation has four participants, two confederates and two simulated patients. The number of participants can be increased by including observers. The facilitator observes the simulation from a distance and manages the time.

There are three parts to this simulation:

- 1) Journey board meeting
- 2) Clinical assessment of patient
- 3) Multi-disciplinary team meeting.

Journey Board Meeting

The Nursing Unit Manager (NUM - Confederate) facilitates a brief journey board meeting and identifies two patients who have been transferred from the Emergency Department/Medical Assessment Unit (or local equivalent) overnight. The NUM outlines the patient’s behavioural symptoms which have been handed over. The meeting is concluded and participants then go off to see the patient individually. This activity will last for five minutes.

Clinical assessment of patient

There are two patients set up at the bedside in the room(s). One participant conducts the initial assessment while the other is observing and then they swap. Alternatively the participants can see the patient in pairs as a ‘joint assessment’. It will be up to participants to decide how they will best manage their time. There are medical records and a telephone available to use while one participant is not seeing the patient. A confederate should be sitting in another room (i.e. technician’s room if in a simulation centre) to take telephone calls from participants as the ‘family member’ of the simulated patient. Each participant will need to conduct a clinical assessment relevant to their profession according to what was handed over in the journey board meeting. The participants will need to utilise the knowledge and practise the skills learnt earlier in the workshop to manage the patient’s behavioural and psychological symptoms. This activity will last for 25 minutes.

Multi-disciplinary team meeting  
The NUM (in liaison with the facilitator) will call a team meeting to discuss the patient’s progress, and team strategies for managing the two patients recently admitted to the ‘ward’. It is up to the NUM to facilitate a team discussion around management strategies, encouraging participants to ‘speak up’, stress potential bed pressure issues and encourage team problem solving and/or discussion of referral options. This meeting will last for 15 minutes.

Debriefing  
A debrief is conducted altogether in another room. The debriefing should focus on the whether the learning objectives have been met and what participants learnt from the experience.

Setting/environment

In what context is the simulation occurring in?  
e.g. ward/home visit/acute/rehab/metro/rural/regional.

Context: This simulation is set in an acute aged care ward. The ward has a daily journey board meeting to discuss patient movements, and a weekly one hour case conference for more comprehensive discussion of the patients’ progress. The multidisciplinary team involved in the patients’ care includes medicine, nursing, social work, occupational therapy, physiotherapy and speech pathology. The team may also refer to nutrition and dietetics, pharmacy, psychology and neuropsychology as appropriate. Note: the simulation in its current format has been written to involve social work, occupational therapy, physiotherapy and speech pathology. The inclusion of other disciplines would entail a slight change to the participant briefing notes.

Environmental set up: Ideally this simulation should be set up in adjoining rooms to minimise disruption. If this is not possible then set up two beds/chairs in the same room using a divider (e.g. curtain). Note: if there is one facilitator then that person will be ‘floating’ between rooms. If there are two facilitators, then a room can be allocated to each facilitator for observation.

Staff/faculty/confederates

List the staff/faculty/confederates required including tasks.

- 1 x facilitator
- 1 x confederate (NUM)
- 1 x confederate (telephone)
- 2 x simulated patients

Equipment, tools and resources

List the equipment and resources required for the activity including details of what needs to be prepared prior to the simulation.

- PowerPoint and projector
- Whiteboard set up as journey board
- Mock patient rooms with hospital bed and/or chair
- Participant briefing notes for clinical assessment
- Telephone connected to another room and/or technician’s room
- Medical record
- Medication chart

Tools: ☐ Moulage ☒ Props ☐ Other - Details:  
☐ Audio/Video capture (ensure consent forms are signed)

HELENA	BARBARA
Hospital gown	Hospital gown/dressing gown
Wig	Wig
Glasses	Glasses
Slippers	Slippers
Patient ID tag	Patient ID tag
4 Wheel Walker (4WW)	Book
Picture of husband	Radio
Handbag	Speech Pathology swallowing kit (including puree/thickened foods and fluids.)
Telephone	Telephone

Costs

List the cost required for the activity including details of individual charges, ‘in kind’ support or not applicable.

