# Learning Outcomes

**Snowball**
https://youtu.be/za3pqpM61HE

# Program overview

- What's New

- Scenario teaching + practice

- Repeated skills practice – demo

- Challenges – tips & tricks

- Workshops – Practice sessions

- Facilitating learning conversations, discussions groups & skills

- Wrap up & dinner

# PLS 2025 – what is new

# PLS Committee 2025

| | | | | |
|---|---|---|---|---|
| **Stephen** Bradbury (NZ) | **Di Crellin (Vic)** | **Shelley Dutton (Vic)** | **Catherine Gale (WA)** | **Carmen Haines (NZ)** |
| **Connie Gray (Qld)** | **Stephen Teo (NSW)** | **Jane Cichero** | **Ashlee Farrell** | **Mary Raditsis** |
| | **Jane Stanford** | **David Watton** | **Cameron Glover** | |

# PLS Courses 2024 - 59 courses

MEDICAL 238
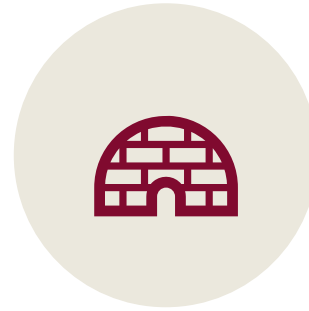
NURSING 555

TOTAL 876

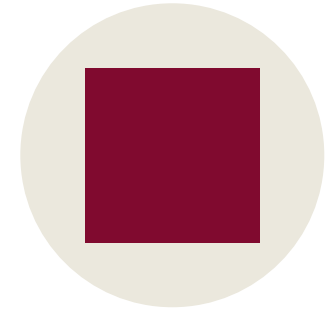# PLS Courses 2025 – so far

**24 courses completed 32 booked**

**MEDICAL 70**

**NURSING 243**

**PARAMEDICS 1**

**TOTAL 354**

# PLS 2025

- Curriculum review - 7th edition updates and introduction of RSP
- Centralised programs
- PLS instructor development online learning
- Director pathway and PLS (instructor) providers attributes
- Modular program options
- PLS Instructors/Coordinators Day 2025

Discussion groups
APLS Australia

**Acknowledgement & thanks – Stephen Teo**

# Morning tea

Scenario Teaching

# Session objectives

Establishing an effective and psychologically safe environment for learning

Aims of simulation (scenarios)

Facilitating reflection following scenarios to increase learning for everyone

# Foundations

'ABC's' of building safe simulation

- Humility & curiosity
- Psychological safety
- Emotional intelligence
- Non-verbal communication
- Active listening
- Adult Learning Theory
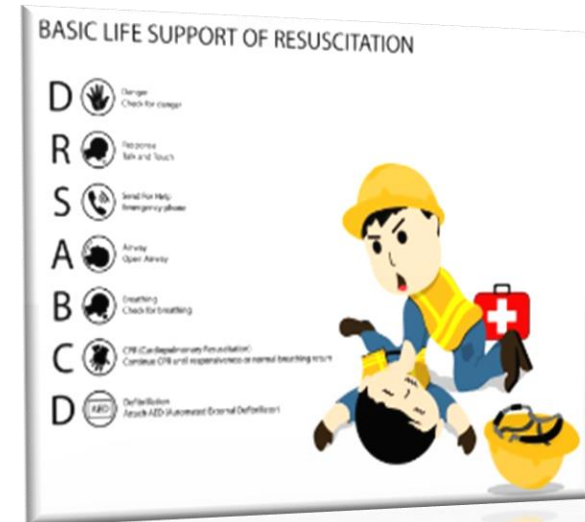
# Aims of simulation (scenarios)

Standardised experience for core knowledge/skills for everyone

Encourage critical thinking

Increase confidence by repetitive practice

*Hidden curriculum - improve teamwork*

# Structured approach

Prepare

Open

Facilitate

Close



Scenario teaching: tips and tricks

Comments

# Pre-brief



Maslow's hierarchy as a framework for the simulation pre-brief

- self-actualisation
- esteem needs
- social needs
- educational safety needs
- physiological needs

