SIMULATION AS A COMPONENT OF CHAPLAIN TRAINING

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OBJECTIVES

- Engagement in a spiritual care encounter with a simulated patient using a spiritual care plan with intended outcomes and feedback.
- Identify how the engagement with a simulated learning environment program may benefit the continuing education and clinical pastoral education program at your site.
- Establishing and maintaining a chaplaincy simulated learning environment.

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AGENDA

- Introduction to Standardized Patient (SP) World
- Current Action/Reflection Model and Alternative Model
- Spiritual Care Encounter Simulations
- Benefits/Drawbacks of Simulation in the Field of Chaplaincy
- Session Closing

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INTRODUCTION TO STANDARDIZED PATIENT (SP) WORLD TERMINOLOGY

✓ **SPs** - Standardized Patients are persons who have been trained to portray a particular patient presentation in a consistent and reliable way.

✓ **SPs** – Simulated Patients are person who are not trained to present a particular way with a given affect or illness.

✓ **Simulation** – Is a method of providing experiential learning.

✓ **Simulated Learning Environment (SLE)** – Is a safe environment to learn.

✓ **Checklist** – A checklist serves as a tool to provide feedback to the learner regarding the encounter.

✓ **Multi-Model Simulation** – A simulation with responsive or non-responsive mannequins

✓ **Leaner** – Those persons interacting with the SP for the person of developing or enhancing their skills.

✓ **Case Script** – The details of the simulation for the simulation encounter including the SP information, leaner goals, and checklist.

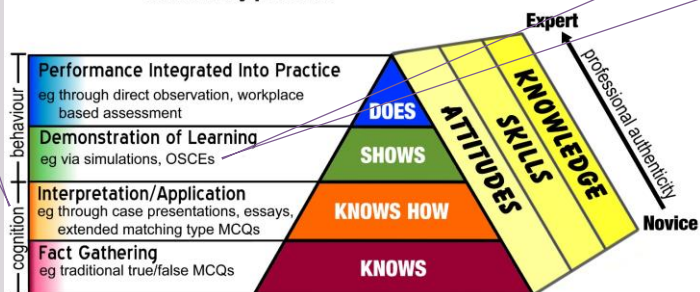✓ **Rater** – Subject matter expert who rates the learners encounter during the simulation.

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Introduction to Standardized Patient (SP) World
Historical use within the medical field

OSCE – Objective Structured Clinical Exam tests the clinical skill performance and competence in skills such as communication and clinical examination.
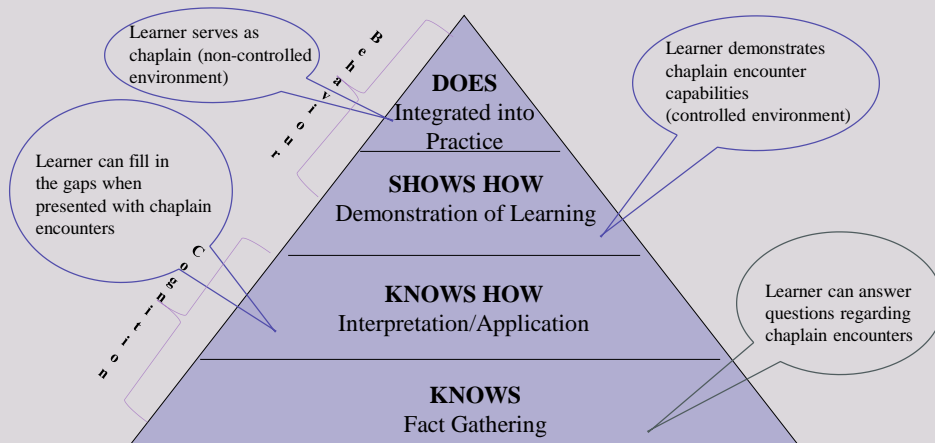
MCQ – Multiple Choice Questions

MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)

it is only in the "does" triangle that the doctor truly performs

Expert

professional authenticity

KNOWLEDGE
SKILLS
ATTITUDES

behaviour

Performance Integrated Into Practice
eg through direct observation, workplace based assessment — **DOES**

Demonstration of Learning
eg via simulations, OSCEs — **SHOWS**

cognition

Interpretation/Application
eg through case presentations, essays, extended matching type MCQs — **KNOWS HOW**

Fact Gathering
eg traditional true/false MCQs — **KNOWS**

Novice

Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

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INTRODUCTION TO STANDARDIZED PATIENT (SP) WORLD VIDEO

✓ http://www.youtube.com/watch?v=5DXB5omMMtw

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MILLER'S PYRAMID – CHAPLAIN

Learner serves as chaplain (non-controlled environment)

Learner demonstrates chaplain encounter capabilities (controlled environment)

Learner can fill in the gaps when presented with chaplain encounters

DOES
Integrated into Practice

SHOWS HOW
Demonstration of Learning

KNOWS HOW
Interpretation/Application

KNOWS
Fact Gathering

Learner can answer questions regarding chaplain encounters

Behaviour

Cognition

Miller, GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63- 67. Framework for assessing clinical competence.

