

Interprofessional Care Processes Simulations

Introduction to the simulations.

Rapid Rounds sim.

Bedside Shift Report sim.



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Introduction to the Simulations

A team-based simulation is an effective means of reinforcing behaviour or process changes at an individual and unit level, and is a required component of the training to implement the IP Care Processes.

Simulations are most effective when the scenario is as authentic as possible for your team. Case histories are provided in this guide as examples. Feel free to adjust the case histories to align with your care context. Specifically, you may decide to change the diagnoses, clinical status, gender, age, or other details to match your patient population. Altering the scenario structure related to the care process should be done only after careful consideration.

Each simulation scenario contains the following sections:

1. Introduction
2. Scenario summary
3. Planning and preparation
4. Pre-brief (find a definition for this – prepare the learners; setting the stage/context)
5. Process
6. Debrief

eSIM

Alberta Health Services sites throughout the province have access to simulation-based training through eSIM. eSIM has locations in Edmonton and Calgary, and a mobile unit will travel to other sites on request. See <http://www.albertahealthservices.ca/esim.asp> for further information.

eSIM also offers free facilitator training to learn how to develop and deliver a simulation experience. Contact eSIM North at esimnorth@albertahealthservices.ca or eSIM South at esim.booking@albertahealthservices.ca for more information.

Simulated or Standardized Patients

Simulated or Standardized Patients (SPs) are actors trained to portray a specific medical condition or to portray a family member of a patient. SPs can also portray a health professional. In the Bedside Shift Report simulation, a SP portrays the patient. Including the SP increases the authenticity of the experience for the practitioners.

Note that, ideally, the SP should be close to the same gender and age of the character they're playing.

Standardized Patient Programs are located at the University of Alberta and University of Calgary. These programs can be contacted at:

University of Alberta 780-492-0110

<http://hserc.ualberta.ca/en/StandardizedPatientProgram.aspx>

University of Calgary 403-210-9395

<http://www.ucalgary.ca/instructionalresources/medskills/spprogram>

There is a cost associated with booking a SP; however, the impact of the learning experience with a SP far outweighs the cost.

To manage the cost of hiring an SP, consider hiring one SP for a day and have all the units run simulation rounds with that person for the day.

Remember the greatest benefit of hiring an SP is to have someone who can portray a range of conditions and personalities (including being a difficult patient who will challenge the staff) in a realistic environment with no risk to the “patient” or staff.

Confederate

The first activity has an optional confederate.

A confederate is an experienced healthcare professional (physician, nurse, respiratory therapist, paramedic, etc.) who acts as a team member during a simulation activity. They can provide the professional realism that challenges and teaches the learner.

Cautions

Having one of your staff members play the patient in the bed is less authentic than having an SP portray this role, making the sim less impactful. If there are no other options but to have a staff member be the SP, it is acceptable. However be aware that it diminishes the learning experience for the other staff.

Having a family member or friend come in and play the patient is also to be avoided. When staff know this person in the “real world” it creates an uncomfortable dynamic and diminishes the realism of the simulation experience.

Never ask a real patient to portray the patient in a simulation. It's unethical and risks undermining the patient's care based on how the sim plays out. Patients should focus on healing, not teaching.

The best options are to hire an SP or ask a clinical educator from another unit to play the patient. They will know how to respond and act in the role.

Additional Resource

For more information on delivering a simulation onsite or in situ go to this link

<http://www.ncbi.nlm.nih.gov/books/NBK43682/>

Rapid Rounds Simulation

Introduction

The purpose of this simulation is to practice Interprofessional Rapid Rounds. At the end of this section there are clinical snapshots from a case history for each profession who typically participates in an Interprofessional Rapid Round. Provide each participating team member with this information from their professional role.

If the team needs an extra challenge after practicing, identify one participant as the 'confederate'. The confederate is someone who is provided with additional information that highlights some of the negative behaviours that can make Interprofessional Rapid Rounds challenging. See Scenario Summary below for the detailed confederate information. Remind the participants that they are here to practice skills and processes. This is not an evaluation.

