At Last, Together Again!

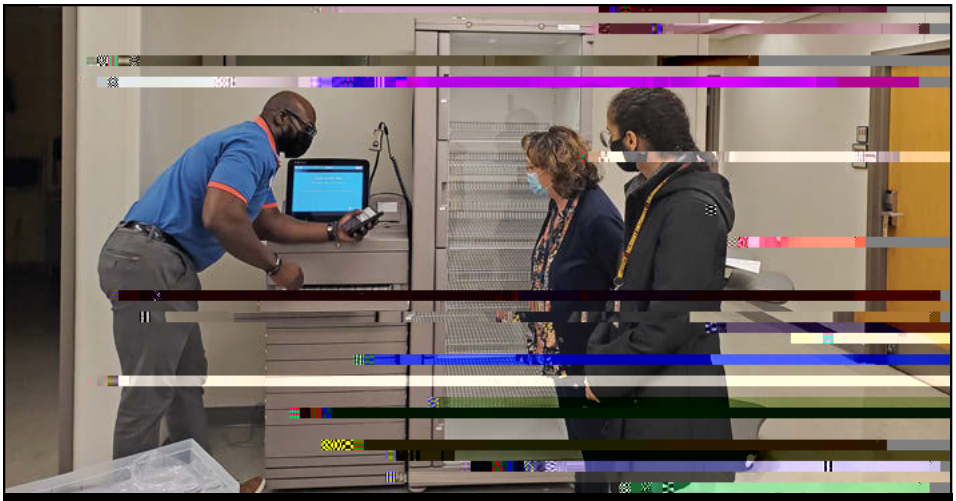
Spring 2021 was a semester of providing virtual standardized patient simulation experiences to SU students solely through computer screens. In March 2020, when the pandemic's impact was just being felt, who would have thought that for the

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, thihat



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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 con ict 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.

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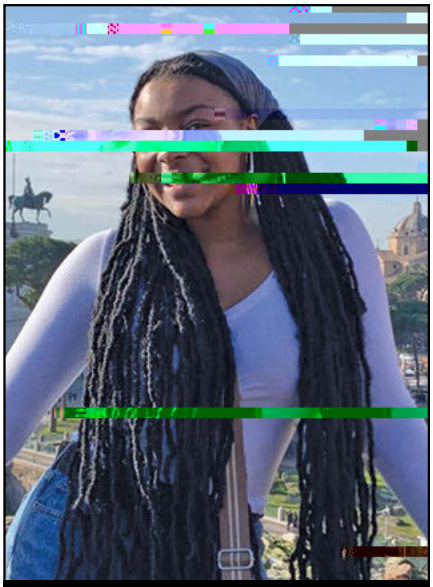

G Imari Pyles, Graduate Student C

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 nal 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!

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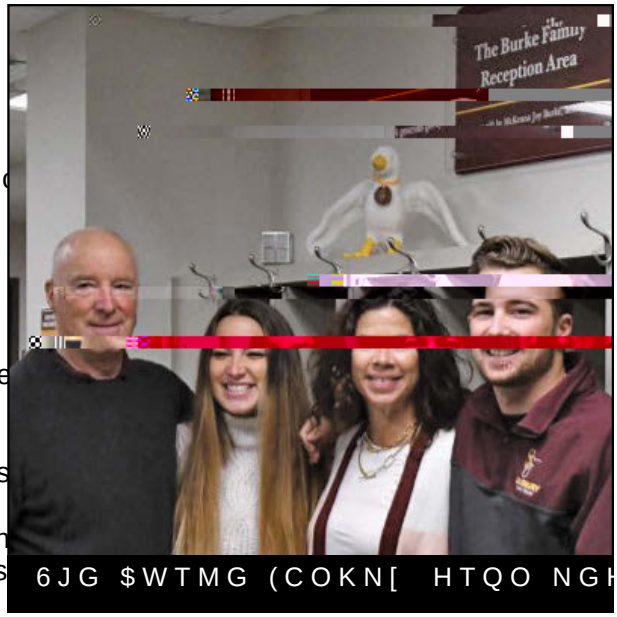
Burke Family Donates to the Simulation Center

Recently, the Simulation Center received a very generous gift from the Burke family – a $30,000 gift to be speci c! 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 speci c recipient!



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Research Corner – Recent Publications and Presentations

Webster, D., Seldomridge, L.A., & Willey, A. (in press). Advocacy, collaboration, and con ict 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; pro ciency as an advocate whether for individuals, families, groups or populations; and con ict 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. Pro ciency in interprofessional collaboration, advocacy and con ict 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 re ne 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

processes, improve self-con dence 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 of ce.

