



Large Group Learning

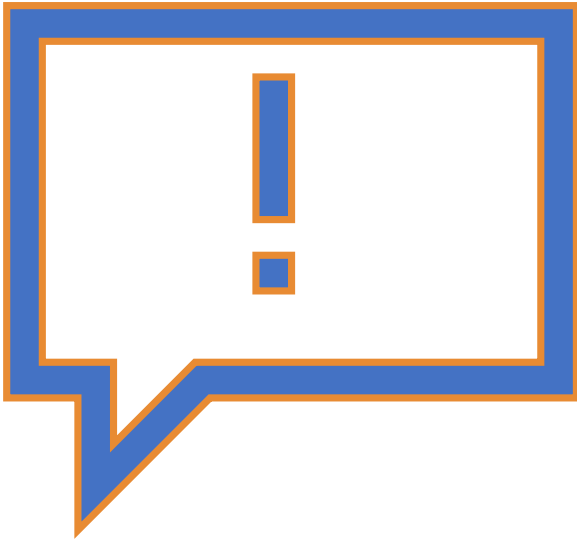
Simulation Intensive Mastery Camp
SIMCamp

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Disclosures

Leslie Catron

There are no disclosures

Any recommendations made during this presentation are evidence-based, or consistent with current consensus-based simulation practice



Embedded Learning: Objectives

	At the end of the presentation, participants will be able to
Describe	Describe the development of a SIMCamp including the process, people, and program
Identify	Identify advantages to using the SIMCamp model for learning and the multiple applications to practice
Create	Create a SIMCamp model to fit a healthcare academic or service setting to meet defined learning needs





A New Model

THERE'S ANOTHER WAY OF DOING THINGS





Why a SIMCamp?





