

REACHING  
**OUT**

**NEW ZEALAND**

ASSOCIATION FOR SIMULATION  
IN HEALTHCARE CONFERENCE

**2016**

FRIDAY 14 AND SATURDAY 15 OCTOBER 2016

The Education Centre, Wellington Regional Hospital, Wellington

## CONFERENCE HANDBOOK

Major Conference Partner



# ACKNOWLEDGEMENTS

The organising committee would like to acknowledge and thank the following sponsoring companies for their support of this conference.

## Major Conference Partner



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## Exhibitors

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# HEALTH AND SAFETY

The Conference Managers, ForumPoint2 Limited, in conjunction with the NZASH Organising Committee and venues are morally and legally responsible to provide a safe and healthy environment for all attendees at the conference. This commitment extends to ensuring the NZASH Conference operations do not place the local community at risk of any injury, illness or property damage.

All measures within our ability will be undertaken to ensure that attendees are as informed as possible about any potential risks or hazards they may face whilst attending conference.

All attendees will need:

- listen to the health and safety briefing onsite and/or read the health and safety document available at the registration desk
- ensure that all health and safety concerns; and all accidents or near accidents are immediately reported to the Registration desk.

All attendees are encouraged to be responsible at all times, and to promote a safe and healthy working environment for the entire conference duration.

First aid kits are located in the Dunedin Venues Management office, Usher Rooms and Basement office. Defibrillator located at Ushers Room.

The nearest medical centres to the Education Centre are:

- Wellington Accident and Urgent Medical Centre  
17 Adelaide Road, Wellington  
T: 04 384 4944
- Wellington Hospital  
Emergency Department, Riddiford Street, Newtown, Wellington  
T: 04 385 5999

The nearest pharmacy is:

- Ashleigh Court Pharmacy  
100 Riddiford Street, Newtown, Wellington  
T: 04 389 9855

## Fire and emergency:

In the event of fire:

- On the discovery of fire, immediately activate an alarm and notify the ForumPoint2 team.
- Upon hearing alarms, evacuate immediately. Further instructions may be given from the venue – please follow all directions.
- Proceed immediately to your nearest exit.
- Use the stairs, not the lift.
- Await further instructions or clearance for an orderly re-entry into Wellington Regional Hospital.
- Fire hoses and fire alarm switches must remain visible and accessible to the public at all times.

## Earthquake Evacuation

- Remain in the building
- Move away from any equipment, windows and furniture
- Take immediate shelter under solid furniture such as tables or desks
- If an evacuation order is given, follow the fire evacuation procedures
- Keep calm and assist those who panic

## Accident Reporting

- All accidents and incidents must be reported immediately to the Registration Desk or Paula Armstrong, ForumPoint2, 027 649 2081.

## Toilets

- Toilets are located in various locations. Please follow signage in corridors.

## Smoking

- Smoking is prohibited inside the venue.

## ORGANISING COMMITTEE:

### Convenor:

Graham Knottenbelt

### Conference Organising Committee:

John Dean

Leona Robertson

Callum Thirkell

Trish Wood

## CONFERENCE ORGANISERS:

### ForumPoint2 Conference Partners

PO Box 1008, WMC

Hamilton 3240

T: +64 7 838 1098

[www.fp2.co.nz](http://www.fp2.co.nz)

Contact: Paula Armstrong



# WELCOME

\*Insert Welcome\*

**Graham Knottenbelt**  
**NZASH 2016 Conference Convenor**



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helping save lives



## SimMan ALS | Prepared for ultrasound diagnostic training

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- Cardiac Resuscitation Bundle

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# GENERAL INFORMATION

## REGISTRATION AND INFORMATION DESK

The registration desk is staffed by Paula and Cassandra. If you have any questions about the conference or require local information, please contact the team at the registration desk.

The desk will be open at the following times:

Friday 7.30am to 6.30pm

Saturday 7.30am to 4.00pm

## USEFUL TELEPHONE NUMBERS

Paula Armstrong

027 649 2081

Cassandra Snow

021 0849 2929

CQ Hotels Wellington

04 385 2156

Wellington Regional Hospital

04 385 5999

Ashleigh Court Pharmacy

04 389 9559

Wellington Combined Taxis

04 384 4444

Super Shuttle

0800 748 885 or 09 522 5100 (from a mobile)

## ACCOMMODATION

Check in time is after 2.00pm and check out time is 11.00am at CQ Hotels Wellington.

Please ensure that your accommodation accounts are settled in full prior to departure (including all meals, telephone calls and mini bar charges). NZASH Conference 2016 and ForumPoint2 are not responsible for any of these unpaid accounts. A reminder the Hotel may levy a surcharge on credit card payments.

## ATTENDEE LIST

There is a list of attendees in your conference bag.

## CATERING

Daily catering during the conference will be served in the exhibition area in the foyer of the Education Centre, Level 12, Ward Support Block, Wellington Regional Hospital.

**Please note: No food or drinks are to be taken into either Horne Lecture Theatre or Easthope Seminar Room.**

## INDUSTRY EXHIBITION

NZASH thank all sponsoring and exhibiting companies for their support of the conference. All delegates are encouraged to spend time with the sponsors and exhibitors in the exhibition area, as without their valued support the association would be unable to provide an annual conference of this nature for their members.

## INSURANCE

Registration fees do not include personal, travel or health insurance of any kind. Neither New Zealand Association for Simulation in Healthcare nor ForumPoint2 Limited take any responsibility for attendees failing to take out adequate insurance cover.

## INTERNET ACCESS

Internet tokens can be purchased from the Hospital Gift Shop in the atrium by the main entrance. An 8 hour access, which is valid for 7 days, will cost \$7.00.

## MESSAGES

Messages received during the conference will be held at the conference registration desk. If you are expecting a message please check regularly because no announcements will be made.

## MOBILE PHONES

During conference sessions, mobile phones must be turned off or turned to silent. Mobile phones are not to be used when sessions are in progress.

## NAME BADGES

All conference delegates and industry representatives are asked to wear their name badges at all times during the conference and social functions. It is your official pass to the sessions, conference catering and a requirement of our health and safety.

We offer the opportunity to return your name badge and plastic registration envelope to the conference registration desk at the end of the conference for recycling.

## PARKING

All parking costs are at the delegates own expense. Entry and exit to the underground car park is via the Riddiford Street entrance to the Wellington Regional Hospital. Charges are posted at the entrance and must be paid prior to exiting at any of the automatic payment machines locate in the lift foyers. Car park rates for the main car park (includes outside and underground car parks):

Weekday Rates				Weekend Rates	
0-20min	Free			0 – 20 min	Free
20min – 1 hour	\$4.00	3 – 4 hours	\$8.00	20min – 1 hour	\$3.00
1 – 2 hours	\$6.00	4 – 5 hours	\$9.00	1 – 2 hours	\$4.00
2 – 3 hours	\$7.00	5+ hours	\$10.00	2 – 3 hours	\$5.00
				3+ hours	\$6.00

## PRESENTERS' INFORMATION

### Oral Presenters

Presentations are being loaded in the main conference room, Horne Lecture Theatre. Please go to the Horne Lecture Theatre during the catering breaks to load and check your presentation.

If you plan to present using your own laptop please go to Horne Lecture Theatre and speak to the technician upon arrival at the conference.

Please go to the conference room in which you are presenting 10 minutes before the start of the session to check your presentation, familiarise yourself with the AV set-up and meet the session chair.



## **SESSION CHAIRS**

Sessions chairs are requested to go to the conference room to meet the presenters 10 minutes before the session you are chairing. Please ensure that each session starts and finishes at the advertised time, to ensure smooth running of the conference.

## **SMOKING**

Wellington Regional Hospital is a smoke-free zone.

## **SPECIAL DIETS**

If you have advised us of any special dietary requirement on your registration form, these have been notified to the caterers. Vegetarian selections will be available on the main buffets. There will be a “pre-ordered special dietary requirements” table in the catering area for other special diets. Please make yourself known to the catering staff. If you have any concerns contact the team at the conference registration desk.

## **DISCLAIMER OF LIABILITY**

The organisers of the New Zealand Association for Simulation in Healthcare Conference 2016 have made every effort to ensure that the conference achieves its goal of disseminating the very best and most current information, advances and research in the field of healthcare simulation. Furthermore, the organisers have made every effort to ensure that the delegates remain comfortable and enjoy the experience of the conference.

However, the organisers take no responsibility for any damage, loss or inconvenience delegates may incur or experience in connection with the conference. In addition, the organisers cannot be held responsible for the correctness or appropriateness of the talks, papers, panels, tutorials and demonstrations included in the conference programme. In particular, changes to the published conference programme or cancellation of parts thereof do not entitle delegates to a full or partial refund of the conference fee.

