

Abstracts Short Communications «Standards»

Plausability As A Source For Standardization – New Pathes In Training Simulated Patients

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Background:

For working in OSCE, the simulated persons (SP) should be standardized as good as possible. For the federal licensed examination (FLE) a well working and largely standardized procedure has been developed in Switzerland during the last ten years. The main part of this procedure is to imitate a roleplay which has been videotaped. It should be performed during the OSCE of the FLE for the candidates in a consistent way. The transfer of the pure facts works very well. Difficulties appear, for instance, in an unlikelike roleplay due to lacking ability of imitation, overimitation or hard to believe emotions.

Thesis:

To convey the patient role believable, we accept the physiognomic differences and the individual capability of showing expression of the SP. Nevertheless, the candidates will have the same sensibility of the patient.

The aspired goal is a plausible standardization, which is not only an imitation.

Project description:

During the trainings, so far, we had focused on the SP, we changed the main attention to the experience of the candidate. Thereby the „role“ itself moved to the center. With the introduction of the term „disturbance“ we were able to standardize both, the delivery of information and the emotional part of the case. „Disturbance“ means the whole package of verbal, paraverbal and non-verbal expression which should be delivered to the candidate. The main principle is: „You have to deliver the same, but it has not to look the same“.

Outcome:

We developed the model of the „case room“: candidate and SP are moving in a defined zone which is watched from outside by the rater. This case room is one part of four eccentric arranged zones of presence. The candidate (1) is getting in contact with the SP (2) and the case room (3) via a communication room (4). The challenge of the SP is to transfer the facts and the correct impression of the OSCE case, due to the right behavior of communication under the conditions of examination. „Fact“ means the standardized physical and communicative features of the case. „Impression“ means to convey the level of disturbance in an individual way of expression. As control serves the perception of the disturbance on the part of the candidate. When the level of disturbance is recognized as similar, the performance of all SP applies successful. So, the SP are portraying the roleplay in a standardized way, but at the same time in an individual way. Thereby they always appear plausible and not cloned.

By questioning our SP after the OSCE we found out that the portrayal of the role character was easier than before. Also they found it less tiring to perform the role a whole day long.

The quality assurance during the FLE did not show a difference or a lack of standardization.

Take-home message:

Working with the conceptional terms „case room“ and „disturbance“ is good for the SP. We didn't find any hint that it would be worse than before for the candidates. Until now, we don't know how the candidates are feeling in reality. For this purpose, it needs further research.

Development of a position paper on minimum standards and development perspectives for the use of simulation patients in German-speaking countries

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Background:

Although the Simulated Patient (SP) Method has spread widely in German-speaking countries, it is currently lacking uniform minimum standards across faculties and institutions. Existing recommendations and standards on SPs often refer to the North American situation. This is sometimes noticeably different from European or German-speaking countries. In German-speaking countries, for example, the focus is much more on teaching than on assessments. Therefore, in 2014 the Committee for Simulated Patients of the German Association for Medical Education (GMA) decided to develop a position paper. The aim was both scientific quality assurance of the method and its documentation, as well as provision of argumentation aids for future discussions on the use of SPs within the faculties and for establishing them in other health care professions.

Project description:

In a multi-stage consensual process, the Committee for Simulated Patients of the GMA has developed a position paper in open forums with the participation of further SP experts from the German-speaking countries to advance the establishment of the SP Method as a scientific standard. In working groups of the committee, 1.) the current state of research was reviewed and summarized, 2.) the current status of the SP programs at medical faculties was investigated and evaluated by means of an anonymous survey, and 3.) minimum standards and development perspectives for SP programs were formulated in several workshops, taking into account the internationally published recommendations and the results of the survey.

Outcome:

After 4 years and 8 workshops, the position paper was unanimously adopted by the GMA Committee on Simulated Patients and published in the GMS JME 2019. In addition to the literature review, it contains an overview of the results of the survey and a description of the development process. 47 minimum standards and 30 development perspectives were formulated on the main topics "safe working environment", "case development", "SP-training", "SP-program management" and "professionalism".

