



VITAL ANAESTHESIA SIMULATION TRAINING



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VAST SIMposium

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Centre for Innovation in Medical Education, Nairobi, Kenya
22-25 October 2024*

Executive summary

Situation

The 3.5-day Vital SIMposium was successfully offered for 60 people from 21 countries at Aga Khan University in Nairobi, Kenya.

Background

VAST has trained simulation facilitators from 33 countries around the world. VAST facilitators learn how to use readily available materials to offer simulation-based education to inter-professional teams, with the goal of improving patient safety. Our team considered there would be great value in bringing together representatives from this group to introduce new skills for continual improvement of simulation facilitation practice and to strengthen bonds amongst the geographically dispersed group who are members of the VAST Community of Practice. The SIMposium also provided an opportunity to conduct research on the recently developed VAST Facilitation Observation and Rating Method (VAST FORM), a five-part tool for gathering observations on simulation facilitation to inform learning conversations. SIMposium participants were from the following countries: Australia, Burundi, Canada, Chile, Denmark, Ethiopia, Fiji, Ghana, India, Japan, Kenya, Mauritius, Mongolia, Nepal, Rwanda, Somaliland, Sudan, Tanzania, United Kingdom, United States of America, and Venezuela.

Assessment

Engagement during the SIMposium was high. Participants commented on the powerful impact of learning with a diverse group from around the world, people who shared a range of experiences and viewpoints. Participants gained skills and confidence in simulation facilitation and meta-debriefing, which is the process of debriefing on the simulation facilitation. Plans are underway for expanding VAST training in many regions.

Recommendations

1. Continue to support VAST facilitators in offering VAST's programs (VAST Wellbeing, VAST Facilitator Course, VAST Course & VAST Foundation Year) in Africa, Asia, Latin America and Oceania.
2. Analyze data gathered on application of the VAST Facilitation Observation and Rating Method (VAST FORM) with a goal of publication of findings.
3. Integrate feedback from delegates at the SIMposium to optimise teaching and learning resources (VAST FORM, Take Home Messages, and VAST Scenario Bank).
4. Plan to repeat the VAST SIMposium in approximately two years to ensure consistent, high-quality facilitation and to continue building the VAST Community of Practice.

Contents

Acknowledgements	3
Attendees	3
Venue and equipment	5
VAST Wellbeing Implementation	5
VAST SIMposium	5
Social life	7
Course evaluations and feedback	7
Timetable	13
Country plans	17
Course photos	21

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- Vital Anaesthesia Simulation Training Ltd

Their generous support made the SIMposium possible.

Attendees

Name	Professional role	Course role	Workplace
Adam Mossenson	Anaesthesia	Course director	Australia
Amal Paonaskar	Admin, non-clinical	Participant	United Kingdom
Amanuel Negash	Anaesthesia	Participant	Ethiopia
Andy Benin Akintje	Anaesthesia	Participant	Burundi
Angela Enright	Anaesthesia	Participant	Canada
Angela Ongewe	Anaesthesia	Participant	Kenya
Ann Marie McCallum	Anaesthesia	Participant	Australia
Batgombo Natsagdorj	Anaesthesia	Participant	Mongolia
Brendan Morgan	Anaesthesia	Participant	Canada
Burmaa Sanjaa	Anaesthesia	Participant	Mongolia
Cassandra Poirier	Anaesthesia trainee	Participant	Canada
Eunice Onesimo	Anaesthesia	Participant	Fiji
Evan Mayfield	Surgical assistant	Participant	United States of America
Faith Chikati	Anaesthesia	Participant	Kenya
Fetiya Alferid	Anaesthesia	Participant	Ethiopia
Fran Saddington	Anaesthesia	Participant	United Kingdom

