

# The Medical Record

Simulation Education for Improved Professional Practice

A Newsletter of the Richard A. Henson Medical Simulation Center • Salisbury University

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## Welcome!

Welcome back for the fall semester of 2014! Thank you for your interest in Salisbury University's Richard A. Henson Medical Simulation Center. We are located just south of main campus on Pine Bluff Road. This quarterly newsletter is designed to keep faculty and interested parties abreast of the happenings at the Sim Center. If you are interested in using the facilities for any of your educational needs, or have any questions, comments or concerns, please contact us at the directory information listed here.



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## Casting Call

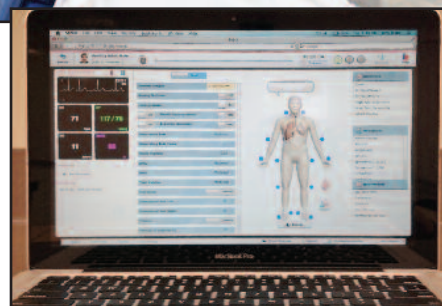
Calling all actors! Actors are needed as standardized patients to portray individuals with mental illness. Acting experience is helpful but not required. Training will be provided for each actor to portray a patient scenario designed to teach nursing students communication and assessment skills when working with individuals with mental illnesses such as schizophrenia, depression, mania, anxiety, substance abuse, personality disorders and dementia. For more information, contact Dr. Debra Webster at 410-543-6407 or dawebster@salisbury.edu

## Spotlight

The Simulation Center staff are excited to introduce you to iStan. He is a high-fidelity (interpret "as real as it gets") adult manikin that is manipulated by instructors at a distance. This feature enables faculty to control the simulation from a remote location, which fosters student independence and confidence while encouraging students to utilize available resources (equipment, manuals, peers, etc.).

Students can perform physical examinations on iStan to assess his condition, recognize deterioration or monitor his improvement. A complete physical examination includes the assessment of the patient's vital signs (heart rate, respiratory rate and blood pressure) and an assessment of the patient's head, neck, abdomen, limbs, heart and lungs. Instructors can manipulate all of these parameters and provide students the opportunity to hear, see, feel and thus learn the differences between different conditions and disease states.

In addition, the manikin is equipped with a wireless microphone and programmed with select sounds and phrases. Enabling him to communicate with students. He also can produce life-like breath sounds, heart sounds and lung sounds. He has palpable pulses,



visual capillary refill and pupillary response.

A unique feature of iStan is his ability to secrete fluids. Clear fluid can be secreted from the eyes, ears, nose, mouth, crown of the head and urethra, while simulated blood can be secreted from the chest and six other wound sites. The "patient's" vital signs and symptoms will respond to blood loss and model that of a hemorrhaging

individual.

To complement what the students hear, feel and see, the software provides monitor displays of physiologically appropriate vital signs for students to view and interpret. The physiologically modeled data can provide ECG output, respiratory rate, blood pressure, oxygen saturation, heart rate and temperature.

This integrated software also comes with factory-developed scenarios. Examples include healthy adult, anaphylaxis, pneumothorax, angina with cardiac arrest, anterior myocardial infarction and COPD exacerbation. Upon request, simulation specialists will create scenarios for personalized learning experiences. Currently, the simulation specialists are programming iStan with the advanced cardiovascular life support (ACLS) megacode scenarios developed by the American Heart Association.

iStan provides invaluable experiences by exposing students to simulated life-threatening situations and invasive procedures in a safe and friendly environment. Contact the Simulation Center to reserve time with iStan.

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# The Importance of Debriefing

After a medical simulation or standardized patient experience, faculty/facilitators are encouraged to guide students through a reflective discussion. By discussing the event, students/participants are given the opportunity to analyze their experience by identifying times of good technique and times of mistakes. The key is to bridge the gap between students'/participants' thoughts and actions. By discussing these connections, students/participants are able to learn from their experience and respond more appropriately in the future. Below are a few tips for faculty/facilitators to guiding an effective debriefing session.

