

Feedback/Follow Up on Questions from
NJ Association of EMS Educators 9/13/23
10 Ways to Work Smarter With SIM
Prepared by Jennifer McCarthy MAS, NRP, CHSE-A

Question: Ideas on Grant Funding for SIM

I would suggest that you pursue philanthropic support (sponsoring SIM initiative in the program), collaborating with people who already have SIM in your area, or even pursuing less expansive manikin solutions.

I advise you to develop a compelling story and a mechanism to share that story.

Local nonaffiliated programs: Think about large foundations in your area, individual sponsors (who in town has contact with wealthy neighbors or personnel of large high earning companies?), are there corporations or companies in the area?

In some academic settings: Perkins Grants and the Foundation/Gifts Department can help.

In larger organization (hospital based): hospital foundation/philanthropic sources

Barter services: Can you have them purchase a sim manikin and you can educate the donor on what to do before the ambulance arrives or Compression only CPR?

Caution: DO NOT focus on SIM manikin funding alone – think about standardized patient program funding, replacement of task trainers, props/realism items, faculty development, maintenance of items.

Question: What are the current limitations and is it possible to overcome them?

The SUPER study identified faculty development and maintenance of equipment are the barriers to implementing an EMS SIM program. I think the interesting aspect to think about is, how can we work more collaboratively to cross educate EMS instructors on sound SIM practices? SUPER STUDY
<https://pubmed.ncbi.nlm.nih.gov/25664774/>

I am a productive disruptor, so YES, these can be overcome with a plan, span of control, and perseverance. SIM sells itself in my experience with a passionate advocate, transforming the understand of its use.

Question: How do you teach/learn ALS skills yet stay in BLS scope of practice?

Don't make it the sexy part of the experience or lecture. Promoting a culture that perpetuates that great ALS care CAN ONLY BE ACHIEVED by effective/efficient BLS care, the focus doesn't remain on the holy grail of the ALS interventions (with a choir singing in the background 😊)

Question: How do get management to buy-in for and pay for set-up and clean-up?

GET A SIM CHAMPION (S) AND MAINTAIN THAT CHAMPION. It helps if they are in the technology area because by default, they will embrace a replacement strategy of upgrading equipment after expected equipment life expectancy.

How to gain a SIM champion? Share your story and your student/learner story. Use open forum at public meetings for students (not you) to talk about SIM successes. Prepare a report, bring the manikin, be creative, engage the masses. When you see the spark in an administrator eyes – latch onto them and engage them so they can talk about SIM effectively without you in the room.

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Question: How do you scaffold SIM throughout the course?

CRAWL, WALK, JOG, RUN. Set up the student/learner for success by having the end in mind – use a dry run of the SIM with faculty to identify what skills will need to be completed. Ex: they will need to do A/B/C – check moment- have they shown competence in A/B/C yet? If not, SLOW DOWN and back up.

No one runs a marathon without training.

Question: How do you recover from SIM tech issues?

Control what you can - do a dry run prior to students going through. Track the moments it happens – find a solution – no white flags of giving up - - - !!

If it still happens: Tactically breathe, demonstrate poise under pressure, adaptability, and perseverance. These are leadership skills that your team and students can benefit from seeing when things deviate.

Question: How do you start incorporating SIM into your program?

Share the QR code and read/learn the evidence-based practice and language of the SIM profession.



Develop a faculty committee to help you implement the Best Practices of SIM®. Identify easy areas to start and be gentle with yourself. Crawl, walk, jog, run in your own growth.

Thank you for the time we spent, growing a shared mental model of thinking about healthcare simulation!

Good luck as you evolve into the rewards of evidence-based SIM practices.

Jennifer McCarthy

Jennifer.mccarthy@shu.edu

Summary Notes

10. Safety ... Safety ... Safety
Psychological and Physical Safety
Vulnerability Matters
9. Shared Thinking
SIM Orientation (why SIM)
Faculty Development
Manikin / Space / Equipment orientation
8. Identify the NEED and Purpose . . .STICK TO IT
7. Match the modality to the objective and where the student is in the program
IT IS ALL SIM – Treat it that way - role play (script it), Manikin based, standardized patients, peer to peer practice, task trainers
6. Scaffold the Difficulty
Crawl Walk Jog Run
5. Suspend the Disbelief
Moulage, set up, props, embedded participants, clothes, smells
4. PreBrief – Brief – Debrief every time
Look in Best Practice Standards® for definitions
Debrief PLUS/DELTA and Advocacy Inquiry
3. Do more - talk less
SIM IS DOING NOT TALKING
2. Behavior Matters and no one forgets how they were made to feel
Behavior Evaluation Likert Rubric
1. Share your SIM story