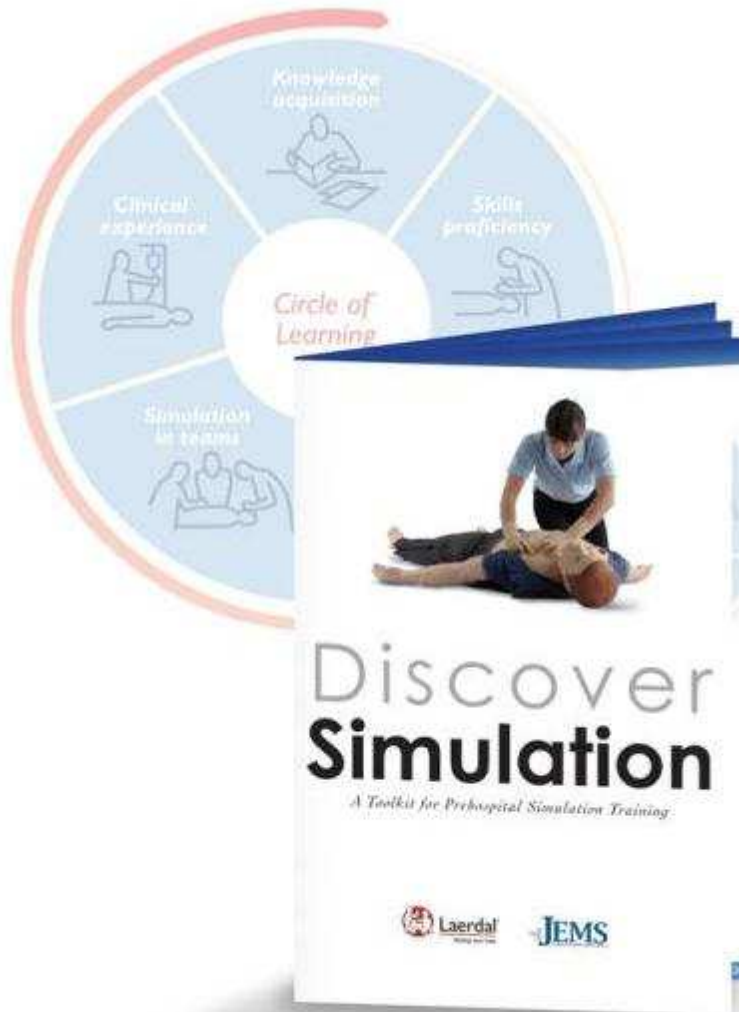


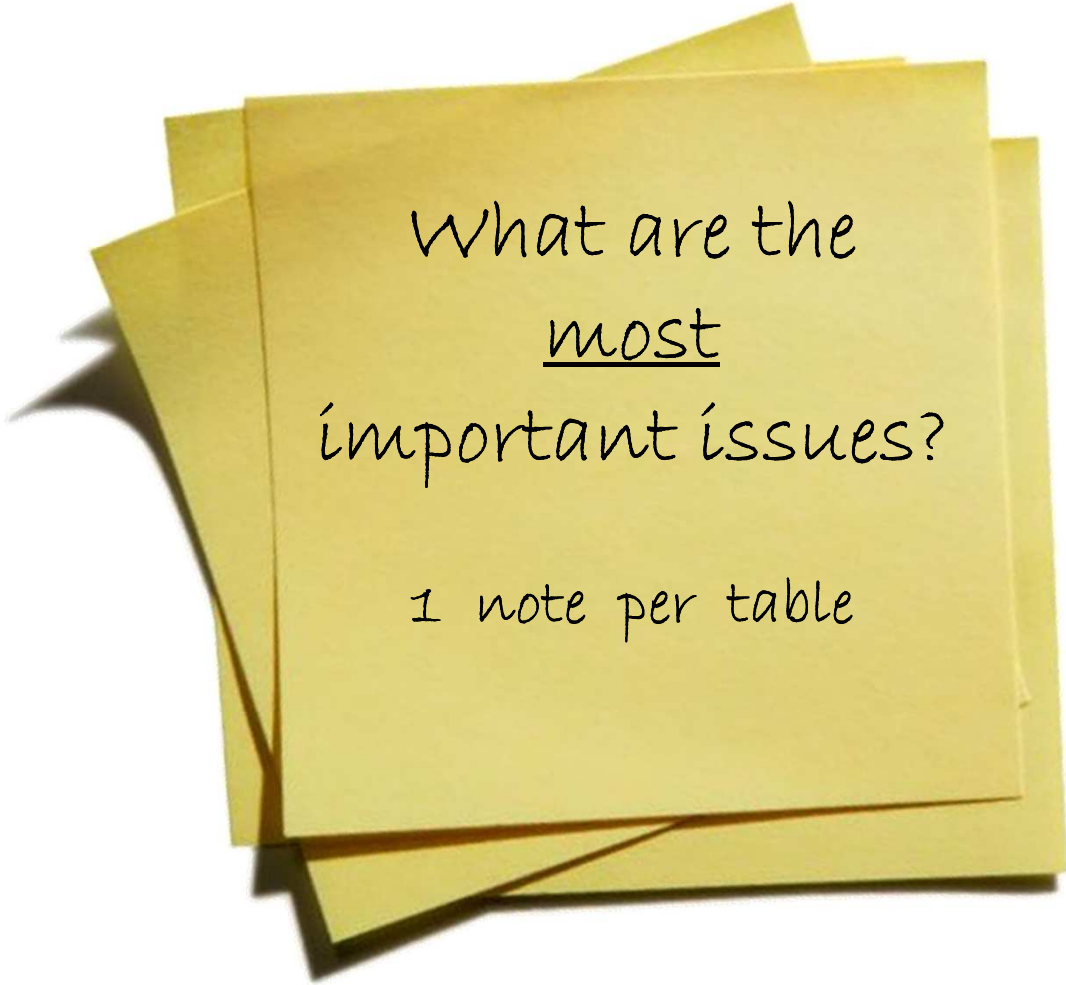


**Laerdal**  
helping save lives

# Discover Simulation



- Overview of Discover Simulation Toolkit
- Needs Assessment / Implementation
- Knowledge/Skill Acquisition
- Simulation in Teams
- Debriefing
- Close the Performance Gap



What are the  
most  
important issues?