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 Re ective Learning in Simulation (PEARLS) has been validated as an effective method for guiding re ection after simulations (Oermann, 2015). It appeared to be most suited for this seizure simulation and was selected as the debrie ng model. The patient simulator was tested to view seizure activity and discover any potential problems. A aw was identi ed in the manikin's simulated seizure activity, possible solutions were researched and tested, and a nal 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 debrie ng: Plus-delta revisited. Sigma Theta Tau International Biennial Convention, 6-10 November 2021. Indianapolis, IN.

This poster presentation re-examines the nursing simulation debrie ng 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 = change, revise). These actions typically need to be revised or improved since they were done incorrectly or improperly selected an could lead to a poor patient outcome if repeated. The action should never be repeated as originally performed.

These "Delta" identi ed 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 debrie ngs 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

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- delity 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- delity 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, de brillators and prepared and controlled the high delity 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 con dent 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 rst 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- delity manikins, with high-tech capabilities, are startling the rst 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 rst 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 re ect 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.

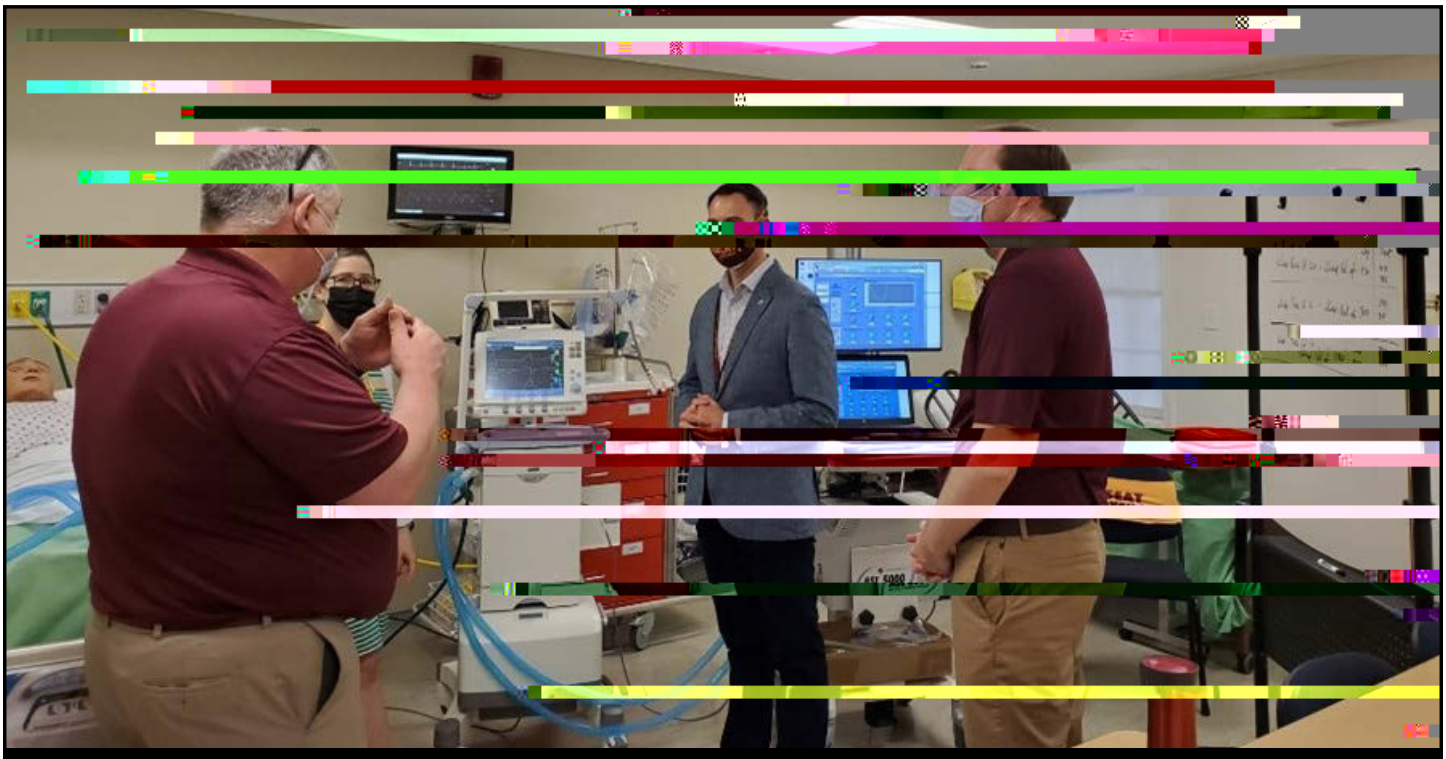
During the COVID-19 pandemic, the Sim Center shifted the Standardized Patient Program to Zoom. The facilitators and the standardized patients (SPs) adjusted their efforts to overcome the limitations and capture the possibilities of online learning. I had never seen the SPs in action prior to becoming 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 pro cient 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 debrie ng process. This practice illuminates the importance of the SP simulation program in medical education. Students in the debrie ng 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 in uenced the way that I think about experiential learning. Collaborative, hands-on activities can produce meaningful results that bene t 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



