

Clinical role modeling & communication during interprofessional undergraduate clinical simulation

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Study aim:

To assess clinical reasoning & communication skills following participation in a low fidelity clinical simulation workshop for undergraduate students from five health disciplines



METHOD: Volunteer students- multidisciplinary



METHOD: 4 IPL clinical simulation sessions

- Theoretical case study
- Group tutorial (physiology & pharmacology)
- Simulated clinical experience
- Patients with real conditions & simulated patients
- Session video recorded



METHOD: Assessment

- Facilitator
- Patient
- Self



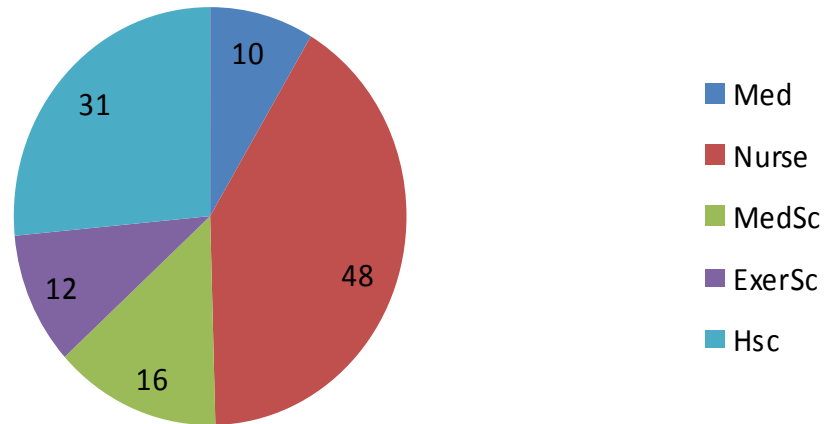
METHOD: Debrief & reflect



Outcomes: Multidisciplinary participation

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Student Participation n=116

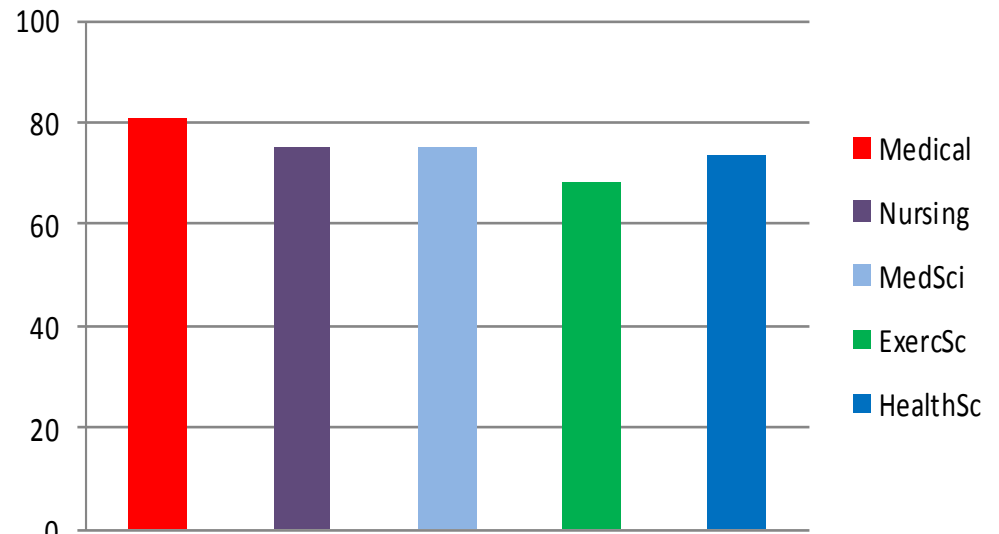


Outcomes: : Overall marks

- Respect
- Confidentiality
- Privacy
- Communication
 - Knowledge
 - Language
 - Comprehension
 - Patient Autonomy

