DISTRIBUTED SIMULATION PROJECT

Guide to Developing Simulated Interprofessional Learning Activities

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Acknowledgements

Members of the Distributed Simulation project working group and project team have provided feedback and contributed expert opinion to this guide.

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Introduction

Health Workforce Australia (HWA) has funded a suite of projects Australia-wide, dedicated to developing and consolidating the role that simulated learning plays in preparing health professionals for clinical practice. The Distributed Simulation Project is one of these HWA funded projects and is being undertaken by the University of Tasmania, Centre for Rural Health, to build the capacity for providing clinical training opportunities for students and staff in rural and remote areas. The focus of the project is to distribute simulated learning equipment and provide e-learning resources to the workplace at Rural Health Teaching Sites across Tasmania, with the aim of facilitating the delivery of distributed (on-site) simulation learning experiences. The project will create opportunities for inter-professional learning (IPL) and prepare students and clinicians to work effectively in a simulated and e-learning environment that strengthens the quality of the clinical learning environment and promotes professional development.

This template for distributed simulation provides a generic guide to assist local clinicians to develop and provide on-site simulated learning activities. Accordingly, it provides a framework to assist the user to prepare, implement and evaluate a specific learning/interprofessional learning activity. The template includes guidelines and resources for developing learning objectives, selecting appropriate teaching and learning strategies, accessing suitable learning resources and materials, debriefing learners and developing relevant assessment and evaluation strategies.

Part A. Preparing for a Distributed Simulated Learning Activity

1. Learning about Simulation and Interprofessional Learning

1.1 Simulation

A simulation program can be classified as ‘Any educational intervention that replicates clinical environments for education, training, assessment, rehearsal or research’ (Khan, Tolhurst-Cleaver, White and Simpson, 2011, p.3).

Simulation ‘offers a feasible alternative for learning procedural skills and the opportunity to rehearse performance in complex integrated scenarios in a safe, protected, learner-centred simulated clinical setting’ (Ker and Bradley, 2010, p.165).

Simulation is applicable to learners at all levels of seniority, from novice to expert (Ker and Bradley, 2010). Simulation provides a safe and protected learning environment as learning and practice occur in an artificially created learning environment that mimics (to varying extents) the real practice environment (Jeffries, 2005). Simulation may involve a wide range of learning approaches and apart from teaching technical skills involves teaching in the cognitive (knowledge) and affective (attitudinal) domains.

Distributed simulation refers to simulated learning activities and resources being available onsite in the workplace.

Recommended Simulation readings

National Health Education Training - Simulation (NHET-Sim) Program

The NHET-Sim program is a simulation training program funded by HWA and is available Australia-wide to simulation educators across all health professions. For further information about this training or to register, see http://www.nhet-sim.edu.au/

You may find the following NHET-Sim readings useful.

Reading recommended by NHET-Sim


Useful Websites

- AusSETT  www.aussett.edu.au
- Health Workforce Australia  www.hwa.gov.au
- Sim Net  www.simnet.net.au
- Simulation Australia  www.simulationaustralia.org.au
- Society for Simulation in Healthcare  www.ssih.org
- Tasmanian Clinical Education Network  www.tcen.com.au
- Victorian Simulation Alliance  www.vicsim.org

1.2 Interprofessional Learning

**Interprofessional Learning (IPL)** is ‘the overarching term encompassing interprofessional education, or IPE, and interprofessional practice, or IPP. It is a philosophical stance, embracing lifelong learning, adult learning principles and an ongoing, active learning process, between different cultures and health care disciplines. IPL philosophy supports health professionals working collaboratively in a health care setting, through a purposeful interaction with service users and carers, to produce quality patient centred care. It acknowledges both formal and informal methods of learning which progress to develop service delivery.’ Australasian Interprofessional Practice and Education Network (AIPPEN). Available at http://aippen.net/what-is-ipe-ipl-ipp

‘Interprofessional Education (IPE) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.’, Centre for the Advancement of Interprofessional Education (2002). Available at http://www.caipe.org.uk/about-us/defining-ipe

In identifying learning outcomes for a specific learning activity consider incorporating interprofessional outcomes or competencies wherever appropriate. According to Schmitt et al., (2011, p.1351) there are four core interprofessional competencies. These are:

- **Values and ethics for interprofessional practice**: Work with individuals of other professions to maintain a climate of mutual respect and shared values;
- **Roles and responsibilities**: Use the knowledge of one’s own role and of other professions’ roles to appropriately assess and address the health care needs of the patients and populations served;
- **Interprofessional communication**: Communicate with patients, families, communities and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease; and
- **Teams and teamwork**: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centred care that is safe, timely, efficient, effective and equitable.
Recommended Interprofessional readings


Useful Websites

- Australasian Interprofessional Practice and Education Network (AIPPEN), http://aippen.net/publications

2. Understanding the Principles of Adult/Self Directed Learning

This learning activity is based on adult learning principles and therefore participants are expected to be self-directed, motivated, reflective, and take an active role in their preparation and engagement in any professional development activity.

Knowles’ (1973) principles of adult learning include:

- Adults are internally motivated and self-directed and therefore require autonomy.
- Adults bring life experiences and knowledge to learning experiences; they recognise the importance of building on prior experience and learning.
- Adults are goal oriented.
- Adults are relevancy oriented; they need to apply learning.
- Adults are practical; they need active involvement in the learning process such as experiential learning and active problem solving.
- Adult learners like to be respected.

Recommended reading on Adult Learning and reflection


3. Planning and Developing a Learning Activity

The Rural Health Education Foundation guide to facilitating Adult Learning (2007) provides a practical guide to planning and developing a learning activity. In developing a simulated learning activity consider the following (13) preparatory steps:

1. Name and describe an activity or scenario.
2. Who is your activity being developed for: identify your target learners.
3. Write a short description of the scenario.
4. Identify the intended learning outcomes/objectives.
5. Select the teaching and learning methods and resources.
6. Select the type of simulation activity and the equipment required.
7. Develop a teaching plan including an outline of learning activities.
8. Prepare a brief for participants outlining instructions.
9. Prepare an outline of the sequence of events, including any desired learner actions and prompts for facilitator(s).
10. Implement the teaching plan.
11. Prepare questions or guidelines to facilitate the post-activity debrief, including feedback and reflection on what worked well and what could be improved.
12. Assess the participant learning.
13. Evaluate the learning activity.

These 13 steps are considered in more detail below.

3.1 Name and describe the activity or scenario
Construct a brief overview of the scenario/case study which identifies the learning activity, including the client/patient history, profile and current situation and the health professionals to be involved in the care of the client.

3.2 Identify target learners
Consider the entry level knowledge or competencies of learners as a basis for building on their existing knowledge and skills. To get the right pitch consider if learners are students, staff, or members of one discipline or many.

3.3 Develop a description of the scenario
Construct a more comprehensive written synopsis of the scenario/case study which identifies specific client parameters and the knowledge/skills required of specific health professionals involved in the care of the client. Consider using an existing case scenario/template rather than developing your own if you have access to one, e.g. Redcliffe Hospital Skill Development Centre scenario template, 2013.

3.4 Identify learning objectives and intended learning outcomes
Bloom’s taxonomy is a well-established hierarchy of learning. This taxonomy of learning can be used as a guide to help you frame objectives that reflect different levels of learning (Krathwohl, 2002).

Write a stem statement that leads to each objective /outcome. For example:
‘On completion of this activity you should be able to:’, then identify 3-5 objectives relating to each activity.
- Objectives may include knowledge, skills and attitudes/values.
- Each objective should be specific, measurable, realistic and achievable in a specified time frame (i.e. SMART!)

Recommended reading on constructing learning objectives
Consider including *interprofessional learning competencies* which can be stated as learning outcomes, for example:

Having completed this activity, the student/health professional will:
- Develop knowledge and skills related to the (… activity) and respect the contribution of other disciplines or professions.
- Demonstrate knowledge of their own role and the role of other professions to appropriately assess and address the needs of patients/clients.

For your information the University of Tasmania has identified five *core generic graduate outcomes or attributes* of any learning activity. These are the qualities that students are expected to develop during their course. By undertaking these simulated learning activities it is expected that participants will make progress in attaining these attributes, which are:
- **Knowledge** (develop a broad knowledge base and respect the contribution of other disciplines).
- **Communication skills** (demonstrate effective verbal and written documentation skills and the ability to work cooperatively with others).
- **Problem-solving skills** (interpret clinical and technical data, identify problems and respond appropriately to resolve issues as a clinical situation evolves).
- **Global perspective** (function capably in a multicultural or global context).
- **Social responsibility** (acknowledge the social and ethical implications of your actions).