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Check Out Our New Video Tour

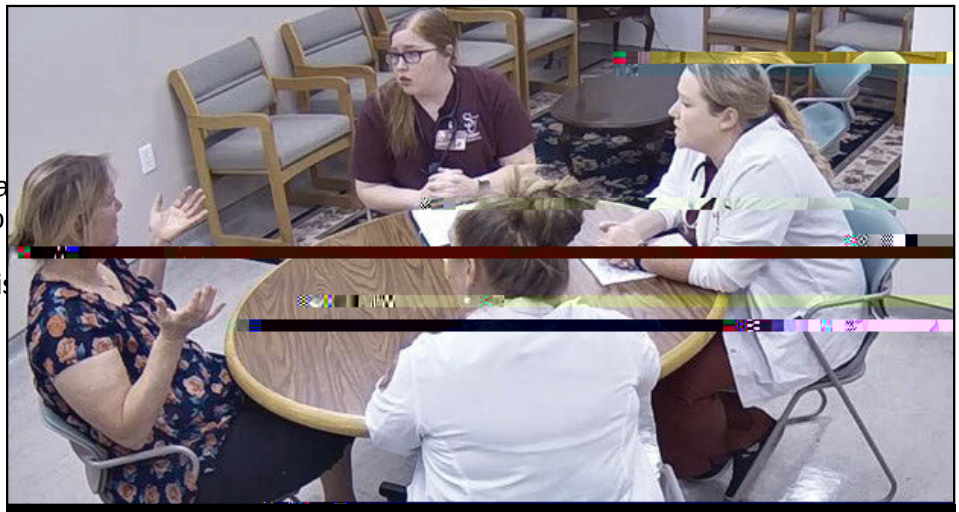
Over the spring semester, staff have worked to create a new video tour of the Simulation Center to help users and interested learners better understand who we are and what we do. Filmed and edited by our Sim Tech Matt Trader, this video brie y describes each room, its technology and equipment, and possible 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-of ces/health-and-human-services/simulation-center/facilities.aspx.

An SPs Perspective: From the Beginning

By Jan Bellistri, Standardized Patient

> had never acted before. I had always
> been interested in theatre but was

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 ca 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 bene ts 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!



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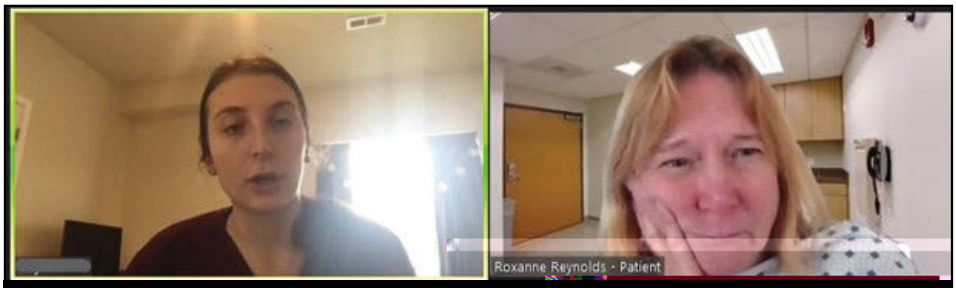

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The most satisfying part for me as an SP is that I get to play a real role in that growth and collaboration. We constantly receive feedback from the students abou how helpful the scenarios are and how realistic they feel. I can now accurately present 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 ve 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.

Junior Achievement of the Eastern Shore: Inspire Virtual Event

The Sim Center recently participated in a special, virtual Junior Achievement event by hosting a bootcpd ed in a special, virtual

Who's That FAMI-MD?

By Brad Hauck, FAMI-MD Program Director

You may have seen FAMI-MD yers 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 quali ed 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 ve-year continuation grant, which was accepted for a ve-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 certi cations, like the Certi ed Nurse Educator (CNE) certi cation or the Clinical Certi ed Nurse Educator (CNE-cl).

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 dif cult 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 lled 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 quali ed nurse educators who can educate the next generation of registered nurses to care for the citizens of Maryland.