Learning Outcome	Team members participate in a successful Rapid Rounds
Objective One	Communicate clearly and effectively
Objective Two	Advocate for effective communication
Objective Three	Identify issues to team function related to Rapid Rounds in the debrief
Scenario Length	5 minutes
Level of Validation	✓ Faculty read ✓ Faculty piloted, revised ✗ Professionally piloted, revised
Last Revision Date	May 30, 2014

Scenario summary

Team members (scenario participants) complete a rapid rounds.

Confederate will arrive late, check cell phone, side bar to colleague, and provide disorganized and superfluous history.

Planning and preparation

Station / location

Rapid Rounds typical setting

It takes place in the location where you do rapid rounds (or a site as close to the rapid rounds location as possible) – e.g. if you typically do rounds in a hallway, try to find a hallway to run this sim. Replicate the real setting as closely as possible

Props

Case history notes for each profession – print and cut out the cards on the following pages

Optional: a whiteboard with the names of the patients being discussed, or similar to what you use in your unit when doing rounds

Same patient histories are provided; feel free to create your own patients that would be more typical for your unit. Use the patient template below

Participants

The multi-disciplinary team that is typical for this particular unit/site will participate

There are Team Role sample cards below; feel free to adapt these for your team composition (professions, etc)

Pre-brief

The purpose of the pre-brief is to introduce the objectives of the simulation. Creating a relaxed and trusting or non-threatening environment is critical. Introduce the activity, and help participants relax, by saying something like the following: “We’re here to practice skills and processes reviewed during this training experience. We’re here to learn. This is not a test. Mistakes are puzzles to solve, not crimes to punish. We will debrief after the sim activity.”

Explain the situation in your own words: You are an interprofessional team participating in Rapid Rounds. Please start assembling as you normally would in the designated room. Determine who will be leading the rounds and who will be acting as your recorder. Your aim is to cover 3 patients in less than 3 minutes. Review case history provided.

Process

There are two ways to run this scenario. The first way is a straightforward Rapid Rounds to ensure the process is followed. The second way is to incorporate the confederate into the scenario. The confederate is one of the participants who has two roles for the scenario. If you do the scenario twice, you may need 3 additional patient histories, to avoid repetition.

Prompts for participants

The Rapid Rounds leader calls for the rounds to begin once participants have assembled.

What participants should do

Participate in rounds for 3 patients. Provide relevant info related to the patients' histories and care plans.

The confederate will arrive late, check cell phone, sidebar to a colleague, and provide disorganized or superfluous history information.

Results and ending

The scenario ends once all 3 patients have been discussed.

Debrief

The purpose of the debrief of the simulation is to have the participants reflect upon the experience and explore what they were thinking and their behaviours. Ask questions to explore what participants think they did, and why they did it that way. Discuss if there are other ways to approach the situation. Focus on teachable moments. Observable behaviours (seen, heard) can be captured using the debriefing guide below. Print extra copies of the debriefing guide as needed.

IPE debriefing guide

The IPE debriefing guide that follows is to be used as a tool to help guide the conversation during the debrief. You can use the guide to record your observations of behaviours and discussions during the simulation. The debrief prompts at the end can be used to explore what the participants were thinking about during the simulation.

Remember, the debrief is not about evaluating or judging the participants. Look at it as a way to help achieve deeper learning and to examine process within the team.

IPE debriefing guide

This part of the guide is to be used during the simulation. You will use the guide to help you start the conversation with the participants during the debrief. Record observations related to the objectives.

Objectives	Specific observations	Further observations (notes)
Communicate clearly and effectively	<ul style="list-style-type: none"><input type="checkbox"/> Provide info in clear and concise manner, including:<ul style="list-style-type: none"><input type="checkbox"/> ADOD<input type="checkbox"/> Discharge barrier<input type="checkbox"/> Actions required<input type="checkbox"/> Communication to patient<input type="checkbox"/> Use SBAR when providing new history or complex update<input type="checkbox"/> Listen<input type="checkbox"/> Seek clarification	
Advocate for effective communication	<ul style="list-style-type: none"><input type="checkbox"/> Encourage others to streamline communication<input type="checkbox"/> Do not participate in sidebars	

Debrief prompts

Defusing reactions & descriptive phase (Immediately after the sim finishes)

- Using one word, how did that feel?
- Did anyone have any challenges suspending disbelief at any point?
- Tell me about what you saw happening?

