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## What is Stilwell?

Stilwell is a virtual clinical learning environment. It is designed to represent a typical Canadian community where the health, social and personal problems of the residents are situated, contextualized, and followed. Their stories are brought to life and embedded in the community with the aid of:

- An introductory video tour of the neighbourhood
- Photographs and audio diaries from the area
- Professionally acted and produced video clips of critical incidents
- Health and social histories of key characters
- Electronic health records from clinic and hospital visits
- Narrative devices such as blogs kept by both residents and health care professionals working in Stilwell

Learners (students and practising clinicians) from different disciplines work through the cases over time to respond to health related issues and to create dialogue around the roles and responsibilities of providers. Participants experience greater engagement in the lives and events of the people in Stilwell than in a typical case study.

## Facilitation of Patient Safety Discussion Context of the Learning

There are a number of video scenarios in Stilwell. A facilitator's guide is provided to help direct discussion. Figure 3 represents a simulation of a near miss event in the emergency department. Participants would be shown the first video clip of the Montoyas in the emergency department. Here the day is busy with many people waiting and only one inexperienced triage nurse.

Questions put to learners include:

- Distraction and the impact on their ability to do their job
- How best to work with unfamiliar clinical situations
  - Asking for help
  - The impact of cultural assumptions on patient safety
  - What is available for you to learn new things as your role expands – clinical competency

## Learning from Errors and Near Misses

### The Role of Simulation Debriefing

Learners are shown the video clip of a more experienced nurse discovering the sick child and bringing them for immediate treatment. Subsequently the learners discover that the child was septic and immediate treatment was needed to avoid a catastrophic event. The triage nurse is then shown with a clinical educator debriefing (Figure 4).

Debriefing allows:

- Educators to have learners talk about what they might do in this situation
- Learners to find out what they would need to prevent this – what mechanisms need to be in place

## Learning Competencies within Stilwell

As a versatile tool, this scenario covers many issues, including five of the six Safety Competencies as identified by the Canadian Patient Safety Institute (Table 1).

## Testimonials from educators

"Enabling students to see what happens when distractions occur in a busy emergency department helps them to deal with the problems in practice. But what I really like is the debriefing – it allows students to learn from their mistakes."

- Dr. Eric Staples, RN, DNSc, Regional Coordinator, COUPN NP Program, McMaster University

"The Stilwell 'virtual patient' provides the novice acute care/critical care nurse with an opportunity to critically think through circumstances prior to being in 'real life' situations in a clinical setting. It serves to illustrate both the physical and emotional components of a client and his/her family, when faced with challenging, and perhaps life altering events."

- Jackie Galea, R.N., Program Advisor, Continuing Education, Critical Care/Emergency, Humber ITAL

"I was quite impressed with the breadth of issues I saw raised in the [video scenario]. There has obviously been a lot of thought put into ensuring the various programs within the School of Health Sciences could use this format, and from a Funeral Service Education perspective, generally sidelined in interprofessional collaborative efforts, I found the premiere rich with issues for potential discussion and learning. Our faculty are very excited to bring this initiative forward to students."

- Jeff Caldwell, Program Coordinator, Funeral Service Education, Humber ITAL

## References

- Canadian Patient Safety Institute. (2008). *The safety competencies: Enhancing patient safety across the health professions*. Ottawa: Canadian Patient Safety Institute.
- Nicklin, W, Mass, H, Affonso, DD, O'Connor, P, Ferguson-Paré, M, Jeffs, L, Tregunno, D & White, P. Patient safety culture and leadership within Canada's academic health science centres: towards the development of a collaborative position paper. *CJONL* 2004; 17: 22-34.
- Schmidt, CE, & Bottoni, T. (2003). Improving medication safety and patient care in the emergency department. *Journal of Emergency Nursing*, 2003; 29: 12-16.

