

NEWS IN SIMULATION

To share, inspire, and recognize excellence in simulation at Upstate Medical University

PROGRAM HIGHLIGHT: Essentials of Point of Care (POCUS) Ultrasound Workshop

The Essentials of Point of Care Ultrasound (POCUS) workshop was a two-day course delivered to learners in the Simulation Center on April 6 and 7, 2022. The POCUS workshop is a hands-on experience to expose learners to the fundamentals of ultrasound for the purpose of rapid assessment of acutely ill patients. Experienced faculty provide guidance using standardized patients for training in techniques for image acquisition and assessment. Faculty involved in the April workshop were Angela Love, MD, Pulmonary and Critical Care, SUNY Upstate Medical University (Lead Instructor), Angelina Voroninia, DO, Internal Medicine, Weill Cornell Medical College, Eric Bondarsky, MD, Pulmonary and Critical Care, NYU Grossman School of Medicine, Tanveer-e-Fatema Hassam, MD, Internal Medicine, Weill Cornell Medical College, and Viren Kaul, MD, Pulmonary and Critical Care, Crouse Hospital/SUNY Upstate Medical University.

An Interview with Dr. Angela Love by Sue Davie:

How did you become involved with this simulation program as an organizer and lead instructor?

Dr. Love: "I have been working as a faculty member for POCUS education prior as a pulmonary/critical care fellow in NYC and then with VCU in Richmond Virginia and with CHEST (ACCP). Upon joining SUNY Upstate last year, I have been grateful to receive support from the Hospital and Department of Medicine to advance POCUS education and training. I modeled the POCUS course at the SIM Center after the CHEST and SHM courses and was a great opportunity for our providers to learn more about POCUS and enhance their skills and (hopefully) just the first of many of such courses."

What was your prior experience with simulation and have you received sim training at Upstate?

Dr. Love: "I have been active with simulation training since arriving at SUNY at my prior institutions through POCUS courses but also with RRT/Code Training and Procedure Task training. I have not yet received SIM training at Upstate but look forward to the next WISER course."

What do you see as the benefit of medical simulation in medical education and continuing medical education (CME)?

Dr. Love: "When we discuss medical education and CME, we often need a controlled setting for learners to both initially learn and receive repeated practice of skills related to directed patient care (ie learning central venous access before performing on a real patient or repetitive practice leading ACLS or difficult airway management to stay proficient). Simulation gives a setting for just that. With that said, it can also be used to test education theories and new processes, making it invaluable to medical education and CME (and provides a wealth of opportunities for education research!)"



IN THIS ISSUE

**PROGRAM HIGHLIGHT:
POINT OF CARE
ULTRASOUND
WORKSHOP**

**DIRECTOR'S INTERVIEW:
ERIN GRAHAM,
MANAGER OF
SIMULATION SERVICES**

**STANDARDIZED PATIENT
PROGRAM SPOTLIGHT:
SUSAN BARBOUR**

**SIMULATION EVENTS
SUMMER 2022**

A Conversation with Erin Graham, Manager of Simulation Services by Darren Carboni, Director of Interprofessional Education and University Simulation

How did you get into simulation?

Like many in simulation, I accidentally landed in simulation because of a mentor I had at the time. I've always loved the healthcare field, but after college, I wasn't sure what specific aspect I wanted to focus on. Working in an OR and recovery room, I had the opportunity to see and work with different patients and teams. I knew I enjoyed patient care, but I was more interested in how things ticked. I feel like I found my niche with simulation. I began my simulation journey in a small hospital-based simulation center. Over the years, many of my interests in education, patient safety, and quality have grown.



What is your simulation training background?

I am a Certified Healthcare Simulation Educator (CHSE) and Certified Healthcare Operations Specialist (CHSOS), and an active committee member in the Society for Simulation in Healthcare (SSH). As a lifelong learner, I know simulation training and development requires significant ongoing development to keep my skillset relevant. I have attended many formal training programs such as the Center for Medical Simulations 5-day Comprehensive Instructor Workshop, Debriefing Assessment for Simulation in Healthcare (DASH) Rater Training Workshop, UPMCs iSIM Instructional Methods course, as well as the Institute for Interprofessional Innovations Distance Simulation Course, to name just a few.

A recent simulation post I read highlighted the benefit of having non-clinical simulation educators and I agree. A great simulation experience combines subject matter expertise from both the clinical and education realms. I have a diverse background but did not want to focus on a specific clinical degree. I believe this has allowed me to have a different perspective on simulation education. Rather than sticking to doing laps in one lane of the healthcare pool, I get to swim all around!

What is the one thing you want folks to know about simulation at Upstate?

Healthcare is stressful and scary. With simulation, there are so many different pathways that can help individuals and teams improve both technical and non-technical skills. Don't be afraid to try something new! You don't need to be an expert to develop simulation experiences with us [the Upstate Simulation Center]. There are so many existing open-access simulation resources available to educators and clinicians today. We can help you customize these scenarios for your learners.

