AusPublic consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

████████████████████████

Contact email: ████████████████

☐ Myself

Name: █████████████

Contact email: █████████████████

Question B

If you are completing this submission as an individual, are you:

☒ A registered health practitioner?

Profession: Dentistry

☐ A member of the public?

☐ Other: Click or tap here to enter text.

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* ☐	Context: Clinical placements help students translate the theoretical knowledge and skills they learn into practical skills and professional attributes they can apply safely in the workplace.	Suggest broadening out the scope of this context statement to take account of the importance of health profession education to facilitate being (development as a person and a practitioner) as well as knowing and doing. Scope of practice relative to student education should be clarified. Education aligned to scope of professional applicability of virtual care. Update broken web link to Telehealth guidance in draft guidance document Integration with existing modules of communication, cultural safety, professional practice, interdisciplinary practice, as opposed to a stand-alone course within a compacted program. Clear guidance on educator training requirements – part of compliance? Future students need to have a basic understanding of emerging technologies, their potential, and limitations, especially with their integration in dental education and clinical practice: https://onlinelibrary.wiley.com/doi/full/10.1111/eje.13009 There also needs to be consideration of the use of AI assisted technologies in providing advice to patients as well as in the future assist in diagnosis and treatment planning virtually. Please check the WHO's virtual health assistant, S.A.R.A.H, capable of providing health advice (including oral health) 24/7 in eight languages to the general public: https://www.who.int/campaigns/s-a-r-a-h
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Context: Students value learning experiences in clinical placements that allow them to immerse themselves in the clinical environment, spend time with patients, perform patient assessments, observe other health practitioners at work and develop an understanding of real-world clinical practice and their role within it.	In dentistry and oral health, students become involved in the supervised care of patients. Thus, suggest that this statement should acknowledge that experiential learning through the supervised care of patients is routine. The broader context within which healthcare operates should be acknowledged here alongside the 'real-world' practice

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Context: They also value placements that enable them to gain independence and confidence and develop skills in communication, critical thinking and reflective practice.	These individual employability skills are worth mentioning. Independence should be seen in the context of being able to work productively with others and interprofessionally.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Context: Clinical placements should help students meet their learning outcomes such as clinical skills, communication skills and student confidence and resilience.	Students learn more than clinical skills, communication skills, confidence and resilience on placements. This statement could be reworded to reflect that the skills and attributes listed are examples.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Context: Providing placements in diverse settings, using a placement model that suits the work context and longer, more continuous placements may enhance student learning from clinical placements	The statement that longer and more continuous placements are preferential is not necessarily true for dentistry and oral health. Valuable student learning can occur from short and specialized placements, eg over one day.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Context: Clinical placement governance and arrangements should encourage healthcare providers and education providers to collaborate when developing and delivering clinical placements. The quality of clinical supervision, and supporting student health and wellbeing while on placement, are key to enhancing student learning while on clinical placement	Agree with the essence of this statement. Suggest rewording: The quality of clinical supervision, and student health and wellbeing support while on placement, are key to enhancing student learning while on clinical placement
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 1. experience variety in their placements	The variety of placements should be linked to the program learning outcomes and professional accreditation requirements

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 2. are provided with extended clinical placements in the same setting to allow them to experience continuous patient care and observe the outcomes of treatment, where possible and if benefits to student learning outcomes are likely	As stated above this statement implies that shorter placements have diminished value, however this is not the case for clinical placements in oral health and dentistry. Both breadth and depth are relevant. Both short and extended placements have benefits
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 3. are provided enough time to participate in clinical placements throughout their program of study to achieve the capabilities they need for safe practice	By referring to 'time', this statement could be taken to mean that over time, students will develop safe practice and that clinical placements, rather than the entire curriculum is what's needed for students to achieve the competencies expected of a beginning practitioner
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 6. support students to develop their communication skills, including communicating with patients/families/guardians and carers, as well as interprofessional communication skills • allow students to collaborate with health practitioners, patients, families, guardians and carers as well as students from other professions	There two statements could be clearer if one refers to communication and collaboration with professional colleagues & interprofessionally, and the second one refers to patients, carers & families.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 6. address their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)	Replace 'address' with 'respect'
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 7. are provided with opportunities to consider the feedback they receive from clinical placement supervisors, reflect on their practice and improve their skills	This statement places the focus on students as the recipients of feedback when they should be developing skills in *considering and using* feedback and engaging effectively in feedback conversations

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 13. • participate in clinical placements that align to relevant national, state and territory guidelines and reflect best practice clinical learning environment (BPCLE) frameworks	Could the BPCLE frameworks be referenced?
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Clinical placement supervisors Guidance 9. support the same student throughout an entire clinical placement experience where possible, and provide students with opportunities to work with other clinical placement supervisors	In the dental and oral health context, a supervision is best when there is a balance between some familiar clinical educators and unfamiliar educators
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Clinical placement supervisors Guidance 11. provide constructive, regular and timely feedback to students	Similar to above comment, feedback conversations should be represented as a dialogue and that educators should actively seek feedback from students as well
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Cultural safety Guidance 2. Culturally appropriate communication is delivered to health care providers before student placement starts	This statement should be reworded to express the co-production that is required to arrange culturally appropriate placements
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Context	This is a good summary
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 1: they are used to complement traditional teaching methods, such as clinical placements	In dentistry and oral health, education in a simulation clinic is a core approach to learning clinical skills to equip students for clinical placements. The use of the term 'traditional' is not needed.

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Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Context	Virtual care may be incorporated into models of clinical placement in dentistry and oral health services, however this would be a small component of the overall clinical placement landscape

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

clinical educators/supervisors should hold relevant appropriate discipline qualifications and be registered practitioners as appropriate to the placement type.

Clinical placements and simulation-based learning should be viewed in the overall holistic context of the program of learning and the overall program learning outcomes.

Relevant to simulation-based learning:

A 2019 workshop involving the American Dental Education Association (ADEA) and the Association for Dental Education in Europe (ADEE) culminated in a report (https://onlinelibrary.wiley.com/doi/full/10.1002/jdd.12027) discussing emerging technologies, their impact on dental education and patient care, and how to introduce them to learners with aim of creating critical thinkers. The conclusion was: *'New dentists of the future need to be educated with in the wider healthcare team, and involved more with general health, its maintenance and disease prevention. New simulations with mixed reality will allow students to interact with virtual patients, formulating diagnoses and surgically intervening when required. These new technologies will allow personalized learning plans with different students progressing at different rates through the program. Reflection and self-feedback can be encouraged with less reliance on expert teachers.'* The paper is well worth reviewing and citing. Another important reference paper is the ADEE consensus paper on dental operative skills curricula and the use of simulation and VR: https://onlinelibrary.wiley.com/doi/10.1111/eje.12595

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

Accrediting bodies could cross reference standards and professional competencies against this guidance.

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

Overall, the guidance is welcomed as it reinforces the importance of clinical placements and learning in simulation environments to the overall achievement of competencies of a graduate dental and oral health practitioner. Providing definitions of key terms could provide clarity for all users of the guidance towards a shared understanding and implementation.

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