

Integrating the patient and family experience into simulation based education to enhance patient and family centred care

PACE Forum Workshop – November 29, 2016

Susan Cosgrove, Family Leader

Darlene Hubley, Interprofessional Education Lead

Kathryn Parker, Senior Director, Teaching and Learning Institute



Holland Bloorview Kids Rehabilitation Hospital

Holland Bloorview Kids Rehabilitation Hospital is Canada's largest Children's rehabilitation hospital, fully affiliated with the University of Toronto. We pioneer treatments, technologies, therapies and real-world programs that give children with disabilities the tools to participate fully in life.

- 600 inpatient admissions
- 58,000 outpatient visits



Simulation Team



Amir Karmali,
Family-Centred Care Specialist



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Client and Family Relations Facilitator



Becky Quinlan, MEd
Family Leader



Laura Williams, MSW, RSW,
Director, Client and Family Integrated Care



Kathryn Parker, MA., PhD.,
Director, Teaching and Learning
Institute, Simulation Lead



Darlene Hubley, MScCH, OT
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IPE Lead
Teaching and Learning Institute

Objectives for the next hour

- Identify key steps in the creation of authentic simulations.
- Describe how meaningful discussion can emerge through simulation based education.

What is simulation?



https://www.youtube.com/watch?feature=player_detailpage&v=Z9C0yVgTcbs

Definition of Simulation



Simulation is the imitation or representation of one act or system by another.

Healthcare simulations can be said to have four main purposes – education, assessment, research, and health system integration in facilitating patient safety.

(Society for Simulation in Healthcare)

Why do we do it?

Downloaded from qualitysafety.bmj.com on July 28, 2011 - Published by group.bmj.com

Original research

Training and simulation for patient safety

Rajesh Aggarwal,¹ Oliver T Mytton,² Milliard Derbrew,³ David Hananel,⁴
Mark Heydenburg,⁵ Barry Issenberg,⁶ Catherine MacAulay,⁷ Mary Elizabeth Mancini,⁸
Takeshi Morimoto,⁹ Nathaniel Soper,¹⁰ Amitai Ziv,¹¹ Richard Reznick¹²

Published in final edited form as:

Acad Med. 2011 June ; 86(6): 706–711. doi:10.1097/ACM.0b013e318217e119.

Does Simulation-based Medical Education with Deliberate Practice Yield Better Results than Traditional Clinical Education? A Meta-Analytic Comparative Review of the Evidence

Dr. William C. McGaghie, PhD,

Jacob R. Suker, MD, professor of medical education, professor of preventive Medicine, and director of evaluation, NUCATS Institute, Northwestern University Feinberg School of Medicine, Chicago, Illinois

What makes it effective?

2013; 35: e867–e898

MEDICAL
TEACHER

WEB PAPER

Comparative effectiveness of instructional design features in simulation-based education: Systematic review and meta-analysis

DAVID A. COOK^{1,2}, STANLEY J. HAMSTRA³, RYAN BRYDGES⁴, BENJAMIN ZENDEJAS², JASON H. SZOSTEK², AMY T. WANG², PATRICIA J. ERWIN² & ROSE HATALA⁵

¹Mayo Medical School, USA, ²Mayo Clinic College of Medicine, USA, ³University of Ottawa, Canada, ⁴University of Toronto, Canada, ⁵University of British Columbia, Canada

