



## 2018 Conference



Photographer: Keith Boone / [keithboone.com](http://keithboone.com)

# Building Bridges: *Working Together for Safer Patient Care*

May 16 – 18, 2018

Tigh-Na-Mara Seaside Spa Resort  
& Conference Centre  
Parksville, BC

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## KEYNOTE SPEAKER

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### **Dr. Mary Kohl Fey, PhD, RN, CHSE**

Associate Director  
Institute for Medicine Simulation (IMS)  
Simulation Educator Training Program  
Boston, Massachusetts

#### **Team Intelligence: Helping Great Minds Think Alike**

Mary Fey has been working in the field of clinical simulation since 2007. She is the Associate Director of the Institute for Medical Simulation at the Center for Medical Simulation in Boston, MA. Her work focuses on faculty development for simulation educators.

Dr Fey serves on the Board of Directors of INACSL, where she holds the position of Vice President for Outreach. In her work with the National League for Nursing in Washington, DC, she co-authored the NLN Vision Statements: “A Vision for Teaching with Simulation” and “Debriefing Across the Curriculum”. She has published qualitative and quantitative studies on debriefing, and has co-authored several of the Standards of Best Practice, Simulation.

She serves on the certification committee for the Society for Simulation in Healthcare.

Dr. Fey speaks internationally on the topic of debriefing and the role of the educator in simulation based learning experiences.

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## KEYNOTE SPEAKER

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### **Colette Foisy-Doll, RN, MSN, CHSE**

Director, Clinical Simulation Centre  
Faculty of Nursing  
MacEwan University  
Edmonton , Alberta

Colette has devoted the past 30+ years to Nursing Education with a 20-year focus on leading simulation-based learning program and space development. She is widely recognized for teaching excellence in her work as a simulationist, author, change leader, and difference maker.

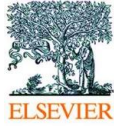
Colette holds a Faculty position with the Faculty of Nursing – as Director of the Clinical Simulation Centre at MacEwan University in Edmonton, Alberta Canada. She was one of the first in Canada to pioneer simulation in undergraduate nursing education in the late 90s and over the years, she has served as a nurse educator, simulation-based education leader, and consultant in the development of 20+ simulation programs locally, nationally, and internationally.

Colette has been recognized for her excellence as the recipient of several simulation international and national awards. Most recently, she was awarded the Sim Citizen Award through Sim-One Canada, the Canadian Nurses Association - 150 Nurses for Canada, and the 100 Nurses Centennial Award by the CARNA.

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## ACKNOWLEDGEMENTS

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Shellie Lim, Educational Solutions Consultant  
BC Region



Brett Carels, District Sales Manager  
Laerdal Medical, Canada



Fred Cutler, Co-founder and CEO



Roger Crowe, Regional Sales Manager  
Western Canada & Territories



Joe Harahan, National Sales Manager  
of Canada



Stacey Haywood, Healthcare Sales Director  
Canada



Melody Collo, BMR, Publisher's Representative  
Western Canada



### **Conference Planning Committee:**

Arleigh Bell, KPU  
Kymberley Bontinen, Douglas  
Shirley P. Clarke, VCC  
Connie Evan, BCIT  
Glenn James, Douglas  
Jan Meiers, NIC  
Barbara Metcalf, VIU  
Dionne Ng, Langara  
Martha Russell, NIC  
Lee-Anne Stephen, UFV  
Sharon Wong, BCIT (retired)



Avery Stobbe, Education Sales Consultant  
Barb O'Brien, Education Sales Consultant  
Post Secondary Health Sciences

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## GENERAL INFORMATION

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### **Breakfast, Lunch, & Refreshment Breaks**

Breakfasts, lunches, and refreshment breaks are included in your registration and will be served in the **Grand Moriarty** and **Grand Strathcona** rooms.

### **Banquet Dinner**

The banquet dinner will be held upstairs in the **Walbran Room** on Thursday, May 17<sup>th</sup> starting at 1800.

### **Vendor Representatives**

Vendor Representatives will be located in the **Grand Strathcona** rooms.

### **Registration Check-In**

Registration Check-In will be open Wednesday evening from 1730 – 1900 at the Wine & Cheese Reception at **Grand Strathcona** and the **Foyer/Bar** area, and on Thursday morning from 0730 – 0900 in the **Foyer**. Members of the planning committee will be available to assist participants as needed. A beach bonfire to follow on Wednesday evening, weather permitting.

### **Abstract Presentations**

Presentations are 30 minutes in length with a 10 minute question and answer period. Presenters must complete their presentation within the allotted time. Each session will be moderated to ensure that presenters are introduced and have assistance as needed. Time prompts will be provided.

### **Wireless Internet**

Free wireless internet access is available.

