

What we've published

Brazil, V., Scott, C., Matulich, J., & Shanahan, B. (2022). **Developing a simulation safety policy for translational simulation programs in healthcare.** *Advances in Simulation*, 7(1), 1-7.

In this article our team outlines an institutional approach to collaboratively committing to safety in our translational sim program.

Purdy, E., Borchert, L., El-Bitar, A., Isaacson, W., Bills, L., & Brazil, V. (2022). **Taking simulation out of its "safe container"—exploring the bidirectional impacts of psychological safety and simulation in an emergency department.** *Advances in Simulation*, 7(1), 1-9.

Read this article to push the boundaries of how you think about psychological safety in simulation - risks and rewards!

psych safety twitter thread [here](#)

What we are doing

BEST (bettering ED systems and teams) Workshops **Gold Coast University Hospital**

This month we held the first of our BEST workshops bringing together ED nurses, and consultants to develop skills in leading clinical event debriefing or "after action reviews". We used a video prompt as the basis of a 3hr workshop that focused on practicing approaches and conversational techniques. No powerpoints allowed!

for more reading about hot debriefing click [here](#)

More translational simulation news

Simulcast Journal Club this month takes an interesting dive into "team neurosynchrony" and is definitely worth the listen! Check it out [here](#).

We are lucky to be starting with a new term of medical education registrars and fellows at both GCUH and Bond! It is sure to be a great year!

web: [Translational Simulation Collaborative](#)

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SIMULCAST
a hi-fidelity podcast

www.simulationpodcast.com

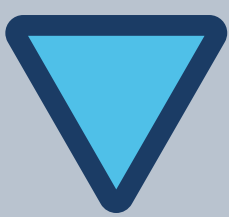
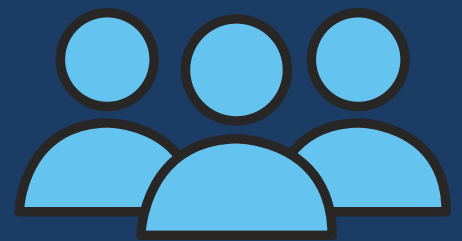
February 2022

DEVELOPING A SIMULATION SAFETY POLICY FOR TRANSLATIONAL SIMULATION PROGRAMS IN HEALTHCARE

V Brazil, C Scott, J Matulich, B Shanahan

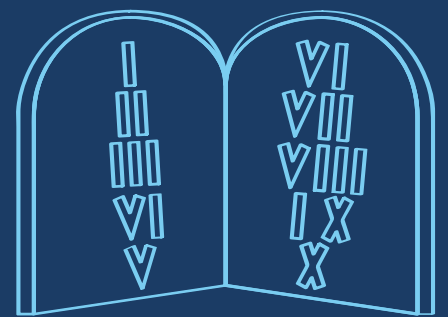
Healthcare simulation may present risks to safety, especially when delivered 'in situ' – in real clinical environments - when lines between simulated and real practice may be blurred. These principles for developing a comprehensive simulation safety policy may provide guidance to simulation programs.

Form a **STEERING GROUP** for development and implementation of the safety policy and identify **RELEVANT STAKEHOLDERS** required for advice and approval.



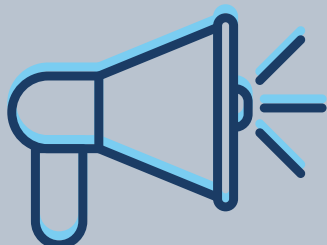
Identify **EXISTING SAFETY PROCEDURES** for the health service/ educational institution in which the simulation program operates.

Incorporate safety practices required in **SSIH ACCREDITATION** processes and Raemer's '**TEN COMMANDMENTS**'



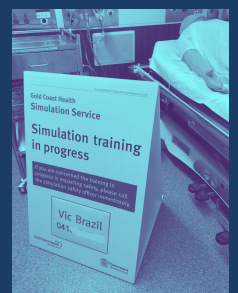
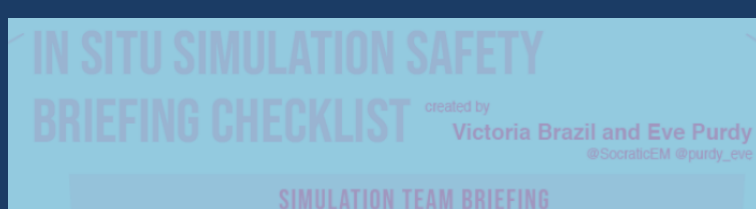
Consider the nature and extent of **PREDICTED SAFETY RISKS**, based on reports in the literature and local experience – adverse events and near misses.

Prioritise **MEDICATION SAFETY** and liaise with health service pharmacy representatives



COMMUNICATE the existence of the safety policy and need for staff involved in simulation delivery to comply with it

ENABLE simulation faculty to conduct safe simulation sessions that are compliant with the policy, including **STRUCTURED BRIEFINGS**, **COGNITIVE AIDS**, and **ENVIRONMENTAL CUES**.



