Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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: Australian Society for Simulation in Healthcare (ASSH). (Submitted by Dr Belinda Judd on behalf of ASSH with additional contributions by Dr Jennie Brentnall).

Contact email: ███████████████████████

☐ Myself

Name: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

Question B

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

☐ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ 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
Simulation-based learning ☒	1	Consider incorporating that the experiences reflect diversity in the Australian healthcare context. Consider revising the second dot point to read ..." the degree of realism of the simulation aligns with the level required to achieve learning outcomes". Consider revising the fourth dot point to acknowledge the extensive body of evidence that supports simulation as also suitable to replace portions of traditional clinical placements.
Simulation-based learning ☒	3	Consider incorporating a focus not just on satisfaction but on educational outcomes and simulation designed to facilitate equity in outcomes.
Simulation-based learning ☒	4	Consider replacing with ..." include several different technologies, techniques, modalities and scenarios across the students' education program, that are applied purposefully and with respect to their affordances for learning". This revised statement proposes that design decisions are made purposefully with respect to learner needs noting that simulation itself is a technique and not a technology. This revision also appears a better fit for a wider number of health professions as previous wording choice may be more applicable to say medicine/nursing and less applicable to allied health.
Simulation-based learning ☒	5	Consider adding "briefing and debriefing that is culturally safe and inclusive of all participants"
Simulation-based learning ☒	6	Consider the addition of "foster opportunities for self-reflection". Consider rewording to reflect higher engagement and acknowledge that this may be through taking on a specific role during the simulation or as an active observer. Consider changing the statement about multiple opportunities to practice the same task with': simulation can be replicated and repeated to offer additional practice opportunities.
Simulation-based learning ☒	7	Consider adding not just about training in the *delivery* but also quality training and support for educators in the design, delivery, and evaluation of simulation-based education.

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2. Are there any other evidence-based good practice statements that should be included in the guidance?		
New statement needed	Simulation-based learning experiences demonstrate good practice when they are designed to be inclusive, accessible, and safe for the diversity of learners, faculty and simulated participants.	
New statement needed	"the simulation is evaluated and these findings are used to continually revise and improve programs"	

3. What information could the committee provide that would help National Scheme entities implement the guidance?
Point 7 raises the concept of good quality training. What does this look like, how is it accessed and measured? How do institutions and individuals provide evidence of this quality training? Basing this guidance on systematic reviews may not address all questions that are relevant to this guidance, and systematically exclude already underrepresented perspectives and whole ways of knowing that are relevant to the Australian healthcare education context. A broader exploration of the literature may be warranted.

4. Do you have any general comments or feedback about the guidance?
Thank you for the opportunity to provide feedback on these guidelines. These guidelines are welcomed and have the potential to be useful for accreditation authorities and education providers. Further points not covered prior in this submission of feedback: Context statement on page 9: -   The body of evidence on simulation is stronger than this tone conveys. -   We are unclear what the last statement regarding convenience is trying to convey. Perhaps expressed alternatively, to reflect that 'learning using simulation offers flexibility and high levels of engagement. Simulation that is underpinned by strong pedagogical, evidence-based curriculum is a more significant driver for this modality rather than convenience. -   Is there evidence to support the statement "more valuable to students if they already have some real-world clinical exposure"? General statement: The documents could benefit from a more explicit statement on the importance of simulation design, fit for purpose considerations, underpinned by educational theory and principles.

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