



Health Sciences Education and Research Commons'



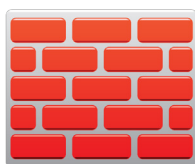
Toolkit for constructing Interprofessional Simulation Scenarios

Index



Drafting the plan 3

1. Problem identification
2. Learner identification
3. Instructor identification
4. Level of learner



Establishing a Solid Foundation 4

5. Define discipline learning objectives
6. Identify collaborative practice learning objectives
7. Determine available resources



Building the Story & Tools of the Trade 5

8. Identify purpose of the team interaction
9. Define your patient
10. Determine if you use a confederate



Making it Work 6

11. Identify space and equipment
12. Identify staff
13. Work through logistics
 - a. Test run it and gather feedback
 - b. Refine scenario
 - c. Determine method of assigning students



Measuring up 7

14. Define plan for learner assessment and program evolution

References 8



Drafting the Plan

Interprofessional education is defined as learning from, with, and about each other. Additional focus should include collaborative practice skill development. This toolkit is building off of Kern's (2010) six steps to curriculum development and other templates for developing simulation and IP scenarios.

Consider the learners you are developing the simulation for.

1. **Identify learning need** to be addressed by the simulation. What gaps in their skills or knowledge exist?

2. **Determine which Disciplines** will be participating. List below.

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3. **Identify an instructor or clinical lead for each discipline** involved in simulation development and delivery to ensure content authenticity and learner support.

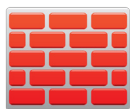
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For scenarios involving any cultural group use the same consultative process as you would in ensuring that professional clinical and cultural content is accurate and appropriate.

4. **Determine the level of learner** that will be participating: consider both the level for **professional** and **collaborative** practice competencies.

Level of Learner	Professional Competencies	Collaborative Practice Competencies
Early learners have had exposure to competencies	<input type="checkbox"/>	<input type="checkbox"/>
Middle learners have been immersed in competencies	<input type="checkbox"/>	<input type="checkbox"/>
Seniors learners have begun to integrate competences	<input type="checkbox"/>	<input type="checkbox"/>



Establishing a Solid Foundation

Determining your simulation and collaborative practice learning objectives is foundational to scenario development. Having a clear understanding of the resources available to you is key.

5. Define Discipline Specific Learning Objectives

Discipline 1 _____

Discipline 2 _____

Discipline 3 _____

6. Identify your collaborative practice learning objectives. Using an IP competency framework may help you get started.

7. Determine resources available. This assessment will inform your choices for simulation modality, supplies, and simulation environment.

Learner engagement is influenced by the extent to which learners believe the simulation reflects real world practice. By considering your realism priorities you can direct resources to support the aspects of realism most important for the learning experience. The following aspects of realism or fidelity should be considered:

Conceptual (Plausible situation):	Activity occurs in a way that is authentic / aligns with real world practice.
Physical (Looks real):	Simulation environment mirrors clinical setting.
Emotional/psychological (Feels real):	Realistic feelings and responses are triggered by stimuli, activity and/or environment.



Building the Story

Keep it simple. Be real. Preserve patient confidentiality.

Identify the context or purpose of the team interaction.

Where: Location and setting _____

What are learners expected to do:

a. Is there information that needs to be exchanged and by whom?

b. Are there decisions that need to be made and with whom?

How: What team communication process is the simulation occurring within (Rounds, conference, treatment delivery etc.)?

9. Define your patient.

What is the main aspect of the patient's health you want to address?

At what point in their care will the simulation take place (admission, diagnosis, office visit, discharge etc.)?

Define the patient's health goal(s).

10. Determine whether the use of a **confederate** will enhance the scenario. What will they do?

A confederate is a health professional who participates in a simulation to guide the scenario. They provide professional realism that challenges and teaches the learner.

Tools of the Trade



Draft **supporting documents** for students, standardized patient and facilitators.

Students:

Draft student instructions to be delivered before simulation: include any information needed to support learner participation. Discipline specific clinical guidelines or cheat sheets can be very helpful to support early learners who may lack clinical knowledge and skill or confidence to engage in a complex team interaction.

Standardized Patients (SP):

Templates for developing a SP script or mannequin event flow sheet can support SP training and running simulations, and ultimately help create more realistic and effective simulations.

Facilitators:

Draft guides for delivery of simulations to support training and efficient implementation. Draft guide for debriefing: define questions linked to the competencies to guide observation and prompt students in the debrief to support intentional debriefing for enhanced student learning.



Making it Work

Simulation Delivery and Debriefing Implementation Plan

11. Identify space and equipment needed

12. Identify staff (facilitation, debriefing) and **book** Standardized Patient as needed

13. Work through logistics. Set length of time for simulation _____, prebrief _____, and debrief _____.

a. **Set date for test run** and **gather feedback** from participants, standardized patients and facilitators

b. **Refine** scenario based on feedback.

c. **Determine** the method of assigning students to the simulation times and how to communicate these assignments.



Measuring up

14. Define plan for learner assessment and program evaluation

Determine if the assessment of the learner is formative or summative. Checklists may be used to ensure relevant behaviours or skills are demonstrated.

Based on Reeves et al. (2015), the following should be considered when evaluating your IP simulation:

- a. Think about evaluation as early as possible. Ensure the individuals tasked with the evaluation have first hand knowledge of the learning experience.
- b. Be clear with the purpose of the evaluation and the evaluation questions. Possible questions include 'What impact did the IP simulation experience have on improving learners' collaborative attitudes, knowledge and skills outcomes?' 'Does skilled debriefing and facilitation following an IPE simulations improve learners' collaborative performance?'
- c. Consider the learning outcomes. The use of Kirkpatrick's outcomes typology (Barr et al., 2005) may assist with measuring change at different levels (e.g. reaction, modification of attitudes/perceptions, acquisition of knowledge/skills.).
- d. Think about theoretical perspectives. Theory can help focus the design and conduct of the evaluation work.
- e. Use an evaluation model. This avoids only looking at short-term learner outcomes and adopts a more comprehensive approach to evaluation.

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