Debriefing analysis phase (use Advocacy-Inquiry and exploratory questions)

- Any surprises?
- What about the skills, were they used? Why or why not?
- 'I observed you do this.... Can you explain your thought process at that moment?'
- 'I noticed....'

Deepening summary phase

- How does this relate to current practice for rounds?
- How might this shape your future practice?

Debrief the debrief

Reserve a few minutes at the end of the debrief to discuss the debriefing process with participants.

- How did this reflection/debrief feel given our earlier discussion?
- How might this work for you moving forward?

Patient case histories

Print the following information sheets, cut them out, and provide them to participants. Give participants a few minutes to read before starting the simulation.

If these patient case histories do not fit your context, you can use three patients you have on site or you can create three patient cases using the same the template.

Simulation #1: Wednesday's rapid rounds

Participant role: Rapid rounds leader

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

Case histories

Bed 1. **Darryl Williams**, 55 yo was driving home to Vancouver Sunday night when he experienced exacerbation of CHF. Had MVC, fell then # humerus. Rec'd diuretics and admitted (here) Monday evening. Meds: Lasix 40 mg twice daily, oxygen at 4 Lpm. Nursing staff get him up and moving. He is unable to provide past medication list and past medication history was vague. Community pharmacy faxed info: on acetazolamide, hasn't filled for 3 months.

Bed 2. **Ava Rauschning**, 82 yo, pancreatic resection yesterday due to Pancreatic CA. Quite frail.

Bed 3. **Olena Melnyk**, new admission 80 year old female with dementia, poor mobility and failure to thrive.

Simulation #1: Wednesday's rapid rounds

Participant role: Physiotherapist

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

Case history

You met **Olena Melnyk's** daughter while you were walking patient in the hallway. She raced in to drop off slippers on way to work, she couldn't catch a nurse and she mentioned to you she has concerns regarding Mrs. Melnyk returning home (lives alone). Daughter works full time and has several children still at home.

Simulation #1: Wednesday's rapid rounds
Participant role: Occupational therapist

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

Case history

Mrs. **Ava Rauschning**'s daughter called she has noticed that her mom is confused and she is worried about her ability to cope at home.

Simulation #1: Wednesday's rapid rounds
Participant role: Pharmacist

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

Case history

You are wondering about **Mr. William**'s adherence and any contradictions related to past/current med profile (free feel to elaborate).

Simulation #2 (optional): Friday's rapid rounds
Participant role: Rapid rounds leader

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

New information since Wednesday's rounds

Bed 1. **Darryl Williams** had an ECG this morning.

Bed 2. **Ava Rauschning**, chest x-ray shows atelectasis on the right lower lobe.

Bed 3. **Olena Melnyk**, increasing confusion, possible UTI.

Bedside Shift Report Simulation

Introduction

The purpose of this simulation is to practice an authentic Bedside Shift Report. This simulation is best done with a simulated patient. See Introduction to Simulations for more information about Simulated Patients.

Everyone typically involved in the Beside Shift Report should participate in this simulation.

Participants are often nervous before a simulation, so please remind them that this is an opportunity to practice skills and processes. This is not an evaluation.

Learning Outcome	Nursing staff participate in a successful Bedside Shift Report (BSR)
Objective One	Communicate clearly and effectively
Objective Two	Engage the patient in BSR process
Objective Three	Ensure patient safety: complete safety check
Scenario Length	5 minutes
Level of Validation	✓ Faculty read ✗ Faculty piloted, revised ✗ Professionally piloted, revised
Last Revision Date	May 30, 2014

Scenario summary

Team members (scenario participants) complete a bedside shift report.

