Title: 'Fake it til you make it' - using simulation in general practice teaching

Date: Friday 27th July

Time: 4 hours - break = 3.5 hours content

Location: Moonee Valley Racecourse

*Key parts to be covered:*

* what SIM is, what it's not, the aims/purpose of SIM
* pre-briefing a scenario
* concept of psychological safety
* high/low fidelity of simulation resources
* running a SIM - role allocations, tips and tricks
* debriefing (where the learning actually happens)
* broadening the potential range of scenarios that can be used in general practice

*Educators*:

SIM 'coaches':

Drs Jim Lupton (JL), Simon Wilson (SW), Bronwen Spalding (BS) and myself (PG)

*ME 'helpers':*

Drs Tanya Scott (TS), Ed Vegara (EV), Bronwyn Wells (BW), Kirstin Jennings (KJ) – no need to be content experts, but viewpoints most welcome!

The plan:

1-1.30pm (30min): plenary – introduction
(fun introduction could be someone with a giant comedy checklist watching someone do boring CPR for two minutes then handing them a large comedy certificate and stating "Thanks, that's your emergency training ticked off for the triennium!" – 2x helpers (KJ and EV) perform ‘CPR’, with one helper (BW) playing the ‘checklisting assessor’ – does someone have a lab coat as a prop?)
(PG facilitating a panel (Jim, Simon, Bronwen) Q&A)
questions that then allow discussion about defining what SIM is and how it’s differs to role play and differs from BSL training, what it's not,
the aims/purpose of SIM
outline of the rest of the afternoon

* + 1.30-2.30pm (60min) – teaching about simulation in GP
	divide into 3 groups which rotate through 3 stations @20min
	- pre/de-briefing - PG/JL
	- psychological/stress management/safety - BS
	- fidelity/resources  - SW
	(3 coaches who stick with one station, plus rotating facilitators/helpers (TS/EV/BW/KJ) who stay with each group and ensure the groups transition quickly)
	+ 2.30-3.10pm (30min plus 10min 'faffing around' buffer) – SIM practice #1
	then divide into four groups.
	Each coach to run through 1x SIM GP scenario (SIM#1: clinical emergency - anaphylaxis +/- patient wanting to leave) *including*a pre-brief, the SIM and debrief. TS/EV/BW/KJ to be divided between the groups as the patient ‘actor’ for the SIM. Others actors, as needed, selected from the participants. Remaining participants stand outside, as observers.
	The SIM should only take 5-7 min, with 5 min pre-briefing the objectives of the scenario and the final at least 5-10 min doing a short example debrief, with some input from the ‘viewers’.
	+ 3.10-3.40pm (30min) break for afternoon tea
	+ 3.40-4.20pm. (30min plus 10min 'faffing around' buffer) – SIM practice #2

	Groups return to the same zones with the same educator/helper team. Each coach to run through second SIM (SIM#2 - 'difficult patient' - patient abusive at reception after being told 'no' by doctor SIM)
	Same timings as above
	TS/EV/BW/KJ again to be divided between the groups as the ‘angry patient actor’ for the SIM.
	+ 4.20-4.30pm (10min): stay in the small groups

Spend 10 min with participants brainstorming/sharing scenario ideas for their clinics on their small-group tables (on flip charts, which are then collated for later dissemination) - TS/EV/BW/KJ to assist with this task

* 4.30-4.50pm: then reunite as a large group for final 20min,
PG to ask participants what they perceive as barriers to them utilising this in their clinics.
JL/SW/BS to provide responses

4.50pm: Conclude with housekeeping re dinner and Saturday’s program

Still to do:

* each prepares the initial small group stuff (pre/de-briefing - PG/JL; psychological/stress management safety - BS; fidelity plus possible physical/personnel resources  - SW)
* all to email Paul with any particular questions they'd like to field in the opening plenary
* Ensure we enjoy ourselves so the supervisors can enjoy themselves while they learn