Adapting to the need of the hour: Communication skills simulation session using an online platform during COVID-19

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Abstract

Background: As Covid-19 continues to spread around the world and disrupt lives, universities around the globe are impacted extensively. Training sessions conducted at simulation centers needed an alternative approach to adapt to the gravity of the situation hence, the simulation centre team piloted a communication skills training session using Microsoft Teams.

Objectives: The objectives of the pilot session were to develop a plan for training on communication skills remotely, identify an online platform, pilot an online communication skills session using the identified platform and evaluate the effectiveness of the process.

Approach: Communication skills training session for 2 groups of students involving facilitators and simulated patients were conducted simultaneously using sub channels on Microsoft Teams.

Outcomes: The sessions followed a predefined structure and were completed as planned. It was discovered that remote simulation-based communication skills training facilitated through online platform is both feasible and effective. The findings suggest that remote simulation sessions can provide an effective educational environment.

Keywords: Simulation; Simulated Patients; Communication Skills; Microsoft Teams; COVID-19; Remote Simulation; Online
Background

The ability to communicate effectively is a core competency required of a healthcare professional. There is increasing evidence that patient centred communication results in better clinical outcomes, greater patient satisfaction and increase in perceived quality of care (LaNoue and Roter, 2018). Various teaching learning methodologies are used to teach this vital skill to students in healthcare professions. One such methodology in simulation is using simulated/ standardized patients, which allows students to develop and enhance their communication skills in a safe non-threatening environment where they can rectify mistakes based on feedback from simulated patients, instructors, and peers (Qureshi and Zehra, 2020).

Simulated practice, both face-to-face and computer-based, is well established within healthcare education, allowing rehearsal and refinement of clinical skills (Rourke, 2020). Remotely facilitated simulation-based training (RF-SBT) is less positively appraised than face-to-face, locally facilitated simulation-based training (LF-SBT), despite being considered as an acceptable alternative (Christensen et al., 2018). When emergencies arise, alternatives are looked upon with urgency.

As Covid-19 continues to spread around the world and disrupt lives, universities around the globe are impacted extensively. Since the beginning of March 2020, many universities around the world, including all universities in the UAE, have closed campuses and moved courses online – a move that has never been seen on this large scale ever before. The Simulation Center team under The Institute for Excellence in Health Professions Education at Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai, United Arab Emirates felt the need for developing a structure for communication skills training using an online platform. As Microsoft Teams was readily available and accessible, it was selected as the platform of choice.

Approach

The objectives of the pilot project during the early weeks of COVID-19, were to develop a plan for communication skills training remotely, to identify an online platform, to pilot an online communication skills session using the identified platform and to evaluate the effectiveness of the process.

The participants for the program involved simulation centre team and simulated patients. Various roles were tested including roles of facilitators, simulated patients, students involved in communication skills training, students involved in observation of the scenario as well as debriefing.

The participants were divided into Group A and Group B. Each group had one facilitator, one simulated patient and three simulated students.

Structure of the Program

On Microsoft Teams, 5 Channels were created. Figure:(1)

1. General Channel: A common platform for all participants as well as for sharing common documents.

2. Facilitator Channel: Access for facilitators only where facilitators could meet, discuss and share files related to the session for facilitators

3. Simulated Patient [SP] Training Channel: Access only for SPs and SP trainer where the scenarios were shared and SPs were trained prior to the simulation session.
4. Group A Channel: Access only for facilitator, students and SP of group A

5. Group B Channel: Access only for facilitator, students and SP of group B

Figure (1): The structural representation of whole process and the communication channels

All resources which were used onsite for communication skills training were shared through online platform. These included synopsis of the session with objectives, schedule and time allotment, candidate instruction, SP script, peer evaluation checklist and debriefing guidance sheet for facilitator. These were uploaded into their respective channels. SPs were trained over SP training channel prior to the simulation session.

Ground rules were set for all participants which included wearing a professional outfit, blurring the background while using Microsoft Teams, minimizing disturbances, adequate lighting, adjusting camera to provide an optimal view, uninterrupted high speed internet facility, mute the microphone when required etc.