Gantuya Solongos	Ob-gyne	Participant	Mongolia
Gatwiri Murithi	Sim coordinator	Sim coordinator	Kenya
Gilles Eloi	Anaesthesia	Participant	Burundi
Hamda Mohamed Omer	Anaesthesia	Participant	Somaliland
Heather Scott	Ob-gyne	Participant	Canada
Jackson Kwizera	Anaesthesia	Participant	Rwanda
Jerry Coleman	Ob-gyne	Participant	Ghana
Jon Bailey	Anaesthesia	Participant	Canada
Juan Carlos Duarte	Anaesthesia	Participant	Venezuela
Daniela Duarte	Non-clinical	Participant	United States of America
Julian Barnbrook	Anaesthesia	Participant	Canada
Kajan Shrestha	Cardiac surgeon	Participant	Nepal
Karima Khalid	Anaesthesia	Participant	Tanzania
Kristian Krogh	Anaesthesia	Participant	Denmark
Kwaku Douffour	Ob-gyne	Participant	Ghana
Mary Mungai	Anaesthesia	Participant	Kenya
Matthew Tang	Anaesthesia trainee	Participant	United Kingdom
Michael Money Penny	Anaesthesia	Local course director	United Kingdom
Michelle Murray	Nursing	Sim coordinator	Canada
Mohamed Elaibaid	Anaesthesia	Participant	Sudan/Ireland
Mubarak Mohamed	Anaesthesia	Participant	Somaliland
Naima Yusef	Anaesthesia	Participant	Tanzania
Patty Livingston	Anaesthesia	Course director	Canada
Peter Saria	Anaesthesia	Participant	Tanzania
Ravi Ram Shresta	Anaesthesia	Participant	Nepal
Regan Brownbridge	Anaesthesia trainee	Participant	Canada
Rogers Nyakeya	Sim coordinator	Sim coordinator	Kenya
Rodrigo Lopez Barreda	Anaesthesia	Participant	Chile
Ryan Ellis	Anaesthesia trainee	Participant	United Kingdom
Sachi Ishida	Anaesthesia	Participant	Japan
Sara Whynot	Sim coordinator	Sim coordinator/ research assistant	Canada
Sailaja Kamabathula	Anaesthesia	Participant	India
Salehe Mrutu	Anaesthesia	Participant	Tanzania
Samuel Nizigiyimana	Anaesthesia	Participant	Burundi
Shelley Gower	Non-clinical	Participant	Australia
Siobhan Hulston	Anaesthesia trainee	Participant	Australia
Sirak Worku	Anaesthesia	Participant	Ethiopia
Stephen Middleton	Anaesthesia	Participant	Canada
Stewart Forbes	Anaesthesia	Participant	Canada
Teshome Assefa	Anaesthesia	Participant	Ethiopia
Tseganesh Berhanu Tulu	Anaesthesia	Participant	Ethiopia
Ujma Shresta	Anaesthesia	Participant	Nepal
Vai Upadhye	Anaesthesia	Participant	India
Vibha Naik	Anaesthesia	Participant	India
Violet Kerubo	Anaesthesia	Participant	Kenya
Yasoda Chedumbarum	Non-clinical	Participant	Mauritius

Venue and equipment

The SIMposium was conducted in the beautiful facilities of the Centre for Innovation in Medical Education at Aga Khan University in Nairobi, Kenya. The centre is spacious, bright, well-equipped, and comfortable. The ground floor has a large auditorium with amphitheatre seating and the second floor has ample space to run four simulation rooms, four debriefing rooms and breakout sessions. These spaces open to a central foyer with abundant greenery and seating for meals/tea breaks. The centre has almost all the simulation equipment that was needed. Our visiting team brought the iPads to use as patient monitoring.

VAST Wellbeing Implementation

VAST Wellbeing is a one-day workshop designed to promote personal and professional wellbeing and reduce burnout for healthcare providers who work in low-resource settings. This program we conducted at this event was a half-day workshop focused on implementing VAST Wellbeing in a new region. It was designed for people who have already attended VAST Wellbeing as a participant but there were a few people for whom this was new. Topics covered in VAST Wellbeing include why wellbeing is essential for healthcare providers, introduction to mindfulness practices and the rationale for mindfulness, recognition of burnout, self-compassion, gratitude, wellbeing in the workplace, change planning, responding to participants with a strong emotional response, and implementation of VAST Wellbeing.

VAST SIMposium

Simulation scenarios

There were 11 simulation scenarios conducted across the SIMposium with each scenario being run concurrently in four simulation rooms. On days 1 and 2, participants were assigned to one of eight groups, with each group alternating between facilitating or participating in scenarios. The scenarios on the first two days were recently designed additions to the VAST Scenario Bank, so they were new for all the participants. On the third day of the SIMposium, 16 local Kenyan healthcare providers joined our program and the SIMposium participants conducted VAST Course scenarios for this group.

In each scenario, there was a facilitator who performed all the steps of facilitation – preparation and set-up, briefing and role allocation, running the scenario, making observations, and debriefing. A second SIMposium participant was asked to be a peer observer for each scenario and to make observations and compile feedback from others who were using the VAST FORM. The peer observer then conducted a meta-debriefing for the facilitator on the process of facilitation. People who were not actively involved in the scenario were encouraged to make observations using the VAST FORM.