Medical Teacher, Vol. 27, No. 1, 2005, pp. 10–28

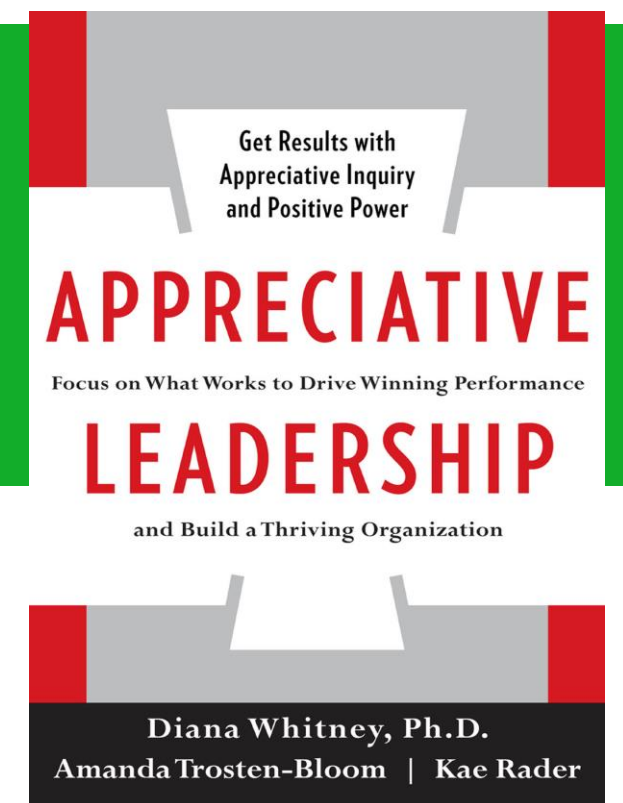


Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review*

S. BARRY ISSENBERG¹, WILLIAM C. MCGAGHIE², EMIL R. PETRUSA³, DAVID LEE GORDON¹ & ROSS J. SCALESE¹

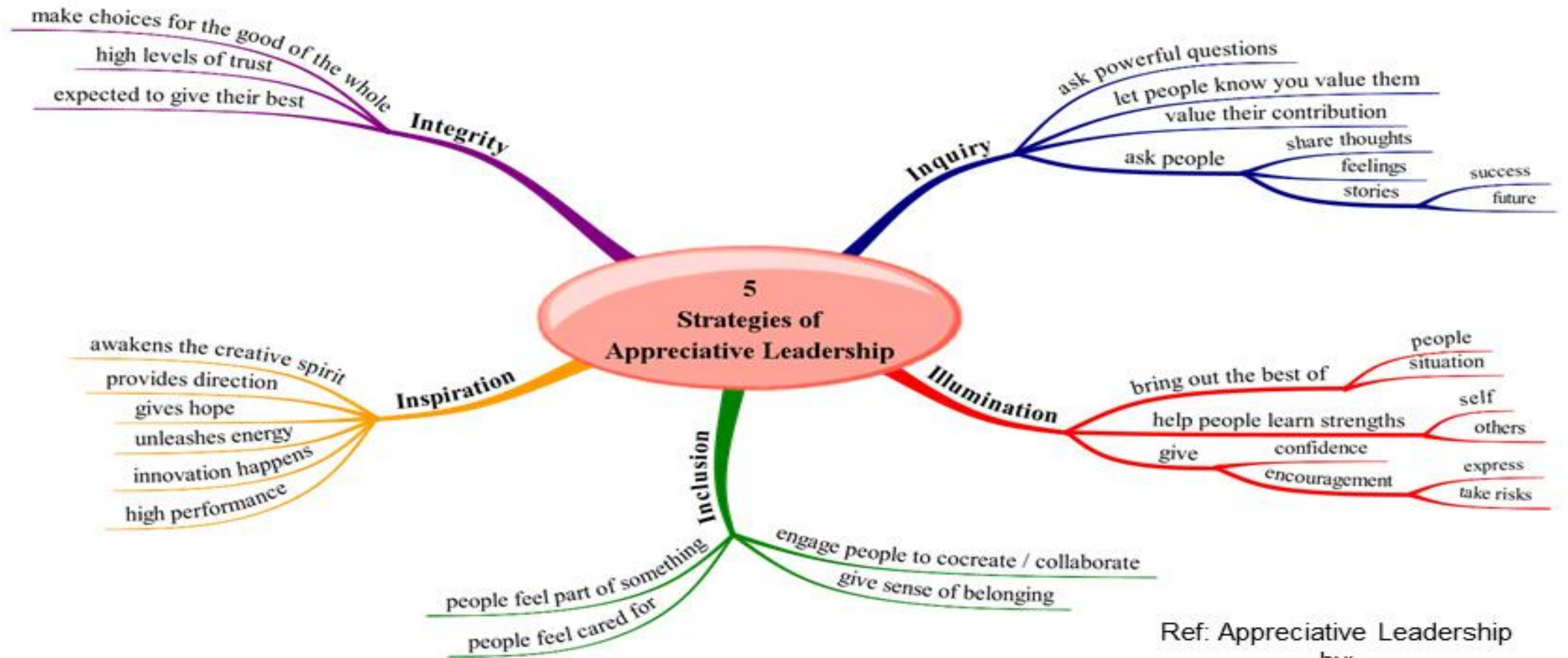
¹Center for Research in Medical Education, University of Miami School of Medicine, USA; ²Northwestern University Feinberg School of Medicine, USA; ³Duke University Medical Center, USA

