Simulation Based Education and Faculty/Staff Development

Simulation Learning and Assessment Activities

Policy: The CSL will ensure that all simulation activities for learning and assessment are developed and supported by best practices.

Procedures: Faculty/staff instructors are trained in simulation education best practices with an emphasis on debriefing. An ongoing quality improvement process is in place.

Best Practices in Simulation Based Education: Simulation Based Education is unlike other traditional education practices. To ensure that the participants gain the most from the experience, we need to ensure their psychological safety by creating a safe and supportive learning environment. By managing the participants' expectations, agreeing to a "fiction contract", orienting the participant to the environment and declaring and our recognition of their Commitment to learning and/or clinical practice, we increase the likelihood of participant engagement, learning and satisfaction. [1] [2]

Briefing: The briefing of the participants occurs immediately prior to the simulation activity. During the briefing the faculty/staff instructor will begin to engage the participants in the creation of a safe and supportive learning environment where they will feel safe enough to fully participate and contribute to the simulation and debriefing activities. During the briefing the faculty/staff instructor will:

- greet and participants and ask that they introduce themselves
- introduce the goals and objectives of the simulation
- share how the simulation will run – alert them to timing and how they will hear announcements
- discuss several principles that allow all participants to fully engage in the simulation and provide genuine reflect during debriefing. Ask that participants agree to these principles:
    - Confidentiality
    - The Basic Assumption
    - Fiction Contract
    - Reflection on Action

Confidentiality: In order for participants to fully engage in a simulation, and to be willing to discuss performance gaps in a debriefing session, we must assure them that any of their actions during simulation, and reflections during debriefing, are kept to the confines of the

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[1] JW Rudolph, DB Raemer, R Simon (2014) Establishing a Safe Container for Learning in Simulation: The Role of the Presimulation Briefing Simulation in Healthcare 9 (6), 339-349

[2] JW Rudolph, R Simon, P Rivard, RL Dufresne, Debriefing with good judgment: Combining rigorous feedback with genuine inquiry Anesthesiology Clinics Volume 25, Issue 2, June 2007, Pages 361–376

CSL. We also ask participants to keep confidential the nature of the simulation so that others may Come and have their own fresh experience. We ask the participants to verbally agree to this principle.

The Basic Assumption: a principle attributed to the Institute for Medical Simulation. The participants are told that we, the faculty and the CSL staff, hold them in high regard. We know they have come to do their best work as they are committed to their practice, patients, patients' families and colleagues. While this is the intent, we recognize that it is not always realized, therefore it becomes the focus of debriefing. Any missteps or mistakes are regarded as a problem to be solved not an opportunity for blame or shame. We also ask the participants to hold the faculty/staff instructors and the CSL staff in high regard with the understanding that with simulation things don't always go the way you planned – equipment may malfunction or there may be issues with logistics. While it is important to state that we agree to the Basic Assumption, it is much more important that we demonstrate it by our actions and our words – both during, and after, the simulation and debriefing activities.

Fiction Contract: We understand the importance of engaging the participants so they are able to learn within a simulation setting. Ideally all participants are willing to suspend disbelief and are able to engage in a fiction contract. A fiction contract is an agreement among the faculty/staff instructor(s) and the participants acknowledging that there are aspects of simulation activities that cannot replicate the actual clinical environment or patient. Both agree that a high level of realism is not necessary for learning to occur within simulation and that the learning can be applied to the Clinical setting. [3]

Reflection on Action:

During the debriefing process, we will ask participants to return to the actions taken during the simulation in order to sustain performance strengths and to identify and understand performance gaps. Reflection is a process of "examining the values, assumptions, and knowledge-base that drives one's own professional practice." [4]

Orientation to the Simulation Environment and Methodology

- In order to facilitate learning, the participants must understand the possibilities and limitations of the simulation environment, equipment and methods. Time spent in the simulation room with a simulation specialist and or SP educator is very helpful for introducing the participants to the "can do's" and "don't do's".