The patient is missing the allergy band or call bell, and asks many questions.

Planning and preparation

Props and clinical equipment

(these items are needed because they're part of the safety check)

Case history notes

IV tubing and pole

Allergy band
Bed with alarm
Call bell
Whiteboard
Nasal prongs
Gown dressing

Station and mannequin preparation

Patient room

Participant roles defined

Bedside nurses

Pre-brief

We're here to practice skills and processes reviewed during this training experience. We're here to learn. This is not a test. Mistakes are puzzles to solve, not crimes to punish. We will debrief after the sim activity.

The situation: You are the bedside nurses participating in Bedside Shift Report. Determine who will be outgoing and oncoming nurse. You will switch for the next round. Consider the education and skills provided previously before beginning. Use the case history provided for your discussion.

Process

Prompts for participants

Nurses enter room for Bedside Shift Report (BSR).

What participants should do

Participate in the BSR with the patient: engage the patient, exchange information related to the care plan, complete the safety checklist, and update the whiteboard.

The patient is missing the allergy band or call bell, and the patient asks many questions.

Pairs debrief when done BSR.

Results and ending

The scenario ends once the report is completed or 5 minutes have elapsed.

Debrief

The purpose of the debrief of the simulation is to have the participants reflect upon the experience and explore what they were thinking and their behaviours. Ask questions to explore what participants think they did, and why they did it that way. Discuss if there are other ways to approach the situation. Focus on teachable moments. Observable behaviours (seen, heard) can be captured using the debriefing guide below. Print extra copies of the debriefing guide as needed.

IPE debriefing guide

The IPE debriefing guide that follows is to be used as a tool to help guide the conversation during the debrief. You can use the guide to record your observations of behaviours and discussions during the simulation. The debrief prompts at the end can be used to explore what the participants were thinking about during the simulation.

Remember, the debrief is not about evaluating or judging the participants. Look at it as a way to help achieve deeper learning and to examine process within the team.

IPE debriefing guide

This part of the guide is to be used during the simulation. You will use the guide to help you start the conversation with the participants during the debrief. Record observations related to the objectives.

Objectives	Specific observations	Further observations (notes)
Communicate clearly and effectively	<input type="checkbox"/> Provide info in clear, concise manner <input type="checkbox"/> Use SBAR when providing history <input type="checkbox"/> Listen <input type="checkbox"/> Seek clarification	
Engage patient	<input type="checkbox"/> Name, occupation, duty (NOD) <input type="checkbox"/> Explain BSR purpose to patient <input type="checkbox"/> Invite questions <input type="checkbox"/> Thank patient <input type="checkbox"/> Update whiteboard	
Ensure safety	<input type="checkbox"/> IV <input type="checkbox"/> Allergy <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Side Rails <input type="checkbox"/> Bed at lowest height <input type="checkbox"/> Call bell in reach	

Debrief prompts

Defusing reactions & descriptive phase

- Using one word, how did that feel?
- Did anyone have any challenges suspending disbelief at any point?
- Tell me about what you saw happening?

Debriefing analysis phase (use Advocacy-Inquiry and exploratory questions)

- Any surprises?
- What about the skills, were they used? Why or why not?
- 'I observed Can you tell me what you were thinking at that point?'
- 'I noticed...'

Deepening summary phase

- How does this relate to current practice for rounds?
- How might this shape your future practice?

Debrief the debrief

Reserve a few minutes at the end of the debrief to discuss the debriefing process with participants.

- How did this reflection/debrief feel given our earlier discussion?
- How might this work for you moving forward?

Patient case histories

Print the following information sheet, cut it out, and provide it to participants. Give participants a few minutes to read before starting the simulation.

Simulation: Bedside shift report

Participant role: Nurse

Dear participant: This case history sheet is intended to get you started in this sim activity. **This sheet is not a script**, so take this information and make it your own. You may adapt or expand on this information to suit your profession.

