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SimuCase™

**Success with SimuCase:
Top 10 Tidbits for Teaching and Learning**

Leigha J. Jansen, EdD, CCC-A
Director, Educational Technology

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Learning Objectives:

1. Define and apply the critical components of simulation-based education to clinical education in speech-language pathology.
2. Facilitate an effective prebrief and debrief exercises with students utilizing simulation tools and technologies.
3. Define, apply and facilitate simulation-based learning activities that support critical thinking, collaborative learning, and interprofessional education.

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1. Simulation-Based Education: Key Terms

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Clinical Competency:
 “The **habitual** and **judicious** use of communication, knowledge, technical skills, clinical reasoning, emotion, values, and reflection on daily practice for the benefit of the individual and community being served.”

(Epstein & Hundert, 2002, p.226)

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Clinical Decision Making:
 The **integrated application** of knowledge, skills, and professional judgment to **assess, diagnose** and **manage** a patient.

(Kneebone, et al., 2004)

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Critical Thinking:
 The use of those cognitive skills or strategies that increase the probability of a desirable outcome. Critical thinking is **purposeful, reasoned** and **goal directed**.

(Halpern, 2013)

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Debriefing:

A **planned** activity that **follows** the simulation experience. **Reflective thinking** is encouraged and **performance feedback** is provided to participants. The purpose of the debrief is to **facilitate transfer** of learning to future situations.

(Meakim, et al., 2013)

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Facilitator:

An individual who provides **guidance, support,** and **structure** during simulation-based learning experiences.

(Meakim, et al., 2013)

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Prebriefing:

A **planned** activity **prior** to the simulation experience designed to provide **instructions** and set learner **expectations**. The purpose of the prebrief is to set the stage for the scenario and assist learners in achieving defined learning objectives.

(Meakim, et al., 2013)

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Problem-Based Learning:
 A **learner-centered** approach to learning where a **problem** is the organizing **focus** and stimulus for learning. Learning occurs in small groups and the **teacher** serves as a **facilitator**. New information is obtained through **self-direction**, while the **problem** drives **development** of clinical problem-solving skills.

(Barrows, 1996)

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Reflective Thinking:
 The **meta-cognitive** process of self-monitoring relative to the simulation experience to promote the **discovery** and future **application** of new **knowledge**. The reflective thinking process can potentially minimize the gap between theory and practice.

(Meakim, et al., 2013)

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Simulation:
 Students **experience authentic, relevant** scenarios and are confronted with different **problems, issues, or events** reflected by their previous choices and actions.

(Gredler, 1996)

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Standardized Patient:
 An experience that provides student clinicians a simulated patient encounter where an **actor** is trained to provide **consistent** verbal and behavioral **patient responses**.

(Adamo, 2003)

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Virtual Patient:
 An experience that reflects a realistic encounter with a **clinical scenario** portrayed on a **computer** requiring learner **interaction** and **decision making**.

(Cook & Triola, 2009)

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References:
 Adamo, G. (2003). Simulated and standardized patients in OSCEs: achievements and challenges 1992–2003. *Medical Teacher*, 25(3), 262.
 Barrows, H.S. (1996). Problem-based learning in medicine and beyond: A brief overview. *New Directions for Teaching and Learning*, 1996(68), 3-12.
 Cook, D. A., & Triola, M. M. (2009). Virtual patients: a critical literature review and proposed next steps. [Article]. *Medical Education*, 43(4),
 Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA: The Journal Of The American Medical Association*, 287(2), 226-235.

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References (continued):

Gredler, M. E. (1996). Educational games and simulations: A technology in search of a (research) paradigm. In D. H. Jonassen (Ed.), *Handbook of research on educational communications and technology* (pp. 521-539). New York: MacMillan Library Reference.

Halpern, D. (2013). *Thought and knowledge: An introduction to critical thinking* (5th ed.) New York: Psychology Press.

