

Introduction and background:

Simulation is a helpful academic technique method that replaces- or amplifies real experiences with guided-experiences- that evoke or replicate in a fully interactive manner substantial aspects of the real world.

Simulation based medical education enables knowledge, skills and attitudes to be acquired by all healthcare professionals in a safe, educationally orientated and efficient setting.

The 21st century has been characterized by a strong interest in using simulation for purposes of improving patient safety. Pain medicine is a new specialization that links technical procedures, different specialties and the relationship with the patient in order to provide interdisciplinary patient care. We wanted to adapt the simulation to the -specialty of pain medicine and for this reason we created the Simulation Program in Pain Education.

Objectives

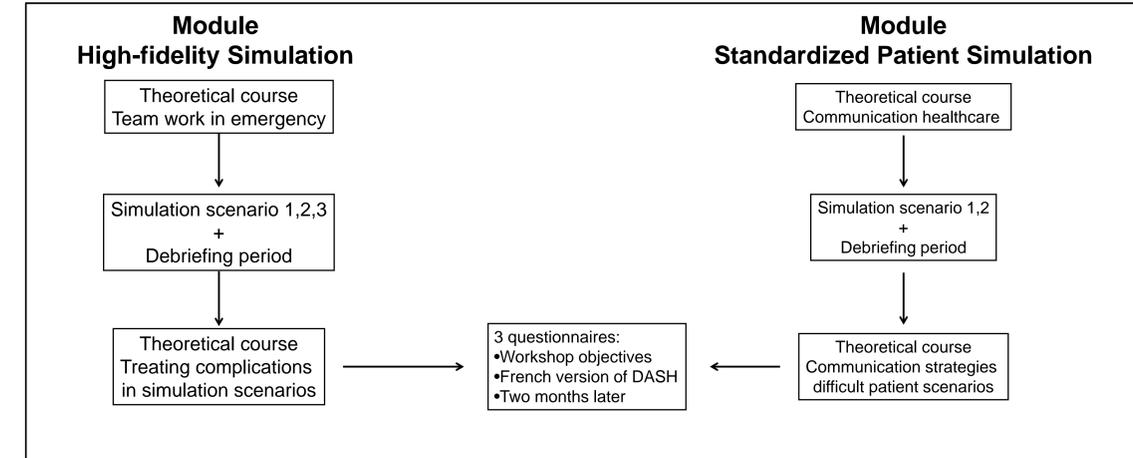
- 1) Identifying the importance of teamwork in emergency/complicated cases.
- 2) Identifying the techniques with a higher risk of complications in a pain center.
- 3) Recognizing which patients are emotionally difficult to treat (borderline personality disorder, depressive patients, psychosomatic patients and patients dependent on drugs).

Methods

We combined two academic methods of teaching: the classic and the simulation. The classic method included two theoretical courses. The simulation learning method included two modules- a High-fidelity Simulation for emergency situations with computerized mannequins and a Standardized Patient Simulation with actor patients. A structured module workshop lasting a total of 8 hours was created. This included ninety minutes of the theoretical course as well as three HFS scenarios and two SPS scenarios.

The debriefing period was structured following the three phases recommended by the Center for Medical Simulation in Boston:
The first recommendation concerned Reactions: Clear the air and set the stage for discussion, of both feelings and facts;
The second recommendation/Understanding: How to improve or sustain performance;
And the third recommendation was to Distill lessons learned. (Summary)

Three questionnaires for each simulation modules were elaborated, one to assess whether the participants met the workshop's objectives.
A French version of the Debriefing Assessment for Simulation in Healthcare (DASH) was used.
The third was completed by the participants two months later to assess whether participants had the opportunity to put the knowledge acquired during the SPPE into practice.



Results

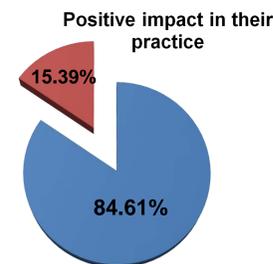
Thirteen practitioners, 7 women and 6 men, completed both modules. Participants ranged in age from 25 to 60. The professionals were family doctors, anesthesiologists, neurologists, residents and nurses.

The average result of the DASH was: 6.5/7

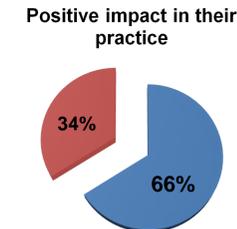
The participants also improved the identification of potential complications.

Participants improved their clinical skills in the context of little or no risk to the patient through the use of teamwork and the assessment of clinical situations.

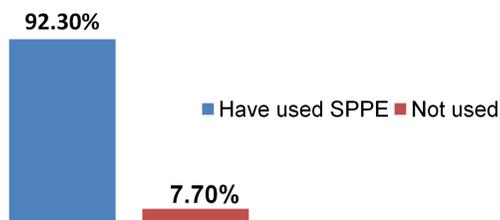
High fidelity simulation



Standardized Patient Simulation



Participants have used the practical knowledge associated with SPPE at least one to three time



Conclusions

The results show that simulation training is an excellent way to consolidate the knowledge acquired, to put into practice the importance of teamwork and to recognize the techniques with higher risks of complication in a Pain Center. It provides participants with a safe learning environment that allows mistakes- and professional growth without risking patient safety.

The simulation improved four important aspects in the treatment of pain management:
Encouraging clinical judgment
Developing and enhancing leadership
Promoting interdisciplinary collaboration
Learning from mistakes and improving skills

Our results show that combining the Classic and simulation methods provides a complementary approach which prepares participants for the reality of real-life situations.