A PROFESSION-WIDE COLLABORATION TO EMBED ROLE-PLAY SIMULATION INTO AUSTRALIAN ENTRY-LEVEL PHYSIOTHERAPY CLINICAL TRAINING


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Background: Simulated learning environments may offer particular educational advantages over a traditional ‘real’ clinical setting. Simulation training maximizes learning by guaranteeing provision of learning experiences that can be written to suit specific educational needs. For example, scenarios can be scripted to focus on specific conditions using pre-planned learning strategies or can be extended to include specific safety or emergency issues that may only occur infrequently in the traditional clinical setting. Carefully planned simulation environments can also provide structure and a guarantee of equity of experience for all students. Health Workforce Australia (HWA) (an Australian Government organisation) has funded a consortium of 16 Australian physiotherapy programs to undertake a project to embed simulation into physiotherapy clinical training across Australia in 2014 and 2015.

Purpose: This project aimed to embed a sustainable 5-day model of role-play simulation into 16 Australian entry-level physiotherapy clinical programmes as a substitute for a proportion of traditional clinical placement time. A coordinated collaborative approach was taken, with the aim of encouraging profession-wide support. The project provided each physiotherapy program with the physical resources, simulation scenarios, staffing experience, expertise and enthusiasm to enable simulation training to be a sustainable clinical teaching approach into the future.

Methods: The project has been coordinated and managed by staff from Curtin University (Perth, WA) with oversight from HWA, the Council of Physiotherapy Deans (CPDANZ) and the Australian Physiotherapy Council. Throughout the project, senior academic staff from each of the 16 Physiotherapy Schools have participated in monthly teleconference meetings to discuss all aspects of planning and implementation, with all decisions made collaboratively. In the planning phase, smaller Working Parties also met to plan key aspects such as scenario development and evaluation methodology. Scenario development teams, with representatives from each of the states, developed scenarios for cardio-respiratory, neurological and musculoskeletal clinical areas, suitable for students at varying stages of training. This involved considerable discussion and some resolution of differing treatment approaches. A collaborative manual detailing how to set up and run clinical simulation units has been developed, including detailed timetabling, set-up requirements and simulation teaching techniques.

Results: The project to date has been a very successful collaboration between the participating Universities. The group has developed more than 40 simulation scenarios. Professional development in facilitating simulation training has been provided for many physiotherapy educators around the country. Suitable environments for simulation training have been set up and equipped at each of the Universities. Simulation training has been implemented for more than 900 students to date and it is envisaged that approximately 1900 students will participate in the project before it is completed. Comprehensive data have been collected on all aspects of the project. Each University is looking at ways to continue to use simulation training into the future.

Conclusion(s): This project has successfully embedded simulation into clinical training in 16 of the 19 physiotherapy Schools across Australia.

Implications: The project has demonstrated that simulation is an effective addition to traditional clinical training and also that a significant new teaching approach can be successfully implemented across a profession using a collaborative approach.

Keywords: Simulation; Collaboration; Australian

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Ethics approval: Ethical approval has been provided by the Human Research Ethics Committees of each of the participating Universities.

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