Mississippi Gulf Coast Community College Policy and Procedures for Healthcare Simulation Center Use

Simulation Use and Scheduling Policy
The simulation center is open for use by MGCCC students, MGCCC faculty, community partners, and the public. Priority will be given for scheduling in the following order:

- MGCCC Nursing and Allied Health faculty in support of current coursework
- MGCCC Nursing and Allied Health students for tutoring, study, or remediation purposes
- MGCCC faculty (non-healthcare) in support of current coursework
- MGCCC students (non-healthcare) for tutoring, study, or remediation purposes
- Community partners (center is available for rent at a discounted rate)
- Public organizations (center is available for rent at a competitive rate)

Simulation Center Process at Mississippi Gulf Coast Community College
Simulation Scheduling Procedure/Team Leader Responsibilities

Team Leaders are responsible for working with the Simulation Center Director (tiffany.jasperm@mgccc.edu) to schedule simulations at least 6 weeks before the desired simulation date.

The Team Leader reviews and selects an appropriate scenario for their level and/or works with the Simulation Center Director to design a scenario that best fits course objectives. The Team Leader will identify key objectives to be met by students in the simulation.

The Team Leader will post the “learner” version of the scenario on Canvas.

Faculty Preparation

Review the faculty and learner scenario and supporting paperwork sent by the Team Leader and Simulation Center Director.

Schedule time to orient to simulation with the Simulation Center Director no later than 2 weeks prior to your scheduled simulation date.

Complete the learning modules on simulation, 101, 102, and 104 available free of charge at http://collaborate.uw.edu/faculty-development/teaching-with-simulation/teaching-with-simulation.html-0. All Faculty participating in simulations will need to provide proof of completion of these modules by copying and pasting scores into a word document and emailing them to tiffany.jasperm@mgccc.edu.

Instruct students about preparation expectations:

- Expect students to prepare as they would for clinical.
- Optional: Hand in preparation questions to instructor prior to simulation.
- Only pencils are allowed in the simulation suites due to the manikin’s skin.
- Observe clinical expectations for professional dress (approved clinical attire), and professional behavior

Facilitating a Safe Environment for Simulation Learning

Plan the experience as a learning opportunity. Notify students if they will be graded or not, on the simulation experience.

Facilitate a pre-simulation introduction (similar to pre-clinical) emphasizing the simulation objectives, discussing and clarifying issues related to the planned simulation.

Students will get an orientation to the simulation manikins and environments prior to every simulation. (see Appendix B: “Pre-Simulation Faculty/Student Orientation Checklist”)

Utilize the simulation faculty notebooks and student clipboards available for each scenario located at the Healthcare Simulation Center

Assure students that the events that take place during the simulation are confidential – similar to in clinical, and they will need to trust their peers and faculty

Limit participants directly involved in the simulation (5 maximum)

Allow 15-30 minutes for the simulation and 30-60 minutes for reflection/debriefing
Simulation Recording

✧ Simulation recording and live video streaming is expected to be available by January 2014.
✧ Students must sign a “Confidentiality and Permission to Record Simulation Form” prior to the simulation

Evaluation & Debriefing

✧ Simulation Evaluation Tool
  ▪ Student and Faculty Instructions on Tool Use:
    - Direct Students to Debriefing Room to complete
    - Complete immediately following simulation, within 5 minutes
    - Should not spend more than 5 minutes completing, without consulting peers.
    - Evaluate team performance as opposed to individual performance
    - Specific individual behaviors can be written in the appropriate comment location and reviewed and discussed during debriefing or privately with the faculty or facilitator
  ▪ Use the simulation tool in debriefing session to initiate introspective and respectful interaction.

Debriefing Procedure

✧ The debrief process is generally considered the most important factor for student learning during simulation. Research is ongoing on best practice, but following are some basic conceptual themes that repeat throughout the literature regarding debriefing.

Debriefing should be at least as long as the scenario ran and should be immediately after the scenario. To ensure a successful debriefing process and learning experience, the facilitator must provide a “supportive climate” where students feel valued, respected, and free to learn in a dignified environment. Participants need to be able to “share their experiences in a frank, open and honest manner.” An awareness of the vulnerability of the participant is needed, which must be respected at all times. (Fanning and Gaba, p 116)

To facilitate the above concepts please:

✧ Let students who participated speak first.
✧ Observing students should then be allowed to speak next.
✧ Faculty should wrap up last. It is very important to correct any mistakes made by the participants but do so in a clear, concise, and nonjudgmental way.
Sample Questions:

1. How did you feel during the simulation?
2. What did you do well in this scenario?
3. What would you change about what you did?
4. What were your primary concerns?
5. What guided your decision making?
6. How would you describe the communication among team members?
   - Among health team members?
   - Among patient/family?
7. Identity specific examples of where you prioritized the needs of the patient.
8. How well did you anticipate potential problems or complications?
9. How would you describe your competence at performing nursing interventions?