- Supports individuals' potential for achievement of goals

- Confidentiality

- Orientation to manikin and environment

- Sim as a 'complex social endeavour'

- Fiction contract – no tricks or traps

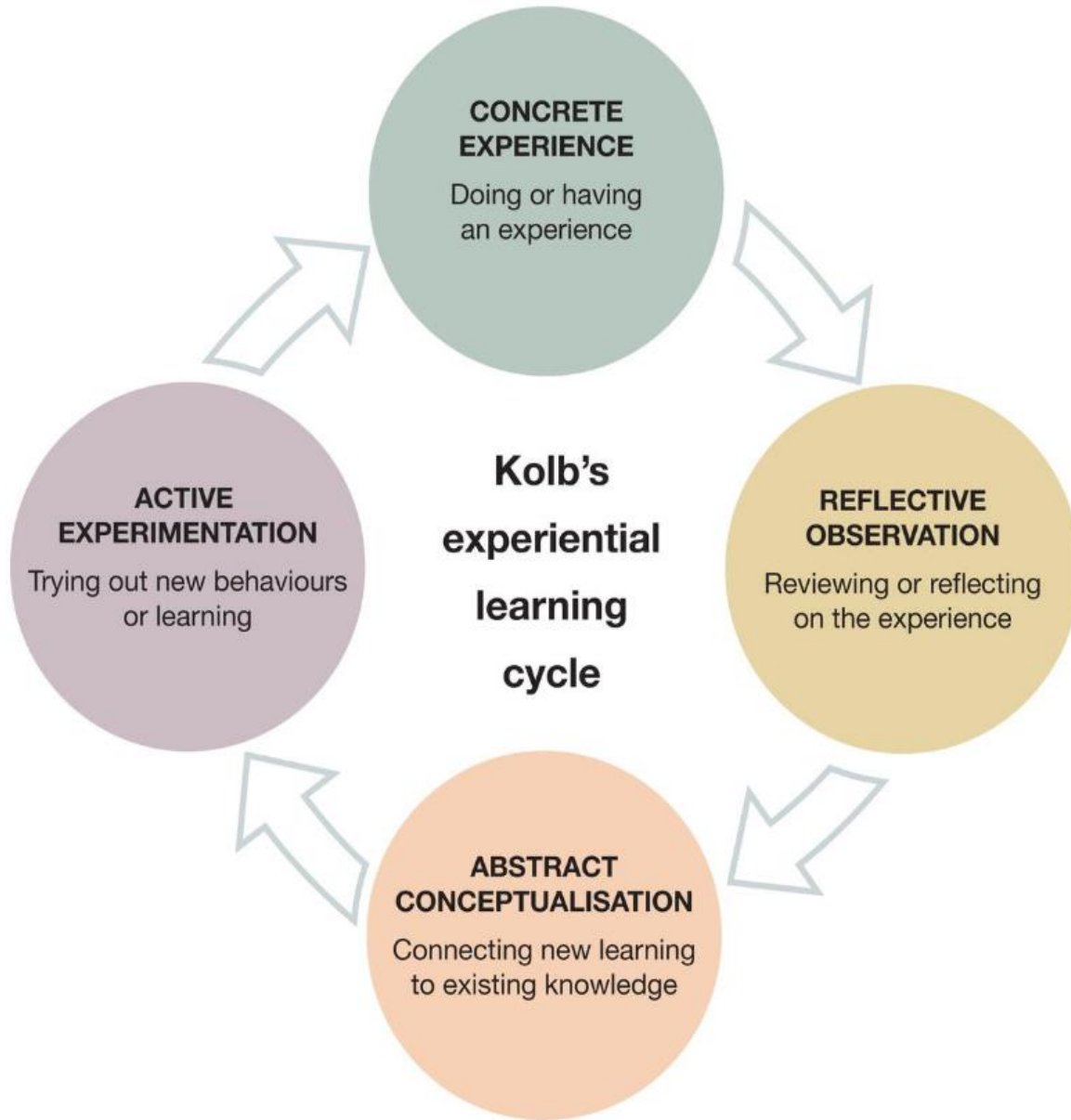- Basic assumption

- After the scenario

Somerville SG, Harrison NM, Lewis SA. Twelve tips for the pre-brief to promote psychological safety in simulation-based education.