1 note per table



Laerdal and JEMS provide comprehensive approach to teaching using blended learning methodology



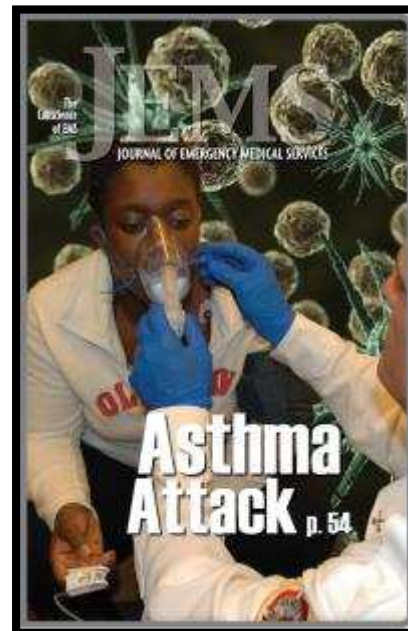
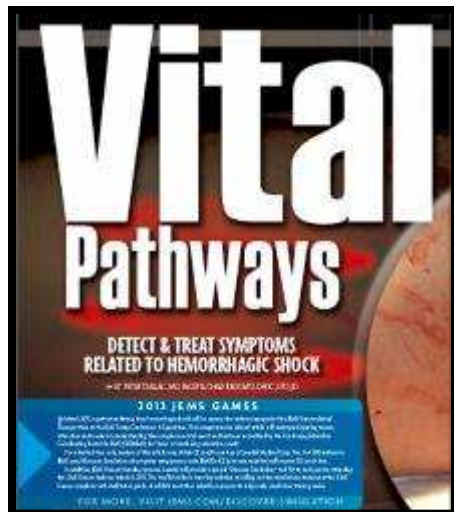
**Goal:** Help make simulation training easy



## Turn-key education system...



Includes  
articles and matching scenarios



# Discover Simulation Components

[Home](#)
[Support](#)
[Create Account](#)
[Login](#)












Needs Assessment  
Knowledge Acquisition  
Skills Proficiency  
Simulation in Teams  
Performance Gaps & Report



**SimStore**  
Making Simulation Easier

**Asthma Scenario Available**

**These Asthma learning objectives are mapped to the National Standard Curriculum. Click on a topic to learn more.**

Upon completion of the Asthma coursework, participants should be able to:

- [Describe and discuss the pathophysiology of asthma](#)
- [Describe common signs and symptoms of acute asthma attack](#)
- [Describe the components and application steps of the Visual Assessment Technique](#)
- [Perform the pre-hospital assessment and emergency care for a patient experiencing an acute asthma attack](#)
- [Discuss the indications, actions, dose, precautions and side effects for first-line medications appropriate for an acute asthma attack](#)
- [Demonstrate the taking of a patient's medical history](#)



**Circle of Learning**

- Knowledge acquisition
- Skills proficiency
- Decision making
- Simulation in teams
- Clinical experience



LIBRARY



TOOLS





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## Discover Simulation

### Instructor Self-Efficacy Questionnaire

Self-efficacy is the belief in one's own abilities to organize and execute the actions required to manage prospective situations.

1	2	3	4	5
I cannot perform this task. I do not have the knowledge or skills to perform the task.	I am learning to perform this task but could not actually do so without supervision or assistance.	I learned how to perform this task but I do not feel comfortable performing the task without supervision or assistance.	I can usually perform this task without supervision or assistance. I may refer the directions or another aid if I forget something.	I can perform this task without supervision or assistance. I can assist others.

1. I can perform a Learning and Performance Needs Assessment.

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

2. I can describe the deliberate practice model.

Pre-course	1	2	3	4	5
Post-course	1	2	3	4	5

# Phases of Sim-Based Learning

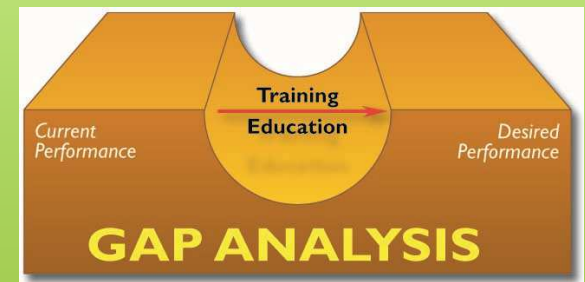
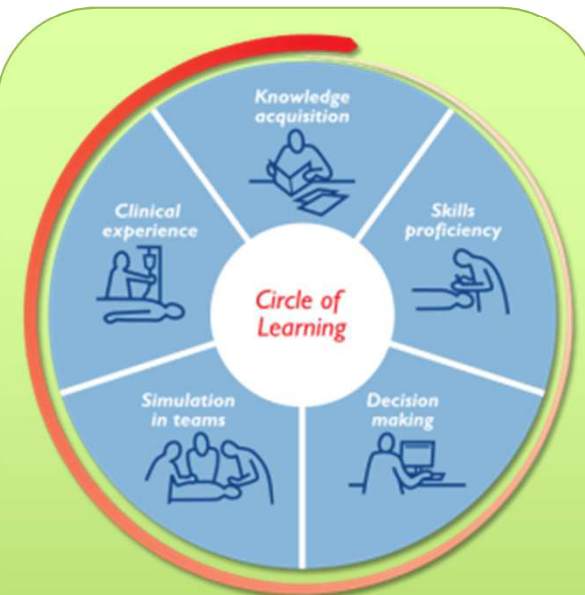
Needs  
Assessment



Discover Simulation



SimStore



Gather  
Information


Prepare


Close the  
Gap

# Perform Learning Needs Assessment


[Home](#) | [Support](#) | [My Account](#) | [Logout](#)


Welcome, David!






**Discover Simulation**  
*A Toolkit for Prehospital Simulation Training*





**Asthma:  
NEEDS ASSESSMENT**




**Needs Assessment**

- Introduction
- Needs Assessment


**Knowledge Acquisition**

- Skills Proficiency
- Simulation in Teams
- Performance Gaps & Report




**Asthma  
Scenario Available**


The learning needs assessment process helps determine the need for training, what will be taught, the behaviors that should be demonstrated after training and how these knowledge, skill and behavioral elements can be evaluated.



[Download the Learning Needs Assessment Form now!](#)

