Simulation for learning, not just assessment ...
...with an affordable price tag!

TRAINING CBR’S BEST
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VISION
Shaping Change
Raising our ambitions to meet new expectations

LEARNING
Growing Our Region’s Economy
Adapting our offerings to provide skills for the future

WORKFORCE
Advancing Canberra’s Workforce
Contributing to the new economy and positioning for prosperity

BUSINESS
Transforming Our Business
Investing in our business for viability and value
Our students
18,624 students

Students were satisfied with their training

- Target: 85%
- Actual: 89%

CIT 2018 Learner Engagement Survey

Employers surveyed were satisfied with CIT training

- Target: 80%
- Actual: 94%

CIT 2018 Employer Satisfaction Survey

Total apprentices/trainees

- 2016: 3,256
- 2017: 3,422
- 2018: 3,570

CIT Executive Student Activity Report, 2018

Every $1 spent by CIT supports $1.99 of value-added in the ACT economy

International students from 77 countries enrolled at CIT

- 856

Approx. 85% studied part-time

58.7%
26 years
Age
25 years
41.3%
A new simulated environment for allied health

• What we have done
  ✓ Created a new facility → a simulated workplace environment purpose built for our Allied Health Assistant (AHA) course

• Why we did it
  ✓ To better prepare students for placements and employment
  ✓ To meet changing and emerging industry needs
  ✓ To grow our ability to directly contribute to community focused health and fitness services in the ACT region
Our health and fitness hub

❖ Gym
❖ Massage
❖ Strength and conditioning
❖ Rehabilitation
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Industry engagement

- Direct consultation with industry
- Co-design
- Industry input throughout project
Key Design Principles

1. Flexible
2. Scalable
3. Student centred
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2. Scalable
3. Student centred
Simulation for **learning** – not just assessment

- Bringing our facility to life (at an affordable price tag)...
- **Framing low fidelity simulation with evidence based pedagogy**
- Foundations:
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  4. Debriefing is key to translating simulated experience into learning
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- **Foundations:**
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  2. Peer based simulation works
  3. Low fidelity simulation works
  4. Debriefing is key to translating simulated experience into learning
  5. The jigsaw method works
### Learning design: Part 1

<table>
<thead>
<tr>
<th>Learner reflects / provides feedback</th>
<th>1. Positives</th>
<th>2. Areas to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer reflects / provides feedback</td>
<td>3. Positives</td>
<td>4. Areas to improve</td>
</tr>
</tbody>
</table>
Learning design: Part 2

➢ Students practice assisting with movements – for example:
  • On and off a hospital bed
  • From a wheelchair to a toilet
  • Using crutches
➢ Practice movements in small groups (of at least 3) – roles:
  • Client
  • AHA
  • Observer
➢ Run through a practice attempt
➢ Reflect
➢ Re-practice (multiple times if required)
➢ Move on to next activity
➢ Present back to the large group at the end
The student experience

✓ More time on task
✓ More on topic conversations
✓ More feedback
✓ Better targeted feedback
✓ More deliberate practice
✓ Hands on practice
✓ Greater awareness of where to invest time and energy for continued improvement
Keeping the price tag down

- Making the most of low fidelity simulation
- Using existing spaces
- Scalability
- Customisable facility
Next steps

- Building, embedding and refining more simulated learning activities into the CIT AHA simulated environment
- Growing community and client engagement in our facility
- Evaluating the impact of this facility (and the learning methods we use within it) on specific student outcomes