# The Learning Conversation –
## *should feel like a good conversation*

- You and your co-instructor are the hosts

- Active listening

- How do we know it is good?

  - ✓ feel safe to talk freely and honestly
  - ✓ interesting
  - ✓ flow naturally
  - ✓ owned by the participants

  https://hbr.org/2022/05/whats-your-listening-style

CONCRETE
EXPERIENCE
Doing or having
an experience

Kolb's
experiential
learning
cycle

REFLECTIVE
OBSERVATION
Reviewing or reflecting
on the experience

ACTIVE
EXPERIMENTATION
Trying out new behaviours
or learning

ABSTRACT
CONCEPTUALISATION
Connecting new learning
to existing knowledge

# Adult Learning –
*mistakes are an
opportunity for learning*

"We don't learn from experience.
We learn from reflecting on
experience."

– John Dewey

# Create realism

- Look at your scenario for 1 min, then put it away, close your eyes and create a mental picture of the child

- Now in 1 min, describe **what the child looks** like and what happens to them to person next to you

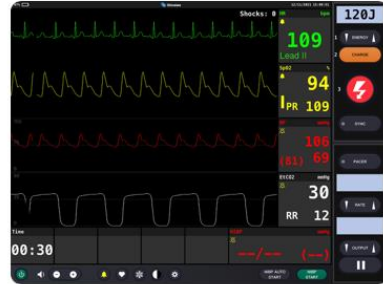- NOT vital signs

**Scenario Demonstration**

# Summary

- Structured approach - P, O, F, C
- Build a safe & supportive learning environment
- Psychological safety
- Active listening
- Emotional intelligence
- Participant driven

REALITi 360 practice

# REALITi - tips

- Connect/pair just before starting
- Start with scenario
- Blue eyes/pulse Ox
- Close apps and restart