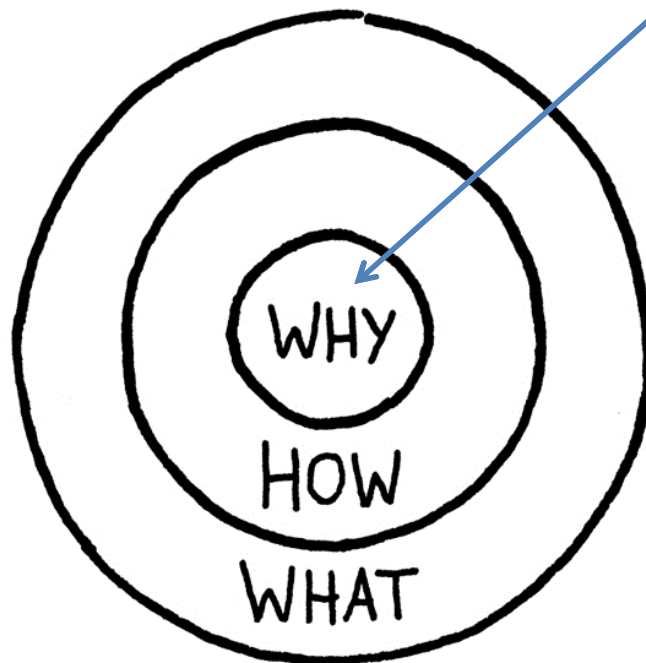


LIBRARY



TOOLS

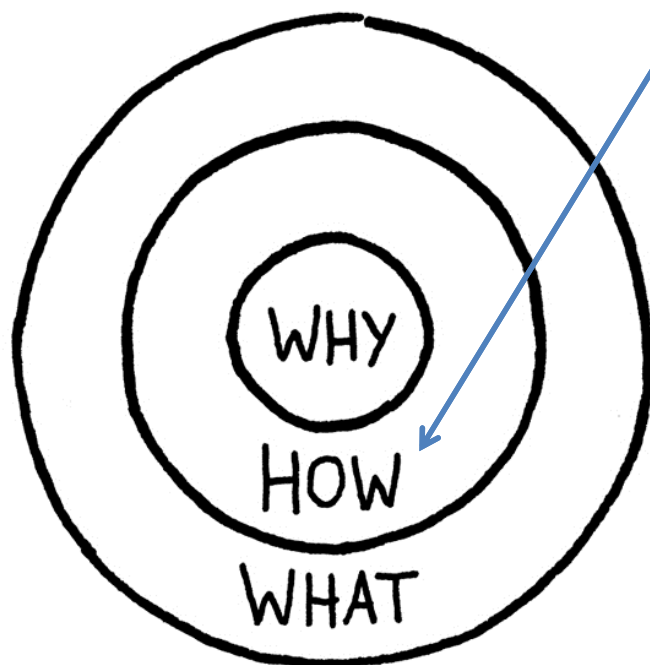
# Perform Learning Needs Assessment



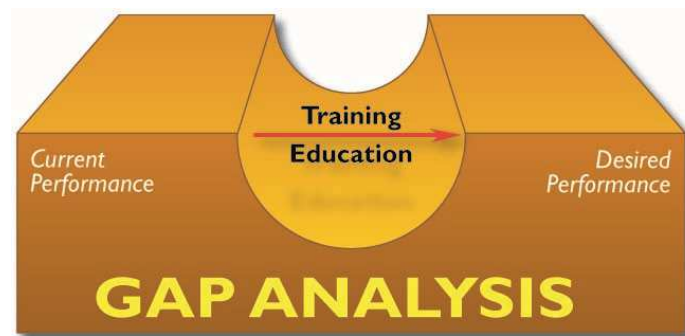
- When performance expectations change
- When quality is questioned
- When assessing individual and/or team competency
- When new employees are being on-boarded



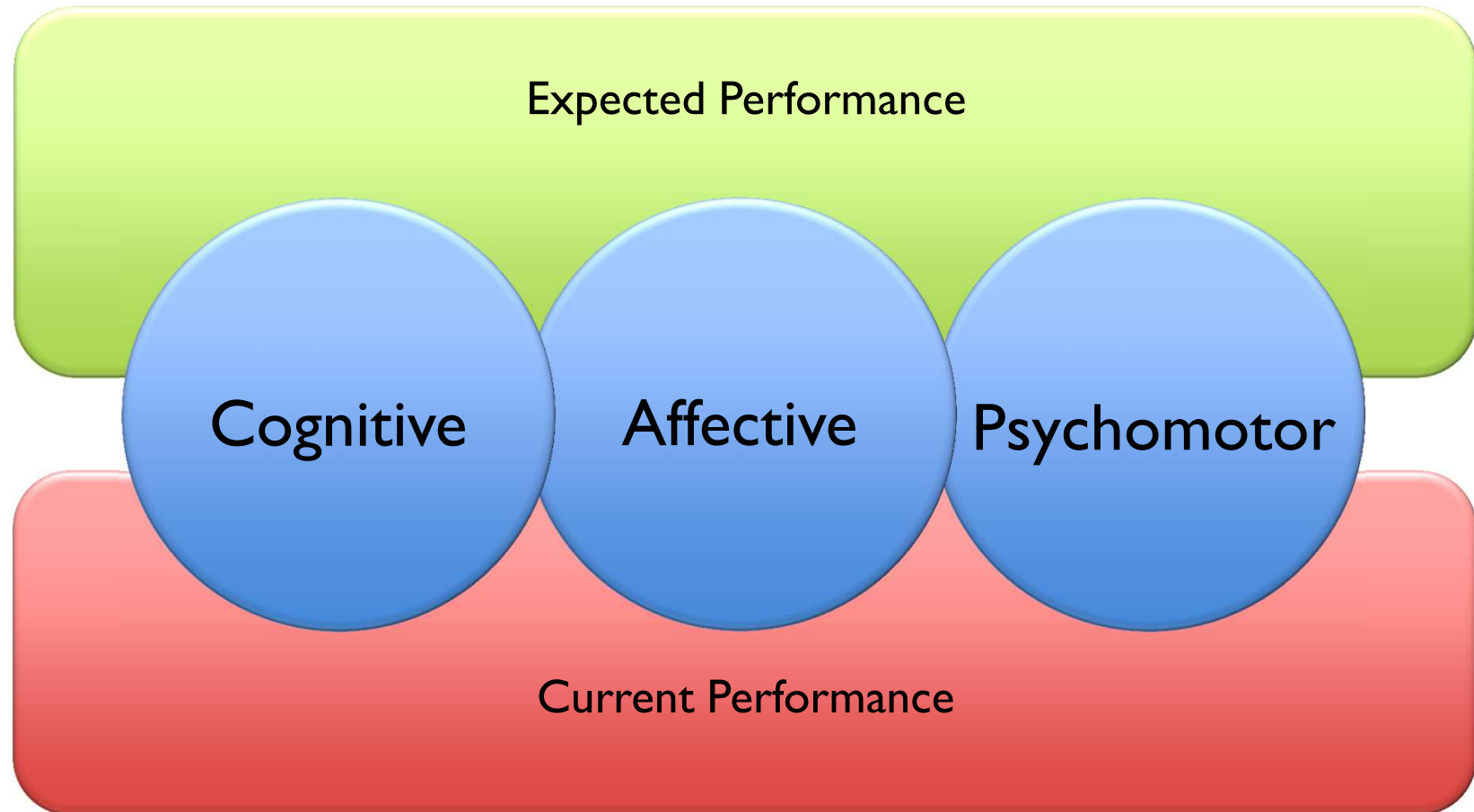
# Perform Learning Needs Assessment



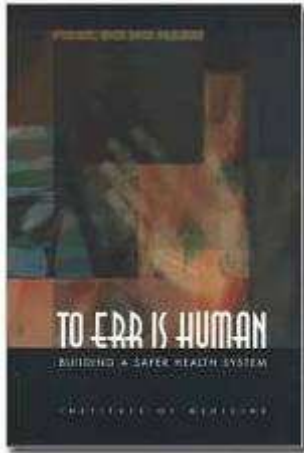
- Identify target audience
- Determine expectations for performance
- Identify current practices
- Evaluate if current practices meet accepted standards and expectations



