

To be completed by the Chief Investigator/Team Leader for submission to the Scholarship in Teaching Committee

The COMPLETE APPLICATION must not be more than a maximum of 10 A4 PAGES in length, including appendices. The font used should be 11 pt Arial or Calibri.

In order to comply with space limitations, it is suggested that once the requirements for each section have been met, any notes on how to complete them are deleted.

1. PROJECT TITLE: Preparing allied health students for clinical practice: A cross campus interprofessional clinical simulation project.

2. PRIORITY ADDRESSED:

This project primarily focuses on enhancing **student transition, engagement, and retention**. The project will also facilitate development of the **graduate learning outcomes** of professional practice, lifelong learning and digital literacy. These priorities are linked to university strategic plans to **transform the quality and distinctiveness** of learning and teaching, and **transform on campus** experiences for students with the overall aim of producing work-ready CSU graduates that are “**inspiring**”, “**impactful**”, “**inclusive**” and “**insightful**”.

3. PROJECT PARTICIPANT/S Please add or delete rows if there are more/fewer investigators than provided for in the spaces below.

		Employment status FT/PT/Casual	Estimated days per month	Head of School certification ¹
Chief Investigator/ Team Leader	Dr Tracey Parnell	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 2	Ms Kim Lustig	PT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 3	Ms Karen Hayes	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 4	Dr Rosemary Corrigan	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 5	Dr Cherie Wells	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 6	Ms Laura Hoffman	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			
Investigator 7	Dr Michelle Smith-Tamaray	FT	2	<i>Michael Curtin</i>
<i>School/Division</i>	School of Community Health			

¹ Head of School / (Executive) Director signature/s is/are required for each investigator/team member, as a certification that the investigator will be able to devote the specified time to the project (This can take the form of accompanying email).

4. TOTAL SUM REQUESTED - \$10,000

5. NAME OF REFEREE/S PREPARED TO COMMENT ON APPLICATION

Associate Professor Michael Curtin, Head of School of Community Health, mcurtin@csu.edu.au

Dr Narelle Patton, Sub-Dean, Workplace Learning and Accreditation, Faculty of Science,
npatton@csu.edu.au

Professor Rodney Pope, Professor of Physiotherapy, School of Community Health, rpope@csu.edu.au

6. ETHICS APPROVAL

Will the project require ethics approval? **YES**

Ethics approval will be sought as the team will evaluate the impact of the simulation experience.

7. ABSTRACT

A clinical simulation involving occupational therapy, physiotherapy, and speech pathology students from Albury, Orange, and Port Macquarie campuses is proposed. Students will assess and treat simulated clients in small teams, and discuss ongoing client needs in face-to-face and virtual case conference meetings. Students will reflect on learning from, with and about other health professions and be assessed in relation to inter-professional learning. Clinical simulation provides a safe environment for students to undertake authentic contextual learning. Simulation can increase student engagement, transition, and retention by enhancing student depth of learning, confidence, and preparation for clinical placement. Simulation may also assist in identifying students at risk of failure on clinical placement and direct remediation and support. Inter-professional education plays a critical role in preparing health professionals for inter-professional collaboration in clinical practice. Accreditation bodies therefore require universities to provide inter-professional education. Staff, student, and simulated client surveys will also be utilised to evaluate project success.

8. PROJECT OUTCOMES AND RATIONALE

It is proposed that this project will result in:

- The development of sustainable resources and processes for simulation and interdisciplinary learning within the SCH.
- Student engagement in learning and teaching activities through active participation in authentic clinical interactions and activities with peers and simulated clients.
- Quality learning and teaching experiences as students apply knowledge and skills in an integrated and collaborative manner which resembles real-world practice.
- The opportunity for students to apply clinical knowledge and skills in a safe, predictable, standardised setting without risk of harming clients, and with the support of peers and facilitators.
- Improved preparation for workplace learning placements.
- Identification and management of students at risk of poor performance on clinical placement.
- Inter-professional and cross-campus learning and collaboration between students and staff in the School of Community Health.
- Cost efficiencies and reduction in duplication of learning and teaching resources by collaborative development, refinement and sharing of knowledge, skills, and experiences across programs and campuses.
- Community engagement and partnership with local clinicians and consumers by recruiting clinical partners as sessional staff to facilitate small group activities alongside permanent staff, and recruiting actors from local community to act as simulated clients.

Program outcomes will be measured by review of:

- Evaluation of staff, student, and simulated client perceptions of clinical simulation learning and experiences.
- Assessment of inter-professional learning undertaken by students.
- Student feedback on learning and experience from the relevant discipline specific Subject Experience Survey responses.
- Clinical placement performance of students on their subsequent clinical placements.

It is anticipated that the simulated learning activities will address the following Learning and Teaching program priorities:

- High quality learning and teaching resulting in skilled graduates.
- A transformed learning environment.