### 3.5 Select teaching/learning methods and resources

Planning any learning activity requires careful selection of the most appropriate teaching methods and resources. When selecting readings plan for these to be user friendly, i.e. short, recent and succinct.

Simulated learning activities and workshops could incorporate a range of the following:
- simulated learning experiences
- power-point presentations
- case studies/scenarios
- feedback and debrief
- evaluation
- group discussions
- short videos/DVDs
- online video clips, e-lectures/demonstrations
- skill stations
- face-to-face lectures/demonstrations/workshops/tutorials

### 3.6 Select the type of simulation activity and equipment

The type of simulation activity and equipment selected will depend on the trainer’s expertise, comfort and resources available. This may include one or more of the following: Part-task trainers (e.g. cannulation arm), computer based systems (e.g. iSimulate), simulated patients, interprofessional learning (IPL), integrated simulator (e.g. Sim Man), role play, paper-based scenarios and video clips to name a few. Ensure you and/or the facilitator are familiar with the equipment to be used and can operate it safely and effectively.

### 3.7 Develop a teaching/learning plan

To optimise formal arrangements and capitalise on professional and organisational reporting requirements, a teaching/learning plan needs to be developed that incorporates the date, venue, content, duration and mode of delivery (Table 1). A sample program template is provided in Appendix 1.
3.8 Prepare instructions for participants
Identify precisely what you want learners to do. For instance, with a Basic Life Support (BLS) skills station you may want participants to engage with equipment, perform BLS, generate a performance print out, and rotate roles within a nominated period of time.
As a core instruction, participants should be asked to complete an attendance record (an example is provided in Appendix 2) so that the organisation can meet formal reporting requirements.

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
<th>Method of delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 hrs</td>
<td>20 minutes</td>
<td>Basic Life Support</td>
<td>Video</td>
</tr>
<tr>
<td>1045 hrs</td>
<td>15 minutes</td>
<td>DRSABCD</td>
<td>Morning tea</td>
</tr>
<tr>
<td>1100 hrs</td>
<td>90 minutes</td>
<td>Airway/Breathing and Compressions</td>
<td>Hands on session/skills station with part task trainer</td>
</tr>
<tr>
<td>1230 hrs</td>
<td>30 minutes</td>
<td></td>
<td>Lunch</td>
</tr>
</tbody>
</table>

Table 1: Example teaching/learning plan

3.9 Outline the sequence of events
If a skill is embedded within a scenario you will need to design a sequence of events with cues and prompts to progress the scenario in a timely manner.

3.10 Implement the teaching plan
Implement the teaching plan allowing for time to rehearse, set up and test equipment prior to a scheduled session. Ensure that the learning environment and equipment are safe. Consider and plan for contingencies such as equipment malfunction. Monitor the pacing and progression of each session and be prepared to be responsive to learners’ needs and adapt, expand or contract components of the plan as necessary.

3.11 Guide debrief and reflection
The structured debrief is an integral component of any simulated learning activity. The Redcliffe model recommends that safety, performance, communication, knowledge and reflection are discussed during the structured debrief that follows an activity.
Examples of questions that may be used include:
- How would you describe the experience?
- Identify what you have learnt or things you did not know before.
- How did you manage your time?
- Were there any issues or problems?
- What did you do well?
- What were the challenges?
- Were there any areas where you feel you could improve? (Bradshaw 2011).
The Plus Delta model (Jolly, Nestel, Sprick, 2012, NHET-Sim program: www.nhet-sim.edu.au). The +delta model is a simple two-step approach suitable for brief, in-house time-limited situations. This approach to debrief focuses on a) what worked well and, b) what needs to be strengthened.

The Pendleton model (Jolly et al., 2012, NHET-Sim program). This model is useful for clinical group scenarios and activities that include more than one method/component (e.g. reflection/review of video). The facilitator begins the debrief session with a brief overview of what happened before progressing to a style that alternates between facilitator and learners:

- Learners are asked how they felt about the session and what worked well and why.
- The facilitator identifies from their perspective, what went well and why.
- Learners are asked to identify what could be improved and how.
- The facilitator identifies what they consider could be improved and how.

To conclude, the learners and/or facilitator identify three areas pertinent to the objectives to take away from the session.

