



West Midlands Education Innovation and Notable Practice

USING LIVE SIMULATION TO EXPLORE COMMUNICATION SKILLS WHEN CARING FOR SERVICE USERS WITH LEARNING DISABILITIES

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BIRMINGHAM CITY UNIVERSITY

Overview:

Three role players act as individuals with learning disabilities within the appropriate skills clinical areas here at BCU skills suite. Students experience working in real time in as near to real life as possible scenarios. Students are required to respond to patients needs and carry out health care tasks with the role players. Reflection and facilitation is guided by lecturers utilising Pendleton's rules for feedback. (Garala et al, 2007).

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Critical issues for people with learning disabilities accessing health care needs to be threaded through all health professionals curriculum. This has been acknowledged by the Department of Health as imperative (Valuing People (2002); Death by Indifference (2007); Mansall Report (2007); New ways of working (2007 and Health Care for All (2008) Michael Report (2008).

This approach utilises the Nurse Education Simulation Framework (Jeffries 2005, 2007), consisting of five factors; clear objectives and information, support during the simulation, an appropriate problem to solve, time for feedback and reflection and fidelity or realism of the experience.

This project is ongoing. We are researching two areas:

- 1. How satisfied and confident are health students with live simulation?
- **2.** What is the self reported/reflected effect of a Challenging Behaviour Simulation on student's confidence in their ability to deal with similar situations in clinical practice?



So far 179 health students have experienced this session, consisting of Operating Dept Practitioner students, Nurse students from adult and child branch and Social Worker students.

The simulation itself consists of students working in threes with a simulated patient (a person role playing a patient with learning disabilities) with a facilitator in attendance. At times the role player will show signs of emotional distress

and/or challenging behaviour). Each student has opportunity to work with a service user (role player) within one of the three case scenarios, and will also observe and provide peer feedback to each other in their group. The simulation takes place in the appropriate skills room applicable to the student's professional group (ODP, Nursing or S/W). Students are given a specific task to complete with the "service user" - For example nursing this will be taking a pulse, ODP applying an oxygen mask, S/W conducting a first meeting.

The short term impact has been very positive with students reporting that the session not only helped them understand the needs of service users with learning disabilities but helped in preparing them for their clinical placement. Also importantly they highlight how skills explored and gained within the simulation activity were transferable across different service user groups particularly where individuals are confused or agitated. The longer term impact is extremely positive; students

on return from placement are saying that they have actually used the learning experiences gained during live simulation to engage with service users with learning disabilities in a more confident way and without feelings of uncertainty in terms of how to communicate or respond.

Reflective comments received from students include "This gave me the opportunity to communicate with someone I wouldn't normally communicate with and gave me an insight to emotions and behaviour" and "I was able to promote my clinical communication, able to develop confidence with a patient with learning disabilities"

The need for this approach is even more important since recent media coverage highlighting abuse carried out in a private hospital for people with learning disabilities was shown on Panorama (BBC June 2011).