# Practice
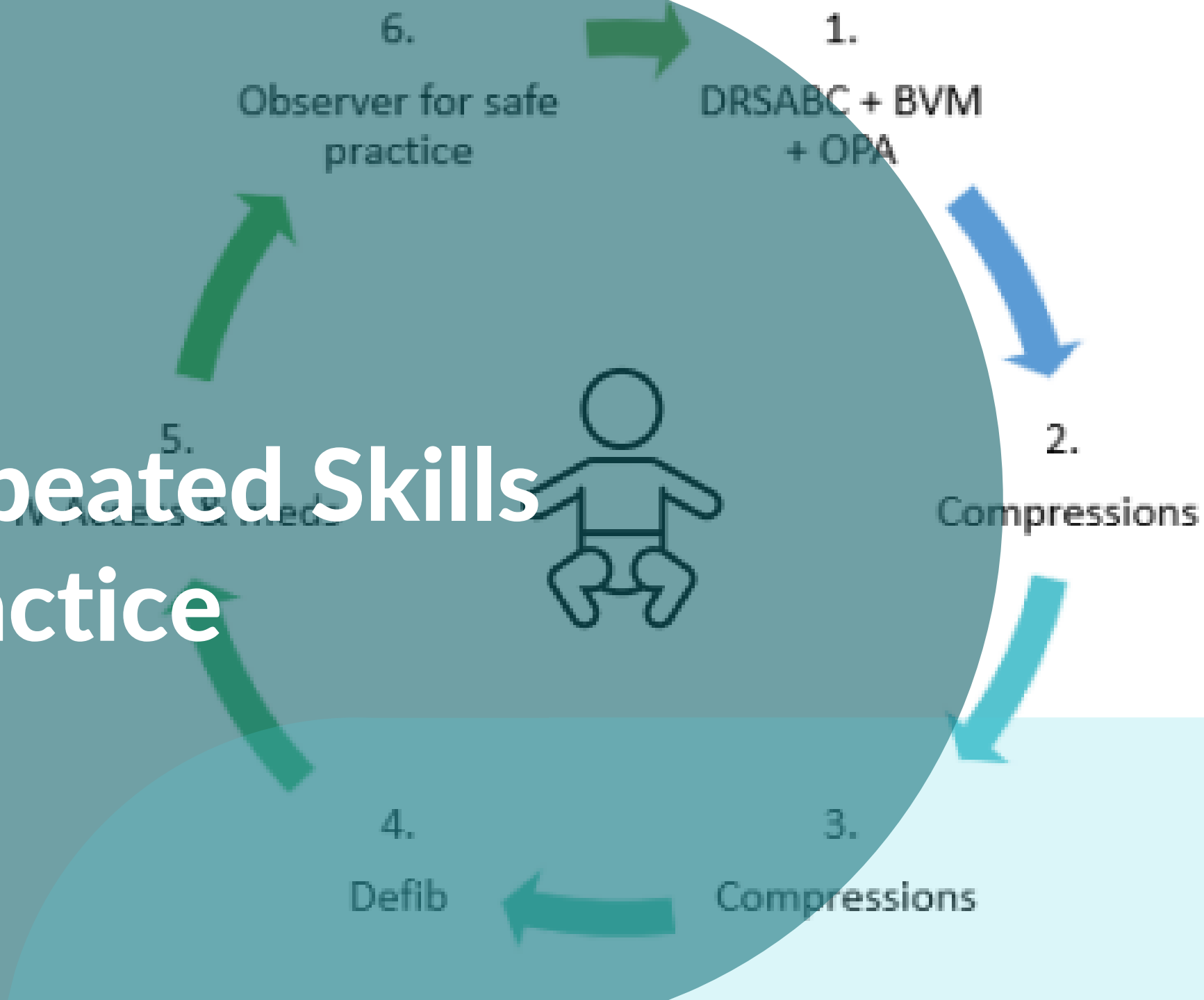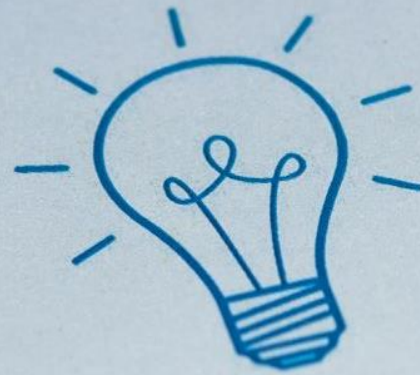# Scenario teaching
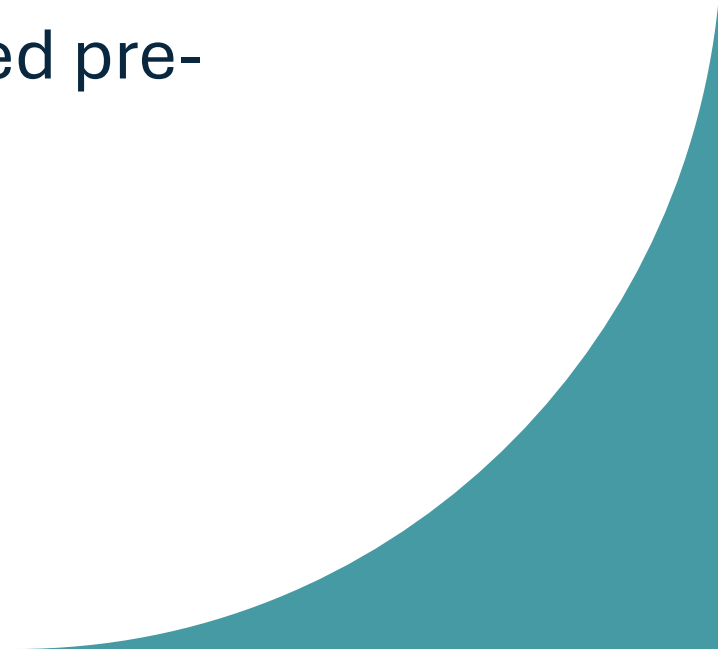
# Lunch