# Perform Learning Needs Assessment



# Assess Needs -Why Use Simulation?



Reduce  
Human Error



Practice in  
Controlled Environment



Assess Systems



On-Demand  
Access to Patients



Increase  
Skill Development

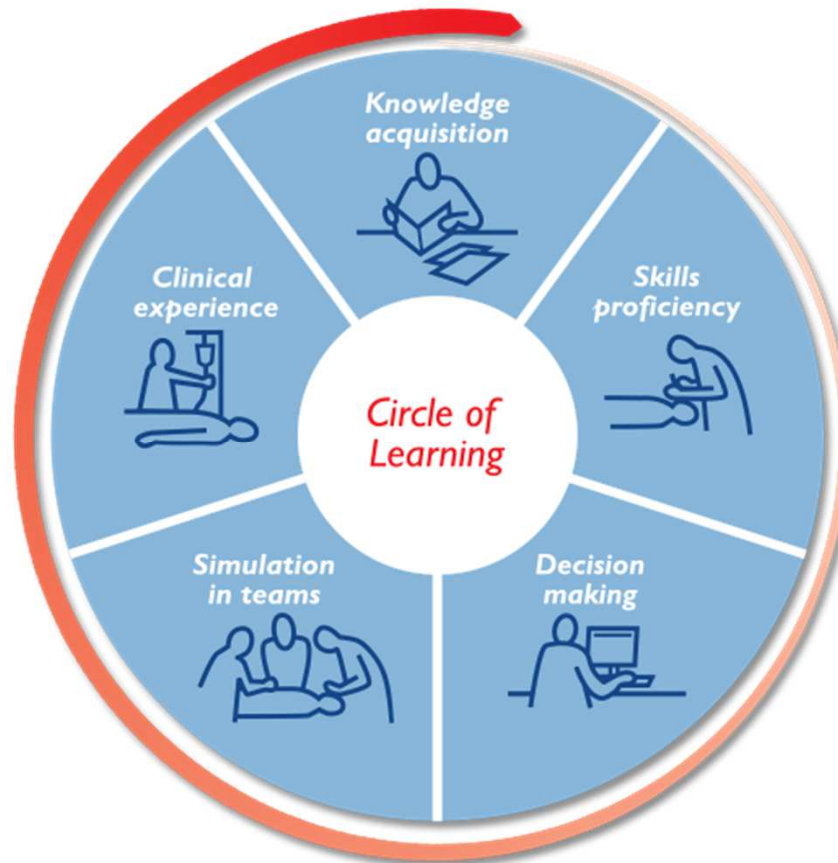


Regulatory  
Requirements

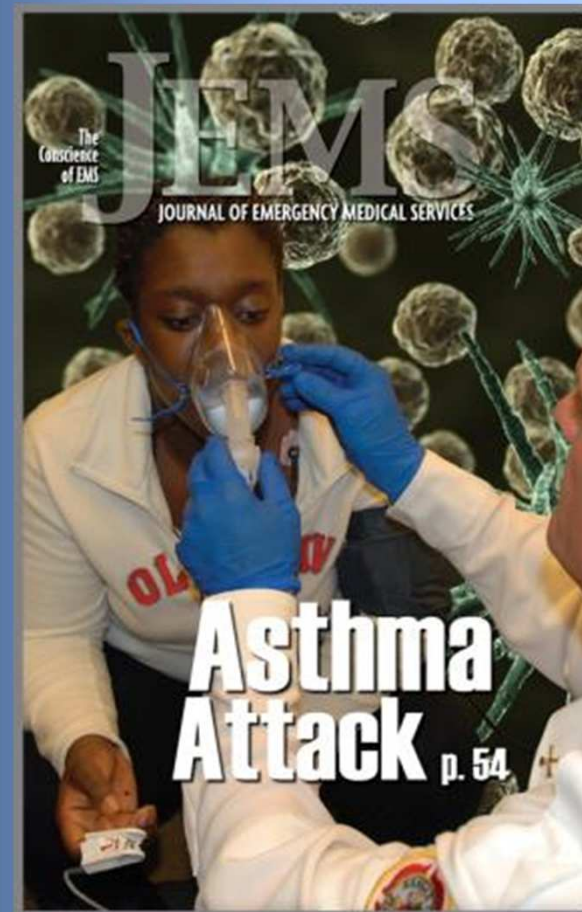
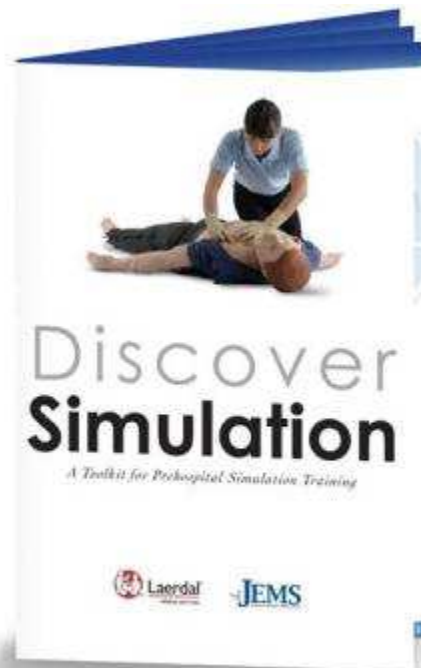
Review and discuss case study – select group spokesperson





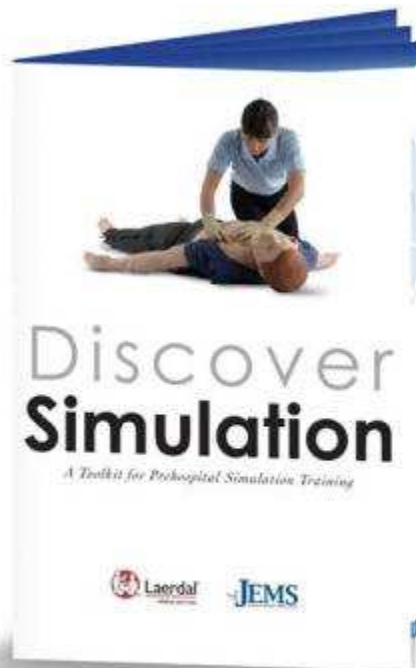


Article &  
Pre/Post Test >



# Discover Simulation Components

Item analysis  
worksheet >



Discuss how data from the pre-test and post-test may be used to improve the quality of training.