Moreover, in the event of industrial disruption or other unforeseen circumstances, the organisers accept no responsibility for loss of monies incurred by delegates. The organisers accept no responsibility for injuries/losses of whatever nature incurred by participants and/or accompanying person, nor for loss or damage to their luggage and/or personal belongings. Delegates are expected to make their own arrangements with respect to personal insurance.

Any personal/business information supplied to the conference will be used by the conference organisation for the purposes of conference registration and administration. Names and addresses of delegates will be processed electronically and included in a list of delegates that may be posted and distributed during and in conjunction with the conference, unless the delegate has previously opted via the online registration system not to have their information shared. By registering for the conference, delegates give their consent for such uses of their personal and business information.

# SOCIAL PROGRAMME

## COCKTAIL EVENING

Date: Friday 14 October  
Time: 4.45pm – 6.15pm  
Venue: Exhibition Area, The Education Centre, Level 12, Ward Support Block,  
Wellington Regional Hospital  
Dress: Smart Casual

This function is an occasion to catch up with friends and colleagues and meet the exhibitors and other delegates whilst enjoying drinks and canapés within the exhibition space.

At the conclusion of this function, delegates are encouraged to dine out at one of the many eateries that Wellington has to offer.

## KEYNOTE SPEAKERS



### **Professor Jean Ker**

Professor Jean Ker founded the Scottish Clinical Skills Network in 2000. As part of the Scottish Clinical Skills Strategy, launched by the health minister, she was appointed in 2007 as National Clinical Lead in the development of the Scottish Clinical Skills and Simulation Managed Educational Network. This network has developed national evidence-based on line skills resources, a mobile skills facility which has trained over 5000 healthcare practitioners in remote and rural Scotland and provided seed-corn funding for over 30 R and D projects.

Jean has had the opportunity to work in medical education and primary care development in Kazakhstan, Oman, Kuwait, Bangladesh, Moldova and Latvia on behalf of the World Health Organisation, British Council and University. She has over 100 peer reviewed publications book chapters and online resources and is on the national and international editorial boards for peer reviewed journals on simulation and medical education.

Jean was appointed to the GMC Advisory Board for Assessment in 2015. She developed a medical education PhD programme and introduced a Masters in Simulation Based Education for Safe Clinical Practice as part of faculty development in 2014. Jean has been an invited speaker at over 35 national and international conferences and has raised over £8M in R&D in the last 12 years. This has involved collaborative projects with European and other UK Higher Education Institutes. She has been recognised at both UK and University level with awards for her teaching and scholarship. Jean received an ASME Travelling Fellowship to the USA in 2012 and was awarded the prestigious Chancellor's Award for Contribution to Teaching at the University of Dundee in 2014.



### **Dr Traci Wolbrink**

Dr Traci Wolbrink is the Associate Program Director of OPENPediatrics ([www.openpediatrics.org](http://www.openpediatrics.org)), an online knowledge-sharing platform designed to provide education and social collaboration tools for health care providers caring for sick children around the world. It is currently in use in 137 countries by over 2000 hospitals, and contains videos, structured learning curricula, virtual simulations, protocols, workshops, and live video conferencing. She is also an Associate in Critical Care Medicine at Boston Children's Hospital and an Assistant Professor in

Anaesthesia at Harvard Medical School. Traci's academic interests include the application of innovative medical education technologies globally.



### **Associate Professor Jennifer Weller**

Associate Professor Jennifer Weller is Head of The Centre for Medical and Health Sciences Education at the University of Auckland, and a specialist anesthetist at Auckland City Hospital.

She established the Masters program in Clinical Education, and is published widely in the field of workplace assessment simulation-based education, teamwork and patient safety. Jennifer leads a national, insurer funded program aimed at establishing simulation-based training in teamwork in New Zealand operating theatres.

Jennifer is on the Editorial Board for the British Journal of Anesthesia and an inaugural editorial board member for the new journal BMJ Simulation and Technology Enhanced Learning.

## Friday 14 October 2016

7.30am	Registration Open	Venue: Level 12, Ward Support Block
<b>Room: Horne Lecture Theatre, Level 12</b> <b>Chair: Graham Knottenbelt</b>		
<b>8.30am – 10.00am</b>	<b>Conference Opening and Plenary</b>	
8.30am – 9.00am	Welcome <b>Graham Knottenbelt</b>	
9.00am – 10.00am	Healthcare professional education for the 21 <sup>st</sup> Century <b>Traci Wolbrink</b>	
<b>10.00am – 10.30am</b>	<b>Morning Tea and Exhibition</b>	Venue: Level 12, Ward Support Block
<b>10.30am – 12.00pm</b>	<b>Concurrent Session 1A</b> <b>Room: Horne Lecture Theatre, Level 12</b> <b>Chair: Alex Wordsworth</b> <b>10.30am – 11.00am</b> Development of a grading rubric for summative practical scenario assessments in the Paramedic Degree Programme at Whitireia New Zealand <b>Ken MacIver</b> <b>11.00am – 11.30am</b> Do we need to start earlier...? (Undergraduate inter professional simulation) <b>Maggie Meeks, H Josland, K Milligan, P Seaton, K Edgecombe</b> <b>11.30am – 12.00pm</b> Developing aeromedical simulations for the Wellington flight simulator <b>Jennifer Hudson, K Hathaway,</b>	<b>Concurrent Workshop 1B</b> <b>Room: Room L1104, Level 11</b> <b>Chair:</b> <b>10.30am – 12.00pm</b> Working with appliances on mannequins and life model <b>Body FX</b>
		<b>Concurrent Workshop 1C</b> <b>Room: Room L1105/L1106, Level 11</b> <b>Chair:</b> <b>10.30am – 12.00pm</b> Choosing a debriefing style to match your learning objectives <b>Traci Wolbrink</b>

12.00pm – 1.00pm		Lunch and Exhibition			Venue: Level 12, Ward Support Block	
1.00pm – 2.00pm	<b>Concurrent Session 2A</b> <i>Room: Horne Lecture Theatre, Level 12</i> <i>Chair: Jane Torrie</i>	<b>Concurrent Workshop 2B</b> <i>Room: Room L1104, Level 11</i> <i>Chair: Callum Thirkell</i>	<b>Concurrent Workshop 2C</b> <i>Room: Room L1105/ L1106, Level 11</i> <i>Chair:</i>	<b>Concurrent Session 2D</b> <i>Room: Meet by registration desk</i>		
	<b>1.00pm – 1.35pm</b> Using Hybrid Simulated Patients: Investigating their use in teaching undergraduate medical students to integrate cultural and clinical competence <i>John Dean</i>	<b>1.00pm – 2.00pm</b> Stolen Sim Centre Workshop: Stolen ideas for other centres to develop a new facility, these will be share along with our own cost effective manufacturing tips for scenarios. Halloween is coming up – make your own blood from our home recipe <i>Sarah Strong, Erin Locke</i>	<b>1.00pm – 3.05pm</b> Laerdal Simulation Education Solutions for Nursing <i>Lucas Tomczak</i>	<b>1.00pm – 1.30pm</b> Air Ambulance Simulation tour <i>Carrie Philliskirk</i>		
	<b>1.35pm – 2.00pm</b> A safe passage for internationally qualified nurses: Using simulation to enhance the acquisition of culturally and contextually appropriate communication skills <i>Marie Henderson, Margaret Woodbridge</i>			<b>1.30pm – 2.00pm</b> Air Ambulance Simulation tour <i>Carrie Philliskirk</i>		

<b>2.05pm – 3.05pm</b>	<b>Concurrent Session 3A</b> Room: Horne Lecture Theatre, Level 12 Chair: Jane Torrie  <b>2.05pm – 2.40pm</b> In-Situ Multidisciplinary Team Training - Five years on... <b>Trish Wood,</b> <b>Gabrielle Nuthall</b>	<b>Concurrent Session 3B</b> Room: Easthope Seminar Room, Level 12 Chair: Callum Thirkell  <b>2.05pm – 2.40pm</b> Using immersive simulation to promote assessment skills integrating mental distress and physical wellbeing <b>Katie Owen, C Fuller,</b> <b>L Day</b>	<b>Concurrent Session 3D</b> Room: Meet by registration desk  <b>2.05pm – 2.30pm</b> Air Ambulance Simulation tour <b>Carrie Philliskirk</b>
	<b>2.40pm – 3.05pm</b> Canterbury Collaborative Simulation Interest Group, the power of collaboration <b>Christine Beasley</b>	<b>2.40pm – 3.05pm</b> Maintaining skills in managing paediatric anaesthesia emergencies and PACMaC <b>Indu Kapoor</b>	<b>2.30pm – 3.00pm</b> Air Ambulance Simulation tour <b>Carrie Philliskirk</b>
<b>3.05pm – 3.35pm</b>	<b>Afternoon Tea and Exhibition</b> Venue: Level 12, Ward Support Block Room: Horne Lecture Theatre, Level 12 Chair: John Dean		
<b>3.35pm – 4.45pm</b>	<b>Plenary</b> MORSim - Multidisciplinary Operating Room Simulation: New Zealand leading the way in patient safety <b>Jennifer Weller, Kaylene Henderson, Penny Johnstone, I Civil, J Torrie, A Garden, A Merry</b>		
<b>4.35pm – 4.45pm</b>	Discussion		
<b>4.45pm – 6.15pm</b>	<b>Cocktail Evening</b> Venue: Level 12, Ward Support Block		

