

Mask-Ed™ Simulation Tool for Inter-professional Learning and Development in Clinical Practice

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Aim:

To identify if simulation (Mask Ed)™ based training promotes deeper learning for medical emergencies in allied health graduates (AHG).

Background:

Medical Emergency Teams (MET) review patients who have become acutely unwell. These situations often expose allied health Clinicians (AHC) vicariously to the emergency. Although this cohort do not have a direct role in recording patient observations, they require an understanding of the role of the MET service. The aim of the project was to deliver an Allied Health Graduate inter-professional learning workshop using simulated (MASK-ED) learning techniques, highlighting clinical importance of;

- Working in scope of allied health role
- Awareness of role of other clinicians in the medical, nursing and allied health teams
- Awareness of ACT Health initiatives for recognising and responding to clinical deterioration of patients

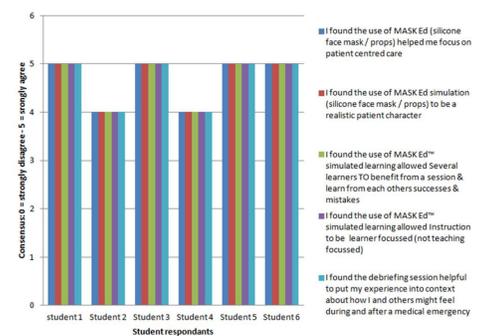
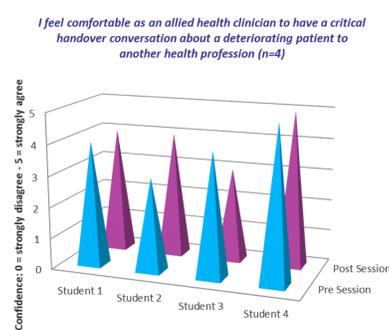
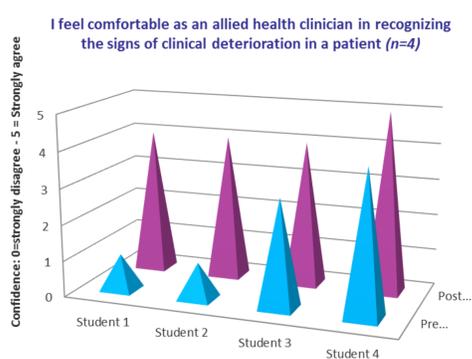
Mask-Ed™ is a High fidelity simulation technique created by at CQ University Australia in 2010. The technique is informed by a teaching process and involves realistic body silicone props including masks, torsos, arms and legs worn over the informed educator to mask them. The technique is about constructing realities for learners and provides them with practical experience in the realities of their discipline.

Method:

Two education sessions were run as part of this project. **Session 1**: Recognising a change in patient clinical status/condition (adapted from ACT Health Community COMPASS training) and **Session 2**: Exposure to a MOCK medical emergency call involving medical MET staff directing allied health graduates followed by discussion of challenges allied health clinicians may encounter in the workplace in the context of medical emergencies. The project involved 17 AHG from 7 allied health disciplines. Participants were consented to the use of MASK-Ed™ and to complete a pre-training survey. Pre and post, AHGs were asked to rate these statements; **Statement A**: I feel comfortable as an (AHG) in recognising the signs of clinical deterioration in a patient. **Statement B**: I feel comfortable as an AHG to have a critical conversation about a patient who is clinically deteriorating. **Statement C**: As an AHG I am confident about my scope of practice in a medical emergency. Post participants were also asked to rate the statements in relation to the use of the MASK-Ed™ tool.

Results:

Results showed a 19% increase for participants who strongly agreed with statements A and B and a 12% increase for statement C. The Mask-Ed simulation showed 67% of participants strongly agreed that the simulation enabled a focus on patient centered care, with a realistic patient character and that several learners could benefit & learn from each other's successes & mistakes. 100% of participants agreed/strongly agreed that MASK Ed™ learning allowed Instruction to be learner focused and the debriefing session helped to put experience into context.



Conclusion:

The use of MASK-Ed as a simulation tool in inter-professional learning can be effective in building confidence; providing a bridge to clinical practice and is a safe environment where critical thinking skills can be practised. Furthermore, delegation leadership & communication skills can be developed and patient safety is not threatened (Reid-Searl 2015). Finally, inter-professional learning through simulation provides learning opportunities to prepare future healthcare professionals for the collaborative models of healthcare being developed internationally.

References:

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