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The Victorian Simulated Patient Network (VSPN)

Background

Simulated Patients (SPs) are ‘proxies’ for real patients. They are well people trained to portray patients and to provide feedback from a patient perspective to learners and clinicians. SPs offer perspectives that are largely overlooked in formal education. Internationally, SPs make a significant contribution to high stakes assessments and continuing professional development. SPs can help address the most fundamental goals of the health care service – the delivery of the highest quality patient-centred care. SPs also have important implications for patient safety through helping students and clinicians appreciate the importance of giving meaningful information to patients and their relatives. As educators, they are a relatively inexpensive and under tapped resource.

Problems/drivers

Current SP programs in Victoria are limited despite their clear benefits and tangible outcomes (1). SP-based education may provide alternatives to clinical placements (2). Students will be better prepared for their real clinical experiences if they have gained sufficient confidence and competence in simulation prior to working with real patients in real settings (3). A survey in Victorian medical schools reported students and teachers request for more Simulation Based Education (SBE), especially SPs. Teachers reported feeling unprepared and lacking knowledge in such approaches (1). SBE is a national challenge for all health professional educators. We define ‘faculty’ as SPs, tutors, clinicians and administrators involved in developing, delivering and evaluating SP-based education. The term ‘student’ is used to describe any potential learner (or clinician) across the health and social care professions.

Arriving at a solution

The Victorian Simulated Patient Network (VSPN) is applicable to several professional disciplines (medicine, nursing, midwifery, pharmacy, physiotherapy, paramedicine, medical imaging, dietetics and nutrition, psychology, occupational therapy, radiography, speech therapy and social work) where patient safety and patient perspectives are emerging components of their curricula. The VSPN provides a professional network, and web-based audiovisual and text resources for health professional educators (and SP program managers) to recruit, train and quality assure SPs to work in all areas and at all levels of health professional training and professional development. Key facets of SP methodology are presented, explained, illustrated, available anytime and wherever they are needed. The modules provide sufficient information to launch, benchmark and quality assure new and/or existing SP based programs and to inspire creative ways of working with technology and SPs.

Implementation process

There were four main stages of implementing the VSPN:

* Planning and preparation: Recruitment of project officer, international referees, module authors, reference group and the information technology (IT) team.
* Development of the website: Web interface development and graphic design, creation of web-based template and organisation of content (www.vspn.edu.au).
* Development of modules: Thirteen modules developed an located on a learning management system (LMS) and included module template development, review and editing of modules by VSPN project team, liaising with IT and uploading of resources.

Delivery of workshops and marketing events: Held at sites across the state to promote uptake and provide a forum for sharing experiences about SP methodology.

Outcomes

There were three key outcomes:

* An online network that provides a professional forum in which to share experiences of SP methodology.
* Online modules addressing key elements of SP methodology, accessible to faculty and others involved in SP work.

Workshops that promoted in person interactions and the uptake of SP methodology.

Barriers

The recruitment of the project officer, Dr Tracy Morrison was delayed and this led to adjustment of overall project time lines but significant progress was made within the first three months aligning the project activities with the proposed time lines. The consultation process with module authors took longer than expected. In some instances, modules were returned to the authors multiple times. This was laborious and an unexpected workload but has resulted in a high quality product. Alignment of the module content with other modules was a priority, resulting in significant editing and review by the project lead and officer. We wanted the look and feel of all modules to be consistent and this required a major investment of time.

Future directions

We have listed possible future directions for the VSPN based on the outcomes of the project.

The VSPN extended to become a national network

Although we focused marketing in Victoria, we have 44 members from other states in Australia and 52 from abroad. The VSPN is well placed to become a national (and possibly an international) network. Although network members report highly contextualised local experiences, they learn much from each other despite the settings and resources for SP work having significant variation.

More VSPN workshops

The VSPN membership numbers indicate a strong interest in resources relating to SP methodology. Feedback from the workshops and showcases reflect high levels of appreciation for the opportunity to be involved in discussions with SP educator experts and SPs themselves especially in relation to the methodology. Although it was valuable to use workshops to orient participants to the VSPN resources, the key interest was in learning from experts and sharing experiences. The resources were largely intuitive. It was apparent that SP educators largely work in isolation, which limits the development of the method and therefore the quality of existing SP programs. There is an expressed need and enormous scope for more workshops including demonstrations of SP practice to be scheduled across Victoria.

Developing SP themselves

One workshop targeted SPs themselves and was taken up by 25 participants seeking to develop their practice in offering feedback to students. The evaluations demonstrated that SPs placed very high value on the opportunity to be involved in a professional SP network that aimed to develop elements of their practice. Implicit in our approach is that SPs are co-teachers. There is overwhelming evidence that the quality of simulation is largely in the hands of the educators – and therefor, the SP educators and SPs themselves. Investing directly in SPs was highly valued. SPs have very few opportunities for professional development. The VSPN went someway to filling this void but more needs to be done. Some of the SPs who participated were very experienced and report almost no prior dedicated training in either role portrayal or feedback.

Refinement and development of website and modules

The website is attractive and functional. The thirteen VSPN modules were developed by local and international experts in SP methodology. We have received formal and informal feedback on the website and module content. We would have liked the opportunity to respond to the feedback and improve the quality of the resources. There is scope for the development of SP resources for specific professions (e.g. nursing, midwifery, physiotherapy and other allied health areas) in key competency areas (communication and other clinical skills and patient safety).

Further Information

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References

1. Hill R, Dinsdale A, Flanagan B, Browne C, Nestel D. Use of Clinical Simulation as a Complement to Clinical Placements of Victorian Undergraduate Medical Students. Victoria2007.

2. Nestel D, Hill R, Somers G, Browne C. Response to letter by Eley et al, 2008, MJA. MJA. 2009(January).

3. Nestel D, Kneebone R, C. N, Akhtar K, Darzi A. Formative assessment of procedural skills: Students' responses to the Objective Structured Clinical Examination and the Integrated Performance Procedural Instrument. Assessment and Evaluation in Higher Education. 2009;34:1-13.