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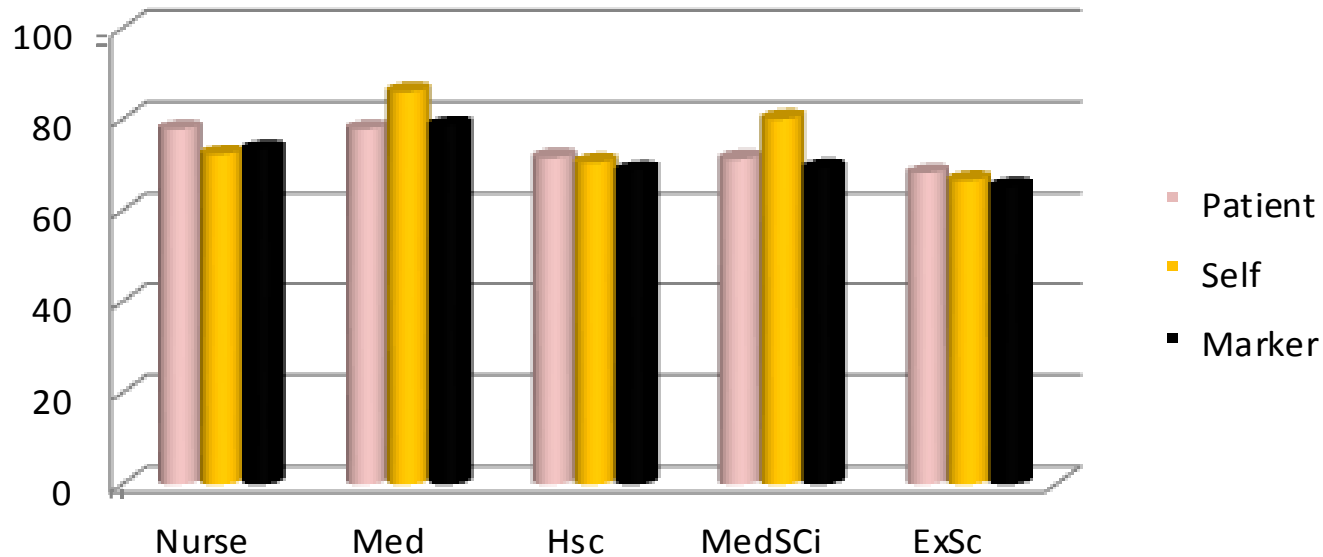
Average aggregate mark



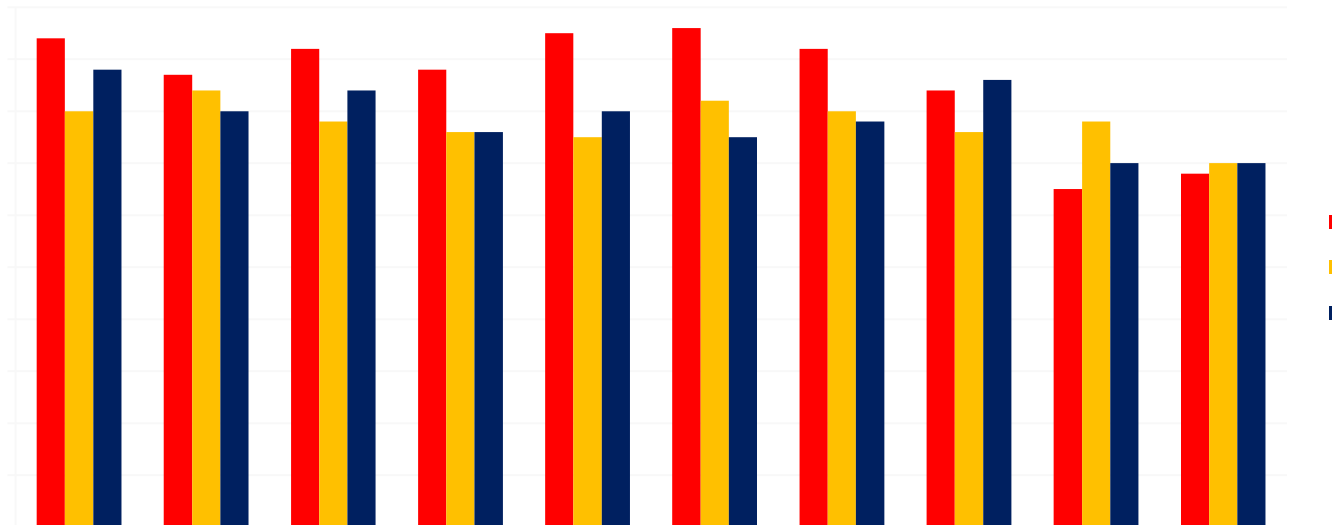
Outcomes: Comparison marks

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Total Marks Comparison



Outcomes: Variations in assessment Student/Patient/Facilitator/



Modeling:

- Does it apply?
- What did they model?
 - Example?
 - Historical?
- Symbolic interactionism
 - ‘...we know things by their meanings, that meanings are created through social interaction and that meanings change through interaction’ (Fine 1993, p.64).

Outcomes: Debrief & Reflection

- All participated
- Many students initially reported that reflection was considered an unnecessary burden in the program.
 - Time consuming
- This view changed with progress in scenarios.
 - reflecting useful in learning and understanding
 - The 'why' became more relevant as they
 - increased their knowledge base and
 - engaged in their own self-directed inquiry.

Student quote reflection

“I always thought that reflection was something nurses did to cover their lack of knowledge.

I now know that without me reflecting what my actions led to my patient would have not got any better and may have even died,(theoretically).

I have a better appreciation of the nurses role and will try to improve my attitude” Med Student

Outcomes: Feedback – high impact

- Feedback was considered the most important factor for the students.
- Immediate feedback during the sessions viewed positively
- Self assessment and reflection were also considered as feedback.

Feedback- student quote

“ I was so glad we had the conversation before the second scenario,

it helped me realize that I was talking at the patient instead of talking with them .

I found that I reflected on that .”

Outcome: clinical reasoning

- NO RHYME OR REASON
- hard concept
- students stated that they struggled with the process.

Outcomes: Summary

- Communication
- Modeling
- Reflection
- Feedback
- Clinical reasoning

Questions??