00:00:00:10 - 00:00:28:10
Unknown
Today, we're exploring how simulation can be used to prepare health professions students for interprofessional substance use disorder care, not just in theory, but in real world team based decision making. We are joined today by Doctor Brian Silke, a clinical assistant professor at New York University. Rory Myers College of Nursing and practicing emergency nurse whose work focuses on nursing education, professional mentoring and workforce development.

00:00:28:12 - 00:00:51:13
Unknown
And Doctor Jane Gray, an associate professor of practice in educational psychology and the College of Education at the University of Texas at Austin, where she helps prepare future psychologists and other behavioral health professions for clinical practice. I'm so excited for this conversation with both of you. Thank you so much for for being here today. Thank you for having us.

00:00:51:13 - 00:01:09:09
Unknown
Yeah. Thank you for our first question. You know, help us set the stage. What does simulation based teaching do for substance use disorder education? You know that other teaching methods can.

00:01:09:11 - 00:01:44:08
Unknown
I can start, I'm a psychologist by training, and I train a lot of theater psychologists, as well as other health professionals. And I can say in the field of psychology, our learners are pretty underprepared for substance use prevention. And treatment. And so any type of hands on learning is extremely valuable for them. And we receive feedback time and time again from all of our learning activities that students really prefer and benefit a lot from, activities that help them practice their skills.

00:01:44:10 - 00:02:13:22
Unknown
Whether that's interprofessional communication or direct patient care. So simulation training really helps us to provide training in an area where they really need it, in a format that seems to be pretty beneficial for them. Yeah. I think it's so important for learners to have that safe space where they can practice. You know what I say this or oh, that didn't work out.

00:02:13:23 - 00:02:42:00
Unknown
Let me try and, you know, try a different approach before they get to like, experiential, settings. And then certainly before they graduate and go out into clinical practice. Absolutely. Yeah. In nursing, it's

really important because, depending on the type of program that they're in, usually a nursing student does the same amount of clinical hours, but they may do it over a one year period versus over, say, a 2 or 3 year period.

00:02:42:02 – 00:03:04:12
Unknown
But we can't control what they're going to encounter at a real clinical site. Especially when we're looking at those high risk, low occurrence situations, we can't, you know, ensure that the student's going to experience that when they're at a hospital or they're at a clinic, because they'll only take care of the patients who just happened to come in that day.

00:03:04:14 – 00:03:28:03
Unknown
And when you look at those high risk, low occurrence situations, if that does occur while a student's there, the clinical side is very reluctant to ever let a student actually participate in that care, given that it's a high risk situation. Whereas in simulation we can control exactly what is happening. We can ensure that every student gets the same experience in a simulation.

00:03:28:05 – 00:03:51:07
Unknown
And also we can allow the students the freedom to actively participate in the care, and we can safely allow them to make mistakes should they do that without any real consequences to any patients. And a lot of times students can really learn from those experiences, even if they do the wrong thing. Because in debriefing, we can go through and say, you know, why was that not the right thing to do?

00:03:51:07 – 00:04:14:11
Unknown
And what was the outcome that occurred with this? And we can really discuss that with the group? Yeah, absolutely. That standardized, model so that all students get the same experience. I can definitely relate. I've been in situations, like when you talk about the debriefing where learners have done simulations and afterwards, like, they know they're like, oh, like, I didn't like that.

00:04:14:13 – 00:04:39:23
Unknown
And then, you know, that's when we as faculty, you know, say like, let's talk about it. What would you do different? So yeah, a ton of reflection. Yes. That can come out of simulation. And if you're using standardized patients as the patients in simulation, when the actor comes out of their patient role, they'll also really provide amazing feedback to the students about when you said this, I felt like this, or when you said that I felt reassured by your care.

00:04:40:01 - 00:05:06:23
Unknown
And students can realize the consequences of the words that they use and in that situation, whereas a real patient wouldn't necessarily give that feedback to a student. Totally. And for listeners who may not know, what is a standardized patient? So standardized patients are, professional actors, and many of them, at least the ones that we work with at NYU, might work with many different universities.

00:05:07:01 - 00:05:29:22
Unknown
A lot of them work at different, colleges of pharmacy, College of medicine, schools of nursing. And they will be assigned an acting role and they'll be prepared by our simulation staff for that specific role. They'll learn their character. They know you know, this patient's history. They know their social story. They know the way that they're supposed to behave.

00:05:29:22 - 00:05:54:05
Unknown
They even know the responses that they're supposed to have, depending upon what the student does or does not do in that situation. And the actors that we worked with are just absolutely phenomenal. Being in the room, you truly feel like you're in a real life, health care situation with a real patient. Then again, these are professional actors, so they are no longer their own self in that situation.

00:05:54:05 - 00:06:28:12
Unknown
They are now the patient that they are in the role of, and they do not come out of that role until the simulation is ended. And we've entered the debriefing period. Yeah. It makes it feel really real and it right makes this truly feel realistic. Yeah. Yeah. We've also I, we've done standardized patient training. In a previous iteration of our simulation training at UT and we also have had standardized patients come in that had lived experience.

00:06:28:14 - 00:06:55:16
Unknown
So in, training we've done for substance use and specifically opioid use. We had, a person come in. He wasn't a professional actor, although you wouldn't know it from his interactions with the students. He was really consistent. And, and he is in recovery. And so he, he really brought also that real life experience into this, his interactions and the same.

00:06:55:18 - 00:07:26:09
Unknown
We found the same thing to be really helpful. That Brian was, was

commenting on as far as the feedback afterwards, just that real time, immediate feedback, to students about how their skills and the way that they were communicating was landing, with him. That's so cool. I'm so glad you mentioned that, because with I think with any education related to substance use disorder, it's so important to incorporate voices of people that do have lived experience.

00:07:26:09 – 00:07:54:18
Unknown
So that's really cool that you were able to incorporate that person, as an actor in your past simulation? Very cool. Well, Brian, I want to, start with you. If you could talk about the simulation that that you were involved with, tell us, what did learners, encounter with that experience? All right. So, the simulation that we developed, it was a large simulation with many students.

00:07:54:20 – 00:08:19:14
Unknown
There were about 50 pharmacy students from an outside university. NYU doesn't have a school of pharmacy. So we were working with an outside university, and the nursing students were undergraduate, baccalaureate, students. And they were and currently enrolled in their psychiatric mental health nursing course. And there were well over 100 nursing students in the simulation as well.

