

7<sup>th</sup> International Clinical Skills Conference, Prato Tuscany

Sunday 21<sup>st</sup> May – Wednesday 24<sup>th</sup> May 2017



**Committee Role – Conference Chair, 7<sup>th</sup> International Clinical Skills Conference**

<b>Title</b>	Dr
<b>First name</b>	Stuart
<b>Surname</b>	Marshall
<b>Job Title</b>	Clinical Director
<b>Institute / Division</b>	Australian Centre for Health Innovation, Alfred Health
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<b>Email address</b>	stuart.marshall@monash.edu
<b>Biography (long descriptive text) – limited to 400 words</b>	<p>Stuart is a practicing anaesthetist and simulation educator and researcher with interests in Patient Safety and Human Factors / Ergonomics. Following his initial undergraduate training in Sheffield in the UK he has worked in the British, New Zealand and for the last 12 years, the Australian public health systems.</p> <p>He has been involved in the development of several innovative patient safety courses for both undergraduate and postgraduate students and has been closely associated with the Masters of Perioperative Medicine at Monash University for which he co-supervises a unit. He is currently re-developing the Monash University Medical School</p>

	<p>final year subject on Patient Safety. Stuart is also connected to health professional education groups, supervising students and regularly contributing to the HealthPEER Masters of Health Professional Education and Clinical Simulation streams. He has served on the Australian Society for Simulation in Healthcare (ASSH) executive committee and the Victorian Simulation Alliance (VSA) board and is an active reviewer for Anaesthetic, Human Factors and Simulation journals and conferences. He is the convenor of the 7th International Clinical Skills Conference in Prato, Italy in 2017 and associate editor for the Advances in Simulation journal.</p>
<p><b>Research (long text)</b></p>	<p>Stuart's research includes investigation of the effects of cognitive aids (checklists and algorithms) on team functioning during emergencies and on simulation as an educational technique to teach patient safety and improve patient and health worker outcomes. He has helped design cognitive aids for communication, airway and anaphylaxis emergencies and tested them in simulation. These cognitive aids are now in use across Australia and New Zealand. He has researched the application of simulation to improving patient outcomes and contributed to an Australian national research agenda for simulation in health.</p>
<p><b>Teaching (long text)</b></p>	<p>Undergraduate Medical student teaching in patient safety  Post graduate masters subjects in Human Factors and Patient Safety and Perioperative Medicine  Australian and New Zealand College of Anaesthetists Supervisor for the EMAC (Effective Management of Anaesthetic Crises) course.</p>
<p><b>Publications (long text)</b></p>	<p>Representative publications</p> <p>Cognitive aids:</p> <p>Marshall SD Use of cognitive aids during emergencies in anesthesia: A systematic review. <i>Anesthesia &amp; Analgesia</i> 2013; 117: 1162-71.</p> <p>Marshall SD, Sanderson P, McIntosh C, Kolawole H The effect of two cognitive aid designs on team functioning during intra-operative anaphylaxis emergencies: a multi-centre simulation study. <i>Anaesthesia</i> 2016; (Accepted 22/08/2015).</p> <p>Anaesthesia:</p> <p>Marshall SD, Pandit JJ A radical evolution: the 2015 Difficult Airway Society Guidelines for managing unanticipated difficult or failed intubation. <i>Anaesthesia</i> 2016; 71: 131-7.</p> <p>Schnittker R, Marshall SD Safe anaesthetic care: Further improvements require a focus on resilience. <i>British Journal of Anaesthesia</i> 2015; 115: 643-5.</p> <p>Patient Safety</p>

	<p>Marshall SD, Kitto S, Shearer W, et al. Why don't hospital staff activate the Rapid Response System (RRS)? How frequently is it needed and can the process be improved? Implementation Science 2011; 6: 39.</p> <p>Kitto S, Marshall SD, McMillan SE, et al. Rapid Response Systems and collective (in)competence: An exploratory analysis of intraprofessional and interprofessional activation factors. Journal of Interprofessional Care 2015; 29: 340-6.</p> <p>Education</p> <p>Marshall SD Sink or swim? The difficulty of finding the correct level of support for trainees British Journal of Anaesthesia 2015; 114: 724-5.</p> <p>Marshall SD, Harrison J, Flanagan B The teaching of a structured tool improves the clarity and content of inter-professional clinical communication. . Quality &amp; Safety in Health Care 2009; 18: 137-40.</p>
<p><b>Conferences / Lectures (long text)</b></p>	<p>Marshall SD. Learning, forgetting and implementing: Challenges in implementing innovation in health education International Clinical Skills conference. Prato, Italy, 2011.</p> <p>Marshall SD. Checklists and culture – How can moon walking and human factors improve burn care? Australian and New Zealand Burns Association meeting, Melbourne, Australia, 2015</p> <p>Marshall SD. Human Factors and Airway management Australian and New Zealand College of Anaesthetists ASM, Auckland, New Zealand 2016</p>
<p><b>External links to work</b></p>	<p><a href="https://www.researchgate.net/profile/Stuart_Marshall">https://www.researchgate.net/profile/Stuart_Marshall</a>  <a href="http://www.ahhfg.org">www.ahhfg.org</a>  <a href="https://www.healthinnovation.org.au/research/">https://www.healthinnovation.org.au/research/</a></p>