## Saturday 15 October 2016

8.00am – 8.30am	Registration Open				Venue: Level 12, Ward Support Block	
Room: Horne Lecture Theatre, Level 12 Chair: Jenny Weller						
8.30am – 10.30am	Plenary					
8.30am – 9.30am	Re-thinking Reaching Out – Developing community resilience using a Mobile Skills Unit Jean Ker					
9.30am – 10.30am	New Zealand Association for Simulation in Healthcare Annual General Meeting					
10.30am – 11.00am	Morning Tea and Exhibition					
11.00am – 12.30pm	Concurrent Session 4A Room: Horne Lecture Theatre, Level 12 Chair: Jenny Weller		Concurrent Workshop 4B Room: Room L1104, Level 11 Chair:		Concurrent Workshop 4C Room: Room L1105/L1106, Level 11 Chair:	
	11.00am – 11.30am Point of Care Recognition of deteriorating patient simulations: A workforce training initiative enhancing consumer partnerships Stephanie Barwick, Robyn Dickie	11.00am – 12.30pm Workshop: Trauma simulation out of the kit Body FX		11.00am – 12.30pm Experiences with premie and newborn thetherless manikins (Airway, Breathing and Circulation) Moveen Navayong, Pree Lecam Wasam, Gerrie Delpoit		
	11.30am – 12.00pm Medical student preparedness for internship improves after interprofessional simulation-based “Ward Calls” Course Jane Torrie, T Yu, G Ganeshanantham, T Jowsey, J Weller					
	12.00pm – 12.30pm Simulated patients in the undergraduate nursing curriculum; a literature review Alexandra Wordsworth, A Rodrigues					
12.30pm – 1.20pm	Lunch and Exhibition					
	Venue: Level 12, Ward Support Block					



1.20pm – 2.50pm	Concurrent Session 5A Room: Horne Lecture Theatre, Level 12 Chair: Paul Winder	Concurrent Session 5B Room: L1104, Level 11 Chair:	Concurrent Workshop 5C Room: L1105/L1106, Level 11 Chair:	Concurrent Session 5D Room: Meet by registration desk	Concurrent Session 5G Room: Easthope Theatre, Level 12
	1.20pm – 1.50pm Pop-up Simulation Program: A program to recognise the deteriorating patient at the point of care <b>Stephanie Barwick, R Dickie</b>	1.20pm – 2.50pm Under My Skin with Laerdal SimPad Manikins <b>Lucas Tomczak</b>	1.20pm – 2.50pm An innovative approach to solving skill decay in remote and rural communities <b>Jean Ker</b>		1.20pm – 1.50pm Virtual Medical Coaching <b>James Hayes</b>
	1.50pm – 2.20pm A toe in the water (interdepartmental simulation) <b>Maggie Meeks, C Beasley, J Garrett, L Hitchings, C Joyce, M Sheedy, T Townsend, B van de Griend, T Bruce</b>			1.50pm – 2.20pm Air Ambulance Simulation tour <b>Carrie Philliskirk</b>	
	2.20pm – 2.50pm A free online tool to keep track of your simulation program activity <b>Brent McSharry, Trish Wood</b>				2.20pm – 2.50pm Virtual Medical Coaching <b>James Hayes</b>
Room: Horne Lecture Theatre, Level 12 Chair: Graham Knottenbelt, John Dean					
2.55pm – 3.55pm	Reaching Out to the Developing World <b>Brenda Knowles, Trish Wood, Laerdal Global Health</b>				
3.55pm – 4.00pm	Close of Conference				

## PROGRAMME - Saturday 15 October

# BOOK OF ABSTRACTS

## 1 Plenary One

**Friday 14 October 2016, 9.00am – 10.00am**

## HEALTHCARE PROFESSIONAL EDUCATION FOR THE 21ST CENTURY

Traci Wolbrink

*Harvard Medical School*

Healthcare professional education faces many growing pressures, forcing a redesign of current educational practices. At the same time, newer technologies are available that are scalable, appealing to the adult millennial learner, and are being utilized in medicine and other industries. A thoughtful approach is required to redesign health professional education for the 21st Century in the most efficient and effective manner utilizing emerging educational strategies. A structured blended educational model incorporating medical simulation coupled with a flipped classroom approach, spaced learning, refresher training, virtual simulation and e-learning may provide a solution.

[illegible]

## 2 Concurrent Session 1A

Friday 14 October 2016, 10.30am – 11.00am

### DEVELOPMENT OF A GRADING RUBRIC FOR SUMMATIVE PRACTICAL SCENARIO ASSESSMENTS IN THE PARAMEDIC DEGREE PROGRAMME AT WHITIREIA NEW ZEALAND

Ken MacIver <sup>\*1</sup>

<sup>1</sup> *Whitireia NZ, Porirua*

#### Link to conference theme

The development of the rubric has resulted in a comprehensive breakdown of specific elements of paramedic care that is useful for practicing clinicians (beyond the Tertiary arena). The flow of new educational and/or simulation models of practice out into industry aligns with the 'Reaching Out' theme of the conference.

#### Abstract

Simulation is widely used in Healthcare as a learning modality, but rarely for graded summative assessments. Over the last five years, the Paramedic Degree Programme at Whitireia NZ has been developing a rubric to help grade summative practical scenarios. Previously, the practical component of the course was a pass/fail assessment, with no grade allocated. Now, students receive an A+, A, B+, B, C+, or F grade in the same way they would for a piece of academic writing or written exam.

The development of the rubric has led to much discussion and learning among the team around what elements are critical for students to demonstrate, and how much weighting is assigned to each portion of the care they deliver. Before being able to describe the specifics of what constitutes excellent Paramedic care, the team had to brainstorm and workshop this concept; much learning flowed out of the process of dissecting a typical Paramedic job down to its constituent parts. The result: for the teaching team, clearness around what elements of student performance were being measured; for the students, more clarity about the specific essentials and rudiments of Paramedic care that they were expected to master and demonstrate.

Ken MacIver, who tutors on the degree programme and is a practicing Intensive Care Paramedic, drafted the most recent version of the rubric. He discusses its evolution: from the original adaptation of Kathie Lasater's clinical judgement rubric for nurses, to the current iteration which has been tailored specifically for Paramedic care.

#### Conflicts of Interest

The author is a degree lecturer at Whitireia NZ.

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## DO WE NEED TO START EARLIER.....? (UNDERGRADUATE INTERPROFESSIONAL SIMULATION)

Maggie Meeks\*<sup>1</sup>, Josland H<sup>2</sup>, Milligan K<sup>2</sup>, Seaton P<sup>1</sup>, Edgecombe K<sup>2</sup>

<sup>1</sup> University of Otago, Christchurch

<sup>2</sup> Ara Institute of Canterbury

### Link to conference theme

There is increasing evidence of the need for collaboration across departments, between professions, and sometimes between organisations.

### Aim

To pilot an inter-professional inter-organisation simulation to provide a foundation for developing an undergraduate interprofessional patient safety program.

### Background

Communication failure within and between health professionals is associated with poor quality care and risk to patient safety<sup>1</sup>. Using simulation as an educational strategy may enhance the development of communication skills<sup>2</sup> that impact on decision making and patient safety. In 2013 the quality and safety module convenor from the Christchurch Medical School and nursing educators from Christchurch Polytechnic (now ARA Institute of Canterbury) discussed developing a quality and safety session for 5th year medical students and final year nursing students.

### Intervention

Ethical approval was obtained in 2015. The educational intervention included a simulation of common errors in a ward environment and a dynamic inter-professional simulation of a patient with a medical and surgical condition. There were two inter-professional simulation sessions, and a medical student control group. Pre- and post-testing was undertaken with the Readiness for Interprofessional Learning Scale<sup>3</sup> and the Situational Awareness Global Assessment Tool<sup>4</sup>.

### Outcomes

The following results will be discussed:

1. Attitudes to interprofessional learning
2. Students understanding of their own and other health professionals' roles, and the overlap between these roles;
3. Levels of situational awareness and patterns of communication within and between professions at the undergraduate level.

This study provides a basis to guide future teaching and learning practices for health care professionals.