Whole group sessions

In addition to the simulation scenarios, whole group sessions were intermittently included in the SIMposium schedule. After a welcome and introduction session, people participated in an

icebreaker activity where they had one minute to discuss a non-medical question with a partner before shifting seats to discuss the next question with another partner (e.g., “if you could give your 15-year-old-self one piece of advice, what would it be?”). This activity was highly successful at getting people to connect and talk.

Delegates were also introduced to the VAST Facilitation Observation and Rating Method (VAST FORM), a five-part tool where components can be used one at a time or in combination to make observations on simulation facilitation performance for the purpose of feedback learning conversations.

Other whole group sessions included presentations from representatives of various countries as part of a grant competition and “Voice from the Community” to share news about activities in the VAST Community of Practice: Meta-debriefing Club, VAST Foundation Year, Steering Committee, VAST Scenario Bank, research, and country reflections from Fiji, India, Latin America and Australia. Dr Michael Money Penny delivered a captivating talk on learning from failure. A key point was to get the first ten of anything over quickly because failure is likely. After that it gets better.

Grant competition

There were grant proposals from representatives of seven countries for two VAST grants to support program implementation. Dr Angela Enright led a session on grant preparation: principles and opportunities. The recipients of the grants were from Nepal and Tanzania. VAST is committed to working with the other groups to support them in achieving their goals.

SIMposium Day 3

The third day of the SIMposium followed a different pattern. The group allocation was changed so that people were matched with colleagues from their own country. During Day 3, approximately one third of the participants were involved in simulation facilitation for the Kenyan healthcare providers who joined for the day, whilst the other two-thirds rotated through four hour-long stations:

1. *Implementation and evaluation* – grouped by country, people discussed how to implement or expand VAST in their region and how to conduct evaluation (led by Amal and Shelley).
2. *VAST Trivia* – a lighthearted competition of trivia questions based on participants’ comments on their brief bios and knowledge about the countries they represented (led by Patty).
3. *Take Home Messages play testing* – this serious game designed by Adam Mossenson, Patty Livingston and Rodrigo Rubio is a card game to help consolidate the structure of debriefing. Participants had the opportunity to play the game and provide feedback on its design and optimisation for future use when integrated into faculty development programs (led by Regan).
4. *Take Home Messages cover art* – during this session, participants were provided with paper, coloured pencils, crayons, and markers and asked to draw images to inspire the cover art for the Take Home Messages card game, illustrating “frames, components of advocacy-enquiry questions, debriefing destroyers, and debriefing defenders (led by Adam). Later, the art was voted on by participants by placing a star next to the art they thought best represented the concept. Prizes were awarded in each category.

Goodbye chain

The program concluded with a goodbye chain, where each person had an opportunity to say “goodbye” to each other person.

Social life

A delicious course dinner was held at Red Ginger, a restaurant that specialized in Indian cuisine.

Some course participants extended their stays to see the animals in the Nairobi National Park or for a longer safari in Kenya.

Course evaluations and feedback

Participant evaluations were strongly favourable. People found the program was enriched by having participants from around the world who shared their varied experiences and perspectives. This also highlighted common goals of improving healthcare education and patient safety. Participants found the learning environment to be supportive and the activities to be engaging and varied. For many, meta-debriefing (making observations and providing feedback on the process of simulation facilitation) was new.

VAST Wellbeing Implementation	
What participants appreciated	
Theme	Participant quotes
Diversity	<ul style="list-style-type: none">- Having different opinions and experiences from people from all over the world; the multitude of viewpoints and variations across many regions of the globe; brilliantly diverse crowd enabled a range of opinions and discussion points raised as well as solutions suggested for different contexts.- Sharing stories and examples; Shared experiences from the other participants (many comments)- The training was engaging; I got to learn from different people in the room- All the different perspective from a regional and cultural aspects regarding difficulties at work and how to tackle them- The global perspective and how different cultures affect wellbeing expression. The fact so many participants had run the course already and were able to share their practical experiences.- Brought out lots of ideas from different continents, different backgrounds (healthcare, other fields involved as well)
Learning environment	<ul style="list-style-type: none">- Interacting in a safe learning environment- The personal experience the audience brought and the freedom the presenters gave to the audience
Strategies for implementation	<ul style="list-style-type: none">- Some of the perspectives as a facilitator for conducting VAST well-being were new and it helped me- It was so interactive

