

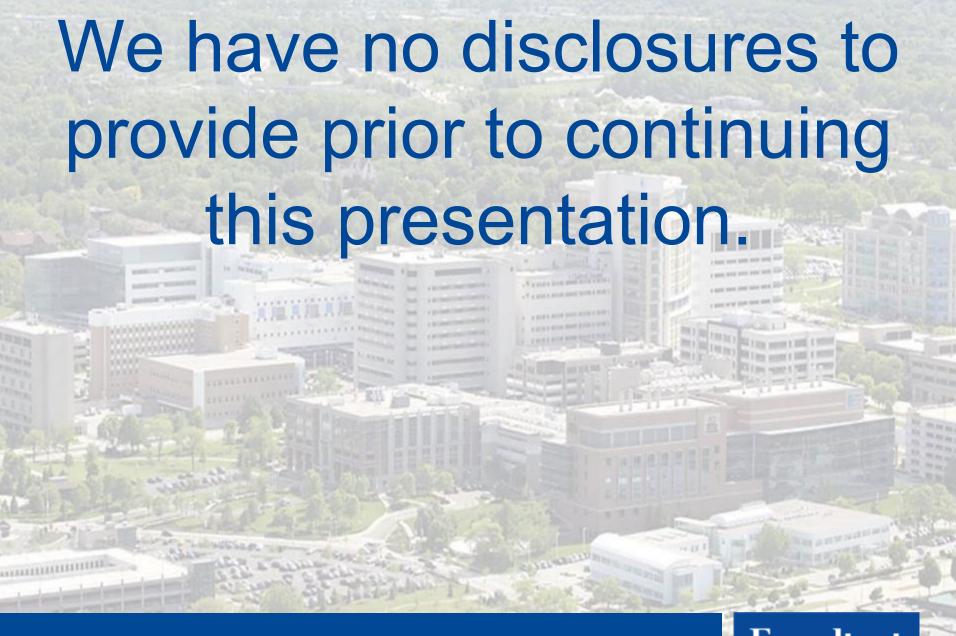
Non-clinical Simulation Facilitator Course

Creating Opportunities

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11/23/20







1. OBJECTIVES

4. COMPONENTS OF A NON-CLINICAL SIMULATION FACILITATOR COURSE

AGENDA

- 2. FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN SIMULATION CENTER
- 5. CLOSING