00:08:19:14 – 00:08:58:11
Unknown
So we were dealing with a very large groups, which is another challenge that we face in the development of this scenario. So the simulation was done in two phases. There was phase one and phase two. During phase one, half of the students were in a large lecture hall watching a simulcast of what was happening in the simulation center, while the other half were actually in the simulation center, working in, I think like four different rooms with four different standardized patients who were who were having the same scenario acted out in the room.

00:08:58:13 – 00:09:37:04
Unknown
And in phase one, it was a patient who was in a motor vehicle collision, had seen their primary care provider, received a prescription for, oxycodone, five milligrams with acetaminophen, and, arrived in the emergency department reporting pain and requesting, another prescription for additional pain medications. In that scenario, the learners, the pharmacy students and the nursing students made recommendations to the the provider with the prescriptive authority about what should be done to to care for this patient.

00:09:37:06 – 00:10:10:06
Unknown

And depending upon the choices that they made, there were consequences that occurred in the second scenario. In phase two. Then the students who had active roles in phase one were now observers in the large lecture hall, while the students who were the observers. The first round came into the SIM center in phase two, the same patient who also just happened to be a registered nurse, and that was one of the, a key aspect of the simulation was that the patient was a registered nurse who did happen to be in a motor vehicle collision.

00:10:10:08 - 00:10:55:20
Unknown
The patient now presents to the emergency department again six months later. And, the patient had received additional prescriptions from another provider, this time for oxycodone, ten milligrams, presents to the emergency room out of their medication and exhibiting signs of opioid withdrawal. And now the team had to collaborate in terms of developing a plan of care for a patient who truly has pain, but also has symptoms of opioid withdrawal, and also has had many social consequences in the last six months related to this, including loss of employment, financial difficulties, problems at home related to this.

00:10:55:22 - 00:11:28:17
Unknown
And so one of the goals of the learning experience was that, we wanted the students to see best practices for prescribing opioids and prevention of opioid misuse. We also wanted the students to, learn about, opioid surveillance programs that exist, especially the pharmacy students played a big role in that part in terms of we had a simulated surveillance program where they were able to look up and see what prescriptions this person had received, how many they had received.

00:11:28:22 - 00:11:52:22
Unknown
And then note, you know, how many they, they currently had or did not have, with them. And additionally, we were looking at interprofessional collaboration and teamwork because so many of our students oftentimes just learn in silos. And that's not how we take care of patients. So pharmacy students tend to learn with other pharmacy students, with pharmacy faculty, with pharmacist faculty, they should say.

00:11:52:22 - 00:12:22:22
Unknown
And then, you know, nursing students learn with the nursing students and taught by nurses. So in this situation, they were learning about what the role of each team member was in taking care of someone who was experiencing substance use disorder, and then also was in, phase two was exhibiting signs of opioid withdrawal. What's so cool? I was just talking about this, actually yesterday with, some colleagues

about, you know, prescription monitoring programs.

00:12:22:22 - 00:12:49:15
Unknown
And there was a question of, well, how can we, you know, bring that into education before experiential learning. And I said I was like, hang on, I'm going to talk to someone from NYU and I'll keep you posted. But I think that's a really cool opportunity for learners to have, because, I mean, that's a big question that even I have friends who work in the field who who are already licensed.

00:12:49:15 - 00:13:20:14
Unknown
And I think there's a lot of questions around prescribing for pain. But then the concern for, you know, development of a substance use disorder. And so just trying to be mindful, like you said, of of prevention. So what a cool experience for learners to have. And one of the other goals in this scenario was to identify maybe non pharmacologic interventions that a person could use for pain, as well as non-opioid options that the patient could pinch, that the pharmacy team could recommend to the prescribing provider.

00:13:20:16 - 00:13:45:20
Unknown
Yeah. And that's I love that you all are bringing in non-farm. What was the interaction like between the nursing and pharmacy students. Because because you're right a lot of times we do learn in silos. So did you was there ever a time where you saw, like in real time, you know, the a light bulb moment or, you know, collaboration across the two disciplines?

00:13:45:21 - 00:14:08:09
Unknown
I don't know, I can't think of a specific light bulb moment. But I will say that, you know, there were certain elements that perhaps each learner didn't know about. And one of the programs was like the prescription monitoring programs was something that we typically don't teach nursing students because they wouldn't have a role in. And using that type of system, whereas the pharmacy students would actively use that in their clinical practice.

00:14:08:12 - 00:14:40:06
Unknown
Yeah. Very cool. Well, and Jane, I'm hoping you can tell us about the simulation that, that you're developing just still still in development. But tell us, what is the simulation that learners will be doing with yours? Yeah. So our simulation is focused on adolescents. And in adolescence the incidence of opioid use is so low. But we are finding that especially in recent years, it's become increasingly deadly.

00:14:40:08 - 00:15:12:21
Unknown
As in terms of accidental overdose, particularly with fentanyl. And so we wanted to design a simulation, that would bring together learners from lots of different health professions. This simulation is particularly focused on interprofessional communication and collaboration. And, thanks to funding from HRSa, which is the Health Resources and Services Administration. There's a lot of focus on workforce development, specifically with substance use and specifically with youth.

00:15:12:23 - 00:15:35:11
Unknown
So we were that was one of the objectives of our grant was to create this learning, activity for the students who are supported by that grant. What we wanted to do within our team, we have a, an, we have an integrated Behavioral Health Scholars team at UT. And we also have the center for Health Interprofessional Education.

00:15:35:13 - 00:16:16:19
Unknown
And this activity sort of brings together the efforts of those two entities, to develop this activity to better prepare students to, address substance use in adolescents. This simulation is focused primarily on early detection and prevention. So it's a vignette as as far as the focus of the simulation, it's not a standardized patient. The focus is on, absorbing this clinical vignette and the students discussing together as a team their thoughts about how to conceptualize the problem and then how to move forward and work with a child and family.

00:16:16:21 - 00:16:43:14
Unknown
It's an older adolescent. So the vignette centers around an adolescent, who's 17 years old and in high school, and is has had some long standing issues with anxiety. And so he was, given a benzodiazepine first and primary care to address panic attacks that were happening, at school. And at that time, the family decided not to pursue further behavioral health treatment.

