



# VITAL ANAESTHESIA SIMULATION TRAINING

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## VAST Course

*Course director - Adam Mossenson*

*Albany, Western Australia*

*August 3-4, 2024*

**In conjunction with Emergency Medicine Education  
and Training (EMET) WA**



Emergency Medicine  
Education and Training

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## Executive summary

### Situation

A 2-day modified Vital Anaesthesia Simulation Training Course (VAST Course) was successfully conducted in Albany, Western Australia, supported by and delivered in collaboration with the ACEM Emergency Medicine Education and Training (EMET)- WACHS- Central Hub,

### Background

This has stemmed from the emerging collaboration between VAST and EMET. Building on the momentum of a VAST FC conducted in Albany in August 2023, this VAST Course saw the integration of past VAST FC participants into course faculty. Likewise, in the lead up to the course, there was extensive co-design and collaboration in the development of new simulation scenarios, purposively tailored to likely participant groups and clinical content relevant for healthcare providers working in rural and remote settings in Western Australia. This was the first 'provider course', fitting in with the model of regional expansion of capacity for contextually informed and high-quality simulation activities in rural and remote locations. The program was conducted in Albany Hospital, Mammang Kort and Simulation Rooms.

### Assessment

This VAST Course represented a successful next step in the collaboration between VAST and the EMET Program. EMET team members and past VAST FC participants took a leading role in the preparation and logistics of the program. Dr Mossenson worked in close collaboration with all members of the facilitator team in the lead up to the program to develop a bespoke 2-day program for this course cohort. This included integration of existing VAST Course scenarios unchanged, slight modification of some VAST Course scenarios to more accurately reflect the context, and de-novo design of many new scenarios. Course participants highly appreciated the opportunity to practically apply their skills over repeated scenarios. Feedback on the scenarios, facilitation, and overall course structure was overwhelmingly positive. Minor modifications to the program should be made to optimise future courses and tailor to participant needs.

### Recommendations

1. This 2-day course program should be the model utilised for future VAST Courses associated with this VAST/EMET collaboration.
2. Having a series of VAST's courses planned in the pipeline is an excellent avenue for engaging future faculty.
3. In planning future courses consideration should be given to:
  - a. Minor modification to scenarios based on the participant profile and experience
  - b. Mixing participant groups at the end of day one
  - c. Adding an additional faculty member to enable observation of facilitation and conduct of reflective learning conversations on facilitation performance
  - d. Keeping track of participants interested in becoming future faculty
4. Continue the collaboration between EMET and VAST for ongoing conduct of programs across WACHS.

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## Acknowledgements

We acknowledge the Minang / Menang Noongar people, the Traditional Custodians of the country in which the VAST Course was held. We acknowledge their connections to land, sea and community and pay our respects to Elders past and present, extending that respect to all Aboriginal and Torres Strait Islander peoples.

We gratefully acknowledge financial support from the:

- Emergency Medicine Education and Training (EMET) WA
- Vital Anaesthesia Simulation Training Ltd

## Attendees

The pool of attendees was diverse, both in terms of clinical background and location of practice. Last minute adjustments were made to course participants to account for late withdrawals.

Facilitators			
Name	Professional role	Course role	Workplace
Adam Mossenson	Anaesthesia	Course director	Perth
Belinda Hirst	Co-ordinator	Course co-ordinator	EMET
Stephanie Schlueter	Emergency Medicine	Facilitator	Albany
Elise Brigden	Emergency Medicine	Facilitator	Albany
Nicole Stanley	ICU	Facilitator	Perth
Kirsty Freeman	Nursing / Midwifery/Educator	Facilitator	Perth
Airell Hodgkinson	Rural Generalist- Anaesthesia	Facilitator	Albany

Participants		
First Name	Discipline	Workplace
Stephen Gust	GP	Albany
Timothy Yap	Registrar	Joondalup
Linda Royce	Nursing	Albany
Kelly Baxter	Nursing	Katanning
Joanna Ladyman	Nursing	Katanning
Clark Wasiun	GP	Albany
Lucy Dusenber	Nursing	Denmark
Yvette Caruso	Nursing	Albany
Jessica Reside	Nursing	Albany
Jodie Hayton	Nursing	Albany
Christal Smit-Kroner	GP	Albany
Maria Soldini	GP	Albany
Kate Wallis	Nursing	Albany
Daniel Binks	Resident	Albany

## Venue, equipment, and budget

The training was conducted in Albany Hospital across two large rooms. Each room was divided into a simulation space and debriefing area. There was ample space to accommodate the activities of the course, with a breakout space for meals held adjacent to the training site.

