SIMULATION TRAINING - PM&R RESIDENCY TRAINING PROGRAM

Hello all,

I wondered if we might be able to find a brief time to come up with feasible plans for simulation curriculum in our program more formally.

I hoped we could try to find a 30 min Zoom block of time for this.

Background:

So far in PMR we have tried out the following with simulation:

1) A large scale multidisciplinary simulation with nursing, allied health, PMR and hospitalist participants with 5 "patients" in the ATSSL lab – sims were on agitation in BI, autonomic dysreflexia and fall in a stroke patient

2) Code Blue practice "in situ" on Unit TNR and in the gym with nursing, allied health, residents and one hospitalist participant

3) Compression competition (Tanya McFaul does actually have the results and still needs to share them with us!)

4) PMR/Psychiatry simulations Jan/Feb 2020 – results still in process of analysis and writing up to publish or present at conference hopefully early next year with help of psychiatry residents/med student, Psych and Anesthesia staff. (sims were on suicide and capacity)

So, that is a reminder of the cases that have been developed to date and could be used again, modified or tweaked. As Irina says, a simulation probably doesn't completely work best until it is run about 10 times to work out the kinks – so we haven't done that for any of the scenarios and we often tweaked them as we went along J And also, I definitely (for myself especially) realize the value of gaining experience and improving the debriefing skills of observers/facilitators – I need to keep working on that for better learner experience.

I will send out the prior cases to build on for your perusal.

Sarah, I know you were attending to consider your own scenarios with Lauren for your QI work, so if you are busy with other projects and just want to stick to that effort, that is more than fine. I am excited that Lisa has expressed interest in this work for our program and we likely have resident input.

These are some questions to ponder and discuss:

1) How would simulation be best utilized in our PMR program, considering there is a lot of preparation involved, and may be some costs to running them for our program (resource and time constraints)

2) Should we model psychiatry or some other larger programs where certain simulations are run for specific levels of training – ie. Transition to discipline level residents only, Foundations, Core residents for example. (smaller numbers, different times of year?) To address EPAs that are critical, or do not happen in life often, or on call preparedness, or focused on interprofessional skills/communication/collaboration. To date we have had all levels participate in the same simulations.

3) For the simulation course, shall we work together in pairs to design 3 new case scenarios to address our plans and expand our repertoire? Who will work together on what if so? Then we can get started before the next January workshop where the scenarios will be reviewed with the larger groups and tweaked, more input can happen from simulated patients and potentially dry runs can occur. We obviously do not have deadlines like psychiatry does for developing and running cases, so we can take our time to decide when these should occur and for whom in our program in future.

Any ideas for a good time to discuss these questions? My more flexible days are Tues, Wed or Friday (between 9:30-2:30) or even Thursday afternoon after 1pm. Or after hours – 4:30 or 5pm one evening.

Stephanie

OVERVIEW

Simulation training is an important tool. It can be used for patient safety issues that are not common but critical. It can allow for more collaborative and team interaction. We have access to the simulation lab. It allows for a safe environment for mistakes to be made, and to learn from it. It allows team members to view a scenario from different perspectives.

KEY STAKEHOLDERS

Groups & Individuals	Comment
Patients and families	
Physiatrists	
Hospitalists	
Physiatry residents	
Nursing staff, unit clerks, U58	Ms. Andrea Cole-Haskayne, Nurse Educator, U58, FMC Mr. Jason Knox, unit manager, U58, FMC Ms. Jill Congram, Nurse Clinician, Brain Injury Neurorehabilitation - about 100 nursing staff
Allied health staff	
Medical Education and Simulation Experts	Dr. Marcia Clarke, Medical Director, ATSSL Ms. Irina Charania, Simulation Consultant, ATSSL - can help us develop stations - can provide training, structure debriefing
Patient Safety Committee	

GOAL AND OBJECTIVES

1. train and assess health care team members regarding scenarios that are rare or potentially serious
2. improve and build upon positive working relationships between staff physicians, resident trainees, nursing staff, and other health care professionals

POTENTIAL SCENARIOS

Scenario	Description
mock codes	code 66, code blue
agitation and aggression in patients with brain injury	
autonomic dysreflexia in spinal cord injury patients	
procedures, injections	TPI, joint injections
seizures	
collaborative communication	Nursing scenarios to call physicians.
baclofen pump malfunction	
handover practice	
team meetings	
bladder management issues	
acute stroke scenario	

OPTIONS & PRACTICAL ISSUES

1. simulation lab
    a. animal or human tissues
    b. mannequins - eg. autonomic dysreflexia
    c. no access to SCM in simulation lab
    d. can use laptop
2. scenarios on the ward (unit 58)
    a. stroke, spinal cord injury, brain injury
    b. patients usually stable, but can be medically quite complex
3. scenarios in the therapy space
4. scenarios in the dining room
5. standardized patients
    a. $25.00/hour
    b. good for delirous patients, family meetings
6. debriefing
    a. online modules, can be spaced out over time
7. nursing
    a. can only take about 15 staff off ward at a time
    b. usually 4 nurses involved in code situations

8. timing
    a. debrief should be 2-3 times the amount of simulation
    b. a simulation scenario is about 1 hour
9. two types of scenarios
    a. resident/staff specific
    b. interdisciplinary

NEXT STEPS

1. needs assessment
    a. identify learning needs & objectives, gaps in knowledge/skills
    b. identify target audience
    c. what do we want to cover during debrief?
2. scenario development
    a. based on needs assessment
    b. visualizing key events during simulation
3. further discussion at patient safety meeting

RESOURCES

1. CMPA, How to manage conflict and aggressive behaviour in medical practice