Simulation

“Simulation is a technique—not a technology – to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.”

David Gaba, Quality and Safety in Health Care 2004
Simulation

What is it?

How did we end up here?

• Our institution built a SIM Center
• We were tasked with figuring out how to use it
• We have learned a lot
What our Sim Center provides

• Sim Facilitation Training
• Sim staff and fellows
• Knowledge and experience

The Upsides

• A great way to teach
  – it turns out you can teach anything this way
• They are FUN!
• Our institution is generous with Sim Center time & resources
The Downsides

• Resource intensive
  – Planning
  – Staffing
  – Equipment
  – Financial

How have we used our Sim Center?

• G1 orientation
• Sim Wednesdays
• G1 OSSE
• L and D Multidisciplinary Emergency Scenarios
• Elective opportunity
Does it Work?

Compared to what?
It needs to be part of the whole educational program
Great for the experiential learner
Useful for rare, but important procedures

Poll Question

Do you have access to a high fidelity Simulation Center (or similar resource)?

A. Yes
B. No
Poll Question

Have you personally ever been a learner in a simulated learning environment?

A. Yes
B. No

Poll Question

Do you currently use simulation as a teaching technique in your educational setting?

A. Yes
B. No
Poll Question

What do you hope to get out of this session?

A. How to use simulation without access to a Sim Center
B. Educational topics amenable to simulation
C. How to write a sim scenario

Key Elements of Simulation

➢ Willing participants
➢ Prebrief
➢ Realistic scenario
➢ Observation
➢ Debrief
Knowles’ 4 Principles Of Adult Learning

1. Adults need to be involved in the planning and evaluation of their instruction.
2. Experience (including mistakes) provides the basis for the learning activities.
3. Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
4. Adult learning is problem-centered rather than content-oriented.

What did we develop?

Sim Wednesdays: Three year curriculum with repeating skills stations and unique scenarios
## The Master Plan

<table>
<thead>
<tr>
<th>SESSION</th>
<th>SIMULATION 1</th>
<th>SIMULATION 2</th>
<th>SKILLS STATION 1</th>
<th>SKILLS STATION 2</th>
<th>SKILLS STATION 3</th>
<th>SKILLS STATION 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Y1</td>
<td>Case-Based Learning</td>
<td>Case-Based Learning</td>
<td>Procedural Skills</td>
<td>Procedural Skills</td>
<td>Inter-disciplinary Teaching</td>
<td>Ultrasound Curriculum</td>
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<td>Fall Y1</td>
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<td>Winter Y1</td>
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<td>Spring Y1 CLINIC</td>
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## In-Situ Learning

Simulation where you take care of patients.
You can “sim” without a Sim Center.
Train as a team.
Case-Based Learning

- Real cases that went poorly
- Ways to explore new guidelines
- We build patients into our EMR “training environment” (EPIC).

How we build a scenario

ISEC Simulation Scenario Template

<table>
<thead>
<tr>
<th>Scenario Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Name/Topic</td>
</tr>
<tr>
<td>ex. &quot;Pediatric Sim 8/15/16&quot;, &quot;PEA Arrest&quot;</td>
</tr>
<tr>
<td>Target Audience/Learners</td>
</tr>
<tr>
<td>ex. Medical Students, Residents, RNs, etc.</td>
</tr>
<tr>
<td>Date of Scenario</td>
</tr>
<tr>
<td>Include date of &quot;dry run&quot; if applicable</td>
</tr>
<tr>
<td>Authors/Points-of Contact</td>
</tr>
<tr>
<td>Names, Emails, Affiliations</td>
</tr>
<tr>
<td>What is the best way of contacting you?</td>
</tr>
</tbody>
</table>
### Critical Action Checklist

List the **specific actions** you want to see your learners perform and how you will know they performed them (e.g., “Checks vital signs”, “Explains situation to family”, “Verbalizes diagnosis of pneumothorax when seen on X-ray”).

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
<td>Add more rows if needed.</td>
</tr>
</tbody>
</table>

### Information Available to Learners

**Scene Intro**

(given to learners prior to entering room—eg “you are in a small, rural hospital…”)

If learners ask for patient information, patient or confederate will tell them:

<table>
<thead>
<tr>
<th>Scene Intro</th>
<th>(given to learners prior to entering room—eg “you are in a small, rural hospital…”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint</td>
<td></td>
</tr>
<tr>
<td>Triage note, EMS or Nursing Home report</td>
<td></td>
</tr>
<tr>
<td>History of Present Illness</td>
<td>(given by patient, family, etc.)</td>
</tr>
<tr>
<td>Past Medical/Surgical History</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Family/Social History</td>
<td></td>
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<tr>
<td>Allergies</td>
<td></td>
</tr>
<tr>
<td>Scenario conditions/resources</td>
<td>(rural hospital, small clinic, STAB room)</td>
</tr>
<tr>
<td>Initial Vitals</td>
<td>BP: HR: RR: SpO2: Temp:</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>General, Neuro, HENT, Eyes, Chest/Pulm, CV, Abd, Ext, Skin</td>
</tr>
</tbody>
</table>

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**AMERICAN ACADEMY OF FAMILY PHYSICIANS**
Scenario Branch Points

1. List ALL of the “Critical Actions” or “Triggers” (e.g., changes in patient condition, interventions, patient’s response to treatments, etc.) in order so that someone else can understand the flow of your scenario.
2. Consider the patient AND confederate responses to whether or not each Critical Action was completed.
3. Use progressive prompts so as to not give them too suggestive of a prompt early on.
4. How can you use the confederates/consultants to keep the scenario moving in the right direction?
5. Consider whether certain critical actions need to be completed within a certain timeframe (e.g., If O2 not applied within 2 minutes, sats drop to 88%).

EXAMPLE of Expected Action:
Asks for vitals
If yes → Initial vitals show up on screen
If no → Confederate nurse thinks out loud, “I wonder if their oxygen levels are okay...”
If still no → Confederate nurse asks, “Do you think you’ll want vital signs for this patient?”

Interdisciplinary Learning

Demystifying how our team members help our patients.

Physical Therapy

- Use the expertise of others
- Build collegiality
Procedural Teaching

- Teach procedures that are important, but rare
- Practice procedures that are sensitive

Ultrasound Curriculum

It's the “latest and greatest”.
We needed a place to teach it and it works in a “hands on” teaching environment.
Sim Center Learning

Summary

You can use simulation as a technique, in any setting.
You can tailor it to meet your specific needs.

Hennepin County Medical Center
Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).
Please…

Complete the session evaluation.

Thank you.