Summarize:
   - These are the things you did well.
   - These are the things you need to work on.
   - How will you utilize this information in the future?


- See Appendix B: 2011 INACSL Standard s of Best Practice regarding debriefing.

**Recommended Best Practices and FAQs**

- **Crowd Control**
  - 6-10 students total per group
  - One team of 2-4 students will be active participants during the scenario, while the second group observes via live feed or from a location hidden to the students actively participating in the simulation room.
  - Student teams changeover and re-do the same scenario or continue the unfolding case study. If using the same scenario for both teams – consider a different ending.
  - Suggested Student Roles (choose 3-4, max of 5 per scenario):
    - primary nurse
    - medication nurse
    - treatment nurse
    - documenter
    - assessment nurse

- **Should the Simulator be allowed to Die?**
  - Plan ahead for End of Life if you want that to be an objective of simulation.
  - It is recommended to NOT let simulated patient die due to poor student performance

- **What if the students don’t complete all of the tasks/objectives/transitions in the scenario?**
  - It is often expected that students will not complete all of the tasks, objectives, or transitions within a scenario.
Many scenarios written for simulation are designed to last an hour or more and it is not best practice to have one group participate in a simulation for longer than 15-20 minutes without debriefing unless the simulation is being recorded and available for review during debriefing.

References

Appendix A

**Pre-Simulation Faculty/Student Orientation Checklist**
(To be used during pre-simulation time prior to each simulation at Faculty discretion)

- Orient to simulation room environment
- Orient to individual manikin or task trainer’s capabilities.
- Locate and auscultate lung sounds, heart sounds, and bowel tones (if applicable)
- Locate and palpate pulses (if applicable)
- Location of injection site (if applicable)
- Orient students to waveform display (if applicable)
- Orient students to audiovisual equipment
- Demonstrate voice of the simulator (if applicable)
- Indicate use for phone and the phone number (if applicable)
- SBAR format for communicating with HCP
- Communication amongst students
- Orient to patient chart
- Orient to equipment being used in the scenario (IV pump, defibrillator, etc.)
- “Safety check” in the room for oxygen, suction, and BLS equipment
- Location of Medication and Supplies
- Scenario Information – go over main concepts and objectives of the simulation experience
- Assign and explain roles for participants and observers
- Professional clothing (lab coats or student uniforms)
- No open-toed shoes
- Only pencils allowed in the room due to permeability of manikin’s skin (no pens)
Appendix B

Standard VI: The Debrief

All simulated experiences should include a planned debriefing session aimed toward promoting reflective thinking.

Rationale

Learning is dependent upon the integration of experience and reflection. Reflection is the conscious consideration of the meaning and implication of an action, which includes the assimilation of knowledge, skills, and attitudes with pre-existing knowledge and can lead to new interpretations by the learner. Reflective thinking does not happen automatically, but it can be taught; it requires time, active involvement in a realistic experience, and guidance by an effective trainer/facilitator (coach). The skills of the debriefer are important to ensure the best possible learning; learning without guidance could lead to the learner repeating mistakes, focusing only on the negative, or developing fixations. In addition, learners report that the debriefing session is the most important component of a simulated learning experience.

Outcomes

The integration of the process of debriefing into simulation:

• Enhances learning.
• Heightens self-confidence for the learner.
• Increases understanding.
• Promotes knowledge transfer.
• Identifies best practices.
• Promotes safe, quality patient care.
• Promotes life-long learning.

Criteria

To achieve the desired outcomes, the effective debriefing process should:

• Be facilitated by an individual competent in the process of debriefing.
• Be facilitated by an individual who has observed the simulated experience.
• Use evidence-based debriefing methodologies.
• Be based on a structured framework for debriefing.
• Be based on the objectives, the learners, and the outcome of the simulated experience.
• Be conducted in an environment that supports confidentiality, trust, open communication, self-analysis, and reflection.

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