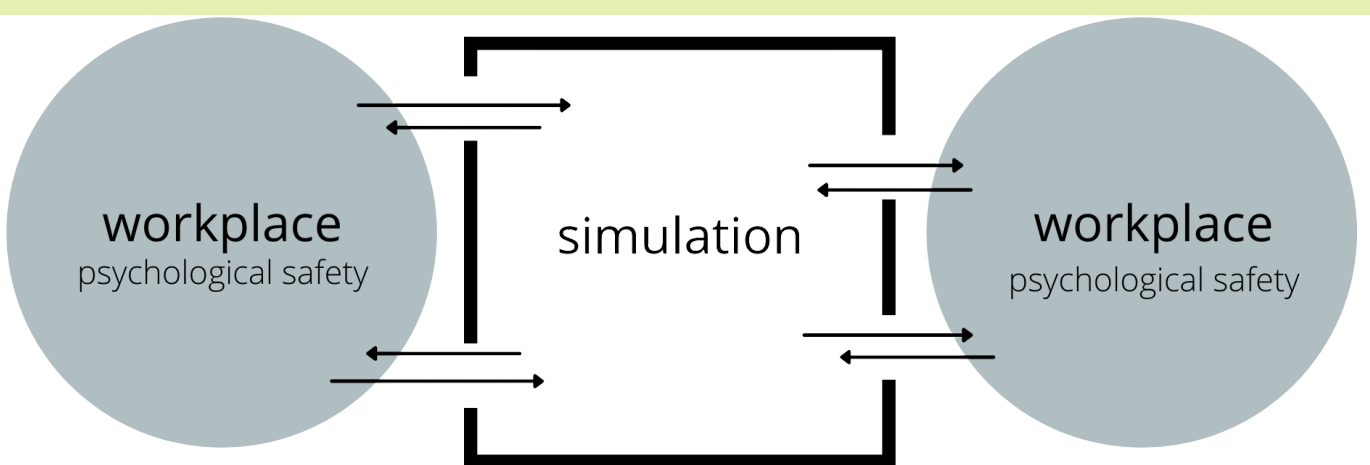
Develop a **REPORTING PROCESS** for simulation related adverse events or near misses, preferably integrated within the health service clinical adverse event reporting framework.

TAKING SIMULATION OUT OF ITS "SAFE CONTAINER"

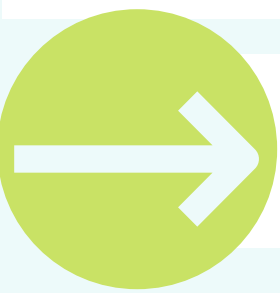
Exploring the Bidirectional Impacts of Psychological Safety and Simulation in an Emergency Department

PURDY | BORCHERT | EL-BITAR | ISAACSON | BILLS | BRAZIL

PSYCH SAFETY IN SIMULATION IS A **BIDIRECTIONAL** LEAKY CONSTRUCT...



PRESENTING BOTH **RISK** AND **OPPORTUNITY**



MINDING WHAT LEAKS **INTO** SIMULATION



DIAGNOSE

Seek to understand the team dynamics that exist before you even enter the room.

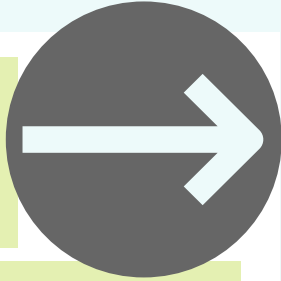
REFLECT

Your own positioning as a facilitator and your pre-existing relationships with participants matters.

COMMIT

Simulation should be part of a broader improvement ethos within the organization.

MANAGING WHAT LEAKS **OUT** OF SIMULATION



STOP...

saying "what happens in simulation stays in simulation"...it just isn't true and shouldn't be the goal.

CONTINUE...

employing traditional ways of establishing, maintaining, and repairing psychological safety in sim

START...

overtly debriefing around concepts related to psychological safety, trust, and familiarity.

@PURDY_EVE | @SOCRATICEM | @WARWICKISAACSON

BUILDING ON THE WORK OF:
JENNY RUDOLPH (@GETCURIOSNOW) | ROISIN O'DONOVAN (@ROISINODONOVAN4) | AMY EDMONDSON (@AMYCEDMONDSON) | MANY OTHER SIMULATION GIANTS

THE ORIGINAL "SAFE CONTAINER" ARTICLE: RUDOLPH JW, RAEMER DB, SIMON R. ESTABLISHING A SAFE CONTAINER FOR LEARNING IN SIMULATION: THE ROLE OF THE PRESIMULATION BRIEFING. SIMULATION IN HEALTHCARE. 2014, DEC 1:9(6):339-49.