



Clinical Training & Workforce Planning Summit

A Mobile Simulation Unit: Taking Clinical Training to Learners Across the Grampians Region

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Grampians Region



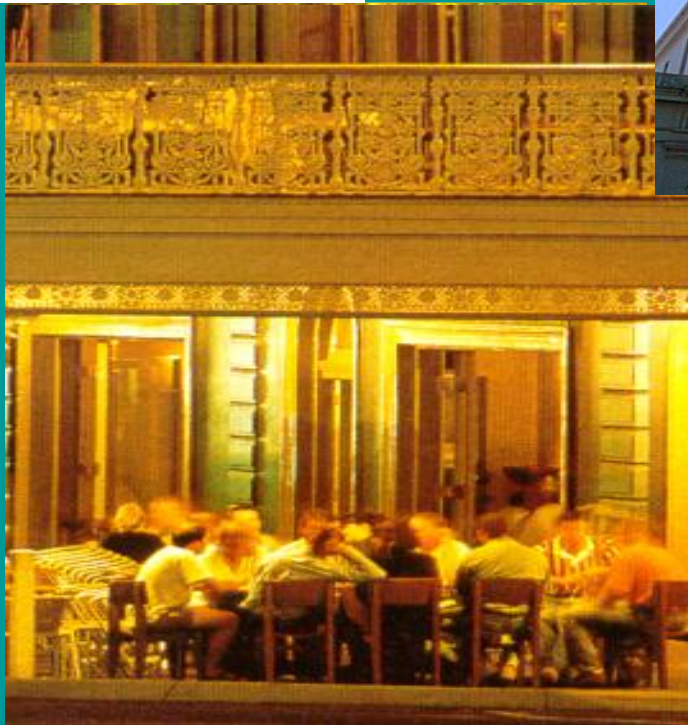
The population of Moorabool Shire is projected to increase by 30% between 2010 and 2022, while the population of Hindmarsh is projected to decline by nearly 6%. 52% of the population are overweight or obese. 56% of the population are non-smokers. 6.3% of the population are unemployed.

DoH website accessed 16/8/12

The Context of Our Regional Workforce

- 3,500 Nurses, 410 Medical Practitioners, 756 Allied and Oral health professionals employed in the region
- Majority work in the public health system
- Average age of an RN is 47 y.o
- Average of a Midwife is 52 y.o
- Nursing placement days from our two major universities in the region in 2010=17,762 in 2013= 31,807
- A 79.1% growth, 43.9% of this growth will occur in Ballarat, 56% in the rest of the region

Ballarat Victoria





Ballarat Health Services

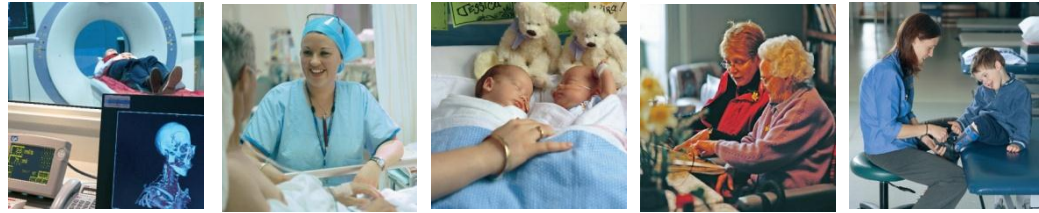


BHS Workforce

- RN/RM 1139 EFT
- EN 190 EFT
- 71% of our nursing workforce is part time
- 7% of our current acute nursing workforce are EN nurses

Shared Workforce Experiences

- **Ageing Workforce**
- **Advanced Medical Technology**
- **Increased consumer expectations**
- **Women returning to the work force part time**
- **Recruitment and retention of health care workers**
- **Redefined work life**
- **Increased options for school leavers**
- **Distance**