### References

1. Brock D, Abu-Rish E, Zierler B, et al (2013). Interprofessional education in team communication: working together to improve patient safety. *BMJ Quality & Safety*, 22(5), 414-423. doi:10.1136/bmjqs-2012-000952
2. Aggarwal, R., & Darzi, A. (2011). Simulation to enhance patient safety: Why aren't we there yet? *Chest*, 140(4), 854-858. doi: 10.1378/chest.11-0728.
3. Endersley, (1988). Situational Awareness Global Assessment Tool (SAGAT)
4. Parsell & Blighs (1999) Readiness for Interprofessional Learning Scale (RIPLS).

## **DEVELOPING AEROMEDICAL SIMULATIONS FOR THE WELLINGTON FLIGHT SIMULATOR**

Jennifer Hudson\*<sup>1</sup>, Hathaway K<sup>2</sup>

<sup>1</sup> *Simulation and Skills Centre and Department of Anaesthesia and Pain Management, Wellington Hospital, Capital & Coast DHB, Wellington*

<sup>2</sup> *Intensive Care Unit and Flight Team, Wellington Hospital, Capital & Coast DHB*

### **Link to conference theme**

Our Flight simulator allows us to reach out to a new group of clinicians in the aviation medicine community with the learning benefits of simulation.

### **Aims**

To introduce Flight Nurses and Intensive Care nurses to the learning style of simulation, and to begin using the Wellington Flight simulator facility for clinical simulations.

### **Background**

Our new Flight simulator has created an opportunity for us to reach out to diverse groups of clinicians involved in the medical flight and transfer service. We can now bring the benefits of Simulation training and education to paramedics, nurses and doctors involved in aviation medicine in an exciting new facility.

### **Intervention or activity**

We have developed four short clinical scenarios for troubleshooting in-flight medical deterioration. We have performed and debriefed these with Flight Nurse experts.

### **Outcomes**

We have created four successful clinical simulations in the flight simulator for flight nurses to learn technical and non-technical skills from simulation. We plan to extend our learning program to more of the flight team including nurses and doctors in CCDHB.

## Concurrent Workshop 1B

**Friday 14 October 2016, 10.30am – 12.00pm**

## WORKING WITH APPLIANCES ON MANNEQUINS AND LIFE MODEL

BODYFX

*MedicFX SIM products are developed by Special FX company, BodyFX New Zealand Ltd*

The products are designed and tested in association with clinical advisors and trainers. Our goal is to create realistic looking trauma and training moulage easily accessible in New Zealand and at a compatible cost price than imported appliances. We only use the best materials for our moulage and work with experienced artists to make our products to a world's standard.

Our range of products is developed for clinical use with manikins, as well as for first aid training and military medical training. Next to our easy to use sleeves and appliances we teach workshops in out of kit moulage and applications.

10:30am	Introduction company and products
	Demonstration application techniques on sim manikin
11:30am	Free try out of all available products

Products shown are:

- Sim sleeves
- Sim wound appliances

Pregnant belly with PREM baby Caesarean delivery Manikin appliances:

Faces, wigs, breasts Clinical training devices: suture pads, puncture pads and wound packing training leg Application products: Glues and bloods

## 6 Concurrent Workshop 1C

Friday 14 October 2016, 10.30am – 12.00pm

### CHOOSING A DEBRIEFING STYLE TO MATCH YOUR LEARNING OBJECTIVES

Traci Wolbrink\*<sup>1</sup>

<sup>1</sup> *Boston Children's Hospital, Boston, USA*

#### Specific objectives of the workshop

The objectives of the workshop are the following:

1. To characterize the various types of instructional modalities that can be used for simulation-based teaching including skills training, clinical competency instruction, patient scenario teaching, and human factors team training
2. To describe the optimal learning objectives and participant characteristics for each type of simulation instructional modality
3. To explain debriefing strategies that can be used for each of the simulation instructional modalities
4. To allow the participants a chance to practice using various debriefing strategies for several clinical learning objectives

#### Rationale for the workshop

Simulation is a method of instruction that has wide-reaching

#### Intended target audience

Simulation instructors interested in exploring debriefing techniques for simulation activities for skills training, clinical competency instruction, patient scenario teaching

#### Optimal experience level of the participants

Intermediate to advanced simulation instructors

#### Approximate workshop timetable

Welcome and Introduction - 5 minutes

Lecture – 20 minutes

Practice using Debriefing Modalities - 60 minutes

Closing - 10 minutes

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## 7 **Concurrent Workshop 2A** Friday 14 October 2016, 1.00pm – 1.35pm

### **USING HYBRID SIMULATED PATIENTS: INVESTIGATING THEIR USE IN TEACHING UNDERGRADUATE MEDICAL STUDENTS TO INTEGRATE CULTURAL AND CLINICAL COMPETENCE**

John Dean\*<sup>1</sup>

<sup>1</sup> *University of Otago, Christchurch Simulation Centre*

#### **Overview**

This presentation describes the development of a programme of clinical skills learning that combines the elements of cultural competence and safety for Maori. The presentation will begin with the identification of health need, explain the process of merging the outcomes from two course modules, work through the education methodology and discuss the evaluation results and resulting programme modification.

#### **Session Description**

The aim of this initiative is to assess the use of simulated/hybrid simulated patient scenarios as a teaching method for students to integrate clinical and cultural competencies. This course will start by identifying the health need, rooted in Maori health statistics including health outcomes. The presenters will describe the development process across two university departments; The Maori Indigenous Health Institute (MIHI) and the University of Otago, Christchurch Simulation Centre (UOCSC).

Two foundation elements of a Hauora Maori (Maori Health) health model were developed and utilised in this programme; the Hui Process (Lacy et al) and the Meihana model of Maori Health Care (Pitama et al). The meaning of each will be discussed.

Five clinical situations were developed to provide 5th year medical students with the opportunity to demonstrate both cultural and clinical competencies. Maori health workers were trained to play the role of Maori patients. At the end of each clinical scenario students undertook a self-evaluation. They also received feedback using a purpose designed feedback template from the Maori patient, their peers and a clinical assessor.

The evaluation results and statistical analysis from the first cohorts on this programme reveal some interesting considerations when considering the different responses to the students' performance by their peers, the Maori simulated patients and the Clinical Examiners.

This course will share the resources that were developed along with the processes that were used in the development and review. Whilst the specific health models used in this development relate to Maori, there may be elements that are transferable to other centres where the combination of cultural safety and competence together with clinical skills is considered an important part of improving the quality of health care provision.

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**A SAFE PASSAGE FOR INTERNATIONALLY QUALIFIED NURSES: USING SIMULATION TO ENHANCE THE ACQUISITION OF CULTURALLY AND CONTEXTUALLY APPROPRIATE COMMUNICATION SKILLS**

Marie Henderson\*<sup>1</sup>, Margaret Woodbridge\*<sup>1</sup>

<sup>1</sup> *Universal College of Learning (UCOL), Palmerston North*

**Link to conference theme: Reaching Out**

Using simulation to provide internationally qualified nurses seeking registration in New Zealand a safe and supported introduction to culturally appropriate communication in the clinical context.

**Aim**

Participants will gain insight into an innovative approach developed by UCOL to summatively assess a wide range of communication skills required by internationally qualified nurses (IQNs) to demonstrate culturally safe and appropriate practice in New Zealand.

**Background**

The attainment of the required levels of English Language Testing System (IELTS) results by IQNs does not guarantee culturally appropriate communication skills in the New Zealand health care setting. Accent, poor knowledge of colloquialisms and cultural nuances have an impact on public safety and the IQNs' professional socialisation (Wells, 2013; Edgecombe et al, 2012; Carr & DeKemel-Inchikawa, 2012; & Solamonson et al, 2007). Failure in the theory and practice setting are commonly linked to communication challenges (Killam et al, 2011).

**Intervention or activity**

The development of a stand-alone paper 'Communication in Clinical Practice in Aotearoa/NZ' gave UCOL the opportunity to incorporate simulation. We believe it has transformed our previous education in competency assessment courses and reduced the stresses of adapting to communication in the New Zealand healthcare setting for IQNs. Two clinical scenarios are used by nurse educators to formatively coach and summatively assess a wide range of communication capabilities.

**Outcomes**

Clinical partners and students have reported improvement in IQN confidence and communication in clinical settings.

**References**

1. Carr, S. M., & DeKemel-Inchikawa, K. (2012). Improving communication through accent modification: Growing the nursing workforce. *Journal of Cultural Diversity* (19)3, 79-84.
2. Edgecombe, K., Jennings, M., Bowden, M., (2012). International nursing students and what impacts their clinical learning: Literature review. *Nurse Education Today* (33). 138-142.
3. Salamonson, Y., Everitt, B., Koch, J., Andrew, S., & Davidson, P. (2007). English language acculturation predicts academic performance in nursing students who speak English as a second language. *Research in Nursing and Health*, 31, 86-94.
4. Wells, M. (2013). The experiences of Indian Nurses in America. *Dissertation Paper, 1844*: Seton Hall University. Retrieved from scholarship.shu.edu/cgi/viewcontent.cgi?article=2852.

