Grand Valley State University

Simulation: Teaching to the Test

Ruth Ann Brintnall, PhD, AOCN, CHPN, APRN-BC

Carol Robinson MS, RN, DNP Student

Kelly Tomaszewski, MBA, BSN, RN

Special Thank You….☺

To the GVSU Simulation Team for their support and guidance. You made our idea come alive so that it could be shared with others!

Objectives:

- *Describe* key elements of simulation as an educational or training strategy
- *List* advantages of simulation as an educational tool in palliative and end of life care
- *Illustrate* the potential of simulated learning in a realistic, safe and risk-free environment

What is Simulation ?

- Creating a clinical situation, behavior, or process for the purpose of learning, study, remediation or training

Capturing the Power of Pretend

Why Simulation? Why Now?

- Allows for standardization of select learning or experiences
- Supplements learning / remediation (allows learners to pull fragmented experiences together)
- Engages learners in “real time” clinical learning
- Contributes to reflective learning through debriefing
- Facilitates the *affective* domain of learning
- Addresses shortages in faculty, resources
- Creates bridge between classroom and reality

"See one, Do one, Teach one"

Why Simulation in Health Fields?

- Simulation in some form is used in about one third of medical programs across the U.S. Why?
  - Multiple published studies suggest that education of HC providers is outdated in favor of interactive learning
  - New goals
    - Real world experiences, multidimensional learning
    - Less "practice" on live patients , enhanced safety
    - More communication skills, more attitude and beliefs

What is the BEST learning for students, employees, staff

Tell me, I will forget

Show me, and I may remember

Involve me, and I will understand

Confucious (450 B.C.)

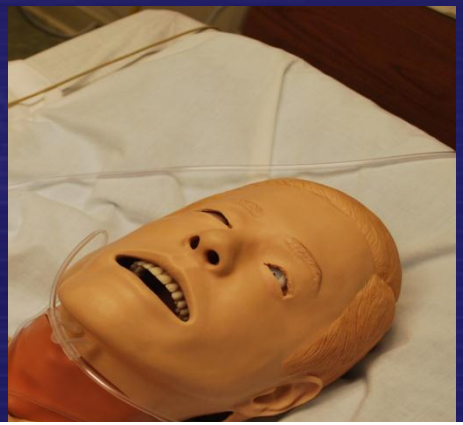
UF College of Medicine

Learning the technique of endoscopy

Scope of Simulation

Simulation Language

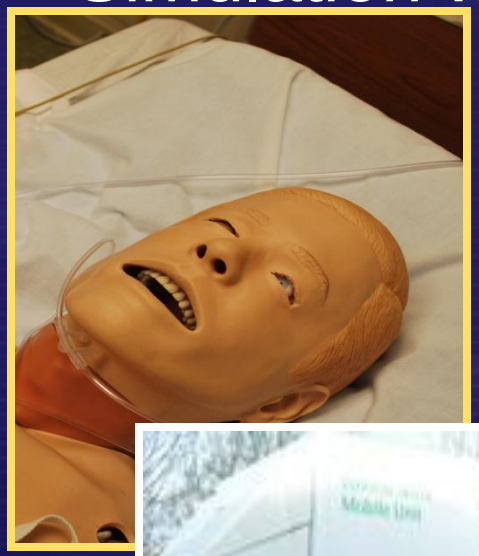
- Manikin or manikins



- Model patient – live person who portrays a “patient”; patient often delivers a standard script

Simulation Options

- Simulation w/ manikin(s) versus created scenarios



Unique Needs, Multiple Environments

Simulation in Hospice and Palliative Care

Problem: Hospice and palliative care often requires *psychomotor* as well as *affective* skills such as skilled communication

- Difficult to teach
  - Delivering bad news
  - Challenging “sign on” conversations
  - Imminent death discussions
  - Dealing with stressed , angry families
  - Therapeutic conversation*