**WiFi Network Name:** *TNM Conference Center*      **Password:** *tnm567wifi*

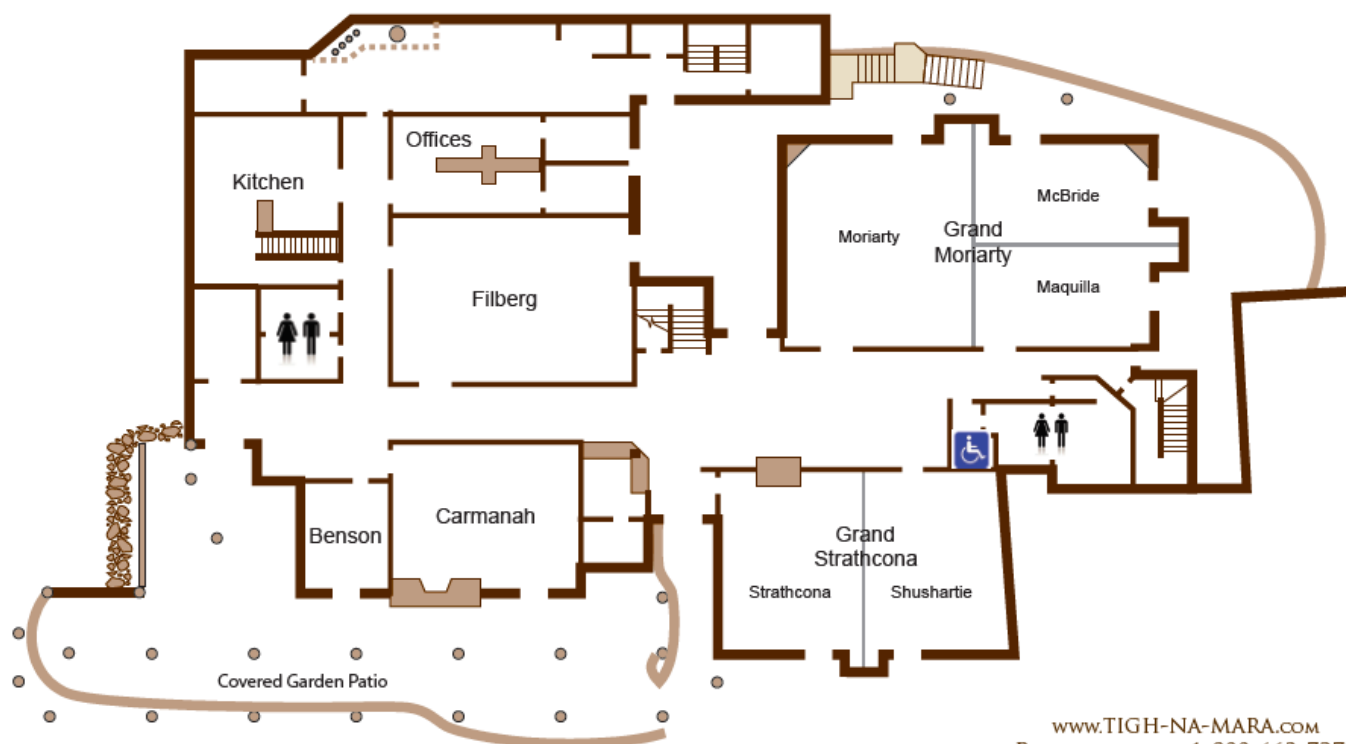
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## 2018 WCHSE CONFERENCE – FLOOR PLAN

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### FIRST FLOOR



[www.TIGH-NA-MARA.com](http://www.TIGH-NA-MARA.com)  
RESERVATIONS: 1-800-663-7373

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## 2018 WCHSE CONFERENCE – PROGRAM AT A GLANCE

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WEDNESDAY, MAY 16

### CENTER FOR MEDICAL SIMULATION, GATEWAY DEBRIEFING SKILL WORKSHOP

0830 - 0915	INTRODUCTION AND COURSE OVERVIEW
0915 - 1015	DEBRIEFING WITH GOOD JUDGMENT
1015 - 1030	BREAK
1030 – 1100	APPLICATION EXERCISE
1100 - 1145	MODEL PREBRIEFING AND DEBRIEFING
1145 – 1245	ACTIVITY WITH SIMULATED DEBRIEFING
1245 – 1330	LUNCH
1330 – 1445	SIMULATED DEBRIEFING
1445 – 1500	BREAK
1500 – 1615	SIMULATED DEBRIEFING
1615 – 1700	REFLECTION ON THE SAFE CONTAINER AND WRAP-UP
1730	<b>WCHSE WINE RECEPTION AND REGISTRATION CHECK-IN:</b> Grand Strathcona & Foyer
	<b>BEACH BONFIRE:</b> Music and Socializing around the fire, right on the beach! S'more ingredients supplied

## 2018 WCHSE CONFERENCE – PROGRAM AT A GLANCE

THURSDAY, MAY 17

0730 – 0900  VENDOR PRESENTATIONS 0800 – 0900	<p align="center"><b>Breakfast &amp; Registration Check-In / Vendor Presentations</b></p> <p align="center"><b>Charting your Curriculum / Virtual Simulation for Community, Public, and Population Health.</b> Melody Collo, Wolters Kluwer Health.</p>		
0900 – 0915	<p align="center"><b>Conference Welcome</b> Room: Grand Moriarty</p>		
0915 – 1030	<p align="center"><b>Keynote Speaker: Dr. Mary Kohl Fey</b> <b>Team Intelligence: Helping Great Minds Think Alike</b> Room: Grand Moriarty</p>		
1030 – 1100	<p align="center"><b>Break / Vendors –</b></p>		
1100 – 1145  CONCURRENT SESSION 1	<p align="center"><b>Bridging Theory and Practice in Skills Learning: The Impact of Using an Unfolding Case Study Pedagogy</b></p>	<p align="center"><b>Working Together Evaluating Learners Health Communication: Scale usability across BC Schools of Nursing</b></p>	<p align="center"><b>BC Clinical Simulation Management System – BC CSMS – A review of development from a local need to provincial solution for booking simulation activities with integrated reporting</b></p>
	<p align="center">Jan Meiers / Martha Russell NIC</p>	<p align="center">Suzanne Campbell UBC</p>	<p align="center">Michael Lundin Northern Health</p>
	<p align="center"><b>Room: Filberg</b></p>	<p align="center"><b>Room: Carmanah</b></p>	<p align="center"><b>Room: Moriarty</b></p>
1145 – 1245	<p align="center"><b>Lunch / Vendor Presentations</b></p>		
1145 - 1215	<p align="center"><b>Adapting to the Changing World of Learning</b> Shellie Lim, Elsevier</p>		
1215 - 1245	<p align="center"><b>Augmented Reality in Simulation: The Future is Here</b> Roger Crowe, CAE</p>		