## 9 Concurrent Workshop 2B

Friday 14 October 2016, 1.00pm – 2.00pm

### STOLEN SIM CENTRE WORKSHOP: STOLEN IDEAS FOR OTHER CENTRES TO DEVELOP A NEW FACILITY, THESE WILL BE SHARE ALONG WITH OUR OWN COST EFFECTIVE MANUFACTURING TIPS FOR SCENARIOS. HALLOWEEN IS COMING UP – MAKE YOUR OWN BLOOD FROM OUR HOME RECIPE

Sarah Strong\*, Erin Locke\*

*Bay of Plenty DHB, Tauranga*

#### Link to conference theme

2 years ago the BOP Clinical School had a zero budget but a desire to establish a Simulation Centre, so they “reached out” to other sectors and DHB’s and stole ideas to establish a simulation centre. Other centres were very generous in sharing their trials and tribulations to establish Sim centres in public hospitals with no budget. The result is an effective and functional simulation centre with a structured programme and support.

#### Specific objectives of the workshop

- To present a journey of tips and tricks
- To engage with the audience by activities to design/develop resources to support simulation.

#### Rationale for the workshop

- To demonstrate that it’s OK to “reach out” and ask for help, others are willing to share
- To present activities where participants use basic material to assist with simulation resources

#### Intended target audience

- Those new to simulation or those planning to establish simulation

#### Optimal experience level of the participants

- Beginner/novice

#### Approximate workshop timetable

- Introduction and outline – 5 mins
  - Reaching out – resources shared from others – 10 mins
  - Journey timeline for establishing the sim centre, getting equipment, systems and roles in place – 10 mins
  - Activity to design/develop a scenario – 15 mins
  - Video-clip of sim scenario – how we work around here – 5 mins
  - Creativity ideas – brainstorm session, sharing of creative ideas for resources as a “take-home” pack – 10 mins
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**Friday 14 October 2016, 1.00pm – 3.05pm**

*Laerdal Pty Ltd, Australia*

Using your own laptop PC, you can experience the vSim cases and receive the feedback a student would receive. The workshop will also focus on the instructor experience and how to see the class results in one area. Part two of the workshop will focus on treating the same patient case used in the eLearning component in an actual simulation scenario.

## 11 Concurrent Workshop 3A

Friday 14 October 2016, 2.05pm – 2.40pm

### IN-SITU MULTIDISCIPLINARY TEAM TRAINING - FIVE YEARS ON...

Trish Wood\*<sup>1</sup>, Gabrielle Nuthall\*<sup>2</sup>

<sup>1</sup> *Starship Simulation Programme, Auckland*

<sup>2</sup> *Paediatric Intensive Care Unit, Starship Children's Hospital, Auckland*

#### Link to conference theme

We began our programme by reaching out to global experts, now 5 years on we are able to reach out to others.

#### Aims

To develop and deliver a sustainable in-situ, multidisciplinary team training, simulation programme.

#### Background

At Starship, the need for in-situ team training became apparent at the same time simulation was advancing from the aviation industry to health. In 2007 simulation had been introduced in various nursing, medical and anaesthetic education programmes. Individual staff interested in simulation had sought education to advance their knowledge and skills using this new technique. Simulation based teaching had been introduced to some clinical areas, but lacked standardisation.

#### Intervention or activity

In 2010 a group of interested and committed Starship clinicians reached out to world leaders in simulation and formed a collaboration with the Children's Hospital Boston Simulation Program. The Starship Simulation Programme was created the same year. In-situ, multidisciplinary team training was formally introduced to Starship in March 2011 and has now become embedded in culture.

One major advantage an in-situ programme has is that there is no requirement to invest in bricks and mortar to build a state of the art simulation centre. We chose instead to invest in our people. We actively sought out key individuals from multidisciplinary teams to partner with us and to advance their simulation knowledge and skills. This was one of the foundational steps in the establishment of the programme.

#### Outcomes

The programme is having significant success, including improved multidisciplinary team functioning, improved staff clinical skills and a number of system related improvements in the management of acutely unwell patients in all areas. The activities of the Starship Hospital Simulation Programme are now an integral part of running this Children's Hospital.

Five years on, the programme has begun to reach out to a wider range of clinical teams in child health, as well as provide assistance in the development of simulation programmes in other areas of ADHB and other DHBs.

The speakers will discuss the development of the programme, describe what it does with specific examples, with specific reference to why we are passionate about in-situ simulation and how educating in this way can improve staff morale, improve staff retention, reduce errors and increase reliability of the delivery of healthcare. We will also discuss the lessons we learnt along the way.

## 12

**Friday 14 October 2016, 2.40pm – 3.05pm**

Christine Beasley\*<sup>1</sup>[illegible]

**USING IMMERSIVE SIMULATION TO PROMOTE ASSESSMENT SKILLS  
INTEGRATING MENTAL DISTRESS AND PHYSICAL WELLBEING**

Katie Owen\*, Fuller C, Day C

<sup>1</sup>*Whitireia New Zealand, Porirua*

This presentation will explore the process undertaken to develop simulation education within both the new graduate and undergraduate nursing programmes at Whitireia NZ where the aim was the promotion of integrated assessment skills for both psychological and physical health. Within Aotearoa/New Zealand research has demonstrated major disparity in health outcomes for individuals who have a history of mental distress and/or substance use (Te Pou, 2014). In addition, the organisation and training of most health professionals has traditionally split mind and body, supporting a high degree of specialisation.

Nurse educators from Whitireia NZ recognised the need to strengthen awareness of the holistic service delivery to better integrate the needs of service users in relation to their overall mental wellbeing and physical health needs. Participants will gain an understanding of the use of narrative in a simulation suite to increase the learner nurse's critical thinking, when undertaking physical assessment with clients who have a history of mental distress and mental health assessment for clients presenting with physical health complaints.

Research (Wordsworth, Pool, Hawes & Holloway, 2014) suggests that immersive simulation is beneficial to developing clinical judgement and assessment skills with regard to integrating distress and wellbeing. The presenters will explore with participants the use of simulation to develop robust, holistic clinical judgement and clinical leadership. Creating new pathways to address health outcomes disparities for individuals experiencing mental distress and earlier recognition of mental distress in clients presenting with physical ill health.

1. Te Pou o Te Whakaaro Nui. (2014). The physical health of people with a serious mental illness and/or addiction: An evidence review. Auckland: Author
2. Wordsworth, A., Pool, L., Hawes, P., & Holloway, K. (2014). What shall we teach? The development of key clinical learning outcomes for scenario based simulated clinical learning experiences in New Zealand undergraduate nursing programmes. Research Report

**14      Concurrent Workshop 3B**  
**Friday 14 October 2016, 2.40pm – 3.05pm**

**MAINTAINING SKILLS IN MANAGING PAEDIATRIC ANAESTHESIA  
EMERGENCIES AND PACMAC**

Indu Kapoor\*

*Wellington Hospital, Capital Coast District Health Board, Wellington, New Zealand*

**Link to conference theme**

Simulation course to reach out to the occasional paediatric anaesthetists working in smaller centres.

**Aims**

Designing and implementing a single day simulation course for the episodic paediatric anaesthetists, working in isolation and or smaller centres, to maintain skills in managing paediatric anaesthesia emergencies

**Background**

About a third of paediatric anaesthetics are conducted outside of tertiary/quaternary specialised paediatric centres by episodic paediatric anaesthetists with occasional paediatric anaesthesia work (information from office of Childrens Commissioner, personal communication). Due to the rare nature of paediatric anaesthesia emergencies, skills in their management degenerate over time. Other than secondment to specialised paediatric centres, there is no other way, in New Zealand, of maintaining skills for managing these crisis.

**Intervention or activity**

Planned, developed and implemented a single day Paediatric Anaesthesia Crisis Management Course (PACMaC) at the Wellington Regional Centre for Simulation and Skills Education.

**Outcomes**

Three fully subscribed courses run so far with participants including 21 anaesthesia consultants, 6 anaesthesia technicians and 6 nurses from 11 hospitals in NZ and one in Australia.

Two simulation fellows participated in implementation of the course, developing skills in running simulation based courses.

Will run (in July) the course for a single hospital with their multidisciplinary team.

Course now part of the activity of the Paediatric Anaesthesia Network of New Zealand

## MULTIDISCIPLINARY OPERATING ROOM SIMULATION: NEW ZEALAND LEADING THE WAY IN PATIENT SAFETY

Jennifer Weller\*<sup>1,2</sup>, Kaylene Henderson\*<sup>1,2</sup>, Penny Johnstone\*<sup>1</sup>, Civil I<sup>1,2</sup>, Torrie J<sup>1,2</sup>,  
Garden A<sup>3</sup>, Merry A<sup>1,2</sup>

<sup>1</sup> *University of Auckland, Auckland*

<sup>2</sup> *Auckland City Hospital, Auckland*

<sup>3</sup> Capital and Coast Health, Wellington

The Multidisciplinary Operating Room Simulation (MORSim) team training program was designed by the Patient Safety study group at the University of Auckland and piloted at three major urban hospitals in 23 full surgical teams (138 participants). Our aim was to improve the surgical safety and through training in teamwork and communication and we were able to demonstrate improved scores for team communication in pre-post observations of surgical teams in the work environment.