	<ul style="list-style-type: none"> - It gave a preparation tool that we can use to implement the course - Learning from the implementation experience of others - The need to be flexible on implementation
Key learning	<ul style="list-style-type: none"> - Mindfulness (many comments) - Self-compassion (many comments on self-compassion) - Discussions of gratitude (many comments on gratitude) - Recognizing traits of burnout; the six factors of work life that affect burnout - Being reminded about personal wellbeing strategies. Goals based on values session. - Avoiding 'shoulds', one step at a time and practicing self-compassion - Taking time to be mindful and being more self-forgiving - "Self-compassion is the same thing as patient compassion " - I found all of the components of the training important and planned to implement it in my day-to-day routine. - Be aware that VAST Wellbeing can generate a lot of emotions from participants. It is important to have some idea on how to handle the situation. - We are not psychologists - we must know our limits and know who to refer participants to, should they need further assistance. - VAST Wellbeing is for everyone and not just anaesthetists
General comments	<ul style="list-style-type: none"> - Kudos! Good work for organizing VAST SIMposium and including as well VAST Well-Being - Should be conducted yearly with CPD points - This training should be given to everyone working in a health care setting - I'm very happy and proud to be part of the VAST community.
Areas for improvement	
Theme	Participant quotes
Preparation	<ul style="list-style-type: none"> - A little more background for those who have not been exposed to VAST Wellbeing
Program	<ul style="list-style-type: none"> - A little more discussion time - It would have been great to have more discussion on practice implementation tips - Increase the duration for those who are new to VAST Wellbeing
Physical environment	<ul style="list-style-type: none"> - The room was hot and stuffy - Need air conditioning and microphones - I was a bit tired after long journey and no sleep due to connecting flights. Yet found the program was involving. - Good room and tea break, but the room was a little bit hot - Real coffee, not instant
Comments on facilitators	
Theme	Participant quotes
Appreciation	<ul style="list-style-type: none"> - Excellent; very engaging and approachable and well informed - You guys were so calm and smartly engaging with the audience. It felt like a peaceful workshop - Engaging - It's evident that they know what they're talking about - Thanks for being engaged. You all seem to have taken this to heart and shows when you are facilitating. They are excellent!!!

VAST SIMposium	
What participants appreciated	
Theme	Participant quotes
Engagement	<ul style="list-style-type: none"> - The engagement of everyone involved; everyone was eager to start running and participating into the scenarios; engagement with the faculty - Exchanging ideas - Excellent interaction between everyone (participants and facilitators) during the sessions and the breaks. - Camaraderie - Sharing experiences and having fun! - People are awesome
Diversity with a common bond	<ul style="list-style-type: none"> - Hearing about VAST from around the world; learning about how VAST Courses are being conducted in different countries (many comments) - Hearing from all the different programs and that we share a lot of similar challenges - Hearing about learner feedback from FY [VAST Foundation Year] countries - The interactions with others from varied backgrounds and hearing our common educational challenges. - Different views from a global perspective on the scenario - Meeting different background medical staff - Team networking from around the world. Learn from each other, increasing my knowledge in sim education (VAST). Great experience as a facilitator. - A broad perspective is super important when working across cultures. - Learning from others' styles - Meeting new people - Broad perspectives from many people; learning from the perspectives of others (many comments)
Simulation participation	<ul style="list-style-type: none"> - Pediatric scenario as my real-life practice is limited to adults. - I also loved participating in the scenarios in whatever capacity. - Being involved in VAST style simulation for the first time as a participant and facilitator. - New scenarios; engaging scenario (many comments) - Behaving as a patient
Simulation facilitation skills	<ul style="list-style-type: none"> - Getting to run the scenario and debrief myself (rather than mentor others). Good new scenarios. - Exposure to a proper and well-structured framework about how to carry on simulation training - Refresher on debriefing; practicing debriefing (many comments) - Techniques used to solve challenging debriefs - The art of facilitating and effective debriefing; learning different approaches to simulation facilitation - The engagements around the debriefing sessions were quite educational. - Things might not turn up as expected but you need to keep going - Last scenario objective was not as I had planned but I learned it is okay to improvise"