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INTRODUCTION TO STANDARDIZED PATIENT (SP) WORLD
PORTRAYING A STANDARDIZED PATIENT

✓Is not role play

✓Is an immersive experience

✓Does not vary, yet is consistent for the specific case

✓The SP is always listening during the encounter (verbal and non-verbal clues)

✓The SP focuses on what the learner is to obtain from the encounter

    ✓Education/training assessment

✓The SP keeps in mind "what is the intended outcome?"

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Introduction to Standardized Patient (SP) World
Providing feedback - SP Feedback Model

✓The SP is specific with their feedback

✓The feedback is goal orientated – (for non-judgmental)

✓The feedback focuses on the encounter

✓The SP asks open ended questions

✓Assists the learner with making discoveries

✓Includes Goal Setting

  ✓ SMART (Specific, Measurable, Achievable, Realistic, Time-Orientated)

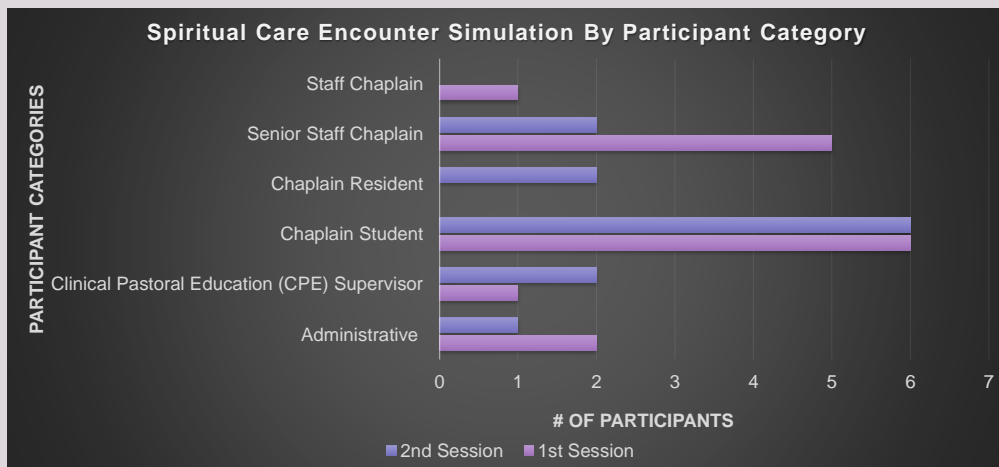George Miller, 1990 – framework for assessing clinical competence.

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SPIRITUAL CARE SIMULATIONS

- Advocate Lutheran General Hospital Health Partners grant for simulation with Clinical Pastoral Education (CPE) students (June – August)
- Two spiritual care encounters per chaplain (same encounter in June and August)
- Simulated patient, family member and care team member (June – chaplains, August – professional actors)
- Twenty-one question post simulation questionnaire
  – Demographics
  – Value of feedback from simulated patient
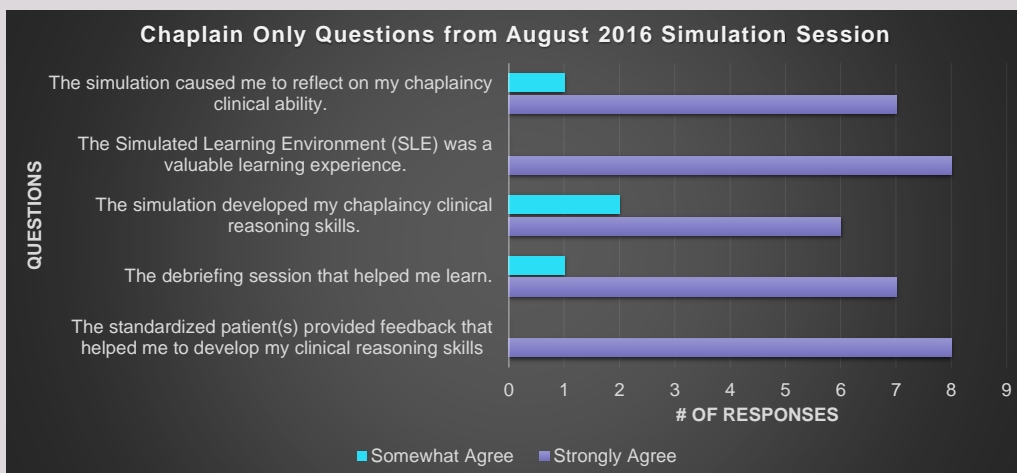 – Overall engagement in the simulation process
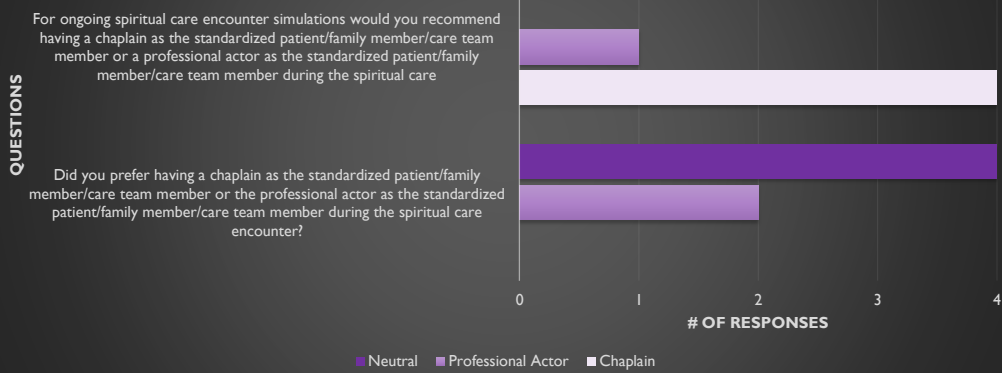
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SIMULATION QUESTIONNAIRE RESULTS PARTICIPANTS