*Note: check with LHDs and Specialty Health Networks regarding appropriate approval processes.*

Venue	Nil – venue provided at no cost
Faculty/staff	Nil – staff provided time as part of their roles and responsibilities as educators
Actor hire	Nil – staff played part of simulated patients
Equipment hire	Nil – borrowed from various settings (e.g. 4WW from physio dept)
Consumables	Nil - provided by ‘props box’
Catering	Not required for this activity
Other – Details	
Total	Nil

Subject details (profile of simulated patient, details of task trainer, details of confederate, etc.)

e.g. Condition, presentation, history, age, demographic.

**Helena**

85 year old female patient with a delirium.

Admission: Admitted post fall in toilet at night in the context of increasing confusion and reduced oral intake over last week.

Past Medical History: Diabetes

Social: Lives at home with husband who is frail. Family do not live nearby but are in phone contact.

Mobility: Has a 4WW but does not use around the house (has stairs). Has had three falls in the past twelve months. Largely stays at home due to anxiety about falling. She is a high falls risk.

Presentation on the ward: Disorientated to time and place at times. Does not follow instructions consistently. Very anxious to return home and is calling out for her husband to take her home. Only participates in therapy when the husband is present to encourage her. Has been found wandering around the ward without her frame and without supervision despite being told to press the buzzer for assistance.

**Barbara**

68 year old female patient with Frontotemporal Lobar Degeneration (FTLD).

Admission: Brought in by son to ED. Admitted refusing food and with a urinary tract infection (UTI).

Past Medical History: Hypertension and depression.

Social: Lives at home with son, Geoff, who is her full time carer. Staff has been unable to contact Geoff since Barbara’s admission to ED. There is concern Geoff is not coping in his carer role.

Mobility: Previously walking with rollator and assistance of one person, however she has recently been too difficult to walk so has been using the wheeled commode chair to mobilise around the home. She is largely bedbound due to poor mobility.

Presentation on the ward: Recent changes to character and social behaviour. Speech problems include limited output and repetition of phrases. She also has word finding difficulties and has begun to speak gibberish. Barbara has been refusing food at home and on the ward the nurses have reported she is holding food in her mouth. Has been very agitated on the ward. She yells out and has become verbally confused and physically aggressive on occasion.

Timing

Welcome, housekeeping, introductions, overview and learning objectives	25 mins
Warm up activity	15 mins
Background/teaching session	30 mins
<i>BREAK</i>	<i>20 mins</i>
Briefing	10 mins
Simulation activity	45 mins
Debriefing	45 mins
Evaluation	10 mins
Faculty debrief (optional)	10 mins
TOTAL	210 mins <b>(3.5 hours)</b>

Briefing of participants

What needs to be discussed before the activity?

- Explain there are three parts to this simulation:
  - Journey board meeting
  - Clinical assessment of patient
  - Multi-disciplinary team meeting.
- How the simulation will run (see facilitator notes).
- That they are to try out the skills they learnt in the teaching session.
- Give out participant briefing notes for clinical assessment.
- Participants are to manage their own time.
- Participants are to determine if they see the patient together or in pairs.
- Provide explanation about using the ‘time lapse cue’ (see facilitator notes).
- If co-facilitating be clear about roles and responsibilities.
- Explain the role of the observers (if applicable).

Debriefing and reflection

What needs to be discussed after the activity?

Think about specific questions.

- How do you feel the team went with identifying approaches?
- In retrospect, what else could the team have discussed to help manage the behavioural symptoms?
- How did the supporting documentation help/not help?
- What behaviours in the clinical assessment were the most difficult to handle? How did you handle them?
- How did the behaviours affect you? How did you reconcile that?
- What do you think you did well?
- What do you think you might do differently?
- What is the one thing you have learnt today that you will take into your clinical practice?