	<ul style="list-style-type: none"> - Experienced participants and facilitators demonstrated artistry in performance - Getting a chance to refine my facilitating and debriefing skills - The discussions on the challenges in running Sims in which the participants are playing roles they are not used to in their regular jobs
Meta-debriefing	<ul style="list-style-type: none"> - Learning to conduct a meta-debriefing (many comments) - Peer and facilitator feedback - The debriefing of the debriefing was excellent. The interactions with others from varied backgrounds and hearing our common educational challenges. - Actually, being lead observer & also learning more on lead facilitator techniques. - More FORMs filled which meant more learning - More meta debriefing allowed me to continue to practice debriefing skills and learn from other experienced sim educators. - Use of the conversation flow pattern of the VAST FORM.
Program conduct	<ul style="list-style-type: none"> - Engaging presentations and simulation - Scenarios, peer observation, use of VAST FORM, loved the ice breaker game, geographical diversity, a safe space. - The introduction round with circular questions was a perfect way to start the SIMposium - Morning session asking each other questions that was funny. - Structure of VAST symposium - This day was wonderful. In the scenario, all participants participated well and gave many ideas. Good mix of simulation and engaging talks. - The topic on failure was superb; Dr Moneypenny's talk and some great discussions; The talk on failure was thought provoking, and then was brought back well to practical learning points from sim (many comments on the talk on failure) - I enjoyed the "switch ups" between facilitating, participating and peer observations. - Exposure to many roles: I enjoyed being a lead participant and also participating as facilitator. - I enjoyed the new scenarios - and the discussions had. Despite the experience of the group there were so many interesting learning points that came out of the new scenarios. I found the meta-debriefing very insightful - Engaging participants, good debriefing and like that I could do many roles today - It was a great day; the variety of activities broke the monotony - Good management, good food, lots of breaks in between which did not give us time to feel overwhelmed - The VAST SIMposium is fantastic I really enjoyed it - Another fantastic day of learning from each other - the wealth of experience in the SIMposium is so enriching.
Key learning	<ul style="list-style-type: none"> - Teamwork and respectful attitude; importance of establishing team rapport at the beginning of the day - Learning about VAST, simulation, meta-debriefing

	<ul style="list-style-type: none"> - Even in a low-fidelity environment (no ventilator, no oxygen supply), participants can learn teamwork by recreating critical situations during anesthesia. - To be flexible in simulation and debriefing - Meta-debriefing (many comments) - Having a Plan B if the scenario does not go as planned (several); improvisation when facilitating/debriefing a sim that runs down a new or unexpected pathway, which happened in one of our sessions and was handled very artistically. - Include an action verb in “take home messages” - The importance of making a safe and non-judgmental space (several) - The more you debrief, the more you learn - Failure is a perspective; learning from failure; failure is a step to success (many comments) - Exploring learners’ frames and listen more - I got many points about how to start VAST Foundation Year and plan on starting one in our institution - I learnt that sometimes the objectives of a scenario can be changed to suit the level of the learners - The importance of intentional reflection on debriefing immediately afterwards - VAST is not all about fancy facilities - The importance of being proactive and closed loop communication - Learning is for the participants in the course; be flexible to help them learn - Pausing in debriefing to make space for cross talk - Forming advocacy-inquiry questions
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Areas for improvement

Theme	Participant quotes
Nothing to improve	<ul style="list-style-type: none"> - Everything is good, keep it up, nothing to improve, was perfect, all went well, just wish we had more time, increase the time of the course, all good (many comments)
Grant proposal	<ul style="list-style-type: none"> - I think that the regional updates were much more effective today than the public grant proposals yesterday. - More intro into the background of the grant program - The grant presentations were wonderful; however, I wonder if it could be improved by not having it be a competition but rather an exposition. There was a somewhat challenging sense of judgement / performance that comes from having it done as a competition. - Keeping the proposals private
Participants	<ul style="list-style-type: none"> - It was hard to know how to handle people new to VAST that would normally get much more support. But in this course, they didn’t get much support.
Timekeeping	<ul style="list-style-type: none"> - Perhaps have a countdown timer in each room - More time for meta-debriefing
Scenarios	<ul style="list-style-type: none"> - Some of the scenarios we ran today have too much content - Scenario SB009 could be improved
Space	<ul style="list-style-type: none"> - Some of the simulation rooms were too small
Food	<ul style="list-style-type: none"> - Too much food!

