

Thursday May 16th		
1100-1200 (50 minute presentations)		
	NW04-1076/78	<b>Decolonizing the Classroom: Steps Together</b>
		<i>Karly Mitchell, Pearl Van Dijk, Chelsey Hartwig</i>
<p>What is the experience of decolonizing a classroom in postsecondary education today? Our 50-minute workshop will explore just this. Three BCIT Bachelor of Science in Nursing (BSN) Faculty (Identifying as Indigenous, Person of Color and White) in collaboration with diversely identifying BSN students will co-present a dialogue session with the aim of collaboration, listening, and learning from multiple perspectives. This dialogue session will explore some of the <i>TRC Calls to Action</i>, <i>BCCNM's practice standard Indigenous Cultural Safety, Cultural Humility and Anti Racism</i>, and strategies to disrupt the status quo of colonial education. _</p> <p>Participants will engage in round-table discussions where BSN students will facilitate each table's dialogue with a series of guiding questions thus offering opportunity for ideas, creativity, and connection. This process is intentional in reimagining the 'what', 'how' and 'why' questions of decolonizing education. This practice is reflective of our experiences teaching BSNC 3020, a 4-credit Context of Nursing course required in the BSN program. Our delivery of this course has evolved to include a decolonizing approach and we hope to see the reach of this work continue broadly, offering brave and perhaps safer learning environments for all. This requires Faculty and students to unlearn colonial teaching and learning and relearn different ways of knowing and being. Taking a decolonizing approach to education has offered us an opportunity to consider our own power, privilege, and positionality as well as what equitable education may look like in the future.</p>		
	NW04-2084	<b>Unique Perspectives from People Receiving Care</b>
		<i>Connie Evans, Darren Frew, David Youngson, Carol Anderson</i>
<p>We believe healthcare is going in the right direction. There is a paradigm shift from a broad understanding of caring within teams to appreciating the highly individualized needs of people one-on-one. This panel will discuss PEOPLE centred-care, why and how Patient Partners are included in BCIT School of Health Sciences. Hear from three storytellers with distinct perspectives on their care. Find out what matters to them and why they engage with students and faculty. Explore power imbalances and the meaning of language. Discover why there are always at least 2 patients. Patient partners guide improvements in all levels of healthcare provision.</p> <p>During the session, participants will learn how the Principles of Patient/Person and Family-Centered Care (PFCC) can be applied to health sciences education and explore Individual Patient Partners' perspectives in receiving care and participating in health science education and reform. Catch the momentum of patient partnerships within healthcare and education during the Q&amp;A session.</p>		
	NW04-1072	<b>Behind the Scenes Champions: Empowering Simulation Technicians for Tomorrow's Healthcare Training</b>
		<i>Sam Dhothar, Ferooz Sekandarpour, Sarah Neville</i>
<p>The success of a simulation center hinges significantly on the expertise and performance of Simulation Technicians, who are the unsung pioneers in healthcare education and training. This workshop aims to cast a spotlight on the critical roles these professionals play, the challenges they encounter, resources that are available locally and internationally, and career development pathways that lie ahead of them in the rapidly evolving landscape of medical simulation.</p> <p>Background: Simulation Technicians, or Simulation Operations Specialists, are the bedrock upon which the operational excellence of simulation centers is built. Their diverse skill set, encompassing AV, IT, healthcare, and operations, positions them uniquely to support and enhance the learning environment. However, their contributions often go unrecognized, and the path for professional growth can be nebulous and undefined.</p>		

The focus of this workshop will be on creating a local community of practice to explore best practices in simulation, career development, professional development and challenges with keeping pace with cutting-edge technologies. There will be expert simulation technicians to help guide the workshop with an end goal of creating a plan for the development of a local simulation technician community of practice with the goal of engaging with international sim ops groups.		
<b>1200-1300 (15 min presentations)</b>		
	NW04-1076/78	<b>Listen Up! Podcasting to support engagement and self-directed learning in a final year BSN course</b>
		<i>Rhandall Tydd-Whiting</i>
Literature from nursing education has noted a steady decline in face-to-face instruction over the last decade. Space barriers, the COVID-19 pandemic and a new generation of tech-savvy students have further increased the utilization of digital learning environments. The need to harness innovation in technology to support student engagement continues to increase and challenge educators' creativity. One strategy that may be of benefit is the podcast: to support self-directed learning and engagement. Inspired by insights from a study on podcasts supporting third year nursing students in Scotland, a podcast series was created for X nursing students in their final year. This tutorial podcast augmented learning by continuing to explore concepts from the classroom that can be applied to clinical practice, as well as a large summative assessment. Storytelling from the perspectives of faculty and former students, helps current students connect theory to practice and gain understanding of how their learning will impact professional development. Storytelling is a valuable teaching strategy for linking theory to the real world. Offering podcasts allows students to engage with and make meaning of their learning autonomously, allowing them to further their reflective practice. This presentation will share literature that supports 'podcasting' as learning tool, creating a podcast for education and initial feedback from students regarding the podcast series as an educational tool.		
		<b>Enhancing Capacity for Self &amp; Collective Care in Nursing Education and Practice</b>
		<i>Elisabeth Bailey, Nassim Adhami</i>
Nursing students face unique challenges to their wellbeing as they navigate the complex context of undergraduate nursing education. Previous studies of Bachelor of Science in Nursing (BSN) students found that students' sense of belonging in their clinical & academic environments impacts their motivation, their developing self-identity as nurses, & their self-reported mental health & wellbeing. These findings prompted one BSN program to develop a pilot program designed to enhance belonging, critical resilience, & wellbeing among BSN students. This pilot, the four-module BSN Self & Collective Care Series, was developed in consultation with the school's curricular committee. There are several overarching goals of the Self & Collective Care Series. We hope that engagement in the modules will support students to 1) enhance skills related to self-knowledge, stress management, & self/collective care; 2) develop mindful awareness & reflective practice skills; & 3) increase opportunities for social support from peers & faculty in academic & clinical contexts. We have piloted this program & are in the initial stages of evaluation. In this presentation, we will provide an overview of the series & observations from the first two cohorts of students. In this presentation, we will explore the potential value of building self & collective care skills in nursing educational contexts & share examples of several strategies to bring evidence-informed practices into curricula.		
		<b>Supporting Students with Executive Function Challenges in the Clinical Setting</b>
		<i>Kimberly McKinley</i>
Executive function challenges such as ADD and ADHD affect up to 8% of college students and can present as: inability to organize, sequence and prioritize tasks; procrastination and inability to focus; inability to manage distracting internal and external stimuli, impulsive decision-making; and starting tasks without reading/listening to directions. In a clinical setting these characteristics are a cause for concern and can result in students being placed on learning plans, being removed from clinical practice due to safety concerns and potentially being unsuccessful in their clinical rotation. Executive function challenges are disorders of performance not		