Kneebone, R. L., Scott, W., Darzi, A., & Horrocks, M. (2004). Simulation and clinical practice: strengthening the relationship.. *Medical Education*, 38(10), 1095-1102.

Meakim, C., Boese, T., Decker, S., Franklin, A., Gloe, D., Lioce, L., . . . Borum, J. (2013). Standards of Best Practice: Simulation. Standard I: Terminology. *Clinical Simulation in Nursing*, 9(6), S3-S11.

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Additional Learning Resources:

Wiser Minutes: Simulation Means Many Things to Many People:
<https://www.youtube.com/watch?v=iDHqRum2LTE>

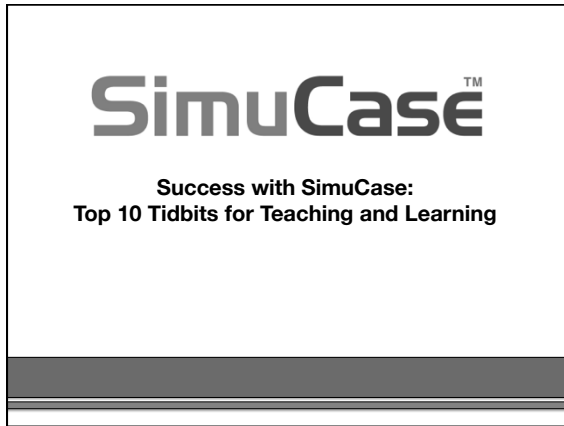
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Questions to think about ...

1. How would you implement problem-based learning in speech-language pathology education?
2. How have you facilitated reflective thinking in your classes? What has worked well?

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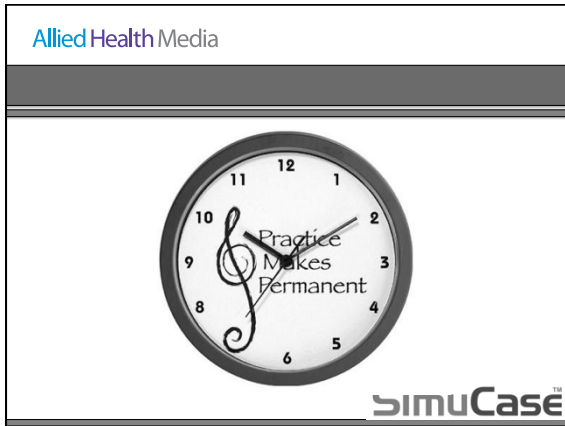
2. The Benefits of Simulation-Based Education

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Repeated practice

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Experience across the scope of practice

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Practical application of knowledge

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Promotes higher level thinking

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BLOOM'S TAXONOMY

- EVALUATION**: Assessing theories; Comparison of ideas; Evaluating outcomes; Solving; Judging; Recommending; Rating
- SYNTHESIS**: Using old concepts to create new ideas; Design and invention; Composing; Imagining; Inferring; Modifying; Predicting; Combining
- ANALYSIS**: Identifying and analyzing patterns; Organization of ideas; recognizing trends
- APPLICATION**: Using and applying knowledge; Using problem solving methods; Manipulating; Designing; Experimenting
- COMPREHENSION**: Understanding; Translating; Summarizing; Demonstrating; Discussing
- KNOWLEDGE**: Recall of information; Discovery; Observation; Listing; Locating; Naming

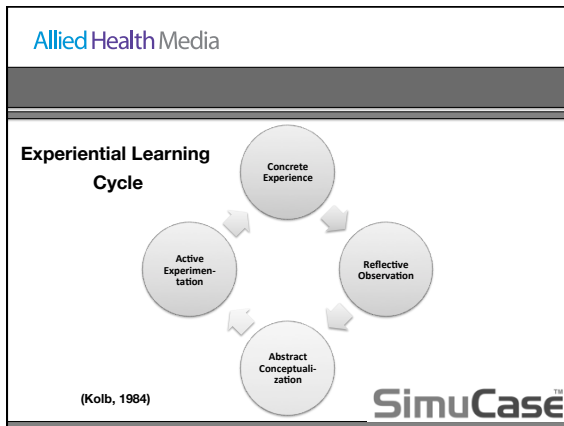
(Bloom, 1956)