The success of our pilot attracted major funding from the Accident Compensation Corporation, New Zealand's national funder for accidents, including treatment injuries. The funding is for implementation of the training across all public hospitals in New Zealand.

This ambitious intervention is novel in its national scope and potential to demonstrate a causal relationship between patient outcomes and a safety intervention. In this presentation we will describe the MORSim intervention, our surgical models and our implementation strategy and progress to date. Demonstration of effectiveness is a key element of our program and we will discuss our chosen measures for evaluating patient outcomes and changes in teamwork processes and organisational culture and practice.



## **RE-THINKING REACHING OUT – DEVELOPING COMMUNITY RESILIENCE USING A MOBILE SKILLS UNIT**

Jean Ker\*<sup>1,2</sup>

<sup>1</sup> *Scottish lead for Clinical Skills and Simulation, Scotland*

<sup>2</sup> *NHS Education for Scotland, Scotland*

**Link to conference theme: Community Engagement**

### **Aims**

The aim of this presentation is to highlight the need for alignment between government policy, health and social service delivery and education to build resilient communities and to share lessons learnt from multi-agency exercises using a mobile skills unit.

### **Background**

Reaching out to deliver a quality health care service to an ageing population while also having to recruit and retain healthcare staff for remote and rural communities presents specific challenges in building resilience for emergency situations. Resilience is associated with better outcomes in health promotion, well-being and quality of life<sup>1</sup>.

### **Intervention or activity**

In 2007 the Scottish Government launched a national Clinical Skills Strategy<sup>2</sup> to ensure that healthcare practitioners irrespective of geographical location or professional discipline have access to the same opportunities for simulation based education. As part of the implementation programme a Clinical Skills and Simulation Managed Education network was established which is responsible for the delivery of simulation based education using a mobile skills unit (MSU). The MSU has run multi-agency simulation exercises. An in-depth series of semi-structured interviews with participants were analysed using framework analysis in relation to the six characteristics of a safe and resilient community.

### **Outcomes**

The MSU visits over 15-20 remote and rural venues per year running a variety of national programmes and skills training sessions. Over 1000 participants use the MSU each year. Lessons in relation to developing resilience have included enhanced knowledge networking, improved connections across local agencies and a widening participation in skill development within the general community.

### **References**

1. Tempiski P., Martins MA., Paro HBMS., Teaching and learning resilience: a new agenda in medical education *Medical Education* (2012) 46:343-348
2. Partnerships for care taking forward the Scottish Clinical Skills Strategy (2007) NHS Education for Scotland

**POINT OF CARE RECOGNITION OF DETERIORATING PATIENT SIMULATIONS: A  
WORKFORCE TRAINING INITIATIVE ENHANCING CONSUMER PARTNERSHIPS**

Stephanie Barwick\*<sup>1</sup>, Robyn Dickie\*<sup>1</sup>

<sup>1</sup> *Mater Education, South Brisbane, Australia*

**Link to conference theme**

This research project collaborates with the consumers of our health service to gain an insight into their perceptions and attitudes about point of care (POC) simulation training.

**Aim**

- To examine what impact exposure to point of care simulation training has on consumers
- To utilise the perspective of the consumers exposed to point of care simulation training to inform curriculum development

**Background**

POC simulations are simulations that are ‘physically integrated into the clinical environment’ (Patterson et al 2008). Mater Health trains its workforce in the recognition and management of the deteriorating patient using a POC simulation program known as the Recognition of the Deteriorating Patient (RODP) Pop Up Simulation program. Being a POC simulation program, consumers have the potential to be exposed to this type of workforce training. There is limited evidence on the impact this exposure has on consumers. Mater Health acknowledges that consumer input is crucial in the planning and delivery of safe and effective care and has deemed it worthwhile to examine consumer perceptions and attitudes to this type of immersive training.

**Methods**

Consumers who are exposed to this type of training are asked to fill out a self-report questionnaire about their experiences in relation to this type of training.

**Results**

Data collection commenced in 2016, preliminary results will be discussed with appropriate statistical analysis to be undertaken closer to the conference date.

**Conclusions**

Early anecdotal evidence suggests that consumers who are exposed to POC simulations are not negatively impacted by this experience and value the health services training initiatives

**References**

1. Patterson MD, Blike GT, Nadkarni VM. (2008) In Situ Simulation: Challenges and Results. In: Henriksen K, Battles JB, Keyes MA, et al., editors. *Advances in Patient Safety: New Directions and Alternative Approaches* (Vol. 3: Performance and Tools). Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Aug. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK43682/>

## MEDICAL STUDENT PREPAREDNESS FOR INTERNSHIP IMPROVES AFTER INTERPROFESSIONAL SIMULATION-BASED “WARD CALLS” COURSE

Jane Torrie\*<sup>1</sup>, Yu T<sup>1</sup>, Ganeshanantham G<sup>1</sup>, Jowsey T<sup>1</sup>, Weller J<sup>1</sup>

<sup>1</sup> *University of Auckland, Auckland*

### Reaching out to health professionals transitioning to practice

#### Aim

Evaluate the medium-term effect of an educational intervention on medical students' skills and attitudes.

#### Background

Responding to acute medical problems in ward patients causes anxiety in new doctors and many report feeling inadequately prepared<sup>1,2</sup>. In 2014 a two-day simulation-based course (WardSIM) commenced at the University of Auckland. Teams of 5th year medical, final year nursing and pharmacy students manage 'ward calls' requiring clinical skills and interprofessional teamwork. Immediate feedback is very positive but we sought to investigate later effects on the medical students.

#### Methods

The 2015 cohort of 6th year medical students, who attended WardSIM in 5th year, was compared with the 2014 cohort of 6th years, who did not. Approximately 8 months into 6th year, both cohorts were invited to complete an online questionnaire. The 2015 cohort were asked to participate in a focus group concerning involvement in ward calls, confidence and preparedness for practice. Focus group transcripts underwent thematic analysis.

#### Results

Seventy-seven questionnaires were returned from the 2015 cohort (response rate 37%) and 87 from the 2014 control cohort (45%). WardSIM participants reported greater confidence in reviewing patients in clinical vignettes and had greater involvement in ward calls, with and without direct supervision. Focus group participants described improved confidence and clearer expectations regarding ward calls, which led to greater engagement with them.

#### Conclusions

Attending WardSIM was associated with improved 6th year medical student confidence and knowledge regarding ward calls, and increased participation in learning opportunities. WARDsim appears to act as a trigger for ongoing learning.

#### References

1. Dason E. Evans & C. Michael Roberts. Preparation for practice: how can medical schools better prepare PRHOs? *Medical Teacher*. 2006;28(6): 549–552
2. Gome JJ, Paltridge D, Inder WJ. Review of intern preparedness and education experiences in General Medicine. *Internal Medicine Journal*. 2008;38(4):249-53.

## SIMULATED PATIENTS IN THE UNDERGRADUATE NURSING CURRICULUM; A LITERATURE REVIEW

Alexandra Wordsworth\*<sup>1</sup>, Rodrigues A<sup>1</sup>

<sup>1</sup> *Whitireia NZ, Porirua*

### NZASH – Reaching Out

#### Link to conference theme:

Having a well-trained simulated patient as Nestell and Bearmann (2014) state “draw learners into a scenario quickly, achieving deeper engagement. Their mere presence prompts interactivity’ (p. 1), which ensures student engagement with an individual, this creates an opportunity to reach out to patients. As the local community are the source of simulated patients, the community are also engaged in developing their future health care professionals.

#### Aims:

Identify how simulated patients are defined and used in the undergraduate nursing curriculum, as well as some of the challenges involved in developing this resource.

#### Background:

At Whitireia New Zealand faculty have developed the use of part task trainers, medium to high fidelity mannequins to develop student’s skill acquisition and maintenance, integrative assessment skills, clinical judgement and reasoning. Wordsworth, Pool, Hawes and Holloway 2014 research looking at ‘what shall we teach? The development of key clinical learning outcomes for scenario based simulated clinical learning experiences in New Zealand undergraduate nursing programmes’ top fifteen learning outcomes for scenario based clinical learning experiences which were ranked as being important from the educational and clinical community related to clinical judgment and reasoning with associated cognitive and holistic assessment and clinical skills. Additionally learning outcomes related to professional responsibility and interpersonal relationships were ranked as important. Whitireia New Zealand have not fully considered how to develop simulated patients and as Nestell and Bearmann (2014) state ‘key elements of learning currently associated with standardised patients include communication, professionalism and patient safety’ (p. 9), hence how can simulated patients be utilised in simulation learning experiences for undergraduate nursing to develop these learning outcomes.