9. APPROACH

Literature Review

Rodger, Bennett, Fitzgerald & Needs (2010) stated that simulated learning activities are “experiences that make use of simulation modality that imitates a real clinical/professional situation but that may extend past the specific use of the modality e.g., to include discussion following the use of the modality, treatment planning after using simulation modality” (p. 4). Occupational Therapy Council (Australia & New Zealand) (OTC) (2013, p. 2) has suggested that in addition to Rodgers et al.’s explanation simulation experiences can also “have value in enabling all students to complete practice education/fieldwork experiences that have been identified as core by local stakeholders” (OTC, 2013, p. 2).

Simulated learning activities have been demonstrated to enhance student engagement and motivation, facilitate skill acquisition, assist with the development of professional reasoning skills, and increase the confidence of students (MacBean, Theodoros, Davidson & Hill, 2013). Bennett et al (2017) stated that simulation has most commonly been used in curricula to develop skills in information gathering, professional reasoning and critical thinking, communication, and professional conduct. These experiences are increasingly being used in health care education to add to, or in some instances replace, more traditional placement experiences and are designed to replicate best-practice workplace learning experiences in safe and controlled setting (Imms et al, 2017). In addition it has been reported that simulation activities are useful to ensure that students are adequately prepared to commence workplace learning (WPL) placements in more traditional settings (Occupational Therapy Council (Australia & New Zealand), 2013).

Dennis, Sainsbury, Redwood, Ng and Furness (2016) suggested that the development of simulated learning activities has been the result of the difficulty of finding sufficient high quality WPL placements for the increasing number of students studying health courses such as occupational therapy, physiotherapy and speech pathology. For a number of years academics have commented on the difficulty of providing sufficient high quality WPL placements for students. Dancza et al. (2013) stated that it was becoming a challenge to provide WPL that would adequately prepare students for “ever changing health-care contexts” (p. 427). Fortune, Farnworth and McKinstry (2006), and Thomas et al, (2005) had previously raised this issue, with Thomas et al. (2007) calling it “a crisis in fieldwork education in Australia” (p. S2). Various innovative strategies have been put forward to accommodate this placement shortage while providing students with effective WPL opportunities. One of these strategies, which has been used as a means of developing students’ competencies and off-setting the shortage of WPL, is simulation. Health Workforce Australia (HWA) supported simulation as an innovative, affordable, and more flexible and realistic alternative to strained and stretched traditional WPL and made this a major focus of its Clinical Training Funding.

The move to consider simulation as a viable alternative to WPL placements is supported by the professional bodies governing occupational therapy, physiotherapy and speech pathology. It has been indicated that up to 20% (or 200 hours) of the 1000 hours of WPL in an allied health programme could consist of well-designed simulated learning activities (OTC, 2013). Well-designed simulated learning activities take account of the five criteria for quality simulation as outlined by Rodger et al. (2010):

1. High level of authenticity for practice
2. High level of complexity requiring engagement
3. Immediacy to interaction with a real client and placements
4. Students are assessed for meeting placement objectives
5. No one modality used as a stand-alone method.

Simulated learning activities have often been conducted in single disciplines. However, there is opportunity for these types of learning activities to be conducted interprofessionally. A common way for practitioners to develop their interprofessional practice skills is through interprofessional education (IPE), where “learners from two or more professions learn about, from and with each other” (Centre for the Advancement of Interprofessional Education, 2002, p. 90). For many health professionals, IPE commences at university where health students undertake a combination of inter-professional academic subjects and workplace learning (WPL) programs (Nandan & Scott, 2014). These authors stated that the obtainment of IPE outcomes, such as the ability to work in teams, improved communication skills, professional reasoning and self-confidence, were the fundamental building blocks required for effective interprofessional practice.

As previously mentioned simulated learning activities provide authentic experiences for students. One of the authentic experiences that can be included in these activities is the opportunity to observe and participate in interprofessional practice (Craig et al., 2014; McNair et al., 2005; Simonelis et al., 2011). When interprofessional practice is included in simulated learning activities students are expected to work collaboratively to address authentic issues within a work setting. Researchers indicate that participation in these programs enhance student’s clinical knowledge and reasoning, understanding of roles, confidence when working in a team and demonstrates to students that inter-professional collaboration could improve the health of people receiving services (Craig et al., 2014; McNair et al., 2005; Stone, 2006).

Strategies

A five day interprofessional simulated learning activity will be developed to run in the second session of second year of the occupational therapy, physiotherapy and speech pathology courses. This simulation learning activity will be based on the guidelines developed by the three disciplines. These guidelines are the result of the extensive studies each discipline conducted to confirm the benefit of simulated learning activities as an alternative to traditional placements (Hill et al, 2014; Imms et al, 2017; Wright et al., 2018). The simulated learning activity will take place on the Albury, Orange and Port Macquarie campuses.