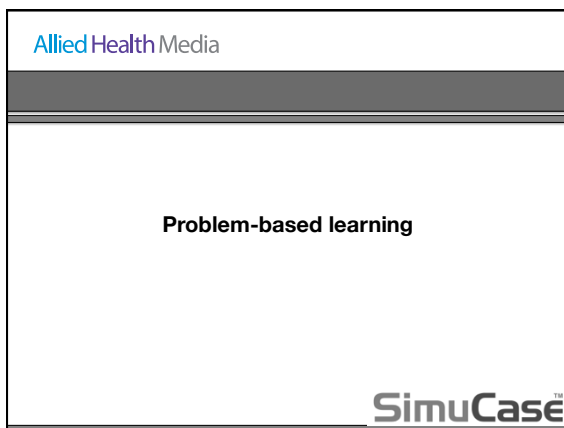
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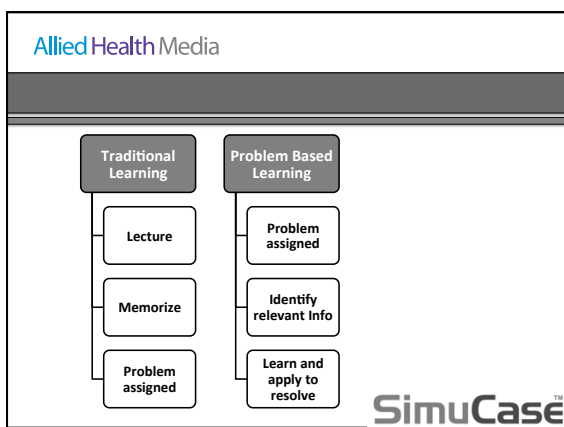
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Experiential learning

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References:
 Bloom, B.S. (1956). *Taxonomy of education objectives: the classification of educational goals* (1st ed.). New York: Longmans Green.
 Kolb, D.A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.

Additional Learning Resources:
 McGaghie, W.C., Issenberg, S.B., Petrusa, E.R., & Scalese, R. (2010). A critical review of simulation-based medical education research: 2003-2009. *Medical Education*, 44: 50-63.
 Problem Based Learning at Stenden University:
<https://www.youtube.com/watch?v=-5omNEmWicU>

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Questions to think about ...

1. How would you implement problem-based learning with SimuCase?
2. Which benefit of simulation-based education would have the greatest impact upon your students/clinic? Why?

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3. Critical Components of Simulation-Based Education

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Guided instruction

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Integrate evidence-based practice (EBP)

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The diagram is a triangle with 'EBP' in the center. The vertices are labeled: 'External Scientific Evidence' at the top, 'Expertise / Expert Opinion' at the bottom right, and 'Client / Patient / Caregiver Perspectives' at the bottom left. Dashed lines connect the vertices.

(ASHA, 2004)

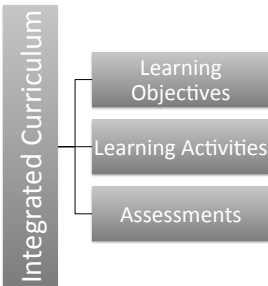
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Aligned learning objectives, activities, and assessments.

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The diagram shows a vertical bar on the left labeled 'Integrated Curriculum'. To its right are three stacked boxes: 'Learning Objectives', 'Learning Activities', and 'Assessments', connected by a bracket.



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Effective facilitation

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fa·cil·i·ta·tor

one that facilitates; especially :
one that helps to bring about an
outcome (as learning,
productivity, or communication)
by providing indirect or
unobtrusive assistance,
guidance, or supervision.

