Record of meeting

Attendees
Steve Kozel, (welcome only)
Rachel Altman, Interim Chair
Janet Beer, Western Health
Susan Walker, Australian Centre for Health Innovation
Geoff Solarsh, Monash University
Charlotte Sale, RMIT University
Angela Chang, Health Workforce Australia (proxy for Juleen Campbell) – TC
Lesley McKarney, La Trobe University
Leone English, Victorian Simulation Alliance
Tracey Bland, La Trobe Regional Hospital (Proxy for Amanda Cameron) – TC
Denielle Beardmore, Ballarat Health Services
James Brooks-Dowsett, Secretariat

Apologies
Peter Morley, Melbourne Health
Judi Walker, Monash University
Julian van Dijk, St Vincent’s Hospital

Observers
Penelope Watson, Department of Health
Decisions and actions

Item 1 Welcome and business arising

Steve Kozel attended the beginning of the meeting, to welcome members to the inaugural Simulation-Based Education and Training (SBET) Expert Advisory Group (EAG) meeting and thank members for their participation.

Rachel Altmann welcomed members and proxies to the meeting and explained the dual remit of the SBET EAG is to support and facilitate where possible:

1. Achievement of the objectives of the Victorian Strategy for the Development of Simulation-Based Education and Training 2012-2015 (the SBET Strategy) by progressing jurisdiction priorities, with a focus on access and distribution.

2. Implementation of the Health Workforce Australia (HWA) Simulated Learning Environments (SLE) Program in Victoria through coordination and management of current and future funded SLE projects.

Rachel advised the goal of the day, time permitting, is to agree on key priorities for the SBET EAG going forward.

Item 2 Meeting administration (2:10pm)

a. Terms of Reference

Terms of Reference Section 2. Role and function

Members expressed concern the statements under Section 2. Role and function of the Terms of Reference (ToR), particularly the statements at Items 2.2 and 2.3, were too broad and did not sufficiently describe the activity and outcomes the SBET EAG is being tasked to achieve.

Leone English stated the current description at Item 2.3 is very similar to the work and activities already being progressed through the Victorian Simulation Alliance (VSA). It is important to differentiate between the work of VSA and the SBET EAG to avoid duplication of effect and investment.

Geoff Solarsh agreed there was a risk of overlap considering the current description at Item 2. Role and function, suggesting there would be value in being specific on the desired activities of the group.

There was general agreement between members on these points, with several members querying what the Department of Health’s (the department) expectations were regarding the level of work which would be required of members, and if there was funding to support any work of the SBET EAG.

Susan Walker queried if there were any resources available to support the work of the SBET EAG.

Rachel Altmann advised the focus of the group should start with the objectives of the SBET strategy and the intention of the ToR statements was that the SBET EAG would support the realisation of the operational goals in achieving these objectives.

Rachel clarified there is opportunity to access some funding (possibly for a review or consultancy) noting any request for funding would need to be in the context of the priorities to be determined by the SBET EAG.

Following further discussion with members on these points, Rachel advised the department would redraft Section 2 of the ToR to reflect the comments and supply a revised draft ToR with the meeting minutes.

ACTION ARISING: the department to redraft Section 2 of the ToR to better reflect the role and function of the SBET EAG, and specifically:

- Remove information at Item 2.3
- At Item 2.4 include a statement on ‘sponsorship of outside work’ together with information on the funding of $60,000 available to support the SBET EAG achieve it’s work.

**Minimum quorum**

Tracey Bland suggested the ToR should include a statement of what the minimum attendance should be to proceed with a scheduled meeting.

Members discussed and agreed the minimum number seven (50% of total membership, plus 1), with either the nominated Chair or Deputy Chair being present.

**ACTION ARISING:** in the new draft ToR the department will include a statement that participation of seven members is the minimum attendance to proceed with a SBET EAG meeting; and that a meeting will not be held without the attendance of at least the nominated Chair or Deputy Chair.

**Evaluating the SBET EAG function**

Susan Walker queried how the SBET EAG will be evaluated and if there are any mechanisms in place to measure it’s operation and efficacy.

Rachel Altmann advised the EAG will be evaluated in the context of the Victorian Clinical Training Council (VCTC), noting the department surveys all healthcare stakeholders as part of measuring the awareness and perception of the VCTC and Clinical Placement Networks (CPNs), and suggested inclusion of a question regarding the SBET EAG in this process.

Susan Walker suggested a complementary approach could be to self-regulate through a traffic-light reporting tracking of activity, following establishment of the SBET EAG priorities for Victoria.

Charlotte Sale suggested part of the EAGs performance measure should be all Members attend (or provide a proxy) for 75-80% of scheduled meetings.

Members agreed that these suggestion were reasonable, noting the need to further discuss evaluative measures following discussion of the SBET EAG priorities for Victoria.

**ACTION ARISING:** in the revised draft ToR the department will include a statement on how the successful function of the SBET EAG with be assessed, including the suggestions above.