Meta-debriefing	<ul style="list-style-type: none"> - More emphasis on the difference between targeted feedback and meta-debriefing with a briefing on the proper use of the VAST FORM - Information overload, getting used to the VAST FORM - The meta briefing has been very varied in how it's been facilitated, and maybe a crib sheet might have been helpful - even though the meta briefing was meant to use the same format as debriefing. - VAST FORM is a tool to use in meta debrief. But difficult to use.
Comments on facilitators	
Theme	Participant quotes
Appreciation	<ul style="list-style-type: none"> - Great job, wonderful time management - Perfect - Excellent (many comments) - Great job (many comments) - You guys rocked it - Also, the faculty work was wonderful, they created a good learning environment - Supportive, engaged and listened to participants' suggestions and input - They were such open learners - I thought everything was very well organized. No gaps for confusion. I also appreciate the strict time keeping. - Very adaptive, versatile and open facilitators - being the first to have target feedback, meta debrief and exposure to new scenarios. - Wasn't clear how much to support novices in the setup and running of the scenario. - Ran very smoothly, great mix of classroom to sim room time, and run with time and efficiency in mind. Well done. - Wonderful examples of best practice - Got to see a lot of diversity and context in facilitation. Well done! - I appreciate the immense organisation I've seen today.

Timetable

VAST Wellbeing implementation – 22 Oct 2024		
Time	Session	Facilitator
1300-1315	Registration	
1315-1335	Session 1 – VAST Wellbeing – what and why	Jon
1335-1350	Session 2 – Rationale for mindfulness	Vai
1350-1420	Session 3 – Recognizing burnout across contexts	Vai, Jon, Patty
1420-1445	Session 4 – Avoiding wellbeing shame and ‘shoulds’	Cassandra
1445-1500	Session 5 – How to: Mindfulness exercises	Patty
1500-1530	Afternoon tea	
1530-1545	Session 6 – How to: Self-compassion	Vibha
1545-1600	Session 7 – How to: Gratitude journalling	Vai
1600-1615	Session 8 – How to: Wellbeing in the workplace	Jon
1615-1630	Session 9 – How to: Change planning	Patty
1630-1645	Session 10 – Peer support for strong emotions and mental health concerns	Cassandra
1645-1700	Session 11 – Organization and implementation	Patty
1700-1710	End of day evaluation	
1710	Faculty debriefing	
1730	Social hour at hotel	

VAST SIMposium - DAY I – 23 Oct 2024		
Time	Session	Facilitator
0800-0815	Registration	Sara
0815-0845	Session 1 – Welcome and introduction	Michael, Adam, Patty
0845-0915	Session 2 – Orientation and tour	Michael, Rogers
0915-1000	Session 3 – VAST FORM Introduction	Adam
1000-1030	Morning tea	
1030-1130	Session 4 – Scenario (SB001) in four rooms	Multiple
1130-1200	Session 5 – Grant presentations	Multiple
1200-1245	Lunch	
1245-1345	Session 6 – Scenario (SB004) in four rooms	Multiple
1345-1430	Session 7 – Voice from the Community	Patty & others
1430-1500	Afternoon tea & grant writing	
1445-1515	Session 8 – Grant presentations	Multiple
1515-1630	Session 9 – Scenario (SB009) in four rooms	Multiple
1630-1645	End of day evaluation	
1645	Faculty debriefing	

VAST SIMposium - DAY 2 – 24 Oct 2024		
Time	Session	Facilitator
0800-0845	Session 10 – Reflexion	Adam
0845-1000	Session 11 – Scenario (SB003) in four rooms	Multiple
1000-1030	Morning tea	
1030-1145	Session 12 – Scenario (SB008) in four rooms	Multiple
1145-1200	Session 13 – Grant preparation: principles and opportunities	Angela
1200-1245	Lunch	
1245-1400	Session 14 – Scenario (SB018) in four rooms	Multiple Multiple
1400-1445	Session 15 – Learning from failure	Michael
1445-1515	Afternoon tea	
1515-1600	Session 16 – Program profiles	Adam & others
1600-1630	Session 17 – Grant feedback	Judges: Angela, Eunice, Jon, Patty
1630-1645	End of day evaluation & course photo	
	Faculty debriefing	
	Course dinner	