Structure of schedule

Table (1): Schedule of the Communication Skills Simulation Session on Microsoft Teams
<table>
<thead>
<tr>
<th>Timing</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Welcome &amp; Pre-Briefing - Facilitator 1</td>
<td>Welcome &amp; Pre-Briefing - Facilitator 2</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Scenario</td>
<td>Scenario</td>
</tr>
<tr>
<td></td>
<td>Student A with SP1</td>
<td>Student B with SP2</td>
</tr>
<tr>
<td></td>
<td>Other students and facilitator observing</td>
<td>Other students and facilitator observing</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Debriefing</td>
<td>Debriefing</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Evaluation of the pilot program</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome**

The simulation session was completed as per schedule. The process was evaluated immediately after the session through online discussion with all participants and was followed by an online survey through Microsoft Forms. All participants agreed that the objectives were met. Majority of the participants [90%] believed that the online platform had a user-friendly interface and was easy for facilitators, SPs and students to become skilful with in a personalized and intuitive manner. All participants believed that the tool allowed users to communicate through different channels (audio, visual, textual) and allowed for non-sequential, flexible/adaptive engagement with resources. Another feature which the participants found helpful was, the tool does not require equipment beyond what is typically available to instructors, SPs and students (computer with built-in speakers and microphone, camera, internet connection, etc.). Majority of the participants agreed that facilitation of prebriefing, scenario and debriefing over online platform was effective even though they were doing it for the first time.

Despite the formulation of best practice guidelines for in-person simulation, there has been uncertainty regarding debriefing practices for virtual experiences (Verkuyl et al., 2020). During the online session, it was concluded that the debriefing was as effective as in-person simulation. Additionally, we noticed that it was more intense and with less distraction.

Microsoft Teams allows access to the organization employees and students to communicate over the platform. There was concern over the access to Simulated Patients as they were not having an organizational email address. But this was tackled by creating Microsoft outlook account by the SPs. With an outlook account, facilitator could provide access to SPs on respective channels.

There were some concerns raised which include restriction with recording of session in small groups over the various sub channels created on Microsoft Teams. We were not able to record the session for future reflection. On the general channel of Microsoft teams this facility is available. Another limitation noticed was we could have only 5 participants at a time on the screen over video. This could create disengagement if the group size is larger than 5.

Remote training using an online curriculum and simulation-based training facilitated through remote video conferencing is both feasible and effective (Shao et al., 2018). Our findings suggest that remote simulation sessions can provide an effective educational environment.

**Next Steps**

Even though this pilot project was an attempt to tackle the current difficulties in training communication skills simulation sessions, during COVID-19 outbreak, the outcome gave a promising direction for communication during difficult times. Moreover, we have future plans to replace campus based simulated patient training for communication skills on an online platform. This will be cost effective as well as convenient for all involved.
Take Home Messages

- Not all simulations sessions can be replaced virtually or online. But sessions involving communication skills training for small groups can be facilitated on an online platform.
- A well-structured pre-briefing, scenario, SP training and debriefing process is required for successful implementation of an online communication skills simulation session.
- As for any simulation session, everyone involved need to prepare themselves before hand and immerse in simulation session in order to full fill the learning objectives.

Notes On Contributors

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Meghana Sudhir is a Simulation Educator at Mohammed Bin Rashid University of Medicine and Health Sciences for the past six years. She is a Certified Healthcare Simulation Educator-Advanced [CHSE-A] from Society of Simulation in Healthcare. She holds MBA in Healthcare Services Administration and Master of Science in Nursing.

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Figure1 and Table 1, Source: 1st Author Meghana Sudhir.
Bibliography/References


Appendices

None.

Declarations

The author has declared that there are no conflicts of interest.

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Ethics Statement

This is not a research paper. This paper simply describes a tool that we have devised to facilitate communication skills simulation remotely as a result of the 'stay-at-home' enforced to curb the Covid-19 outbreak. No 'real' students took part in this project. All participants were from the simulation centre team taking various roles as 'simulated' students and facilitators. All participants in this project have given written permission to be part of this project and were involved in the design and delivery of the simulation session.

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