3. IDENTIFYING THE NEED FOR A NON-CLINICAL SIMULATION FACILITATOR COURSE

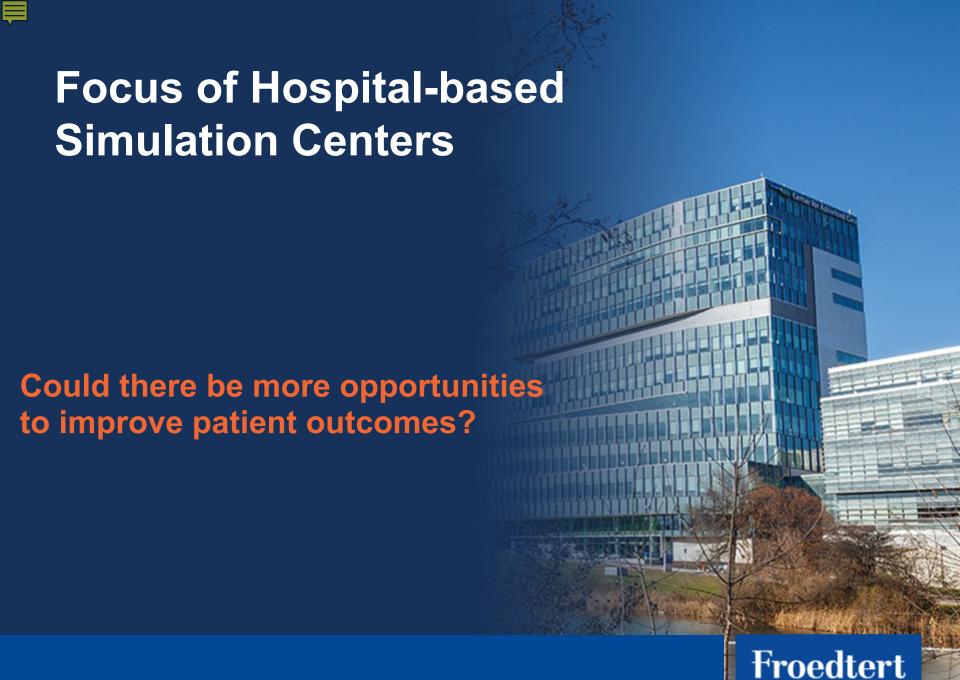


OBJECTIVES

Recognize benefits of including non-clinical departments in a hospital-based simulation center

Articulate the need for a separate non-clinical facilitator course

Identify content to include in a non-clinical simulation facilitator course





Reasons to support Non-clinical simulations

Support Strategic Goals

HCAHPS Results

Patient Safety

Personal Connection to Organization

Under-resourced Educational Support



Froedtert



BETH STAY MSN,RN,CHSE
SIMULATION SYSTEM EDUCATION COORDINATOR RN

Froedtert

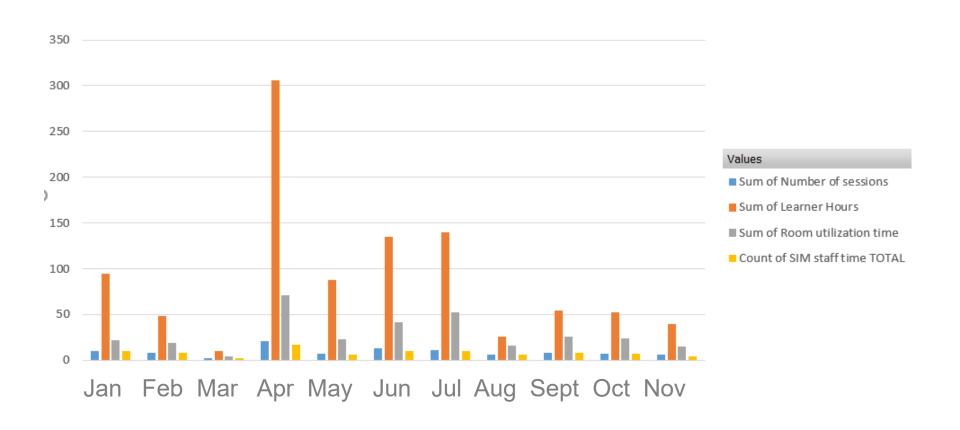


happen automatically, but it can be taught; it requires time, active involvement in a realistic experience, and guidance by an effective facilitator. The skills of the debriefer are important to ensure the best possible learning"

INACSL Standard IV: The Debriefing Process



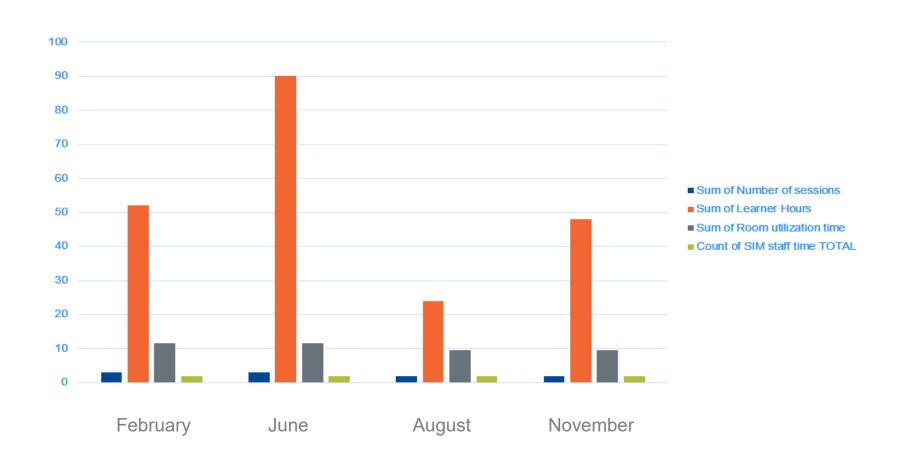
Non-Clinical Techs & Assistant Trainings conducted in the Froedtert Simulation Center 2020