SHEER NUMBERS





The Foundations of SIMCamp

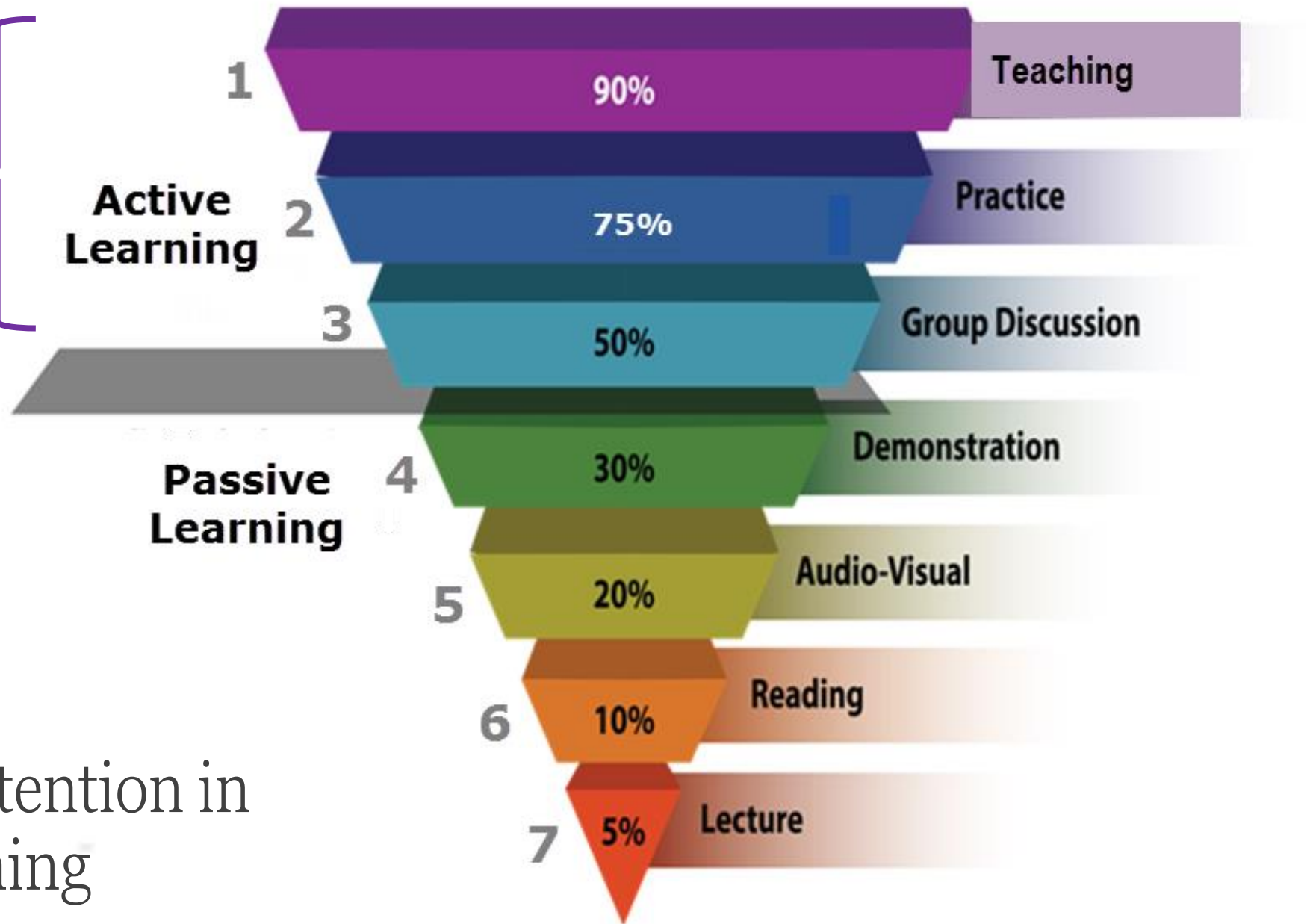


SIMULATION
and
DEBRIEFING

**Active
Learning**

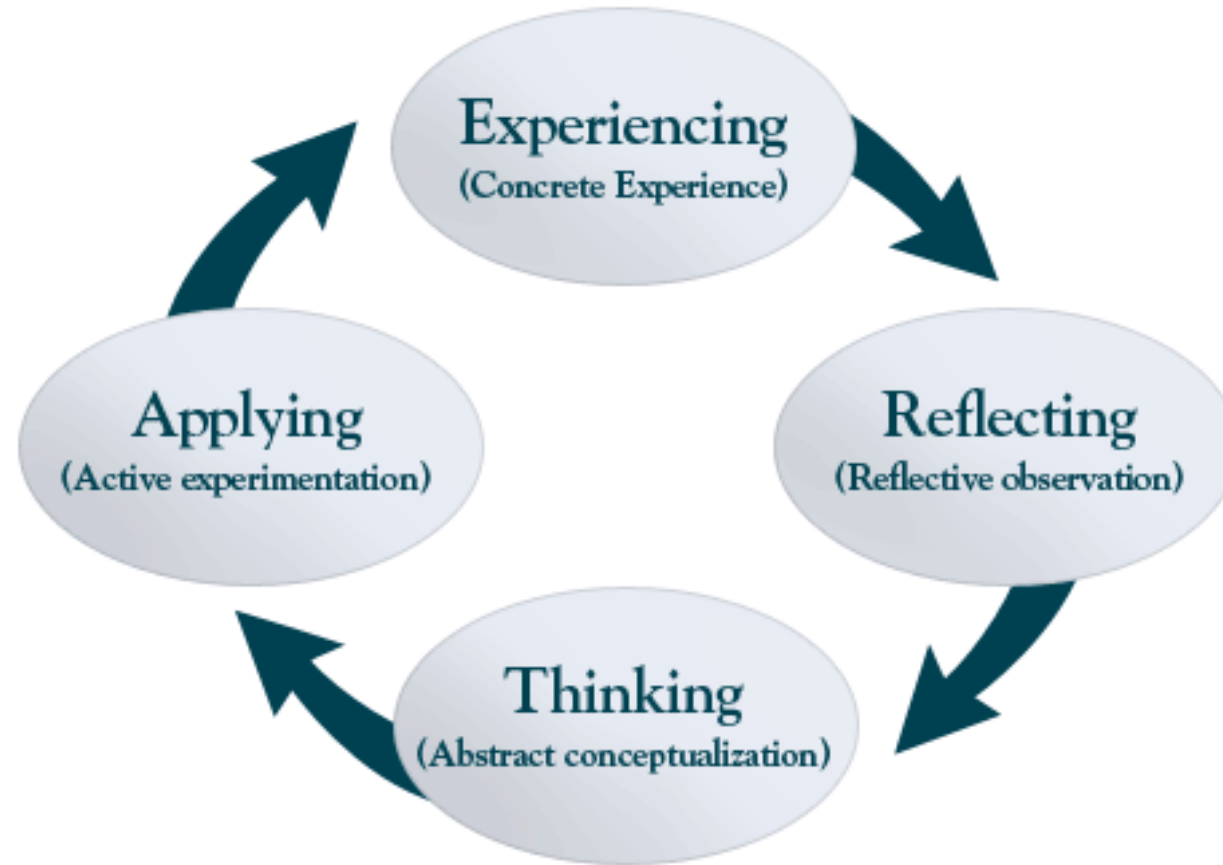
**Passive
Learning**

Average Retention in