00:16:43:15 - 00:17:19:15
Unknown
And then this adolescent sort of moves forward, and, is, at a party and is given a benzodiazepine by his friend. Because his prescription ran out and has an accidental overdose, from fentanyl. That was in the that medication. And so it's the, the scenario starts with, the students examining chart notes from that adolescence, inpatient stay, and then imagining that he is showing up at an outpatient center that is an integrated behavioral health, treatment center.

00:17:19:20 - 00:17:51:05
Unknown
So, integrated behavioral health, meaning medical and behavioral health working together, in a collaborative fashion. And so we expect to have learners from medicine, nursing, pharmacy, social work, psychology, and many more that I'm not think of at the moment. To, just put these students into small groups to first discuss. Okay, what are we what would we want to do with this teenager?

00:17:51:07 - 00:18:19:02
Unknown
How do we work with the family? And then that vignette unfolds throughout the simulation with some sort of more complicating features. So for example, we threw some family dynamics in there with parents, not necessarily agreeing about prescription medication to address that child's, you know, underlying anxiety issues. And then the risk for continued exposure to, accidental overdose throughout the, the simulation.

00:18:19:02 - 00:18:43:15
Unknown
So, in the end, they're also meant to kind of think about their own practice and how they can maybe change their practice moving forward. And the main objective of this particular simulation is on interprofessional communication and collaboration. So that's what we're really hoping for students to take away from the activity that they can come better prepared to just talk to each other.

00:18:43:17 - 00:19:08:09
Unknown
Given all of their the strengths and training backgrounds that they bring into a team. And, it's, as you mentioned, it's still unfolding. And so we're in the, I would say almost final development stages. So we'll definitely be piloting it and then continuing to improve it as we see how the learners are responding to the activity.

00:19:08:11 - 00:19:46:00
Unknown
It's very exciting. That is really exciting. And another population that I think is so talked about, there's a lot of questions, you know, about adolescence and risk for an accidental overdose. So, just another example of a really great opportunity for, for learners to engage with. Absolutely. And speaking, from training folks in my field, our learners, especially on the child and adolescent side, are a little afraid to ask their adolescent patients about, their substance use.

00:19:46:00 - 00:20:12:08
Unknown

And they feel underprepared. They don't know what they would do if it came up. And so what we're finding is there's just a lot of children are not being asked these questions, even though we have really good frameworks for screening and prevention and across settings, primary care schools, behavioral health, where these conversations can be happening. And what we find is that opioid use in particular is such a low incidence in adolescents.

00:20:12:08 - 00:20:51:21
Unknown
But it, as I mentioned before, is can be so deadly. And also, starts early. So in in Texas, high school students are surveyed about their substance use. And we find that the first, first exposure to opioids is shockingly low for teenagers, even before the teenage years, for a lot of kids. So these we want these behavioral health, especially, in the behavioral health field providers to be, taking the opportunity to have these conversations with kids and not being afraid to do so.

00:20:51:23 - 00:21:16:08
Unknown
Yeah, absolutely. And I love all the representation from the different professions that you mentioned. I think both of these are just really great examples of how to get each other talking, because if we don't talk while we're still learners, you know, how can we expect each other to be the most effective communicators? You know, when we're licensed and out in practice?

00:21:16:10 - 00:21:28:23
Unknown
Absolutely. Very cool. Yeah. Okay. Let me see.

00:21:29:01 - 00:21:53:14
Unknown
I don't have this question in here, but as you all were talking, it came to my mind. I think, the listeners might have, might be wondering this. So I'm going to pose to you all, like asking about, like, length of simulation, like like Jane, you can say how yours is, virtual. It's just the day. And then, Brian, you can speak about yours too.

00:21:53:16 - 00:22:15:16
Unknown
I grab a sip of water. Yeah, yeah. If anyone needs a water break, I think my intro is incorrect. I don't know if that was what you've read. Wasn't what I had sent in. Oh, and like you said, clinical assistant professor at clinical associate and assistant dean. But I didn't want to stop you there. Oh, we can we we can reread it.

00:22:15:18 - 00:22:18:06
Unknown
I think.

00:22:18:08 - 00:22:44:20
Unknown
That might be what's still on the bio. Oh, but I had sent in. I think Mona had asked for a new and updated one that I wrote. I set that their website looks like they do it always the thing. And then I read the bio. Okay. And so it's clinical associate. Associate clinical. Okay. I'll be in this assistant dean role that that be.

00:22:44:22 - 00:23:25:15
Unknown
Yeah. Well, clinical associate professor and assistant dean for student licensure for pre licensure nursing. Nursing. It's a long title a clinical associate professor and assistant dean for pre licensure pre licensure. Nursing assistant dean for pre licensure nursing at New York University Rory Myers yes okay. A clinical associate professor and assistant dean of lies. And just as a just put assistant dean, assistant dean pre licensed nursing.

00:23:25:17 - 00:23:49:09
Unknown
You could leave all that out just but say it. But is that right. That's right. Okay. If it's too much word salad. Yeah, sure. Okay. I'll I'll read the, the full intro again and then, and then I'll splice it in and then I'll ask you all about length of like, how long your simulation was or like how it had to.

00:23:49:10 - 00:24:13:06
Unknown
That was if I didn't remember. It's so many years, I might just have to make something up. I don't know, or like, was it a day like it was it was like, one morning, sort of one morning, one afternoon. And it was, you know, a lot of, a lot of it was debriefing like the big the biggest part of it was, you know, the, the pre brief, the pre work, the pre brief, the simulation itself only a few minutes.

00:24:13:08 - 00:24:37:04
Unknown
And then there's like an hour of debriefing based on this. So okay. Yeah I think that's fine okay. Yeah. We don't need like okay. No one's going to find the records. Yeah 2019. Yeah. The recording okay. Assistant dean of pre licensure nursing. Okay.

00:24:37:06 - 00:24:42:00
Unknown
All right.

00:24:42:02 - 00:24:46:11
Unknown
Ready.

00:24:46:13 - 00:25:14:08
Unknown
Today we're exploring how simulation can be used to prepare health professions students for interprofessional substance use disorder care not just in theory but in real world team based decision making. Today we're joined by Doctor Brian for soccer, a clinical associate professor and assistant dean for pre. I mean earlier we do it you get to say assisted. No it's okay I want to get it.