Security Officers/Associate Trainings conducted in the Froedtert Simulation Center 2020







- Varying degrees of education
- Clinical jargon and medical terminology
- Resources at college reading-level
- Varying support structure for education



Need to Meet the Facilitator Where They Are To:

- Grow self-confidence
- Maintain engagement throughout the course
- Foster application of simulation-based learning concepts
- Create effective simulation-based learning experiences





Current State for Non-clinical Hospital-based Educators:

- No formal education required or offered
- Tasked with developing education process for the department





Components of a Non-clinical Simulation Facilitator Course

CONTENT INCLUDES:

- DIDACTICS
- TOUR OF SIMULATION CENTER
- EXPOSURE TO SIMULATIONS
- PRACTICE DEBRIEFING





Clinical vs. Non-clinical COMPARE AND CONTRAST

- Overlap of simulation concepts
- Introduce simulation standards
- Varying length of course
- Tailored simulation scenarios



Non-clinical Facilitator Course



Purpose:

 This is a 3 part course designed to develop non-clinical simulation facilitators at Froedtert and the Medical College of Wisconsin. Individuals with an interest is using simulation for new or continuing education, team building, competency, verification of proficiency, and quality improvement are encouraged to attend. This course is open to any non-clinical staff. You need to commit to the series of dates before registering

Commitment:

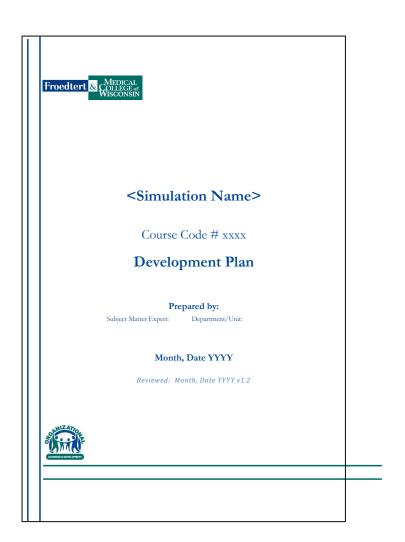
 By signing up for this course, you are committed to design & develop a simulation or facilitate a simulation within 3-6 months of completing the 3 part course





Agenda Part A

- Simulation is....
- Adult Learning Theory Basics
- Development of Simulation
- Designing of Simulation







Agenda Part B

- Creating a Safe Learning Environment
- Phases of Debriefing
- Debriefing Models
- Tour AV Technology used in debriefing
- Debriefing Practice





Agenda Part C

- Review of Debriefing
- Facilitating Debriefing
- DASH
- Let's Practice





DASH

Rating/Point Value	Descriptor
7	Extremely Effective 100%
6	Consistently Effective 90%
5	Mostly Effective 80%
4	Somewhat Effective 70%
3	Mostly Ineffective 60%
2	Consistently Ineffective 50%
1	Extremely Ineffective 40%
NA	will not be figured into total

The facilitator will receive a rating of 7-1 in each category. The 7-1 is given a based on the percentage of points they receive for each section (ex. received 2-4 for category 1 the person would be given a 2 for that category. At the end, the point total will be added up and divided by the total number of points possible. The max a facilitator could receive is 42. The goal is 34/42 which is an 80%.

