# Death During Simulation Training: Feedback from Trainees

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## INTRODUCTION

During a medical simulation scenario the appropriate physiological response may be for the simulator to "die".

There has been recent debate about simulated death causing an untoward experience for the learner, or creating an impediment to accomplishing the learning objectives. Largely they have been anecdotal discussions amongst simulation based educators.

We queried groups of students participating in simulation based training programs about their perceptions of experiencing a simulated death.
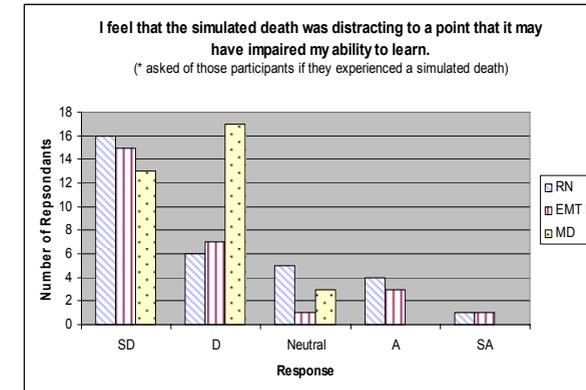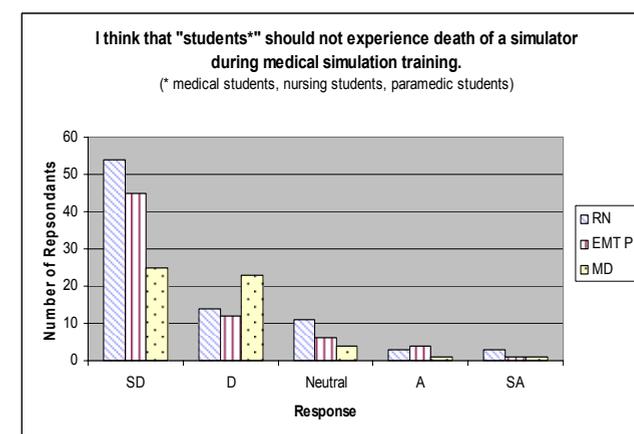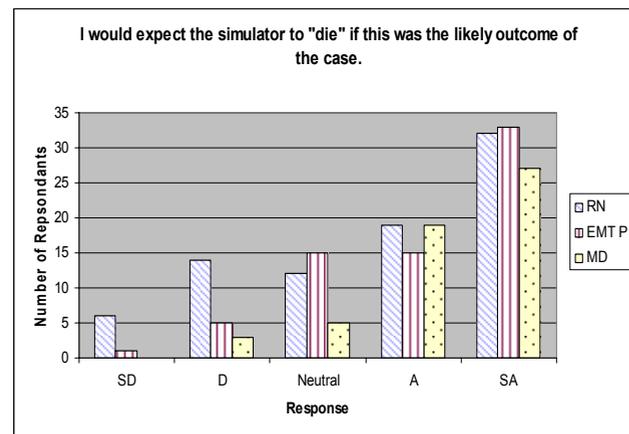
## METHODS

• Quality assurance surveys

• Between April and November 2004

• 63 physicians

• 175 Air Medical Crew (AMC) members

  • 67 Paramedics  86 Nurses

• Physician course was in difficult airway management

• AMC course had scenarios involving medical decision making as well as difficult airway management

• Both groups were attending mandatory courses

• Five point Likert style questions

• 0 representing "strongly disagree" and 4 representing "strongly agree"

• Participants were invited to enter free text comments about the subject

## RESULTS

• 62 (98%) physicians completed the survey
  32 (60%) residents
  22 (40%) faculty

•162 (87%) AMC completed the survey
  86 (53%) Nurses and
  67(43%) paramedics
  6 (4%) unknown [excluded]

| Question Topic | SD-0 | D-1 | N-2 | A-3 | SA-4 |
| --- | --- | --- | --- | --- | --- |
| Death of the simulator during training …… | Physicians | | Nurses | | Paramedics |
| Was experienced during the course | 33 (61%) | | 34 (42%) | | 27 (41%) |
|    and it impaired the ability to learn | 1 (IQR:0-1) | | 0.5 (IQR:0-2) | | 0 (IQR:0-1) |
|    and likely would have correlated to actual patient death and/or permanent disability | 3 (IQR:2-3) | | 1.5 (IQR:0.8-2) | | 1 (IQR:0-2.5) |
| Would be expected by the trainee if that was the likely outcome | 3.5 (IQR:3-4) | | 3 (IQR:2-4) | | 3 (IQR:2-4) |
| May cause a future reluctance to participate in simulation training | 0 (IQR:0-1) | | 0 (IQR:0-1) | | 0 (IQR:0-1) |
| Is always inappropriate regardless of management | 0 (IQR:0-1) | | 0 (IQR:0-1) | | 0 (IQR:0-1) |
| Is part of the power of simulation based education | 3 (IQR:3-4) | | 3 (IQR:2-4) | | 4 (IQR:2-4) |
| Should be avoided in courses for  medical, nursing and paramedic students | 1 (IQR:0-1) | | 0 (IQR:0-1) | | 0 (IQR:0-1) |
| Should be disclosed as a specific possibility during  the course orientation | 1 (IQR:0-2) | | 1 (IQR:0-2) | | 1 (IQR:0-2) |
| The debriefing style would be important to how I would feel about the death | *** | | 2 (IQR:2-4) | | 3 (IQR:2-4) |



I feel that the simulated death was distracting to a point that it may have impaired my ability to learn.
(* asked of those participants if they experienced a simulated death)



I would expect the simulator to "die" if this was the likely outcome of the case.



I think that "students*" should not experience death of a simulator during medical simulation training.
(* medical students, nursing students, paramedic students)

## CONCLUSIONS

• **Participants disagreed that simulated death was distracting to the learning environment**

• **Participants strongly disagreed that students in their respective fields should be exempted from simulated death**

• **Participants strongly disagreed that experiencing simulated death would create a reluctance to participate in further simulation training**

• **Participants disagreed that a separate disclosure about the possibility of simulated death was necessary**