## Discover Simulation

### Asthma Article Facilitation Guide

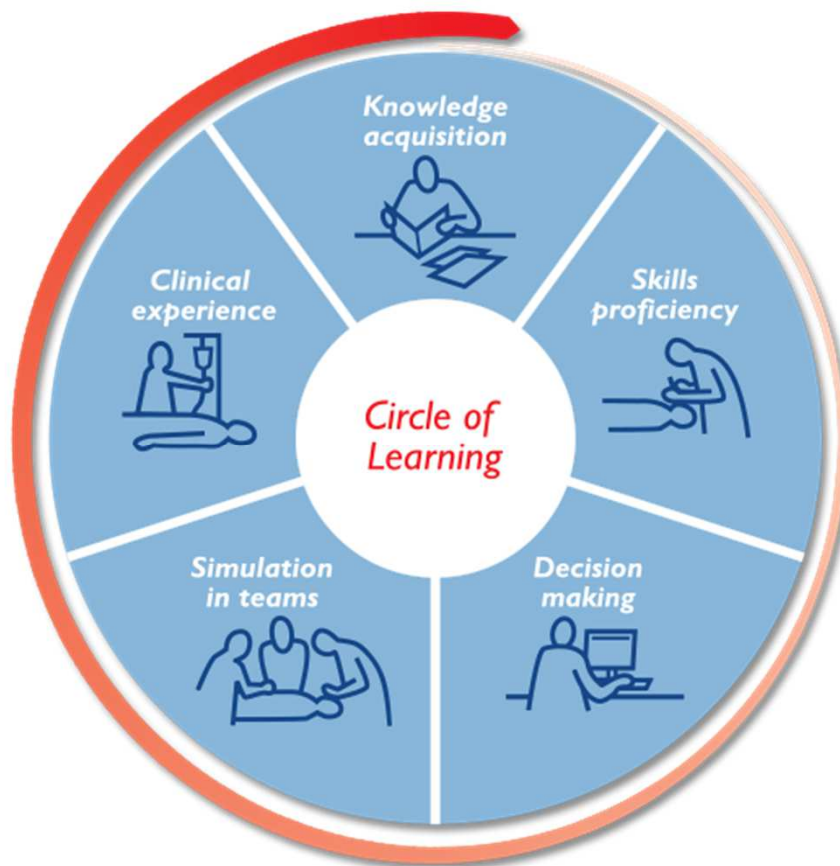
**Introduction** – Facilitating a discussion about the Asthma article allows learners to ask questions about the practical application of the information in the article. Guided dialogue also allows for groups to discuss pre-existing knowledge or challenge assumptions about current assessment techniques, other skills, or treatment choices.

Involving multiple levels of learners in this discussion also promotes mentor-learner relationships, encourages open communication about what may be unclear or inconsistent information, and promotes a culture of competency at all levels, despite differences in years of experience that may exist among those involved.

**Directions:**

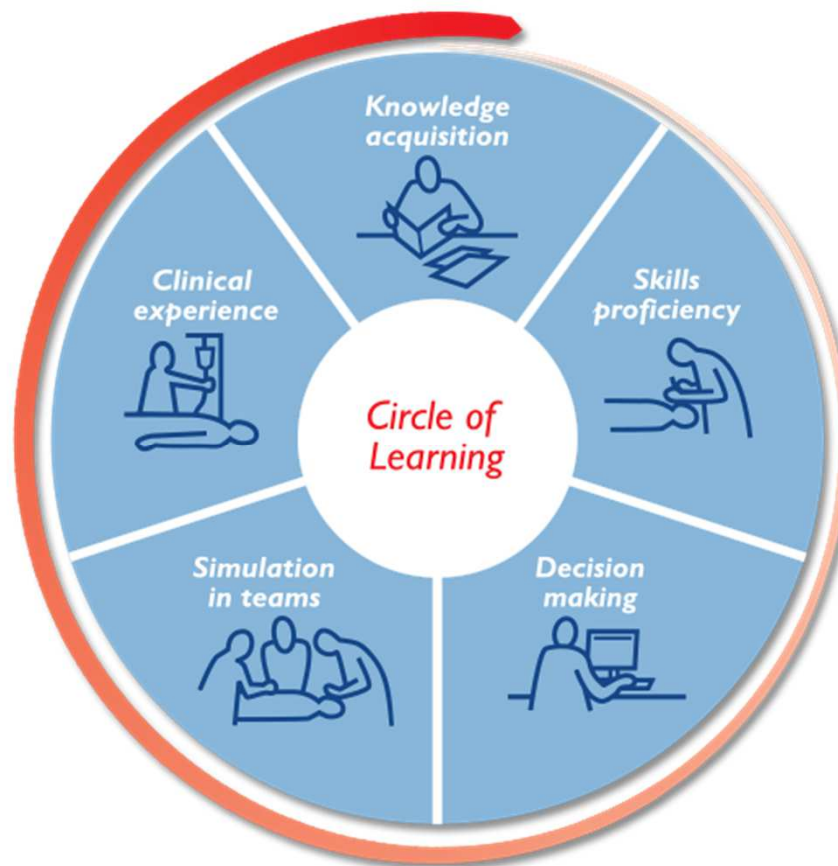
1. Download the article from [www.laerdal.com/discoversimulation](http://www.laerdal.com/discoversimulation)

**REMEMBER:** Reflection, combined with feedback, enhances performance.



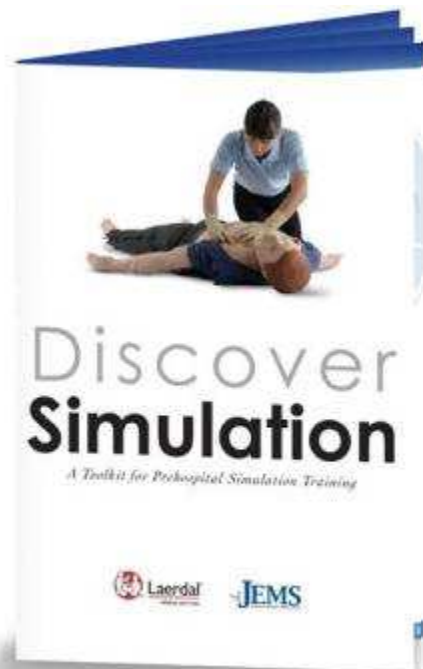
Discuss the availability of relevant skills checklists  
Discuss the importance of validity and reliability







*Prepare for  
Simulation >*

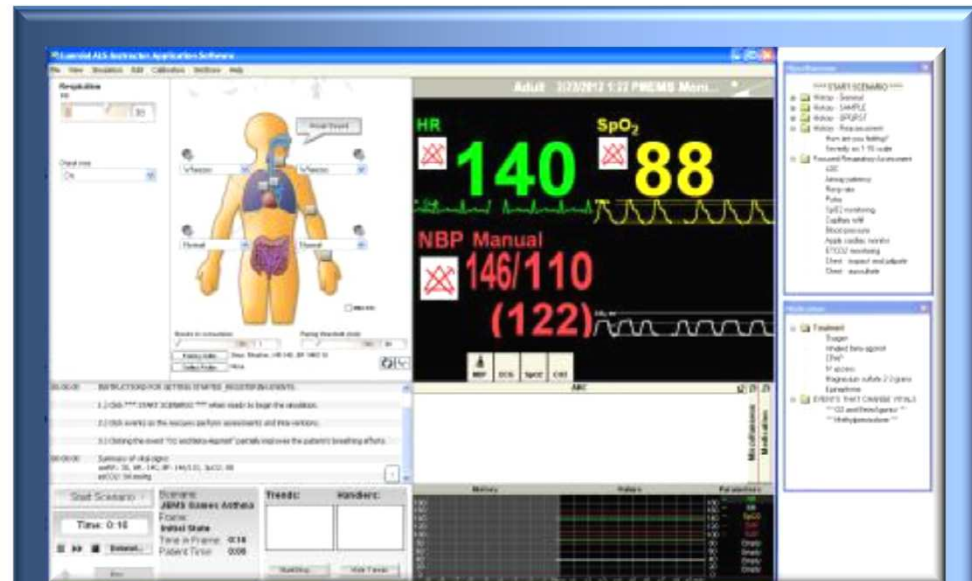
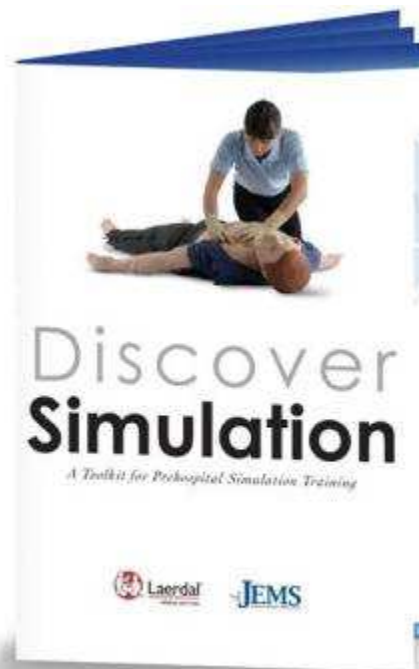