Students will participate in a range of simulation activities and complete tasks reflective of what they would encounter during a traditional workplace activities including:

- Orientation to the workplace, including expectations around behaviour and recording hours of work and time spent on tasks
- Time management
- Documentation
- Information gathering
- Observation of a clinical interview by an experienced clinician
- Interviewing a simulated client
- Interviewing other people relevant to the simulated client (for example, a GP, another member of the treating team such as an allied health practitioner, an employer or family member)
- Reviewing paper-based client files and deciding what action to take
- Participating in a case conference
- Site visits/assessments (for example home, workplace or community visits)
- Presenting a rehabilitation plan for a client

Students will be assessed using the discipline specific practice evaluation form. The students will be predominantly assessed in the following areas:

- Professional behaviour
- Self-management skills
- Co-worker communication
- Communication skills
- Interprofessional practice

Students will be engaged in authentic practice experiences through the involvement of a range of simulation clients (actors) and will be supervised by profession specific and interprofessional supervisors. All simulation clients, supervisors and other involved parties will be appropriately briefed and debriefed.

The tentative format of the simulated learning activities will consist of approximately 40-hours of simulated learning activities during five days:

- Students will work with clinical supervisors and tutors in small groups with one supervisor to a group of students.
- Tutorial rooms and small offices on the university campus allocated for the placement as working spaces for each of the simulated placement days.
- An induction program is provided by teaching staff and/or clinical supervisors on the first day to introduce students to the “workplace”, supervisor, placement content, work process and expected professional behaviours.
- Students will work with a range of simulated clients.
- Each student will be involved in case conferences and presentations.
- Students will keep appropriate client records and other relevant documentation
- Students will be involved in feedback, debriefing and guided reflection

An approach that is in alignment with CSU strategy and plans

As noted above this project primarily focuses on enhancing **student transition, engagement, and retention**. The project will also facilitate development of the **graduate learning outcomes** of professional practice, lifelong learning and digital literacy. These priorities are linked to university strategic plans to **transform the quality and distinctiveness** of learning and teaching, and **transform on campus** experiences for students with the overall aim of producing work-ready CSU graduates that are “**inspiring**”, “**impactful**”, “**inclusive**” and “**insightful**”.

References

- Centre for the Advancement of Interprofessional Education. (2002). Interprofessional Education. In *Defining IPE*. Retrieved from <http://caipe.org.uk/about-us/defining-ipe/>
- Craig, P. L., Barnard, A., Glasgow, N., & May, E. (2014). Evaluating the health “hubs and spokes” interprofessional placements in rural New South Wales, Australia. *Journal of Allied Health, 43*(3), 176-183.
- Dancza, K., Warren, A., Copley, J., Rodger, S., Moran, M., McKay, E., & Taylor, A. (2013). Learning experiences on role-emerging placements: An exploration from the students' perspective. *Australian Occupational Therapy Journal, 60*, 427-435.
- Dennis, D. M., Sainsbury, D. A., Redwood, T. M., Ng, L., & Furness, A. (2016). Introducing Simulation Based Learning Activities to Physiotherapy Course Curricula. *Creative Education, 7*, 878-885.
- Fortune, T., Farnworth, L., & McKinstry, C. (2006). Project-focussed fieldwork: Core business or fieldwork fillers? *Australian Occupational Therapy Journal, 53*, 233-236.
- Imms, C. et al. (2017). Effectiveness and cost-effectiveness of embedded simulation in occupational therapy clinical practice education: Study protocol for a randomised controlled trial. *BioMed Central, 18*:345
- MacBean, N., Theodoros, D., Davidson, B., & Hill, A. (2013). Simulated learning environments in speech-language pathology: An Australian response. *International Journal of Speech-Language Pathology, 15*, 345-357.
- McNair, R., Stone, N., Sims, J., & Curtis, C. (2005). Australian evidence for interprofessional education contributing to effective teamwork preparation and interest in rural practice. *Journal of Interprofessional Care, 19*(6), 579-594.

- Nandan, M., & Scott, P. A. (2014). Interprofessional practice and education: holistic approaches to complex health care challenges. *Journal of Allied Health, 43*(3), 150-156.
- Occupational Therapy Council (Australia and New Zealand). (2013). Occupational Therapy Council accreditation standards: explanatory guide: use of simulation in practice education/fieldwork. Perth: Occupational Therapy Council (Australia and New Zealand)
- Rodger, S., Bennett, S., Fitzgerald, C., & Neads, P. (2010). Use of simulated learning activities in occupational therapy curriculum. Brisbane: University of Queensland on behalf of Health Workforce Australia.
- Simonelis, J., Njelesani, J., Novak, L., Kuzma, C., & Cameron, D. (2011). International fieldwork placements and occupational therapy: lived experiences of the major stakeholders. *Australian Occupational Therapy Journal, 58*(5), 370-377.
- Stone, N. (2006). The rural interprofessional education project (RIPE). *Journal of Interprofessional Care, 20*(1), 79-81.
- Thomas, Y, Dickson, D, Broadbridge, J, Hopper, L, Hawkins, R, Edwards, A, & McBryde, C. (2007). Benefits and challenges of supervising occupational therapy fieldwork students: Supervisors' perspectives. *Australian Occupational Therapy Journal, 54*, S2-S12.