## 2017 WCHSE CONFERENCE – PROGRAM AT A GLANCE

### THURSDAY, MAY 17

1245 – 1330  CONCURRENT SESSION 2	<b>Living, Breathing, Thinking, Feeling Simulators: An Introduction to Standardized Patient Methodology</b>	<b>Interprofessional Experiential Learning: Lessons Learned</b> Curriculum design for simulation-enhanced interprofessional education (Sim-IPE), curriculum development strategies, student experiences in IP simulation/games	<b>How to Bridge the Gap: Managing Skills Labs and Simulation Spaces</b>
	Tamara Chandon	Pam Rock University of Alberta	Glenn James Douglas College
	<b>Room: Filberg</b>	<b>Room: Carmanah</b>	<b>Room: Moriarty</b>
1330 – 1415  CONCURRENT SESSION 3	<b>Drawing Dementia Care: A Comics and Healthcare Initiative</b>	<b>Teaching Interprofessional Competencies using Virtual Simulation</b>	<b>Evolution of an Open Source Ultrasound Simulator by Cross Discipline Collaboration – System Modifications Identified and the Solution Set Used to Achieve these Successfully</b>
	Marie-Pier Caron / Ruhina Rana / Dr. Peter Wilkins Douglas College	Lee-Anne Stephen University of the Fraser Valley	Jeffrey Knight UVic
	<b>Room: Filberg</b>	<b>Room: Carmanah</b>	<b>Room: Moriarty</b>
1415 – 1430	<b>Break / Vendors</b> Room: Grand Strathcona		
1430 – 1515  CONCURRENT SESSION 4	<b>Rural Interprofessional Hospital Based Simulation Education – Improving Patient Care, Systems Issues, Communication and Quality Control</b>	<b>Developing a Relational Practice Module for all Health Care Providers in an Interprofessional Education Course</b>	<b>Expanding Delivery of Complex High Fidelity Simulation in a Critical Care Nursing Program</b>
	Jaime Gallaher Vancouver Coastal Health	Harroop Sharda BCIT	Sarah Desrosiers / Cecilia Baylon BCIT
	<b>Room: Filberg</b>	<b>Room: Carmanah</b>	<b>Room: Moriarty</b>

## 2017 WCHSE CONFERENCE – PROGRAM AT A GLANCE

### THURSDAY, MAY 17

1515– 1630 PLENARY SESSION	<p align="center"><b>Advancing the Canadian Simulation Agenda</b> Darin Abbey / Connie Evans / Dr. Sandra Goldsworthy / Dr. Barbara Wilson-Keates Room: Grand Moriarty</p>
1630 - 1800	<b>Free Time – Spa, Beach, Sightseeing!</b>
1800 – 2000	<p align="center"><b>Banquet Dinner and Name That Tune</b> Room: Walbran</p>
2000 – 2200	<b>Beach Bonfire</b>

### FRIDAY, MAY 18

0730 – 0900 Vendor Presentations 0800 – 0900	<p align="center"><b>Breakfast &amp; Registration Check-In / Vendor Presentations</b> Room: Grand Moriarty</p> <p align="center"><b>WCHSE Annual General Meeting</b></p> <p align="center"><b>Come and Meet ALEX - The First Manikin to use Artificial Intelligence</b> <i>Stacey Haywood, Spectrum/Nasco</i></p> <p align="center"><b>SIMULATIONiQ is making things SIMple</b> <i>Joe Harahan, SIMULATIONiQ</i></p>		
0900 – 1030	<p align="center"><b>Keynote Speaker: Colette Foisy-Doll</b> <i>Beyond Civility: Transforming Teams through Strength-Based Leadership</i> Room: Grand Moriarty</p>		
1030 – 1045	<b>Break / Vendors</b>		
1045– 1130 Concurrent Session 5	<p><b>Strategies to Enhance Nursing Program Simulations that Replace Clinical Practice Time</b></p>	<p><b>Using Virtual Simulation to Supplement Live Pediatric and Maternity Patient Experiences in a Small, Rural Nursing Program: A Review of vSim for Nursing</b></p>	<p><b>Evolution of a Basic Wound Care Trainer</b></p>
	<p>Joanna Sookocheff Saskatchewan Polytechnic</p>	<p>Amy Klepetar University of Northern British Columbia</p>	<p>Melissa Hanley Douglas College</p>
	<b>Room: Filberg</b>	<b>Room: Carmanah</b>	<b>Room: Moriarty</b>