*Prepare...*

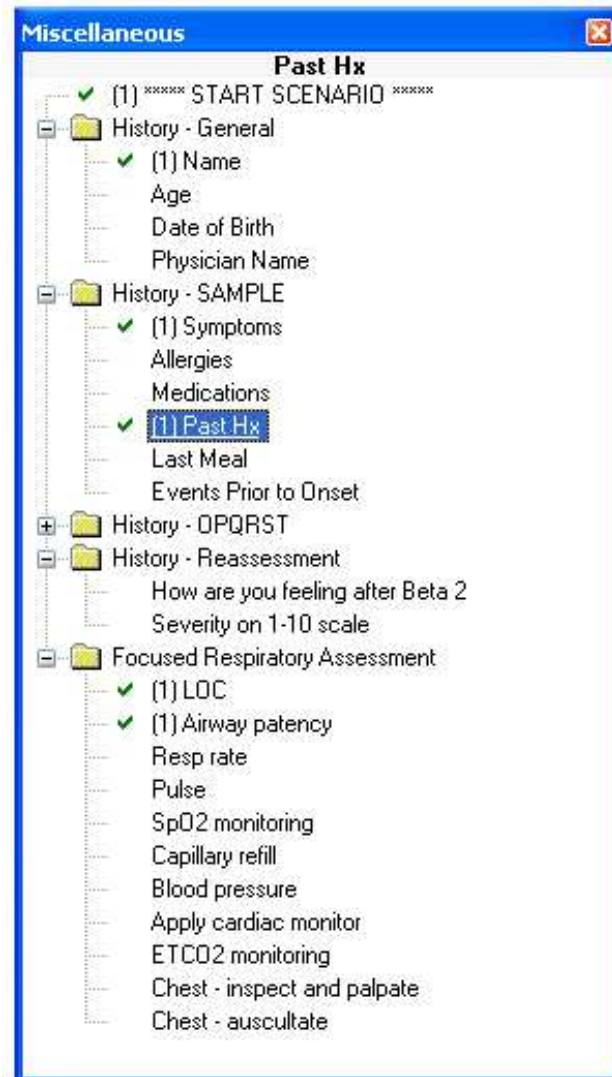
- 1. the learners*
- 2. the instructors*
- 3. the simulator*
- 4. the learning environment*

# Discover Simulation Components

Scenario file >



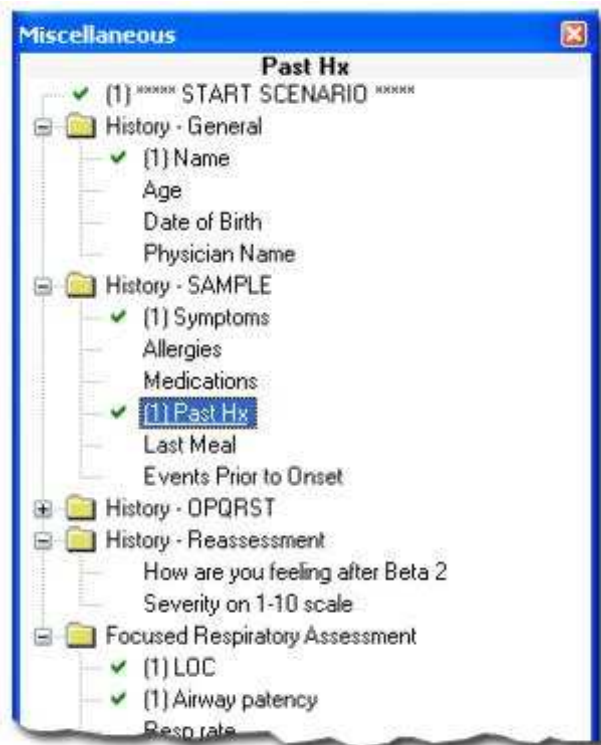
SimMan  
ALS Simulator  
SimPad



# Discover Simulation Components

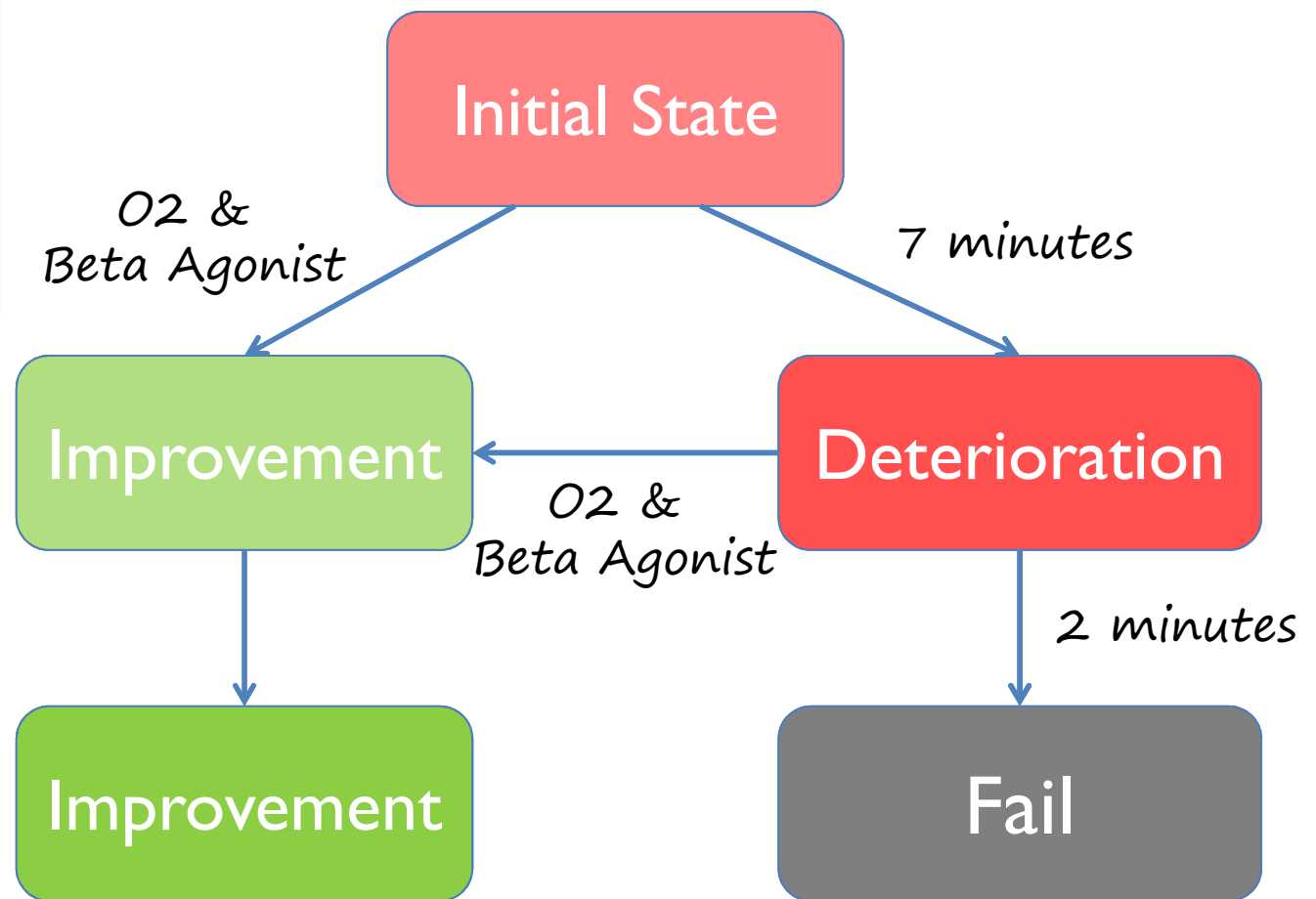
1. Watch learner's performance
2. Click events

