

WONCA Working Party on Rural Practice (WWPRP) Policy Statement on Simulation



Whereas, SIMULATION is defined as “a technique to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate aspects of the real world in an interactive fashion” (Gaba, 2004); and,

Whereas, the Rural Medical Education Guidebook states that, “Simulation provides the opportunity for practitioners to rehearse the management of low frequency, high severity events, giving local teams the opportunity to analyse and develop their own performance together” (Nestel et al); and,

Whereas the use of SIMULATION is increasing in all phases of medical education including pre-medical, medical school, graduate medical education, and continuing professional development; and,

Whereas the World Health Organization recommends, “Health professionals’ education and training institutions should use simulation methods (high fidelity methods in settings with appropriate resources and lower fidelity methods in resource limited settings) in the education of health professionals;” and,

Whereas, at Gramado, Brazil in 2014 concern was expressed about the cost of high fidelity simulation, especially if compulsory, with special concern about requiring this type of simulation prior to teaching clinical contact in developing countries; and,

Whereas in 2014 the WWPRP noted that, “Resources available for medical education must be considered before high fidelity simulation is mandated;” and,

Now the WWPRP adopts the following policy on SIMULATION:

WWPRP recognises that simulation can play a useful role in medical education at all levels, but the type of simulation must be appropriate to the resources available in the specific situation.