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[3] Dieckmann, Peter PhD; Gaba, David MD; Rall, Marcus MD Deepening the Theoretical Foundations of Patient Simulation as Social Practice, Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare: Fall 2007 - Volume 2 - Issue 3 - pp 183- 193

[4] Schoen, DA Educating the Reflective Practitioner: Toward a new design for teaching and learning in the professions. (1987) Jossey-Bass: San Francisco

- Reviewing debriefing and/or feedback techniques to be used for this particular simulation activity.
- Clarifying expectations and agreements will set the stage for engaged participants and genuine reflections on performance that may be maintained and performance gaps that may be improved.
- Providing specific instructions on the case either verbally and or with door instructions.
- Answer any questions.
- Ask them to agree to confidentiality and sign video consent (provided by CSL- CSL staff member will collect)

Clinical Simulation Laboratory at the University of Vermont

Confidentiality Statement

During your participation in today's activities, you will likely be the observer of the performance of other individuals managing simulated events. It is also possible that you will be participants in these events. You are asked to maintain and hold confidential all information regarding:

- The performance of specific individuals.
- Participant discussions and debriefing that occur during the course.
- The details of specific scenarios.

We are going to do our best to make this a respectful and safe learning experience for you, if for some reason you felt differently please contact Dr. Cate Nicholas, MS, PA, EdD at 656-8373 or email at cate.nicholas@uvm.edu.

Release for Still Photos, Digital Images and Videos

I authorize the Clinical Simulation Laboratory at UVM to record aspects of this course for purposes of review within the course, debriefings, for purposes of "debriefing the debriefer" and for potential studies that may be undertaken in the future with Human Subjects approval. I also allow the CSL to publicly show still photos or videos depicting me participating in a training session. I will not be identified by name and my image will not be specifically identified. Photos and videos may be used on posters, brochures, websites and PowerPoint presentations for promotional, educational, research and administrative purposes. Unless we indicate otherwise all videotapes will be deleted within 30 days.

Signature: _____ Date: _____

Print name: _____

Clinical Simulation Laboratory
AT THE UNIVERSITY OF VERMONT

Attendance Sheet

Activity Name:_____Date: _____

Student Name	Learner type (e.g. resident, nursing student, med student, RN, PA DR other	Signature
1.		
2.		
3.		
4.		
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15.		

Debriefing: Currently the simulation community of practice does not agree as to which published debriefing methods are superior to others. We believe that different debriefing methods may be linked to the level of the learners, the skill of the faculty/staff instructor and the goals and objectives of the activity. The type of the debriefing chosen is also related to trained debriefers and time factors.

The goal of any debriefing method must increase the chances that the participant hears and processes what the faculty/staff instructor is saying without being defensive or trying to guess the faculty/staff members' point of view. We offer faculty development sessions on the use of an integrated conceptual framework for a blended approach to debriefing called PEARLS [Promoting Excellence and Reflective Learning in Simulation]. The PEARLS framework integrates 3 Common educational strategies used during debriefing, namely, (1) plus/delta: learner self-assessment, (2) advocacy/inquiry: facilitating focused discussion, and (3) direct feedback: providing information in the form of directive feedback and/or teaching. The PEARLS debriefing tool incorporates scripted language to guide the debriefing, depending on the strategy chosen. Faculty/staff instructors can use different methods within one simulation or may find that one debriefing technique matches the participants, simulation and time allotment.[5]

- Plus/delta: reviewing with the participants what worked and where there is room for improvement.
- Advocacy/Inquiry: debriefing with good judgement. A multi stage process of understanding how participants' frames, assumptions, and beliefs drive the actions that they take. Faculty/staff can match their teaching objectives with problems that are most important to the participant. Finally, the debriefing with good judgment approach helps.
- Direct feedback in the case of an error that is not related to clinical preferences but is related to best practices, algorithms etc.

Co-Debriefing: [6]when two or more faculty/staff educators facilitate a debriefing together in an organized and coordinated fashion that ultimately enhances learning. We provide faculty/staff development using methods developed by Chang et al (2015) which provides a practical toolbox for co-debriefers. We discuss the advantages of co-debriefing, describe some of the challenges associated with co-debriefing, and we look at practical approaches and strategies to overcome those challenges.

