



TAG TEAM SIM in a PREMED BOOTCAMP

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Introductions

Leslie

**Director of the California Health Sciences
College of Osteopathic Medicine Simulation Center**




Ralph

Simulation Specialist, Operations



Thayer

Simulation Specialist, Mixed Reality



**We have
Nothing to
Disclose**



OBJECTIVES FOR TODAY

1. Identify the benefits and components of a Tag Team Simulation-based experience with is use in professional communication training.
2. Describe the planning process that includes stakeholders, scenario development and standardized patient training.
3. Discover ways to us a Tag Team Simulation-based experience and the value of focused debriefing.

Pre-Med Pathway Boot Camp

**Saturdays,
September
7, 14, 21 & 28**

**10:00am – 3:00pm
CHSU Campus
45 N. Clovis Ave, Clovis**

**Exclusively for Central Valley Pre-Med Students
FREE Admission and Lunch!**

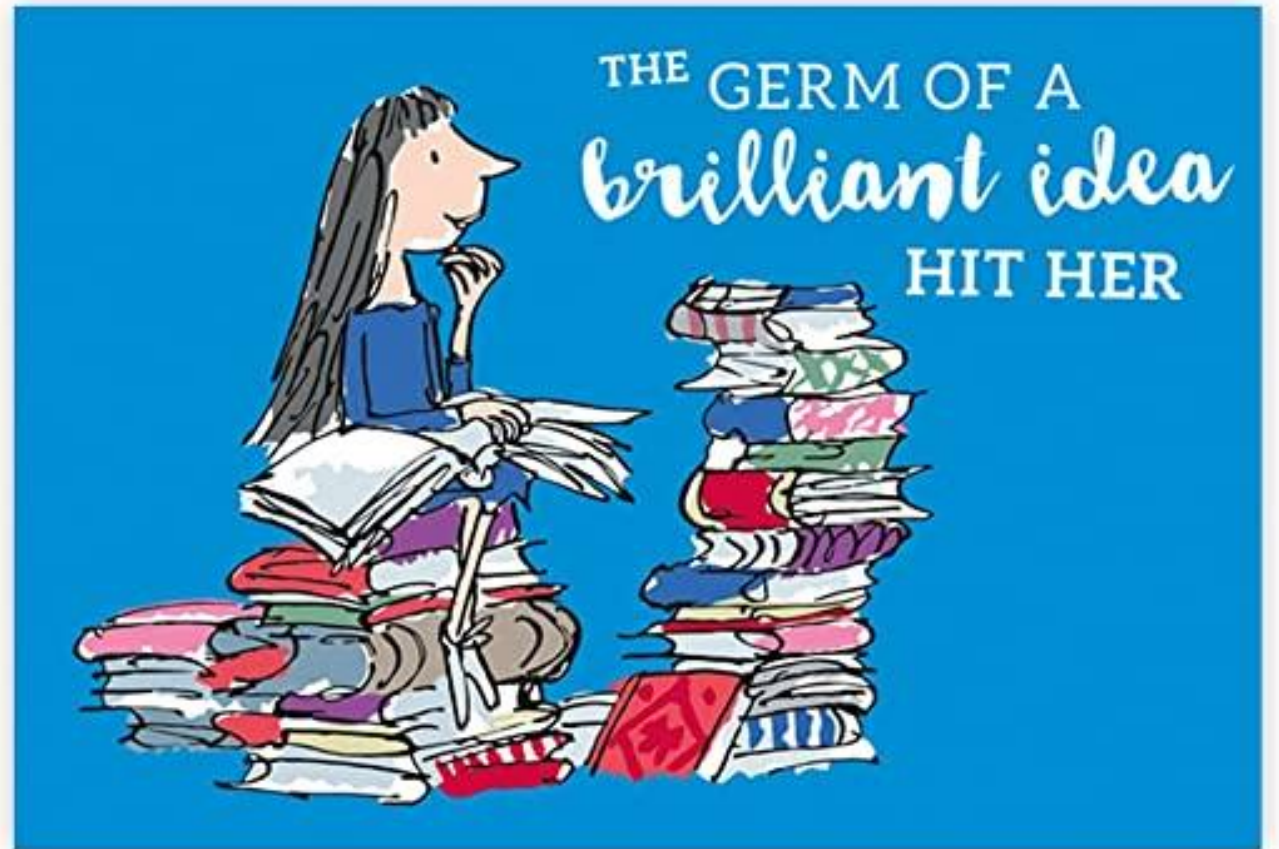


**Can you put students in
a simulation
for the
Pre-Med Bootcamp . . .**

30 premed students?

