The Medical Record

Simulation Education for Improved Professional Practice

A Newsletter of the Richard A. Henson Medical Simulation Center • Salisbury University Volume 6, Issue 1 | Spring/Summer 2021

Learning Never Stops!

It has been an interesting 15 months of pandemic for all of us. We appreciate your ongoing interest in the Richard A. Henson Medical Simulation Center at Salisbury and the learning experiences we have provided in a variety of creative ways. As you read this edition of the newsletter, you'll notice some new features, including perspectives from our most experienced standardized patient actor and one of our graduate assistants. You will also find links to several newly created videos that showcase what we do to assure that learning never stops. Thanks for your ongoing support – we would love to hear from you at simcenter@salisbury.edu.

A Visit from Victoria: A High-Fidelity Birthing Simulator

Zack Tyndall (left) uses mixed-reality glasses, while James Nicholas provides guidance

In February, a representative from Gaumard Scientific, a health care education simulator company, came to campus to demonstrate their Victoria S2200 maternal and neonatal birthing simulator (Victoria). The high-fidelity patient simulator is designed to simulate high-risk, low-frequency deliveries; postpartum emergencies; and non-gravid patient cases for OB/GYN and med-surg training. In addition to the simulator's realism, it is anatomically accurate and features interactive eyes with visual tracking and lifelike eye movements. The Victoria model allows learners to use real patient monitoring equipment such as a fetal monitor, an ECG monitor, a defibrillator, a pulse oximeter, a capnograph and a non-invasive blood pressure monitor.

The Victoria simulator allows us to simulate shoulder dystocia, breech deliveries and C-section deliveries. Following each delivery, learners can evaluate a full-term baby of realistic size and weight. The full-term baby also allows students to palpate fontanelles and sutures, evaluate heart sounds and heart rate, as well as evaluate respiratory sounds and rate. Additionally, everything is in place and functional for learners to obtain a one-minute APGAR assessment and for the baby to cry or display cyanosis.

An integral skill for nursing students is the ability to identify and treat a patient experiencing postpartum hemorrhage. Now, with the Victoria simulator, that has a uterus that can contain up to one liter of simulated blood, the Sim Center can provide this experience. Learners are also capable of palpating a lifelike fundus with programable uterine contraction and shrinking.

This high-fidelity simulator can be used in conjunction with mixed-reality software and hardware to enhance learning. By using mixed reality glasses (Hololens™), synchronized with holograms and changing the manikin's physiology, learners gain a deeper understanding of the dynamic physiology underlying difficult deliveries.

Salisbury UNIVERSITY

At Last, Together Again!

Spring 2021 was a semester of providing virtual standardized patient simulation experiences to SU students solely through computer screens. In March 2020, when the pandemic's impact was just being felt, who would have thought that for the next year most SU employees would be teleworking? Or that they would not physically work alongside their coworkers for months? Well, COVID-19 decided that was how the fall 2020 and spring 2021 semesters would unfold. The standardized patients of the Sim Center did not walk through the Sim Centers doors for over a year!

On May 3, 2021, the standardized patients (SPs) were invited to assemble at the Sim Center for an outdoor gathering. Sim Center staff was included from the director to the administrative assistants. This get-together provided a post-semester debriefing and a chance to feel united after working from a distance for so long.

It was wonderful to see one another in the flesh. For some people, it was their very first time meeting in-person!

(From left, back) Kiya Amajioyi, Lacey Robinson, Ann Nelson, Rashid Robinson, Laura Nichols, (front) Jan Bellistri and Sallie Ridgway

Over the past year, it seemed as though there was a slight disconnect among us. There were no hello hugs to co-workers we hadn't seen in awhile; no side conversations or passing smiles in the halls. But on May 3, we reconnected with one another. There were small-group conversations, smiling faces and laughter filling the air. We had large-group discussions, shared personal stories and exchanged teleworking tales. We reflected on the virtual SP experiences over the past year and discussed the upcoming semesters. For added fun, candy superlative awards were distributed to the SPs! Our SP Program coordinator matched the personalities of each SP to a popular candy and created award certificates for each of them. The whole event was a much-needed time of togetherness.

Sim Center Hosts CHHS Advisory Board Tours

Sim Center Director Lisa Seldomridge (right front) welcomes CHHS Advisory Board members

Thirteen months ago, the CHHS Advisory Board had a scheduled meeting at the Center to witness some of the activities used in preparing new health professions students. Then COVID came. Over a year later, in late April, with masks in place and social distancing, Advisory Board members and their guests were able to observe SU faculty, staff and students in action.

Tours were conducted by Sim Center staff with demonstrations of a newborn assessment by Dr. Nicole Hall, assistant professor of nursing, and junior nursing students Nicole Ball, Hannah Jones and Bri Vojatsko. They collected vital statistics, including weight, length and head circumference, and they communicated this information to the new mother. Working as a team, they also prepared and administered ordered medications and documented their care.

