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Introduction to Simulation based Medical Education

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Definition

“The technique of imitating the behaviour of some situation or process by means of a suitably analogous situation or apparatus, especially for the purpose of study or personnel training.”

Oxford English Dictionary

Definition

Simulation based medical education (SBME)

is **defined** as any **educational** activity that

utilizes **simulation** aides to replicate clinical scenarios.

Abdulmohsen H. Al-Elq, 2010



Overview

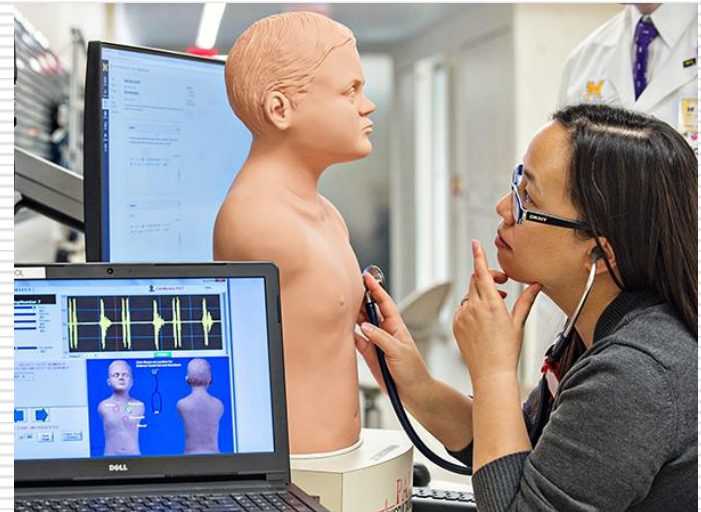
- ❖ Becoming **more and more popular.**
 - ❖ Becoming equal to **effective learning** and **safer care for patients.**
 - ❖ Becoming a solution for all the perceived ills of teaching and training.
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Overview

- ❖ **Is not a substitute** with and from real patients in real clinical contexts.
- ❖ **Must not become an end** in itself, disconnected from professional practice.
- ❖ **Simulation is a technique**, not a technology!

Widespread

- ❖ **The use of simulation-based training:**
 - **Undergraduate and postgraduate contexts,**
 - **General and specialty curricula,**
 - **Clinical and non-clinical settings**



Skills in Simulation based MD



**Technical
(procedural)
skills**



**Non-technical
skills**



**Workplace-
based
simulation**

Technical Skills



Technical skills: SPs

- ❖ **Simulated patient** is an actor who is trained to represent a patient during a clinical encounter with a health care provider.
- ❖ If Simulated patient act similarly in all situations is named **standardized patient**.



Technical skills: SPs

- ❖ **Providing timely and accurate feedback** from the ‘patient’s perspective’.
 - ❖ **Can work unsupervised** (teaching and assessment).
 - ❖ **Trained and supported SPs** are needed for involving in high-stakes assessments.
 - ❖ Can play role of **covert patients** to evaluate health services.
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Technical skills: SPs

- ❖ Although planning and managing an SP service is **time-consuming** and can be **costly** in the initial stages, experienced SPs can replace clinicians in both teaching and assessments.
 - ❖ Recent developments: **accreditation**, **standards** and **certification** of SPs.
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Technical skills: VR

- ❖ The computer-generated simulation of a three-dimensional image or environment that can be interacted with in a seemingly real or physical way by a person using special electronic equipment,





Technical skills: VR

- ❖ Virtual reality simulators facilitate and measure **tactile feedback** in real time.
 - ❖ Enable doctors to **improve operating techniques**.
 - ❖ virtual reality has its own **challenges and opportunities**.
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Technical skills: VR



Non-technical Skills



Non-technical skills

- ❖ Training and development of non-technical (social and cognitive) skills and the way in which human factors impact on patient safety.



Non-technical skills

- ❖ Human factors have been shown to cause the majority of errors and often these are not due to lack of knowledge or inability to perform a technical skill, but due to lack of so-called 'softer' skills like **team working, communication, leadership and decision-making.**





Healthcare team

- ❖ **Teamwork failures: a major cause of errors.**
 - ❖ **Simulation-based team training can help address some of the common issues concerning **poor or ineffective communication and differing perceptions** about the goals of healthcare, team roles and leadership.**
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Other types

- ❖ **Social media**
- ❖ **Use of smart phones**
- ❖ **Blogs**
- ❖ **Podcasts**
- ❖ **Interactive questions before and after training**



A simple Classification of simulators

	Appearance	Interaction with the learner	Educational context
Part task trainer	Realistic, but of a single body part	Feels realistic but limited or no response	Repetitive practice of isolated skill
Full body simulator	Realistic body, often with associated physiological modelling	Allows examination (for example, pulses) and realistic interactions	Realistic practice of whole scenarios
Screen simulator	2D image of patient, equipment or staff	Realistic response to input via keyboard or mouse	Cognitive exploration of a variety of situations
Virtual reality	3D image of patient, equipment or staff	Realistic response to input via a variety of methods	Realistic practice, often of a defined task
Real people as simulators	Real people	Verbal and non-verbal communication	Practice of a variety of clinical skills
Hybrid simulation	Any combination of the above	Verbal and non-verbal communication and interaction	Realistic practice
Simulated environments	An entire clinical environment	Full interaction with patient and team	Realistic practice and team training



Instructional consideration

- ❖ There is **no difference** between simulation and many other forms of education and training.
 - ❖ Requires **skillful** and **knowledgeable** Instructors or facilitators
 - ❖ Requires the skill of “**providing feedback**” (in the moment and structured debriefings)
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Instructional consideration

- ❖ **Assessment** drives learning
- ❖ Attributes of assessment should be considered:
reliability, validity, feasibility, cost-effectiveness, acceptability and educational impact.



Instructional consideration

- ❖ Assessments need to be **integrated within the curriculum.**
 - ❖ Both **formative** and **summative** assessments should be considered.
 - ❖ **Appropriate levels of fidelity and realism** should be selected.
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Instructional consideration

A 54 year old white male admitted to the ICU 48 hours ago with severe chest pain. He has an IV line, arterial line, pulmonary artery catheter, ECG, urinary catheter and 2 runs of ventricular tachycardia initially, but no arrhythmias were determined to have suffered an acute myocardial infarction. Mr. Jones had a past 24 hours. He is on 2L oxygen via nasal cannula. Student Role: You are assuming Physical Therapy care for Mr. Jones. The patient was seen by another physical therapist for initial evaluation, yesterday. You are to determine Mr. Jones current status and if he is ready to begin cardiac rehabilitation. Learning objective: During simulation the participant should demonstrate their ability to determine current patient status and assess the capacity of the patient to begin cardiac rehabilitation.

Critical behaviors that should be demonstrated	Met	Not Met	Comments
Patient examination			
Vital signs: current vs. past 24 hours			
Symptoms: monitored & aware of changes			
Ventilation: RR, % saturation & breath sounds			
Cardiovascular: BP HR, circulation & heart tones			
Integument: integrity, irregularities			
Level of consciousness: impact on intervention plan			
Communication: calm, clear directions & explanations			
Patient mobility: ROM, strength & bed mobility			
Body mechanics: correctly used by PT and patient			
Lines & tubes: identified potential problems/limitations			
PT modesty maintained: Pt appropriately covered			

- ❖ Providing opportunities for learners to receive **timely and specific feedback**.
- ❖ A large number of **checklists and global rating scales** have been developed, tested and validated in various settings.

Instructional consideration

- ❖ **SBME enables educators to measure performance more consistent and reliable.**



Reference