On a Saturday?

For one hour!?!



And an
Experience



WOMEN IN LEADERSHIP

SYMPOSIUM



Results from the Experience

- Learning from others
- Application of known skills
- Learning new skills
- Safe practice in a difficult conversation
- Reflection
- Critical Thinking
- Listening



Tag Team Simulation

What Is It?

- First developed in 2015
- The goal to prepare undergraduate nurses for the workplace
- Focus on safety
- Uses the tenets of Forum Theater
- Second article in 2019

Now successful in other learning situations. . .

Engages a large group of learners

- The goal to prepare work-ready participants with skills and knowledge
- Focus on effective communication skills
- Can be done in any environment
- Equips participants with assertiveness skills and resilience
- Develops the ability to actively speak up as an advocate in real-life situations
- Immersive

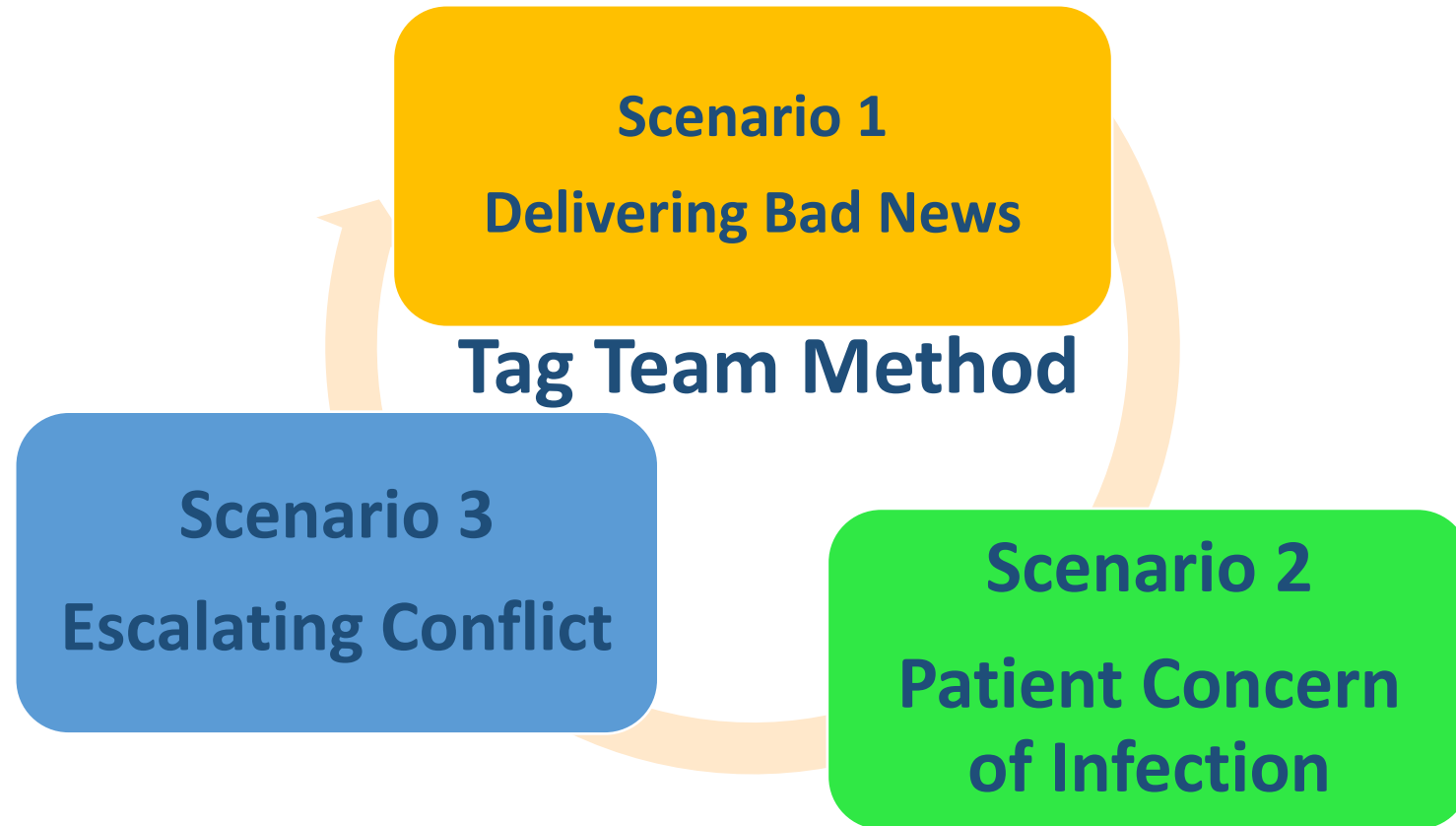
PLANNING



Questions to Answer

- What is the focus of the simulation?
- How will it tie into medical school?
- What is the location?
- One scenario, two scenarios, three scenarios?
- Who are the primary stakeholders?
- Do they have goals?
- Who are the people to help with this process?
- How can we separate the students into groups?
- Who will be the patient(s)?
- Are props needed?
- What equipment is needed?