**Repeated Skills Practice**

6.
Observer for safe practice

1.
DRSABC + BVM + OPA

2.
Compressions

3.
Compressions

4.
Defib

5.
IV Access & Meds

Challenges –
tips & tricks

# Workable solutions

- Logistic challenges
  - Pre-course
  - Running a course

- Diversity in learners
  - Supporting your faculty
  - Resistance or Overconfidence
  - Emotions and Support

  - *Faciltating honest feedback & having confidence in correcting/reidrecting learners*
  - *Assessment challenges*

# Logistic challenges: Pre-course

- What tips on organisation and coordination have worked for you?

- What do you do when learners have not completed pre-learning, even after reminders?

# Logistic challenges: Running the course

- What tips on timings have worked for you?

- Any tips for running a course with limited faculty?

- Do you advertise PLS outside of your workplace, and if so, any tips?

# Teaching for diversity in learners: Supporting your faculty

- What are e-learning drivers for attendees?

- Strategies for adapting to learning styles and experience levels - balancing content delivery for both junior and senior clinicians (eg RN to anaesthetists)

- Strategies to support faculty when learners have not completed pre-learning, even after reminders resulting in the need for extra faculty input on the day

# Teaching for diversity in learners: Resistance or Overconfidence

- *Facilitating honest feedback and having confidence in correcting/redirecting learners*

- *(Assessment challenges)*

- Managing learners who demonstrate resistance

- How to manage a candidate that is overconfident

# Teaching for diversity in learners: Emotions and Support

- *Facilitating honest feedback and having confidence in correcting/redirecting learners*

- *(Assessment challenges)*

- Strategies to support hesitant, reluctant or anxious candidates

- Strategies to support candidates who demonstrate an emotional response

- Giving feedback, supporting those who are struggling with the skills and content of the course, especially with the new format of assessment in the group setting

- Facing hard discussion for not yet competent candidate

# Workable solutions

- Logistic challenges
  - Pre-course
  - Running a course

- Diversity in learners
  - Supporting your faculty
  - Resistance or Overconfidence
  - Emotions and Support

  - *Faciltating honest feedback & having confidence in correcting/reidrecting learners*
  - *Assessment challenges*

WORKSHOPS

**Skills teaching**
**Facilitating small groups**
**Learning conversations**

Workshop 1

Learning Conversations

Practical tips and/or guidelines                    Open Access
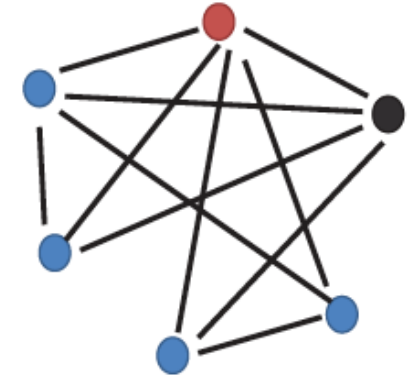
## Listening through the learning conversation: a thought provoking intervention

Mike Davis[1], Kate Denning[1]

*Take Home Messages*

Students learn best when they generate the conversation and thinking, themselves

Facilitators' most important skill is the use of silence **(WAIT)**

Describe a behaviour, share your thinking, get the learners perspective - a helpful way of raising issues

# Learning Conversation

**P**     **p**repare

**O**     **o**pen the conversation

**F**     **f**acilitate - explore the relevant issues

- their issues
  - clarify case if needed
- state your observations and inquire (AI)
- involve the group