#### Method:

Ovid, Pub med and ProQuest databases will be searched using key words simulated patient\*, nurse\*, undergraduate, skills and concepts.

#### Outcomes:

The main themes discussed will be how is a simulated patient defined in nursing? What skills or concepts can simulated patients teach in simulation? And what are some of the challenges.

#### Conclusions:

Results from this review will be reflected upon to consider how to use simulated patients more effectively.

#### References:

1. Nestel, D., & Bearman, M. (2014). *Simulated Patient Methodology: Theory, Evidence and Practice* (1). GB: Wiley-Blackwell. Retrieved from <http://www.ebrary.com>
2. Wordsworth, A., Pool, L., Hawes, P., & Holloway, K. (2014). *What shall we teach? The development of key clinical learning outcomes for scenario based simulated clinical learning experiences in New Zealand undergraduate nursing programmes*. Research Report (Unpublished).

## TRAUMA SIMULATION OUT OF THE KIT

BODYFX

*MedicFX SIM products are developed by Special FX company BodyFX New Zealand Ltd.*

The products are designed and tested in association with clinical advisors and trainers. Our goal is to create realistic looking trauma and training moulage easily accessible in New Zealand and at a compatible cost price than imported appliances. We only use the best materials for our moulage and work with experienced artists to make our products to a worlds standard.

Our range of products is developed for clinical use with manikins, as well as for first aid training and military medical training. Next to our easy to use sleeves and appliances we teach workshops in out of kit moulage and applications

11.00am:	Introduction company and products
	Demonstration application techniques on life model
12.00pm:	Free try out of all available products

Products shown are:

- Sim sleeves
- Sim wound appliances
- Silicon and Bondo transfers
- Application products: FX paste, Bondo, GelFX, glues and bloods

## Concurrent Session 4C

**Saturday 15 October 2016, 11.00am – 12.30pm**

## EXPERIENCES WITH PREMIE AND NEWBORN TETHERLESS MANIKINS (AIRWAY, BREATHING AND CIRCULATION)

Moveen Narayan, Pree Lecamwasam and Gerrie Delport

## Abacus ALS

The aim of this workshop is to provide an educational overview of paediatric airway management utilising Premie and Newborn tetherless manikins.

This will be an interactive and hands on workshop which draws on the relative functionalities of the manikins and the touch screen interfaces which includes various airway scenarios.

The workshop presents a new experience for the user featuring a fully responsive manikin which is tether less and has wireless connectivity for up to 300 feet.

Activities include an audio visual presentation as well as a 30-minute group activity which draws on the experiences within the group and promotes sharing experiences and ideas.

**POP-UP SIMULATION PROGRAM: A PROGRAM TO RECOGNISE THE  
DETERIORATING PATIENT AT THE POINT OF CARE**

Stephanie Barwick\*<sup>1</sup>, Dickie R<sup>1</sup>

<sup>1</sup> *Mater Education, South Brisbane, Australia*

**Link to conference theme**

The Pop-Up Recognition of the Deteriorating Patient (RODP) Simulation Program has been reaching out and has brought simulation training from our simulation centre to the workforce in their own environment. The transportable nature of the program facilitates greater access for clinicians from all disciplines across the health service to attend simulation training. This program has also seen the testing of processes that may impact on the organisation's ability to respond to these emergencies.

**Aims**

- Provide opportunities for clinicians to engage in easily accessible point of care (insitu) simulations during their work day
- Review and enhance escalation and emergency response team processes

**Background**

Since the endorsement of the National Safety and Quality Health Service (NSQHS) Standards and an organisations responsibility in ensuring they meet standard 9, training the workforce in responding to a deteriorating patient has been at the forefront of educational activities. Simulation training was identified as the vehicle for this educational initiative to occur.

**Intervention or activity**

Two simulations were conducted across the health service each week. Simulations were designed to include technical and non-technical skills, with the content addressing clinical issues and clinical processes around the response to a deteriorating patient.

**Outcomes**

- Initial data demonstrates an increase in teamwork skills and improvement of the quality of clinical skills.
  - Participant feedback has been extremely positive.
  - Clinical process issues have been identified and rectified
  - Development and Promotion of a positive simulation learning culture in the clinical areas
  - Data analysis of Team Leader identification strategies is ongoing but has so far been extremely beneficial
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**23      Concurrent Session 5A**  
**Saturday 15 October 2016, 1.50pm – 2.20pm**

**A TOE IN THE WATER (INTERDEPARTMENTAL SIMULATION)**

Maggie Meeks\* Beasley C, Garrett J, Hitchings L, Joyce L, Sheedy M, Townend T, van de Griend B, Bruce T

*Neonatal Department, Christchurch Hospital, Christchurch*

**Link to conference theme**

This work describes the paediatric department ‘reaching out’ using simulation to train with departments with whom they work when a child is acutely unwell.

**Aim**

Developing collaborative relationships across departments using combined clinical simulation sessions.

**Background**

The number of children admitted to Christchurch Hospital that require intensive care is not enough to maintain a staffed paediatric intensive care unit. A recent review included the two following recommendation:

- That a plan be developed with Starship PICU/simulation for ongoing staff development and education and improvement of systems and processes, both within and between services.
- That simulation focused on the acutely seriously unwell child be embedded within both ICU and PHDU/PPCU.

**Intervention**

An interprofessional cross departmental team originally began planning joint sessions with the ICU in 2013 and the ED in 2014. Sessions were planned using a simple clinical scenario of an apnoeic baby that could be run within the Clinical Skills Unit or In Situ. The aim of these sessions was to begin a process of collaboration of specialist teams and to develop a common language of teamwork that will develop into an efficient effective sustainable clinical simulation program. In 2014 three interdepartmental simulations of paediatrics with Intensive care were held in the Clinical Skills Unit. In 2015 / 2016 three In Situ Paediatric simulations were held in the Emergency Department.

**Outcomes**

The evaluations have included a positive reaction from participants and anecdotal reports of how increasing familiarity with staff and processes from other departments has helped in actual clinical situations.

The Paediatric Department would like to plan to embed these interprofessional cross departmental sessions into a sustainable simulation training program.

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## **A FREE ONLINE TOOL TO KEEP TRACK OF YOUR SIMULATION PROGRAM ACTIVITY**

Brent McSharry\*<sup>1</sup>, Trish Wood\*<sup>1</sup>

<sup>1</sup> *Starship Hospital, Auckland*

### **Link to conference theme**

Starship Hospital Simulation Program would like to reach out to other simulation programs who wish to easily and accurately keep track of simulation activity.

### **Aims**

To introduce conference attendees to a new, free online tool designed to keep track of:

- Faculty and participants attending a simulation based course
  - Including auto-notification and tracking attendee confirmation by email ± text message
  - Automatically emailing faculty relevant power point presentations and scenario templates
- Course timetables
- Which scenarios are to be run during a course
  - And checking which scenarios participants have previously completed, to avoid repeating scenarios, team building exercises etc.
- Faculty member roles - including lectures, activities and roles (e.g. debriefing, scenario director)
- Producing annual reports of simulation activity, as a whole institution, by department and for individual faculty members and participants
- Track total hours simulation time (and thereby lifespan) for each mannequin, including hours spent away for service, service costs and time spent on loan to other departments

### **Background**

A clinician at Starship became frustrated with

- Having to re-write scenarios because he couldn't remember which scenarios participants had previously encountered
- Participants forgetting to attend on the day
- Identifying appropriately experienced faculty from other departments

### **Intervention or activity**

A web based application was created

### **Outcomes**

Planning, keeping track of and producing reports for the simulation program is now easier and more accurate. We plan to use this (institutionally de-identified) data to create and publish models predicting mannequin cost and lifespan.

### **Conflicts of Interest**

None – this software is licenced under the GNU General Public Licence Version 3 (open source, free to use and distribute as long as code remains open source or 'copyleft').

## Concurrent Session 5B

**Saturday 15 October 2016, 1.20pm – 2.50pm**

## UNDER MY SKIN WITH LAERDAL SIMPAD MANIKINS

Lucas Tomczak<sup>\*1</sup>

<sup>1</sup> Laerdal Pty Ltd, Australia

This workshop is designed for SimTechs and those supporting Laerdal “SimPad Manikins” such as ALS Simulator, MegaCode Kelly and Resusci Anne Simulator. The hands-on workshop will cover basic maintenance and troubleshooting of the SimPad Manikins and participants will learn how to perform SimPad and Link Box upgrades and manikin firmware updates. Learn how SimPads, Link Boxes, Manikins and Patient Monitors all network with one another and learn the differences between software versions and why you should be running the latest version.

