Simulation training in a combat zone

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AIR FORCE
Clinical simulation

- Preparation
- Transfer of skills from simulation to real-time
- Identify areas for improvement
- Avoid use of the ‘Magic Fairy Wand’
Scope

- Background
- Department-specific
- Hospital-wide
- Base-wide
- Maintaining interest in Simulation
- Future
Disclaimer

- I declare that I have no conflicts of interest.
- The simulation product discussed in this presentation has no financial or advertising incentives
- This is not an official Defence public comment
Background

- Australian Specialist Health Group (ASHG) – ROTO 6
- Kandahar Airfield (KAF)
- NATO Role 3 Multinational Medical Unit (MMU)
Ex Brydon

- Force Preparation
- Simulation training – Military trauma
- Work within team
ROTO 6 Arrival into KAF

- US ROTO changes
- Coalition teams
- Different clinical experience
- Different team make-ups
Department-specific training

- Structured clinical training
- Adjunct simulation training
- Opportunistic
- Changing roles
Trauma Bay

- Change in Trauma Teams
- Improve clinical skills
- Understand the process
- Identified other roles necessary
- Patient Simulation
- Medium Fidelity
Hospital-wide simulation

- Pharmacy, Radiology, Blood Bank, Admin
- Operating Theatres
- Intensive Care/Inpatient Care
- Debrief tool
How was it achieved?

- Patient simulation
- Technology
- Time-out
Base-wide simulation

- MASCAL
- Different medical teams/services
- Civilian health services
- Public Relations
Maintaining the benefit of simulation

- Negative learning
- Shift workers
- Balance
- Variation
- Expanding resources
Future

• Importance of preparation
• Use of further technology
• International effort
Summary

• Simulation valuable training tool for ALL people working in a combat health setting
• Simple and cheap tools with positive outcomes
QUESTIONS?
References & Resources