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Additional Learning Resources:
 ASHA Evidence-Based Practice Maps:
<http://ncepmaps.org/>

Clark, R.E., Kirschner, P.A., & Sweller, J. (2012). Putting students on the path to learning: The case for fully guided instruction. *American Educator*, 6-11.
<http://www.aft.org/pdfs/americaneducator/spring2012/Clark.pdf>

Word Cloud Creator:
<http://www.tagxedo.com/app.html>

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Questions to think about ...

- 1. How is a facilitator similar to a clinical instructor?**
- 2. Is facilitation the same thing as guided instruction? Why or why not?**

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4. The Prebrief and Debrief

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The Prebrief

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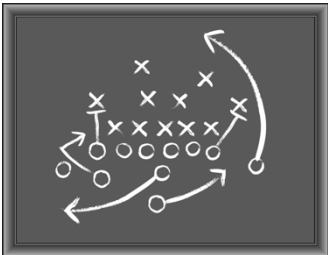
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The Prebrief

- A planned activity prior to the simulation experience
- Designed to provide instructions and set learner expectations.
- Set the stage for the scenario
- Assist learners in achieving defined learning objectives.

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The Debrief

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The Debrief


- Learner-centered reflective discussion
- Requires planned facilitation.
- Safe, open environment
- Promotes self-reflection and critique
- Aligned with learning objectives

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The Debrief

- Three phases of the debrief
 - Reaction
 - Analysis
 - Summary



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The Debrief

“Research provides evidence that the debrief is the most important component of the simulation-based learning experience.”

(Decker, et al., 2013, p. S27)

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References

Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L., Boese, T., . . . Borum, J. (2013). Standards of Best Practice: Simulation. Standard VI: The Debriefing Process. *Clinical Simulation in Nursing*, 9(6), s26-s29.

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Additional Learning Resources:

Cantrell, M.A. (2008). The importance of debriefing in clinical simulations. *Clinical Simulation in Nursing*, 4, e19-e23.

Debriefing strategies and techniques for improved learning and process improvement. <https://www.youtube.com/watch?v=P3sm-WtL98k>

Debriefing using the Advocacy-Inquiry Method (info-graphic). http://www.hserc.ualberta.ca/en/TeachingandLearning/VIPER/EducatorResources/-/media/hserc/Documents/VIPER/Advocacy_Inquiry_Method.pdf

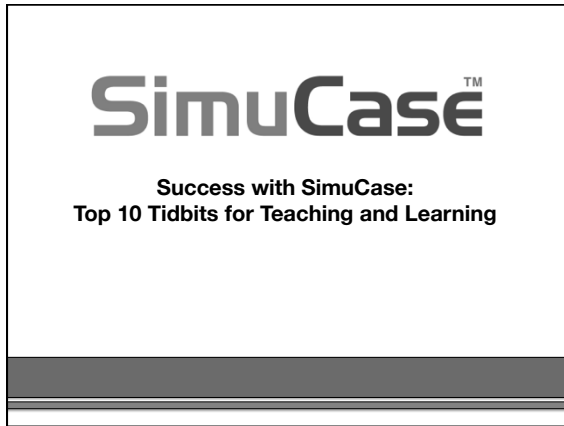
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Questions to think about ...

1. How would you plan a prebrief and a debrief session for SimuCase?
2. Would you change your debrief plan based on the level of your students? Why or why not? If yes, what would you change?

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5. Critical Thinking

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**“Critical thinking utilizes those cognitive skills or
strategies that increase the probability of a desirable
outcome.”**

(Halpern, 1998, p. 450)

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Critical thinking is:

- Purposeful
- Reasoned
- Goal-directed


(Halpern, 1998, p. 450)

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Critical thinking is not Bloom's Taxonomy.

B L O O M S T A X O N O M Y




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The Debrief

How do we teach critical thinking?