Learning



Learning Theory

Kolb's Learning Cycle

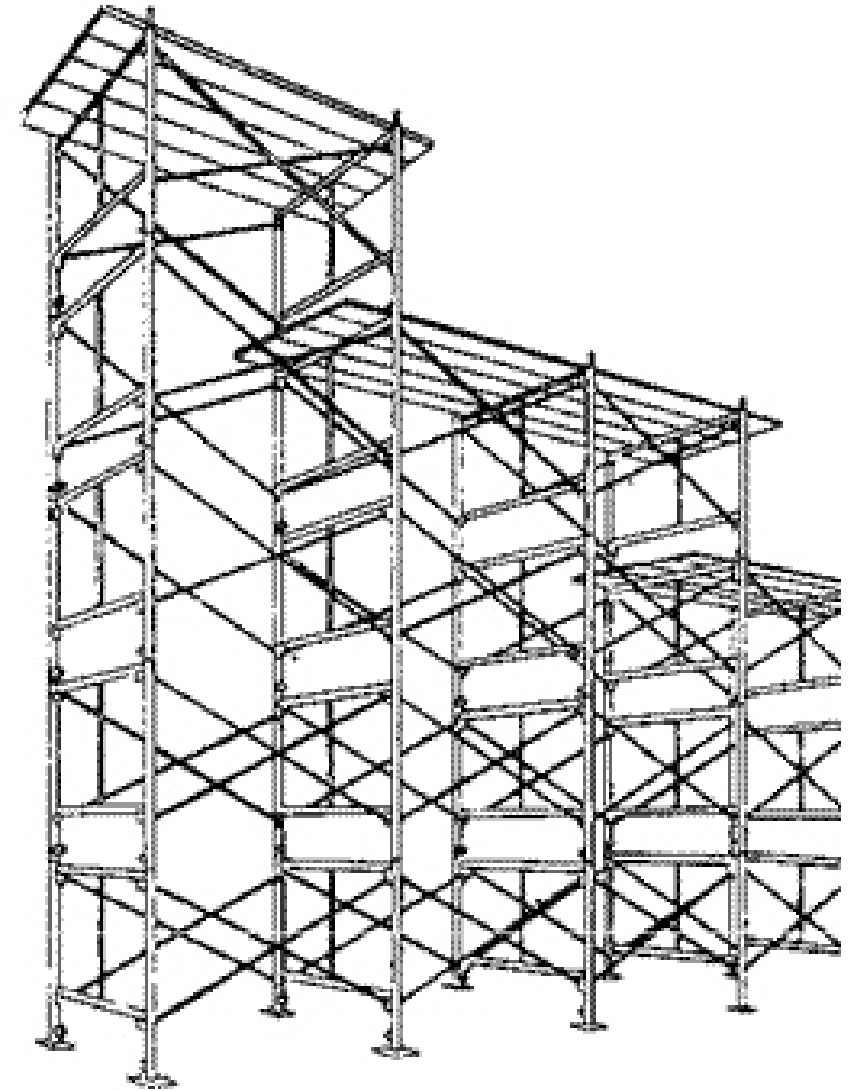


SIMCamp Scaffolds Learning

Patient cases build on each other

Simple to more complex

Deliberate practice embeds learning





