INTRODUCTION

Creating a simulation curriculum is a time intensive process. Best practice for simulation scenario design is a deliberate, slow and iterative process that involves several steps, generally requiring days to weeks from inception to completion of pilot testing. This is especially true with standardized patient (SP) simulation methodology. As a result, it can be challenging to include hospital staff in simulation design and as simulation faculty.

WCHN’s Simulation Center partnered with the Palliative Care Team to provide 3rd year residents valuable experience in simulation curriculum design and application while improving their palliative care skills and jumpstarting a palliative care curriculum. The challenge was to accomplish these objectives in a single 8 hour session, precluding the usual approach to simulation development.

OBJECTIVES

The Simulation Team and the Internal Medicine Chief Residents met with representatives of the Palliative Care team to assess common weaknesses in the Palliative Care simulation curriculum. After meeting, all decided to structure simulations around the following clinical objectives:

- Design and implement an opioid plan for a patient with chronic pain
- Address changes to goals of care for a terminal patient
- Improve communication skills for high stress patient encounters

From a simulation standpoint, the team had the following goals:

- Provide 3rd year residents valuable experience in simulation curriculum design
- Develop and pilot a new Palliative Care simulation curriculum, including: cases, evaluation checklists, and training for SPs
- Facilitate training for third year residents in effective feedback skills
- Pilot an innovative, expedited simulation design process for training and administering a new program
- Examine interrater reliability among faculty

MATERIALS AND METHODS

After conducting a literature review, the Simulation and Palliative Care Teams designed an innovative eight-hour workshop to produce two ready to use cases while training six 3rd year residents in aspects of SP scenario development and basic faculty feedback skills.

The workshop was structured to include minimal didactic content and facilitate immediate application of concepts to the production of effective cases, with coaching throughout by experienced faculty. The agenda of the day was as follows:

- Review Center for the Advancement of Palliative Care (CAPC) modules on Opioid Tools and Changes to Goals of Care. These modules represent best practice for palliative encounters.
- Learners are assigned to topics and draft case background, SP portrayal instructions, and evaluation checklists with facilitation from representatives of DH Palliative Care and the Sim Team.
- Learners participate in a workshop on faculty skills and effective feedback led by clinician faculty. SPs train on new cases with Sim Team.
- Learners pilot cases with SPs. Each resident participates in the pilot once as a faculty, once as an observer of the faculty, and once as a learner. Cases run three times each with fifteen minute encounters and ten minutes for feedback.
- Residents debrief on cases and the day’s experience with representatives of DH Palliative Care and the Sim Team. Learners make necessary changes to their cases and offer feedback on the day as a whole.

RESULTS

The Palliative Care Simulation Development Workshop was conducted on February 26, 2018. Two cases were developed: one case required the learner to make an opioid contract with a chronic pain patient and the other asked learners to complete an emotionally-challenging conversation regarding a change to goals of care. These cases each ran three times, helping residents develop the skills required to have these challenging conversations and improving residents’ peer feedback skills. For each session, learners received feedback from a peer faculty member, a peer observer, the SPs, and an experienced faculty member from the Palliative Care Team.

Following the pilot, the cases were revised per resident, standardized patient, and faculty responses. Participants felt that this process was extremely valuable, with 83% saying that the simulation would have a “significant impact” on their practice and 17% indicating it would “impact” their practice. 100% of residents strongly agreed that the objectives of this program were relevant to their work. Residents reflected on the value of watching their peers, noting how the simulation helped develop “teamwork, effective communication [and] constructive feedback.” Participants felt that the project offered a valuable introduction to simulation design and feedback skills. Residents noted the accessibility of the project and suggested that the practice would be valuable for other clinical providers seeking an entrance to simulation work.

As part of the simulation design process, the residents created evaluations for the faculty, observers, and standardized patients to complete. Despite expedited training for the peer faculty, these checklists showed strong interrater reliability between the peer faculty and the experienced faculty, with some cases matching 100% of responses between all members of the evaluating team. While the numbers represented here are too small to show definitive conclusions, these preliminary results suggest that these cases show promise to become a robust segment of the Palliative Care Simulation program.

CONCLUSIONS

While not designed to replace the rigorous process most commonly used to design clinical simulations, this project provides a unique, engaging and productive model that makes simulation accessible to learners and potential faculty with significant scheduling challenges. Learners found the experience productive and noted that the experience exceeded expectations.

The cases produced were well developed at the completion of the workshop and will be part of a larger palliative care simulation curriculum. The development of this palliative care simulation series is ongoing.

REFERENCES

1. CAPC Modules

ACKNOWLEDGEMENTS

Special thanks to Jeanine Famiglietti MD, who served as faculty and mentor during the program; Jackie Sidle for assistance with coordination and preparation of SPs; Donna Case, Mark Gay, and John Hill for their exceptional skill as standardized patients. Training was conducted at and coordinated by the Harold A. Spratt Center for Simulation and Clinical Learning.