Training Assessment

Provisional Fellowship Training Site Application

This application form should be used by the training site to apply for prospective approval of a provisional fellowship study plan for a pre-approved position. It should be signed by the supervisor of the provisional fellowship position.

1. TRAINING SITE IDENTIFICATION

Name of hospital, rotation or training site: Royal Adelaide Hospital

Rotation:

Suburb/City: Adelaide State: South Australia

Postcode: 5000 Country: Australia

Name of department director, or contact:

Email:

Mobile Phone: [Australia] [Local] Other Phone:

Is the department currently approved for training? [ ] Yes [ ] No

Name of the specialist medical college or training body: ANZCA

Specialty (anaesthesia, intensive care, etc.): Anaesthesia

2. CHARACTERISTICS OF POSITION

Please note: you will need to attach a position description of the provisional fellowship position. Each type of position will need to be applied for separately.

1. Has this position been approved previously?

   If yes, what is the position approval number (if known)?

   [ ] Yes [ ] No

2. How has the position changed since being approved (if at all)?

3. What is the maximum number of PFs that will be employed under the plan?

   1

4. What is the name of the position/plan (same as the name on job description)? Simulation PFT

5. Will positions be part-time, full-time or both (0.5 to 1.0 FTE)?

   Either

   [ ] Yes [ ] No

6. Will PF trainees have opportunities to spend at least 10% of their time performing clinical support activities in any or all of the following areas?

   Research activity:
   Audit activity:
   Teaching activity:
   Administration:

   [ ] Yes [ ] No

7. Will the position be at least 20% clinical time?

   [ ] Yes [ ] No

4 December 2013
8. Will clinical time be in clinical anaesthesia?
   Yes ☐ No ☐

If not, please provide details of other clinical time:

<table>
<thead>
<tr>
<th>Sub-speciality</th>
<th>Sessions/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute pain</td>
<td>10</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>24</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>15</td>
</tr>
<tr>
<td>Obstetrics</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td></td>
</tr>
<tr>
<td>Perioperative medicine</td>
<td>25</td>
</tr>
<tr>
<td>Regional</td>
<td>15</td>
</tr>
<tr>
<td>Retrieval</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>22</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

9. What is the availability of the following sub-specialities at this hospital?
   (Please provide list/session numbers per week.)

- Acute pain: 10 sessions/week
- Cardiothoracic: 24 sessions/week
- Neurosurgery: 15 sessions/week
- Obstetrics: 
- Paediatrics: 
- Perioperative medicine: 25 sessions/week
- Regional: 15 sessions/week
- Retrieval: 
- Trauma: 22 sessions/week
- Other (specify): 

10. What is the approximate case load of the hospital or unit?
    (Number of theatre cases, deliveries, clinic attendances, etc.)

   ~20,000 cases/year, 10 sessions/week

The simulator part of this position does not involve clinical lists.

Initially there will be a high level of supervision as the trainee becomes familiar with the various established training programs and the equipment commonly used during simulation sessions. As experience and confidence builds, the trainee will be expected to design, develop, coordinate and run these sessions independently.

Scenarios that are developed must reflect the normal working environment of anaesthetists and therefore, must be interdisciplinary. This provides the trainee the opportunity to gain tremendous insight into the dynamics and functions of multidisciplinary teams which can only enhance their professional insight and translate into positive patient outcomes.

50% of the PFT’s time will be spent in clinical anaesthesia and this will involve a mixture of supervised and unsupervised lists. The PFT will have the opportunity to run lists independently and also to supervise more junior trainees in preparation for independent practice.

11. What amount of opportunity is available to the trainee to manage the list independently with support available?

   Please outline levels of supervision available in and out of hours:

   All simulation based training sessions and courses will be held in normal business hours and, occasional weekend courses. Initially the trainee will be involved in pre-existing teaching programs that includes medical interns, RMOs and anaesthetic trainees within the anaesthetic department. Some training sessions will also involve inter-disciplinary team training involving nursing staff.

   As the PFT gains more confidence and experience, they will assume a greater role and responsibility in running and coordinating these sessions. There will be an expectation that the PFT will, under the guidance of the supervisor, create and develop their own teaching scenarios for both junior doctor and anaesthetic training purposes.