Here Came the Ideas - What If We

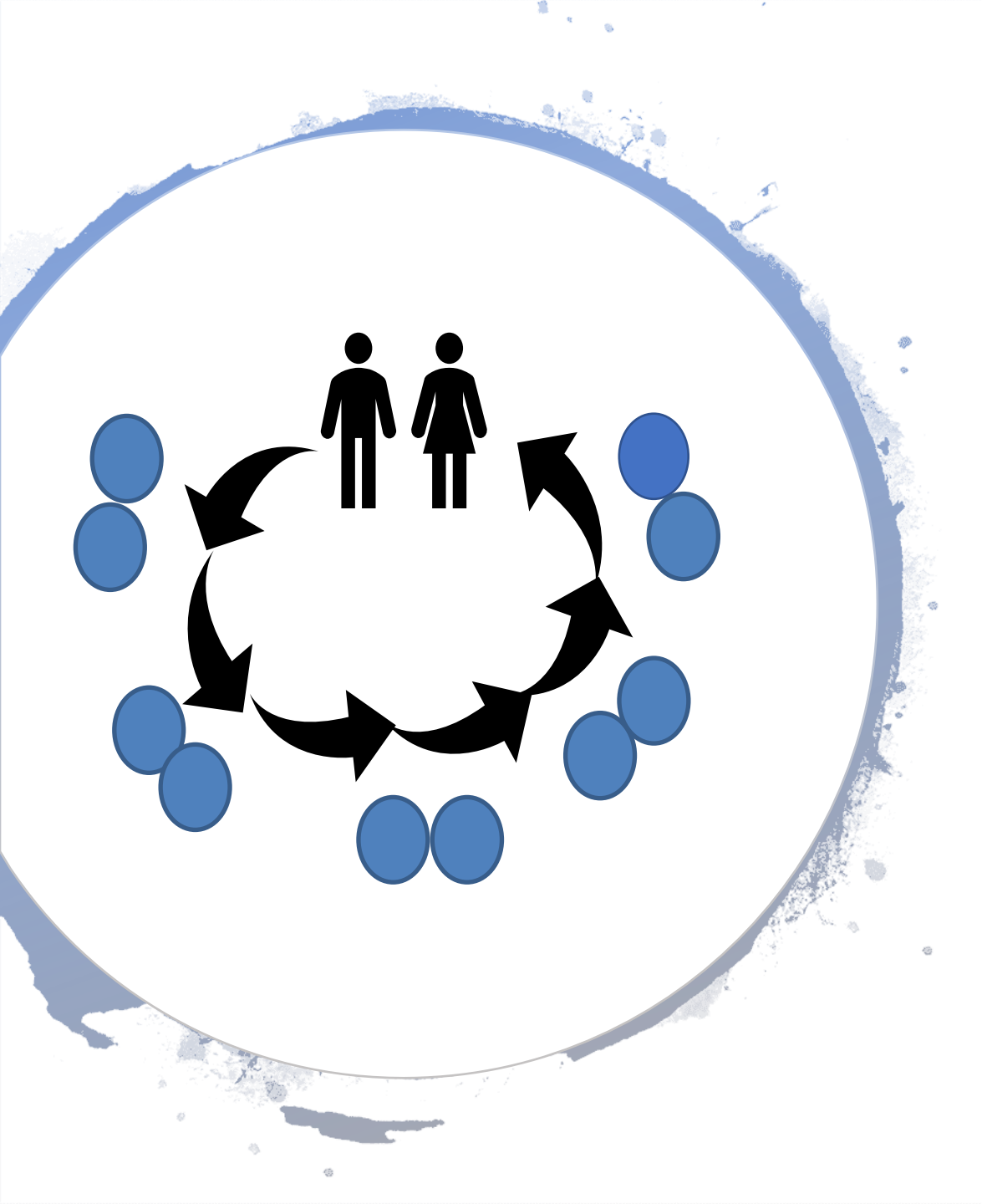


FOCUS

Purpose – provide student experience with effective patient communication

Objectives – At the end of each scenario the student will be able to

1. Demonstrate professional communication with a patient and family member in a challenging medical situation.
2. Provide a safe environment for the patient, family and self during the interaction.
3. Determine one correct action (intervention) showing critical thinking and beginning clinical judgment.



Process

SPs will be in character the entire time including any time outs called

Patient “report” given by facilitator:

- Setting

- Patients

- History of present situation

Students: 3 groups of 10 each

In pairs: Students will do the patient interview

Timing: Each pair has 2 minutes – facilitator quietly announces time, points to next pair

Cycle: The next pair picks up where the previous left off
Requiring effective listening

End: Rotation continues until the last pair has completed the patient interview

TIMING

Room	Patient	Facilitator	Case
Patient 101	2 SPs (adults)		Escalating Situation over care decision
Patient 102	2 SPs (adults)		Post C-Section wound infection
Patient 103	2 SPs (adults)		Delivering difficult news regarding results
1315 - 1330	First Round		
1330 - 1335	Reset and Rotate Teams		
1335- 1350	Second Round		
1350 - 1355	Reset and Rotate Teams		
1355 – 1410	Third Round		
1410 - 1420	Debrief Room 101 – all students		

