



## Collaboration key to simulation-based health care teaching, learning

By Dr. Anna Lerant



Lerant

My journey as a medical educator took new directions several times and I learned valuable lessons from them all. I found simulation to be the most rewarding of all teaching and learning environments I have encountered.

Simulation-based learning would not be possible without a simulation team of collaborators: educators and technical and operations coordinators all working together to create a safe and conducive simulation

learning environment born from the match between theater and health care.

In health care simulation, we work with two basic assumptions: (1) Learners participating in a simulation scenario are intelligent, are well-trained, care about doing their best and want to improve; and (2) Without debriefing, mistakes that have occurred in past projects will remain in future projects.

Preparation for a new scenario requires a team's time and effort. With the help of content experts, we author simulation scenarios to achieve observable learning objectives that present good opportunities for debriefing. The learning objectives may address team behaviors, patient care skills, medical knowledge or, usually, a mix of these or all of them. It is preferred that simulation educators participate in simulation scenarios during their simulation instructor training. We "walk through" the new scenarios and modify the script as needed.

The instructors pre-brief the arriving students and several contracts are made between learners and instructors. Confidentiality of performance and video recording (unless it is an assessment that has to be reported), confidentiality of the scenarios and a fiction contract (that the simulator and surroundings will be treated as a real patient in a health care setting) are necessary. The participants are encouraged to use a shared mental model and to "think out loud." The instructors also familiarize the participants with the simulator and the simulation "stage."

During the scenarios, the instructors are not "on stage" - only the participants and possible role players are. The instructors observe the participants and build their debriefing lists in the control room. They may interact with the participants through phone calls, or if technical issues rise, through announcements on the overhead speaker. When the learning objectives are achieved, the end to the scenarios is announced.

After each scenario, all participants and instructors convene in the debriefing room for the most important part of the simulation experience: debriefing. There are many ways to conduct debriefing, yet there are three recurring elements in most debriefing paradigms.

- Emotional decompression allows the students to vent and to see if there is a gap between how they feel and how they performed.

- Analysis of actions lets the students know what went well, what they should change next time and what happened according to the video recording. This is the time for the instructor to facilitate reflection and discussion and to use advocacy-inquiry to explore the participant's frame of mind. Bona fide "teaching" may happen to bridge a knowledge gap.

- Summary allows each participant to state the most important take-home message he or she learned from the scenario.

After debriefing, the scenario may be replayed, if needed, or all may proceed to written session evaluation by the participants and the instructors. Feedback from participants indicate they found this type of learning effective and efficient. Most students indicate increased confidence to manage crises.

### Excellent Teacher registration available

The Office of Academic Support provides and manages Excellent Teacher: Faculty Edition, an online, self-paced course developed for Medical Center faculty offered through Canvas, UMMC's learning management system.

Excellent Teacher: Faculty Edition is the faculty version of the Excellent Teacher course designed for medical residents, fellows and other trainees. The course educates faculty about effective teaching and presents a curriculum to help residents and fellows model appropriate behavior and to encourage students, residents, trainees and other learners to pursue professional development. Topics include "Teaching and Communication," "Curriculum Design," "Feedback and Evaluation" and "Ethics and Professionalism."

Continuing education credit may be earned for some disciplines – 5.5 hours of A.M.A., nursing, A.D.A. and A.P.A. continuing education credits are now available.

To register for the course, visit [www.umm.edu/excellent\\_teacher/](http://www.umm.edu/excellent_teacher/) and follow the instructions on the website. For more information, email [academicsupport@umm.edu](mailto:academicsupport@umm.edu).



# Curriculum corner: SOM exudes quality during LCME survey visit

By Dr. Lecretia A. Buckley



Buckley

Liaison Committee on Medical Education survey representatives visited the School of Medicine Feb. 16-19.

Full accreditation survey visits occur every eight years; the school's last visit was February 2012.

The visit allowed the school to demonstrate the School of Medicine provides a high-quality medical education that, in turn, yields a high-quality physician workforce.

The medical education program was evaluated based on 12 standards comprising of 93 elements. The accreditation process was comprised of the completion of the data collection instrument; the performing of a self-study and the writing of a self-study report; the completion of an independent student analysis, a student-led survey; the conclusion of the survey visit and completion of the survey report; and the receipt an action on accreditation.

Accreditation matters to everyone in the school for four critical reasons:

- access to licensure exams,
- admission to ACGME residency programs,
- eligibility for state medical licensure for graduates, and
- access to federal grants and loans for students and the School of Medicine.

The LCME self-study will commence on Wednesday, Feb. 28. For more information about the LCME, accreditation requirements or the self-study or for answers to frequently asked questions, visit the school's accreditation website (at <https://www.umc.edu/som/Departments%20and%20Offices/SOM%20Administrative%20Offices/Office%20of%20Medical%20Education/SOM-Accreditation/SOM-Accreditation-Home.html>) or email Lecretia A. Buckley, education QI director, at [ummc\\_lcme@umc.edu](mailto:ummc_lcme@umc.edu).

## Roll call: Office of Medical Education salutes incoming course directors

The School of Medicine's mission statement states its "principle responsibility is to offer an excellent, comprehensive program of medical education, biomedical research and health care. The ultimate goal of this program is improvement of the physical and mental well-being of citizens of the state, nation and, indeed, the world."

The school's curriculum is designed to maintain this goal by providing students of high promise the opportunity to develop the knowledge, clinical skills and personal qualities of excellent physicians.

Staff in the Office of Medical Education would like to congratulate the following faculty for being selected as new course directors. We appreciate their dedication to our educational mission and to our students.

- **Dr. Roy Duhe**, M4 PHARM 652 (Pharmacology)
- **Dr. Barbara Saunders**, M3 PED 632 (Child Development and Behavioral Pediatrics) and M4 PED 654 (Child Development Clinic)
- **Dr. Eddie Perkins**, M1 CONJ 611 (Medical Neuroscience)
- **Dr. April Palmer**, M3 PED 633 (Pediatric Gastroenterology)
- **Dr. Kathy Yee**, M1 ANAT 613 (Medical Histology and Cell Biology)
- **Dr. Padma Garg**, M4 PED 668 (Pediatric Intensive Care)
- **Dr. Michael McMullen**, M3 MED 654 (Cardiology)
- **Dr. Adam Byrd**, M4 (New Rural Dermatology)
- **Dr. Keisha Bell**, Ob-Gyn Clerkship Director
- **Dr. Jonah Gunalda**, M3 EM630 (Life-Saving Skill)
- **Dr. Anshu Maheshwari**, M4 PED 660 (Pediatric Gastroenterology)



Duhe



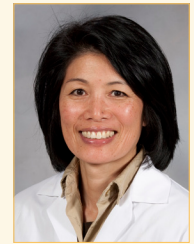
Saunders



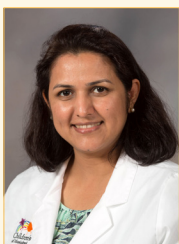
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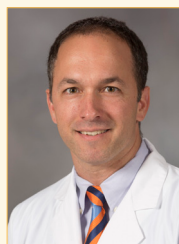
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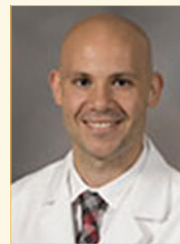
McMullen



Byrd



Bell



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Maheshwari