3. Performance is registered in the debriefing log



	Patient will deteriorate over 7 minutes unless O2 and Beta-Agonist are administered.
00:00:05	Trend started: Initial deterioration
00:00:13	Name
00:00:13	"My name...is...Alicia."
00:00:13	Respiration rate = 38
00:00:16	LOC
00:00:18	Airway patency
00:00:22	Symptoms
00:00:22	"I...can't...breath!"
00:00:27	Past Hx
00:00:27	"I have...asthma."

# Discover Simulation Components





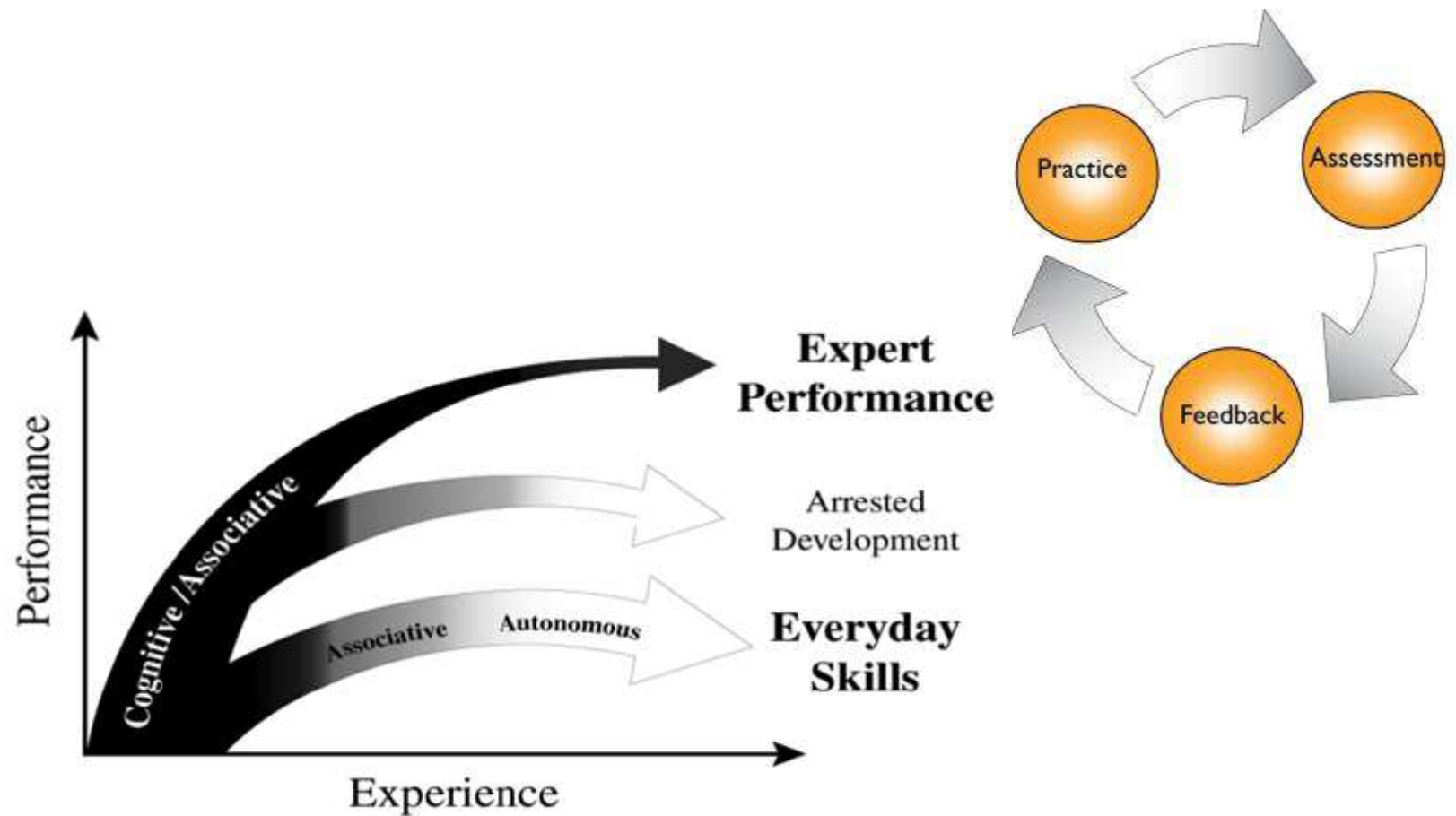
# Discover Simulation Components



Debriefing can make or break a simulation session

**LUNCH**  
**1200 - 1245**

# The Role of Deliberate Practice



# Discover Simulation Components

## CONCEPTS AND COMMENTARY

### There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment

Jenny W. Rudolph, PhD, Robert Simon, EdD, Ronald L. Dufresne, MS, and Daniel B. Raemer, PhD

