

**REMARKS BY THE HONOURABLE PETER UNDERWOOD, AC
GOVERNOR OF TASMANIA TO OPEN THE 2012
TECHNOLOGIES & SIMULATION IN HEALTH CONFERENCE,
HOBART THURSDAY, 29TH NOVEMBER 2012**

It is a great pleasure for me to welcome all the delegates to the 2012 Technologies and Simulation in Health Conference. I think that we have visitors here for the conference from all States and Territories of Australia plus at least three from America and of course a substantial contingent from Tasmania. To the visitors to Tasmania I extend a special welcome and express the hope that you have had or will have a little to time to spare and take a look around our island State that is particularly beautiful as the summer months approach. In the last few weeks we have had a tsunami of medical conferences here in Hobart. There has been the general surgeons' conference, the anaesthetists' conference, the forensic scientists, the emergency nurses, the Burns Association, the Council of Ambulance Authorities, the Australasian College of Emergency Medicine and now it is our pleasure to be hosts to your Conference. But we Tasmanians are a hospitable lot and love to have all these visitors to our State – although all the receptions at Government House that so often go with these conferences are making a bit of a dent in my wine cellar!!

You have set yourselves a very busy programme over two days with many workshops and concurrent sessions as well as the plenary session. The Emergency Nurses had a busy programme like that and as I said to them busy programmes like that always remind me of a conference that a friend of mine went to. It was like yours with lots of workshops going on all the time all over the place. He was invited

to make a presentation at one of the many workshop sessions. He put together his presentation and turned up at the conference. When he found his room he went in but no one was there. Just a minute before he was due to start speaking a man came in and sat down in the middle of the front row and waited. So my friend thought well, I know that there's only one person here, but I've prepared a paper and come all this way to deliver it so I might as well start and so he did. The solitary listener seemed to appreciate the talk for he laughed at the jokes and nodded agreement with the serious points and clapped loudly at the end. Of course, when he had finished my friend went down and thanked him and said that although he was the only one in the audience he really seemed to appreciate the presentation and was there anything that he could do to repay the man for being such a good listener. He replied, "Well, actually there is something. Would you mind staying for a bit because I am the next speaker?"

One of the best things about being Governor is that you are asked to open a lot of conferences and in order to be able to do that you get to learn a great deal about a whole range of things about which you previously knew nothing. I would certainly include in that category the use of technology and simulation – that I first misread as stimulation – in teaching health professionals.

With respect to simulation I learnt that the concept of simulation goes back at least to 3,000 BC in China when war games

were used for learning and education.¹ However in the field of Health Care education and learning by using human patient simulation did not really appear until the end of the 20th century. But since then, aided by the technological revolution, it has been described as “a major step in the evolution of health sciences education.”² However, for health care educators the use of human patient simulation is still relatively new and although it seems logical that it will lead to improvements in health care, the patient benefits of clinical teaching and learning simulation are not yet fully established,. After all, Resuci Annie was not born until 1960!

Writing in 2004 Professor Gaba opined that, “The benefits derived from the various applications of simulation will be much harder to measure than the costs. Safety gains are intrinsically difficult to assess, whereas the magnitude of the investments made are starkly apparent.”³ I expect that with respect to this issue you will all be looking forward with particular interest to hear what Dr Waxman and Professor Michael Seropian have to say. But notwithstanding that data measuring the safety gains from the use of human patient simulation is still sparse and limited; it appears that the State and Commonwealth Governments are committed to go down this path to educate health professionals.

¹ http://www.healthcaresimulationsc.com/index.php?option=com_content&task=view&id=44&Itemid=27 accessed 24th November 2012.

² Journal of Critical “The history of medical simulation”, Kathleen R Rosen MD (2008) 23 Journal of Care 157.

³ <http://www.iness.org.br/conteudo/pub/003/cont/000084/000084.pdf> accessed 25th November 2012

Professor Gaba seems to agree with them for he optimistically wrote in 2004:

“Those working on the development and use of simulation in healthcare largely share a common vision of a future revolution in healthcare organization, with simulation as a key enabling technique. We seek a model in which the structures and systems of healthcare are optimized for safety, quality, and – where it does not conflict with these goals–for efficiency. Current systems of healthcare throughout the world do not accomplish this The revolution that we envision concerns how personnel are educated, trained, and sustained for providing safe clinical care. Currently, the healthcare system places a premium on basic science education and leaves most clinical training to a relatively unsystematic apprenticeship process. The emphasis is on individual knowledge and skill rather than on honing *the performance* of clinical teams. Once a clinician has completed training, the required level of continuing education and training is often minimal and unstructured.”⁴

So Professor Gaba and the Australian governments see human patient simulation as the way of the future. And they may well be right for in the last few decades there has been a societal change that provides a strong indicator that human patient simulation is the educational path to take. The plain fact is that the next generation of health professionals will be drawn from a generation brought up on

complex computer game simulations and who are accustomed to learning in simulation based scenarios. A report by Educause (a nonprofit association advancing higher education through the use of information technology) into electronic games and learning revealed;

“Today’s games are complex, take up to 100 hours, require collaboration with others, and involve developing values, insights, and new knowledge. They are immersive virtual worlds that are augmented by a more complex external environment that involves communities of practice, the buying and selling of game items, blogs, and developer communities. In many ways, games have become complex learning systems.

These immersive environments use authentic contexts, activities, and assessment; they also involve mentoring and apprenticeships in communities of practice. The result is a powerful pedagogy that allows for immersion and intense, extended experiences with problems and contexts similar to the real world. It may not be the “game” that is effective for learning but the immersive multiplayer virtual environment in which it is set.”⁵

As Richard Satava from Michigan said:

“The greatest power of virtual reality is the ability to try and fail without consequence to animal or patient. It is only through

⁵ <http://net.educause.edu/ir/library/pdf/ELI3004.pdf> accessed 25th November 2012.

failure – and learning the cause of failure – that the true pathway to success lies.”

So, human patient simulation must be the way to go and it's time I let you get on with it so without further ado I open your conference and trust that each of you will find it informative, rewarding – oh – and stimulating!!