



What's It Going to be, **People** or **Plastic**?

Patients and their families enter the doors of health clinics and acute care settings fearful, vulnerable and uncertain of the next steps in their treatment. Healthcare providers have a fundamental responsibility to be both physically and emotionally prepared to provide **Compassionate ConnectedCare®** for patients and their loved ones. Are we as educators doing everything we can to equip the healthcare providers of today and tomorrow with the knowledge, skills, and attitudes necessary to provide the compassionate care our patients deserve?

Since the widespread adoption of high fidelity manikins in the last decade of the 20th century (Bradley, 2006), health professions' education and practice have embraced the andragogy. Institutions have spent billions of dollars on the hardware and software for the manikins, AV equipment, along with the staff necessary to run the emerging technology. Additional billions have been spent on creating beautiful, well-functioning spaces for simulation to take place within these institutions. Governments have invested additional billions on evaluating the learning outcomes and researching best practices.

Though technology has a significant foothold in the 21st century, many red flags have been reported about the effect of its mass integration into our everyday life. Most concerning for health profession education is that technology is killing our ability to connect on a human to human level or empathize with the circumstances of others. Without the ability to empathize or build therapeutic relationships, providers will quickly become callused and disillusioned by the suffering they encounter in their new professional role. Patients' suffering is perpetuated, satisfaction scores suffer, and outcomes are affected by the dearth of Compassionate Connected-Care® (Dempsey, 2017).

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One solution to improving Compassionate Connected-Care® principles in both academia and clinical practice is to utilize the resources of the simulation centers. The popularity and integration of simulated participants (patient actors) into formative simulation experiences for all health disciplines has grown in the 21st century as a response to the limitations of the manikins to assess and teach non-clinical skills. Simulated participants have the ability to enter the simulated care environments with the full knowledge of the patient or family they are being asked to represent; this provides a rich learning experience during simulation. However, by including feedback from the “patient or family members” perspective during the debriefing process, the depth and understanding of patient and family members thoughts, feelings and motivations are unmatched by any other educational modality.



We at Avkin are ready to support any simulation program as they transition from “plastic” to “people”. Simulated Participants provide a voice for the patients and family being represented in your learning experiences. Students from the University of Delaware, where Simulated Participants have been utilized in nursing education since 2009, now embrace the learning and actively seek additional feedback from the Simulated Participants during the debriefing process. With the use of Avkin’s wearable technology, Simulated Participants are no longer limited to just non-invasive procedures. Avkin has blown through these limitations by enabling Simulated Participants to don easy to use wearable devices that allow them to portray various patient conditions. Over the next few months we will be unveiling three different simulations to help you get started with Simulated Participants. We are sure these “patients” will provide excellent examples of what is possible.

References

Bradley, P. (2006). The history of simulation in medical education and possible future directions. *Medical Education*, 40(3), 254-262.

Dempsey, C. (2017). *The antidote to suffering: How compassionate connected care can improve safety, quality, and experience*. New York, NY: McGraw Hill.