## 2017 WCHSE CONFERENCE – PROGRAM AT A GLANCE

### FRIDAY, APRIL 18

1130 – 1230	<b>Lunch / Vendor Presentations</b> <i>Brett Carels, Laerdal Medical</i>		
1200 – 1500	<b>Leveling the Playing Field – An Out of Scope Opportunity for Engaging Health Disciplines Utilizing Friday Night at the ER (Max. 12 participants)</b> Shirley Clarke, VCC / Kymberley Bontinen, Douglas College Room: Carmanah		
1230 – 1315  Concurrent Session 6	<b>Working Together: Collaborating Across Disciplines with a Multiple Patient Childbearing Scenario</b>	<b>Interprofessional Simulation: Mission Possible</b>	<b>Practical Applications to Maximize the Use of Your SimPad</b>
	Suzanne Campbell UBC	Darin Abbey / Tamara Young CICSL	Brett Carels Laerdal Medical
	<b>Room: Filberg</b>	<b>Room: Moriarty</b>	<b>Room: Moriarty</b>
1315 – 1330	<b>Break / Vendors</b>		
1330 – 1500  Workshops	<b>Innovative Teaching Tools or Expensive Toys? Curricular Considerations Integrating Hologens Technology</b>	<b>Team-based Learning (TBL): Innovations in a dynamic pedagogy (90 minute interactive workshop).</b>	
	Connie Evans BCIT	Eileen Harpnuk/Janice Stewart VIU	
	<b>Room: Filberg</b>	<b>Room: Moriarty</b>	
1500 – 1515	<b>Wrap Up: Closing Address and Draw for Major Door Prize</b>		

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## ABSTRACT PRESENTATIONS

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Thursday, May 17, 2018

**1100– 1630**



## ABSTRACT PRESENTATION

### **Working Together Evaluating Learners Health Communication: Scale Usability across BC Schools of Nursing**

Outlines the results of collaboration of a group of expert nursing faculty using a train-the-trainer process to validate the feasibility of faculty's use of the Global Interprofessional Therapeutic Communication Scale® (GITCS®) to evaluate nursing students' health communication skills in a variety of settings including simulated and standardized/simulated patients at multiple schools of nursing across a Canadian province.

This panel presentation will outline a research project that tested a scale to measure health communication skills of BSN students in multiple schools of nursing in British Columbia, Canada. A train-the-trainer process was developed to educate faculty about the use, analysis, and to help in the evaluation of the usability of the Global Interprofessional Therapeutic Communication Scale (GITCS) as well as the inter-rater correlation of scoring in live situations. The team who participated in the expert review, testing, and train-the-trainer aspect of the research project will outline the benefits and challenges of this approach and identify lessons learned for future development of the process. They will present comparisons between groups who used two different versions of the scale (35 item, non-categorized and 28 item, categorized). Benefits of working together and sharing how the scale worked in a variety of simulations with live and simulated patients as well as use of the scale while observing a video of a nursing student with high-fidelity manikin and live actor family member will help to demonstrate the variety of uses and train-the-trainer benefits within individual programs and for interprofessional groups. Implications for scale use in clinical environments with students and practitioners will be described. This project sought to bring together expert nursing faculty teaching with simulation to assess demonstration of therapeutic relationships by nursing students with health communication that allows delivery of safe, quality, patient-centered care. Using simulation as a teaching tool to improve the health communication skills of health care students is not new, however standardized instruments to effectively evaluate the communication between providers and patients is still evolving. In that evolution, professional development of health care faculty is necessary.

PRESENTER

**Dr. Suzanne Campbell**

PhD, RN, IBCLC

University of British  
Columbia

### **NOTES:**

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## ABSTRACT PRESENTATION

### ***BC Clinical Simulation Management System – BC CSMS – A Review of Development from a Local need to a Provincial Solution for Booking Simulation Activities with Integrated Reporting***

The Northern Clinical Simulation program was created in 2010 as collaboration between Northern Health, UBC Northern Medical Program, and the UNBC School of Nursing. The program includes four fully equipped simulation centres across the north and the ability to provide mobile simulation activities to rural and remote communities. One of the vital components to measuring the success of this partnership is the ability to capture and report on all simulation activities in each of these contexts.

The data collection tool adapted in the beginning of the partnership was very rudimentary and involved manually entering data captured on paper from each session into a data sheet. The level and types of data required grew based on information needs of the partners. Historically, as data needs were identified the data collection tool would be manually modified ensuring the partners had the information they needed for decision making.

As the simulation program in the North matured there was an immediate need to develop a more robust and “user friendly” approach to data collection and reporting. The need for this type of capability was shared among other provincial simulation programs and a collaboration was born. With financial support from University of British Columbia Faculty of Medicine Simulation / Curriculum Development Research Grant the Northern Clinical Simulation Program led the development of an online tool, the BC Clinical Simulation Management System, now available for use across the province.

This presentation will cover the early stages of the project, lessons learned, the functions of the management system, and the unforeseen and future benefits of a provincial simulation reporting system.

*PRESENTER*

**Michael Lundin**  
Coordinator,  
Northern Clinical  
Simulation

Northern Health

### **NOTES:**

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## ABSTRACT PRESENTATION

### ***Living, Breathing, Thinking, Feeling Simulators: An Introduction to Standardized Patient Methodology***

No, it's not the newest and flashiest manikin on the market — it's human role play! Human role players are commonly referred to as Standardized Patients or SPs. SPs are most often used to teach or assess communication, interviewing, counselling, and physical exam skills.

The methodology is well established and employed globally in health care education, assessment, and licensing. SP methodology's strengths lie in its safety, reliability, repeatability, and customizability. The range of applications varies from highly improvised and realistic role plays to strictly controlled and standardized encounters. So where does one begin in introducing this modality of learning and assessment?

This session will introduce the full spectrum of human role play and the foundations of SP methodology — the who, what, where, when, why, and how of human role play. Particular focus will be placed on identifying opportunities in teaching and assessment that make optimal use of SP methodology, as well as how to pilot human role play while minimizing risk to both learners and SPs.