Our Example

An EOL Simulation

- Title: End of Life Simulation Using Therapeutic Communication
- Focus area/topic of interest: Therapeutic Communication as a Focus of Care
- Objectives:
  - Provide a realistic , relatively risk free environment for students to practice therapeutic communication skills
  - Introduce students to interaction with standardized patients (SP) in EOL situations
  - Explore utility of SPIKES and COMFORT tool as adjunct to care

Elements of Planning

Resources for Success

- Topic of interest, skill or requirement, task as target for learning
  - Objectives for learning
  - Description of scenario…The story
  - Resources: ELNEC curriculum; EPEC curriculum; literature search; "practical skills" of DNP student; other Clinical tools; appropriate environment
- Willing students; support team; standard patients
- Courage

Fidelity with Students

Additional Methods and Materials

- Sought and obtained informed consent and photo release from students
- Contact with GVSU Counseling Center for support and information/ follow-up
- Decision to pre-tape* and “stream” simulation of therapeutic communication using DNP student, standard patients and volunteer students from *NUR 354 End of Life* elective class
- Planned introduction, “sign up”, and debriefing

Clinical Tools

SPIKES

- S - setting and listening skills
- P - patient's perception
- I - invitation form patient to give information
- K – knowledge of medical facts
- E – explore emotions, empathize
- S – strategy and solutions

(Baile, W.F., Buckman, R., Lenzi, R., Glober, G., Beale, E., & Kudelka, A. (2000)

Clinical Tools

COMFORT TOOL

C - communication; clear non-verbal cues

O - orientation & opportunity

M - mindfulness

F - family

O - oversight

R - reiterative and radically adaptive

T - team

(Wittenberg-Lyes, E., Goldsmith, J., & Ragan, S. (2010)

A Scenario Action Plan

- ✓ Equipment: Video recording device; “medical” equipment congruent with the situation (bed/ pillows, patient; O_2; IV)
- ✓ Simulation level: Novice w/ standard patient with script; Final participants: Number of roles, scripts, specific players (nurse, student nurses, wife, children, recorder)
- ✓ Resources: clinical resource for learning just in case; PDA for bedside decision-making; others

- ✓ PROBLEM: No one signed up to participate; however, all attended class

Clip #1: The Interview

Bring tissues…

Debriefing #1

- Audrey, Larry “bad” news
- Carol “Tell me what you heard”
- Larry “wants to go hunting”…wants to “live”!
- Audrey “no suffering”
- Both “not ready”
- Advance directives “no machines”…clarification
- What about the future …. restructuring hope, goals
- Consultants: Hospice, social work, chaplain

Characters and Setting

Simulation Environment

The Story

72 yo WM admitted the previous day for profound, unexplained abdominal pain with jaundice; he is now post-endoscopy and he has been diagnosed with pancreatic cancer. He is accompanied by his wife of 52 years, Audrey.

PMHx: Significant for HTN, CAD; GERD

SHx: Lives with wife; children are grown

Tx: Placed on morphine PCA

Scenario #2: The Bedside

Do Not Miss…

Debriefing

- What did you see?
- What went right?
- What could be improved? What about the alarm?
- Clinical skills opportunity
- Therapeutic communication
- Support of family…examples

With Simulation

Known Barriers

- Fear of technology
- Lack of space, resources, equipment
- “Bad” time for change in your organization
- Possible work load increase with uncertain outcomes
- Lack of champion to carry the project

Debriefing

Student Thoughts

- “You should have made us do it.”
- “I realize it is important to coach the family to talk to the patient.”
- “It is helpful for the family to be alone with the patient for their last words.”
- “It was stressful to hear the monitor.”
- “It would be hard for me to initiate personal touch.”
- “The dying scenario made me sad.”

Students

- “Objectives and goals for this simulation were clear and easy to understand”
- “I am able to recognize therapeutic communication skills related to the dying patient”
- “I am able to recognize comfort measures for the dying patient and their loved ones”
- “No grade was best”
- “Didn’t have the skill or experience”
- Videotaping as a barrier

THANK YOU!

- brintnar@gvsu.edu
- 616.331.3338
- #464 Cook Dewitt Center for Health Sciences
- 301 Michigan, NE
- Grand Rapids, MI 49503