PROCEDURE

0900 Check all supplies and transport to building 45 placing in each room based on scenario
Go to building 45 and arrange rooms

1200 – 1230 SP tune-up with Sim Team

1230 – 1300 Arrive at building 45 and into designated rooms

1300 – 1420 Tag Team Simulation and debrief with 3 groups of students

Room #	Patient Situation	Set-Up	Supplies/SP Attire
101	Escalating Situation Involving care decisions	2 chairs Half circle of 10 chairs set in pairs facing the 2 chairs	Casual dress; purse; water bottle Telephone
102	Post C-Section Wound Infection	Patient on gurney, family member standing Half circle of 10 chairs set in pairs facing the gurney	Sheet on gurney; patient in gown (gym ware underneath); casual dress for family member Abdominal dressing (c-section area); yellowed mayonnaise on dressing covering wound
103	Delivering Difficult Results Outcome	2 chairs at a desk Half circle of 10 chairs set in pairs facing the desk	Casual dress Laptop; telephone; pad; pen; Official test results printed


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graph LR; A[Research] --> B[Write the Scenarios]; B --> C[SME Review]; C --> D[Find & Train SPs]; D --> E[Dry Run];
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Research

Write the
Scenarios

SME
Review

Find &
Train SPs

Dry Run

DEBRIEFING

PAAIL

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

ADVOCACY 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?