Challenges:

Even though the position paper is based on a thorough literature search and on a successfully conducted survey, the standards themselves were discussed and defined in workshops. They therefore merely represent a consensus of the participants. As a result of this consensus process, the regional and national differences, some of which were documented in the survey, could not always be reflected to the necessary extent. In addition, the position paper is a product of the current discussion. The future application will show the relevance and validity of the position paper and where adjustments still have to be made.

Discussion:

The process of drafting the position paper was lengthy and challenging, but at the same time, it enabled an enlightening and stimulating exchange on the various SP programs in German-speaking countries. It became evident that the SP method is practiced in very diverse ways, which is both strength and weakness. On the one hand, diversity offers the faculties a high degree of flexibility. At the same time, there is cause for concern that the method could be practiced too arbitrarily, for example to be sophisticated enough to be applied in high-stakes assessments. The position paper tries to consider both sides appropriately. It remains to be seen whether this has been successful, what effects the position paper will have and how the formulated standards can be broadly implemented in the future.

Running simulation education sessions with untrained standardized patients

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Background:

Using standardized patients has been part of training/assessment of healthcare professionals for many years. Their involvement is different based on the training they receive, the resources of the institution and the type of training/assessment done during the session.

The use of trained standardized patients is well discussed in the literature, but not so much, the use of untrained standardized patients.

Project description:

A simulation centre in Spain started doing simulation educational sessions using untrained lay people with their simulation programs for undergraduate nursing students, undergraduate dietician students, residents from different programs, unqualified health care professionals and post graduate educational programs. At that point of time, staff in the simulation centre did not know how to train them and started using them as actors. Their involvement was simplified to study a script and try to reproduce it, most of the time without even knowing or understanding the learning objectives of the participants or even what they were studying.

We started looking at the efficiency of the training sessions with their unique involvement of reproducing a script. They would not be involved in any part of the simulation session except the acting during the scenario. They would only be shared the information of their script and have one meeting a week before the session to clarify aspects of the script with the subject matter expert running the session.

From the satisfaction questionnaires filled in by both the visiting subject matter experts and the participants, the use of untrained standardized patients gave a lot of realism to the sessions assisting all of them in engaging in the simulation experience as well as suspending disbelief.

Outcome or expected outcome:

We expect that the achievement of learning objectives for undergraduate nursing students, resident programs and postgraduate programs does not vary when involving untrained standardized patients rather than using trained standardized patients in our institution.

Challenges:

Human resources needed, technical support needed (headsets, walkie talkies...)

When standardized patients are untrained and are not involved in the achievement of learning objectives of the learners, there is a lot of support that needs to be provided to them during the scenario in order to adapt to the participants performance. The fact that the majority are lay people makes it as well challenging in understanding some aspects of the script and how to respond to certain participants during the scenario. The level of improvisation needed a lot of the times during a scenario, was not possible to be done due to the lack of knowledge of the learning objectives and level of knowledge of the participants from the standardized patient point of view.

The lack of improvisation from the standardized patients made us realize that they needed a minimum level of involvement during the simulation sessions in regards to understanding who the participants were, what level of knowledge they had and what was expected from them, so we implemented the review of the mentioned as part of the documentation shared with them and as part of the review process of the script a week before the scenario.

Discussion:

Depending on what the sessions are in simulation (formative assessment, summative assessment, high stake assessment) the use of untrained standardized patients is as efficient as the use of trained standardized patients.

The minimum level of training as well as the level of involvement of the standardized patients still needs to be agreed upon in the literature. Whether they are involved in the preparation of the scenarios, the running of the scenarios, whether they improvise during the scenario, and whether they participate actively in the debriefing as either lead debriefer or second debriefer.

The above depends on the type of use that is made of the simulation, as there is for example, much literature proving the efficiency of the use of trained standardized patients that run scenarios and then provide debriefing/feedback sessions to the participants efficiently and objectively.

Perspectives on learning in a simulated patient scenario

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Background:

In a scenario with simulated patients (SP) the participants have different roles. These roles can be present in a single simulated patient scenario:

the student can take the role as active health care provider or as observer

the person who is portraying the SP can take the role of the patient and feedback provider

the clinical teacher can take the role of administrator, observer, feedback provider, examiner etc.

