

Chapter 10

Adapting Interprofessional Acute Care Simulations to a Virtual Platform

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ABSTRACT

This chapter addresses the innovative solutions implemented by faculty members at Regis University to pivot simulation experiences to a virtual platform during a global pandemic. Healthcare faculty ensured nursing and pharmacy students actively engaged in content and with one another without sacrificing the necessary interprofessional knowledge. The authors adapted a previously in-person acute care simulation to a virtual platform by utilizing technology and specific, intentional pre-simulation, during simulation, and post-stimulation knowledge checks. By following the standards for interprofessional, nursing, and pharmacy education, the authors were able to execute this simulation and implement meaningful feedback for continued advancement for future students. The continued goal of the simulation will be to provide students with high-stress, low-occurrence acute care patient experiences while working closely with other members of the healthcare team to enable students to experience required, necessary curriculum before graduation and working on the frontlines of healthcare.

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INTRODUCTION

In 2016, faculty recognized a need to match the clinical realities of interprofessional practice experiences to simulation experiences. Therefore, several faculty members created an interprofessional acute care (medical surgical) simulation with a collaborated debrief for nursing and pharmacy students as a part of students' clinical experience. The faculty employed simulation exercises based on cases in DocuCare for undergraduate medical surgical nursing students for more than 15 years. In 2020, the COVID-19 pandemic created a sense of urgency to develop virtual experiences for nursing and pharmacy students while following healthcare discipline, interprofessional, and simulation standards. In addition to satisfying accreditation requirements, this simulated experience provided healthcare students with essential experience in collaborating with other healthcare team members prior to graduation in their respective fields of practice. In the academic year of 2020-2021, the acute care (medical surgical) simulations pivoted to a virtual format, in adherence to CDC guidelines on socially distant education, while maintaining accreditation standards and best practices of care. This ensured students continued to participate in interprofessional learning as a part of both the nursing and pharmacy curriculum. The switch from in-person to virtual learning relied on planning, frequent feedback and adaptations to the simulation, as well as dedication from the healthcare faculty.

At the end of this chapter the authors will describe the adaptations and execution of the in-person acute care simulation activities to the virtual/remote learning opportunities. Readers will also review the importance of interprofessional simulation for healthcare students, as supported by accrediting bodies for higher education. In addition, the authors will identify ways to utilize technologies to facilitate virtual simulation activities while incorporating curricular requirements to the virtual environment (e.g. debriefing for meaningful learning, communication skills, healthcare education knowledge specific to discipline).

BACKGROUND

Necessity of Healthcare Simulation

In response to the alarming number of system errors, the Institute of Medicine, an organization that provides authoritative, unbiased advice to decision-makers, recommended fundamental changes in health professions education calling for interprofessional team training (Greiner & Knebel, 2003). In 2009, the Interprofessional Education Collaborative (IPEC) developed interprofessional collaborative competencies to engage students of different professions in interactive learning with each other (IPEC Competencies). Since then, implementation of interprofessional educational (IPE) requirements began to flow into discipline specific accreditation standards. In 2019, the Health Professions Accreditation Collaborative (HPAC) created a guide to formalize interactions across accreditors, and support the development and implementation of quality IPE (HPAC, 2019). During this decade time frame, IPE and the use of simulation became more prevalent in health profession education programs. Literature reviews of interprofessional and simulation education reveal the replicated practice as beneficial in decreasing students' anxiety and increasing skill acquisition, self-confidence, and perception of self-efficacy (Bremner et al., 2008; Jeffries et al., 2003). Simulation can create a risk-free and error-tolerant environment that is similar to clinical settings where students from different professions can learn from, with and

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