2016

Paramedicine Use of Realistic Simulation in Education

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Background

1. Simulation is being incorporated into clinician education across a number of disciplines.¹
2. Simulation has become more sophisticated incorporating physical task trainers, simulated patients, and fully programmable manikins.²
3. Although often accessible, simulation equipment use varies significantly across educational programs.³
4. Simulation has a number of definitions addressing the “fidelity” or realism of the simulation. This definition can vary between individuals.

Objective

Currently, there is very little research into how simulation education is used in Canadian paramedic programs.

Our study aims to:
1. Understand the patterns of simulation use across Canadian paramedic programs.
2. Identify barriers to simulation use in Canadian paramedic education.
3. Identify the areas that simulation is commonly being used across paramedic education in Canada.

Methods

• A survey was devised investigating various areas of simulation use.
  - A list was developed of Primary and Advanced Care Paramedic programs across Canada.
  - The survey was distributed via online survey tool to paramedic program coordinators across Canada.

Demographics
  • Program location
  • Number of graduates
  • Duration of program

Simulation Inventory
  • Equipment owned
  • Equipment available
  • High fidelity equipment available

Inventory Use
  • How often?
  • For what purpose?
  • What is used for progression of students?

Fidelity in Simulation
  • What aspects of fidelity are being used?
  • Is true “high fidelity” being used?

Opinions of Simulation
  • What are barriers to high-fidelity simulation?
  • Is simulation replacing any clinical education?

Results are currently being collected and analyzed.

Relevance

• Simulation is a powerful tool in paramedic education and barriers need to be addressed
• Simulation should not be used to replace clinical patient interactions where possible.
• Results are currently being collected and analyzed.

Works Cited