



ANZCA
FPM

Tasmanian Anaesthetic Simulation Education and Training Network (TASETN)

**FATES Project Evaluation Report
June 2026**

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1 Executive Summary

The Tasmanian Anaesthetic Simulation Education and Training Network (TASETN) has delivered significant advancement in simulation-based clinical education across Tasmania. Funded under the Commonwealth FATES 2 framework and administered by ANZCA, the project operated across three Tasmanian Health Service (THS) sites: the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH), with flow-on benefits to Mersey Community Hospital (MCH).

Simulation activity increased dramatically at all sites, with new scenario types, multidisciplinary participation, and direct improvements to clinical systems and patient safety achieved that were not previously possible. The appointment of dedicated Clinical Nurse Educators (CNEs) to support Simulation Leads to deliver education activities proved to be the most transformative element.

Key Outcomes:

Area	Outcome
Participation	1,100+ simulation activity participants across all sites
Delivery	100+ simulation sessions delivered
Workforce	74 staff completed faculty development
Investment	\$250K+ equipment acquired
Satisfaction	95%+ reported sessions worthwhile
Growth	450%+ increase in RHH simulation activity
Staffing	3 dedicated CNE roles appointed
Achievement	All 6 FATES objectives achieved

The TASETN project has demonstrated that structured, locally delivered simulation, when resourced with dedicated educators and appropriate equipment, can meaningfully improve clinical preparedness, team performance, and patient safety outcomes in regional and rural hospitals.

2 Introduction

This report presents the final evaluation of the Tasmanian Anaesthetic Simulation Education and Training Network (TASETN) project, (the “project”) which was funded via a FATES2 grant. The project was administered by the Australian and New Zealand College of Anaesthetists (ANZCA) and delivered across three primary Tasmanian Health Service (THS) hospital sites, with direct flow-on to another.

The following FATES grant objectives ¹ guided project deliverables:

- Improve and promote a positive medical education culture and support quality specialist medical training in regional, rural, and remote Australia.
- Reduce barriers and improve incentives for entering regional, rural, and remote medical practice.
- Improve the imbalance of distribution of the non-GP specialist medical training arrangements and workforce, particularly in areas of unmet need.
- Attract and support First Nations trainees to grow the First Nations workforce towards population parity.

The evaluation has been conducted in accordance with the TASETN Evaluation Plan (February 2025) and is informed by quantitative and qualitative data collected continuously across the project period.

3 Background and Context

The TASETN is an extension and development of existing resources for the delivery of anaesthetic education and training in Tasmania, with a focus on simulation-based learning. Prior to FATES funding, anaesthetic simulation training in Tasmania was fragmented, under-resourced, and heavily dependent on interstate travel for access to high-quality training. This created inequitable access to professional development, particularly for staff at Tasmania’s regional and rural sites.

The project was designed to address significant maldistribution of both educators and key simulation equipment across the state, and to establish sustainable, locally accessible training capacity that could be maintained beyond the funding period.

Project sites included the Royal Hobart Hospital (RHH), the Launceston General Hospital (LGH), and the North West Regional Hospital (NWRH). As the Mercy Community Hospital is located approximately 40 minutes from the NWRH in Burnie, staff from this hospital were able to participate in upskilling opportunities and simulation activities.

4 Project Objectives

The core priority of the TASETN project was to develop a well-resourced and supported simulation education and training network that enhanced professional practice across the state of Tasmania. The following objectives guided project delivery:

- Deliver equitable access to simulation equipment and resources, and effective educational strategies to improve patient safety and health service performance.
- Support the development of a future healthcare workforce.
- Reduce barriers and improve incentives for entering regional, rural, and remote medical practice.
- Deliver a sustainable anaesthetic simulation education and training network across Tasmania, encouraging cohesiveness and parity across all three main sites.
- Enable inter-professional and integrated learning across seniority levels.
- Create positive culture-building opportunities with benefits to workplace performance, clinical outcomes, staff well-being, morale, and workforce recruitment and retention.

5 Evaluation Design and Methodology

This evaluation was conducted in accordance with the TASETN Evaluation (2025). The evaluation comprised ongoing activity feedback, a mid-project review, and final end-of-project evaluation drawing on both quantitative and qualitative data.

Evaluation Criteria

Project efforts were assessed against the following criteria: Time, Cost, Scope, Resources, Risk, Quality, and Success.