What Happened?



Post Bootcamp Team Debrief

What went well

SPs good

- Student did think critically in scenarios
- Pairs did work together and shared conversation
- Clinical situation: gave a few minutes before to plan as a team what to do and say

Timing

24 students worked perfect – done early, able to go partially through pairs again

Teamwork

- Great timekeeper
- Switching room to room worked with only about 2 minutes passing
- Pre-huddle helped to clarify session

Scenarios

Good mix

Wins

Tied to communication from Team Based Learning morning session

At least half of the 24 students participated in the debrief following the scenarios

Lessons Learned

What could be done better

Setting

- Needed to add ambient hospital noise
- Physical space – lots of furniture
- Consider screens to border setting

Preparation

- Send scenarios out first of week or sooner to facilitators and SPs
- Follow-up with any questions before the day
- Do a tune-up with SPs prior

Plan B

There wasn't one

Get a Plan B on paper

- No shows - facilitators
- Equipment not working





Where to next?

A weathered wooden arrow-shaped sign is mounted on a wooden post. The sign is made of horizontal planks and has the text "Where to next?" written in a bold, black, sans-serif font. The sign is mounted on a wooden post that is part of a fence or barrier. The background shows a dirt road leading into a lush green field with trees and a clear blue sky. The scene is bright and sunny, suggesting a clear day.



Simulation Education Training Student Advisor Training Giving Difficult Feedback

Faculty: 6 groups – 4 faculty in each group (See spreadsheet)
Each group is assigned a different day and time

Single Session Time: 2 hours

Scenarios: 3

Experience 1	1:1	Struggling Student
Experience 2	1:1	Does not like Teamwork or Anything TBL
Experience 3	Tag Team Sim – all in	Bullying Observed by Another Student

20-minute experiences

8:00 am to 8:30 am

Didactic Giving Effective Feedback
Pre-Self Evaluation
Warm-up: introduction to the process
establishment of psychological safety and confidentiality

8:30 am to 8:50 am

Experience 1 Immerse in Advisor Role

8:50 am to 8:55 am

Break

8:55 am to 9:15 am

Experience 2 Immerse in the Advisor Role

9:15 am to 9:35 am

Experience 3 Tag Team Learning

9:35 am to 10 am

Debrief
Reflective Feedback
Post Self Evaluation



3.67/4.00 .17
To
4.00/4.00 .50



Comments from Faculty

“This helped immensely.”

“Can we have more of this?”

“What a great experience, so helpful.”

NOW
WHAT?





Start Planning

Gather the team

Talk to stakeholders: faculty, directors, etc.

Look for scenarios that could be done as a tag team

- Clinical patient case scenarios
- Therapeutic communication
- Interprofessional communication
- Language barriers
- Code Blue training
- Any skills training

More Information

- Dwyer TA, Levett-Jones T, Flenady, T, Reid-Searl K, Andersen P, Guinea S, Heaton L, Applegarth J, Goodwin BC. Responding to the unexpected: Tag team patient safety simulation. *Clinical Simulation in Nursing* 2019;36:8-17.
- Levett-Jones T, Andersen P, Reid-Searl K, Guinea S, McAllister M, Lapkin S, Palmer L, Niddrie M. An innovative approach for promoting active engagement of participants and observers during group simulations. *Nurse Educ Pract* 2015 Sep;15(5):345-52.
- Greenawalt JA, Hawkins PM. Using an interactive framework to assess a cultural simulation for learning: Tag team patient safety simulation. *Nurs Educ*. 2019 Oct;1(10):591-594.
- INACSL Standards Committee (2016, December). INASCL standard of best practice: Simulation SM Simulation design. *Clinical Simulation in Nursing* 12(S);S5-S12.
- INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation SM debriefing. *Clinical Simulation Nursing* 12(S):S21-S25.
- Rudolph JW, Simon R, Dufresne RL, Reamer DB. There's no such thing as "nonjudgmental" debriefing: A theory and method for debriefing with good judgment. *Simulation in HealthCare* Spring 2005;1(1):49-55.



Thank you!



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