**C**     **c**lose - summarise + key Learning Points
           - next……
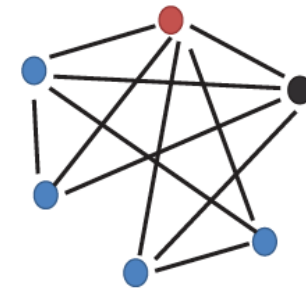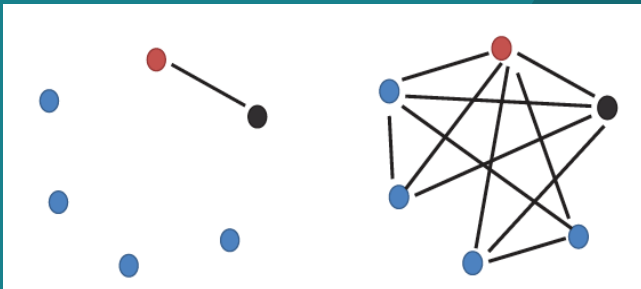
# Advocacy inquiry

**Observation:** *Mary, I noticed you didn't put oxygen on until halfway through the scenario despite sats of 90%*

**Advocate:** I am worried as I am sure you are that this would lead to further hypoxia

**Inquire:** I'm curious why this happened....WAIT!

*Listen for their frame........*

# Learning conversation practice - Roles

- Learner 1 – facilitates LC = *5 mins*

- Learners 2/3/4 – group members

- Faculty 1 – role plays candidate

- Faculty 2 – observes LC and provides feedback/coaching = *4 mins*

# Role Play: Cardiac Scenario (VF)

## Learning objectives

- Perform BLS/ALS effectively and safely

- Recall and apply the VF ALS algorithm in their own practice

## Key learning points

- Follow VF protocol
- Safe defibrillation

# Role Play 1: Cardiac Scenario (VF)

- **Candidate is 3rd year resident doing first paediatric rotation**

- Incorrect VF protocol with immediate adrenaline
- Performed Defib safely and effectively with clear communication using COACHED first 2 cycles
- Defibrillated normal sinus rhythm during 3rd cycle

# Role Play: Cardiac Scenario (VF)

## Learning objectives

- Perform BLS/ALS effectively and safely

- Recall and apply the VF ALS algorithm in their own practice

## Key learning points

- Follow VF protocol
- Safe defibrillation

# Role Play 2: Cardiac Scenario (VF)

- **Candidate is a paediatric ICU nurse practitioner**

  - Followed VF protocol
  - Appeared nervous and spoke quietly
  - Didn't visually check to confirm everyone was clear before DC shock
  - Performed pulse check with defib charged

# Role Play: Sepsis

**Learning objectives**

- Recall and apply the principles of management of septic shock in their own practice

**Key learning points**

- Structured approach
- Early antibiotics and source control
- 20-40mls/kg fluid resus
- Inotropes
- Consider/arrange for intubation

# Role Play 3: Sepsis

- **Candidate is a paediatric registered nurse in a ward**
  - Initially managed C early – IV/fluids/inotropes then went back to A/B, O2 applied

  - BVM ventilation used to maintain oxygenation but preparing for intubation not mentioned

  - Antibiotics given early

# Role Play: Sepsis

## Learning objectives

- Recall and apply the principles of management of septic shock in their own practice

## Key learning points

- Structured approach
- Early antibiotics and source control
- 20-40mls/kg fluid resus
- Inotropes
- Consider/arrange for intubation

# Role Play 4: Sepsis

- **Candidate is senior ED registrar in a regional hospital**

  - Used A/B/C/D for assessment & management

  - Didn't consider inotropes after 40 mls/kg fluid given

  - Overlooked antibiotics and source control

  - Early preparation for intubation and intubated with rapid sequence induction agents

# Questions?

# Summary

P,O,F,C – Learning conversation

Check your frame – peer who is capable & wants to perform well in clinical context