- **Create a psychologically safe learning environment.** Simulations are designed to provide students with experience and expose them to a variety of clinical situations in a safe environment where making mistakes is acceptable. Establish trust and confidentiality. Demonstrate respect

before, during and after the simulation. There should be no penalty for mistakes, no shame and no embarrassment.

- **Recognize emotions.** At the start of a debriefing session, ask students to identify and comment on their feelings about the simulation. Exploring and acknowledging emotions help students/participants gain insight.
- **Embrace errors.** Use this opportunity to examine what went wrong and identify where/how changes can be made in the future.
- **Analyze incidents.** Promote self-reflection by asking open-ended questions of students/participants. If an error was made, identify why the student/participant acted in the manner that (s)he did and discuss ways to reroute the thought process and avoid the error in the future. "Tell me how you came to the conclusion/decision/action."

- **Engage observers.** Encourage those who observed the simulation to participate in the debriefing session. They can provide insight without the distraction of participation. If using standardized patients, the "patient" can also provide feedback on professionalism, eye contact and empathy.
- **Summarize the experience.** Review the connections that were made during the debriefing session. "What will you do differently?" "What did you learn?"

Fanning, R.M. & Gaba, D.M. (2007). The role of debriefing in simulation-based learning. *Simulation in Helathcare: The Journal of the Society for Medical Simulation*, 2(2), 115-125.

Fey, M., Scrandis, D., Daniels, A., & Haut, C. (2014). Learning through debriefing: Students' perspectives. *Clinical Simulation in Nursing*, 10(5), 249-256.

## Special Events

On April 17, 2014, the Henson Simulation Center hosted a tour for the Peninsula General Hospital School of Nursing (PGH SON). Attendees were able to see demonstrations of the manikins and speak with current nursing and respiratory therapy students. The Simulation Center thanks the PGH SON and all involved for their time and generous donation.

The University of Maryland Eastern Shore (UMES) visited the Henson Simulation Center for educational experiences in July and August. Students of the physician assistant (PA) program spent approximately four hours in groups of 12 learning about and simulating the diagnosis and treatment of acute coronary syndrome. Participants first participated in



UMES physician assistant students and patient "Annamarie Zerby"

a series of instructional lectures by SU faculty. Topics included the evaluation of chest pain (from office visit, to hospital, to discharge) and the interpretation of 12 lead electrocardiograms. Following these lectures, students participated in a simulated scenario with Annamarie Zerby (iStan and moulage), a "patient" who visited her primary care office with complaints of chest pain. The students were divided into three groups of four for the simulations. The objectives of the first group were to complete a full physical evaluation, diagnose an ST elevation myocardial infarction and recommend a transfer to the emergency department. The second part of the simulation was set in the hospital. The second group of PA students was to reevaluate the patient, request and interpret appropriate lab data, and suggest a treatment plan. Finally, the third group of students prepared the "patient" for discharge from the hospital after a cardiac catheterization.

The feedback received from participants was extremely positive. When

asked if the lectures improved the understanding of the subject, one student wrote "better than ever!" Another student wrote that she "gained knowledge that [she] never had before" and that "this was awesome!" Many students claimed that they took away a better knowledge of "teamwork," "confidence," "how to approach a patient," "how to ask questions" and "communication" from this simulation. The Henson Simulation Center staff thank all participants from UMES, including the PA students, Dr. Parker, Dr. Huddleston and Dr. Trotman. A big thank you also goes to Dr. Joyner and Dr. Schneider of SU's Department of Health Sciences for providing education for all participating students.



Dr. Lisa Seldomridge, SU Nursing Dept. Chair; Janice Wright, President, PGH SON

## Education Corner

Did you know that annotations can be made in Learning Space software when recording or viewing a simulation video? Annotations are made using the *Annotations in Learning Space* panel, which appears on the left hand side of the *Room View* screen. To add an annotation, enter text into the field and click *Add*. *Preset Annotations* are also available by clicking the *Tools* icon. To add a new annotation and save it as a preset annotation for later use, click the *Save Preset Annotation* icon. Annotations will appear as a gold balloon on the *Timeline* bar, unless another color is selected. Students will be able to view instructor annotations when they review their videos online.

[www.salisbury.edu/henson/simcenter](http://www.salisbury.edu/henson/simcenter)

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