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Realistic Simulation in the context of Interprofessional Education

Simulación Realista en el contexto de la Educación Interprofesional

Simulação realística no contexto da Educação Interprofissional

ABSTRACT

Purpose: To describe the experience of the I Workshop on Realistic Interprofessional Simulation of the Education through Work for Health Program (PET/SAÚDE Interprofissionalidade), of the Federal University of Maranhão - UFMA, Pinheiro campus. **Method:** This is a descriptive study, an experience report of the 1st Workshop held in October 2019, through the PET- Health / Interprofessional extension project. 150 students from Medicine, Nursing and Physical Education courses participated in this I Workshop. A debriefing was used to evaluate the simulation performance and if the objectives of the activity related to Interprofessional Education (IPE) had been contemplated from "totally reached", "partially" and "did not reach". **Result:** The study refers to the simulation of the clinical case of a patient diagnosed with leprosy, living in a context of social vulnerability and prejudice for his sexual orientation. **Conclusion:** The simulation enabled the implementation of the IPE and culminated in a change in the students' attitudes towards teamwork.

DESCRIPTORS: Simulation training; Interprofessional Education; Health communication.

RESUMEN

Objetivo: Describir la experiencia del I Taller de simulación realista interprofesional del Programa de Educación por el Trabajo para la Salud (PET/SAÚDE Interprofissionalidade), de la Universidad Federal de Maranhão - UFMA, campus Pinheiro. **Método:** Se trata de un estudio descriptivo, relato de experiencia del 1er Taller realizado en octubre de 2019, a través del proyecto de extensión PET-Salud / Interprofesional. En este I Taller participaron 150 alumnos de los cursos de Medicina, Enfermería y Educación Física. Se utilizó un debriefing para evaluar el desempeño de la simulación y si los objetivos de la actividad relacionada con la Educación Interprofesional (EIP) se habían contemplado desde "totalmente alcanzado", "parcialmente" y "no alcanzado". **Resultado:** El estudio se refiere a la simulación del caso clínico de un paciente diagnosticado de lepra, que vive en un contexto de vulnerabilidad social y prejuicio por su orientación sexual. **Conclusión:** La simulación permitió la implementación del IPE y culminó con un cambio en las actitudes de los estudiantes hacia el trabajo en equipo.

DESCRIPTORES: Entrenamiento Simulado; Educación interprofesional; Comunicación en Salud.

RESUMO

Objetivo: Descrever a experiência do I Workshop de simulação realística interprofissional do Programa PET/SAÚDE Interprofissionalidade, da Universidade Federal do Maranhão, campus Pinheiro. **Método:** Trata-se de um estudo descritivo, do tipo relato de experiência do I Workshop realizado em outubro de 2019, por meio do projeto de extensão do PET- Saúde/Interprofissionalidade. Participaram 150 estudantes dos Cursos de Medicina, Enfermagem e Educação Física, inscritos neste I Workshop. Utilizou-se um debriefing para avaliar o desempenho da simulação e se os objetivos da atividade relacionada a Educação Interprofissional (EIP) tinham sido contemplados a partir de "atingiu totalmente", "parcialmente" e "não atingiu". **Resultado:** O estudo refere-se a simulação do caso clínico de um paciente com diagnóstico de hanseníase, vivendo em um contexto de vulnerabilidade social e preconceito por sua orientação sexual. **Conclusão:** A simulação oportunizou a implementação da EIP e culminou em mudança nas atitudes dos estudantes em relação ao trabalho em equipe.

DESCRIPTORES: Treinamento por Simulação; Educação Interprofissional; Comunicação em saúde.

