Diferentes Modalidades em Simulação: para qual público e qual objetivo na graduação em saúde?

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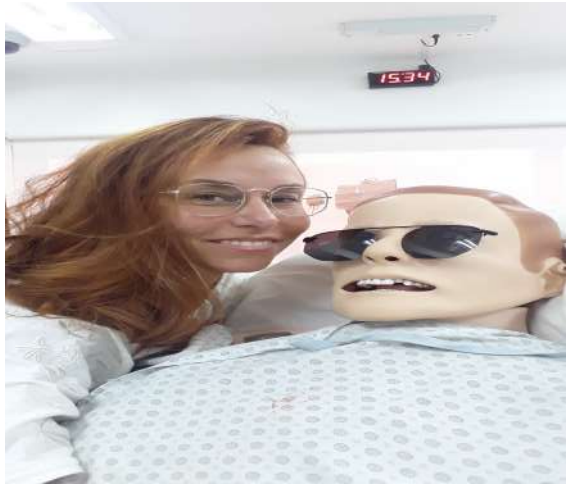
CONGRESSO DE SIMULAÇÃO CLÍNICA **2024**

SUN SIMULATION user NETWORK

Declaramos não ter conflitos de interesses nesta apresentação

Simulação na graduação - experiência



1) Novas técnicas;
2) Novas tecnologias;
3) Pandemia;
4) Novas demandas entre multi e interprofissional;
5) Exames de residência e seleções;
6) Novos comportamentos exigidos pela sociedade.

Qual a nossa maior dificuldade em realizar simulação na graduação?

- O que devemos ensinar?
- Qual o conteúdo mínimo que eu espero do meu recém formado?
- Até onde a simulação consegue ir?

✓Verba / Investimento geral

✓Capacitação docente

✓Tempo – mais alunos a cada ano.....

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THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

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Antes da simulação: a competência

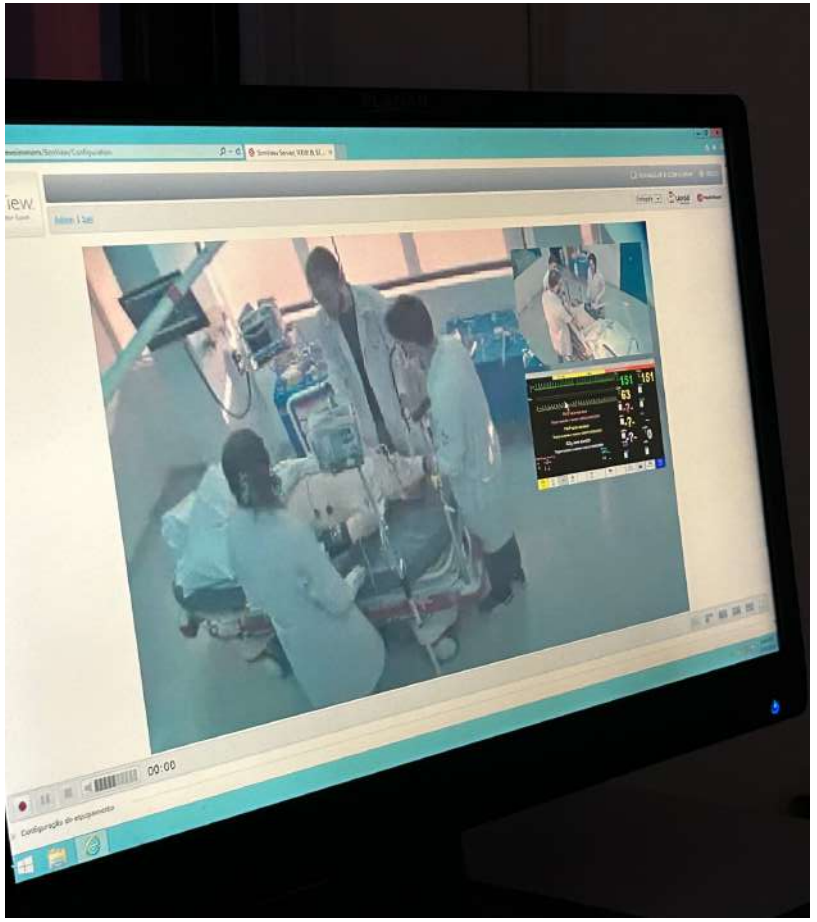
Educação baseada em competências: Processo pelo qual os alunos são responsabilizados pelo domínio de competências consideradas essenciais para uma área de estudo. Os alunos são o centro da experiência de aprendizagem, e as expectativas de desempenho são claramente delineadas ao longo do tempo. Em todas as profissões da área de saúde, o currículo, o trabalho do curso e as experiências práticas são projetados para promover a aprendizagem responsável e garantir o desenvolvimento de competências que sejam demonstradas de forma confiável e transferíveis entre os ambientes.

