

MARCH 2023 ISSUE 35

HEALTH EDUCATION COLLABORATIVE



A MESSAGE FROM OUR CEO

Bruce Greaves CEO/Director



After a great two weeks doing a circumnavigation driving tour around Tasmania (five guys, five classic/special cars and the best roads in Australia), I was no sooner home, and I was off to Mildura delivering our fracture management and suturing programs. What a great group to work with on both days. I enjoyed every minute of my time there.

Then onto Port Augusta to facilitate the fracture management course for RFDS staff and others. Such a fantastic organisation that does fantastic work right across the country and a great bunch of people to work with. I look forward to going back anytime.

Next month I will be introducing our new Health Education Collaborative members and the establishment of our South Australian division.

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EDUCATION UPDATE

Marg Villella Director



Human Factors and non-technical skills

Making mistakes is part of being human and human error is normal in all areas of life (Bromiley and Mitchell 2009). In environments where human safety and well-being are at stake, as in healthcare, it is vital that such errors are minimised. Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work. An understanding of human factors can help health professionals enhance patient safety, reduce medical error, and boost personal well-being within the team. Human factor scientists recognise that healthcare is one of the most complex industries in the world. Each patient is different and come with their own pathology and behaviour.

The use of clinicians' non-technical skills is important in our practice for efficiency and safety. Non-technical skills encompass cognitive and interpersonal skills that contribute to safe and efficient team performance.

What are the key non-technical skills?

- Situational awareness
- Decisions making
- Communication
- Teamwork
- Leadership
- Coping with stress
- Coping with fatigue



Situational awareness is knowing and understanding what is going on around you. Sounds simple but in complex situations, such as a cardiac arrest, often there is too much information to process (cognitive overload) and workers have to attend to things selectively.

Decision making is the process of reaching a judgement or choosing a course of action to meet the needs of a given situation. Intuitive decision making is very dependent on context and most errors occur with this type of decision making. Analytical decision making, often used when we encounter a new situation, is hard work and more time consuming.

In order to enhance patient safety, we need to optimise team communication and enhance team situational awareness. Effective communication is essential in successfully assessing and resuscitating critically ill patients, especially in times of high stress. It is important to maintain a common vocabulary, creating a shared mental model of the situation to avoid assumptions. A shared mental model is when everyone on the team has a shared understanding of what's going on and what needs to happen next. Safe and effective communication includes closing the loop, speaking up when you can see an error, active listening, being open, asking for help, debriefing and ISBAR handover.

The team leader maintains situational awareness by being hands off and standing at the foot of the bed to maintain a "bird's eye view" and oversees the team. If the team leader is required to perform a task, someone else must be allocated to take the team leader role for this period of time.

Stress and fatigue also affect workplace performance. Twenty-four hours of sleep deprivation has the same effect as having a blood alcohol level of 0.1%. Other contributing factors include an excessive workload, dealing with a patient's suffering, dealing with errors made by you or others, and insufficient professional support and training.

Clinical simulation provides an excellent opportunity to practice these skills. Our experienced simulation experts can provide onsite simulation training for your team. The simulations are textualised to your clinical environment.

Call Marg 0419 939458 to organise a simulation session for your team in your environment.

DETERIORATING PATIENT

Early identification of clinical deterioration may improve outcomes and reduce interventions required to stabilise a patient that has deteriorated. Having a systematic approach that is consistent, allow a clinician to promptly recognise deterioration and implement appropriate actions.

This short course includes an online component and a practical session with interactive scenarios. The facilitator is a critical care nurse with many years of simulation experience.

Standard 8: Recognising and Responding to Acute Deterioration Standard is one of The National Safety and Quality Health Service (NSQHS) Standards.

\$99

Includes a
light supper



Thursday, 27 April 2023
Holmesglen Private Hospital
490 South Road
Moorabbin VIC 3189
Time: 1800 to 2100



Click [here](#) to register

email: info@healthec.com.au

Fracture Management Course



Friday
28 April 2023
0845 to 1630



Holiday Inn Parramatta
18-40 Anderson Street
Parramatta NSW 2150

\$525

This course covers the essentials of managing fracture.

Key areas include:

- Emergency management – initial immobilisation, analgesia and managing shock
- Primary care – assessment & treatment plan
- Investigations – Xray, ultrasound, CT & MRI
- Diagnosis, management and referral
- Splinting, casting and complications
- Post cast application management

This is the only fracture management course endorsed by the Australian Orthopaedic Association (AOA). There is an online component to complete as well as attending the practical day.