00:25:14:10 - 00:25:16:19
Unknown
Okay.

00:25:16:20 - 00:25:44:18
Unknown
I think it's because I'm reading I'm seeing the words here. So I just need to like not look at those words. Assistant Dean for pre licensure. Can you change in a I don't know because I think it's just hooked up to the laptop right. Maybe I could, I make it easier to, I might say.

00:25:44:20 - 00:26:01:13
Unknown
When did you get that? November 1st. And I found out October 31st. Oh, wow. We're a little sometimes when I've been a lot of a curriculum revision with a new administration and time for nursing and.

00:26:01:15 - 00:26:24:07
Unknown
A lot of change happening at work. Yeah, well, you can imagine what kind of change is happening down here. Yeah. For, for, for three licensure nursing. Okay.

00:26:24:09 - 00:26:51:01
Unknown
Yeah. It's like I can't my brain can't process seeing something differently than what I'm saying. What those are. I don't know if it's a, like, a brain twister, but where the word will say red, but the color is blue, and you have to say a color, not read them. Yeah. Not good. Yeah. No seats. Okay. Okay.

00:26:51:03 - 00:27:05:10
Unknown
Hopefully my I didn't pay attention to what.

00:27:05:12 - 00:27:31:17
Unknown
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not just in theory but in real world team based decision making. Today we're joined by Doctor Brian for Silke, a clinical associate professor and assistant dean for pre licensure nursing at New York University. Rory Myers College of Nursing and practicing emergency nurse whose work focuses on nursing education.

00:27:31:19 - 00:27:55:22
Unknown
Professional mentoring and workforce development. We're also joined by Doctor Jane Gray, an associate professor of practice and educational psychology in the College of Education at the University of Texas at Austin, where she helps prepare future psychologists and other behavioral health professionals for clinical practice. Brian Jane, thank you both so much for being here. Thank you. Thanks for having us.

00:27:55:22 - 00:28:14:08
Unknown
Yeah. Okay. Okay. We're going to thank you for saying something I would have hated. I meant to stab you like I was like, oh, do I start for the first time? And then now I realize we can cut in and out like this. Okay. I'm so glad you said something. So if I say something wrong, I can just stop and.

00:28:14:10 - 00:28:26:22
Unknown
Yeah. And I'm like, yeah, we've definitely done that with other episodes. Okay, let me see.

00:28:27:00 - 00:28:49:14
Unknown
Since we're already then it's my water bottle in view. It sucks. I don't I don't see it behind this. I'm. Oh. You're good. No one's going to fix it. There really have to be looking. I'm curious to see how many people even look at YouTube as opposed to, like, Spotify or Apple. Oh, yeah, because I'm a Spotify listener, but.

00:28:49:14 - 00:29:15:17
Unknown
Well, so most people watch podcasts. Yeah, I like I like to audio. People are just going to listen to that's what I would think, which stinks because we look so good with this like that. Right into this. Yeah. This lighting. It's good for pictures though for like yeah yeah yeah. And promotions.

00:29:15:19 - 00:29:23:12
Unknown
Okay then I will.

00:29:23:14 - 00:29:37:12

Unknown
Okay I'll ask you all about the like length of your simulation. I'll read a key statement and then we'll go to the, the next section. Okay. Yeah.

00:29:37:13 - 00:30:06:08
Unknown
All right. Well I feel like the listeners might be curious and I'm curious. Brian Jane, can you all tell us what's the, like, length of the the simulation? Like, what is the learner experience? Is this a day? Is this a week? What what length of time? So our simulation was about a half a day. As with many simulations, the actual interaction with the patient is one of the shortest parts of the whole experience.

00:30:06:10 - 00:30:30:04
Unknown
So our simulation involves some pre-work that the students had to complete prior to, arriving that day. And then there was also a pre briefing, which is a standard in simulation where you orient the learner to the learning environment because you need them to know you know where the equipment is, and then the orientation for the layout of the SIM center during the actual interaction with the patient.

00:30:30:04 - 00:30:54:23
Unknown
That was just a few minutes in length. And then afterwards, much of the learning, and, and much of the time was spent debriefing, you know, going through and allowing the students time to reflect on what they experienced, what they observed, and what they would do, you know, similarly in different in future messing this up, on future, what this there is okay.

00:30:54:23 - 00:31:21:06
Unknown
We can reset to go in the bloopers reel. Yeah. The bloopers real. Where should I restart that one? From the beginning or. No. Maybe from the beginning. Okay. So do you want to repost the. Can you restate the question? I am, while Brian and Jane. I know, I'm curious. I wonder if the listeners might be curious.

00:31:21:06 - 00:31:55:01
Unknown
Tell us, what was the the length of time that the learners were engaging with your simulation? So with our simulation, it was about a half a day learning experience. As with many simulations, the actual interaction with the standardized patient was one of the shortest components of the simulation. Our students completed pre-work prior to arrival that day, specific to substance use disorders, and then prior to the actual simulation, the students received a pre briefing in the SIM center to orient them to the learning environment.

00:31:55:03 - 00:32:25:06
Unknown
During the interaction with the patient that lasted for several minutes in length, and then the students would report to a debriefing room where the most significant amount of time was spent. Debriefing on the learning experience hours is a similar length of time a half day, three hours specifically, and it's virtual. So the entire simulation is on zoom. And it's Brian described the structure of, of the simulation.

00:32:25:06 - 00:32:57:13
Unknown
They do it at NYU. And I think that structure is so important for a simulation. We have similar, structure in terms of things moving in sort of shorter bursts. We have our students show up and we've already got them. We'll have them, pre assigned to interprofessional groups. And then rather than doing pre work, we are going to be doing some short theory bursts, to sort of blast some with information throughout the, the vignette.

00:32:57:15 - 00:33:32:04
Unknown
And the first one will be focused on substance use. And then the second one focus on psychological safety and interprofessional conversations. And then they'll immediately apply that, that knowledge, knowing that the learners because it's such an interprofessional simulation, they're coming from so many different health professions, they're going to be at different levels. And to fit all of that into AA3 hour simulation with so many different backgrounds and, you know, prior knowledge and substance use specifically in adolescents.