1. **Competency** (yellow) – This statement represents the minimum competency required for entry-level clinicians at each licensure level.
2. **Knowledge** (blue) – This represents an elaboration of the knowledge within each competency (when appropriate) that entry-level clinicians would need to master to achieve competency.
3. **Clinical Behaviors/Judgments** (green) – This section describes the clinical behaviors and judgments essential for entry-level EMS clinicians at each licensure level.
4. **Educational Infrastructure** (gray) – This section describes the support standards necessary for conducting EMS training programs at each licensure level.

Table 1: Format of National EMS Education Standards

	EMR	EMT	AEMT	Paramedic
Content Area	Competency	Competency	Competency	Competency
Elaboration of Knowledge	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency	Additional knowledge related to the competency
	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments	Clinical behaviors and judgments
	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure	Educational Infrastructure

- 1º Aspecto: O programa de simulação precisa ser longitudinal ao longo do curso;
- 2º Aspecto: Precisa estar documentado para que possa compor o currículo, ser discutido e repassado em outras esferas.
- 3º Aspecto: O quanto você (re)conhece sobre o seu projeto pedagógico? Quanto das demais estratégias educacionais você está inserido?



Fotos: Acervo Pessoal

Modalidades

Modalidades distintas com aumento progressivo da complexidade.

Repetição é a chave. Melhor desempenho se houver integração com os preceptores.

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Competency

Subcompetency

Patient Care 5:	Urgent and Emergent Medical Conditions			
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes urgent and emergent medical conditions and initiates system protocols as appropriate	Performs an initial assessment of patients with urgent and emergent conditions	Provides initial stabilization of patients with urgent and emergent medical conditions, as well as safe transitions in care	Coordinates the initial assessment and management of urgent and emergent conditions with the interprofessional care team	Anticipates clinical decompensation and intervenes early
Knows code status	Discusses and clarifies code status with patient and family	Uses code status in clinical decision making	Considers patient and family wishes to modify code status and subsequent care as appropriate	Leads conversation with medical team when care is futile
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Milestone

Ponto significativo na aprendizagem – descrição de competências

Simulação

- Task Trainer
- Padrão
- PDCR
- Escape Room
- In Situ
- Paciente padronizado
- Interprofissional
- Mista / Híbrida
- Híbrida

Debriefing

- GAS
- Plus Delta
- Core
- 3D Model
- Diamond
- PEARLS
- Co Debriefing

Tecnologias

- Telessimulação
- Paciente Virtual
- Metaverso
- Realidade aumentada
- Realidade Virtual

Simulação Padrão

Vídeo: Acervo Pessoal

Paciente Padronizado

- Considerar novas demandas comportamentais;
- Etarismo, racismo, população *trans* entre outros;
- Simulação híbrida / mista