**b. Conflict of Interest Declaration**

Rachel Altmann reminded members to provide completed and signed copies of the supplied Conflict of Interest Declaration (additional copies provided at the meeting).

**c. Forward meeting dates / schedule**

Members discussed and agreed the SBET EAG should meet every two months, on the 3rd Wednesday of the month, with an option for additional exceptional meetings as required.

**ACTION ARISING:** the department to provide a forward meeting schedule for consideration by the group before the next meeting.

**d. Additional membership**

Janet Beer sought support for inclusion of a second project representative as a member of the SBET EAG.
Rachel Altmann confirmed the call for nomination was for a single representative only of SLE program projects. This arrangement has been endorsed by the VCTC and will remain in place for equitable representation on the SBET EAG. Each project has the responsibility to determine who the appropriate representative should be.

**e. Chair and Deputy Chair nominations**

Rachel Altmann advised nominations for the Chair and Deputy Chair roles will be open for a week following the meeting. Members were asked to provide nomination for the roles as two separate nominations.

At the end of the week period, members will be advised the nominations for the two positions and provided a week to advise their vote to the Secretariat by phone or email.

The results of this process will be advised with the meeting minutes.

*ACTION ARISING*: members to provide their nominations and subsequent voting in the timelines described.

**Item 3 Invitation to members to provide an update on Victorian SBET initiatives they are involved in (3:00pm)**

Rachel Altmann invited members to provide an update on their SLE project or other SBET activity they are involved in, requesting members be conservative with their updates due to the time constraints of the meeting.

Denielle Beardmore provided an update on the SimVan SLE project. This mobile model provides SBET across the Grampians Clinical Placement Network (CPN) area.

The training provided is aimed at student and intermediate level learning, with some advanced. The project has seen significant increase (79%) in student placements since inception, and is providing training for nursing, medicine and allied health students.

The project has been in place for two and a half years during which time it has seen an increase in regional placements and first-time practice placements as well as increased capability in staff involved in clinical training.

There are three staff attached to the SimVan, however there is flexibility in provision of staff and van as staff (technical and educators) can be provided separate of the van.

Provision of service is supported by five strategic asset hubs around the area which builds flexibility and facilitates access.

Strong linkages with the two main nursing universities in the area has supported the growth of the project with the service currently booked out five days per week, with some participants now purchasing the SimVan training/services.

Lesley McKarney provided an update for Hume Simulation Alliance, a Community of Practice (CoP) of SBET users with a focus on those located across the Hume CPN.

The resource list of educators and equipment capitalises on available equipment in the area, with a focus on Diploma of Nursing students.

The new SLE project is a collaboration of University of Melbourne, Charles Sturt and La Trobe universities and focuses on eight small rural hospitals in the area, with educators doing more outreach than in-reach activity.
Leone English advised the Victorian Simulation Alliance (VSA) is a multidisciplinary CoP modelled on the Californian model (considered internationally as good practice). With over 350 members it provides a range of activity and support, including: supporting SBET entry to profession; providing opportunities for networking; provide education and support for Simulation Educators; developing validated resources, maintaining a library of those developed; has a research committee which is progressing, amongst other activity, research for HWA; and is connected with the Californian Alliance.

Recent activity includes development of a statewide simulation facilitator network intended as a reference point for trained facilitators to access work, both as a program support and help trainers and facilitators maintain their skills.

People’s availability and program costs have been barriers to this work. As reported in the US, it is hard to maintain a CoP without ongoing funding.

Another activity in place is the Sim Centre which supports other projects’ sustainability. However there is an identified need for establishment and sharing of good practice business models for a sustainable sim centre business.

Rachel Altmann noted the SBET EAG may have a role in looking at good practice for sustainability of projects beyond initial funding.

Tracy Bland advised the Bairnsdale site is a hub and spoke model and provides outreach SBET in East Gippsland, Latrobe Regional Hospital provide SBET facilities for the Gippsland region. The new partner in the Expansion project, Latrobe Community Health Centre, have an allied health focus and record student interviews with simulated patients and use the recording during debrief sessions.

Angela Chang provided an update on the HWA Embedding Simulation into Clinical Training in Physiotherapy project.

HWA has secured commitment from 17 of the 19 physiotherapy training programs across Australia to participate in the program. It builds of the findings of two randomised control trails, whose results were published at the end of last year. This project will start from 2014.

Investigation into the feasibility of using substitution methods for Simulated Learning Environments projects for Nursing and Occupational Therapy clinical training is also underway.

Angela noted a similar body of research work was progressed for paramedicine last year, unfortunately the data quality was not comparable and the project concluded without producing usable data / results.

Angela offered to provide a project summary for the suggested Embedding Simulation into Clinical Training in Physiotherapy project.

Janet Beer advised the ‘Achieving the Best for the West’ project is a union of the activities provided through the STRIPE and CREST projects previously operated separately. Members advised they were familiar with the CREST project and were keen for an update on the activity of STRIPE.