Tamara Chandon has worked with SP methodology for six years at the University of British Columbia as an SP Trainer/Educator and Case Writer. A professionally-trained actor and writer, Tamara started out as an SP herself (as many SP Trainers do). She possesses a stack of credentials that include a BA in Theatre and Professional Writing, a diploma in Acting, a certificate in Publishing, and an MFA in Creative Writing.

PRESENTER

**Tamara Chandon**

Standardized Patient  
Trainer / Project Manager,  
Faculty of Medicine

University of British  
Columbia

### **NOTES**

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ABSTRACT PRESENTATION

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***How to Bridge the Gap: Managing Skills Labs and Simulation Spaces***

Managing skills labs and simulation labs for three health sciences programs can be a daunting task. How do we, as simulation technologists, support an educational environment that employs both medical and technological jargon? How can we ensure that technology appropriately supports learning in the most effective way? In this session I will share the joys and challenges I have experienced working in the healthcare education environment from the perspective of a simulation technician and simulation lab supervisor. I will outline equipment requisition workflow, simulation/manikin scheduling, institutional branding, inventory management, and sim tech professional development plans. I will focus on the key responsibilities of the sim tech and how this particular profession is essential to the success and evolution of a simulation centre. There will be an opportunity at the end of the presentation for sharing, discussion, and questions.

*PRESENTER*

**Glenn James**  
Supervisor,  
Simulation Centre  
  
Douglas College

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## ABSTRACT PRESENTATION

### ***Drawing Dementia Care: A Comics and Healthcare Initiative at Douglas College***

This presentation will discuss the project at Douglas College to adapt experiences and best practices of dementia care into comic book form as part of a larger, international Graphic Medicine project.

The project began at City, University of London in 2016 where comics scholars Simon Grennan, Ernesto Priego, and Peter Wilkins worked with the Human Computer Interaction Design team at City to adapt stories caregivers had submitted to the Care 'n' Share app to produce Parables of Care a 16-page comic.

Peter and Marie have a Research Incentive Grant at Douglas to work with focus groups and individuals from across health sciences and therapeutic recreation departments to gather stories for a similarly sized comic, which a team of student research assistants and an artist will adapt.

We will discuss the theorization of the project and its relation to the larger Graphic Medicine and Medical Humanities movements. We are particularly interested in what comics can represent about the experiences of dementia care that other discourses cannot. Our hypothesis is that because dementia care involves working with different registers of rationality and emotion, the multimodal representation of comics offers a good medium for representing and exploring dementia.

We will present some sample pages and discuss the difficulties and successes of our work so far, and we will have print copies of Parables of Care for free distribution.

*PRESENTERS*

**Marie-Pier Caron**  
RN BSN MN  
Faculty

**Dr. Peter Wilkins**  
BA MA PhD  
Faculty

**Ruhina Rana**  
RN BSN MSN(c)  
Faculty

Douglas College

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## ABSTRACT PRESENTATION

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### ***Teaching Interprofessional Competencies using Virtual Simulation***

Interprofessional (IP) education is an essential component of health care professionals' curriculum. Research shows that patient outcomes are improved when health care teams work together (World Health Organization, 2010). Interprofessional simulation (IPS) experiences are one method to provide IP education experientially. IPS can be used to assist learners as they develop the skills and knowledge required for collaborative practice within a healthcare practice setting. (Murdoch, Bottorff, & McCullough, 2013).

A virtual simulation learning experience was created for BSN, PN, and HCA students as part of a research study. The purpose of the study was to gain an understanding of how virtual simulation can enhance students' knowledge of IP competencies. The learning objectives focused on teamwork, collaboration and role clarity. During this experience, the BSN, PN, and HCA students met in the virtual world to provide care for an older adult who was experiencing elder abuse at home. Each student had a unique piece of assessment information about the patient, making collaboration necessary in order to understand the health care needs of the patient. The students completed a pre and post test questionnaire to assess their learning and perception of virtual simulation as a teaching approach.

In this session, I will describe faculty lessons learned, the structure of the virtual simulation experience, and the preliminary findings of the research study.

PRESENTER

**Lee-Anne Stephen**  
RN BN MN  
Associate Professor

University of the Fraser  
Valley

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## ABSTRACT PRESENTATION

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### ***Evolution of an Open Source Ultrasound Simulator by Cross Discipline Collaboration – System Modifications Identified and the Solution Set used to Achieve These Successfully***

The Edus2 is an open source tool that integrates ultrasound into existing simulation suites developed by Paul Kulyk and Paul Olszynski. Educators wanted to be able to activate specific ultrasound videos by placing RFID tags within the manikin in predetermined areas of the body. They wanted a mocked up ultrasound machine that included a probe and a computer for use in simulation scenarios. The tags/videos needed to be easily changeable in order to support different scenarios and be remotely controlled from an existing instructor laptop to be altered during a scenario. A video collection was developed in collaboration with clinical stakeholders. The project being open source only needed some minor modifications in order to achieve the educator requirements.