00:33:32:06 - 00:34:00:00
Unknown
We have to kind of burst these, these, nuggets of information to them. And then similar. Similarly, at the end of the simulation, they'll be doing a debrief, to end the simulation and sort of consolidate everything that they've learned. I will say that I've done a a very different format of simulation in the past, and we did try to make it a full day, and that was way too long for our learners.

00:34:00:00 - 00:34:21:19
Unknown
The way we structured it as was that the the learners were only participating in half of the day actively, but they were expected to also observe the second round and we found that they just fatigued too much with with that length of time. So I think a half day simulation is a great place to at least start. Yeah.

00:34:22:01 – 00:34:43:21
Unknown
When you're designing a simulation, kind of that sweet spot about a half to and then I'm just curious, as you both were talking, are these simulations going to be like part of were they part of a course, or are they going to be part of a course, or is it more of like an elective optional thing outside of any class?

00:34:43:23 – 00:35:09:21
Unknown
So our simulation at that time was part of the psychiatric mental health course for the nursing students. I'm not exactly sure. How it counted towards any hours for the pharmacy students. But it did count towards our clinical time in that course. And ours is, it varies depending on the training program in question. So for our integrated behavioral health scholars.

00:35:09:21 – 00:35:34:18
Unknown
So that's going to be mostly psychology, social work. We it's a requirement of the IB Scholars Program for that particular grant. We also have psychiatric mental health nurse practitioner students in our IB program. This particular activity won't be required for them, but they'll be strongly encouraged. And I think a all or most will probably show up.

00:35:34:20 – 00:36:02:20
Unknown
And then there are some health professions programs at UT that builds requirements in for these simulations. So the center for health Interprofessional Education does several simulation activities. And I know that lots of different training programs have it as a requirement of the course that students participate in those activities. I think that really helps with, attendance and engagement and in the activities, but it really depends on the health profession.

00:36:02:22 – 00:36:24:11
Unknown
So for psychology training programs, probably it won't be required, but it will be offered. And I usually when when I offer these types of programs, I get a handful of students participating, but definitely not all. So I think that whether it's required or not, definitely, definitely makes a difference in terms of, and the number of students that show up.

00:36:24:13 – 00:36:49:16
Unknown
That's good to know. Yeah, I was, I was curious and I feel like if someone would want to bring simulation to their, institution, they might be curious, like, should I make this required, should I make

this, you know, an option. So it's good to know that there's different options. Available. Yeah. Okay. Well, before we move on, take a moment to reflect in your own setting.

00:36:49:18 – 00:36:58:12
Unknown
Where are there opportunities to utilize simulation to support learning and substance use disorder care?

00:36:58:14 – 00:37:03:01
Unknown
Okay.

00:37:03:03 – 00:37:07:20
Unknown
Next question.

00:37:07:22 – 00:37:36:09
Unknown
So for both of you, I'm wondering, Brian, if you can tell us, you know, what design choices were more important. And then for you, Jane, you know, what are you prioritizing? When it comes to the development of your respective simulations? So the one big design choice and our simulation had to do with the size of the learner, the, the, the restart that the one, design choice we had to make.

00:37:36:11 – 00:38:03:05
Unknown
And our simulation was, really specific to the size of the learning group. So we were working with you know, several hundred students who had to go to this simulation. And that's why we made that decision to do the simulcast, where only half of the students would actively be participating in each of the phases of the simulation. And that relied on the fact that on the assumption that students can learn from the observer role.

00:38:03:07 – 00:38:25:05
Unknown
And we did find that that observing the simulation, even through that simulcast in the lecture hall, what seemed to be an effective means for students to still learn about a scenario everyone had an opportunity to participate, but only in one half of the simulation. But when they weren't in an active role, they were taking that observer role. And that was key for the success of our simulation.

00:38:25:07 – 00:38:59:07
Unknown
Yeah, and I would almost feel like if it were me, like the pressure's kind of on, you know, that it's being simulcast to, you know, the rest of my colleagues. So, yeah. And then that also relies on on everyone

to have that agreement of that. This is a safe learning space that, you know, if someone made a mistake and people were watching it with, they should not be, you know, ridiculed or mocked for making that mistake, that everyone the assumption is that everyone there is there to learn and everyone there is able to do this, and everyone is going to try their best.

00:38:59:08 – 00:39:02:23
Unknown
Yeah, everyone's learning together.

00:39:03:01 – 00:39:26:00
Unknown
What about for Eugene? Yeah. We, are still in in the design phase of this simulation, so we've been thinking a lot about this particular issue, of, of late. The first thing I'll say is, something that's really important with the design of the simulation is the panel that we put together, of which you are a part.

00:39:26:02 – 00:39:57:03
Unknown
Lindsay. And so we have experts from, social work, medicine, pharmacy and, nursing and psychology, coming together to, to put this together. And then we've really depending on the experience and the expertise of everybody that's on the panel to really check out whether this the design is going to work, whether it feels realistic, whether it's a good fit for the vast range of learners.

00:39:57:03 – 00:40:19:22
Unknown
We're going to have participate in the simulation. And what we've come up with is, number one, you need to have it be a half day. And so it would be a, you know, palatable amount of time starting with, really getting getting off to a quick start and getting everybody sort of familiar with what their roles are going to be in the simulation.

00:40:19:22 – 00:40:44:18
Unknown
We have very well defined roles. We have a lot of materials that are going to be ready to go. You know, at the pilot phase of this simulation where everybody will have, you know, a one pager on their role, as, for example, the behavioral health therapist on the team. The chart notes that are, you know, written up, as part of that adolescence inpatient stay and then their outpatient notes.

00:40:44:20 – 00:41:07:21
Unknown
So there's a lot of reading materials that are part of it, that the students will be reading in real time and applying, and then the, the design is going to be the structure will be that they get these bursts

of information through theory versus, about substance use, about interprofessional communication, and then we move them quickly into, into small groups.

00:41:07:21 - 00:41:32:05
Unknown
This is all on zoom. So they'll be in breakout rooms and it's going to be moving pretty quickly in a very structured way. So they have a very, you know, particular set of time to, complete the objective for that part of the simulation. So for example, the first one is for them to digest all of the inpatient notes and come up with a treatment plan, collaboratively, an interprofessional treatment plan, for that adolescent, adolescent and family.