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INTRODUCTION

Interprofessional Education (IPE) emerged as a strategy capable of improving the quality of health care based on effective teamwork, from the perspective of collaborative practice.¹ Health services have become more complex and constantly changing, which will require health professionals to work more efficiently and collaboratively. Through the IPE, professionals from different training areas are encouraged to learn and work together, in order to ensure more quality in the results related to the care process, reducing health costs and achieving greater organizational progress.²

It is noted, however, that the process of training health professionals remains fragile, since it reproduces a very fragmented and poorly resolved health care model.³ In contrast to the current model, the learning of interprofessionalism requires the development of an interdependent and interactive relationship, of partnership between teams, health professionals and users.^{4,5}

Among the strategies that aims to break fragmented teaching and implement the competencies that permeate interprofessional teaching, the use of Realistic Simulation (SR) stands out, characterized as a new teaching possibility, which encompasses not only technical skills, but also aims at crisis ma-

agement and the promotion of clinical reasoning in critical situations.⁶

The development of active teaching and learning strategies that use SR makes it possible for students to integrate their knowledge and propose to train more critical, reflective and prepared professionals to work in the professional field.⁷

Realistic Simulation (RS) becomes a driving tool in the health scenario in the country, being suggested as an applied practice in favor of the training of undergraduate students in health and benefiting the process of teaching and learning in permanent training. In addition, the insertion of simulation as a training strategy, continuing education

and evaluating work-related attitudes, is relevant in the field of health.^{2,8} These aspects inherent to the use of this teaching-learning methodology are in line with what the National Health Guidelines recommend, as it points to the need for innovation and reformulation of teaching.⁹

It is noted that the use of the education strategy based on realistic simulation has a positive impact on academic training, contemplating important issues in the construction of knowledge that are often not addressed or experienced during the course, providing a unique and active experience of reflection on the contents addressed. However, there are still few interprofessional training strategies using this type of tool.¹⁰

Thus, this study aims to describe the experience of using realistic simulation by the Hansen's disease tutorial group during the 1st Interprofessional Workshop of the PET/SAÚDE Interprofessional Program, at the Federal University of Maranhão, Campus Pinheiro.

METHOD

This is a descriptive study of the type of experience report, from the 1st Workshop on Interprofessional Practice held in October 2019, through the extension project of the Education Program through Health Work (PET-Saúde/Interprofessional) of the Federal University Maranhão (UFMA), Pinheiro campus. Being carried out by a multidisciplinary team composed of coordinators, preceptors and academics from the Nursing, Medicine and Physical Education course, members of the project.

For the organization of the Workshop proposal, meetings were initially held to plan activities with the multidisciplinary team of PET-Saúde/Interprofessional and survey of scientific evidence in studies indexed in the Scientific Electronic Library Online (SciELO), PUBMED and Virtual Health Library

(VHL) databases between 2019 to 2020, in order to identify findings that could contribute to the planning of the simulation and the construction of the clinical case. Two proposals for clinical cases were presented.

After extensive group discussion and consensus decision, it was decided to choose the clinical case of a patient diagnosed with leprosy, in view of the prevalence and epidemiological situation in the municipality of Pinheiro, in addition to the theme concentrating the name of the tutorial group. The index case presented was assisted by a multidisciplinary team from the Family Health Strategy composed of the following professionals: Doctor, Nurse, Psychologist, Nursing Technician and Community Health Agent. These professionals were represented by student actors who volunteered to participate.

Each session had an average of 30 minutes of presentation and another 10 minutes for the contributions of the participants, giving the opportunity to show potential communication skills and teamwork, as well as a mechanism to generate future discussions around collaborative practice.

The I Simulation WorkShop was attended by 150 students from the Medicine, Nursing and Physical Education Courses at the Federal University of Maranhão, Pinheiro campus. As an exclusion criterion for participation in the event, we chose to accept only enrollments from students who were not linked to the PET-Saúde Extension project. It should also be noted that the event was open to the other courses available at UFMA, Campus Pinheiro, however, there was no participation of this audience.

Debriefing was used to assess performance and observe whether the objectives of the simulation as regards the aspects of the IPE had been contemplated during the simulation, with mentions ranging from "totally reached", "partially reached" and "did not reach".

There was no intervention, in addition

to the health guidelines prepared by teachers and academics. During the stages, the ethical aspects were followed and the anonymity of the participants in the action was preserved, respecting the Resolution of the National Health Council 466/2012. The PET-Saúde Interprofessional project at Campus Pinheiro was approved by the Research Ethics Committee of the Federal University of Maranhão under CAAE nº 29652520.0.0000.5087 and Opinion nº 3.938.591.