Dr. William Campbell, professor of nursing, and junior nursing students Maysen King and Stephanie Hof explained the care that was needed for Chuckie, a 6-year-old boy who had just returned to his hospital room after surgery to repair a spiral fracture of his left arm.

Dr. Thomas Lamey, assistant professor of respiratory therapy, and respiratory therapy students Elizabeth Allen, Logan Gordy, Andrew Hitchcock and Sidony Ntiege demonstrated how to care for

Sim Center Hosts CHHS Advisory Board Tours continued

Stan, a 38-year-old male who was unconscious after a motor vehicle crash and required a mechanical ventilator to help him breathe. Students conducted a patient assessment, reviewed the adequacy of ventilator settings and performed pulmonary clearance.

Dr. Jennifer Hart, assistant professor of nursing, and Teena Milligan, instructor of nursing, explained the details of a simulated family conference that was conducted through Zoom due to the pandemic. Members of the health care team, including respiratory therapy and nursing students, and a social worker and family member (played by trained actors) were meeting to discuss next steps in the care of Lou, a 49-year-old woman with multiple sclerosis, aspiration pneumonia and other medical complications requiring mechanical ventilation to support her breathing and medications to keep her heart beating.

Beverly Payne represented the Faculty Academy and Mentorship Initiative of Maryland (FAMI), a statewide program that prepares expert nurses for new roles as clinical faculty. She explained that funding was provided by the Maryland Higher Education Nurse Support Program II. FAMI offers introductory and advanced curricula delivered through synchronous and asynchronous learning, facilitated by seasoned faculty from nine different nursing programs across the state. Academy participants hone their skills through simulations with standardized patient actors who portray students in commonly encountered teaching situations. To date, this program has 253 graduates, 70% of whom have taken teaching positions at 19 Maryland nursing programs.

Elizabeth Allen and Andrew Hitchcock respiratory therapy students evaluating Stan's breathing

Advisory Board members commented how impressed they were by the technology in the Center, the interprofessional teamwork and the excitement of the students, faculty and staff as they described their learning experiences.

Center Director Lisa Seldomridge noted: "I am incredibly proud of the work we do here. The Sim Center staff are truly amazing. Our faculty are full of creative ideas, and working together, we provide the very best learning experiences even in the pandemic. I'm thrilled that the Advisory Board was finally able to make this visit."

Making Simulation More Realistic: Acquisition of the BD Pyxis MedStation ES

Our Simulation Center recently received a new Becton Dickinson Pyxis MedStation ES through the Maryland Clinical Simulation Resource Consortium (MCSRC), whose mission is to increase the quality and quantity of simulation used in nursing education. Prior to procuring this equipment, the Sim Center staff had crafted a low-tech simulated medication dispensing device using a PowerPoint presentation for patient medication profiles and a medication cart stocked with simulated medications. Having the "real thing" allows for a more seamless transition from classroom to hospital for our learners. Learners can now log into the Pyxis unit with faculty and follow the same procedures as in a clinical environment to obtain simulated medications for their patients. Once the learners have obtained their patients' medication, they will be able to follow the procedures needed to administer the medication to our high-fidelity patient simulators.

Since the prevalence of medication errors in practice is 32%, simulations focused on all aspects of medication administration are vitally important. To record medication-related simulations, new cameras and microphones were installed at the Nurses' Station to capture activities at the Pyxis MedStation ES. With these new capabilities, learners can be recorded as they obtain patient medications, discuss the indications and side effects with faculty, engage in assessment and safety checks, and provide patient education. Videos are available to students for their

(From left) Toyo Olley, Becton Dickinson analyst, Dr. Judith Jarosinski and Tara Ward from the School of Nursing

review to help them evaluate what they did well during the simulation and assess areas where they can improve in the future.

Faculty and staff participated in a hands-on training session in April led by a Becton Dickinson analyst. The training session focused on programming and troubleshooting the software, loading simulated medications, and discussing ways the Pyxis MedStation ES can be utilized in fall 2021 simulation experiences.

Congratulations Jody Dengler and Imari Pyles

The Sim Center celebrates Jody Dengler and Imari Pyles, who graduated in May 2021. Jody completed a master's degree in conflict analysis and dispute resolution and Imari completed a Bachelor of Arts in theatre. After graduation, Jody will begin a three-week Spanish immersion experience in Costa Rica. Imari will spend the summer in a New York theater mentorship program focusing on costume design (learn more about this exciting opportunity: www.salisbury.edu/news/article/2021-5-13-SUs-Pyles-Selected-for-New-York-Theatre-Mentorship-Porogram).

We wish them much success in the next chapters of their lives.