1. Setting the stage for the simulation	2. Maintains an engaging context for learning
☐ Clarifies course objectives	☐ Assess learners engagement throughout and adjust
☐Establish safe learning environment	questioning to fit the learners needs
□Roles of facilitator, participant & SME	☐ Allow for self-reflection between question and answer by
□Room Introduction	providing adequate thinking time (at least 20 seconds)
	☐ Ask questions based on observation and participants
	thoughts
Point Total:	Point Total:
3. Structures debriefing in an organized way	4. Provokes interesting and engaging discussions and
□Organized flow of debriefing: start, middle & end	fosters reflective practice
☐ Start: Allow for participants to cope with emotions	☐ Asks questions based on observed actions
☐Middle: Prompt learners to reflect on events	☐ Connect simulation to real life practice
☐Middle: Provoke discussion	☐ Encourage discussion on past experiences with topic
☐Middle: Keeps discussions on topic	☐ State important supporting info based on expertise
☐ Middle: Tailors short micro lessons based on learners	☐ Allows equal participation among participants
needs/requests	☐ Use video recording 2-4 times to jumpstart conversation by
□End: Wrap up debriefing by asking closing questions	introducing a topic
	☐ Recognizes and manages emotions of participants to
	maintain equilibrium of debriefing
	☐ Transparent on what they do and do not know as a
	debrief/SME
Point Total:	Point Total:
5. Identifies performance gaps	6. Closes performance gaps
☐ Analyze performance in simulation and compare to	☐ Tailor questions to address performance gaps
objectives	☐ Provoke discussion of techniques from participants and
☐ Initiate thinking of clinical and behavioral dimensions	SMEs to improve future performance
Point Total:	Point Total:
Evaluator Comments:	



COURSE EVALUATION

- Survey Monkey Evaluation -
 - Completed at the conclusion of the course
 - Used to revise future session as needed



Participant Comments...

Security Academy Simulation Evaluation

RESPONSES	DATE
Actual actors that give you the one on one relation. Also the feedback between takes allows you to learn and practice.	8/11/2020 11:45 AM
Being able to apply what I learn to a real life situation	8/11/2020 11:45 AM
The simulation felt really real. It is really going to help me deal with an actual situation when arises. The instructors were helpful and knowledgeable	it 8/11/2020 11:45 AM
constructive discussion, clear setting of expectations	6/4/2020 3:31 PM
n/a	6/4/2020 3:29 PM
The non-judgmental debrief was nice	6/4/2020 3:28 PM
communication	6/4/2020 3:26 PM
The importance of teamwork and communication	6/4/2020 3:25 PM
communicating	6/4/2020 3:25 PM
Debriefing and discussion. What can be corrected. outside analysis	6/4/2020 3:24 PM
communication, teamwork	6/4/2020 3:23 PM
"hands on" answered a lot of questions that don't get answered unless you learn hands on!	6/4/2020 3:22 PM
realistic training	6/4/2020 3:20 PM
she asked good questions of us which improved my learning	6/4/2020 3:19 PM



Participant Comments Continued...

Transport Simulation

7	I will advocate to use the slings to save a back, wrist or even knee.	8/12/2020 2:47 PM
6	Everything	9/23/2020 10:22 AM
5	How to insure the patient is most comfortable in these situations and how to make sure all policies are followed in doing so	9/23/2020 10:24 AM
4	Maybe adding some nurses into the sim.	9/23/2020 10:24 AM
3	I learned how to use the hover sling lifts and I did not know how to use that before.	9/23/2020 10:44 AM
2	More ways to transport a patient safely and practically	9/23/2020 10:44 AM
1	How to use hoyers and properly care for patients	9/23/2020 10:46 AM
#	RESPONSES	DATE

Participant Comments Continued...