VAST SIMposium - DAY 3 – 25 Oct 2024		
Time	Session	Facilitator
0800-0815	- Registration of new learners - Reflection on Day 2	Adam/Sara Patty
0815-1000	Red group: Orientation of new learners, hand-it-on game and simulation VC 1.8	Adam
0800-1000	Green group: THM game/ implementation and evaluation	Regan, Shelley, Amal
0800-1000	Blue group: THM art/VAST trivia quiz	Patty
1000-1030	Morning tea	
1030-1230	Blue group: Simulation VC 2.3 & 2.5	Adam
1030-1230	Red group: THM game/ implementation and evaluation	Regan, Shelley, Amal
1030-1230	Green group: THM art/VAST trivia quiz	Patty
1230-1315	Lunch	
1315-1515	Green group: Simulation VC 3.5 & SB008	Adam
1315-1515	Blue group: THM game/ implementation and evaluation	Regan, Shelley, Amal
1315-1515	Red group: THM art/VAST trivia quiz	Patty
1515-1545	Afternoon tea (new learners depart)	
1545-1550	Evaluation VAST FORM	Adam
1550-1610	Awards presentation	Angela, Eunice, Jon, Patty
1610-1615	Thank you	Adam
1615-1625	Goodbye chain	
1625-1700	Faculty debriefing & pack down	

Country plans

Burundi

1. Deliver all of VAST's programs over five years
 - a. Offer training in all five regions
 - b. Currently there are 5-6 facilitators
 - c. Integrate VAST Foundation Year into the curriculum
2. Need a simulation centre
 - a. Funding
 - b. Mentorship from experienced VAST facilitators
 - c. Equipment
 - d. Need a simulation coordinator
 - e. Training needs to be in French
3. Do continuing medical education – surveys, feedback
4. Consider sending people to Tanzania or Rwanda for training
5. Engage stakeholders

Canada

1. Country-wide
 - a. Take VAST to rural/underserved parts of Canada
 - b. Contribute to CASIEF-VAST programs
 - c. Teach VAST locally within institutions
 - d. Perhaps a framework/protocol to VAST implementation
 - Build alliances, partnerships, networks
 - Directory of faculty
 - Empower local people
2. Dalhousie specific
 - a. Direction
 - VAST FC for Dalhousie staff and residents
 - VAST Course for pediatric hospital (IWK) and community hospitals
 - b. What is needed
 - Funding – Department funding, TRICC (?) grant, registrations
 - c. Impact
 - CanNASC/in-situ simulation
 - Immediate and delayed surveys

Ethiopia

1. Expand VAST Foundation Year across Addis Abba and in other regions
 - a. Train more facilitators in Addis by running the VAST Facilitator Course
 - b. Incorporate the VAST Foundation Year into residency training program
 - c. Offer VAST workshop at a conference (possibly charge for cost recovery)
 - d. Consider repeating VAST Facilitator Course in Harar and Jimma
2. Logistics
 - a. Finances - costs for printing, participant travel, catering – concerns about asking people to pay
 - b. Human resources and equipment are sufficient
3. Run VAST Wellbeing but may need international faculty
4. Feedback
 - a. Research – qualitative and quantitative – know your audience

5. Can we do VAST Facilitator Courses in two days vs three? Or Facilitator Course immediately followed by VAST Course
6. Demonstration of impact
 - a. Research to show impact
 - b. Feedback from participants and facilitators
 - c. Resolve comments from feedback
 - d. Include photographs

Fiji

1. Increase the number of VAST facilitators
 - a. Plan 1-2 VAST Facilitator Courses in 2025
 - b. VAST Wellbeing at Pacific Society conference in 2025
2. Further vision
 - a. Make VAST mobile in Fiji
 - b. Train multi-disciplinary facilitators
 - c. Ensure the national university is involved
 - d. Need a future VAST lead to mentor
 - e. Need to diversify funding so it is not only from Australia

Ghana

Two years

1. Educate regarding VAST
2. Identify interested participants from anesthesia, surgery, pediatrics, OB, nursing and midwifery
3. Review equipment, space etc. and prepare a budget
4. Seek funding
 - a. Dalhousie SHEAU (?)
 - b. UN
 - c. VAST grant
 - d. Dal Department of Ob-Gyne
 - e. KBTH – Ridge Hospital (Medical Director)
 - f. Ghana College of Physicians and Surgeons
 - g. Ghana Physicians and Surgeons Foundation
 - h. World Federation of Societies of Anaesthesiologists
5. Consider VAST Course and VAST Facilitator Course

Three Years

1. Training in Accra and beyond (Kuman, Cape Coast, Tamale, Ho)
2. Demonstrate impact
 - a. Number trained
 - b. Survey data – knowledge, confidence, skill, impact on practice

Five Years

Consider VAST Foundation Year in the future

India

1. What direction?

Divide India into 5 zones – North, South, East, West and Central

Probable cities as per zones

North – Delhi, Rohtak

South – Bangalore, Vellore, Chennai

West – Mumbai

East – Kolkatta

Central – Not identified yet

We will invite letter of interest from organization/ department of anaesthesia to conduct VAST courses in their set up. This will get better buy in as well as succession planning in case of facilitator pool attrition.