RESULTS

At the opening of the event, the general coordination and the coordinators of the tutoring groups made a brief presentation of the thematic axes and activities already carried out throughout the project. Then, there was a lecture on Interprofessional Education given by the general coordination of Grupo PET Saúde, in which the tools and strategies for communication and teamwork were presented, based on the guiding principles of the PET-Saúde/Interprofessional program.

After that moment, the students were directed to the simulation rooms by the organizing committee and, before starting the simulation, volunteer students were randomly invited to participate in the clinical simulation together with the other members (actors) aiming at the integration between the participants and performance evaluation for teamwork and other collaborative skills.

Two scenarios were developed, the first focusing on an approach at home and the second at the Basic Health Unit. Participants were placed in an interprofessional position to reflect and model the spirit of the IPE.

In the first realistic scenario, the fictional story elaborated by the tutorial group of a transsexual patient, 25 years old, of stable union, who presented whitish spots with a report of loss of sensation in the left upper limb, as well as a report of pain and tingling, was narrated.

It is observed that in the scenario with actors, it is recommended to provide subsidies to incorporate the character, because, although some lines may be improvised, it is necessary to meet the pre-established script to provide the realism of the scenario and meet the defined objectives. The costume, the physical constitution, the language, the psychological condition of the actor are elements that help him to create and stage his character.¹¹

The students had the opportunity to carry out an assistance planning centered on the patient's needs, emphasizing the EIP competences. They were encouraged to communicate with each other and propose strategies in order to solve the problem presented.

Teams of interprofessional instructors remained in their respective rooms and conducted the same scenario twice, while students switched rooms after the completion of the first scenario.

Through the results obtained through the debriefing at the end of the workshop, it was observed that the majority of participants considered that the simulated situation fully achieved the objectives for the understanding of the collaborative competences proposed by the IPE model.

DISCUSSION

During the workshop, students had the opportunity to carry out assistance planning centered on the needs of the patient in order to understand and develop the central axes of IPE based on the following competencies: communication, teamwork, conflict management, collaborative leadership and collaboration.⁸

IPE is understood as the occasion when two or more health professions learn about each other, to improve collaboration and the quality of health care.^{12,13,14}

Studies indicate that interprofessional education improves the quality of care mediated by collaboration in the dynamics of teamwork, which is necessary in view of the complexity of health needs.^{1,8} Shared learning experiences allow us to develop an understanding that it is always possible to learn from a member of another profession, whether in the way of seeing the world, a health problem, or in an approach.¹⁵

It is noticed that as professionals focus attention on the patient and their health needs, they simultaneously operate a shift of focus towards a broader horizon and beyond their own professional performance. This shift is recognized as a component of changing the health care model from the perspective of comprehensiveness, with the potential to impact the quality of care.^{15,16}

During the workshop, it was possible to observe fragility of communication and difficulty regarding the clarity of roles of the professionals within the team. It was noticed that the actions were focused on pathology, disregarding the patient's uniqueness and needs. A study carried out in the state of Paraná corroborates this perception, since it also identified similar weaknesses that hindered the effectiveness of interprofessional practice.^{17,6}

In a study carried out in Australia, some factors were identified that hindered the implementation of collaborative practice in the daily routine of the health service, such as: insecurity about the knowledge of the daily practice of the other profession; the lack of inte-

raction (interpersonal relationship) between professions, fragmented education and the hierarchical perception of professions.¹⁸

However, Mertens (2019)¹⁹ points out ways to overcome and implement IPE, such as the student's approach to the reality of the community, continuing education, clinical internship involving different courses in the area, in addition to the approach by realistic simulations.

The present study allowed us to identify the use of simulation as a technique to implement IPE, which culminated in a change in students' attitudes towards teamwork and also impacted the engagement of participants who accompanied the outcome of the case, raised by the questions and propositions about professional practice.

It is expected that the simulation technique will become a more widespread practice in the context of IPE and assist in the implementation of the care provided to patients, also providing an improvement in the communication between the teams, activating the highest level of team effectiveness in the approach with patients.

CONCLUSION

This experience report demonstrated the importance of using Realistic Simulation as a strategy for the implementation of Interprofessional Education, stimulating changes in the attitudes of students of Medicine and Nursing courses in relation to teamwork. In addition, providing their engagement in the outcome of the simulated case in the light of the theoretical foundations of inter-professionality. ■

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