Simple



Complex



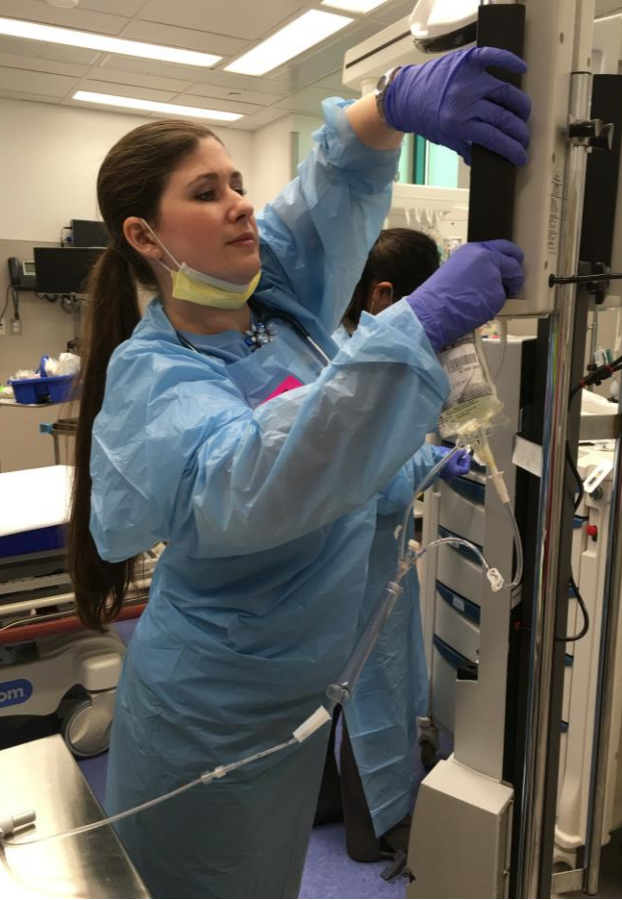
Increased
Complexity





Doing What They KNOW To Do





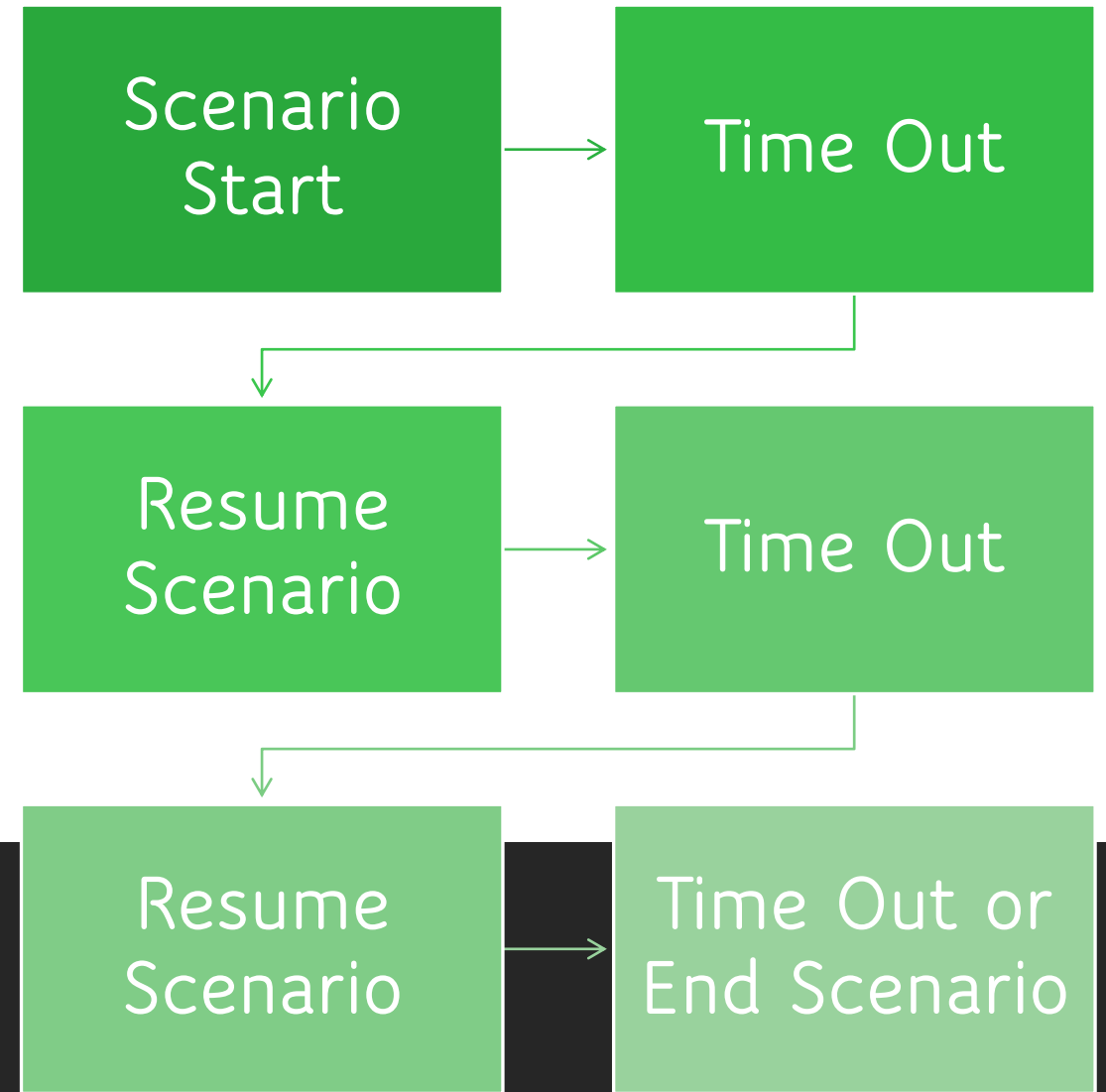
SUSPENDED DISBELIEF
THE MOMENT IS REAL!



