

## Webinar Recap for May 17<sup>th</sup>, 2021

LTC+ Acting on Pandemic Learning Together

### TOPIC

Simulations in LTC

### KEY AREA(S)

People in the workforce

### SPEAKER(S)

- Tim Willet, President & CEO, Simulation Canada
- Darin Abbey, Director, Centre for Interprofessional Clinical Simulation Learning (CICSL)
- Jae Yon Jones, Director of Quality Assurance in Long-Term Care, Island Health
- Tamara Young, Clinical Nurse Educator, Island Health

### OBJECTIVES

- Describe the genesis of the Island Health LTC team's use of simulation during the COVID-19 pandemic.
- Describe how Island Health collaborated on taking a novel video game simulation to a stem to stern simulation project.

### SUMMARY

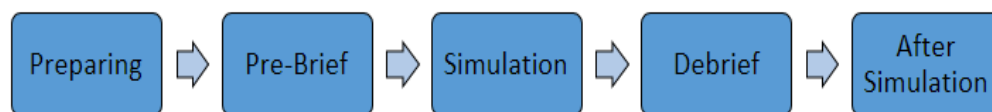
#### Simulation Canada

- Simulation has been traditionally used as an educational tool for improving interpersonal competencies of individuals or teams. The application of simulation to make system improvements is an emerging area used to improve processes in clinical spaces.
- Simulation efforts have been shifted to prioritize the finding and sharing of COVID-19 related simulations including treatment, infection prevention, and strategies for hosting virtual simulation.

#### Island Health

- Island Health created their own simulation resources to alleviate fears/anxieties regarding the unknowns of COVID-19, and to increase confidence amongst interprofessional teams in LTC. Due to the success of this approach, Island Health partnered with CICSL to expand this strategy to 69 additional LTC homes.

- To date, Island Health, in collaboration with CICSLS, has run 17 facilitator training sessions and has a team of 65 LTC simulationists. A survey noted that over 300 participants agreed or strongly agreed that they met their learning objectives and have increased their confidence.
- In preparing to offer simulations in LTC, facilitators were trained through the five segments of simulation illustrated below; emphasizing resources that could be used in the before, during, and after stages of stimulation, and provided opportunities for facilitators to practice.



- In developing the simulation program, a video from Island Health and simulation resources from CICSLS were used to identify learning objectives, clarify measures, and build capacity. Evaluative components were built into the program structure to capture the immediate and future impacts of this initiative.
- To climatize the learning environment prior to simulation, an in-person pre-brief offered an opportunity for Island Health to share learning objectives of the simulation and to create a psychologically safe space for learning to take place. The pre-brief also offered an opportunity to establish logistics related to running the simulation by hosting introductions, gathering attendance, and assigning roles. This time was used by facilitators to create a realistic learning environment and participants were invited to accept the unrealistic aspects of simulation by joining from a place of respect, curiosity good judgement, shared fallibility, and positive regard.
- Island Health took a novel approach to simulation by using used a 3-part simulation sequence where participants reviewed a simulation video, and then re-enacted the video. Each simulation ran for approximately 30 minutes and included the following scenarios:
  - The suspect case of COVID-19 experiencing symptoms.
  - The suspect case of COVID-19, swab returns positive.
  - The resident with COVID-19 becomes palliative and passes away.
- Interprofessional teams were involved in the development of these videos to increase support for quality improvement across the entire team.
- After simulations, participants were invited to debrief by discussing their reactions to the simulation, engaging in conversations about how the how they met their learning objectives, and summarizing the simulation impact and key takeaway learnings.

- After each simulation and debrief, participants were then invited to evaluate the session and how their learning objectives were achieved, followed by an additional post-session evaluation to measure the downstream impacts of simulation on their skills/attitudes, behaviour changes, changes in delivery of care, and how these changes are beneficial to residents.
- Due to the success of the collaboration between Island Health and CICSL, feedback indicated the need for additional simulation topics, on topics including:
  - Leading interprofessional staff huddles concerning a COVID-19 positive resident
  - Leading disclosure conversations with a COVID-19 positive resident’s family member
- From a quality improvement perspective, infection and prevention control (IPAC) measures were improved as documented in the provincial patient safety learning system and findings from this initiative were shared with the regional quality council for knowledge sharing and discussion. Future considerations are to offer quality bootcamps and to hire quality resource coaches for continued improvement in LTC.

## RESOURCES SHARED

Listed below are the resources mentioned during the webinar:

- [Reimagining Care for Older Adults Report](#)
- [BC Simulation Network - Vancouver Island Long Term Care COVID-19 Simulation](#)
- [Canadian Disclosure Guidelines: Being Open with Patients and Families](#)

## WEBINAR RECORDING

[Watch the full webinar here!](#)

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