**AN INNOVATIVE APPROACH TO SOLVING SKILL DECAY IN REMOTE AND RURAL COMMUNITIES**

Jean Ker\*<sup>1</sup>

<sup>1</sup> *Scottish lead for Clinical Skills and Simulation, Scotland*

<sup>2</sup> *NHS Education for Scotland, Scotland*

**Specific objectives of the workshop**

At the end of this workshop participants will have

- Identified problems for healthcare practitioners in skill decay in remote and rural communities
- Participated in the use of “rip and mix” tool to develop potential solutions

**Rationale for the workshop**

Building resilience<sup>1</sup> in health care practitioners (HCP) skills in remote and rural communities<sup>2</sup> often requires input from those living in the community as well as an external catalyst. The mobile skills unit is one example of an innovative resilience building solution to the problem of skill decay.

However reaching out to remote and rural (HCP) communities has several challenges one of which is identifying and taking ownership of difficult issues such as skill decay. An effective way of developing potential solutions is to analyse a successful service or product and apply this learning to a different problem. This “rip and mix” approach<sup>3</sup> facilitates lateral thinking and as such promotes innovative and creative solutions to transform training support or services.

**Intended target audience**

Health care practitioners with some experience of using simulation in their teaching or training

Numbers: 30-40

**Optimal experience level of the participants**

Can be at any level

**Approximate workshop timetable**

Welcome and Presentation	10 mins
Identifying three problems for HCPs in the community	10 mins
Feedback from groups	10 mins
“Rip and Mix” exercise	20 mins
Feedback from groups	10 mins

**References**

1. McAllister M., McKinnon J., The importance of teaching and learning resilience in the health disciplines : a critical review of the literature Nurse Education Today 2009 ( 9) 371-379
2. NHS Scotland Remote and rural Report 2007 <http://www.gov.scot/Resource/Doc/222087/0059735.pdf> accessed 04052016
3. <https://openchangeideas.wordpress.com/tools-and-methods/3-2/> accessed 04052016

Architectural floor plan of a building with numbered rooms 1-11. The plan includes a Lecture room, Seminar, Tea Station, Store, Corridor, Breakout, and Plantroom. Rooms 1-11 are highlighted with red dashed borders. The plan also shows a Duct 1, Lift Lobby, and various service areas like restrooms and storage.

# EXHIBITOR LIST

	Stand Number
Abacus ALS	3
B-Line Medical	5
Laerdal	7,8
Limbs & Things	11
Mediquip	1
Pharmaco	4
Wolters Kluwer	6

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## EXHIBITOR LISTING

### ABACUS ALS

*Stand 3*

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Abacus ALS supplies a wide range of simulation, clinical skills trainers, and healthcare education products. Our range includes Gaumard, Ambu, Simulab, Koken, Adam Rouilly, and Somso.

## **B-LINE MEDICAL**

### *Stand 5*

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Contact: Jason Lewis

B-Line Medical systems provide healthcare educators and clinicians with innovative video-driven solutions to effect real and immediate improvement in the delivery of care

## **LAERDAL**

### *Stands 7, 8*

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Laerdal is dedicated to our mission of Helping Save Lives. For more than 50 years, Laerdal has remained a world leader for training, educational and therapy products. By implementing what has been shown to work within resuscitation research, patient safety, and our global health initiatives, we believe we can help save 500,000 more lives, every year.

## **LIMBS & THINGS**

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Limbs & Things is a leading healthcare simulation manufacturer committed to improving patient outcomes by facilitating realistic learning experiences. The company works in close collaboration with clinicians to research, design and create products that enable clinical educators to deliver curriculum requirements, bringing greater confidence and competence to healthcare professionals worldwide

## **MEDIQUIP**

### ***Stand 1***

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Mediquip has been committed to the sales and service of Biomedical Equipment and Consumables for more than 30 years. Our success is built upon the simple ability to supply reliable products, efficiently and effectively. Performance, quality design and durability are the qualities we look for in all healthcare equipment, and are the distinct hallmarks of the companies we represent.

Our partnership with CAE Healthcare was seen as a natural progression and the relationship has been developing rapidly from day one. CAE's superior quality, highly technical range of patient and surgical simulators fit firmly within our product portfolio.

## **PHARMACO (NZ) LTD**

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Pharmaco Emergency Care is a leading supplier of emergency care, resuscitation and trauma products. Since 1999, we have supplied quality, cutting-edge medical supplies to those on the 'frontline' of healthcare, including emergency services, search and rescue, military and educational organisations. Through our heartfelt belief in combining the very best technologies with educated minds, skilled hands and caring hearts, we help to improve patient care and outcomes.

## **WOLTERS KLUWER**

### ***Stand 6***

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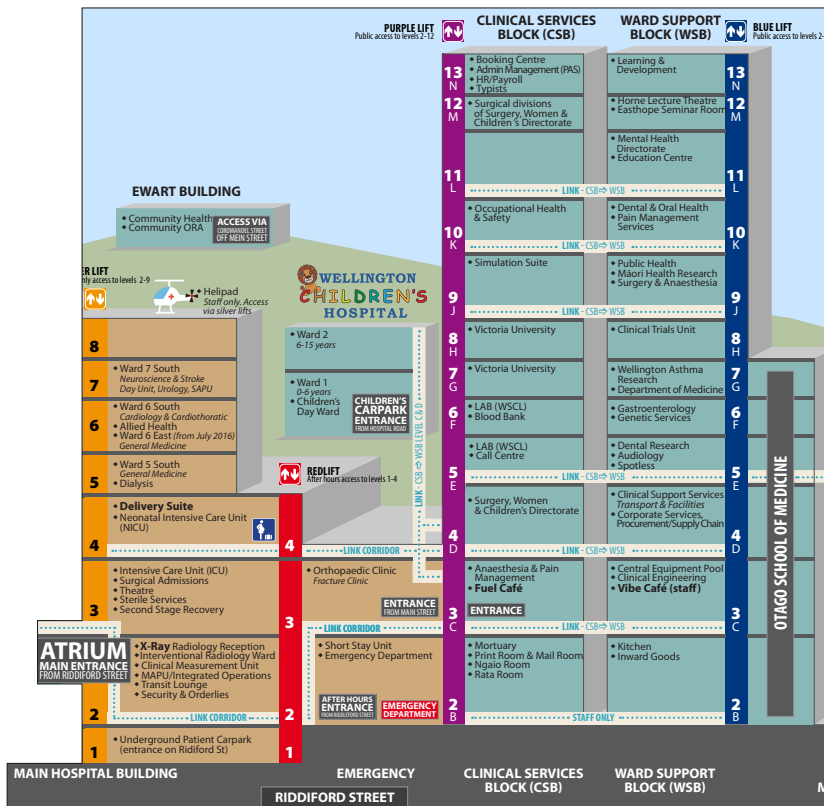
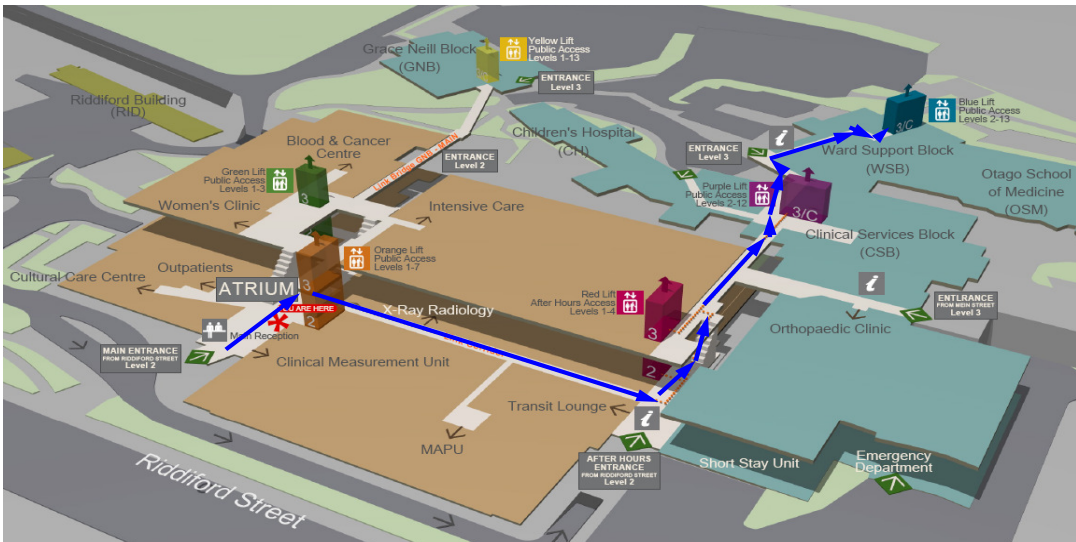








DIRECTIONS TO C&C DHB LECTURE THEATRE EASTHOPE AND HORNE  
LEVEL 12, WARD SUPPORT BLOCK **WSB BLUE LIFT**



## LIFTS

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