The identified technical needs were as follows; repurpose tags bundled with SimMan3G to be compatible with the system. Utilise a hardware platform that is cost-effective and freely available to standardise the system installation. Automatically halt the ultrasound video when the probe is removed from the RFID tag for added realism. Add a means to the existing SimMan3G instructor laptop to control tag changes on the fly. Tag compatibility was achieved by using a 13.56MHz ISO 15693 receiver. The Raspberry PI 3 was implemented running Ubuntu Linux allowing the whole system to be imaged for quick replication. The video playback on the software was altered to use hardware acceleration in order to play video effectively on the new platform. An open source model was 3D Printed to mount the hardware to the back of a standard display. An actual probe shell was used to house the receiver for realism. Utilising existing Laerdal RFID tags causes a continual read on the instructor application through the manikins' right arm interfering with normal operation. This was resolved by using an oral tag that is ignored when in proximity to the simulators arm antenna. Lastly an open source remote desktop application was implemented to remotely adjust the videos corresponding to the tags during a scenario.

The implementation of an open source project that already exists is beneficial on multiple levels. The system is extremely cost effective running at around \$350 for all the hardware while the majority of development work is established and only needs minor modifications to suite specific site and educator needs. The collaboration between different institutions and stakeholders is an effective way to strengthen the simulation community as a whole while contributing to an extremely useful tool that will further evolve and improve as it is implemented by more institutions.

PRESENTER

**Jeffrey Knight**

Simulation Technologist  
Technology Support  
Analyst

University of Victoria

#### NOTES:

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## ABSTRACT PRESENTATION

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### ***Developing a Relational Practice Module for All Health Care providers in an Interprofessional Education Course***

Relational practice, a model for guiding the process of knowing oneself and others through inquiry and based on application of the philosophical lens of phenomenology is an essential aspect of undergraduate nursing education. By introducing this concept early, nursing students are given the opportunity to develop a personal and meaningful way to provide health care that takes into account the lived experience of the patient as a unique individual. Historically, the concept of relational practice has been taught exclusively by nurses to other nurses and nursing students. However, nurses are not the only health care providers who are involved in direct care and interpersonal interactions with patients. Optimizing patient care, that is, improving patient care quality and safety, requires an interprofessional approach. Sharing unique frameworks of knowing, such as relational practice, between professions is an important part of this approach.

At the British Columbia Institute of Technology (BCIT), a team of faculty was commissioned to redesign the undergraduate nursing program curriculum. Within the redesign, it had been envisioned that opportunities for interprofessional education be available for all students in the school of health sciences. At BCIT, this includes programs in nursing, electrodiagnostics, healthcare leadership, health protection, laboratory sciences, medical imaging technology, and therapeutics. A 14 week-long communication course was designed as an interprofessional course and includes a two week-long module introducing students from the various health disciplines to relational practice. Some other topics covered in the course include psychological safety on teams, teamwork, social media, informatics and civility. The inaugural offering of this blended course is September 2018.

This session will review the process of developing the relational practice module for all health care providers in this interprofessional education course. There will be a discussion regarding the educational considerations of teaching this concept outside of the discipline of nursing, including its application in laboratory, simulation and clinical learning environment. In addition, the potential challenges to operationalization, the opportunities, and recommendations for future applications will be discussed.

PRESENTER

**Harroop Sharda**

RN MSN

British Columbia Institute  
of Technology

### **NOTES:**

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## ABSTRACT PRESENTATION

### ***Expanding Delivery of Complex High Fidelity Simulation in a Critical Care Nursing Program***

We will discuss how we have built upon our delivery method for simulation to meet the needs of a wide variety of critical care nursing students.

**LEARNING OBJECTIVES:**

1. Provide insight into our understanding of the different delivery methods of simulation.
2. Explore ways to support critical care nursing students with complex evolving high fidelity simulation via in class and distance education.
3. Identify methods to increase students engagement in the learning environment
4. Provide critical care nursing educators different ways to meet student learning needs
5. Describe new ways of simulation delivery in bridging theory to practice.

*PRESENTERS*

**Sarah Desrosiers**  
RN MSN

**Cecilia Baylon**  
RN MSN

British Columbia Institute  
of Technology

High fidelity simulation is considered a keystone component of nursing education including critical care nursing education. This presentation will focus on two unique methods that we have created to support distance students in the critical care nursing programs use of high fidelity simulations. To support students in this distance capacity we have created simulation ibook modules that include videos and questions that support clinical decision-making. To support students in real time we have also created a short powerpoint presentation with elements of simulation insitu to support learners experiential learning needs in a distance capacity. We will finish of this presentation with ideas of where we will go from here, and our plans for future development of simulation delivery.

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## PLENARY PRESENTATION

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Thursday, May 17, 2018

**1515 – 1630**

***In preparation for the plenary presentation, please consider the following questions:***

1. How would increasing collaboration [locally, provincially and nationally] help you increase the effectiveness of your simulation efforts, and what does your organization stand to gain from having a national simulation strategy?
2. How do we “action for success” now, and which stakeholders do we need to engage?



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## ABSTRACT PRESENTATIONS AND WORKSHOPS

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Friday, May 18, 2018

**1045 – 1300**

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## ABSTRACT PRESENTATION

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### **Strategies to Enhance Nursing Program Simulations that Replace Clinical Practice**

Simulation has replaced actual clinical practice time in some nursing education programs. Reasons for this are “increased acuity level of patients, the nursing faculty and staff shortages, limited clinical sites, and the shifting role of the nurse” (Campbell, S.H. & Daley, K.M., 2018, p. 5). For these reasons, especially limited clinical sites, simulation is taking the place of some clinical time for nursing education programs at Saskpolytech.