The Leadership Challenge

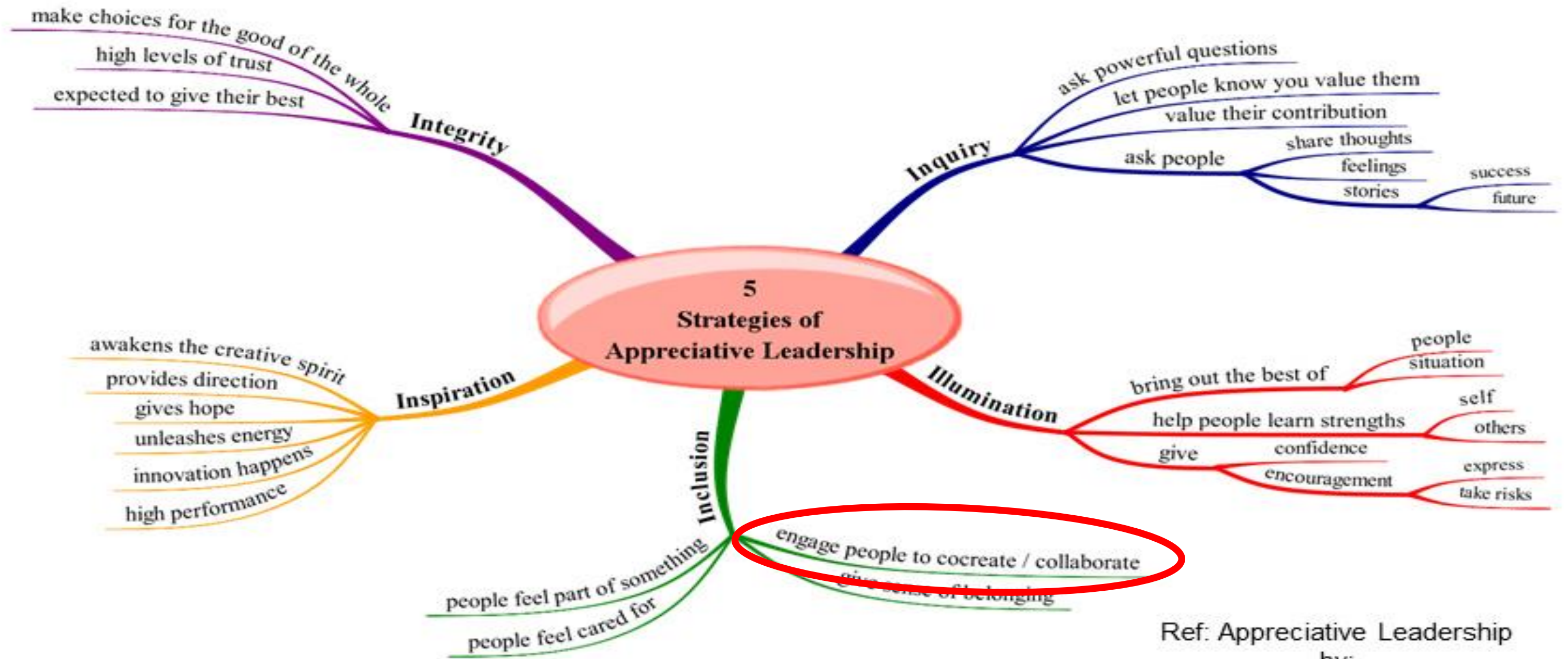


How do we define simulation at Holland Bloorview?