00:41:32:07 - 00:41:58:19
Unknown
And then and then ending at the end with the debrief as a large group. Now we are still in development phase. And so the design may change. We'll see how, how it shapes up and how the first group responds to it will be relying a lot on student feedback. We give them surveys to measure, you know, how much they're learning and how comfortable they are with the, interprofessional collaboration, for example.

00:41:58:19 - 00:42:27:13
Unknown
And also just general feedback on the simulation. So we'll be doing that, you know, rapid cycle quality improvement as we go through different iterations of the of the activity. I think that's really helpful for learners to hear as you're actively developing, because if someone did want to start a simulation, that's what they would have to be doing. So yeah, a pilot that you mentioned, I would imagine super important as part of your development phase.

00:42:27:13 - 00:42:50:09
Unknown
Yes, absolutely. I think it's important to as a, as a designer of these activities to keep in mind that it's it's not going to be perfect the first time that we implement it. We have to do our best to be ready, but to essentially expect that there are going to be many changes made after we've run through it at least once.

00:42:50:11 - 00:43:18:01
Unknown
Yeah. Brian, did you encounter that like the first time y'all's simulation went live? Like, were there things that didn't go as you hoped or things that you changed for the next iteration? Yeah. So the you know, the one thing, that we noticed in our, simulation that we would change going forward would be the pre-work assignment that we would, have some way of documenting that, that the learners had completed that prior to arrival.

00:43:18:03 - 00:43:41:21
Unknown
This was done just based upon, you know, an honor system. And that could have, could have potentially affected maybe some of the the simulation performances if they did not actually complete that pre-work prior to being sent into the simulation settings. So one thing that we would change going forward is just just have a way of of ensuring that it was done so that everyone was equally prepared going in.

00:43:41:21 - 00:44:25:07
Unknown
And we had that documented. Yeah, absolutely. Because you never sometimes you never know, like if you give the students the pre-work. But did they actually complete it? Yeah. Well I love that both of you have different examples of simulations. One, Brian, yours with a standardized patient, and Jane yours with this unfolding vignette for anyone who's listening or is thinking, you know, oh, I, I want to start bringing simulation into our substance use disorder teaching what would be like your one piece of advice for for any interested educators?

00:44:25:09 - 00:44:48:12
Unknown
I can start and I and I think that the the first and foremost, it's so important to understand what your learning objectives are. We have spent a lot of time on our panel just discussing what what are we trying to achieve with these learners. And we really came to the conclusion that we want to focus on the interprofessional communication and collaboration.

00:44:48:12 - 00:45:15:19
Unknown
And for that type of learning objective, the format of of of an unfolding vignette and the focus on more team communication is most appropriate. In the past, when I've done other types of simulations like, standardized patient simulation, the focus is more on direct skills, acquisition and practice, and also the interprofessional communication. But we didn't have quite as many learners present.

00:45:15:19 - 00:45:44:07
Unknown
So I think it's really important to, sorry, we didn't have quite as many learners of different professions present. And so I think it is, really vital to just get in touch with what you're trying to achieve with the simulation. And do some allow some time to really refine those. We've had multiple meetings going over their learning objectives and changing wording here and there and getting them in line with interprofessional competencies.

00:45:44:07 - 00:46:12:11
Unknown
And how do you use language that makes sense across so many different health professions? And then, I'll add another piece of advice, which is just to give time to, to develop it, knowing that you will be changing it after the first, the first, run through. And it really helps to have some support for the folks that are involved in designing the simulation.

00:46:12:11 - 00:46:39:07
Unknown
So whether that's just protected time, or funding, we're so, you know, grateful and privileged to have funding for this, for this activity from her. That's not going to be the case, of course, for every training program. But I also strongly encourage folks to look for that funding, because there's so much emphasis right now on preparing health professionals, period.

00:46:39:09 - 00:47:00:11
Unknown
Help preparing health professionals to work in a in a professional fashion and specifically with substance use disorder. So that's possible that there is funding out there that folks are not aware of. Yeah. All really good points for someone to to consider.

00:47:00:12 - 00:47:50:04
Unknown
The one recommendation I would have it's it's actually has several parts to it is is as you mentioned already early planning. You know you cannot just design a simulation at the last minute and then implement that and expect it to be a success. So, so much of the time spent on simulation is in the planning phase. And really, sticking to some evidence based guidelines like we typically use, an Axel, which is the international, Nursing Association for Clinical Simulation and Learning and, abiding by standards that are set, you know, internationally, when designing a simulation is really important to have a successful simulation, when you're looking at interprofessional simulations and working across,

00:47:50:06 - 00:48:15:11
Unknown
you know, faculty and students from different colleges, it also gets more complicated, especially when you talk about logistics. So that's why the planning is really, really vital to have a successful simulation, especially if it involves an interprofessional team. When we work with the medical school, they run on a different academic calendar than the nursing school. In this simulation, we were working with students from an outside university.

00:48:15:11 - 00:48:42:05
Unknown
And so again, they were on a different academic calendar. So ensuring that you have the time and the facilities and the resources to implement this is really critical. When looking at, teaching students about substance use disorders, it's also really important that the faculty, organizing the simulation really stick to their standards in terms of the language that they're using.

00:48:42:07 - 00:49:17:13
Unknown
In terms of setting a good example, there are many clinicians out there who still use a lot of stigmatizing language when it comes to substance use disorders. And if you have faculty facilitating a simulation who are using those terms, we're now going to graduate, newly new professionals who are going to use those same terms. So you really want to ensure that the people facilitating the SIM are current on what they're teaching, and are setting a really good example to avoid those that stigmatization that exists with substance use disorders.

00:49:17:15 - 00:49:43:05
Unknown
Because sometimes health care providers are the the the worst offenders when it comes to, using that, that type of language 100%. Yeah. And the the words that we use matter. It impacts patient care whether they return to care and. Yeah, absolutely. Like the people that are leading this education, the learners are going to absorb what what we put out.

00:49:43:05 - 00:50:09:14
Unknown
So absolutely. I love that you bring up language because that's such an I say easy, but habits are, you know, hard for people to change. But that is an easy thing for people to correct. And to get right from the get go. You know, while in training. All really good points. Well.

00:50:09:16 - 00:50:27:11
Unknown
I'm sorry. Okay. Where should an educator, or program start if they were going to incorporate something like this? What's the first step?