HOW

Rapid Cycle Deliberate
Practice

In Scenario Stop/Start
Debriefing Model



Simulation Intensive Mastery Camp



Debriefing

Diffusing

Discovering




PAAIL

PREVIEW: I'd like to talk about . . .

ADVOVCACY 1: **I SAW** (or I heard; I noticed . . .)

ADOVCACY 2: **I THINK** (I'm concerned because;
I think that's great because . . .)

INQUIRY: **I WONDER** (what you think; how you
see it . . .)?

LISTEN: what was driving the learner's decision? 

Debriefing

Diffusing

Discovering

Deepening





WHO

Find a

COMMITTED
Team!



There is So MUCH to Do!

Find the Answers

What content should be covered?

Are there scenarios already done?

Who will write the content?

Who will review the content?

Who will be the SME to review?

Will there be a pre assessment?

Will there be a post assessment?

What is the timeline?

How many and who need training?

How many sessions are needed?

How much time is needed for debrief?

How long should each scenario last?

How much time is needed to reset?

What does the schedule look like?

How many educators are needed?





WHAT

Didactic to Hands-On





Didactic to Hands-On

Design

- Scenarios to meet specific learning needs
- Link them to didactic learning
- To progress learning
- Embed skills one scenario to next scenario



Didactic to Hands-On

Fidelity

- Set the stage for learning
- Immerse the participant in the patient experience
- Use all senses to create a realistic patient experience



Didactic to Hands-On

Flexibility

- The two-hour session
- Developing the transition
- Ability to adjust



A dramatic scene showing two men in business attire hanging from the edge of a bridge, reaching towards each other. The bridge has a dark metal railing and is set against a backdrop of a vast city skyline and a body of water under a cloudy sky. The men are positioned in the center of the frame, with their bodies suspended in the air. The city below is densely packed with buildings, and a river or bay is visible on the left side. The sky is filled with large, white clouds, creating a high-contrast background for the scene.

CHALLENGES!