   As part of anaesthetic departmental training, the PFT will be expected to instruct in and develop sessions that cater for aspects of ANZCA training and CPD programs.

   In summary, initially there will be intensive support and supervision. This will be followed by a period of 'support as required' to undertake the role of Simulation Fellow. After the Fellow has shown their ability to design, develop and implement simulation based training, the supervisor will be available as a mentor.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>How will workplace based assessments be managed? (The minimum requirements are two CbDs and one MSF.) The CbD and MSF WBA requirements will be met by the PFT during their clinical commitments outside of their time in the Simulation Unit. In addition, the PFT will be exposed to continued feedback from their Simulation Unit supervisor. It is the practice of our Simulation Unit to seek feedback from participants after each session. This feedback will be used to track how effective the trainee is in achieving learning objectives as well as participants’ perception of the effectiveness and value of the simulation.</td>
</tr>
<tr>
<td>14.</td>
<td>How will this position assist in the transition from the provisional fellowship training to independent practice? The main benefits of a PFT in simulation are: 1. To explore, improve and gain experience in a range of different teaching and training styles/techniques, using simulation training as the core teaching method. As part of this process, the PFT will gain experience in instructing juniors doctors, nurses and experienced clinicians in both technical and non technical skills. 2. To gain a greater insight and understanding of the role and influence of human factors on the day to day clinical performance of individuals and teams. 3. Continued familiarisation in the various crisis management algorithms through teaching and scenario design that are relevant to clinical practice. 4. Embedding the scholar role as a life long attribute of the anaesthetist. Also, because the PFT must design, develop and implement scenarios involving multidisciplinary teams they would be in an ideal position to gain a heightened insight of the role and function, frustration and conflicts of the various health and allied health professionals that they work with on a daily basis.</td>
</tr>
<tr>
<td>15.</td>
<td>Other comments relevant to this post: Through the PFP, the trainee will be involved in scenario design, research and will be expected to participate in Departmental QA sessions. Self audit using participant feedback is expected. The trainee will be involved in a CPD program. As our institution transitions to a new facility, staff training in new equipment and procedures using simulation training will give further experience and exposure to the world of simulation. PFTs interested in this position will spend approximately 50% of their time in simulator based activities and 50% in clinical anaesthesia within the department including out of hours work.</td>
</tr>
</tbody>
</table>

If there are any changes to characteristics of the role, please notify the College.

Supervisor
Name: [Name]
Signature: [Signature]

Day  Month  Year

Please send the completed form, a typical weekly roster, and a copy of the position description to the College:
Fax: +61 3 8517 5362
Email: assessor-requests@anzca.edu.au

4 December 2013
Position Description

Provisional Fellowship Training – SIMULATION
Royal Adelaide Hospital

1. Background

The Simulation Unit, Department of Anaesthesia has been providing simulation based training programs to medical and allied health staff including junior doctors, graduate nurses, RMOs, anaesthetic trainees, anaesthetic consultants and perioperative nursing staff for over 10 years. The business model of the Simulation Unit, whilst not unique, is somewhat unusual because it is embedded within a clinical department in a major tertiary teaching hospital. One of the major advantages of this is the Unit’s ability to be flexible and responsive to the Royal Adelaide Hospital’s (RAH) ongoing and emerging simulation based training needs.

The Unit has a well-established program for junior doctors and nurses in their graduate year. The scenarios in this program are designed to re-enforce/refresh technical skills and introduce the concept of good teamwork, effective communication and other non-technical skills.

The Unit has run a series of highly successful training sessions centred on Crisis Resource Management in theatre. Participants in these sessions included senior consultant anaesthetists, advanced trainees, anaesthetic nurses and recovery nurses.

Currently, the Unit offers a program providing the “Emergency Response” component of the ANZCA CPD program.

There are significant opportunities for future simulation based training as the new RAH is near completion. At the new hospital, two high tech/high fidelity simulation suites have been purpose built and equipped. Therefore the establishment of a Provisional Fellow Training – Simulation is both opportune and timely.

