Disclosures

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  – The speaker has no conflict of interest to disclose.

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Objectives

- State two different methods of implementation of simulation.
- Discuss how competencies, core measures, and quality initiatives be embedded into a simulation teaching method to engage learners.
- Evaluate two benefits of using simulation to enhance the skills of individuals working in mental health settings.
**Regions Hospital**

- **Organization**
  - Level 1 Trauma Center
  - Regional Burn Center
  - Stroke Certified
  - Teaching facility
- **Department of Mental Health**
  - Inpatient
  - Outpatient

**HealthPartners Clinical Simulation**

- **Facility**
  - Dedicated center
  - In-situ
  - Mobile
- **Multidisciplinary**
  - Professionals
  - Students
- **Staff**
  - Simulation staff
  - Per Diem staff
  - Adjunct faculty
- **Equipment**

**Simulation Concepts**

- **Theory**
  - Deliberate Practice
  - Constructivism
  - Reflective learning
- **Fidelity**
  - Mannequin
  - Simulated Patient
  - Psychological
Core Measures

- Safety
- Patient-centered care
- Collaboration
- Staff competencies
- System process improvement
- Stewardship

Simulation

- Types:
  - Curriculum based
  - In-situ
  - Inter-professional
  - Video debrief
  - Practice Improvement

Video Debrief
Process Improvement

- Simulation:
  - Smaller course size
  - Resource intensive
  - Time for Education
  - Requires more time
  - A/V needs
  - Equipment needs

Barriers

- Organizational
  - Scheduling constraints
  - Staff engagement
  - Budget constraints
Creative Solutions

- Equipment
  - Mannequin vs. Simulated patient
  - Camcorder
  - Wireless Mic/Receivers
  - Consider environment options
- Budget
  - In-situ simulation
  - Online education modules

Outcome Data

- Process improvement
  - Processes
  - Equipment
  - Closing the Gaps
- Participant Feedback
  - Staff Buy-In
  - Request for more

Thank You

Questions?
References