All equipment was provided by the EMET team, expertly coordinated by Kylie, Stephanie, Jamie, Bel, with additional co-ordination and assistance with transport from Nicole and Kirsty. Airell also was able to provide last minute needs and coordinate equipment locally, for example, access to a video-laryngoscope and IV poles. There was ongoing refinement of the 'VAST Boxes' now managed by EMET, with complete setups for two simulation rooms. This now includes all the required teaching materials for the new scenarios developed for this course.

The course was funded exclusively by EMET, with attendees charged a modest fee on a cost-recovery model. Catering was outsourced and co-ordinated by Bel, with favourable feedback from course participants.

## VAST Course conduct

Participant pre-course engagement occurred with access provided to online learning content prior to the course. Most course participants were able to access this pre-course work. Participants were divided into two groups and pre-allocated scenarios where they would be in

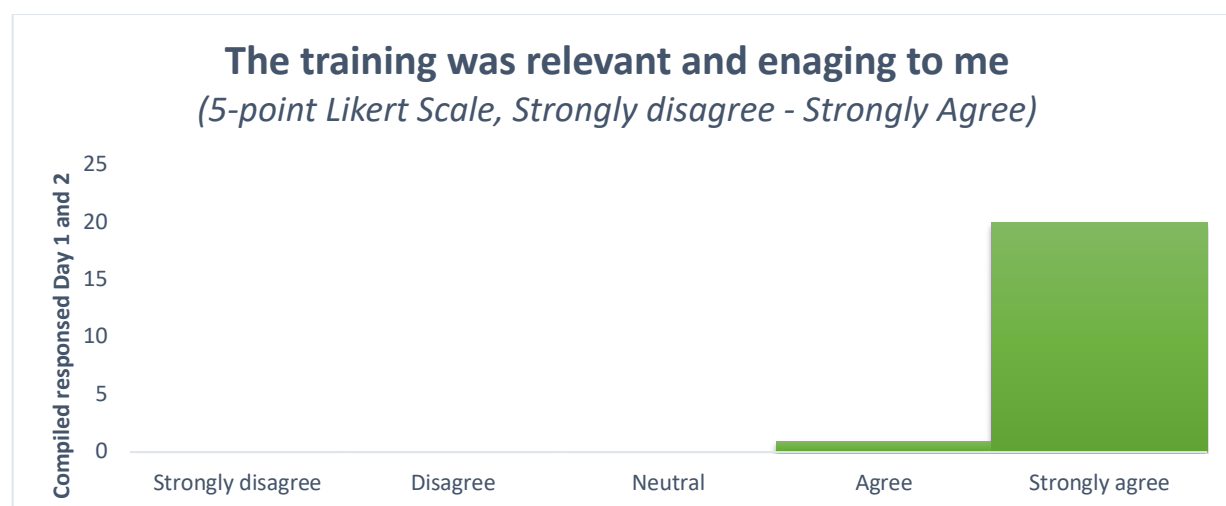
the lead participant role. Each group had the benefit of three facilitators. The course also had Bel functioning in a coordination and timekeeping role. The end of day/end of course debriefing by the faculty highlighted that the faculty numbers were comfortable to run the course, allow for pack-down and setup of the following scenarios, and some downtime in facilitation. There was not however scope to also allow for explicit observation on Facilitation performance using the VAST FORM, as all facilitators were actively engaged in the conduct of the sessions. For future courses, we felt it would be of benefit to recruit one additional facilitator to allow for this process to occur, maximising facilitator skill development.