Evaluation

How might you evaluate the simulation?

Participant evaluation

- Provide participant evaluation form to participants to fill out before leaving.

Faculty debriefing (optional)

- 10 minute debrief with the faculty after participants have left covering:  
What went well? What did not go well? What might we do differently?

## TEMPLATE: Facilitator session plan

(This template can be found on the **HETI website** in MS WORD format).

## About the simulation

Title:	
Authors:	Duration:
Date:	

## Faculty

Facilitator/s:	
Simulated patient/s:	
Confederate/s:	

## Participants

## Learning objectives

## Preparation checklist

<i>Prior to simulation activity</i>	
<input type="checkbox"/> Venue booked (including computer access)	<input type="checkbox"/> Faculty recruited
<input type="checkbox"/> Debriefing room(s) booked	<input type="checkbox"/> Simulated patient (s) recruited
<input type="checkbox"/> Equipment checked (if applicable)	<input type="checkbox"/> Props/materials in order/collected
<i>On the day of the simulation</i>	
<input type="checkbox"/> Room is set up (including PowerPoint)	<input type="checkbox"/> Confedrate briefing
<input type="checkbox"/> Faculty briefing	<input type="checkbox"/> Simulated patient briefing

## Introduction

minutes		Materials/Props

### Warm up activity

minutes		Materials/Props
---------	--	-----------------

## Background information/educational presentation

minutes		Materials/Props

**BREAK**

minutes	Activity briefing	Materials/Props
minutes		



Simulation activity	
_____ minutes	<div></div>
	Materials/Props

Debriefing/feedback	
_____ minutes	<div></div>
	Materials/Props

Closing and evaluation	
_____ minutes	<div></div>
	Materials/Props

Faculty debrief	
_____ minutes	<div></div>
	Materials/Props

**Notes**



TEMPLATE: Participant briefing notes

(This template can be found on the HETI website in MS WORD format).

**Title**

**Summary/overview**

include length of encounter and purpose

**Learning objectives**

**Scenario**

**Your tasks**

## TEMPLATE: Confederate briefing notes

(This template can be found on the **HETI website** in MS WORD format).

## Title

## Summary/overview

include length of encounter and purpose

[illegible]

## Learning objectives

## Scenario

## Participants' tasks

--

## About your role

Name:	
Designation:	
Opening line:	
Wardrobe / makeup:	

## Responses to participants

[illegible]



TEMPLATE: Simulated patient briefing notes

(This template can be found on the HETI website in MS WORD format).

Title

Summary/overview

include length of encounter and purpose

Learning objectives

Scenario

Participants' tasks

About your role

Name:

Age/gender:

Opening line:

Wardrobe / makeup:

About your role

Reason for admission:

Past medical history:

Social history:

Premorbid functioning:

Presenting affect and behaviours:

Medication history:

Responses to participants

Participant role	Response



TEMPLATE: Simulation activity running sheet

(This template can be found on the HETI website in MS WORD format).

About the simulation

Title:	
Date:	Duration:
Venue:	

Faculty

Facilitator/s:
Simulated patient/s:
Confederate/s:

Learning objectives

--

Scenario

--

Resources required

--

Phase 1:	States	Faculty actions	Expected participant actions
	minutes		
Phase 2:	States	Faculty actions	Expected participant actions
	minutes		
Phase 3:	States	Faculty actions	Expected participant actions
	minutes		





TEMPLATE: Evaluation form

(This template can be found on the HETI website in MS WORD format).

Simulation details

Title:	
Date:	Duration:
Venue:	

	Strongly disagree			Neutral		Strongly agree	
The content area is relevant to my job.	1	2	3	4	5	6	7
I can make a difference in my job by using what I have learned.	1	2	3	4	5	6	7
I have clear ideas about how I can use the new skills and knowledge.	1	2	3	4	5	6	7
I intend to use the new skills and knowledge.	1	2	3	4	5	6	7
I felt adequately prepared going into the simulation activity.	1	2	3	4	5	6	7
The background information (i.e. PowerPoint slides) gave me the necessary knowledge to participate in the simulation.	1	2	3	4	5	6	7
The debriefing helped me to understand key learnings from the simulation.	1	2	3	4	5	6	7

	Too basic		Just right			Too complex	
The content was...	1	2	3	4	5	6	7

How can learnings from this activity be applied to your practice?

