

Clinical Skills Education – Building Bridges between Simulation and Practice

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The University of Dundee and the University of Monash hosted the **Fifth international Clinical Skills Conference** in Prato in Italy in May 2013. Held every second year over the past 10 years this conference has evolved into a successful and highly respected clinical skills and simulation education conference.

Delegates attended from all over the world and the organising and scientific review committees reflect the wide representation both geographically, and from the perspective of different health care professionals. To accommodate the increasing demands of the community of practice in clinical skills and simulation education the Fifth conference was expanded from a two to three day event. This unique conference provides a forum for debate on innovation and focuses on safe clinical skills practice both in the simulated learning environment and in the workplace. The conference takes pride in meeting the needs of interprofessional researchers and practitioners providing high quality education in all aspects of clinical skills.

This year the main theme was on *“Building bridges between simulation and practice”* and our six international speakers provided frameworks for exploring this from different perspectives: through educational research such as socio-material theory and video reflexivity, through assessment using simulation, by exploring the role of standardised and real patients in communication education and training and by sharing how simulation can be used to rehearse for transfer into all areas of health care practice.

A summary of some of the plenaries is provided which demonstrates the breadth of discussions and topics addressed.

Rethinking practice in practice based learning : a socio-material approach

Tara’s presentation focused on practice based learning exploring the impact of both the physical materials and the social interactions in bridging the gap between simulated environments and the workplace. She highlighted the inter relationship and interdependency in professional practice between cultural discourse, power relations and the technologies and specialist equipment. She set her talk in the context of other theoretical perspectives in practice based learning such as communities of practice, situated learning and reflective practice emphasising their limitations in thinking through the complexity of clinical practice. She explored moving away from a “community of practice” frame to focusing on “practices of the community” introducing socio-material theories of practice based learning. She described the



intermediaries and material mediators which hold together particular practices and how they illuminate the ways in which standards of practice are performed, not necessarily by individuals but by socio-material collectives. This generated a lot of discussion throughout the conference thinking of the opportunities simulation offers to explore this in more depth for enhanced understanding of why adverse events occur .

Professor Tara Fenwick, Professor of Professional Education, School of Education, University of Stirling, UK

Filling the curriculum gap with simulated / standardised patients

Gayle gave an invigorating talk which triggered an excellent debate about the different roles of standardised patients . She gave an overview of the developments of standardised and simulated patients from the time of Barrows in the 1960s, Stillman's work in the 1970s and demonstrating the increasing roles they have had in both learning and assessment over the past 30 years.

Most health professional schools in North America have established SP programmes to provide core and specialist scenarios to all levels of learners. Current topics reflect the challenges health professionals face in practice ranging from patient safety and disclosure to genetic counselling and transplantation discussions .SPs have routinely provided feedback from the patient perspective and more recently some have expanded their roles to be more integrated into shaping the curricular programme in response to contemporary educational challenges. The debate related to how far these roles could/should be taken in terms of teaching and assessment and what was driving the need for SPs to perform increasingly enhanced roles in the curriculum in diverse areas such as teaching ECG, Ultrasound, suturing skills and transition of care was debated as part of the plenary . Since the roles of SPs are perceived differently world -wide and within curricula a stimulating discussion ensued about SPs extending their role into traditional teaching roles as replacement faculty.

Ms Gayle Gliva-McConvey, Director of Professional Skills Teaching and Assessment, Eastern Virginia Medical School, USA



A pedagogy for care complexity, networked practice and person centredness

Rick gave a very thought provoking talk exploring the pedagogies to support junior clinicians with the complexities and challenges of everyday practice. He highlighted the increasing need to understand social and organisational conducts rather than just knowledge and professional authority norms. He focused on three examples of conduct; adaptive practice, distributed intelligence and affective communication. These he argued, should be central to the curricular process. He suggested that learners are currently being taught in an explanation-oriented way rather than by an emancipatory-oriented approach that is one which allows students to confront situations which are not pre-determined, where knowledge is not fully established and where tutors and learners can collaboratively confront difficult situations which are more in line with the realities of clinical practice. He highlighted the use of video reflexivity in the workplace as it captures the non-linear nature of work.