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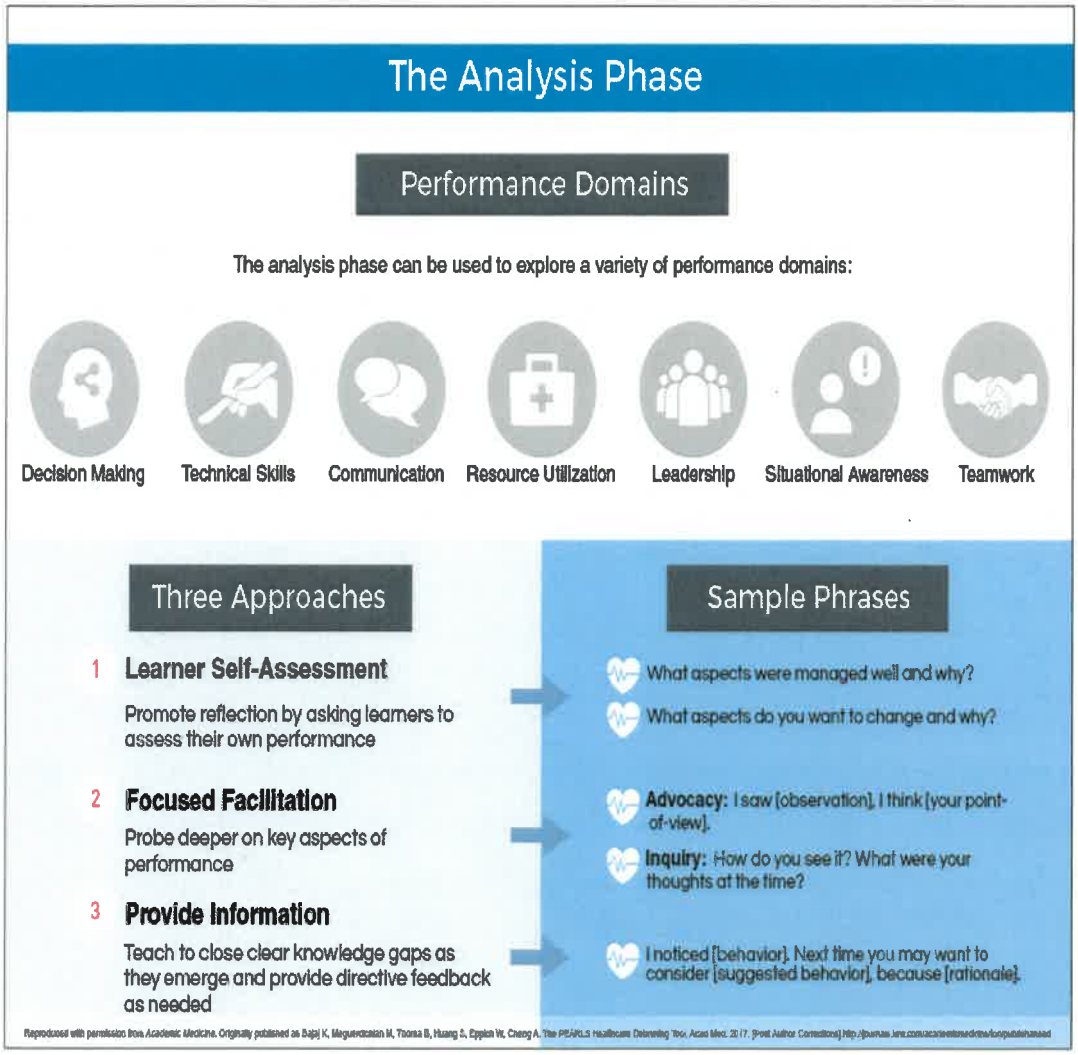
[5] Eppich, Walter MD, MEd; Cheng, Adam MD, FRCPC, FAAP Promoting Excellence and Reflective Learning in Simulation (PEARLS): Development and Rationale for a Blended Approach to Health Care Simulation Debriefing Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare: April 2015 - Volume 10 - Issue 2 - P 106–115

[6] Cheng, Adam MD, FRCPC, FAAP; Palaganas, Janice PhD, RN, NP; Eppich, Walter MD, MEd; Rudolph, Jenny PhD; Robinson, Traci RN, BN; Grant, Vincent MD, FRCPC. Co-debriefing for Simulation-based Education: A Primer for Facilitators Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare: April 2015 - Volume 10 - Issue 2 - p 69–75


The Analysis Phase
Performance Domains
The analysis phase can be used to explore a variety of performance domains:
Decision Making
Technical Skills
Communication
Resource Utilization
Leadership
Situational Awareness
Teamwork
Three Approaches
1 Learner Self-Assessment
Promote reflection by asking learners to assess their own performance
2 Focused Facilitation
Probe deeper on key aspects of performance
3 Provide Information
Teach to close clear knowledge gaps as they emerge and provide directive feedback as needed
Sample Phrases
What aspects were managed well and why?
What aspects do you want to change and why?
Advocacy: I saw [observation], I think [your point-of-view].
Inquiry: How do you see it? What were your thoughts at the time?
I noticed [behavior]. Next time you may want to consider [suggested behavior], because [rationale].