We report on our experience with an approach to debriefing that emphasizes discussing instructors' judgments and eliciting trainees' assumptions about the situation and their reasons for acting as they did. To highlight the importance of instructors discussing their judgment abilities, we call the approach "debriefing with good judgment." The approach draws on theory and empirical findings from a 35-year research program in the behavioral sciences on how to improve professional effectiveness through "reflective practice." This approach specifies a rigorous self-reflection process that helps trainees recognize and resolve pressing clinical and behavioral dilemmas raised by the simulation and the judgment of the instructor. The "debriefing with good judgment" approach is comprised of three elements. The first element is a conceptual model derived from cognitive science. It stipulates that the trainees' "frames"—composites of such things as knowledge, assumptions, and feelings—drive their actions. The actions, in turn, produce clinical results in a scenario. By uncovering the trainee's internal frame, the instructor can help the trainee rethink internal assumptions and feelings and take action to achieve better results in the future. The second element is a state of genuine curiosity about the trainee's frame. Presuming that the trainee's actions are an inevitable result of their frame, the instructor's job is that of a "cognitive detective" who tries to discover, through inquiry, what those frames are. The instructor establishes a "state of curiosity" in which the trainee's mission are parties to be solved rather than simply erroneous. Finally, the approach includes a conversational technique designed to bring the judgment of the instructor and the frame of the trainee to light. The technique pairs advocacy and inquiry. Advocacy is a type of speech that includes an objective observation about and subjective judgment of the trainee's actions. Inquiry

is a genuinely curious question that attempts to illuminate the trainee's frame in relation to the action described in the instructor's advocacy. We find that the approach helps instructors manage the apparent tension between sharing critical, evaluative judgments while maintaining a trusting relationship with trainees.

(*Simul Healthcare* 2006;1: 49–55)

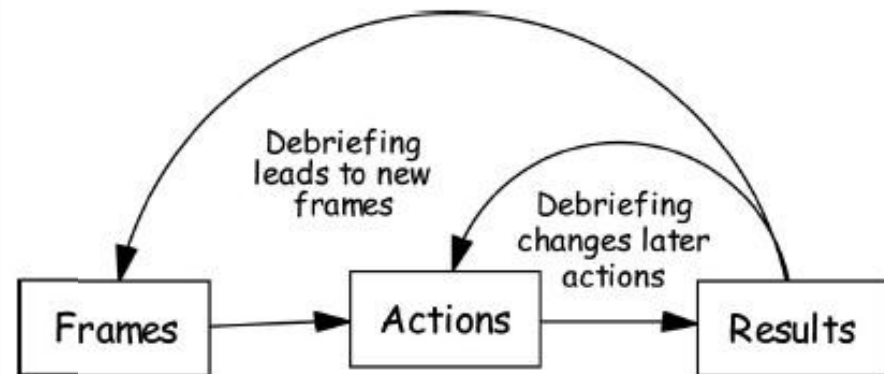
Sharing critical judgments is an essential part of learning in simulation and debriefing. Instructors often avoid giving voice to critical thoughts and feelings because they do not want to appear confrontational and they worry that criticism might lead to hurt feelings or defensiveness on the part of the trainees. Voicing critical judgment poses a dilemma for many instructors: "How can I deliver a critical message and share my expertise while avoiding negative emotion, preserving social 'face' and maintaining my relationship with the trainee?" This paper offers an approach to debriefing that addresses this dilemma.

The existing debriefing literature<sup>1–4</sup> provides little guidance on how to create an environment in which trainees feel simultaneously challenged and psychologically safe<sup>5,6</sup> enough to engage in rigorous reflection. By "rigorous reflection," we mean a process that brings to the surface and helps resolve the clinical and behavioral dilemmas and areas of confusion raised by the simulation experience. Drawing on a 35-year research program on improving professional effectiveness in the business world through "reflective practice,"<sup>7,8–11</sup> this article articulates a model of debriefing for medical simulation exercises. The research program from which we adapted our approach has studied and helped thousands of practicing business executives and managers improve their personal and interpersonal effectiveness through the discipline of reflective practice. "Reflective practice" is a term coined by the late MIT professor Donald Schön to describe the discipline of examining the values, assumptions, and knowledge-base that drives one's own professional practice (see reference [12]). The debriefing model has three primary components: The first component is a conceptual model, drawn from research in cognitive science and on reflective practice, that guides the instructor on how to illuminate the mental models that were salient in guiding trainees' actions during the simulation. The second is an underlying debriefing "stance" that unites the apparently contradictory values of curiosity about and respect for the trainee and the value of clear evaluative judgments about trainee performance. The third component is a way of

From the Center for Medical Simulation (J.W.R., R.S., R.L.D., D.B.R.), Cambridge, Massachusetts; and Harvard Medical School (R.S., D.B.R.), Veterans Affairs Boston Healthcare System (J.W.R.) the Department of Anesthesia and Critical Care, Massachusetts General Hospital (R.L.D., D.B.R.); the School of Public Health, Boston University, Boston, Massachusetts; and the Carroll School of Management, Boston College (R.L.D.), Boston, Massachusetts.  
This study was supported by the US Department of Veterans Affairs' Merit Review Early Program, the Joseph Macy, Jr. Foundation, the Risk Management Foundation of the Harvard Medical Institutions, and the Harvard-MIT Division of Health Sciences and Technology, School of Public Health (J.W.R.).  
Reprints: Jenny W. Rudolph, PhD, VA Boston Healthcare System, Boston, MA (email: jrudolph@hsa.va.gov).  
The authors have indicated they have no conflicts of interest to disclose.  
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You can see actions, but never frames

Rudolph J, et al. There's no such thing as "nonjudgmental" debriefing" A theory and method for debriefing with good judgment. *Simul Healthcare* 2006;1: 49–55

# Discover Simulation Components

## Advocacy

- My perspective
- Use first person
- Make perspective clear
- I observed \_\_\_\_\_
- I'm concerned / pleased because  
\_\_\_\_\_

## Inquiry

- Short, open ended questions
- "I wonder what happened..."
- "I'm curious how you see it?"



# Discover Simulation Components

## **Beginning – Reactions Phase**

Allow participants to express their initial reactions (emotion OK)

Discusses facts as necessary to eliminate confusion

Avoid ridiculing or shifting right to analysis

## **Middle – Analysis Phase**

Ask questions that prompt the learner to discuss and reflect

Listen with genuine curiosity – seek to understand their “frames”

Avoid telling the participants what to do without getting them to reflect first

## **End – Summary Phase**

Ask participants to summarize what they learned

“what went well?”

“Given a similar situation, what would you do differently?”

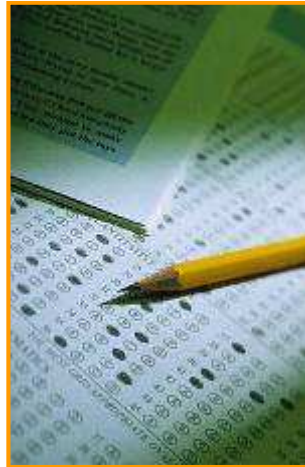
# Evaluate the Program

Level I



Reaction

Level II



Learning

Level III



Behavior

Level IV



Outcome / ROI  
Return on  
Expectations

Kirkpatrick, D.L., Evaluating Training Programs: The Four Levels. San Francisco, CA: Berrett-Koehler Publishers, 1998.

## Next Actions

1. Register for free scenario
2. Join the Discover Simulation forum



[www.laerdal.com/discoverSimulation](http://www.laerdal.com/discoverSimulation)