The advocacy enquiry debrief

The advocacy model of debrief is more complex and deals with learners’ feelings as well as learning content and performance. The process begins by the facilitator asking each learner how they felt about the learning activity. The facilitator then:

- Provides a brief overview of the scenario/learning activity.
- Directs two or three specific questions to the learners related to the learning objectives.
- Directs further questions to identify gaps in knowledge, weaknesses in performance and helps to close the gap by guiding discussion to what learners need to know.
- Closes the debrief with key positive messages and strategies to strengthen performance.

Recommended readings on debriefing


3.12 Assess participant learning

A range of strategies can be utilised to assess learning; however a formal assessment process may be mandated in some disciplines, e.g. annual mandatory BLS competencies (example, Appendix 3).

<table>
<thead>
<tr>
<th>Formal</th>
<th>Pre and post tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Skills meter</td>
</tr>
<tr>
<td></td>
<td>Direct Observation of Procedural Skills (DOPS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Informal</th>
<th>Exercises</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-assessment</td>
</tr>
<tr>
<td></td>
<td>Peer review</td>
</tr>
<tr>
<td></td>
<td>Skills checklist</td>
</tr>
<tr>
<td></td>
<td>Debrief</td>
</tr>
<tr>
<td></td>
<td>Reflection</td>
</tr>
</tbody>
</table>
3.13 Evaluate the learning activity

All learning activities should be evaluated to provide evidence of their efficacy and to justify the contribution they make to professional development, clinical learning and practice. A variety of strategies can be used to evaluate a learning activity. The approach adopted should address all aspects and components of the learning session. The method and content selected will depend on the specific activity: its purpose and objectives, the planning, delivery, resources, expertise and facilities utilised. Examples may include:

- Pre and post surveys (paper or online).
- Training in the use of equipment.
- Case scenarios.
- The effect of the session on level of confidence.
- Utility and relevance to practice.
- Likelihood session will strengthen practice.
- Satisfaction with venue, timing, duration, mode of delivery, expertise, resources and feedback provided.

See sample workshop evaluation survey (Appendix 4)

4. Reporting and Record Keeping

The organisation and the individual are required to document and report professional development activities. To this end, the organisation needs to maintain an accurate record of attendance at all professional development activities as outlined earlier (Appendix 2). The criteria required for maintaining a professional portfolio and establishing continuing professional development (CPD) points include the venue, date, duration of a learning activity; criteria that should be factored into providing participants with evidence certifying their participation and/or achievement (Appendix 5).

5. Additional Learning Resources Related to Teaching and Learning

- Australian Learning and Teaching Council http://www.altc.edu.au/

6. Simulation Protocol

The University of Tasmania’s School of Nursing and Midwifery has developed a draft Simulation Based Education Procedure manual for its high fidelity simulation laboratories. Regardless of the level of fidelity or technology, the principles of Occupational Health and Safety apply to all situations involving the use of simulation equipment including manual handling, working with electrical equipment, foot safety, preventing trips and falls and ensuring safe storage.

7. Servicing and Maintaining Equipment

It is important that all simulation learning equipment is stored safely and regularly and appropriately serviced and maintained in accordance with product guidelines. Training in the use of equipment should include information regarding the frequency of servicing and maintenance and recommendations for using/replacing component parts.

- Information related to Laerdal products is available at: www.laerdal.com/au/
- For information regarding iSimulate equipment, software or membership: contact Peter McKie: peter.mckie@isimulate.com.au or Phone: (02) 6129 8200
Part B. Attachments and Appendices

Appendix 1: Sample workshop program
Appendix 2: Sample attendance sheet
Appendix 3: Sample assessment tool of participant learning
Appendix 4: Sample workshop evaluation survey
Appendix 5: Sample certificate of attendance
Appendix 1: Sample workshop program

FACULTY OF HEALTH
CENTRE FOR RURAL HEALTH

DISTRIBUTED SIMULATION PROJECT

Name of workshop
Workshop Program

Facilitator Name .....................  Date ..........  Organisation .....................

