



# Transforming the Healthcare Simulation Spectrum: Now, Next and Beyond

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## Simulated Patients as Educators: The Experience of Giving Feedback



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### Simulation in Duke-NUS MD Programme

Clinical simulation as an adjunct to didactic teaching and problem-based learning has been shown to effectively improve performance-based skill outcomes in various medical schools worldwide.<sup>1</sup> Depending on the clinical skills being taught learners may be exposed to either manikins or simulated patients. Simulated patients (SPs) have been defined as individuals who are trained to portray a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research. SPs are a valuable educational resource in simulation-based education and assessment as they are able to imitate an extensive range of physical findings and give constructive feedback.<sup>2</sup> When adequately trained, SPs are recognised to be effective in teaching interpersonal, communication, counseling, and even physical examination skills to medical students and clinicians alike.<sup>2</sup>

Simulation plays an integral role in the students' learning as this provides them with the safe environment wherein they can integrate and apply competencies required in the care of patients including medical knowledge, clinical skills, interpersonal and communication skills, team work, and professionalism. They also receive valuable feedback from faculty in order to improve their future practice.



### The Impact of Covid-19 Restrictions

Providing simulation-based learning experiences requires a team of individuals to bring the learning to life and to provide learners with actionable feedback and opportunity for reflective practice.

During the COVID-19 pandemic, increase demand for clinicians was sought by the Ministry of Health (MOH) to ease burden among public and private hospitals in Singapore.<sup>3</sup> This resulted to numerous clinician-educators focusing their time on the provision of patient care. Thus, we observed that there is decrease in the number of educators available to teach and in turn, led to a significant impact on how simulation sessions are being run.

### Our Response – SPs as Educators!

This limitation on the availability of clinical educators made us rethink on how we could continuously provide our learners with that safe environment of having the opportunity to practice and receive feedback. We thought of tapping into our pool of SPs – to train them not just to portray a role but empowered to be part of our team as educators.

We recruited and trained 15 SPs to portray roles as needed in the scenarios and on how to provide actionable feedback with respect to patient-centredness and communication. SPs were engaged with a rigorous training that covered aspects such as the aims of the session, the learning objectives, session logistics and the principles of feedback. In terms of empowering our SP on how to deliver feedback, they were provided with a handout containing guiding questions to start the conversation. These guiding questions were tailored

from the Diamond Debriefing Model (model utilized that informs debrief in other simulation activities in the centre) to ensure consistency in giving and receiving feedback. They also participated in small group practice sessions with the trainers and each other to attain uniformity of role portrayal between SPs.



### The Results

We have invited our SPs to evaluate their experience with both the training and leading the feedback conversations by participating in an online survey consisting of a 10-item questionnaire – we used a combination of measures with both quantitative (5-point Likert Scale questions) and qualitative (open-ended questions) items. 14 out of the 15 SPs responded.

Table 1. SP responses to feedback experience (n=14)

Item		n
Knowing the session objectives coupled with the training sessions helped me prepare for me role	Strongly agree	11
	Agree	2
	Neutral	1
	Disagree	0
	Strongly disagree	0
I am more confident in providing immediate constructive feedback to the student based on my experience as his/her patient	Strongly agree	11
	Agree	3
	Neutral	0
	Disagree	0
	Strongly disagree	0
My conversation with the student provided them opportunities to reflect on their performance	Strongly agree	10
	Agree	4
	Neutral	0
	Disagree	0
	Strongly disagree	0
The time given for the debriefing conversation was adequate	Strongly agree	4
	Agree	4
	Neutral	3
	Disagree	2
	Strongly disagree	1

SPs rated the experience of facilitating the feedback session as extremely positive with over 78% of them strongly agreed that they are feeling comfortable and confident in providing feedback. They highlighted that a key component in the comfort and confidence was the amount of training they received along with the guiding questions to start and navigate a conversation with the learners.

*“Abie had prepared us well for the session”*

### Our Take-Away

Our experience demonstrates the SPs ability to contribute to student learning through meaningful conversations providing feedback from their unique perspective within the simulation encounter. As uncertainty around COVID-19 continues, as well as its impact on the availability of clinical educators to teach, we at Duke NUS will continue to empower our SPs as part of our team of educators in order to continuously provide that safe learning environment through simulation. Given the success of our initial session that was highly appreciated by our learners, we have since offered this SP-led session to the subsequent Phase 4 cohort and will continue to do so. With this, we also hope that fellow simulation educators will be able to look at SPs beyond their role portrayal ability and tap on their more significant contribution in learning through feedback.

### References:

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3. Ministry of Health (MOH) Singapore. Oct 2021. *Update on Hospitals' Capacity and Manpower Situation in Managing the COVID-19 Surge*. Retrieved on 3 Aug 2022 from <https://www.moh.gov.sg/news-highlights/details>