Fotos e Vídeo: Acervo Pessoal

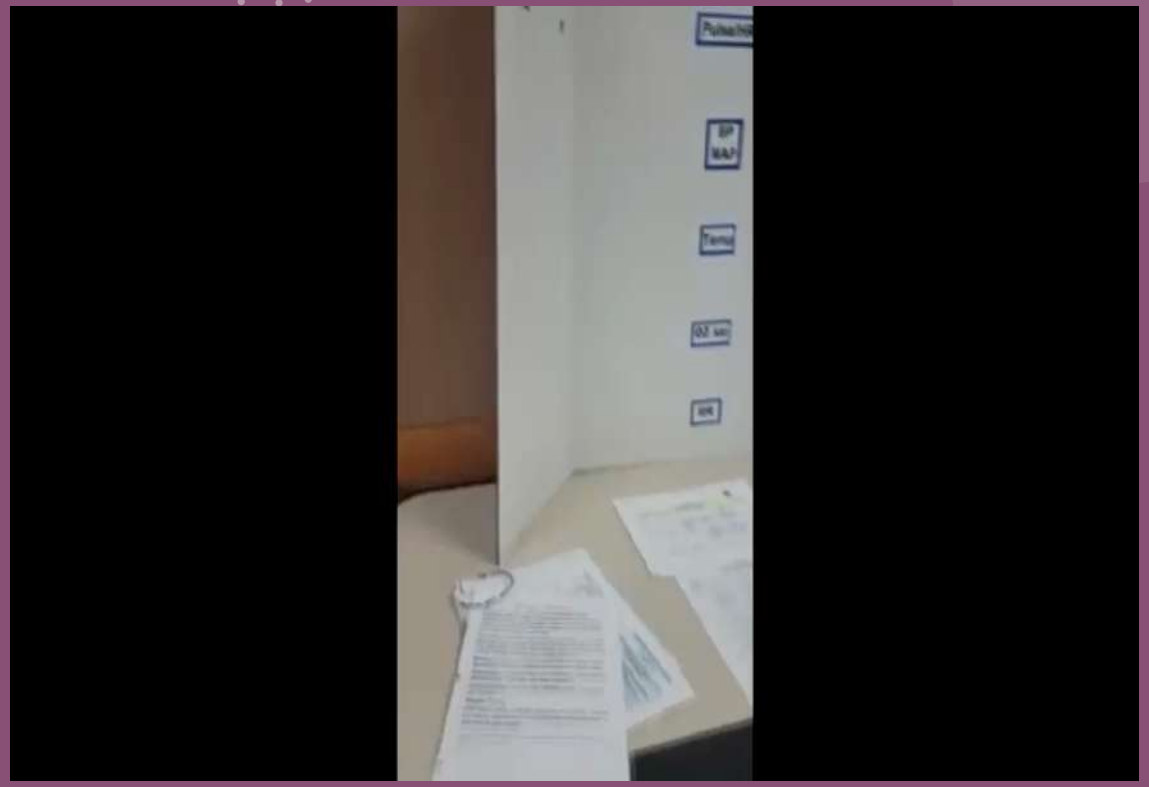
In Situ e Interprofissional

Acervo Pessoal

Híbrido e Cirurgia

METAVERSO - ambiente virtual em 3D em que as pessoas podem interagir e se comunicar com outras em tempo real.

ESCAPE ROOM



Agradecimento: Medical Habour

Fonte: Hospital do Colorado

Hospital Simulado Virtual

TOOLKIT

MEASURE OUTCOMES & EFFECTIVENESS IN HEALTHCARE SIMULATION

FACILITATOR COMPETENCY RUBRIC — FCR

ASSIGN FACILITATOR COMPETENCY LEVELS & IDENTIFY EXPERTS

The instrument may be used at the individual or institutional level for observational assessment.

- Conduct self-evaluation by facilitators
- Identify team development needs
- Prioritize facilitator development activities

Examines the overall abilities of a facilitator, rather than selected parts, such as debriefing.

Facilitator Competency Rubric (FCR)

QUINT LEVELED CLINICAL COMPETENCY TOOL — QLCCT

ASSESS CLINICAL JUDGMENT IN SIMPLE & COMPLEX PATIENT CARE SETTINGS

Quint Leveled Clinical Competency Tool (QLCCT)

The instrument can be used in both - simulation and clinical environments. It maps observed performance of nursing students and practicing nurses across:

- 10 concepts of clinical judgment
- 4 competency levels
- Simple to complex patient care settings

The tool is derived from competencies in Tanner's model.