And, Coconut Graham: Who is she and why do so many folks want to see her?

Coconut is my dog and the center's unofficial mascot. She is part Great Pyrenees and part Miniature Poodle and weighs about 30 lbs. (depending on her haircut).

The hospital I came from had therapy dog days and now supports a facility dog. When I decided I was ready to get a dog, I knew I wanted to train her for therapy. While still technically a puppy, I think I got the star of the litter in her temperament. Coconut has helped me meet so many new people at Upstate as well as in my neighborhood. Seeing her bring joy to others brings me joy. She still has a lot of training to go, but I think she has been a welcome addition to our team.



(left) Erin orients learners during a simulation session in 2021.

To schedule a
Simulation Session
scan the QRS code:



Standardized Patient (SP) Program Spotlight by Susan Barbour



Tell us about your role in the Standardized Patient (SP) Program:

I learned about Standardized Patients in 2004 from one of my daughters, who began doing the work when she was an SU music student. Soon after, I began working as an SP myself, and later as a Gynecological Teaching Associate (GTA), while also acting and teaching as an adjunct at Le Moyne College. I started before the Clinical Skills Center existed. We did SP encounters in various clinics after hours, with faculty observers tucked into the corners of the exam rooms, and checklists filled out on paper. Eventually, my whole family and several of my students worked as SPs. SP work is one way many actors, musicians, and instructors apply their training to earn part of their living, all over the States and the world. I was hired as an SP coordinator and trainer in 2015. I studied SP Methodology in classes held by the Association of Standardized Patient Educators (ASPE), focusing on case development and SP training. Currently I focus on cases for the College of Medicine and the Doctor of Physical Therapy Program. Our staff collaborates to run all the events that take place in the Clinical Skills Center.

What is your favorite aspect about your job:

As an SP, I love the moment when a student enters the room, meets me in the character of the patient I am portraying, and forgets this is a simulation. I can see them drop right into their role as a curious, compassionate provider of medical care. Now, as an Standardized Patient trainer, I love to observe an SP truly listen to the learner, feel their touch, and respond from the life of the person they are portraying: their cultural history, their affect, their present problem. That's what we mean by immersive simulation. My academic background is in theatre. In SP work we apply elements of theatre to engage the imagination in a safe space, where the learner can safely practice all aspects of a clinical encounter beyond the limits they face working with actual patients. For example, from the start of the clerkship year in med school, students discuss their assessment and plan with the patient, something they cannot do yet with actual patients."

What do you see the primary role of standardized patients (SPs) in medical education and continuing medical education:

As we tell our SPs, only they are situated to tell learners what it feels like to be their patient in a given encounter. SPs are laypeople who are trained to enter the patient's body and world--yet they are actually not the learner's patient, and not ill. This frees the SP to give constructive feedback that an actual patient might be reluctant or unable to give. For example, did the patient feel cared for? Did they feel safe and respected as a stranger asked them personal questions and handled their body? Did the student inform them clearly enough to make decisions about their own health care and carry out their next steps? We ask the SPs to name student behaviors that resulted in their response: for example, "I felt able to cooperate when you told me what you were going to do before you did it," or "I felt confused when you asked me three questions at once." We hope students can use this concrete feedback in their professional development, as they try out communication methods in varied circumstances.

What do you hope students take away from their clinical skills experiences:

I hope they realize that health care providers need to collaborate with their patients to get the best possible outcomes. To build a relationship of trust requires both good science and good communication. I hope they ask themselves, Have I encouraged this patient to tell me their story? Does the patient understand my history questions and my instructions for the physical? Are they able—physically, financially, culturally—to follow my recommendations? Have I told them what they need to know in a way they can understand and recall?

Once they go into practice, I hope they ask such questions of their whole interprofessional team. I can recall several instances in my own family's life when the person who answered the phone at a practice had a huge impact on our medical care, for good or for ill.

Our Standardized Patient recruitment is ongoing. Here's the link where people learn more and apply to be an SP:
upstate.edu/standardpatient

Simulation Events Summer 2022

Anesthesia Simulation Bootcamp for Residents; OB GYN Clerkship task training sessions;
Pediatric Emergency task training and simulation sessions; General Surgery task training sessions;
Interprofessional Education Internal Medicine and Pharmacy simulation series;
Family Medicine Clerkships task training and simulation session; Internal Medicine Intern simulation series;
Jump Into Healthcare! sessions; Respiratory Care task program training sessions; Internal Medicine Residents POCUS Workshop;
Clinical Skills Exams, College of Medicine Clerkship Standardized Patient Encounter sessions; Clinical Pastoral Education program SP simulations; Upstate Accelerated Scholars program sessions; and planning meetings/trainings for future events.