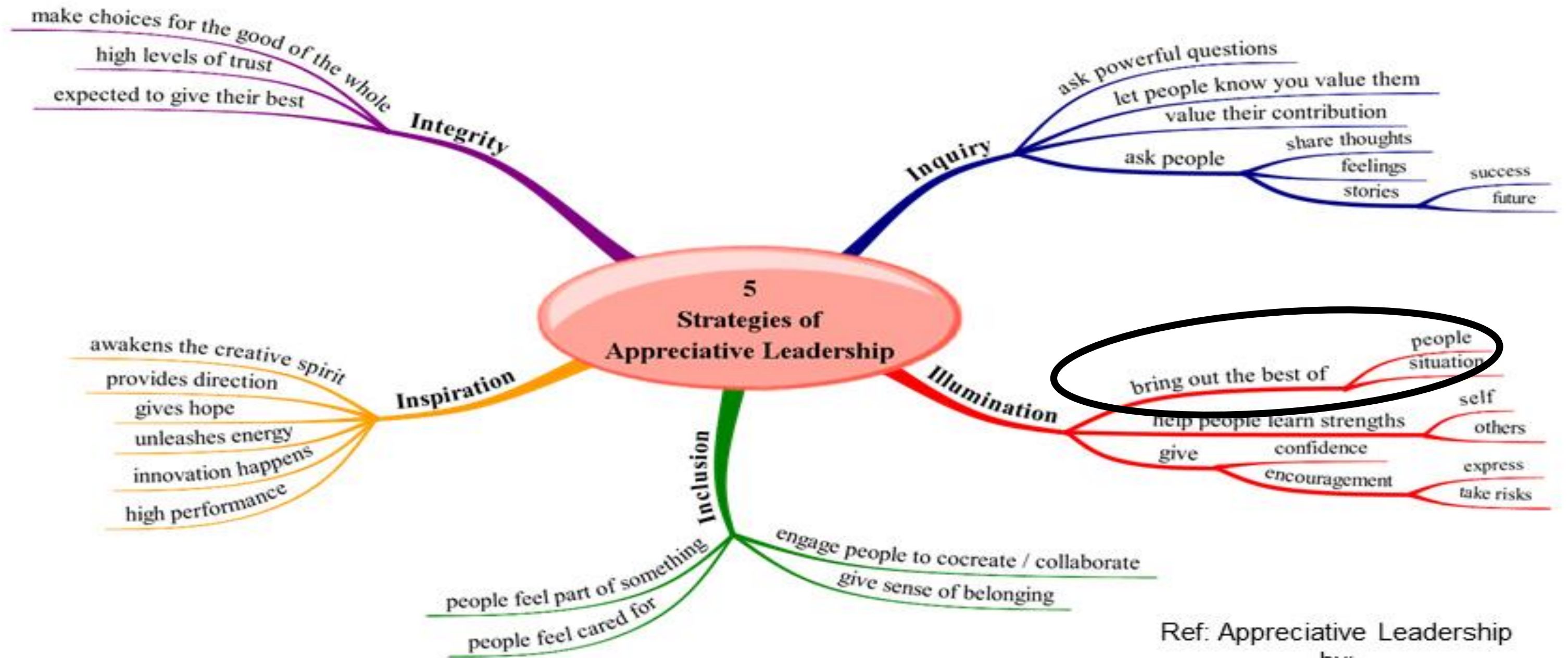
How can simulation serve this hospital so that a world of possibility can be realized for our clients and families?



Ref: Appreciative Leadership
 by:
 Diana Whitney
 Amanda Trosten-Bloom



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 Amanda Trosten-Bloom



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 by:
 Diana Whitney
 Amanda Trosten-Bloom

Engaging system voices early in the design and development process enhances authenticity.



Methodology of our "Build Day"



Output of the Build Day



8 Scenarios Designed

5 Outpatient

3 Inpatient

Certified Simulationist Training

2 additional staff members

2 Family Leader

4 Scenarios Further Developed

Co-creative design process with Build Day Participants

Launched December 2013 orientation – training for new and existing staff

Reflections on the Build Day



SIMULATION BUILD AS EDUCATION

- 70% of respondents indicated that the day **significantly increased their understanding** of the principles of client and family integrated care.

ENABLERS OF SUCCESS

- **Story telling** from multiple perspectives and the use of the **templates** were identified as the most helpful components of the day.

CONTINUING COMMUNITY ENGAGEMENT

- Over half of the participants indicated that they wanted to **continue with the development** and implementation of the scenarios.