SIMULATION CULTURE ORGANIZATIONAL READINESS SURVEY — SCORS

ASSESS INSTITUTIONAL & PROGRAM READINESS FOR SIMULATION INTEGRATION

Around the world, simulators sit unused on beds, in closets, and often still in their boxes. This impacts the organization by:

- Tying up fiscal resources
- Poor or absent uptake of simulation
- Learners not exposed to evidence-based learning

Ensures organizational readiness PRIOR to equipment purchase.

Simulation Culture Organizational Readiness Survey (SCORS)

CLINICAL LEARNING ENVIRONMENT COMPARISON SURVEY — CLECS

COMPARE PERCEPTIONS OF LEARNING VIA TRADITIONAL CLINICAL HOURS, ON-SITE SIMULATION & SCREEN-BASED SIMULATION

Clinical Learning Environment Comparison Survey (CLECS)

Includes nursing process, communication, critical thinking, holism, self-efficacy & teaching - learning dyad vis-a-vis patient care in:

- Traditional clinical settings
- Traditional face-to-face simulation
- Screen-based simulation

It aids decision-making in instructional design.

ISBAR INTER-PROFESSIONAL COMMUNICATION RUBRIC — IICR

ASSESS TELEPHONIC COMMUNICATION OF NURSES TO PHYSICIANS

Evaluates nurse-to-physician communication using ISBAR.

- Reinforces best practices in communication
- Enables measurement of communication
- Provides actionable feedback.

Miscommunication is a leading cause of sentinel events in healthcare.

ISBAR Inter-Professional Communication Rubric (IICR)

ACTIONS, COMMUNICATION & TEACHING IN SIMULATION — ACTS

EVALUATE PERFORMANCE & CONTRIBUTION OF EMBEDDED PARTICIPANTS

Actions, Communication & Teaching in Simulation (ACTS)

Embedded participants are role players that provide perspective, information, deliberate distraction or perform clinical tasks during simulation scenarios.

They may make errors that impact learning & research outcomes.

The tool identifies improvement areas in training of embedded participants, scenario scripting & research design.

SIMULATION EFFECTIVENESS TOOL - MODIFIED — SET-M

MAP PERCEPTIONS OF LEARNING NEEDS & CORRESPONDING FULFILMENT

Administered after a simulated clinical experience (SCE) to address the following objectives:

- Implementation of new SCE
- Tweaking beta-version of SCE
- Evaluation of new facilitation & sim-ops teams

The tool allows early identification of improvement areas in traditional and virtual SCEs.

Simulation Effectiveness Tool - Modified (SET - M)

HEALTHCARE SIMULATION MIDDLE EAST — HSME — 4 Years and Counting

www.healthcaresimulationmiddleeast.org

Poster Design: Healthcare Simulation Middle East (HSME)

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LINK TO SOURCE URL

The tool examines concrete behaviors across six elements of debriefing.

Debriefing Assessment for Simulation in Healthcare © (DASH)

https://harvardmedsim.org/debriefing-assessment-for-simulation-in-healthcare-dash/

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MEET THE RESEARCHERS

Source Reference: Website by Kim Leighton

Evaluating Healthcare Simulation

https://sites.google.com/view/evaluatinghealthcaresimulation/home

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FCR | SCORS | IICR | SET-M | QLCCT | CLECS | ACTS

SIMULATION user NETWORK

Simulação	Debriefing	Tecnologias
Padrão	GAS	Telessimulação
PDCR	Plus Delta	Paciente Virtual
Escape Room	Core	Metaverso
In Situ	3D Model	Realidade aumentada
Paciente padronizado	Diamond	Realidade Virtual
Interprofissional	PEARLS	
Task Trainer	Co Debriefing	

A melhor estratégia depende de como foi construído a informação prévia, do tempo disponível com os alunos, competência central, materiais.....

<u>Considerar onde devemos chegar. Não há como concluir um assunto 100% em uma única simulação.</u>

Vamos simular?

Muito obrigada pela atenção

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