Financial Barriers



Cost of staff

Cost of duplicate supplies

Cost of duplicate
equipment

Finding the money





Physical Problems



Participant Numbers
Space
Environmental Setting
Equipment



Ethical Considerations

Real or Simulated
Creating realism
Participant
apprehension
Stakeholder buy-in



RECAP THE ROADBLOCKS

Deciding a plan

Number of employees to train

Other disciplines to include

Number of "help" needed and training time

Mandatory vs. voluntary

Facilitator availability

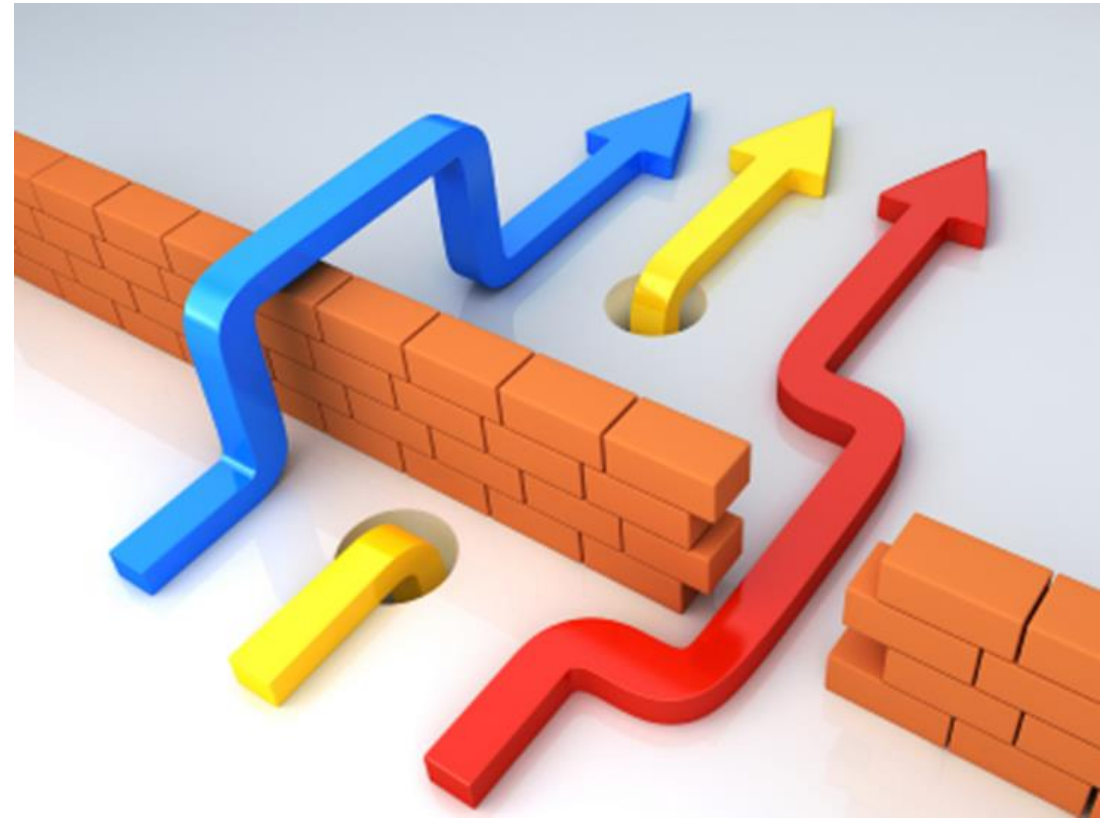
Finding and storing all the equipment & supplies

Timing & Costs

THE SCENARIOS amount of time to write!

Working in a short timeframe

Where will debriefing happen



Final Planning





Who is Your Audience?



3	4	5	6	7
12:00pm 1:15pm FPR Renewal; L 1:30pm 4:30pm PICU Basic Core	8:00am 4:30pm ECMO SIMCamp	8:00am 4:30pm ECMO SIMCamp	8:00am 4:30pm ECMO SIMCamp	
10	11	12	13	14
	9:00am 11:00am Clinical Orienta 1:30pm 3:00pm Clinical Orienta	8:30am 10:00am Clinical Orienta 10:00am 12:00pm Pt. Positioning 3:00pm 4:30pm Children's 101 S	8:00am 12:00pm Children's 101; 12:30pm 2:30pm Clinical Orienta	7:30am 12:30pm Outreach - KIMS
17	18	19	20	21
2:00pm 3:00pm FUTURE SIM PL	7:30am 5:00pm Trauma Sim Can	7:30am 5:00pm Trauma SIMCam 12:00pm 2:00pm FRP Renewal	9:00am 12:00pm PICU new hire c	
24	25	26	27	28
		8:00am 11:00am Trach/Ventilator 12:00pm 6:00pm TNCC - KIMSUN	8:00am 6:00pm TNCC - KIMSUN 2:00pm 4:30pm FPR Provider	

SIMCamp Timeline



8-hour day	2-hour training 3 patient scenarios in 2 hours	Roles (7) participants	Pre-Simulation Assignment	Pre-Brief Before Training
0800-1000	Group 1	RN II,III,IV (4) RCP EST ED Physician	Policies: Trauma Roles Massive Transfusion Trauma Checklist Level I Trauma Protocol	Introduction to simulation Confidentiality How the manikin works Overarching objectives
1000-1200	Group 2			
1200-1230	Lunch			
1230-1430	Group 3			
1430-1630	Group 4			

SIMCamp! Timeline





Supplies - Equipment





What We Learned



What We Know **NOW** for Next Time

What Worked

Had enough manikins to complete a quick turnaround

Able to escalate or de-escalate a scenario based on participant needs

Stop-Start reduced the time for debrief – debrief became a summary

Moulage and setting worked

Time can be quickly adjusted if needed



What We Know **NOW** for Next Time

What Would Change



Creating duplicate supplies was not needed, were able to reuse during the re-set



Having duplicate equipment was only needed for a few items but not all



Facilitator needs to watch the clock and keep on track



Pre-work would have helped with application of knowledge



Keep the subject matter expert out of the room



Be flexible with time



Pre-Post assessment took more time than planned





AND SIMULATION IS FUN!!!