Simulation faculty in collaboration with practical nursing faculty, developed three pediatric scenarios, and delivered them in the fall of 2017. The scenarios fit the learning needs of the practical nursing students, and simulated actual clinical experiences. The scenarios adapted to the skills that the student group had acquired to date. A med math review ensured students could proceed smoothly through the scenario. A pre-quiz was developed based on assigned readings from text and lecture material to ensure preparation for the scenario. A debrief followed the simulation which was used to reflect on critical thinking, performance, and learning for both faculty and students. Following debrief the session ended with a post-quiz, and discussion. The scenarios simulated clinical experiences: the settings closely resembled patient rooms; standardized patient caregivers provided realism; policies, procedures and documentation from the health region guided the scenarios, and were used in patient charts.

This session will provide information on the scenarios, the materials used, the simulation set up, and how the clinical scenarios were successful in fulfilling the objectives of the clinical experience for the practical nursing students. The results of the student survey following the scenarios revealed that the majority of students view the simulation as positive, and literature substantiates that simulation can be a viable alternative to actual clinical experience, especially in light of ongoing clinical placement issues.

PRESENTER

**Joanna Sookocheff**  
RN BScN  
Faculty

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ABSTRACT PRESENTATION

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**Using Virtual Simulation to Supplement Live Pediatric and Maternity Patient Experiences in a Small, Rural Nursing Program: A Review of vSim for Nursing**

Finding adequate clinical experiences in specialty areas is an increasing challenge in many nursing programs, with higher acutities in facilities, heightened concerns for patient and student safety, and multiple health care learners competing for fewer patients. Those attending rural programs may have little access to specialty patient populations, as they are cared for at larger centres. Many nursing programs are turning to simulation to replace some clinical hours, as this tool provides safe and equivalent practice experiences for students. Virtual simulation is computer-based simulation, whereby students provide nursing care to virtual patients.

**Purpose:** We will introduce attendees to vSim for Nursing, discuss ways that the product might be used in the Canadian curriculum, and share insights gained from using this tool in a nursing program located in a rural area.

**Methods:** Twenty-one students enrolled in a small, rural, undergraduate nursing program used vSim for Nursing in Winter 2017 in their 3rd year courses of Paediatrics and Maternity Nursing. Aggregate student scores on simulation scenarios, amount of time spent on scenarios, pre- and post-simulation quiz scores, as well as instructors' qualitative feedback on the product were collected.

**Results:** This product has high potential for use in clinical courses, given maximum hours per scenario and minimum simulation scores. Other than occasional American lab values, the scenarios are relevant to Canadian undergraduate nursing students. Clinical decision-making, prioritization, patient safety, and communication were practiced using this tool. This product provided valuable, consistent patient experiences in a safe environment, to students who would not otherwise have had access to these types of patients.

PRESENTER

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**WORKSHOP PRESENTATION: 30 MINUTE PRESENTATION + 30 MINUTE DEMONSTRATION**

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***Innovative Teaching Tools or Expensive Toys? Curricular Considerations Integrating Hololens Technology***

Teaching in healthcare education is a complex practice. The primary goal for healthcare instructors is to prepare learners to provide competent safe patient care. However, twenty first century healthcare educators are tasked to merge profession specific knowledge with pedagogical practices and have an understanding of technology to create supportive learning environments. Instructors are increasingly overwhelmed with the investment time in learning and then integrating educational technology into their teaching.

Innovation in teaching and learning is strongly encouraged in the post-secondary system and technology is changing the basic knowledge required of an educator. What should educators consider before integrating technology into their teaching? Do these technological tools support students to meet learning outcomes faster? Do these technological advancements work with authentic learning environments or professional practice areas? Are students applying theory to practice at a faster rate and/or do they have more opportunities to reflect because of these tools?

This session explores the framework for technology integration - technology, pedagogy, and content knowledge (TPACK) and SAMR model as resources to guide the integration of technology into curriculum using the augmented reality/mixed reality tool – Hololens as the exemplar. In addition, the workshop participants will have the opportunity to wear the Hololens headsets to discover the applications for augmented reality (AR) anatomy and physiology and to participate in discussion on the potential opportunities of integrating AR into their own teaching.

PRESENTER

**Connie Evans**  
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## WORKSHOP PRESENTATION: 90 MINUTE INTERACTIVE WORKSHOP

### ***Shades of Grey: Supporting Student Learning with Team Based Learning***

Interested in moving students from black and white dualistic thinking to working with the shades of gray in professional practice?

Team based learning (TBL) is a multifaceted pedagogical modality which can be used to enhance the classroom experience of students. Readiness Assurance Processes (RAPs) and 4S questions are two of the techniques used to promote critical thinking, engaged conversation and professional growth. (RAPs) are a strategy used to promote student preparation and readiness levels for in class activities. This is a 2 step process which includes an individual readiness assurance test and a team readiness assurance test. 4S questions are used to facilitate application of knowledge, growth and development, and team process functioning with reality based application questions. Students are challenged as a team to go beyond rote memorization of information into the processes of application and higher order thinking according to Bloom's taxonomy. 4S questions push students to think outside of the box and into the shades of gray. Concepts of context and safe patient centered care force students to consider multiple factors that influence decisions they will be required to make in their professional practice.

This session will briefly review components the pedagogical foundations and creation of RAPs and 4s questions. Teams will be created to simulate the TBL experience. This is just a "taste test" of the TBL process, we will provide information on resources for further investigation if individuals are interested in learning more about this complete learning pedagogical modality. Caution: poetry may be used.