10. VALUE / NEED FOR THE PROJECT

Potential Usefulness of the project and its outcomes

This project will design, deliver, and evaluate the effectiveness of an inter-professional clinical simulation involving occupational therapy, physiotherapy, and speech pathology students. Students will participate in week-long simulation at Albury, Orange, and Port Macquarie campuses.

This project is important and timely because it will:

- “Transform” the “quality and distinctiveness” of learning and teaching to enhance student success and preparation for workplace learning;
- Enable student achievement of graduate learning outcomes, especially “professional practice”, “digital literacy” and “lifelong learning”;
- Enable graduates to develop interprofessional teamwork capabilities;
- Complement workplace learning facilitating the development of essential professional attitudes, skills and behaviours;
- Build and extend collaborations between staff and students across campuses and between disciplines;
- Facilitate community engagement and partnerships; and
- Capitalise on opportunities to review, revise, and improve curriculum.

Utilises and Advances existing national and international knowledge

Simulated learning activities have received a lot of focus over the last few years within the allied health professions. This was stimulated by Health Workforce Australia (HWA) who actively promoted simulation as an innovative, affordable, and more flexible and realistic alternative to strained and stretched traditional WPL. The different with our proposal is that it incorporates a significant interprofessional component into the simulated learning activities. Usually simulation learning activities are done within a single discipline. Interprofessional education is an important means of developing interprofessional practice which is an essential component of working within healthcare settings.

Dissemination

It is expected that the evaluation of the simulated learning activity will inform future simulated learning activities within the School. It is anticipated that the outcomes of the simulated learning activity will be shared internally through CSU Ed and various Curriculum Learning and Teaching forums. In addition, we intend to publish in professional specific, interprofessional and education journals, and to present at national and international conferences.

11. PROJECT TIMELINES (MAXIMUM 1 YEAR)		
Stage	Milestone (Specify what aspect/which aspects of the project will have been completed at each Stage of the project)	Completion Date/Month
Review and evaluate 2018 pilot	Review of project conducted with one course on the Albury campus completed	December 2018
Obtain ethics	Ethics application submitted	December 2018
Calendar coordination and room bookings	Discipline teams reflect on pilot study evaluation and coordinate calendars for 2019 inter-professional clinical simulation component at each campus Common week/sessions for IP simulation experiences booked – rooms/resources booked	January 2019
Development of clinical simulation scenarios	Suite of clinical scenarios suitable for IPE available	February/March 2019
Resource development	Inter-professional clinical simulation learning and teaching activities, resources and assessment are developed.	March/April 2019
Interim progress report	Interim progress report completed	April 2018
Final scheduling	Final scheduling and organisation of inter-professional clinical simulation experiences	May 2018
Briefing and preparation	Briefing and preparation of students, actors, supervisors and academics	June/July 2019
Delivery of simulation	Delivery of IP simulation experiences	August 2019
Evaluation and review	Complete evaluation of the inter-professional clinical simulation. Amend simulation for future implementation.	September 2019
Final report	Final project report completed	December 2019
12. PROJECT MANAGEMENT		
<p>Tracey Parnell will oversee the project. The discipline specific workplace learning academics will have oversight of the discipline specific component of the simulation. The Simulation Coordinator will be responsible for the administration, management and coordination of the project.</p>		
13. PROJECT BUDGET		
○		
BUDGET ITEM	RATE	COST IN \$
Simulation coordinator	HEW 5.1 = 190 hrs x \$45.2289	8593.00
	Super	816.00
	On costs	601.00
TOTAL		\$10,010

BUDGET JUSTIFICATION

This funding will be to employ the Simulation Coordinator who will be responsible for the management and administration of the simulation activities across the three campuses.

Level of appointment

Appointment of HEW at Level 5 Step 1 for 190 hours over an eight month period.

Range of tasks

Management and administration of simulation activities in consultation with the occupational therapy, physiotherapy and speech pathology academic staff responsible for the coordination of simulation within each discipline. Their duties will include development of case scenarios and resources (e.g. handbooks, videos, scripts), recruitment and training of actors, recruitment and training of supervisors, briefing academic staff, briefing students, room and IT bookings, ethics submission, evaluation of the simulation experience, de-briefing of all parties, trouble shooting, scheduling, allocation of students to groups.