Exploration

USING THE SIMCAMP MODEL





Be Innovative & Creative

Groups requiring specialty training

Small group education

Interprofessional training

Department collaboration education

Team based learning groups

Protocol, policy and new procedure training





APPLICATION

SERVICE or ACADEMIA: Clinical or Classroom

Improve IPE team dynamics & communication

Provide leadership training

Communication training

Improve performance and processes

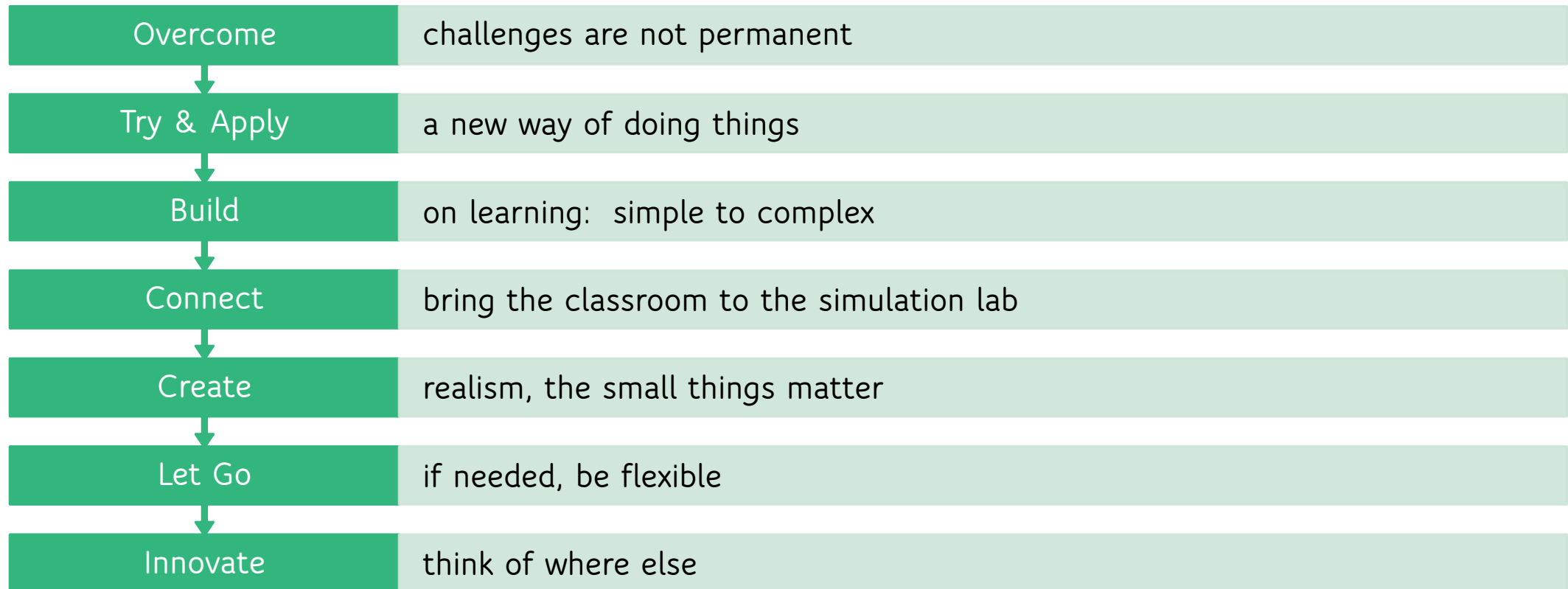
Reduce time for training

Use to scaffold learning

Introduce new concepts with patient care



Presentation Recap





CHSU Simulation Center Team

Ralph Herrera Sim Specialist Operations
Sierra Ross Supply Clerk
Myself
Nanami Yoshioka SP Educator
Thayer Merritt Sim Specialist Mixed Reality

How To Find Me

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