Case history: Ava Rauschning

- 70 yo
- Pancreatic resection yesterday due to Pancreatic CA
- Quite frail and cachectic (malnourished despite adequate intake)
- Her daughter called she has noticed that her mom is confused and she is worried about her ability to cope at home
- Overnight: O2 sats low at hs – 88%, O2 applied at 2L/min with sats remaining at 95% overnight, otherwise q4h VSS, afebrile
- Chest x-ray shows atelectasis on the right lower lobe
- Incentive spirometer initiated but patient needs frequent reminder to use
- Crackles heard to bases on auscultation
- Abd incisions dry, no redness
- Pt disoriented to date/location overnight

Standardized patient script

Provide this script to the standardized patient (SP) and the SP trainer or coordinator at least a week prior to the simulation.

Summary

Patient name	Ava Rauschning
Learning outcomes	<ul style="list-style-type: none">• Communicate clearly and effectively• Engage patient in BSR process.• Ensure patient safety: complete safety check• Discuss team function related to Bedside Shift Report in the debrief
Case Overview	Ava is in hospital; staff will interact with the patient for bedside shift report
Setting	Hospital room

Patient demographics

Age range	65+
Gender	Female
Physical appearance	Frail with shaky, slow movements
Socioeconomic / educational background	Middle class homemaker. Spouse (Hans) is a retired engineer.
History of present illness	Pancreatic resection yesterday due to pancreatic CA. Chest x-ray shows atelectasis on the right lower lobe. Incentive spirometer initiated but Ava needs frequent reminder to use. O2 applied at 2L/min
Medications	Meds: Ranibizumab/Lucentis Use: Correct/stabilize macular degeneration
Past medical history	Pancreatic CA diagnosed 2 months ago. Macular degeneration. Vision poor despite corrective glasses.
Family medical history	Parents lived into late 70s; mother died of pneumonia, father in car accident.
Psychosocial history	Her daughter called, saying she has noticed that her mom is confused and she's worried about her ability to cope at home. The patient cares for her husband who has mobility issues. She currently drinks about a bottle of wine per day.

Patient presentation

Body language	Fatigued
Patient's affect	Flat
Appearance	Unwell, no makeup, hair not styled
Information volunteered by patient	Need assistance getting up, feels very unsteady
Patient's feelings or concerns about condition, seeing the professional, personal problems	Concerned, unsure of prognosis or implication for future. Feels really tired. Unsure of her ability to care for husband at home.
Mental status	Was disoriented to date/location overnight. Is able to retain info and follow current conversation.
Communication status	Speaks clearly and understands

Nature of interaction

Scenario	Bedside shift report (BSR)
Video example	https://www.youtube.com/watch?v=bt1lFuHNjO0 0:00 to 1:15 – Outgoing nurse visits patient before starting BSR 2:23 to end – Correct BSR process
SP actions	If the staff use any words that the SP doesn't understand, the SP can say “what is (that)?” The SP can ask for call bell if not within reach, and if staff do not check for it before leaving. The SP can ask for clarification on any part of the report. The SP directs discussion to her concern about the status of her spouse.

Encounter

Length of patient encounter	5 minutes
Length of SP feedback	1 minute
Length of debrief	20 minutes
Number of learners in the encounter	2 participants; other team members will observe
Props required	Nasal prongs, gown, dressing
Videotaping	None

SP feedback to learners

Purpose	Provide patient perspective of experience
Feedback format	Verbal
Timing	After encounter, before debrief

References

The relevance of simulation in collaborative practice education:

- Motola, I., Devine, L. A., Chung, H. S., Sullivan, J. E., & Issenberg, S. B. (2013). Simulation in healthcare education: A best evidence practical guide. AMEE Guide No. 82. *Medical Teacher*, 35(10), e1511-30.
- van Soeren, M., Devlin-Cop, S., MacMillan, K., Baker, L., Egan-Lee, E., & Reeves, S. (2011). Simulated interprofessional education: An analysis of teaching and learning processes. *Journal of Interprofessional Care*, 25, 434–440.