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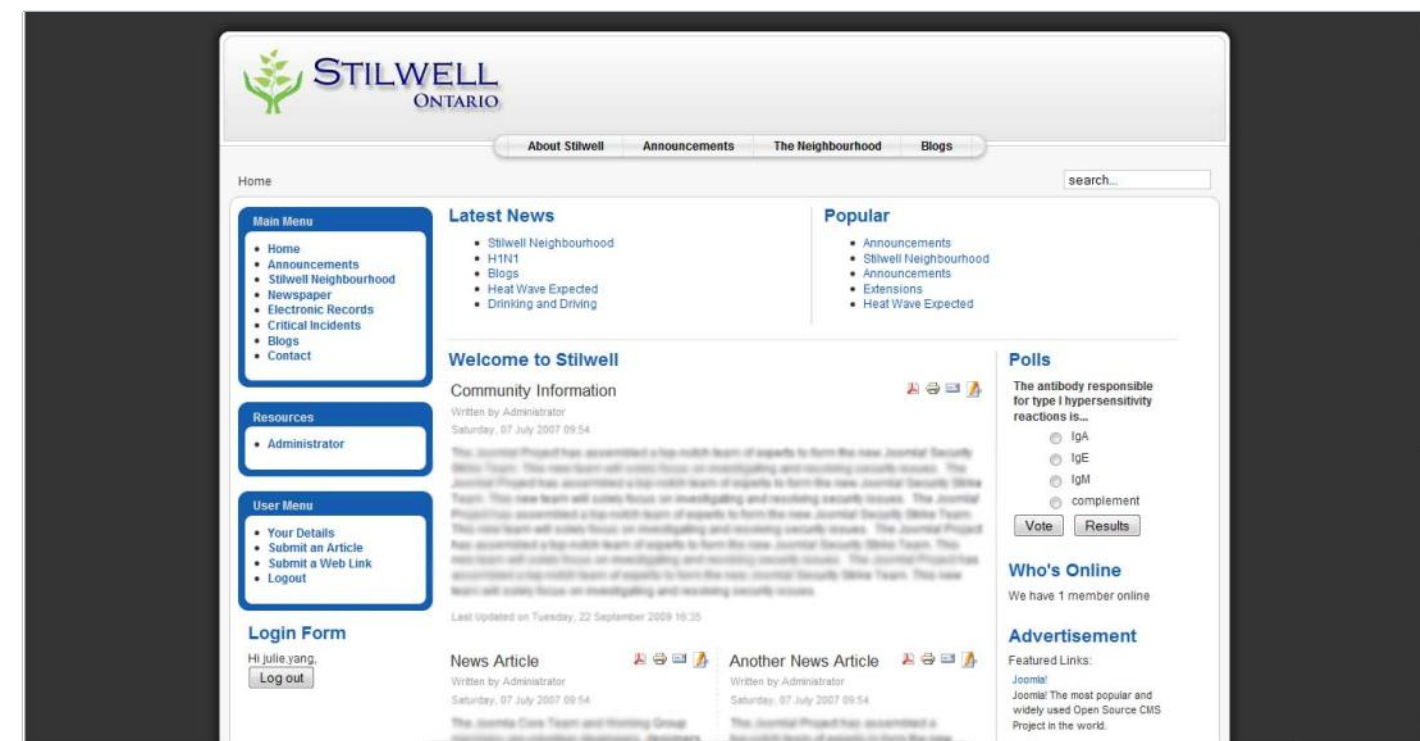


Figure 1. Screen shot of the Stilwell Ontario website.



Figure 2. Photo collage of the Stilwell neighbourhood.



Figure 3. Alban holding Abril in the ER looking confused.

Table 1. Learning objectives associated with this video scenario.

| Learnings on patient safety   | Learnings on other issues  |
|---|--|
| <ul style="list-style-type: none"> <li>• Contribute to a culture of patient safety</li> <li>• Work in teams for patient safety</li> <li>• Communicate effectively for patient safety</li> <li>• Manage safety risks</li> <li>• Recognize, respond to and disclose adverse events</li> </ul> | <ul style="list-style-type: none"> <li>• Cultural awareness</li> <li>• Language barriers</li> <li>• Role awareness</li> <li>• Paediatric assessments</li> <li>• Interprofessional collaboration</li> </ul> |



Figure 4. Debriefing the triage nurse by the clinical educator.



Figure 5. ER team caring for Abril.