Professor Rick Iedema, Research Professor and Director of the Centre for Health Communication, University of Technology, Sydney

The role of simulation based education in building bridges to patient safety

Amitai ended the conference with an interactive overview of where simulation provides a “value opportunity” for health professional education. He started by sharing the similarities and differences between aviation and medicine in relation to safety culture and highlighted the role medical education and in particular simulation can have in addressing some of the challenges faced such as preparing health care professionals to work as individuals and as members of a team. He understandably focused on the different systems we all work in and the impact this has on safety and demonstrated this by his “educational” Swiss cheese model identifying wherein the system education has an impact on safety. He then crossed the bridge to health care sharing the habits of high value organisations: using checklists, working in multidisciplinary teams, measuring for internal process control and nurturing a culture of debriefing and reflection.

He then described how simulation could assist in developing and enhancing these habits.

Professor Amitai Ziv, Deputy Director, Sheba Medical Centre, Tel Hashomer, Israel

Delegates supported exploration of the conference theme through their long and short orals and poster presentations. Criteria for the prizes had been developed which enabled the following to



be identified . Studies that had been completed for the long orals included Anna Vnuk from Flinders University in Adelaide who won the Mary Lawson prize for “ *Going through the motions : medical students experiences of learning and practising physical examination*”. She used a phenomenological research approach to understand the experiences of medical students in a four year postgraduate programme highlighting the way in which students had separated the learning of examination technique from its purpose.

Some excellent short orals included Kay Leedham-Green’s prize winning paper on “*The obese patient : enabling students to practice evidence based practice at the behavioural intervention stage*” from Kings College, London. Kay presented evidence on the efficacy and usability of a teaching tool to support student learning in consultation with obese patients .

Colleen Gillespie, of New York University School of Medicine won an innovation prize for her paper on “*Missed opportunities for effective patient education and counselling : What a clinical visit with unannounced standardised patient can tell*” . Colleen explored the quality of patient education and counselling skills of resident physicians using unannounced standardised patients.

The poster prize was won by Linda Sheahan from the Waterford Institute of Technology, Ireland for her poster titled “*More ways than one to be smart .*” The poster presented an RCT with first year nursing students evaluation of a five phase model. The student prize was won by Ian Blessley from the University of Nottingham for his poster entitled “*Establishing the evidence base for a clinical tradition – examination from the patients right side*” His poster generated a lot of debate. A highly successful innovation in the structure of the conference this year was to incorporate the poster sessions into the full oral and short oral sessions.

There was also an opportunity to delve into areas of clinical skills education using simulation through a series of workshops which were held each day either before or after lunch

Workshops included:

- Developing clinical skills bundles May Mok NHS Tayside University of Dundee
- Teaching and learning patient centredness, Lynn Monrouxe, Cardiff University
- The medium is the message: Maximising the use of video before during and after simulation to cultivate reflective practice Amitai Ziv, Israel
- Finding and appraising the literature for the physical examination John Frain, University of Nottingham



- Simulation for high stakes assessment, Tom Gale, Plymouth University
- Making healthcare an effective learning environment for patients Michael Wolf, Chicago USA
- Electronic OSCEs Trevor Russell, University of Queensland
- What makes for quality feedback : exploring learners perspectives L Urquhart, University of Dundee

With a limit of 250 delegates this conference provides the networking opportunities some larger conferences seem to have lost in recent years. The quality of plenaries and delegate presentations continues to improve . This year Harry Owens from Flinders also organised a fascinating visit to the anatomy museum at Bologna for the day after the conference.

The evaluation of the conference was overwhelmingly positive with delegates having clear take home messages and plans for the coming year in relation to their own practice as educators . We have finalised a paper for publication and had two visits already following on from the conference.