00:50:27:13 - 00:50:31:12
Unknown
And I guess let me back up.

00:50:31:14 - 00:50:40:04
Unknown
Oh, hang on, I had a thought when you all were talking that I wanted to ask.

00:50:40:06 - 00:51:07:12
Unknown
Oh, I remember I don't know if this was in the packet. But I want to know, like, how long you both talked about, like, planning and design. So I'm curious, like how long that took. And it doesn't have to be, like, months. You know, you'll have to be specific, like, you know, eight months and two weeks, but just like a range of, like, how, how long it took to plan, I think that would be helpful for people to know.

00:51:07:13 - 00:51:28:00
Unknown
So I might pose that I know Jane, you're still in it, but, the one that I'm doing right now, we this is a different one, a different IP scheme. I do though, we we set the dates and it's a recurring thing, but we set the date like ten months in advance now. Okay. Just to get it on our calendars.

00:51:28:01 - 00:51:46:05
Unknown
Okay. And it's sometimes like this year it was a negotiation between the two. Like I was sending a date and she was setting a date back, and then she was like, how about January 2nd? And I was like, our students aren't here on January 2nd. Like, we're not in medical school. So it's, you know, the the more time you allow the better is kind of what I'm going to say there.

00:51:46:05 - 00:52:04:04
Unknown
Yeah. But I think this took several months of planning. And then if you do do this, if you get this on a recurring basis, you almost ideally would like to set it a year out. Yeah. If it's something that you're going to do every year or say every spring semester, you're going to do it as soon as you finish, you know, 2026, get the date on the calendar for 2027.

00:52:04:08 - 00:52:16:00
Unknown
Yeah. Because people start planning their academic year. That's not usually planned a year in advance. Yeah. Other courses I've been involved with are like that as well. Okay.

00:52:16:02 - 00:52:42:20
Unknown
Well, you both talked about, you know, design and planning. I'm just curious like in general with, simulations that you've developed, it can be either this one or other. How long like, is that planning phase? What would like be your recommended duration? Typically, we're looking at least several months to maybe a year of planning that might

go involved.

00:52:42:22 - 00:53:14:02
Unknown
And that might be the interest on that one. Typically, you might allow at least several months or even a year or more to to plan a simulation, especially for a large group. If it's something that's going to be on a recurring basis, perhaps every spring semester, I would recommend planning it a year out. So, you know, if a simulation occurs, say, every April as soon as you complete the simulation for April 2026, work with your team to get the date on the calendar for the next academic year for April 2027.

00:53:14:04 - 00:53:35:20
Unknown
Because we know academic calendars are typically planned out well in advance, and we need to allow time for the faculty, to incorporate this into the plan of study. And also, we need to give adequate notice to the students about what days they need to be available for a specific simulation. That might be, especially if it's required, for coursework.

00:53:35:22 - 00:54:02:06
Unknown
Yeah. Yeah, I would agree. I think especially with Brian was mentioning before, when you're working with different, departments, colleges, maybe even different universities, the, the calendars don't line up. So med school training year is very different from, you know, an undergrad training years. It's very different sometimes from a graduate training year. So, from a scheduling perspective, the earlier the better.

00:54:02:10 - 00:54:27:02
Unknown
And then in planning the simulation, I think that, we, I mean, I've, I, I feel that for this particular simulation, I started thinking about it when I wrote the grant, that is supporting it, which was over a year ago at this point. So the initial ideas were sort of put on paper with that grant, proposal.

00:54:27:02 - 00:54:51:05
Unknown
And then it developed from there. And our panel has been actively meeting, for the past few months. So over the course of a semester, we've been working together to develop ideas about the content structure of the simulation. And then we sort of had a hopeful date for the end of this year, but I knew that probably wasn't going to happen.

00:54:51:05 - 00:55:11:20

Unknown
It was just my hopeful date as far as launching the actual simulation, we'll probably launch it before the holidays. So sometime in November with a small pilot group. But then in terms of launching it on a full scale basis, it's going to have to be planned well in advance as far as getting it on, on the schedule.

00:55:11:22 – 00:55:39:15
Unknown
So it's sort of an ongoing process, with planning the content and structure starting, you know, well before the actual simulation gets scheduled. And then the earlier you can schedule the date for the simulation, the better, so that we can have as many learners and faculty participate as possible. Yeah. So sounds like more times better. It's probably going to take several months.

00:55:39:17 – 00:56:10:06
Unknown
Yeah. I mean it sounds like you got to be flexible, especially when you're working with multiple, multiple, representations of professions. Okay. Where should an educator or program start. Yeah. What's like the first step if they want to implement simulation in their training, I think that the best place to start is identifying the need. What is it that learners need?

00:56:10:08 – 00:56:36:14
Unknown
Where are the gaps in their training? I think simulation training works so well. When, Brian was talking before about how, you know, simulation is so great to provide sort of a lab, environment for learners before they go into the real world, into patient care. And so identifying what is it that our learners really need before they get into that real world?

00:56:36:14 – 00:57:04:12
Unknown
Substance use is a great example. It's something that all health professions, you know, need more practice with and really understanding what those, you know, beginning ideas of what your learning objectives are going to be. That is where I think when I reflect back on the different simulation training activities I've done, it's always started with, what do we need, for our future professionals?

00:57:04:14 – 00:57:07:19
Unknown

00:57:07:21 – 00:57:33:21
Unknown

I would suggest that the, the team facilitating the simulation, in addition to what you're mentioning, is also the people facilitating and creating the simulation. They need to be knowledgeable about simulation itself. So many of us have, you know, PhDs and and degrees that are research based. And those programs typically don't teach you how to how to organize, plan and implement a simulated simulation.

00:57:33:23 – 00:57:55:22
Unknown
So looking at some of the, as I mentioned, evidence based guidelines that exist out there about best practices for simulation. So the people developing need to be informed about simulation prior to actually creating a simulation. Really helpful. A really good point. And I wanted to mention, I mean, the field of nursing has done so much work in this area.

00:57:56:00 – 00:58:27:10
Unknown
When I think back to the very first simulation I created, it was with nursing colleagues and many, many and much of the research in this area is coming from, nursing faculty, and there are entire journals that are devoted to simulation training. There's an entire professional organization devoted to simulation training. So that's also a great place to start is to immerse yourself and in that literature and, get up to date on what's being done.