2. Supervision

It is proposed that initially, Level 1 supervision will be offered to the PFT to help them become familiar with current educational and training programs offered by the Unit. During this phase, intensive support will be provided while they learn to use and operate equipment available and in current use at the RAH. In addition, the PFT will be coached in contemporary approaches to pre-briefing and debriefing.

As familiarity, skills and confidence develop, it is expected that the PFT will assume responsibility for the co-ordination and running of training sessions for junior medical staff and anaesthetic registrars. Level 2 and 3 supervision will be instituted at this phase.
During this phase, there will be an emphasis on scenario design and development to further develop their knowledge and experience in incorporating simulation training in the workplace.

3. Supervisory Roles and Assessment

The PFT will have ongoing access and support from a FANZCA or equivalent during their delivery of simulation training for supervision and assessment purposes. Their rotation will also include clinical elements that will also be assessed by consultant anaesthetist with a special interest in simulation. Assessment will be outlined in the “Provisional Fellowship Training Site Application”, and will adhere to ANZCA curriculum requirements.

4. Education and Teaching

The position of Simulation PFT is one designed specifically for the delivery of education and training using simulation for health professionals. The position will provide the opportunity to develop skills in teaching using both low and high fidelity simulation techniques.

The aim of the position is to use current programs to develop skills and competencies in the delivery of simulation based training. This will be followed by developing expertise in scenario development and design for junior medical and nursing staff, through to more experienced clinicians. The aim of the Anaesthetic Department is to incorporate regular simulation training for all clinical staff with an emphasis on non-technical skills training as a form of continued quality assurance that translates into improved patient outcomes.

5. Transition to Independent Practice

The Provisional fellowship position differs from other training positions in that the focus is on the development of a trainee’s skills in becoming clinical teachers and educators for their professional colleagues using simulation.

More responsibility is given to the PFT in organising and running a training session as they develop the skills and confidence required. Many of the principles and skills they will be teaching are the attributes behind effective Crisis Management and human performance, all important qualities in the clinical environment. This gained knowledge and experience gained by the trainee undertaking this Fellowship will increase their awareness of the undertaking of their profession from a different and more comprehensive perspective and will greatly enhance their ability to transition into independent practice.

During the PFT’s clinical time spent outside the simulator, they will be allocated a combination of supervised and unsupervised elective lists, the latter including allocation of junior trainees to the PFT for them to supervise. This will help prepare the PFT for independent practice.
6. Clinical Leadership

As already described, clinical leadership will be developed in areas of organising, researching and developing simulation training sessions for a range of medical and allied health professionals. Clinical leadership will also develop from a greater understanding and insight of its importance in a clinical context through the education principles that simulation training aims to teach.
<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>AM Anaesthetic CPD setup/Scenario Development</td>
<td>Clinical service</td>
<td></td>
<td>Scenario Development/Registrar teaching</td>
<td>Clinical Service</td>
</tr>
<tr>
<td></td>
<td>PM Anaesthetic CPD</td>
<td>Clinical service</td>
<td></td>
<td>Intern teaching</td>
<td>Clinical service</td>
</tr>
<tr>
<td>Week 2</td>
<td>AM</td>
<td>Clinical service</td>
<td></td>
<td>Scenario Development/Registrar teaching</td>
<td>Clinical Service</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Clinical service</td>
<td></td>
<td>Intern Teaching</td>
<td>Clinical service</td>
</tr>
<tr>
<td>Week 3</td>
<td>AM</td>
<td>Clinical service</td>
<td></td>
<td>Scenario Development/Registrar teaching</td>
<td>Clinical service</td>
</tr>
<tr>
<td></td>
<td>PM Anaesthetic CPD</td>
<td>Clinical service</td>
<td></td>
<td>Intern Teaching</td>
<td>Clinical service</td>
</tr>
<tr>
<td>Week 4</td>
<td>AM</td>
<td>Clinical service</td>
<td></td>
<td>Scenario Development/Registrar teaching</td>
<td>Clinical service</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Clinical service</td>
<td></td>
<td>Intern Teaching</td>
<td>Clinical service</td>
</tr>
</tbody>
</table>