Time    Introduction: Content
Time    Activity
Time    Morning Tea
Time    Simulated learning
Time    Case-based scenarios
Time    Debrief and workshop evaluation

HealthWorkforce
AN AUSTRALIAN GOVERNMENT INITIATIVE

This project was possible due to funding made available by Health Workforce Australia.

www.utas.edu.au/rural-health
Appendix 2: Sample Attendance Sheet

Workshop name
Attendance Sheet
Venue: Insert place
Date: Insert date  Time: Insert time

<table>
<thead>
<tr>
<th>Name</th>
<th>Staff/Student</th>
<th>Discipline</th>
<th>Year Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Dee Fibb</td>
<td>Staff</td>
<td>Nursing</td>
<td>(Student only)</td>
</tr>
</tbody>
</table>
Appendix 3: Sample Assessment Tool of Participant Learning

Name: Insert name  Date: Insert date

**Topic:** BLS Knowledge related to cardiac compressions

Instructions: Tick the most appropriate response

1. One operator CPR performed on an adult requires;
   - [ ] 30 chest compressions and two rescue breaths; 5 cycles in 2 minutes
   - [ ] 15 chest compressions and one rescue breath; 5 cycles in 2 minutes
   - [ ] 30 chest compressions and one rescue breath; 5 cycles in 3 minutes
   - [ ] 15 chest compressions and two rescue breaths; 2 cycles in 5 minutes

2. The recommended rate for performing chest compressions for victims of all ages is
   - [ ] At least 40 compressions per minute
   - [ ] At least 60 compressions per minute
   - [ ] At least 80 compressions per minute
   - [ ] At least 100 compressions per minute

3. The depth of chest compressions for an adult cardiac arrest victim should be at least:
   - [ ] 2.5 cm
   - [ ] 5 cm
   - [ ] 7.5 cm
   - [ ] 10 cm

4. Which of the following describes how to ensure the chest can recoil completely after each chest compression?
   - [ ] Keep the chest depressed approximately 1-2.5 cms between compressions
   - [ ] Maintain some weight distribution on the victim’s chest throughout CPR so the chest is slightly compressed at all times
   - [ ] Compress the chest shallowly with each compression so you don’t have to release too far
   - [ ] Take your weight off your hands between compressions to allow the chest to return to its normal position

5. The depth of chest compressions for an infant cardiac arrest victim should be approximately:
   - [ ] 2 cm
   - [ ] 3 cm
   - [ ] 4 cm
   - [ ] 5 cm
Appendix 4: Sample workshop evaluation survey

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**Sample workshop evaluation survey**

*Faculty of Health*

**Centre for Rural Health**

---

**(Name of) Workshop Evaluation**

**(Venue)**

**(Date)**

Thank you for taking the time to complete this form - your feedback is important to us.

**Staff member** Yes/No  **Student** Yes/No  **Discipline**

---

Have you completed *(Name of training)* training before?  **Yes/No**  **If yes, When?**

---

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the workshop I rated my skill in <em>(name of training)</em> as excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The workshop improved my knowledge and skills of <em>(name of training)</em></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Following the workshop I can see ways to strengthen my practice in ...</td>
<td></td>
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</tr>
<tr>
<td>Following the workshop I feel more knowledgeable and confident about ...</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more confident about detecting complications as they arise and initiating suitable action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend this workshop to colleagues</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PowerPoint presentation was informative and easy to follow</td>
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<td></td>
</tr>
<tr>
<td>The presenter was knowledgeable and informative</td>
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<tr>
<td>The presenter provided an environment that was conducive to my learning where I felt safe to ask questions</td>
<td></td>
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<tr>
<td>The skills activity was very valuable</td>
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<tr>
<td>The simulated learning environment was a valuable learning tool</td>
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<tr>
<td>The video provided an effective overview of the procedure</td>
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<tr>
<td>The scenarios added to my learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The training was clinically and practically relevant to my workplace <em>(staff only)</em></td>
<td></td>
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</tr>
</tbody>
</table>

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*Other comments/Suggestions for improvement*

*(Please remove or add sections as required - You might like to add your organisation’s logo as header or footer)*

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Appendix 5: Sample certificate of attendance

Note: The information required to ensure that attendance at the course will count towards ongoing professional development has been included on the certificate, institutional logos and badging (including that of the HWA) will need to be added as appropriate.

5.1. Sample excluding logos and badging

5.2. Sample including logos and badging
Part C Readings

Simulation


NGET-sim

Interprofessional learning, education and practice


Adult learning and reflection

Constructing learning objectives

Debriefing


Additional References you might find useful