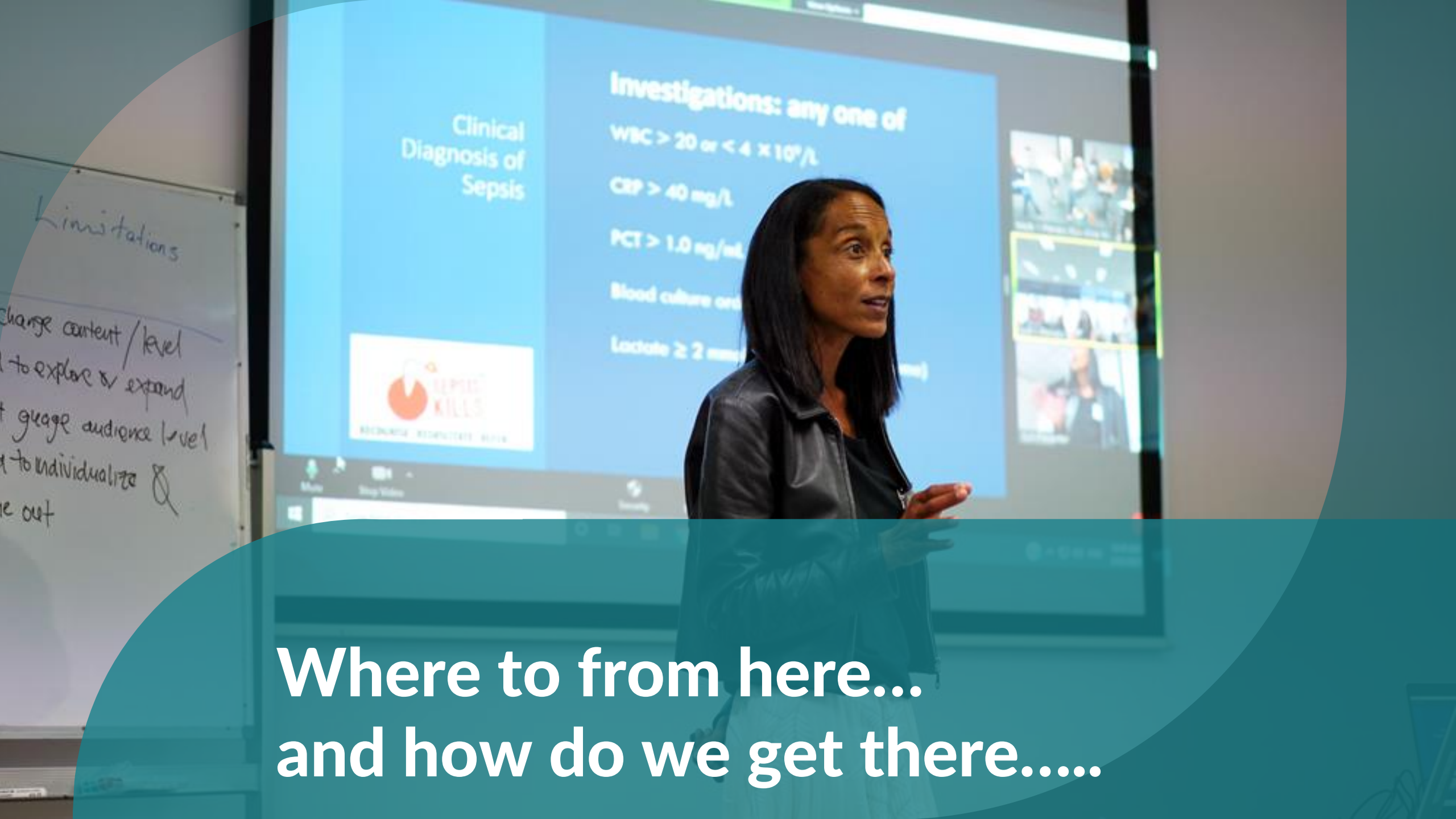Using inquiry techniques to establish learning conversations

Time for practice.....

# Afternoon tea

Workshop 2

Where to from here...
and how do we get there.....

Evaluation

PLS Development Day 2025