The participating persons may have dissimilar perspectives on the learning experiences. We wanted to investigate how the perception of learning, in the same simulated scenario, differed between three persons, the student, the clinical teacher and the SP, with their different roles. Which aspects influences the perception of learning in a simulated scenario with an SP?

Method:

In the ninth semester of the medical program, psychiatry placement, at Lund University, Sweden there are learning activities including simulated patients with a behavior of acute crisis. The objective of the activity is patient communication in emotional strained context.

In a scenario there are 4-5 students, one clinical teacher and one SP. One or two learners act as interviewing medical doctors, the other students are observers.

We asked students to volunteer in a research project on simulated patient scenarios, 8 accepted. Three of the clinical teachers and one SP were also recruited as informants.

We recorded the simulated scenarios with a video camera. In total 8 scenarios were recorded. We used stimulated recall, and conducted semi structured interviews. Each informant was individually interviewed on a scenario in which they had been active. In all we got 24 interviews from the students, the SP and the clinical teacher, on the 8 recorded scenarios.

The aim of the interviews was to discuss how the informants perceived the influence of their different roles on the learning in each simulated scenario. They were asked to describe how they experienced the scenarios, and when and why learning occurred.

The interviews were audio recorded and transcribed verbatim. They were analyzed using qualitative content analyzes.

Results:

The students perceived the emotional pressure from the SP as a learning experience. They felt an opportunity for development in the conflict between the professional doctor and the private person. The students stated that the clinical teacher had a major role in preparing the students by emphasizing the value and uniqueness of the simulated scenario, it supported the motivation and the sense of realism. The students valued the feedback from peers and SP.

The clinical teachers perceived the emotional pressure as a learning experience. They took an assessing point of view, commented on the students' performances as "good or bad". The clinical teacher wanted the students to use planned professional communication.

The SP regulated the emotional pressure to individualize communicative challenges. The SP created the flow of the scenario in collaboration with the active student, and if the student was physically closer it was easier for the SP to regulate the emotional pressure. The SP recognized the conflict in the students, between being professional and a private.

Discussion:

Our results imply that the SP had a key role in the learning of the simulated scenarios. In collaboration with the students the SP made the activities individualized and active. The emotional pressure and the conflicting points of view created learning in how to be a professional doctor. The most valuable contribution from the clinical teacher was in the preparation of the students before the activity. The clinical teacher took a more assessing perspective on the activity in favor of a more formative view.

Conclusion:

The students and the SP had rather coherent perspectives on the learning. The students valued feedback from observing peers and SP. The clinical teachers took a more assessing distant position during the scenarios but they were valued in the preparation of the activity.

Emotional Standardisation of Simulated Patients

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Background:

Simulated patients (SPs) are deployed not only for educational intentions but also for examinations. On these grounds, a standardised SP-performance is a precondition, as it guarantees replicability of the examinations and the similar prerequisites for every examinee. Due to this, standards must be set for the use and presentation of SPs, which go beyond a standardised role and cast and lead to a standardised style of acting.

Research question:

This raises the question of what this style of acting could look like and how it could be integrated into a training concept.

Methods:

The Learning Center for Individualized Medical Activity Training and Development (Lernzentrum für individualisiertes medizinisches Tätigkeitstraining und Entwicklung also known as Limette) of the Medical Faculty of the Westfälische Wilhelms-Universität Münster regularly uses SPs in formative and summative examinations. Far more than 1000 standardised examination scenes are being held during the semester, which leads to a pool of experiences in terms of standardisation.

Results:

These experiences were summarized in the model of Emotional Standardisation. In addition to a standardised role and cast, it also includes a standardised style of acting with focus on the aspects of atmosphere, emotions and status. This is achieved by standardised directions for drama performance. In addition, a training concept for this model was developed, which is based on the constructivist didactics.

Discussion and Conclusion:

The concept of Emotional Standardisation allows SPs to gain a better sympathy for the character they play. This implies an improved comprehension of the character, their emotions and status, and of the scene's atmosphere and how it unfolds. This all allows an increase in standardisation. The more a role gets standardised, the harder it is to preserve the authenticity of the drama performance [5]. Within Emotional Standardisation, however, the SPs can respond to the examinee in an improvising manner within fixed specifications and perform authentically at the same time.