General comments:



TEMPLATE: Consent form

(This template can be found on the HETI website in MS WORD format).

Simulation details

Title:	
Date:	
Venue:	

As part of your participation in this program, you will be an observer of the performance of other individuals managing simulated clinical scenarios. Other participants will similarly observe your performance.

Each participant is given the opportunity to critique their own behaviour during the simulated activity. Each individual will be subject to conditions that may increase the likelihood of errors and lapses in performance.

Regardless of the role(s) you perform in any activities, we ask you to hold as confidential all information regarding the performance of specific individuals, as well as the identity of those performing. The protection of information about the performance of individuals is critically important. If not maintained, they could be subject to unfair or unwarranted criticism.

We also ask you to maintain as confidential the details of specific scenarios. Each scenario is complex in its production. The circulation of particulars about individual scenarios could influence the performance or the perception of value by future participants.

As a participant in these activities, regardless of the role performed, I agree to maintain as confidential the following:

- 1. the identity of all participants
- 2. all information regarding the performance of each participant
- 3. the details of specific scenarios.

I have read, understood and agree to the above to ensure the strictest confidentiality about my observations during this program.

Participant Name	Participant Signature	Date
------------------	-----------------------	------



TEMPLATE: Continuing Professional Development (CPD) reflection sheet

(This template can be found on the HETI website in MS WORD format).

Simulation details

Title:	
Date:	Duration:
Venue:	

Summary/overview

Relevance of the learning for practice

In what way has this activity maintained or enhanced your skills/practice/knowledge/attributes?

Transition to practice

How can the learnings from this activity be applied to your practice?

Action plan

What goals will you implement as a result of your involvement in this activity?

Further learning

Are there any additional CPD requirements/activities that can support further learning in this area?

Suggested icebreaker/warm up activities

Warm up exercises can be an effective way to break down barriers and help people feel comfortable with each other. They are particularly useful when people need to bond quickly for the purpose of a common goal.

When choosing a warm up activity it is best to keep it simple and think about what the group needs. Do they simply need to get to know each other? Are you bringing people together from different backgrounds? Also think about whether getting your participants up and moving will benefit the overall learning activity.

Sample warm up activities

- **Get to know your neighbour:** Spend a set amount of time talking with the person next to you about yourself. You then each have to introduce each other to the group.
- **Little known fact:** Along with your name and where you work, share one thing about yourself that others would not know or guess about you.
- **Speed dating:** Participants stand up in two lines facing each other. They have one minute to get to know the person opposite until the facilitator calls 'time'. One line moves along while the other stands still. Continue until all have had a chance to talk with each other.



# Glossary

**Confederate** - An individual, often a staff member, working for the simulation program who plays a role in a simulation. The confederate maintains safety for the patient (manikin or simulated patient), the participant (through careful interaction and redirecting in role) and the equipment. The confederate is in constant contact with the simulation lead for the session and provides non-verbal clues as to when the scenario may be going off track and attempts to redirect the simulation (whilst still in role). The confederate is part of the faculty and involved in the debriefing but is out of character/role during the debriefing.

**Facilitator** - An individual that helps bring about an outcome by providing indirect assistance, guidance or supervision (Australian Society of Simulation in Healthcare [ASSH], 2012).

**Faculty** - Staff who are involved in delivering the simulation (e.g. facilitator, confederate, simulation technician).

**Fiction contract** - An agreement from participants that they will ‘buy in’ to the simulation experience, suspend disbelief and embrace the simulation for what it is.