Jody Dengler, graduate research assistant

Imari Pyles, standardized patient

Admitted Students' Day at the Sim Center

In April, the University hosted two in-person events for newly admitted students to hear presentations from academic programs, learn more about student life and tour campus as they make their final decisions about which college to attend. The Sim Center staff held an open house for students and their families to see the inner workings of the Center. Visitors from Maryland, New Jersey and New York were treated to a hands-on experience they will never forget!

Prospective students and their families get a close up look at iStan

Burke Family Donates to the Simulation Center

Recently, the Simulation Center received a very generous gift from the Burke family – a $30,000 gift to be specific! This donation was made in honor of McKenna Joy Burke, a Salisbury University School of Nursing graduate, Class of 2021.

McKenna is a Sea Gull by blood. Parents William "Bill" and Shari Burke are SU alumni and her brother, Keaton Burke, is also an SU graduate. As legacy donors, the Burke family has earned a spot in the University's Sea Gull Society, a group for donors making cumulative cash gifts of $100,000 or more. The Simulation Center is honored to have been chosen as a recipient for such an endowment.

Bill and Shari wanted to support areas on campus that were meaningful to their children. For McKenna, the Simulation Center played an integral part in her journey to become a nurse. Therefore, she found it appropriate to share this endowment with the state-of-the-science facility. For nursing students, the Simulation Center is a safe place to put their academic skills into practice in realistic scenarios for enhanced learning opportunities. The facility has been especially useful during the COVID pandemic since clinical placements have become less available for students.

The Simulation Center team is grateful for students who appreciate the opportunities the facility can offer, and the Burke family's gift will help us continue our efforts. It is a wonderful feeling to know that the Center has left such a meaningful impression on McKenna as well as other students throughout the years. We thank the Burke family for giving to Salisbury University and McKenna for choosing the Simulation Center as the specific recipient!

The Burke Family (from left): Bill, McKenna, Shari and Keaton

Research Corner – Recent Publications and Presentations

Webster, D., Seldomridge, L.A., & Willey, A. (in press). Advocacy, collaboration, and conflict management: Teaching core skill sets in mental health nursing. *Journal of Psychosocial Nursing and Mental Health Services.*

Background: Caring for individuals with mental illness requires a core set of skills: knowledge of various disorders; therapeutic communication; collaboration with the multidisciplinary team; proficiency as an advocate whether for individuals, families, groups or populations; and conflict management.

Methods: Students completed toolkits with Standardized Patient Experiences (SPEs) to practice core skill sets.

Results: Growth occurred in students' therapeutic communication and in their ability to care for standardized or simulated patients with complex mental health issues. Proficiency in interprofessional collaboration, advocacy and conflict management also was noted.

Conclusion: Providing students with opportunities to apply leadership skills to care for individuals with complex mental illness may not always be possible in the "real world" setting. The use of SPEs and toolkit activities can be used to bridge the gap and were highly effective in helping students meet core skill sets in mental health settings.

Hart, J.A. and Allen, K.D. (2021). Enhancing interprofessional collaboration among nursing and respiratory therapy students through curricular integration of Standardized Patient Experiences: Lessons learned during COVID. Salisbury University Teaching Learning Conference. 21 February, 2021. Salisbury, MD.

To meet the complex needs of patients in our dynamic health care system, nurses must "be full partners on the health care team" and therefore need to practice and refine skills in interprofessional collaboration (IOM, 2015, p. 2). Students in health care disciplines routinely identify the need for increased face-to-face collaborative experiences; however, they are

often uncomfortable sharing their unique perspective with members of the interprofessional team. More opportunities are needed to develop interprofessional collaboration competencies, and the use of standardized patient experiences (SPEs) can be an effective pedagogical strategy to provide such opportunity (MacLean, et al. 2017).

A web-based toolkit with an integrated SPE was developed to enhance interprofessional collaboration using an end-of- life scenario. The toolkit included learning objectives, pre-and post-simulation assignments which encouraged critique and refinement of new skills, a video vignette utilizing standardized patients, and a face-to-face SPE involving other members of the healthcare team. This innovative approach incorporated several components to engage students during their SPE, and feedback was obtained for process improvement.

Following implementation with senior nursing students, feedback identified the benefits of utilizing the toolkit earlier in the curriculum and including students from other healthcare disciplines. In spring 2020, respiratory therapy students were included in the SPE to determine if the experience would be as valuable as nursing students identified. Feedback supported this change with suggestions to include social work students. With the last-minute change to online learning due to the COVID-19 pandemic, SPEs were converted to virtual, telehealth meetings. Although students from both programs noted they would prefer to have the SPE face-to-face, the virtual format was considered a highly effective alternative that brought the reality of COVID-19 into the scenario.

Despite constraints brought on by COVID-19, nursing and respiratory therapy students are gaining irreplaceable hands-on experience enhancing interprofessional collaboration competencies.