*PRESENTERS*

**Eileen Harpuk**  
RN MSN  
Professor

**Janice Stewart**  
RN MSN  
Professor

Vancouver Island  
University

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## LOCAL PARKSVILL ATTRACTIONS

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### **Parksville Community Park and Beach / walking distance**



Situated right in downtown Parksville, Community Beach is the most popular beach destination. The beach consists of fine white sand, many driftwood logs and an assortment of marine seabirds. At low tide, when beachcombing is best, the ocean waters recede back 500 metres into the ocean revealing tidal pools, shells and kilometres of wet sand.

The beach is lined with viewing benches, picnic tables and grass lawns. Some picnic areas are private, some are public. Whatever the case, there is plenty of space on the sandy beach and grass lawns in the park for a beach blanket and lawn chairs.

### **Rathrevor Beach and Provincial Park / walking distance**



Rathrevor Provincial Park is a large beach park located in Parksville, BC on Vancouver Island, Canada. The 347 hectare park enjoys a large sandy beach, fantastic marine views, hiking trails and a very popular campground. The ocean tides recede 900 metres at low tides revealing many more kilometres of wet sand. Left in its retreating path are tidal pools, shells and marine life. The 2 kilometre long beach attracts a lot of activities to the park including picnicking, beachcombing, camping, birdwatching, hiking and kayaking. The hiking trail in the park is a good way to explore the wilderness. There are over 5 kilometres of trails in the park. Many are wheelchair and baby stroller friendly. The trails explore along a sandy beach and through a forest full of Douglas Fir, Hemlock, Balsam, Western Red Cedar, Spruce, Arbutus and Maple trees. There are information shelters with trail maps at strategic locations in the park.

## **Downtown Parksville Shopping & Galleries / walking distance**



If you're looking for women's wear, sportswear, folk art, kitchen gadgets, bath accessories, cool garden art, handmade quality jewelry, pottery, it's all here and easy to find. Parksville shopping features a wide variety of retail stores, galleries, boutiques, restaurants, grocery stores, and professional centres.

If it's art you're looking for, there's nothing quite like encountering an artist on his or her own home turf, cup of tea in one hand, paintbrush or chisel in the other. Self-guided studio tours of the region allow one to drop in unexpectedly on dozens of home-based studios and galleries. Parksville/Qualicum Beach is home to one of the highest concentrations of artist and artisan studios in BC.

## **Coombs Village & Country Market / 10 minute drive**



Coombs Village is located west of Parksville BC, on Vancouver Island in British Columbia, Canada. The eclectic village, doubling as a market, is a popular attraction in the region because of the unique assortment of services and shops. One of those attractions is "The Goats on the Roof" restaurant. It is a patio restaurant with live goats grazing on the roof of the building. In the centre of the market, circling the main courtyard, are various shops selling clothing, candles, jewelry, carvings, toys, artefacts, old books and more.

### **Little Qualicum Falls / 10 -15 minunte drive**



Little Qualicum Falls Provincial Park is a waterfall and hiking destination located near Parksville. The park highlight is a boardwalk trail leading to a gorge with viewing platforms overlooking some waterfalls. There are over 6 kilometres of walking trails throughout the 440 hectare Little Qualicum Falls Park. Most of the trails begin from day use area in the park.

### **Little Qualicum Cheese Works/MooBerry Winery / 5-10 minute drive**



MooBerry Winery and Little Qualicum Cheeseworks are located side by side on Morningstar Farm in Parksville. Using the highest quality BC fruits, vintner Phil Charlebois creates a wide variety of flavourful, award winning fruit wines to delight the senses. Tastings are offered at the wine counter located in the Farmgate store. Guests are invited to take a self-guided tour and enjoy a stroll along their walking trail.

### **Top Bridge Park / 5 minute drive**



The Top Bridge Trail connects Rathtrevor Beach Provincial Park on the Strait of Georgia with the Top Bridge Crossing, a magnificent pedestrian-cyclist suspension bridge spanning the Englishman River at a lively junction of parks and conservation area. The trail is five kilometres in length each way and offers a rustic ramble or bike ride away from the urban sea-side to the cool woodlands of the Englishman River. The mid-section of the trail passes through private property: users are requested to stay on the authorized trail route and respect private property. At Top Bridge, take a break, take a dip or just sit back on the rocks and enjoy the beauty of a famous salmon river.

### **Horne Lake Caves / 20 -25 minute drive**



Horne Lake Provincial Park is a caving / spelunking destination located west of the communities of Qualicum Beach and Parksville. Within the park are numerous caves and caverns to explore for all fitness levels. The parks staff at Horne Lake Caves provide interpretive caving tours to the public. The guided tours begin at the Interpretive Centre located in the park. The temperatures underground drops rapidly, so prepare well with warm clothing and good footwear. Climbing helmets provided with tours. The guided tours vary. There are shorter family friendly 90 minute tours with an interpretive guide. There are 5-6 hour tours for the extreme caver propelling down waterfalls and climbing cable ladders. Horne Lake Park does have a day use area with pit toilets and 2 picnic tables



## Cathedral Grove / 25 minute drive



Cathedral Grove, located in MacMillan Provincial Park, is one of the most accessible stands of giant Douglas fir trees on Vancouver Island. Here visitors can stroll through a network of trails under the shadow of towering ancient Douglas-fir trees, majestic pillars untouched by the modern world – some more than 800 years old.

Trails on either side of the highway lead visitors through the mighty stands of this coastal forest. On the south side you will find the largest Douglas firs – one measuring more than 9 metres in circumference. On the northern side of the road you'll find groves of ancient Western red cedar standing sentry over nearby Cameron Lake.