- Nationally the health care system is experiencing major reform
- Priority areas highlighted in the NHHRC 2009 report outlined the need for “modern learning” and “supported health workforce” encouraging “innovation in education and training”
- Health workforce statistics coming published by HWA indicate we may experience limitations in the delivery of high quality health services as a consequence of workforce shortages
- It is predicated that our shortfall may be as high as 109,000 nurses and 2,700 doctors by 2025
- The mal-distribution of the health workforce resulting in less accessible services for Australians living in rural, remote and outer metropolitan regions
- The Health Workforce 2025 (HWA 2012) report also identifies the bottlenecks, inefficiency and insufficient capacity in the training system, especially for doctors; and nurses will contribute to less school leavers choosing a health careers
- What is clear that continuing to use the same policy parameters and models to deliver health services and health practitioner undergraduate programs into the future may not be sustainable.

AHWI (2010), HWA, (2012)

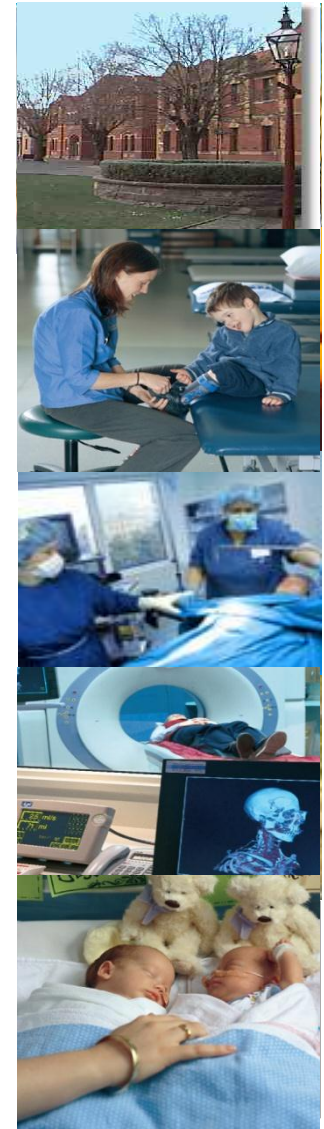
Clinical Placement

- Clinical Placement can be defined as the “supervised practice component of health practitioners education” HWA, (2011)
- Active campaign to increased numbers
- High quality experiences across expanded settings
- Removal of Caps within Higher Ed



What do students say?

- Transition into the unfamiliar health environment can be frightening (Morgan 2002)
- The clinical setting is complex and learning may be engaged or disengaged (Newton, Jolly, French, Ockerby, Cross, 2010)
- Not necessarily a favourable place to learn (McKenna, French, Newton, Cross, Caronnel 2007)
- Students report not being valued, that staff don't understand their learning needs



Developing confident and competent practitioners

- Work Readiness
- Transition from student to early entry practitioner relies on the support of current staff
- Staff churn costs money
- Retaining the early entry workforce is in our best interest





So what are we to do with increased demand, rising expectations on capacity and a potential workforce that doesn't match our needs?

- Make it Accessible
- Make it Real
- Link it to what we already do
- Use the talent we have
- Manage Risk
- Use the Grampians CPN as a catalyst
- Build Organisational resilience



- What do you the public expect of a health practitioners?
- Knowing that we need to allow novice/student health practitioners to practice their art are you willing to make allowances for learning?
- How far would you be willing to go?

The goodness level of 99% equates to:

- 130,000 incorrectly delivered or lost articles of mail *per day* (Aust Post)
- Unsafe drinking water for 14 minutes each day
- 400 incorrect surgical operations *a week* (Aust Hospitals)
- 2 short or long landings at most major airports *each day*
- 5000 wrong drug prescriptions *each year* (Aust PBS)
- No electricity for 7 hours *per month*
- 56 newborns given to the wrong parents *every week* (Aust Hosp)

Is this acceptable?

The goodness level of 99.9% equates to:

- 13,000 incorrectly delivered or lost articles of mail *per day* (Aust Post)
- Unsafe drinking water for 1.5 minutes *each day*
- 40 incorrect surgical operations *per week*
- 2 short or long landings at most major airport *each week*
- 500 wrong drug prescriptions *each year*
- No electricity for 1 hour *per month*
- 6 newborns given to the wrong parents *every week*

Is this acceptable?