Spiritual Care Encounter Simulation By Participant Category

PARTICIPANT CATEGORIES

- Staff Chaplain
- Senior Staff Chaplain
- Chaplain Resident
- Chaplain Student
- Clinical Pastoral Education (CPE) Supervisor
- Administrative

OF PARTICIPANTS

■2nd Session ■1st Session

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SIMULATION QUESTIONNAIRE RESULTS CHAPLAIN SIMULATION EXPERIENCE

Chaplain Only Questions from August 2016 Simulation Session

QUESTIONS

- The simulation caused me to reflect on my chaplaincy clinical ability.
- The Simulated Learning Environment (SLE) was a valuable learning experience.
- The simulation developed my chaplaincy clinical reasoning skills.
- The debriefing session that helped me learn.
- The standardized patient(s) provided feedback that helped me to develop my clinical reasoning skills

OF RESPONSES

■Somewhat Agree ■Strongly Agree

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SIMULATION QUESTIONNAIRE RESULTS SUSTAINABILITY

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RECIPIENT OF CARE PERSPECTIVE

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SPIRITUAL CARE ENCOUNTER PROCESS

✓ Chaplain and session participants read the spiritual care encounter (2 minutes)

✓ Encounter (a maximum of 15 minutes)

    ✓ At 10 minutes there will be 2 knocks

    ✓ At 14 minutes there will be 3 knocks (you have 1 minute to close the encounter)

    ✓ At 15 minutes the encounter concludes

✓ SP leaves the room (5 minutes)

    ✓ SP and observers will complete the checklist at that time

✓ SP provides feedback to the chaplain (5 minutes)

    ✓ During the session

✓ Process debrief (all session participants)

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SPIRITUAL CARE ENCOUNTER

Name: Taylor Brown
Age: 44
Marital Status: Divorced
Gender: F
Faith Tradition: None
Race: Caucasian/White
Reason for visit to hospital: Son hospitalized
Setting: In a conference room on the clinical unit, not far from the patient's room

Brief History: The palliative care team has called to refer you to a mother they just spoke with, who left a meeting upset. They inform you that Brian is a 14 year old boy with brain cancer, diagnosed 8 months ago. His condition has rapidly progressed, and his treatment has been causing side effects that are affecting his quality of life. The palliative care team has concerns that Brian's mom is not listening to them or understanding how futile aggressive care seems in Brian's case. You know from reading chaplain and child life notes that Brian has recently begun to report to clinicians that he "wants to stop," but you have not had any conversations with Brian or his mom yourself.

Reason for chaplain visit: Mom is emotionally upset after a meeting. Additionally, staff is distressed that the patient and his mom may not be on the same page about the plan of care.

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Visit Duration: 15 minutes

ENCOUNTER

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GROUP SHARING

- What was your <u>experience </u>in the encounter as either the chaplain or an observer?
- What were your <u>feelings</u> during the encounter as either the chaplain or an observer?
- Can you see using this model at your site with either students or staff chaplains, for either CPE or continuing education?

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SUSTAINABILITY

- Opportunity to integrate into Clinical Pastoral Education (CPE) programs
- Opportunity to integrate into Continuing Education for Staff Chaplains
- Opportunity to expand into an interdisciplinary education process (medical and chaplaincy)

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QUESTIONS? THOUGHTS?

THANK YOU!