Hall, N., Webster, D., Willey, A., Seldomridge, L., Jarosinski, J. (2021). Practice makes perfect: helping nursing students speak up. MNA District 2-Nursing Education Summit, 17 April, 2021, Virtual.

Advocacy is recognized as a duty that nurses have and has been identified as an essential competency for professional nurses by the American Nurses Association (2016) and Quality and Safety Education for Nursing (2014). Even with its importance, research has shown that nurses are hesitant to do so and face multiple barriers when deciding whether or not to advocate for their patients by speaking up (Hall, Klein, Betts, & DeRanieri, 2018). Okuyama et al. (2014) found when education was specifically focused on speaking up, it proved to be an effective way to positively influence behaviors of participants. This highlights an opportunity whereby speaking up can be taught to nursing students during their undergraduate years for the purpose of enhancing their comfort and increasing the likelihood they will, in fact, employ this skill set.

A toolkit was developed to provide undergraduate nursing students the opportunity to learn about and practice advocacy in the form of speaking up. The toolkit was designed with a layered approach that included web-based learning modules with readings, videos and written assignments and an in-person simulation experience with a standardized patient (live actor). The use of scenarios involving standardized patients enables the learner to apply leadership principles to realistic patient care experiences (Sharpnack, Goliat, & Rogers, 2013). Such practice allows students to master skills and gain leadership competencies (Webster & DiBartolo, 2014). The simulation scenario provided a consistent learning opportunity in a safe and controlled environment whereby students could practice patient advocacy by speaking up to a physician.

This presentation describes the process of developing the learning modules and simulation experience. Successes and challenges will be shared regarding the development process and pilot of this toolkit to facilitate nursing student comfort with and likelihood that they will advocate by speaking up.

Campbell, W.T. and Mills, B. Hallet (accepted). Creation of a new high-fidelity simulation on seizures. *Sigma Theta Tau International Biennial Convention*, 6-10 November 2021. Indianapolis, IN.

Problem: There are many educational gaps and negative attitudes toward pediatric seizure disorders that ultimately impact the care of pediatric patients. Many nursing students are not given opportunities to witness or manage children with a seizure disorder during their undergraduate education.

Purpose: This project served to develop a seizure simulation that exposed students to situations that they may not otherwise experience in clinical settings before becoming a health care professional. Simulations promote active learning

processes, improve self-confidence and promote retention of clinical skills (Kahraman et al., 2019). Simulation experiences already existed in this undergraduate nursing program for pediatric assessment, vaccine preparation and administration, post-op care, child abuse, asthma, and DKA.

Population: This pediatric seizure simulation was focused toward undergraduate nursing students in a nursing care of children clinical course at this mid-Atlantic public university. It also could be used as a refresher course for nurses in a pediatric health care setting, such as a hospital, school or primary care office.

Method: After an extensive review of literature and discussions with pediatric intensivists, the researched information was integrated into the University's simulation center template and a simulated electronic health record (EHR) was created. A new simulation was developed. The Promoting Excellence and Reflective Learning in Simulation (PEARLS) has been validated as an effective method for guiding reflection after simulations (Oermann, 2015). It appeared to be most suited for this seizure simulation and was selected as the debriefing model. The patient simulator was tested to view seizure activity and discover any potential problems. A flaw was identified in the manikin's simulated seizure activity, possible solutions were researched and tested, and a final resolution created. Then, a full simulation scenario trial run was conducted with stakeholders. Finally, the scenario was piloted with volunteer students and feedback was obtained.
Findings: Students evaluated the simulation using a 10-item, Likert scale (1-5) questionnaire post-simulation. Nine out of the 10 items were found to have a mean of 4.3 or higher on a 5.0 scale for overall effectiveness.

Conclusion: These results lend support for an overall positive learning experience for students. Pediatric seizure simulations can ultimately prepare nurses or future nurses for their careers. This simulation was integrated into the nursing program's pediatric clinical curriculum for the next academic year.

Campbell, W.T. (accepted). Nursing simulation debriefing: Plus-delta revisited. Sigma Theta Tau International Biennial Convention, 6-10 November 2021. Indianapolis, IN.

This poster presentation re-examines the nursing simulation debriefing model of Plus-Delta. In the Plus-Delta Model, the actions of the simulation scenario are sorted by the participants or students or the facilitator into the "Plus" actions and the "Delta" actions. Often a 2-column table or grid is used to visually organize these events. The "Plus" are the actions done correctly or could lead or did lead to a good patient outcome. These actions should be repeated by the participant in future simulations or situations in academia or in practice. The "Plus" are the actions that should receive positive reinforcement (Plus or + = repeat, keep). The "Delta" are the actions that need to be changed (Delta or Δ= change, revise). These actions typically need to be revised or improved since they were done incorrectly or improperly selected and could lead to a poor patient outcome if repeated. The action should never be repeated as originally performed.

