

ABSTRACT SUBMISSION

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Concurrent Stream: I) Rural Workforce – Sustain, Maintain, Gain

Keywords: Workforce, technology

Abstract Title: Effectiveness of Rural Mobile Simulation: A program logic evaluation

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Background: The NSW Rural Mobile Simulation Centre (MSC) was established to provide a safe environment and education resource for rural and remote clinicians to practice clinical and team based skills in a safe experiential learning environment. Five years since the assets were transferred to HETI it is opportune for HETI to develop a comprehensive understanding of the efficacy of the program as a high quality training resource.

Approach: The purpose of this evaluation is to measure and compare the implementation of program services, education provided and the access and reach of the MSC. A program logic methodology with an evaluative thinking approach incorporating both qualitative and quantitative methodologies has been adopted. An implementation rating scale was developed as part of the evaluation with data collection tools designed to measure previous and future performance. Semi structured key stakeholder interviews were coded and analysed using Nvivo. Statistical tests utilised in this evaluation are chi-squared tests, T-tests and ANOVA tests. Confidence intervals are reported during data collection phases to determine the accuracy of survey results.

Outcomes / Results: This evaluation explores the following themes:

1. Implementation of the MSC and engagement of rural Local Health Districts (LHD)s with the simulation program
2. Analysis of effectiveness of different components of program delivery
3. Identification of stakeholder perspectives and experiences of the MSC
4. Capacity building in rural LHDs to facilitate simulation education sustainability
5. The positioning of the MSC program for ongoing success

Take Home Message: Simulation-based education is an educational pedagogy that provides experiential learning and guided reflection to supplement the gap between theory and practice. The MSC offers rural and remote health workforces with a crucial means of bridging the disparity in available clinical training opportunities. Furthermore, by enabling continued education and training in rural and remote Australia, simulation-based education ensures that quality and safety of health care and outcomes is neither compromised nor disadvantaged.