00:58:27:10 – 00:58:57:15
Unknown
A, you know, not just in your own institution, but across, you know, different, different training, research, you know, higher education settings. Yeah, absolutely. I had someone, you know, months ago ask well, you know, how often is substance use disorder done? And in our professional simulation education, I'm like, oh no, it's out there. And then yeah, when, I pointed them to, you know, doing a lit review search.

00:58:57:15 – 00:59:22:12
Unknown
That's actually how I found you, Brian. Yeah. There's so much out there and nursing faculty are doing a lot. So I love that you mention that, because that's a easy resource to to get started. And that's why I love what we're having conversations like this, like getting to hear from different people who are doing, you know, important work for, for future health professionals.

00:59:22:12 – 00:59:52:00
Unknown
And I hope it spurs some sort of, connection. For anyone who's interested in, you know, doing innovation in their education. And I'll just say for my behavioral health colleagues out there, social work,

psychology, professional counseling, chances are there is simulation work being done at your institution. And, you're looking at what's happening in your school of nursing is a great place to to try to connect like a UT Austin.

00:59:52:02 – 01:00:14:08
Unknown
I was just blown away by the simulation lab that, that we have at the School of Nursing and the work that's being done there. And for somebody who's coming from a behavioral health background, we certainly did a lot of role playing and, you know, experiential exercises. And our graduate training. But we didn't have anything like that.

01:00:14:08 – 01:00:44:02
Unknown
So the opportunity to bring, your work together across different departments with the way we started with simulation training at UT for the psychology, and this is also true for the social work students I know from my social work colleagues is partnering, with the school of Nursing to be a part of those simulations. And, for example, behavioral health trainees have been part of the, an alcohol use focused simulation.

01:00:44:04 – 01:01:10:14
Unknown
And with, the bachelor's level nursing students and both sides just benefited so much from that activity. So just looking in your own, you know, in your own institution, what's happening in other schools and departments, can be a really you'd be fascinated to find out what's happening and how people are training their students, and how it could be branched out into more of an interprofessional focus.

01:01:10:16 – 01:01:14:05
Unknown
Yeah, absolutely.

01:01:14:07 – 01:01:43:03
Unknown
Well, I'm also curious, what are some barriers that you all may be faced, that listeners should be aware of? Any challenges? I think one of the barriers, that we experienced with this simulation that ultimately happen is, is, the challenges that the logistics play in terms of maintaining this experience over time. So we don't currently run this experience anymore.

01:01:43:05 – 01:02:16:15
Unknown
And that's a lot had to do with, you know, inability to keep up with the logistics and the complicated, means that we that had to be in

place in order to keep the simulation going in collaboration with another university, especially an external right partner too. Yeah. Yeah, I'm glad you say that because, I mean, that's the the realism behind, putting something like this on when you've got, like I said, to, external collaborators, logistics.

01:02:16:15 - 01:03:03:21
Unknown
Definitely. A big barrier scheduling, finding, not just scheduling in terms of, you know, the time of day, how long it's going to be, but also very it's very specifically where in the semester, we have learned from doing interprofessional learning activities of all sorts that, we can really run into issues when we schedule something just before, for example, clinical placements are being done and every all the students are out interviewing with their potential practicum placements for the next year, or there is a big conference scheduled at the same time, or it's a heavy class day.

01:03:03:23 - 01:03:29:04
Unknown
There is, you know, there are all kinds of things that can pop up and you really have to get calendars way ahead of time. That's definitely a barrier. And then the other thing that I think comes up is that you, even with all of the planning and preparation that we do to design these simulations, students are really sensitive to just the smallest glitch that we didn't think of.

01:03:29:04 - 01:03:50:11
Unknown
And so that's why I really recommend thinking of your first run as a pilot. Because you'll just find out very quickly, like things that were unclear that the whole panel of experts thought was crystal clear, but they get stuck, you know, on a missing piece of information or something that doesn't seem quite right or doesn't make sense to them.

01:03:50:13 - 01:04:14:22
Unknown
Or the timing is way off. And so, if you don't allow time for in space to make those modifications as you go, and just being tolerant of things not going perfectly the first time, I guess that's not quite a barrier, but just something to watch out for. Could be a barrier if you're not, prepared for it.

01:04:14:22 - 01:04:40:07
Unknown
Is that. Yes. Yeah, that's really great. Feedback and considerations for people to to think about. Thank you. Just have to follow up with you what you mentioned. There's a different simulation or a different IPA program I'm involved in at the University and it's part of a

scholarship. So it has, you know, according to the guidelines of the scholarship, we we have to do this.

01:04:40:09 – 01:04:59:09
Unknown
And one of the challenges we face every year is that what the medical students who choose our collaborating partner on this specific, IT program, what they're learning is very different than what our students are currently learning in the program. So they want to learn about pediatrics because that's what their students are currently learning. But our students haven't taken pediatrics yet.

01:04:59:11 – 01:05:23:22
Unknown
So every year. So that's this negotiation between how do we what's the compromise between they wanted to do this. My students haven't learned it yet. So how are we going to collaborate on this? And also we mentioned like certain rotations, they have to complete certain exams they're taking at certain times also then affect where this falls into planning that IP program.

01:05:24:00 – 01:05:36:15
Unknown
Yeah. All really good things for someone to consider. It sounds like there's a lot of moving parts when it comes to everything. Simulation.

01:05:36:17 – 01:05:53:01
Unknown
Okay. Well, as we close and take a moment to reflect what is one element of simulation based learning, you could realistically adapt or incorporate into your own teaching to better know the remote.

01:05:53:03 – 01:06:09:00
Unknown
It went backwards. I'm going to reset that.

01:06:09:02 – 01:06:38:06
Unknown
All right. Ready? As we close, take a moment to reflect what is one element of simulation based learning you could realistically adapt or incorporate into your own teaching to better prepare learners for substance use disorder care? Well, Brian Jane, I just want to thank you all so much again for coming on and talking about the experience that you all created or are creating for learners.

01:06:38:10 – 01:06:46:14
Unknown
Really appreciate the conversation. So thank you again for being here. Thank you. It's been a pleasure. This is a great conversation. Thank you all so much. Thanks.