Evaluation Principles

Principle	Evaluation Question
Relevance	Is the TASETN project meeting its intended purpose and desired outcomes?
Effectiveness	Is the TASETN project achieving its intended objectives and deliverables?
Efficiency	How well are project resources being used, and are they sufficient?
Impact	What difference has TASETN made to anaesthetic simulation training and education in Tasmania?
Sustainability	Will the benefits of TASETN continue past the funding period?

Information Sources

Evaluation data was drawn from:

Quantitative Sources	Qualitative Sources
Session numbers and participant attendance	Post-session participant feedback forms
Types of simulation activities delivered	Simulation Lead and CNE evaluation questionnaires
Pre/post project comparison data	Department Director evaluation questionnaires
Equipment inventory changes	Clinical Lead project and activity reports
Trained educator numbers by site	Email feedback from participants
Faculty development course completions	Faculty Development Workshop ratings and comments

6 Activity Summary: Royal Hobart Hospital

Prior to FATES funding, the RHH Department of Anaesthesia and Perioperative Medicine (DAPM) delivered just 2 simulation sessions in 2023, involving 25 participants, with activity limited to Advanced Life Support (ALS). Through targeted investment in faculty and equipment, and the appointment of a dedicated Simulation CNE, the program was transformed into a high-volume, structured, multidisciplinary training system.

By 2025, simulation had expanded to 38 sessions reaching 352 participants across six distinct streams — representing a greater than 450% increase in activity. The CNE role was identified as the central enabling factor, transforming simulation from a clinician-dependent activity into a coordinated, high-frequency program embedded in routine clinical practice.

RHH Session and Participant Data by Year

Year	PTT	ALS	CICO	BLS	PBLs	Systems Testing	Total Sessions	Total Participants
2023 (Pre-FATES)	–	2	–	–	–	–	2	25
2024 (FATES Yr 1)	3	6	–	–	–	–	9	62
2025 (FATES Yr 2)	14	12	5	4	1	2	38	352
2026 YTD (Apr)	3	5	4	–	1	1	14	106



Perioperative Team Training (PTT) Royal Hobart Hospital



Perioperative Team Training (PTT) Royal Hobart Hospital

"I strongly believe the sim program is an essential part of our training and should absolutely continue to receive support. It's not only a fantastic departmental bonding opportunity—helping us build teamwork and function effectively in high-stress environments—but also an invaluable learning resource. The exposure to rare but high-risk scenarios (such as CICO, MH, and anaphylaxis) is something we simply can't reliably gain elsewhere, yet these are situations where timely and appropriate management is critical."

—Faculty member, on the benefits of simulation training

"Access to regular, high-quality training is consistently identified by staff as a valued component of working at RHH. This contributes to job satisfaction and supports retention, particularly in a geographically isolated setting. The program also improves recruitment by positioning RHH as a centre committed to training, safety, and professional development."

—Faculty member, on the benefits of simulation training on recruitment and retention

7 Activity Summary: Launceston General Hospital

At LGH, the TASETN project enabled a significant expansion of simulation beyond what had previously been achievable. Working under the direction of the Simulation Lead and in collaboration with ward CNEs and department specialists, the Simulation CNE developed scenarios tailored to identified performance gaps across departments that use anaesthetic services.

The scope of simulation extended well beyond the operating theatre to include interdisciplinary sessions involving obstetric emergencies, robotic surgery troubleshooting, paediatric airway management, and mass transfusion protocols. The project also

supported the development of a broader hospital-wide simulation faculty through training, mentorship, and the NHET-Sim Faculty Development Workshop held in June 2024.

LGH Activity Before and After Funding

Period	Sessions	Participants	Notes
Pre-Funding (Jan–Dec 2024)	14	117	Primarily single-department; limited equipment
Post-Funding (Jan 2025–May 2026)	49	453	Multi-departmental; expanded scope
Total (project period)	63	570	306% increase in participants



PROMPT Obstetric Code Blue – multidisciplinary team training, LGH



Paediatric Sensitivity to Midazolam Premedication scenario

“I found the Simulation extremely beneficial for many different reasons. Doing a paediatric simulation makes you think ‘what would I do?’ Its stimulating working with different people because they may suggest something you didn’t know or forgot to do. These simulations are valuable educational tools for all nursing staff. The more we do the better.”