Clients and Families as Partners in the implementation process



Supporting Clients and Families as Simulationists

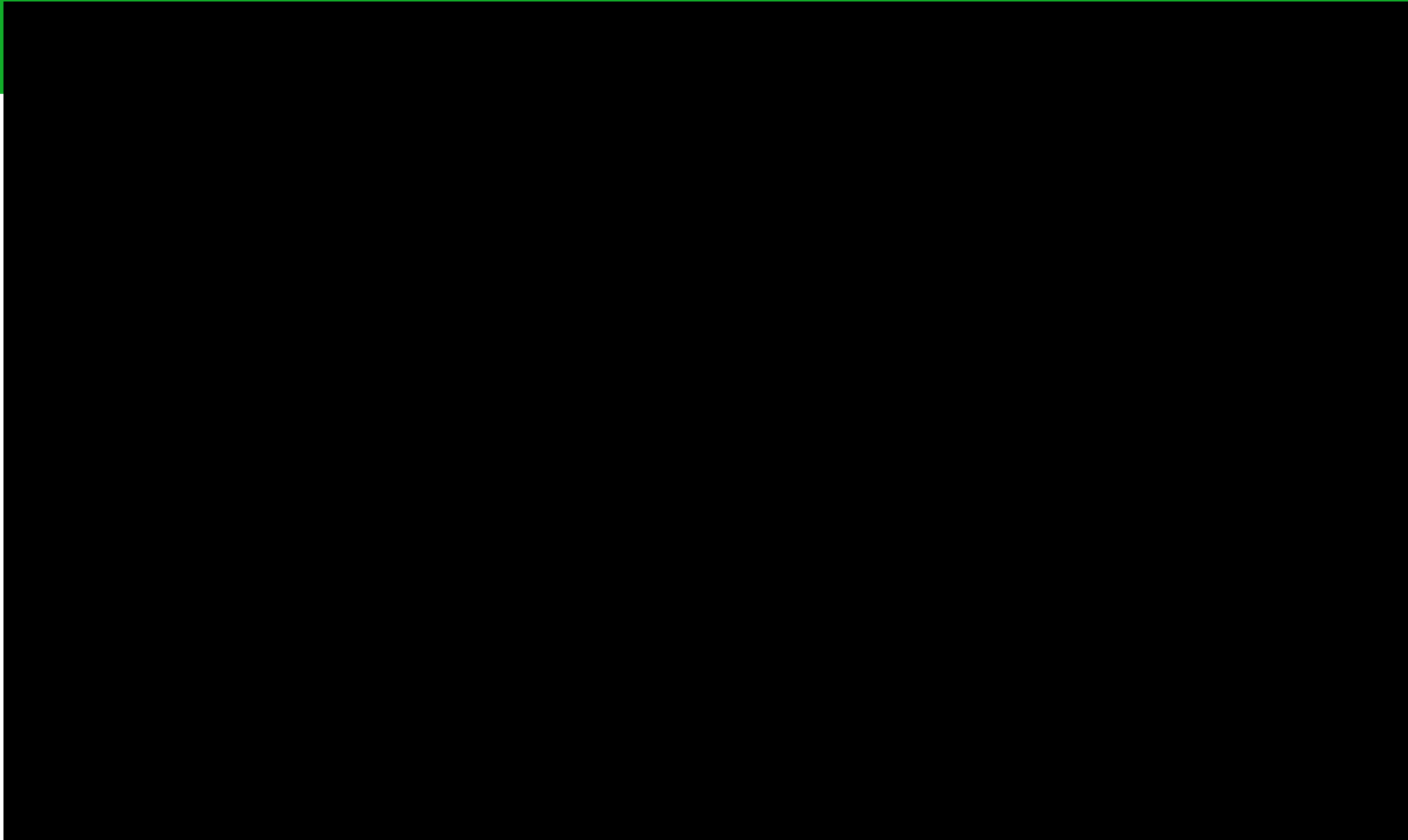


Let us show you what we mean...

Partnership (Collaboration)

The scenario is about two staff members who meet with a family member. The family and the early childhood educator (ECE) have an established relationship as they've known each other since the beginning of the school year however, the occupational therapist (OT) is a relatively new staff member who is meeting the family for the first time. The purpose of the meeting is to review the goals that were set collaboratively by the team and family earlier in the school year.

Collaboration



Reflections

