





Session 1 Key Points



STRIDE

8 9 4

- Simulation can expand knowledge and improve behavior
- STRIDE seeks to increase the diversity of participants in clinical trials
- People of color may *mistrust* medical staff and researchers
 Current research *protects* human subjects (i.e. *Informed Consent*)
- Checklists help raters focus on relevant behaviors
- STRIDE raters use "yes/no" to score if specific behaviors occurred:
- Greet, Inform, Close
- Show Respect, Assess Understanding, Show Empathy
- STRIDE raters use "1-5" to score how effective behaviors:
 - Establish rapport
 - Respond to emotion

2

Session 1 Key Points

- Raters strive to score learners similarly
- CI raters share nuanced insight about regional effectiveness with RAs
 Scoring enables feedback
- Effective feedback relies on direct observation, self-assessment and is: • Limited and prioritized (by time and learner performance)
- Gentle, not subtle
- Feedback in the Fishbowl
 - Safe for the learner (non-judgmental language and permissionseeking)
- Promotes brief targeted practice of a specific skill or word choice
- RAs have a hard job: complete a process and build a relationship
- Empathetic communication saves time, increases patient understanding
 RAs can improve communication skills via deliberate practice to:
- Show respect
- Assess understanding
- Show empathy

3











5



Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts. All Rights Reserved.







Sim #2 - Debrief: RA Self Reflection



8



Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts. All Rights Reserved.











11



Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts. All Rights Reserved.













14





15











17





18











20



Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts. All Rights Reserved.











23





24











26



27











29





30

Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts. All Rights Reserved.













Copyright 2019 University of Massachusetts. © 2019 University of Massachusetts.

All Rights Reserved.





Session 1 Key Points



- Raters strive to score learners similarly
 Cl raters share nuanced insight about regional effectiveness with RAs
- Scoring enables feedback
- Effective feedback relies on direct observation, self-assessment and is: • Limited and prioritized (by time and learner performance)
- Gentle, not subtleFeedback in the Fishbowl
 - Safe for the learner (non-judgmental language and permissionseeking)
 - Promotes brief targeted practice of a specific skill or word choice
- RAs have a hard job: complete a process and build a relationship
- Empathetic communication saves time, increases patient understanding RAs can improve communication skills via deliberate practice to:
- Show respect
- Assess understanding
- Show empathy

35



36







38

Citations

- Aggarwal R, et al. Proving the effectiveness of virtual reality simulation for training in laparscopic surgery. Ann Surg 2007; 246:771-779.
- Barsuk JH, et al. Use of Simulation-Based Education to Reduce Catheter-Related Bloodstream Infections. Arch Intern Med. 2009;169(15):1420-1423. doi:10.1001/archinternmed.2009.215.
- Bryan R, et al. Integrating aldult learning principles into training for public health practice. Health Promot Pract doi://10.1177/1524839907308117.
- Chaer RA, et al. Simulation improves resident performance in catheter-based intervention: results of a randomized,controlled study. Ann Surg 2006, 244(3):343-352
- Chopra V et al. Does training on anaesthesia simulator lead to improvement in performance? Br J Anash 1994; 73: 293-297
- Eppich W, Howard V, Vozenilek J, Curran I. Simulation-based team training in healthcare. *Simul Healthc.* 2011 Aug;6 Suppl:S14-9.
- Fraser K, et al. Simulation training improves diagnostic performance on a real patient with similar clinical findings. Chest 2011, 139(2):376–381.

University of Massachusetts Medical School

STRIDE

- **39** Copyright 2019 University of Massachusetts.
- © 2019 University of Massachusetts.
- All Rights Reserved.



- Gaba DM, DeAnda A. The response of anesthesia trainees to simulated critical incidents. Anesth Analg 1989; 68:444-451 •
- . Hamstra and Philibert, Simulation in GME understanding uses and maximizing
- benefits. J Grad Med Educ, 2012 Dec; 4(4): 539-540
 Issenberg SB, et al. Features and uses of high fidelity medical simulations that lead
- to effective learning: a BEME review. Med Teach 2005; 27: 10-28. Knowles, M the Adult Learner, 1984
- Korndorffer JR et al. Simulator training for laparscopic suturing using performance goals translates to the operating room. J Am Coll Surg 2005; 201: 23-20. McGaghie WC, et al. Does simulation-based medical education with deliberate practice yield better results than tradition medical education? A meta-analytic comparative review of the evidence. Acad Med 2011; 86: 1-6. .
- McLaughlin et al, Simulation in Graduate Medical Education...; Acad Em Med 2008, 15(11): 1117-1129
- .
- Morgan et al, Simulation technology...Anesthesiology 2002 Jan; 96(1): 10-6. .
- Nishisaki A et al. Does simulation improve patient safety? Self-efficacy, competence, operational performance, and patient safety. Anesthesiol Clin 2007; 25:225-236.
- Okuda et al, The utility of simulation in medical education...Mt Sinai Jrnl Med. 76: 330-343, 2009

STRIDE	University of Massachusetts umass. Medical School umassmed.edu	