Simulation and Continued Competence: Getting Better at What We Need to Be

The new Agency for Healthcare Research and Quality (AHRQ) report, *Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices*, released its latest systematic review of the evidence reported in the literature on patient safety (AHRQ, 2013). In last month’s editorial, “What the Evidence Tells Us About Safety and Care,” I shared the key overall findings that apply to nursing in any setting (Yoder-Wise, 2013). The only “strongly recommended” practice was hand hygiene. The “encouraged” practice recommendation of great importance to those of us involved in continuing education is the focus of this editorial: simulation exercises related to patient safety.

If your organization does not have a simulation center or service, show this report to the person who has authority to make such a center or service possible. If you have such a center or service and are not yet using it intensely (let me repeat that: Intensely!), read Chapter 38 and refocus your efforts on simulation. If you do have such a center or service and are using it intensely, share your knowledge with others. This approach to continued professional development is critical to maintaining or increasing our competence levels for patient safety. Although the evidence isn’t conclusive, arguments for using what is this recently documented strategy are building.

This AHRQ study of simulation involved more than 500 studies in a meta-analysis. Most studies were conducted in academic centers or affiliated hospitals. This is not surprising, based on the need for simulation centers or services to aid in the development of students in the health professions. Most studies related to the medical discipline, and at least one study focused on TeamSTEPPS team-building practices with significant positive outcomes related to communication.

Consider that communication can be a low-fidelity simulation; so none of us has an excuse not to use simulation of communication in common or critical situations. Communication can also be incorporated into high-fidelity simulation. It is valued in either approach only if it too is debriefed just as any other elements of the simulation are. Much of the literature is focused on specific techniques, such as central venous catheter insertion, resuscitation, or sterile technique. Yet, every one of those involves communication with others.

One of the most important aspects of a simulation, as pointed out by the authors, is the debrief. In fact, the authors refer to the need to “protect” time for the debrief (AHRQ, 2013, p. 454). Think of this as reflective practice with ongoing feedback from a team—those with whom you performed the simulation and those who monitored the simulation. Regardless of the issue, we always say that one of the problems in a situation was communication. Simulation provides an opportunity to make mistakes without harm to a patient. Getting feedback about our style of communication helps us learn how others interpret what we say.

In my view, most of this information is not new if you are in a place that is resource-rich or innovative. What concerns me is that the evidence isn’t stronger to build a better case for simulation, the teaching strategy most closely approximating the real world of care. Our task is to increase the research we conduct to incorporate simulation and to produce the evidence related to whether this strategy is effective. If it is promoting patient safety.
and it reduces risks in clinical settings, we must consider what needs to be converted to simulation exercises. As might be expected, the data about cost-effectiveness and patient safety are limited.

Opportunities for us to document what we do, to define the cost of doing simulations, and to examine the impact on patient safety practice abound. Simulation will come under greater scrutiny because the greatest costs relate to the time practitioners spend away from direct care while they are engaged in simulations. Simulations are costly, yet if they help us get better at what we do, are not simulations cost-effective?

REFERENCES

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