— Theatre Nurse, LGH

“We have had simulation scenarios in OT, in recovery, in outpatient’s department, in day surgery, and in our hospital wards including our MH ward. This has been vital for me as a trainee not only to expose myself to crisis management in OT but also the many other areas of the hospital I am covering as a code blue responder. All of the scenarios have been thoroughly planned to challenge us as trainees and have managed to identify the many human factors/systems errors that are big parts of crisis scenarios. I can honestly feed back that every simulation I did there has been a valuable lesson that has been highlighted.”

— Trainee perspective, on the benefits of simulation training

8 Activity Summary: North West Regional Hospital and Mersey Community Hospital

Prior to FATES funding, simulation activity across the North West was sparse, inconsistently recorded, and delivered on an ad hoc basis without a dedicated coordinator. The introduction of a dedicated TASETN CNE was the catalyst for a sharp increase in both the frequency and variety of sessions, and recording of simulation activity in the North West.

A total of 34 core anaesthetic simulation activities were delivered at NWRH and MCH across the project period, alongside numerous additional interprofessional and multidisciplinary sessions. New formats introduced included ‘pause and discuss’ simulations, in-situ theatre and ward scenarios, anaesthetic nurse mini-sims, and paediatric and neonatal emergency sessions.

NWRH/MCH Activity – Pre and Post Funding Comparison

Metric	Pre-FATES	During FATES
Sessions	Unknown / sporadic, no formal records	34 core + additional interprofessional
Participants	~41 (estimated)	~280
Trained educators	2 anaesthetists	3 anaesthetists + 3 CNEs (NWRH/MCH)
Scenario types	Registrar ALS, CICO only	CICO, MH, Anaphylaxis, Neonatal Resus, Obstetric Code Blue, LAST, Airway Day, Pause & Discuss

“Last year after completing sims on CICO and anaphylaxis scenarios, in the following weeks there was a CICO and suspected anaphylaxis crisis on a single patient in theatre. I have no doubt that the trainees were able to provide a higher level of care to the patient as a direct result of the simulation experience and teaching they received.”

— NWRH Clinical Lead

“An excellent initiative that has dramatically changed the culture and quality of training at our hospital, as well as improving inter-disciplinary real-life working relationships.”

— NWRH Clinical Lead, on the TASETN project

“As a junior doctor training in anaesthetics I need exposure to crisis scenarios. Although I can read and study and learn about crisis management nothing replaces real world experience. With the simulation training I was lucky enough to receive last year from Emily and Holly I was exposed to crisis management in a safe learning environment without real world consequences. This simulation training was realistic, clinically relevant, and vital for my learning and development as an anaesthetic trainee (particularly at NWRH).”

— Activity Participant, on the importance of simulation training for junior doctors



TASETN simulation session at North West Regional Hospital



Neonatal resuscitation training – new capability enabled by FATES

9 Workforce Training and Faculty Development

A total of 74 staff across all three sites completed formal faculty development training funded wholly or in part by the TASETN project. Training in simulation educator, train-the-trainer, debriefing, and moulage provided participants with the skills required to enhance the organisation's simulation education and training capabilities. This increase has also created a substantial and sustainable cohort of trained simulation educators across the Tasmanian Health Service to meet future workforce planning.

Faculty Development Training by Site

Training Program	NWRH	LGH	RHH	Total
Faculty Development – Being a Simulation Educator and Debriefing	20	19	19	58
Graduate Certificate in Clinical Simulation (Monash University)	0	2	5	7
Train the Trainer – Simulation Educator	4	0	0	4
Moulage Workshop	1	1	2	4
Master of Clinical Education	0	0	1	1
Total	25	22	27	74

10 Simulation Equipment Acquisition

The FATES-funded TASETN project provided over \$250,000 worth of medical simulation equipment, addressing identified gaps and significantly enhancing training capability across the three sites.

Simulation Equipment Procured by Site

Site	Key Equipment Acquired
RHH	Additional ATLAS adult manikin, paediatric manikin, REALiTi 360 systems, Shocklink, AED, AirSim Advance Bronch X manikins
LGH	Laerdal SimJunior, SimPad Plus system, LLEAP licence, patient monitor, Breathe Safe Trainer, ZOLL R Series defibrillator
NWRH/MCH	2x ATLAS adult manikins, paediatric manikin, neonatal manikin, 2x intubation heads, 2x REALiTi 360 systems

11 The Provision of Clinical Nurse Educators

Across every site and stakeholder evaluation, the recruitment of dedicated Clinical Nurse Educators (CNEs) was reported as the most significant factor driving the success of the TASETN project. In addition to session numbers and the variety and quality of simulation scenarios increasing, there was also dedicated coordination and logistical support, and systematic quality improvement initiatives that resulted from every session.