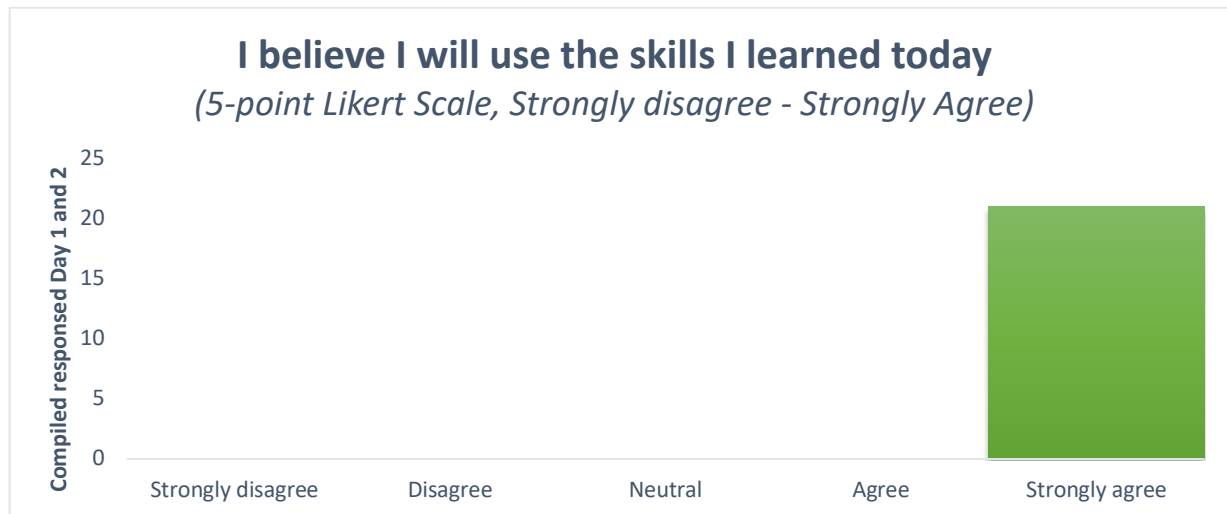
Many of the newly designed scenarios featured a team-based approach to the unstable patient. Over the two days all participants had opportunity to actively engage in the simulation scenarios and debriefing. Facilitators were rotated from day 1 to 2 to give the groups exposure to different facilitators. There was consideration of also rotating the participant groups, with a final decision to keep them consistent across the course. End-of-day evaluations were collected using a QR code/link to an online form. The VAST Course followed a 2-day format, with meticulous timekeeping by the facilitators, supported with reminders by Bel. As per advice in other VAST Courses, a list of Action Items was recorded as they arose during debriefings. The final session of the program involved review of both the participants' pre-course objectives and list of Action Items. Each Action Item was described in short detail, with a course member taking on accountability for its completion. Finally, several course participants expressed desire to continue to become future course facilitators / participate in the VAST Facilitator Course.

## Social activity

An informal post-course get-together was arranged at a local pub following day 1 of the program. All breaks and meal-times provided a wonderful opportunity for networking, developing new relationships, and reinforcing existing connections in the region.

## Course evaluations and informal feedback





**What participants liked:**

- Teamworking / ability for team training x 3
- Interactivity x 2
- Being amongst peers, being kind and respectful of our different experiences
- Facilitators, their debriefing, and the feedback opportunity x 5
- Simulation scenarios x 7
- Relevant and up-to-date resources
- Relaxed atmosphere for training x 2
- Range of the scenarios, not only ALS
- Having the groups stay the same
- Ability to explore nuance, not only contribution by anaesthetist participants

**Areas for improvement:**

- Add in more theory
- Better whiteboard markers for scribing
- Maybe consider filming sims for watching later
- Sometimes the discussion focussed too much on communication, I appreciated the debriefing where clinical skills were also a focus
- It would be great if our whole department could come through
- Have a chest drain available for the pneumothorax simulation
- Potentially change the groups around
- NOTHING x 11

**Key learning:**

- Use of cognitive aids
- Communication x 6
- How to promote teamwork and the importance of having a team leader
- It is ok to speak up and pre-empt needs x 2
- Be prepared for the worst
- Be kind to yourself
- Non-technical skills

- The role of the scribe
- How to avoid fixation error x 2
- Support junior staff
- Verbalise thoughts
- Finger thoracostomy
- I am capable and can be assertive
- Clinical details for paediatrics / obstetric management
- Consider alfentanil on induction for pre-eclampsia

Feedback for facilitators:

- Respectful x 4
- Supportive x 2
- Knowledgeable x 3
- Well put together, seamless

Other comments about the VAST Course:

- Gratitude / positive responses x 5
- Non-threatening environment for learning
- The format of the course was excellent
- Highly valuable experience
- Will recommend to colleagues

## Recommendations

This was an excellent pilot of this modified VAST Course for healthcare providers working in emergency departments and perioperative care in rural and remote regions of Australia. In the pipeline is the plan to repeat the offering of this version of the VAST Course at all sites that have previously hosted a VAST Facilitator Course. As per the model of this recent course, past VAST FC participants will be mentored by more experienced faculty in the conduct of the program. The following recommendations stem directly from the experience of conducting this course in Albany:

1. This 2-day course program should be the model utilised for future VAST Courses associated with this VAST/EMET collaboration.
2. Having a series of VAST's courses planned in the pipeline is an excellent avenue for engaging future faculty.
3. In planning future courses consideration should be given to:
  - a. Minor modification to scenarios based on the participant profile and experience
  - b. Mixing participant groups at the end of day one
  - c. Adding an additional faculty member to enable observation of facilitation and conduct of reflective learning conversations on facilitation performance
  - d. Keeping track of participants interested in becoming future faculty
4. There is sufficient 'corporate knowledge', training resources, and experience now within EMET to relatively easily coordinate the ongoing conduct of VAST's programs. EMET will continue to collaborate with Dr Mossenson and the broader VAST team to help deliver projects associated with this partnership.



## Course Photos