These "Delta" identified actions however lie along a continuum with two extremes: the positive end of the continuum or mildly in need of change and the negative end of the continuum or severely in need of change. However, the actions at the most negative end of the continuum are at such an extreme that they should not be repeated for fear of harm to the patient or a poor patient outcome. To identify these actions as "Delta" or only needing some degree of change is unacceptable. These actions should never be repeated, and the participant needs to recognize this degree of seriousness. This facilitator in simulation debriefings therefore has created a third column – the "Never" column or the "Ugly" column. These are actions that should never be repeated in simulation or in practice. This action was done in simulation – in a safe environment, free from "patient" harm – and in a learning environment – but must never be repeated with a real patient.

This three-column table is easy for the student and/or for the novice facilitator to use in debriefing. The participants can meet briefly as a team immediately after the scenario and sort their actions into the three columns for discussion at the formal debriefing. Or, the facilitator, novice or expert can take a leadership role and actively facilitate the sorting of the actions into the three columns at the debriefing. Regardless of who leads the sorting, it is clear to the participants that the actions in the third column should never be repeated.

Further research is needed to compare the two-column Plus Delta method and the revised three-column method and to compare the participant-lead and the facilitator-lead approach to sorting.

It Has Been a Busy Spring – Catching Up on Simulation Experiences

Over the spring 2021 semester, our Simulation Center served over 500 learners and conducted 230 hours of standardized patient and high-fidelity medical simulations. The simulation experiences included a child having unexplained seizures, a well-child check-up for immunizations, adults experiencing various cardiac dysrhythmias, telehealth experiences using standardized patients, respiratory simulations using a Servo-I mechanical ventilator and newborn assessments.

Through high-fidelity and standardized patient simulations, our Center provided realistic health care experiences that were not readily available for learners during their clinical rotations. The Sim Center staff set up rooms to mirror a real-life setting using props such as medications, oxygen, defibrillators and prepared and controlled the high fidelity manikins. The staff also supported virtual simulations via Zoom by guiding students through scenarios with standardized patients and moderating each session. The goal for both in-person and virtual simulations is to help prepare students to be confident in their future careers as medical professionals. Through peer collaboration, the students have gained invaluable practical learning experiences at the Simulation Center.

How Graduate Assistants Are Part of the Sim Center Family

By Jody Dengler, Graduate Assistant

If you have not yet visited the Henson Medical Simulation Center, I encourage you to sign up for a tour. On entering the Sim Center, you will notice that it is designed to look and feel like a medical center, complete with hospital rooms, medical supply closets and diagnostic equipment. Those first moments inside the door signal that you are no longer in a regular classroom. I had been to the Sim Center several times prior to being chosen as a graduate assistant in August 2020 and I thought that I had a pretty good understanding of what it was all about. I had no idea how much the Sim Center would change my ideas around teaching and learning.

The (eerily) life-like, high-fidelity manikins, with high-tech capabilities, are startling the first time that you encounter them, but their capabilities as teaching tools are unrivaled. Faculty and staff can control the manikins remotely to simulate a wide variety of signs and symptoms to help students diagnose and treat an extensive assortment of disease and trauma. These life-sized models virtually come to life through computer programming. Graduate assistants work with professors and Sim Center staff in control rooms to govern the manikin's physical and emotional reactions to student interventions. I was struck from the first day by the commitment and care that faculty and staff showed in providing students with the most attentive and accurate medical responses. It is crucial that students appreciate the consequences of their actions – both positive and negative – and that they are exposed to the broadest array of circumstances prior to being in real-life settings. As a graduate assistant at the Sim Center, I've had the privilege of participating in these unfolding coordinated dramas.

Graduate assistants work closely with faculty and staff. We see them silently cheer for each student, hoping they will shine and understanding they will make mistakes. The students are still learning, and the Sim Center is the perfect place to both make mistakes and grow from them. Students are not judged by how they perform in simulations. They are graded on their ability to reflect on the scenario. They watch a recording of their individual simulation and interpret how their actions impacted the outcome and what steps they could have taken to better serve the patient. It is a thoughtful, powerful process that creates a bond between the teacher and student as they work toward that goal together.

During the COVID-19 pandemic, the Sim Center shifted the Standardized Patient Program to Zoom. The facilitators and the standardized patients (SPs) adjusted their efforts to overcome the limitations and capture the possibilities of online learning. I had never seen the SPs in action prior to becoming a graduate assistant, and I will admit that I expected to see something akin to community theatre. That was far from the experience. Some SPs are trained actors, and some are not. Regardless, each approaches their performance as an ardent professional. These enthusiastic specialists study medical symptoms and side effects to knowledgably play their parts. They attend training classes with faculty, create individual scenarios, audition and incorporate feedback. The SPs prepare for a myriad of possibilities to ensure that students ask questions and explore unpredictable paths. Unlike community theatre players, SPs are not seeking applause or adulation, but rather they want the satisfaction of making real contributions to the community by encouraging students to not only be proficient medical providers, but to also

appreciate how their words and actions impact patients and their families.