CNE Role Responsibilities

Phase	CNE Responsibilities
Pre-session	Scenario development, equipment maintenance and preparation, staff liaison, environment configuration, paperwork preparation, facility booking.
During session	Simulation technology operation, facilitator support, psychological safety management, technical troubleshooting.
Post-session	Equipment retrieval and storage, feedback collation and analysis, certificate issuance, quality improvement measures, documentation and record keeping, periodic reporting.
Ongoing	Faculty development support, scenario library and equipment maintenance, cross-departmental networking, statewide networking and coordination.

“The creation of the CNE role in simulation has had the most significant impact on our ability to provide more simulation-based education across both hospital sites in the North West. The protected role has enabled us to prepare adequately prior to sessions, engage with other craft groups to provide more collaborative simulations, and allowed us time to collate feedback and make improvements.”

— NWRH Clinical Lead, Evaluation Questionnaire

“My life in education has been SO MUCH better now that we’ve had a simulation CNE on the team.”

— RHH Faculty member



Paediatric Simulation Scenario, NWRH



Faculty Development and Debriefing, ANZCA office, Hobart

12 Evaluation Against FATES Objectives

FATES Objectives – Evidence of Achievement

Objective	Evidence of Achievement
1. Improve and promote a positive rural and remote medical education culture and support quality specialist medical training in rural and remote Australia	The project has established well-resourced simulation training across all three sites, with benefits extending to the MCH. Previously ad hoc or under-resourced, these sites now deliver structured, high-quality programs led by trained Simulation Leads and Faculty. This has strengthened collaboration, networking, and multidisciplinary training across departments and the state. Perioperative staff and trainees can now undertake realistic training activities in a safe and engaging way, contributing to improved job satisfaction. Simulation has developed into a routine and expected part of professional development in these sites, increasing engagement across staff groups and embedding a culture of continuous learning. Feedback and site reports have demonstrated an improvement in staff preparedness and more confidence in crisis management principles. The TASETN supports staff wellbeing by providing a safe environment to practise high-stakes scenarios without real world consequences. Overall, this strengthened culture enhances morale, improves performance, and supports recruitment and retention.
2. Reduce barriers and improve incentives for entering rural and remote medical practice.	As an island state, Tasmania has lacked the geographical advantages of mainland states, resulting in historically limited and inconsistently resourced access to high-quality simulation training. The TASETN has addressed this by establishing a well-resourced, statewide simulation network, reducing the need for interstate travel and time away from clinical duties. Across the three sites, with flow-on to the MCH, the network lowers barriers for THS staff and trainees and strengthens incentives to pursue rural and remote practice in Tasmania through enhanced upskilling opportunities, supportive training and debriefing environments, and sustained investment in workforce development.
3. Improve the imbalance of distribution of the non-GP specialist medical training arrangements and workforce, particularly in areas of unmet need.	The project corrected major gaps in the distribution of educators and simulation equipment by allocating resources to meet each site's specific needs. As a result, 74 multidisciplinary THS staff were trained in simulation. All sites now have enough qualified educators to deliver effective programs and maintain continuity despite workforce changes. Tailored equipment provision ensures each site can run high-quality, in-house training without relying on external borrowing.

Objective	Evidence of Achievement
4. Attract and support Aboriginal and Torres Strait Islander trainees to grow Indigenous workforce towards population parity.	Cultural safety considerations during the project were guided by ANZCA's Reconciliation Action Plan (RAP) ². Future TASETN activities will align with the RAPs of individual Tasmanian health providers. The TASETN delivered on-Country, in-state training, enabling Tasmanian Aboriginal and Torres Strait Islander staff, including trainees, to participate without the need to travel or relocate interstate. This approach supported accessibility and cultural connection. In addition, the program's emphasis on effective debriefing practices fostered culturally safe environments for feedback, learning, and clinical practice, providing Indigenous workforce with welcoming and supportive workplaces.

13 Evaluation Against Project Objectives

The following section assesses evidence of achievement against each of the six TASETN project objectives, drawing on quantitative data, stakeholder evaluations, and qualitative feedback.