EVS Inpatient and Discharge Simulation Evaluations

#	RESPONSES	DATE
1	That you can do this. I give my thanks to the instructors for all what they have done for me.	11/5/2020 3:08 PM
2	Everything. This is so helpful! :-)	11/5/2020 3:06 PM
3	What to do in some cases, what not to do	11/5/2020 3:05 PM
4	to be confident in what I'm doing. The hands on learning is very helpful	10/8/2020 2:47 PM
5	working n confidence	10/8/2020 2:46 PM
6	different ways of handling different customer service reactions	10/8/2020 2:45 PM
7	I truly appreciate Beth and the Stimulation team. I've learned so much and I can't wait to apply my experience on the floor.	9/24/2020 1:40 PM
8	to do consumer care while cleaning	9/10/2020 1:53 PM
9	To be patient when cleaning.	9/10/2020 1:43 PM
10	Learning from our mistakes	9/10/2020 1:43 PM
11	Take a breath, exhale and do the steps.	9/10/2020 1:42 PM
12	Hands on real experiences are far more helpful	8/27/2020 1:38 PM
13	Not too think so hard, and get stuck on what to do.	8/27/2020 1:35 PM
14	It helped me learn about different scenarios and just gave me good insight on what I'm going to be doing	8/13/2020 1:34 PM





RECAP OBJECTIVES

Recognize benefits of including non-clinical departments in a hospital-based simulation center

Articulate the need for a separate non-clinical facilitator course

Identify content to include in a non-clinical simulation facilitator course

THANK YOU

We hope you enjoyed the presentation.

We welcome you to reach out to discuss the Non-clinical Simulation Facilitator Course and explore more details. We missed presenting to you LIVE!

We look forward to seeing you all at next year's IMSH conference.



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Stay safe! Stay healthy!

Froedtert

References

Blodgett, N. P., Blodgett, T., & Kardong-Edgren, S. E. (2018, May). A proposed model for simulation faculty workload determination. Clinical Simulation in Nursing, 18, 20-27. https://doi.org/10.1016/j.ecns.2018.01.003.



References

Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L., Boese, T., Franklin, A. E., Glow, D., Lioce, L., Sando, C. R., Meakim, C., & Borum, J. C. (2013). Standards of best practice: Simulation standard VI: The debriefing process. *Clinical Simulation in Nursing*, 9 (65), 26-29. https://dxdoi.org/10.1016/j.ecns.2013.04.008

Dodek, Peter M. MD, MHSc; Wong, Hubert PhD; Heyland, Daren K. MD, MSc; Cook, Deborah J. MD, MSc; Rocker, Graeme M. MA, MHSc, DM; Kutsogiannis, Demetrios J. MD; Dale, Craig RN, PhD(c); Fowler, Robert MD, MSc; Robinson, Sandra PhD; Ayas, Najib T. MD, MPH The relationship between organizational culture and family satisfaction in critical care*, Critical Care Medicine: May 2012 - Volume 40 - Issue 5 - p 1506-1512. https://doi.org/10.1097/CCM.0b013e318241e368

Eisert, S., & Geers, J. (2016, September). Pilot-study exploring time for simulation in academic and hospital-based organizations. Clinical Simulation in Nursing, 12(9), 361-367. http://dx.doi.org/10.1016/j.ecns.2016.04.005.

Erikson, M., Smith, P.D., Sparks, S.W. (2019). Best practices to advance health literacy in a Wisconsin adult literacy coalition. Health Literacy Research and Practice. 3(3), S8-S14. https://doi.org/10.3928/24748307-20190405-01

Jeffries, P., Dreifuerst, K., Kardong-Edgren, S., & Hayden, J. (2015). Faculty development when initiating simulation programs: Lessons learned from the national simulation study. Journal of Nursing Regulation, 5(4), 17-23. https://doi.org/10.1016/S2155-8256(15)30037-5.



References

Kneebone, R.L. Simulation reframed. Adv Simul 1, 27 (2016). https://doi.org/10.1186/s41077-016-0028-8

Marek, M., Kutzin, J., Gross, D., Guzman, L., Joseph V., Yaney, E., & McGill, J. (2014). Using the Simulation Center to Perform Yearly Competencies of Environmental Service Workers: A Multi-disciplinary Approach to Training. American Journal of Infection Control, 42 (6), S68-S69. https://doi.org/10.1016/j.ajic.2014.03.165