IHAVAST should consider including surgeons, nurses, physicians.

A possible future collaboration with ISA/ NMC/NBEMS (The national bodies of anaesthesia fraternity and education)

2. What is needed?
Develop 3-4 facilitators in each zonal centre which show interest. Projected time for this is 6 months to one year.
Resources – Space/ sim coordinators/ mannequins/ catering/printing/travel/ stay
Consider sponsorship – Local/ VAST/ WFSA/ Corporate Social responsibility
3. How will you show impact?
Through research projects.
Feedback of VAST courses. The feedback should be uniform, formal as well as informal (testimonials, pictures)
Long term impact (6 months after the VAST courses)

Kenya

1. Five-year plan (VAST in Dur region)
 - a. VAST Facilitator Course in Kenya (facilitators from all over the country)
 - b. VAST Foundation Year for anesthesia trainees (residents and NPA students)
 - c. Incorporate research into these plans
 - d. Develop a Kenyan leadership committee
2. What is needed?
 - a. Create awareness; what is VAST?
 - b. Buy-in by potential facilitators, Foundation Year participants and stakeholders (e.g., Kenyan Society of Anaesthesia, universities, hospitals)
 - c. Funding and partnership
3. Demonstration of impact
 - a. Evaluation and impact studies, before and after
 - b. Stakeholder/patient surveys

Latin America

1. Increase the number of faculty in the existing countries (e.g., El Salvador) + increase the number of countries (e.g., Bolivia) – maybe Colombia to serve as a hub
2. Committed faculty – quality and quantity
3. Experience of faculty
 - a. Number of courses done
 - b. Perhaps measure impact on patient outcomes in Colombia

Mauritius

Beginning

1. VAST Facilitator Course + VAST Course
2. VAST Wellbeing
3. Eventually VAST Foundation Year

Resources needed

1. Sim centre and materials are available

2. Need VAST trainers with expertise
- Demonstrating impact
After running simulation training, qualitative analysis will be done amongst healthcare staff and hospital administration

Nepal

1. Conduct VAST Facilitator Course in Bir Hospital (Immediate plan: June/July 2025)
 - a. To develop pool of VAST facilitators
2. Continue VAST Foundation Year for the anaesthesia trainees as it has been incorporated into the MD anesthesiology curriculum of NAMS.
3. Conduct VAST Courses in different institutions within Kathmandu valley (mid-term plan)
 - a. To orient the courses in different institutions
4. Coordinate with national societies, national health training center, province level health training center, academia and government & private hospitals (long term plan)
 - a. To conduct vast courses across the country, at least at each province level (all together 7 provinces)
5. Develop more VAST scenarios and conduct them (long term plan)
 - a. Applicable for junior/senior trainee of different specialty
 - b. Applicable in different context in terms of subject, specialty, set up
6. Research activities (long term plan)
 - a. To prove the feasibility, impact and effectiveness of the courses
 - b. To develop more and new simulation scenarios

Resources need to be generated from different national and international grants.

Somaliland

1. Work towards a VAST Facilitator Course and VAST Course in 2026
 - a. Do a needs analysis
 - b. Assess current understanding
2. Finances
 - a. Maybe combined training for Harar and Somaliland
 - b. Need to see if courses can be shortened [likely not]

Tanzania

1. Five-year plan
 - a. Expand VAST to Dodoma, Zanibar (VAST Facilitator Course and VAST Course)
 - b. Consider VAST Foundation Year for new anesthesia residents each academic year
 - c. Introduction of VAST Wellbeing into >5 hospitals
 - d. Advocacy for VAST in local and international professional society meetings
2. What is needed?
 - a. Explore funding opportunities
 - b. Increase pool of VAST facilitators
 - c. Explore feasibility of charging for VAST programs
 - d. Introduce continuing professional development points for VAST training
3. Demonstration of impact
 - a. Establish active VAST hubs (Dar, Dodoma, Zanzibar)
 - b. Feedback from participants
 - c. Number of participants trained
 - d. Buy-in for VAST from other specialities

Course Photos