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Halpern 4-step Model:

1. Explicitly learn the skills of critical thinking
2. Develop the disposition for effortful thinking and learning
3. Direct learning activities in ways that increase the probability of contextual transfer.
4. Make metacognitive monitoring explicit and overt.

(Halpern, 2013, p. 18)

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Think of it this way ...

1. Develop a critical thinking attitude
2. Critical thinking skills training
3. Critical thinking in NEW contexts
4. Metacognition

(University of Texas, n.d.)

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Developing a Critical Thinking Attitude

Inquiry

Challenging Assumptions

Discussion

Critical Thinking Skills Training

Determining Causality

Analysis

Inference

Synthesis

Writing

Critical Thinking in New Contexts

Multiple Solutions

Ethics

Case Studies

Metacognition

Reflection

Feedback

Learning Portfolios

Teacher to Teacher: Critical Thinking in the Classroom (University of Texas)

- FREE!
- Modular based, online learning
- Based on the Halpern model

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References

Halpern, D.F. (1998). Teaching critical thinking for transfer across the domains: Disposition, skills, structure training, and metacognitive monitoring. *American Psychologist*, 53(4), 449-455.

Halpern, D.F. (2013). *Thought and Knowledge: An Introduction to Critical Thinking* (5th ed.). New York: Psychology Press.

University of Texas (n.d.). Teacher to teacher: Critical thinking in the classroom. Retrieved July 2, 2014.

Additional Learning Resources:

Teacher to Teacher: Critical Thinking in the Classroom (University of Texas)

<http://www.utexas.edu/academic/ct/criticalthinking/accessible.php?section=1>

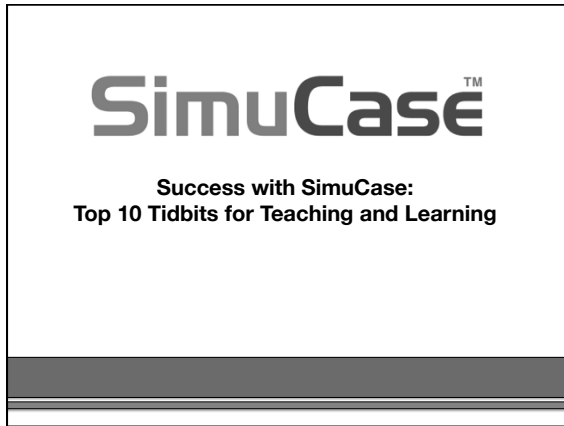
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Questions to think about ...

1. How does Bloom's taxonomy contribute to critical thinking when considering the Halpern model?
2. How would you apply the Halpern model in one of your own SLP courses with SimuCase?

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6. Collaborative Learning

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“Collaborative learning occurs when students and faculty work together to create knowledge ... It is a pedagogy that has at its center the assumption that **people make meaning together** and that process enriches and enlarges them.”


(Matthews, 1996, p. 101)

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Collaborative activities are defined by four characteristics:

1. Learner centered
2. Experiential
3. Social learning
4. Realistic scenarios



(Cornell University, 2014)

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Collaborative Learning Outcomes:

1. Development of higher-level thinking skills
2. Promotion of student-faculty interaction
3. Increased retention
4. Exposure to and understanding of diverse perspectives
5. Preparation for real life employment situations

(Cornell University, 2014)

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1. Work the case in small groups (2-3) and present the evidence-based rationale for clinical decisions.
2. Work the case in small groups (2-3) and debrief with the full class.
3. Compete!
4. Work the case as a class. Write – Pair – Share

(Cornell University, 2014)

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References
 Cornell University Center for Teaching Excellence (2014). *Collaborative Learning: Group Work*. Retrieved July 3, 2014.
 Matthews, R. (1996). *Learning Communities: A Retention Strategy that Serves Students and Faculty*. Washington, DC: American Association of State Colleges and Universities.