Project Objectives – Evidence and Assessment

Objective	Evidence of Achievement	Assessment
1. Accessible and equitable access to simulation equipment and resources	Over \$250,000 of equipment acquired. All sites now have dedicated manikins, defibrillators, and REALITi 360 systems. Equipment no longer shared or borrowed.	Met
2. Matching education resources (educators and equipment) to target activities	Simulation Leads and faculty members trained to deliver and support a high-quality simulation education and training Faculty and Network. Dedicated CNE roles appointed at all sites. Equipment purchases targeted to identified gaps. Ongoing faculty development strategies linked to site-specific training needs.	Met
3. Inter-professional and integrated learning across seniority levels	All sites achieved multidisciplinary training including anaesthetic, nursing, surgical, ICU, emergency, midwifery, paramedic staff and more. Training spanned seniority levels for better engagement and real-life scenarios.	Met
4. Sustainable local education resources and programs	Structured recurring programs embedded at all sites. Faculty development created a self-sustaining educator base. Local training has reduced interstate travel requirements.	Met
5. Measurable outcomes and quality improvement	Data is now collected and reported consistently at all sites. Multiple quality improvements implemented from training activities.	Met

Objective	Evidence of Achievement	Assessment
6. Positive culture-building with benefits to workplace performance, clinical outcomes, staff well-being, and recruitment and retention	Activity feedback showed significant uplift in desire to participate in sim education activities. Department Directors rated improvements in morale and confidence as 'Very Significant'. Staff reported increased job satisfaction and preparedness. Recruitment and retention positively influenced at all sites.	Met

"Over the course of the project, the positive impact that this FATES funding was having on workplace morale and staff well-being was very evident. Thanks so much for all the incredible work you and Holly have put into the simulation program."

— Participant Feedback – NWRH

"The program has significantly improved access to high-quality simulation locally, reducing the need for interstate travel or extended leave. Staff are able to participate in training within their normal work environment, improving attendance and engagement. This is particularly important in a geographically isolated setting such as Tasmania. Particular examples are expanded opportunities for anaesthetists to meet their mandatory emergency response module needs as defined by ANZCA with increased ALS provision and the introduction of regular CICO sessions."

—Faculty member, on overcoming barriers to medical education and training

Evaluation Criteria Assessment

Criterion	Assessment	Notes
Time	Met	Activities completed within approved timelines at all sites.
Cost	Savings achieved	No significant unexpected costs at any site. Project delivered under budget due to effective planning.
Scope	Exceeded	All objectives and deliverables implemented. Program reach far exceeded original forecasts.
Resources	Met	Equipment and educator resourcing assessed as adequate at all sites. CNE positions seen as important resource for network.
Risk	Managed	No major risks encountered during the project.
Quality	Significantly improved	Simulation activities provided opportunity to test systems safely. Consistent feedback of improved quality at all sites.

Criterion	Assessment	Notes
Success	Highly successful	Most significant outcomes at each site align with and exceed stated objectives. Long-lasting impacts on faculty, culture, systems, and patient safety demonstrated.

14 Quality and Safety Outcomes

One of the most tangible outcomes of the TASETN project was the direct improvement of clinical systems and patient safety through simulation-driven quality improvement initiatives. Rather than solely building individual skills, simulations consistently identified systemic gaps that were then collaboratively addressed.

Royal Hobart Hospital

- Standardisation of defibrillator labelling across perioperative areas.
- Standardisation of emergency trolley setups throughout the department.
- Improved psychological safety environment, enabling open communication during simulations.
- Accelerated facilitator development by reducing the technical burden on emerging faculty.

Launceston General Hospital

- Stocking of cuffed paediatric endotracheal tubes in all clinical areas, in line with best practice.
- Identification and resolution of paediatric airway equipment gaps in radiology and outpatient areas.
- Improved awareness and management of ROTEM in endoscopy; ROTEM programme added to endoscopy computers.
- Labelling and content standardisation of the radiology anaphylaxis box, including management flowcharts.
- Addition of pathology supplies in the anaphylaxis box with tryptase timing instructions.
- Clarification of emergency response personnel across the hospital following simulation findings.
- Policy improvements for third-stage management medications on the delivery suite.
- Emergency C-section capability established and tested outside of the main operating suite.

