Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education

April 2024

Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Send the completed response template to AC_consultation@ahpra.gov.au using the subject line '*Feedback – public consultation on good practice guidance for clinical placements, simulation-based learning and virtual care*'.

Submissions are due by close of business (AEST) 21 June 2024.

Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Accreditation Committee's website to encourage discussion and inform the community and stakeholders about consultation responses.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested. If you do not wish for your name and/or organisation's name to be published, please use the words **'Confidential submission'** in the subject title when emailing your submission.

Initial questions
To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.
Question A
Are you completing this submission on behalf of an organisation or as an individual?
Your answer: ☐ Organisation Name of organisation: <u>Click or tap here to enter text.</u> Contact email: <u>Click or tap here to enter text.</u> ☒ Myself Name: Nathan Oliver Contact email: ██████████████
Question B
If you are completing this submission as an individual, are you: ☒ A registered health practitioner? Profession: Nursing ☐ A member of the public? ☐ Other: <u>Click or tap here to enter text.</u>
Question C
Would you like your submission to be published? ☒ Yes, publish my submission **with** my name/organisation name ☐ Yes, publish my submission **without** my name/ organisation name ☐ No – **do not** publish my submission

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Your responses to the consultation questions

1. Do you have any comments on the good practice statements in the guidance?
Please add your comments to the following table and add a new row for each good practice statement you have a comment for.

Guidance	Good practice statement	Comments or suggestions
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	1. They have a degree of realism. That is: • they are realistic[21,24] and prepare students for real world practice • the degree of realism of the simulation (also called 'fidelity'[25]) is enough to enable the student to learn the capability being taught (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)[24] • they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.) • they are used to complement traditional teaching methods, such as clinical placements[21]	This is overly wordy would benefit from some increased clarity. Suffice to say that: *"Simulation activity should be designed to address the intended learning outcomes of the exercise and constructed to align functionally with the level of fidelity (be it physical, environmental, functional, psychological) necessary in meeting the learning outcomes."*
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	2. They are tailored and scaffolded to the student's level of knowledge, and appropriate to their learning needs and the expected learning outcomes[21,26,2]	Perhaps add reference to Vygotsky's 'Proximal Zones of Learning' or Guadagnoli's 'Challenge Point Framework'. Both of these highlight the requirement to ensure the challenge level is appropriate for the learner.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	3. They are demonstrated to result in greater student satisfaction in their learning	With respect, this seems an extremely narrow and short-sighted measure to have standing alone. Satisfaction is very important, but so is knowledge acquisition and clinical impact – which are both seen within simulation literature.

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Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	4. They include several different technologies, techniques, modalities and scenarios across the students' education program, enabling them to progress through more complex and more emergent patient presentations	I'm not entirely sure what this means exactly. It could suggest that effective simulation *should* or *must* include different technologies, modalities and scenarios longitudinally across a program. However simulation is not a technology, it is a technique (Gaba, 2007). The technique may or may not engage in a variety of methodologies in meeting learning outcomes of which simulation has an wide variety of approached (VR, part task trainers, simulated patients, scenario based etc)
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	5. the simulation-based learning integrates briefing and debriefing into the simulation activity21,2	Immersive scenario based simulation certainly does, however other approaches of simulation may or may not to the same degree. I would remove or clarify this point.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	6. they promote active learning experiences. That is: • they require students to actively participate21,26,28 • they enable students to collaborate with health practitioners and students from other professions27 • they give students multiple opportunities to practice the same task, if possible21,28	As per statement 1, it feels right but it seems wordy and may become confusing. For example: - Does every simulation require all students to actively participate? Many immersive simulation scenarios has a few learners in the room with a group 'actively' observing nearby. This pivots of Bandura's social cognitive theory. - Collaboration with other professions. Yes! But not always. Barr (2007) espouses that there are times for siloed training as well as times for IP training. This would include sim I would say.

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2. Are there any other evidence-based good practice statements that should be included in the guidance?

I would recommend considering some other standards, statements, and guidelines in the development of these:

1. Diaz-Navarro, C., Armstrong, R., Charnetski, M. *et al.* Global consensus statement on simulation-based practice in healthcare. *Adv Simul* **9**, 19 (2024). https://doi.org/10.1186/s41077-024-00288-

2. Diaz-Navarro C, Laws-Chapman C, Moneypenny M, Purva M. The ASPiH Standards - 2023: guiding simulation-based practice in health and care [cited 2024 June 20]. Available from ASPiH Standards 2023 – ASPiH.

3. Healthcare Simulation Standards of Best Practice™ (inacsl.org)

4. CoDH-ARU-Simulation-in-Nursing-Education-Executive-Summary-Jan-2024.pdf (councilofdeans.org.uk)

3. What information could the committee provide that would help National Scheme entities implement the guidance?

4. Do you have any general comments or feedback about the guidance?

The literature is strongly suggestive that simulation can promote a quicker and safer transition from novice to competent practitioner by transferring the steep part of the learning curve into the simulated environment (Dieckmann et al., 2009; Eppich et al., 2016; Fanning & Gaba, 2007).

There is evidence for the application of simulation for:

- Improving patient safety (Rall & Dieckmann, 2005)

- Development of communication skills (Blackmore et al., 2018)

- Enhanced team working (Oxelmark et al., 2017)

- Inter-professional practice within complex healthcare systems (O'Shea et al., 2019)

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I applaud AHPRA's attention to drafting this guidance piece to good practice in simulation and see it as potentially a highly significant piece in shaping the future generations of out healthcare workforce.

I would be happy to work alongside the AHPRA team in further iterations of this piece.

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