Janet advised the first stage achieved 72 students, -9hrs simulation per student; the second stage was 66 students with 2.5hrs per student.

The third phase is underway and focuses on nursing and physiotherapy students (75% undergraduate and 25% graduate students). Medical is not currently a discipline focus in this phase due to some engagement issues experienced to date under the earlier stages of the project.

Geoff Solarsh advised the Loddon-Mallee SLE project A sustainable Simulation Learning Environment for the Loddon-Mallee Region in Victoria is a distributed network of training sites built around two hubs. The ambitious first phase of the project aimed to provide training across the Loddon-Mallee CPN through a multi-institutional collaborative model which capitalised on available resources.
In the second phase the hubs are located at Latrobe, Monash and TAFE sites in Bendigo with a modified prescribed student mix; 80% undergraduate students, 20% graduate students.

The distributed training responsibility model has been retained and a particular interest of the project is undertaking a mapping project to determine where training is currently delivered to meet the needs of junior doctors.

This ‘continuous clinical skills curriculum activity’ mapping skills / training needs across first three year of medicine could inform the broader simulated learning methodology substitution agenda of the HWA SLE program. The activity involves all rural medical schools in the area.

Susan Walker provided an update on the Australian Centre for Health Innovation which has a physical simulation centre equipped with simulation IT, which is accessible by professional entry students, health professional students and other clinical education stakeholders.

The centre currently provides services to the Southern Metropolitan and Mornington Peninsula CPNs including an assets hub (booking) which supports the physical supply of assets; sharing of information and resources; and provides advice on the national standards.

Other activities being progressed by the centre include: working with the Alfred School of Nursing to produce an online learning tool for nursing students; and assisting health services in planning and business change (e.g. virtualised service modelling).

Susan advised she is also a Simulation Australia board member.

Charlotte Sale provided an update on the 3D Simulation Environment project, modelled on ‘2nd Life – Virtual Hospital’.

The previous project activity was to develop a 3D platform for standard communication scenarios which would provide virtualised education and training in a cancer-care, patient setting. There were some issues experienced in delivering the activity in a clinical setting, mostly concerned with IT barriers (e.g. localised firewalls).

The current project takes the training activity back to a university setting with the aim or embedding it as a preclinical training requirement. The partnership between Monash and RMIT looks to provide the simulated training to an expanded selection of student disciplines (i.e. not just radiotherapy).

**ACTION ARISING:** the department to provide project description for each of the SLE projects, including the HWA Embedding Simulation into Clinical Training in Physiotherapy project

**Item 4  Presentation from the department (3:40pm)**

a. **Departmental Structure and the role of the Victorian Clinical Training Council**


This Item was not discussed due to time constraints. Members noted the hardcopy reference material provided, and agreed to consider the following documents as read:

- Victorian Clinical Training System Governance Framework
- Department of Health Senior Management organisation structure
- Health Workforce Branch structure chart
- Education and Training structure chart
Item 5 Discussion question: what should be the priorities for SBET in Victoria over the next 12 months? (3:45pm)

Members agreed there was not enough time left in the meeting to properly consider and explore the question. Consensus was reached that the next meeting should be brought forward to November and be primarily committed to discussion of this question.

Members raised concern that in considering the level of achievement of the SBET strategy objectives to date, it may be hard to provide objective comment without knowing the complete picture of SBET activity undertaken to date across Victoria, with a risk feedback will be anecdotal or impressionistic.

Rachel Altmann reaffirmed the departments belief the members represented an appropriate selection of statewide SBET experts to provide considered and informed advice in progress against the SBET Strategy objectives, noting the Eastern Metropolitan CPN is the only area without local representation on the SBET EAG, which members may wish to keep in mind in these discussions.

Item 6 Forward Agenda items

Rachel Altmann suggested the inclusion of ‘Accreditation’ on the agenda, which could encompass the inclusion of simulated learning methodologies in curriculum or accreditation standards, as well as the training needs simulation educators or facilitators.

Susan Walker stated she needed to declare she has been contracted to Simulation Australia for work on accreditation – noting the group to progress this work has not yet convened, and will not have before the planning EAG meeting in November 2013.

Leone English suggested the need to align the focus of the SBET EAG with HWA’s work and strategic priorities, querying HWA’s priorities are for accreditation and if targeting any particular disciplines first for this work.

Angela Chang agreed to provide summary of HWA’s strategic priorities under the SLE program

Rachel Altmann suggested this conversation be progressed at a future meeting, considering HWA and national Program Leads are meeting at the end of the week.

ACTION ARISING: HWA will provide a summary of HWA’s strategic priorities under the SLE program and the department will provide an update on relevant outcomes from the meeting between HWA and national Program Leads at the next meeting.

Item 7 Other business

Nil

Meeting closed

The meeting closed at 4:00pm. The next meeting is scheduled for:

2:00-4:00pm

Wednesday 27 November 2013