North West Regional Hospital and Mersey Community Hospital

- Design and standardisation of new CICO kits (steri-peel packaging) endorsed by the anaesthetic department and distributed to NWRH, MCH, ED, and ICU.

- Updated adult and paediatric CICO grab bags at theatres and resuscitation areas across both sites.
- Visual aids created for medication preparation during anaphylaxis emergencies.
- Malignant Hyperthermia task cards updated to latest MHANZ versions (A6 to A5 with coloured borders).
- MH resource folder updated with current MH poster, resource kit, and charcoal filter guidance.
- Updated LAST resources replacing 2010 AAGBI guideline with current ASRA Checklist and Quick Reference Handbook.
- Broselow trolley contents standardised between MCH and NWRH.
- Grab bag checklists, logs, and signage updated across both sites with allocated monthly checking responsibilities.



Malignant Hyperthermia simulation



Advanced airway scenario

15 Sustainability

All three sites have established the foundations for sustainable simulation programs: trained faculty, standardised equipment, documented curricula, and strong institutional support. However, ongoing sustainability is critically dependent on the continuation of dedicated CNE Simulation roles and protected time for simulation delivery.

Sustainability is achievable through:

- 74 staff trained in simulation faculty development across all sites.
- All sites now own dedicated simulation equipment — no longer reliant on shared or borrowed resources.
- Documented curricula, scenarios, and feedback systems established at all sites.
- Strong institutional support from Department Directors and Executive leadership at all sites

- The THS is currently approaching benchmarking of the operating theatres which will attempt to incorporate the role into the educational FTE. Continued investment in CNE positions would align with national standards for perioperative safety and training.

16 Conclusion

Conclusion

The TASETN project has met or exceeded its objectives across key areas. Strategic investment in Clinical Nurse Educator roles, equipment, and faculty development has transformed simulation-based education across Tasmania's three major training hospitals.

Each site has seen significant increases in simulation activity and a clear progression from ad hoc to structured programs. These outcomes were predominantly driven by the provision of dedicated Clinical Nurse Educators—an impact consistently supported by data and stakeholder feedback.

Beyond these increased activity levels, the project has embedded a sustainable culture of simulation-based learning, established a trained faculty, standardised resources and processes, and contributed to patient safety through quality improvement.

The results of the TASETN project demonstrate that sustained investment in medical education can generate far-reaching and enduring benefits, strengthening the capacity, retention, and professional development of non-GP medical specialists serving rural and remote communities.

“Highly valuable and great to increase multidisciplinary teamwork and shared understanding of process in emergency situations.”

— RHH Simulation Participant

“I feel I have developed more crisis management skills and am more competent to provide care in crisis scenarios at our regional hospital as a result of the simulation teaching I have received.”

— NWRH Anaesthetic Trainee, activity feedback

This report was prepared for submission to the Commonwealth Department of Health in accordance with FATES 2 reporting requirements.

Abbreviations and definitions

AAGBI	Association of anaesthetists of Great Britain and Ireland
AED	Automated External Defibrillator
ALS	Advanced Life Support
ANUM	Associate Nurse Unit Manager
ANZCA	Australian and New Zealand College of Anaesthetists
ASRA	American Society of Regional Anesthesia and Pain Medicine
BLS	Basic Life Support
Broselow	Broselow Paediatric Emergency System (colour-coded dosing/equipment system)
CICO	Can't Intubate, Can't Oxygenate
CNE	Clinical Nurse Educator
DAPM	Department of Anaesthesia and Perioperative Medicine
ED	Emergency Department
FATES	Flexible Approach to Training in Expanded Settings
ICU	Intensive Care Unit
LGH	Launceston General Hospital
LAST	Local Anaesthetic Systemic Toxicity
MCH	Mersey Community Hospital
MH	Malignant Hyperthermia
MHANZ	Malignant Hyperthermia Australia and New Zealand
NHET-Sim	National Health Education and Training in Simulation
NWRH	North West Regional Hospital
OT	Operating Theatre

PBLS	Paediatric Basic Life Support
PROMPT	Practical Obstetric Multi-Professional Training
PTT	Perioperative Team Training
RHH	Royal Hobart Hospital
ROTEM	Rotational Thromboelastometry (point-of-care coagulation testing)
TASETN	Tasmanian Anaesthetic Simulation Education and Training Network
THS	Tasmanian Health Service

References

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