Graduate students occasionally participate in the faculty/student post-scenario debriefing process. This practice illuminates the importance of the SP simulation program in medical education. Students in the debriefing process are focused and inquisitive. They recognize that they are learning something in simulations that they cannot extract from books, through videos or even through a shadowing program. This form of education is urgent and compelling. Recently, a group of respiratory therapy (RT) and nursing students took part in an intense scenario together. In the student debrief after the simulations, several of the RT students expressed how grateful they were to have had the experience. They talked about how fortunate nursing students were in having simulations interwoven into their academic program. Rather than downplay the importance, several nursing students wholeheartedly agreed and told stories of their own transformational encounters in simulations.

You may assume that the Sim Center is staffed by a legion of medical educators, faculty and staff. In truth, the Sim Center is operated and managed by a small group of dynamic, dedicated professionals. They care deeply about preparing students for their demanding careers and providing the community with the very highest caliber of graduates. My short time with the Henson Medical Simulation Center has influenced the way that I think about experiential learning. Collaborative, hands-on activities can produce meaningful results that benefit students, instructors, and the community. There are far-reaching implications for our struggling education system. I am so proud that Salisbury University supports these kinds of innovative, multidisciplinary education methods that provide creative opportunities for students to thrive.

A Visit from a Friend of the Sim Center

Dr. Robert Joyner (far left), Richard A. Henson Research Institute director at TidalHealth Peninsula Regional, provides a refresher on use of the Servo-I ventilator and Ingmar Lung Simulator to Sim Center staff (from left) Rachel Prestridge, Zackery Tyndall and Matt Trader. Dr. Joyner is the former director of the Salisbury University School of Health Sciences and chair of the Respiratory Therapy Program.

Check Out Our New Video Tour

Over the spring semester, staff have worked to create a new video tour of the Simulation Center to help users and interested learners better understand who we are and what we do. Filmed and edited by our Sim Tech Matt Trader, this video briefly describes each room, its technology and equipment, and possible ways to use the space. Please join us on a walking tour by scanning the QR code or by visiting https://www.salisbury.edu/academic-offices/health-and-human-services/simulation-center/facilities.aspx.

An SPs Perspective: From the Beginning

By Jan Bellistri, Standardized Patient

I had never acted before. I had always been interested in theatre but was always too shy to get on stage. Then in my mid-40s, I decided to conquer my fears and accepted the opportunity to perform in a few shows for our local theatre company. I was always a background player – and when I say, "background player," I mean I played VERY small roles.

In spring 2010, I received an email from Drs. Debra Webster and Laurie Rockelli, both nursing faculty at Salisbury University. They were looking for actors to present different mental health conditions for a new teaching/learning activity called standardized patient (SP) experience. By using real, live human beings in a controlled environment, student learning could be enhanced. I always have been intrigued by psychology and thought, "Why not?" I could combine my interest in human nature and behavioral conditions with my love of the arts. So, I boldly hit send on the keyboard and, voila!, I agreed to meet with Drs. Webster and Rockelli to learn more about this experiential learning approach called "SP Simulation."

Our training was not at all what I expected. We basically had bootcamp Psychiatric Nursing 101 to understand the nuances of three conditions: depression, bipolar mania and schizophrenia. I was truly impressed with the depth of knowledge the professors passed on to us. We spent a week that summer learning the symptoms, treatments and side effects of each. We needed to really understand the conditions so that we could accurately present realistic scenarios to the nursing students. Our goal as actors (or SPs) was to guide students through interactions with us to help them achieve goals set for them by the professor. We learned that mental health issues not only affect the patient, but also their family members, friends and coworkers.

I quickly became a convert to the ideology that the psychiatric component of nursing is one of its most important aspects. It teaches not only communication skills in a sometimes very emotionally charged situation with the patient, but it also helps the student to be a better communicator to their peers. Even if a student does not wish to pursue psychiatric nursing, they will carry these skills into their daily health care practice. I knew I had the important task of helping facilitate the professors' goal of molding the students of Salisbury University into being some of the best nurses in the state.

It's a fun walk down memory lane to think about how differently these simulations used to unfold when we first started. With very little grant money, Drs. Webster and Rockelli set up a doctor's office and emergency evaluation area in a small room on the third floor of Devilbiss Hall. One side of the room had a couch, a coffee table, an end table and a chair. The other side of the room had a hospital bed and other medical equipment. They bought a flip camera, a tripod and thousands of batteries. (The camera used a ton of batteries and the batteries became a big deal. Nothing was worse than having to stop a scenario in the middle of tears and intense therapy because the batteries needed to be changed!)