Additional Learning Resources:
 Barkley, E.F., Cross, K.P., & Major, C.H. (2014). *Collaborative Learning Techniques: A Handbook for College Faculty* (5th ed.). San Francisco, CA : Jossey-Bass.
 Collaborative Learning Activities (University of Manitoba Teaching Services)
http://intranet.umanitoba.ca/academic_support/catl/media/collaborative.pdf

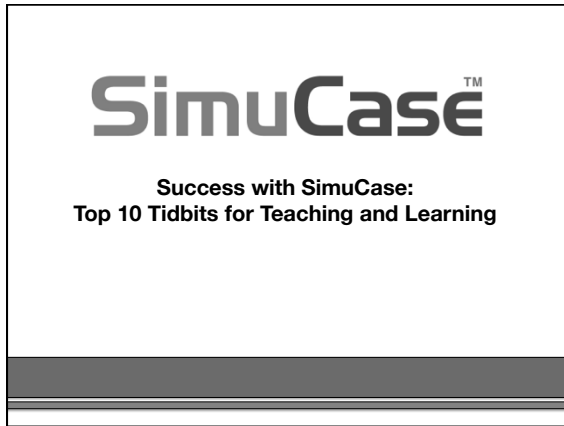
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Questions to think about ...

1. How would you implement SimuCase as a collaborative learning activity with undergraduate CDIS students compared to graduate SLP students?

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7. Interprofessional Education

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“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”

(WHO, 2010)

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IP Collaborative Practice Competency Domains

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

(IPE Collaborative Expert Panel, 2011)

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“These issues are resulting in **innovations in clinical education** and new ways to work together through an increased use of technology (e.g., **simulations**, Web-based learning/e-health practices) ... to **foster the exchange, synthesis, and ethically sound application** of knowledge.”

(ASHA, 2008)

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Medical




Dental Professional Pediatrician

COLLABORATORS

Allied Professions






Art Therapist Private OT Private PT Private SLP

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Interprofessional Education Activities

- Roles and responsibilities
 - Define
 - Compare and contrast
- Report writing
 - Audience
 - "The 3 C's"
- Case coordination
 - Future care and IP collaboration

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References

American Speech-Language Hearing Association (2008). Why is greater emphasis being placed on interprofessional education in healthcare? What impact will it have on the education of audiologists and speech-language pathologists? *Access Academics and Research*, June, 2008.

Interprofessional Education Collaborative Expert Panel (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative

World Health Organization (WHO) (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva: World Health Organization.

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Additional Learning Resources:
 IPE Teaching Materials (Office of IPE Health Education and Research, University of Western Ontario):
<http://www.ipe.uwo.ca/Administration/teaching.html>
 Interprofessional Education: What is it and Why do we do it? (University of Arizona):
<https://www.youtube.com/watch?v=Q-83eDYIFP4>
 National Center for Interprofessional Practice and Education Resource Exchange:
<https://nexusipe.org/resource-exchange>

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Questions to think about ...

1. Can you identify the four core IP competencies in your current teaching practices? If not, how would you integrate these competencies?

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8. SimuCase Learning and Assessment Modes

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con·gru·ence
/kən'grōəns, 'kəŋgrōəns/ ⓘ

noun



agreement or harmony; compatibility.
"the results show quite good congruence with recent studies"

synonyms: compatibility, consistency, conformity, match, balance, consonance, congruity;
agreement, accord, consensus, harmony, unity, formal concord
"the congruence of meaning and sound in his music"

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Summative vs. Formative Feedback

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Choose Mode ✕

Learning Mode

Provides specific feedback regarding performance throughout the case to facilitate learning.

Assessment Mode

Designed to assess your overall performance on the case. There is no specific feedback regarding your actions in the case.