Risk in health care is real

- Working in a paradox system
- Optimise the relationship between humans and the systems with which they interact
- Stop counting negatives

1 out of 13 encounters in
Healthcare becomes an adverse
event.....

- What makes the other 12 go well?
- The error is not the useful target for intervention
- Enhance the capabilities of individuals, teams and the organisation to make it go right!!!!!!

Encourage a high standard of accountability



Simulation was our opportunity



HWA



- Health Workforce Australia is a National Agency agreed by COAG in 2008
- HWA is all about finding solutions that effectively integrate workforce planning, policy and reform
- Simulated Learning Environments National Project focused on enhancing the capacity of clinical placements through the use of simulation





- Simulation can afford opportunities of exposure to clinical situations
- Encourage high standard of accountability
- Performance consistent with values
- Repeat and rehearse in a safe environment
- Safeguard patient / client safety
- Requires alignment of national developments with regulation
- Build capability in staff



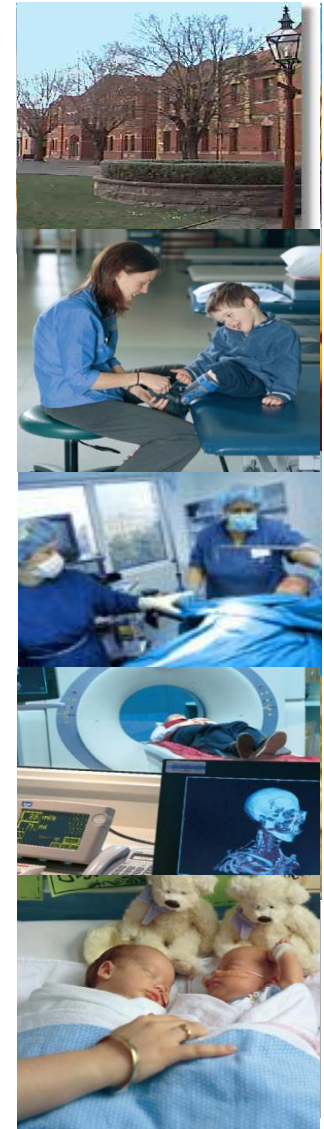
Simulation Replacement Hours

- Florida - 25% of clinical hours
- Texas - 30% soon to be up to 50%
- UK - 300 of the 2300 clinical placement hours can be simulated
- Australia/Victoria??????????



Learning together to work together

- Clinical placement in isolation
- Simulation creates the potential to learn inter-professionally
- IPL - “occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care (CAIPE,1997)
- Global enthusiasm for IPL approaches that directly relate to better outcomes for patients and the reduction in adverse outcomes (WHO 2010)





\$ to support the innovation

- Grampians CPN applied and was successful for SLE project money

'If we are to achieve results never before accomplished, we must expect to employ methods never before attempted'

(Francis Bacon)





Grampians Mobile Simulation - SimVan



 **EMLEC Mobile Simulation Lab**
1149 MEds Emergency Medicine Education



EMERGENCY MEDICINE
EDUCATION

emlrc mobile simulation lab

Simulation

BREATHING LIFE INTO RURAL HEALTHCARE EDUCATION







Transparent PIXY



Take a breath and consider.....