Our job was to greet the student, explain the scenario, and while one SP played the patient, the other SP filmed the scene. To capture all the expressions and audio on camera, we had to position the camera just a few feet away from their faces. Understandably, the students were in abject terror. Not only were they graded on the simulation, but nothing says "relax" like a video camera in your face! Once the camera was full, the professors downloaded the video file, reviewed the footage and made notes about the student's interaction with the SP. It took hours of their time and was tedious and frustrating at best. My fellow SPs and I got to see real brilliance in some students and real fear from others. But throughout it all, we started to see them grow as we had to perform for them again and again for the different mental health diagnoses they were learning about.

As you can imagine, the first year of simulation had its learning curves. We now know, as simulation becomes more and more prevalent in the academic community, that grading the students is not what is best for them. We want to create a safe space for the students to learn from their mistakes so once they are out in the real world, working with real patients, they have already made their mistakes with us and have the expertise to be better nurses. Since moving to the Richard A. Henson Medical Simulation Center in 2011, we have upgraded from the flip camera and countless batteries to an advanced web-based audio-visual system. There are cameras and microphones mounted on the walls and ceilings in each of the simulation suites. The discrete equipment is an essential piece

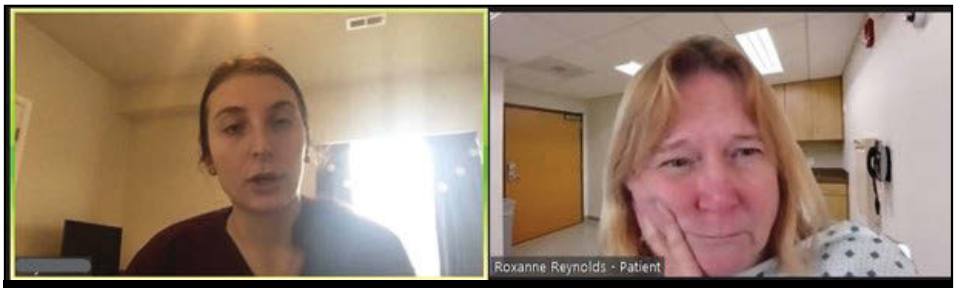
SU nursing student and Jan Bellistri (right), 2013, in Devilbiss Hall. Photo taken by photographer standing in room.

of the simulation experience – without constant reminders of the camera, the environment is more realistic and students can relax a bit. The video recordings are immediately uploaded to a secure web server that the students can log into and watch their performances to get a better understanding of how they present themselves to a patient. With this equipment, the participating student's classmates and faculty instructors are able to watch in real time from a separate room at the Simulation Center. After their SP experience, the students return to the classroom to get feedback from their professors and their peers. It benefits the whole group because peers often share valuable feedback and suggestions and improve their skills in giving constructive criticism. Likewise, when they do something really well, their peers can incorporate it into their own style of communicating. Everyone learns from everyone else – a true collaboration!

The most satisfying part for me as an SP is that I get to play a real role in that growth and collaboration. We constantly receive feedback from the students about how helpful the scenarios are and how realistic they feel. I can now accurately present nine mental health disorders, including obsessive-compulsive disorder, depression, anxiety, Alzheimer's, schizophrenia, bipolar mania, substance abuse, post-traumatic stress disorder and borderline personality disorder. I also have worked with the nursing students in pediatrics and maternal/newborn care, physicians' assistant students from University Maryland Eastern Shore, Leadership Maryland, TidalHealth Peninsula Regional, and the Women's Circle of Salisbury University. In fact, we SPs are now used in four or five courses each semester in addition to the original psychiatric nursing course. I'd love to see even more areas of the community and university use our skills to facilitate learning.

The best part of my job is knowing that these students are not only learning the skills needed to be great nurses, but they also are gaining the empathy and understanding for their patients they will carry throughout their careers.

(From left) Jan Bellistri, two nursing students and SP Ann Nelson, 2018, in Sim Center simulation suite. Screenshot from a video recording captured by the discrete AV recording system.



(From left) Nursing student Kayla Blann and Jan Bellistri, 2021, Sim Center Zoom Room. Screenshot from a virtual simulation.

Junior Achievement of the Eastern Shore: *Inspire* - Virtual Event

The Sim Center recently participated in a special, virtual Junior Achievement event by hosting a booth where almost 6,000 middle school students from Accomack, Caroline, Dorchester, Somerset, Wicomico and Worcester counties could explore a variety of careers without ever leaving home. Visitors got an overview of the Center and the experiences we provide. They learned about our organizational structure and various roles within the Center, from administrator to simulation technologist to standardized patient actor. Five short videos were created to provide a brief tour, help students learn more about our high-fidelity manikins and allow them to see standardized patient actors in action. Short interviews with standardized patients also were posted to explain what it takes to be an effective standardized patient.