AOA
AUSTRALIAN
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ASSOCIATION



Health Education
Collaborative

[Register Now](#)

www.healthec.com.au

For more information
Bruce 0444 547036

Click [here](#) to register

Click [here](#) to see all our course dates

Mildura and Port Augusta

Bringing clinical skills training to regional centres





HEALTH AND WELLBEING

“KEEP MOVING”

Sherryn Lethlean



This month I would like to discuss being sedentary. With the colder weather now starting to return, this is not the time to create habits of sitting inside under a blanket on the couch (even though that does sound inviting). Of course enjoying some down time is actually imperative, it is important that we don't allow these behaviours to become a norm throughout the colder months. Winter is not a time to hibernate, and there is so much we can do to keep our bodies active and moving.

Being sedentary is actually a major risk factor for many diseases and is completely lifestyle related. Did you know that being sedentary and lacking physical activity, for example, is one of the major risk factors for developing breast cancer, and many other cancers?

In Australia we are lucky that our winters are not the equivalent of those in European countries and other parts of the world where the temperature soars well below zero. We have

considerably much milder winters and can still enjoy getting out for a walk most days. If you simply rug up and enjoy the fresh air.

Alternatively, take the stairs instead of lifts where you can, walk more, take your dog to a local park, perhaps start some swimming in a heated indoor pool and enjoy a nice warm sauna or steam afterwards. You could join a gym and do some group classes or weights program. If the gym is not your scene perhaps try yoga/pilates or even do a video at home. There are plenty of options and you only need 20 to 30 minutes per day to get your heart rate up. Get moving and move those muscles for a wide range of health benefits!

For further information:

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In The Chat Room



This month we interview our CEO Bruce Greaves

HEC: Bruce, can you tell us a little about your vision as CEO/Director in establishing HEC?

Bruce: Along with my business partner Marg Vilella, we saw the need for down to earth, real clinical skills and knowledge programs that give participants the ability to apply their new knowledge and skills immediately in practice. So, our vision is to create programs developed in modalities that suit all learning styles and have our programs reviewed and endorsed by clinical experts and peak bodies to ensure our material is current and meets best practice standards. Our main point of difference is we are a collaborative organisation working with peak bodies and other organisations to develop and contextualise programs and courses to suit the needs of the organisations and individuals.

HEC: Did you come from a health background into this role?

Bruce: Yes, I'm a registered nurse. My specialty is emergency. I managed an emergency department in Melbourne for over 14 years. I have a special interest in trauma and disaster medicine. Fracture management and wounds (suturing) are my thing. I also have a great interest in ENT having written courses in ear health including ear canal micro suctioning and wax removal, otitis media and oral health in the past. I also trained as an acupuncturist and practiced in several GP clinics and taught acupuncture for the acupuncture college Melbourne for several years and established the international training experience with the university in Beijing. It was an interesting diversion for western medicine; my interest in acupuncture was to explore other modalities to manage pain. I haven't practiced for several years now.

HEC: What is the most challenging part of your job?

Bruce: Politics of making courses available and acceptable. I find the RTO system is very restrictive and doesn't suit higher level clinical skills training and having non-clinical entities determine what we as clinicians should learn.

HEC: What is the best part of your job?

Bruce: The people I meet, either in training sessions or when co-developing programs/courses such as the infection prevention and control courses we developed with NDS Victoria. I had a great time working with several people from that organisation. Also, when a past student contacts me to let me know how pleased they are with their new skills and shares their experience showing me photos of the casts they have applied or the wound they have closed. It makes you feel good knowing that you have made a difference which is reflected in better patient care.

HEC: Do you have or are you organising any exciting projects for 2023?

Bruce: We have some really good things happening in the second part of 2023, but I can't provide give any more info on that just yet.

HEC: If you could achieve one thing this year what would it be?

Bruce: I would like to gain some government funding for the NDS IPC course to make it available for all NDS workers. With so much staff turnover and COVID still having a major effect on services, it is more important now to ensure our IPC knowledge and skills are maintained to the highest level. We developed the champions model of course delivery which I believe is the best place education model for NDS and aged care services for carers, nurses and support staff. We have just been through two years of COVID and we were not prepared. I feel if funding is not made available, we will be back to square one. What happens when the next disease comes along, the government will be throwing money around to get everyone back up to speed. I think we should have learnt from COVID to invest in prevention.

Feel free to contact us to discuss courses in your area or for your organisation.

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