**Moulage** - Mock injuries (often using make-up) applied to simulated patients or manikins to increase realism.

**Observers** - An individual who takes part in a simulation by watching an activity and takes notice of what is happening. An observer may or may not provide feedback to others based on their observations.

**Participant** - An individual who participates in the simulation activity for the benefit of their own education.

**Simulation administration officer** - An individual who supports the efficient and effective delivery of simulation learning environment activities from an administrative as well as a practical perspective (ASSH, 2012).

**Simulation instructor/educator** - An individual who conducts and instructs the simulation activity. The role also encompasses curriculum design, implementation, and evaluation of scenarios and courses (ASSH, 2012).

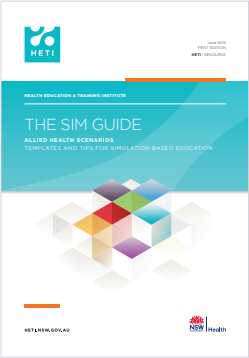
**Simulation technician** - An individual who provides specialised technical support services and maintenance, quality assurance and improvement. The simulation technician also educates and supports staff and instructors in the use of simulation, audio-visual and other information communication technology. From time to time, the simulation technician is also responsible for managing technology requirements of special projects (ASSH, 2012).

# Further acknowledgements

<b>Ms Karen Height</b> Service Manager, Kaleidoscope Paediatric Rehabilitation Service	Hunter New England LHD
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<b>Ms Pamela Hennessy</b> Manager, Physiotherapy, Sydney Children’s Hospital	Sydney Children’s Hospitals Network

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# List of weblinks



**The Sim Guide:** allied health scenarios, templates and tips for simulation based education

<http://www.heti.nsw.gov.au/allied-health/the-sim-guide>

**Australian Institute of Medical Simulation and Innovation (AIMSi)**

CMS's Medical Simulation Instructor Course  
<http://www.aims.org.au/site/msc10.php>

**Center for Medical Simulation**

Debriefing Assessment for Simulation in Healthcare (DASH)  
<https://harvardmedsim.org/debriefing-assesment-simulation-healthcare.php>

**Health Education and Training Institute (HETI)**

Education and Training Requirements for Simulation in NSW  
<http://www.heti.nsw.gov.au/programs/simulation/publications/>

HETI Simulation  
<http://www.heti.nsw.gov.au/programs/simulation/>

Local Simulation Centres  
<http://www.heti.nsw.gov.au/programs/simulation/map-simulation-facilities/>

Simulation Based Education: Professional Entry Student Education and Training  
<http://www.heti.nsw.gov.au/programs/simulation/publications/>

The Learning Guide  
<http://www.heti.nsw.gov.au/resources-library/allied-health-learning-guide/>

# List of weblinks

Continued

**Hunter New England Simulation Centre (HNEESC)**

Instructor Training  
[http://www.hnehealth.nsw.gov.au/HNEESC/simulation\\_courses/instructor\\_training](http://www.hnehealth.nsw.gov.au/HNEESC/simulation_courses/instructor_training)

**Imperial College, London**

The London Handbook for Debriefing  
[https://www1.imperial.ac.uk/resources/B4F0E6A4-0A0B-4AF1-A39F-23B615EF7922/lw2222ic\\_debrief\\_book\\_a5.pdf](https://www1.imperial.ac.uk/resources/B4F0E6A4-0A0B-4AF1-A39F-23B615EF7922/lw2222ic_debrief_book_a5.pdf)

Objective Structured Assessment for Debriefing (OSAD)  
[www1.imperial.ac.uk/cpssq/cpssq\\_publications/resources\\_tools/osad/](http://www1.imperial.ac.uk/cpssq/cpssq_publications/resources_tools/osad/)

**NHET-Sim**

Module S9 – Debriefing Scenarios  
<http://www.nhet-sim.edu.au/nhet-sim-program-3/optional-modules/>

**Sydney Clinical Skills and Simulation Centre (SCSSC)**

Instructor training  
<http://www.scssc.edu.au/training/courses/instructor-training/index.php>



# References

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