Junior Achievement of the Eastern Shore helps prepare today's students for a bright future by hosting career exploration and mentoring. To see the Sim Center booth, log in here:

https://inspiredelmarva.vfairs.com/
Username: Exhibitor57@ja.com
No password necessary

Once logged in, select *Higher Education* – the booth is titled SU Richard A. Henson Medical Simulation Center. Thanks go out to Zack Tyndall, Rachel Prestridge, Matt Trader, Mason Cervantes and our fantastic standardized patients for making this possible.

JA INSPIRE

Who's That FAMI-MD?

By Brad Hauck, FAMI-MD Program Director

You may have seen FAMI-MD flyers around your place of work, maybe you have seen the new sign in the Medical Simulation Center, or perhaps you have received an email from the new FAMI@salisbury.edu email address! The word is out, ESFAMI has a new logo and a new name, but we are committed to the same game: increasing the number of nursing faculty in Maryland.

FAMI-MD, or Faculty Academy and Mentorship Initiative of Maryland, is the new name of what was formerly known as ESFAMI, or Eastern Shore Faculty Academy and Mentorship Initiative. If you have not heard of us before, we hold six week-long virtual workshops – what we call an "Academy" – that teach qualified registered nurses how to become effective clinical faculty members. Through generous grant funding from the Maryland Higher Education Commissions' Nurse Support Program II (MHEC NSPII), FAMI-MD has been increasing the number of available clinical nurse faculty since 2011. In March 2020, the MHEC NSPII program invited FAMI-MD to write a new five-year continuation grant, which was accepted for a five-year grant award of almost $2.5 million, with funding through June 2025. The new grant allows FAMI-MD to expand across the state; involve more nursing programs, hospitals and health care organizations; and increase the accessibility of our Academy offerings to nurses anywhere in Maryland.

When COVID-19 required us to shift from in-person sessions to a completely virtual environment, it created new opportunities for nurses who were not geographically located near our physical offerings. Another big change associated with the new grant is the offering of two different Academy offerings – an Introductory and an Advanced-FAMI experience. The addition of the Advanced-FAMI Academy curriculum was driven in large part by participant feedback for more in-depth information and other topics, as well as a desire to pursue advanced nursing education certifications, like the Certified Nurse Educator (CNE) certification or the Clinical Certified Nurse Educator (CNE-cl).

Old logo from ESFAMI (2011-2020)

New FAMI-MD logo (2020+)

While the continuation grant has goals for numbers of graduates, FAMI-MD is committed to continuing our long-established goal of increasing the diversity of nursing faculty in Maryland. As of 2018, only 16% of nursing faculty nationwide came from a diverse background, while almost 30% of nursing students did. Our goal is to help Maryland nursing faculty match the diversity of our nursing student population in race, ethnicity and gender. To date, our total number of graduates from diverse backgrounds is almost 34%, or 85 of our 253 graduates. From July 2020 to April 2021, 40% of our participants have come from diverse backgrounds, exceeding our internal targets.

An important aspect of the FAMI-MD academies is providing participants with simulated learning encounters to tackle difficult student interactions in a safe space. We offer six simulations where participants encounter various situations that are typical in the life of a nursing faculty member. Also, in Advanced-FAMI, participants have the opportunity to engage in a simulated interview for a nursing faculty job opening. Since July 2020, with the support of the Simulation Center's staff and incredibly talented standardized patients (SPs), FAMI-MD has completed over 156 hours of simulations for our graduates. All FAMI-MD simulations involve the use of the Standardized Patient Program at the Simulation Center. Twelve SPs have been trained and hired to enact various simulations in our Intro- and Advanced-FAMI academies. Participants of FAMI-MD interact with a different SP for each scenario. Our SPs have the ability, talent and training to realistically portray different personalities of students so that our participants are exposed to a wide variety of behaviors to better prepare them for real-world encounters with nursing students. For these reasons, FAMI-MD has very large standardized patient needs. Each Academy requires that we hire six-to-nine "roles"; therefore, FAMI-MD has hired standardized patients for 48 roles for the 2021 school year alone (July 2020-June 2021).

The future is bright for FAMI-MD and its participants. Over the next few years, FAMI-MD will increase the number of Academy offerings by over 40% compared to 2020-2021. FAMI-MD is projected to have 500 graduates between now and 2025. Delivering Academies to these 500 graduates requires 1,500 hours of simulation, 360 standardized patient roles to be filled and 50 groups of three veteran nurse faculty to facilitate all of it. FAMI-MD hopes to provide nursing programs across the state with access to highly qualified nurse educators who can educate the next generation of registered nurses to care for the citizens of Maryland.

CONTRIBUTORS:
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