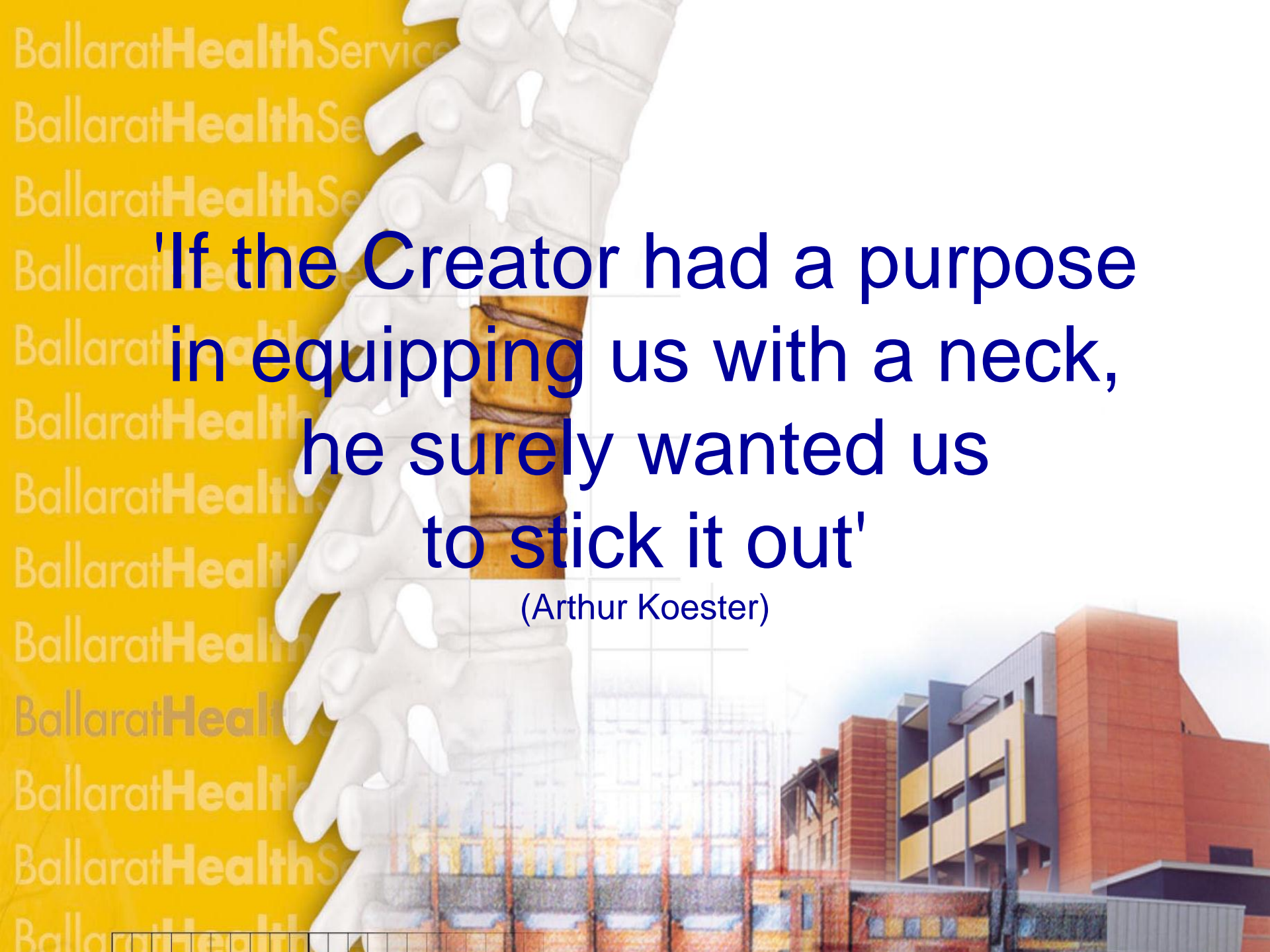
- Faculty preparedness and competence to teach using simulation
- Partnerships between industry and Education providers
- The degree to which learning in a simulated environment and its transference to practice is still under consideration
- Adoption of technology is considered contemporary however caution lies in the quality of its use



Outcomes

- Inform future programs
- Increase geographical access
- Potential to reduce strain on health care settings
- Creative use of technology
- Further work required on the extent of application
- Fewer Errors
- Job Satisfaction





**'If the Creator had a purpose
in equipping us with a neck,
he surely wanted us
to stick it out'**

(Arthur Koester)