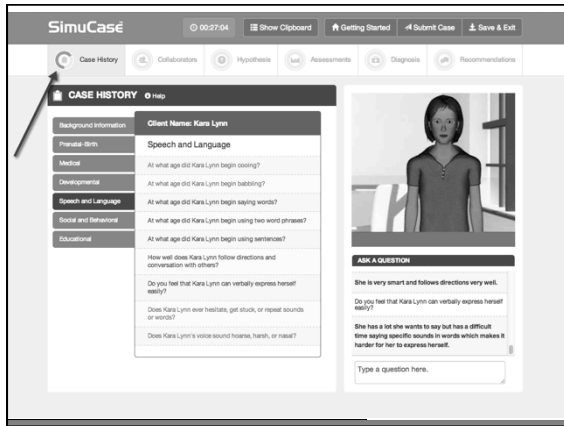
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Learning Mode

1. Specific, real-time feedback to the learner
2. Reward positive decisions
3. Redirect poor decisions
4. Resources for help
5. **Provide practice**

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Assessment Mode

1. Alignment of learning objectives, learning activities and assessment
2. Does NOT provide specific, real-time feedback
3. **Assess** learning and performance

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Additional Learning Resources:
 Radak, C. (2012). *Formative and summative feedback and its impact on learner motivation*.
<http://blogs.nd.edu/kaneb/2012/09/24/formative-and-summative-feedback-and-its-impact-on-learner-motivation/>

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Questions to think about ...

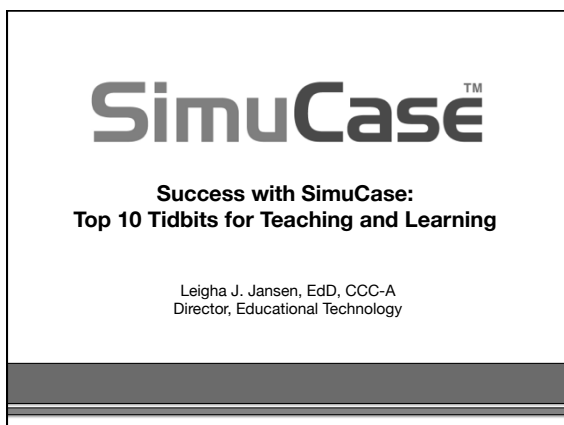
1. Would you demonstrate SimuCase to your students in learning or assessment mode? Why?
2. Provide an example of congruence between a learning objective, a learning activity and assessment, and incorporate SimuCase.

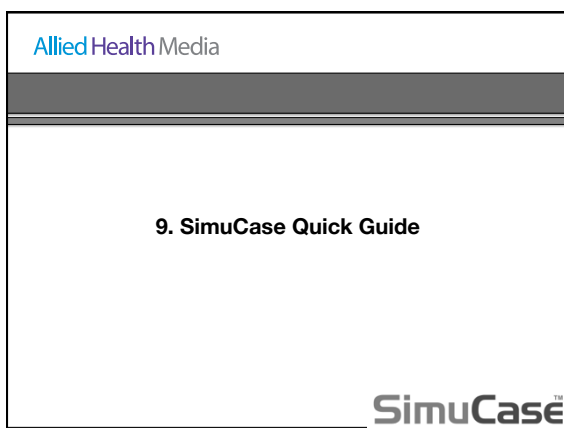
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1. Assess your virtual client using the following tools:

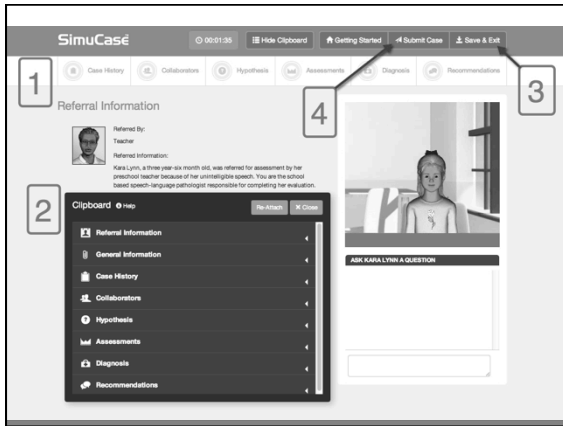
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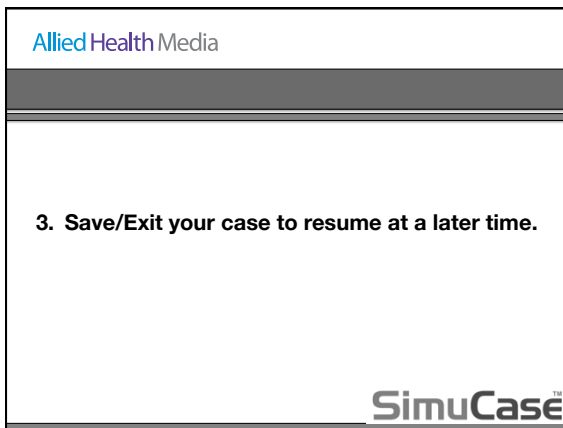
The screenshot shows the SimuCase interface. At the top, there's a navigation bar with options like 'Case History', 'Collaborators', 'Hypothesis', 'Assessments', 'Diagnosis', and 'Recommendations'. Below this, the 'Referral Information' section is visible, showing a referral by a teacher for a preschooler named Kara Lynn. A 'Clipboard' window is open on the left, listing various sections like 'Referral Information', 'General Information', 'Case History', 'Collaborators', 'Hypothesis', 'Assessments', 'Diagnosis', and 'Recommendations'. A virtual client is visible in a video window on the right. Numbered callouts 1-4 point to these specific areas.

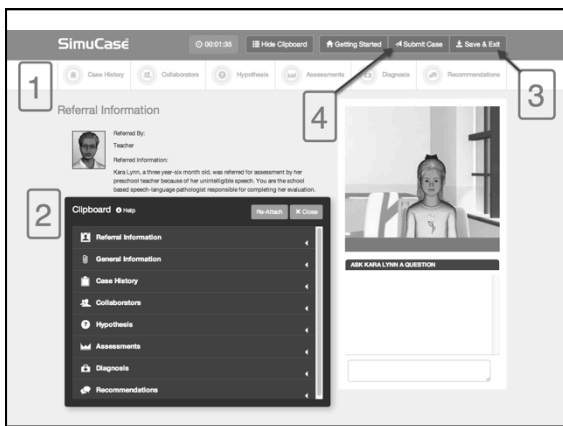
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2. The interactive clipboard saves all decisions for review

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4. Submit your case upon completion.

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The screenshot shows the SimuCase software interface. Callout 1 points to the 'Referral Information' section on the left. Callout 2 points to the 'Clipboard' menu. Callout 3 points to the 'Submit Case' button in the top navigation bar. Callout 4 points to the 'Ask Kara Lynn a Question' button in the main content area.

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Questions?
Call 800-242-5183
Email help@simucase.com

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10. Curriculum Integration

SimuCase™

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1. Review course goals and objectives
2. Review SimuCase
3. Choose instructional methods
4. Plan for feedback
5. Evaluate outcomes

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Prebrief	Case Work	Debrief
Game Mode	Groups vs Individual	Discussion
Expectations	Repeated Practice	Reflective Activity

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Additional Learning Resources:
 Olson, S.K. (n.d.). Debriefing: From Basic to Advanced.
http://www.med.wisc.edu/files/smph/docs/clinical_simulation_program/simulation-debriefing.pdf

Metola, M., Devise, L., Chung, H., Sullivan, J., & Issenberg, S.B. (2013). Simulation in healthcare education: A best evidence practical guide. AMEE guide No. 82. *Medical Teacher*, 35, e1511-e1530.
<http://informahealthcare.com/doi/pdfplus/10.3109/0142159X.2013.818632>

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Questions to think about ...

1. How would you plan simulation based education curriculum integration for graduate students versus undergraduate students?
2. Using a course you have taught, design a simulation integration plan.

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