<p>knowledge; this is amplified in a clinical setting where performance is a proxy indicator of knowledge. Educators may see health care students struggle to meet the performance indicators required to pass the term despite showing a strong knowledge base through their other theory courses and in non-clinical settings. There are many strategies students with executive function challenges can use to overcome performance challenges in the clinical setting. While students at the college level are expected to set their own goals and maintain learning strategies, it is important instructors use skills and techniques to support learning in a clinical setting. This presentation will provide a review of some clinical specific strategies to support students based on an ongoing scoping review being complete by the presenter.</p>		
	NW04-2084	<b>Synergizing Healthcare Education: The Collective Impact of Educational Institutions</b>
		<i>Glynda Rees, Monique Brewer, Chris Hillary, Bryan Gilbert, Kerry Ann Dompierre</i>
<p>An Educational Electronic Health Record (EdEHR) has been developed through collaboration with post-secondary institutions and local Health Authorities in British Columbia (BC). The EdEHR platform facilitates a simulated learning environment where students cultivate digital health competencies, aligning with their broader healthcare practice standards. The platform is designed to support experiential learning, integrating electronic information retrieval, data synthesis, and documentation into student workflows. This approach enhances students' competencies in assessment, medication administration, diagnostic and laboratory data analysis, and clinical reasoning, preparing them for the ubiquitous use of technology in healthcare practice.</p>		
		<b>Optimizing Digital Care Capacity: The Advancement of Clinician Education in Digital Health</b>
		<i>Glynda Rees and Robert Paquin</i>
<p>The current healthcare landscape in British Columbia (and Canada) is rapidly evolving technologically, and the existing healthcare workforce is not necessarily educated or trained to fully optimize these advances. Significant investment by the province in future forward technologies such as electronic health records (EHRs), generative artificial intelligence (GEN AI), and other advancing technologies (such as virtual reality, data mining and analysis) has created a need for new programs of education to support this transformation. Advancing clinician education in digital health will help bridge the gap between clinical care and digitized care, to optimize quality-driven care and healthcare outcomes across communities.</p> <p>X offers an interdisciplinary Digital Health Advanced Certificate (DHAC) aimed at post diploma and baccalaureate healthcare professionals interested in expanding their knowledge, skills, and competencies toward the application of digital health/health informatics in the healthcare environment.</p> <p>The DHAC prepares graduates for new and emerging occupations in the digital health field related to the implementation and integration of health information ecosystems. Collaborative change leadership theories and practices are threaded through the program with the goal of empowering learners to lead health system transformation today and in the future.</p>		
	NW04-1072	<b>Excel-ing in Education: Harnessing the Power of Spreadsheets for Objectives Mapping in Simulation Learning Experiences</b>
		<i>Carla Ferreira, Alice Wong, Kymberley Bontinen, Carrie Hunter</i>
<p>The use of simulation-based experiences (SBE) is not a novel approach to teaching and learning the discipline of nursing. SBEs are now common experiences integrated into undergraduate nursing curricula and are seen as a feasible replacement for traditional clinical learning. The design and implementation of SBEs can be costly. To maximize its benefits, it is important for nurse educators to ask how, to what extent, and when SBEs become helpful mechanisms for learners to meet entry-level competencies (ELCs) set by nursing regulatory bodies.</p> <p>Though by design, SBEs rely on well-crafted learner objectives, we were curious to find out how well these SBEs aligned with competencies expected of entry-level registered nurses. If so, which competencies were addressed? What gaps exist and how can we best utilize simulation to support students to become practice ready?</p>		

Curriculum mapping is a chance to gain insight into SBEs' contribution to nursing students' preparation. Using a widely accessible and common software tool like Excel, nurse educators can create a visual illustrating which ELCs were addressed by the various SBEs. In this presentation, we will share what we have learned in our attempt to map SBEs offered to undergraduate nursing students and how we will use these to enhance our growing simulation program.		
		<b>Optimizing Open Lab Access: A Collaborative Web App Solution at BCIT</b>
		<i>Jasica Munday, Kyle Hunter, Viresh Soedhwa, Arvin Rolos, Felicia Hou, Stanley Chow, Brandon Chan, Buck Sin, Lester Shun</i>
<p>Psychomotor skills practice and self-directed learning are integral components of healthcare education. The X Open Lab, a hub for over 30 programs with approximately 600 student visits per semester, plays a crucial role in fostering hands-on skills development within a non-evaluative, peer-supported environment. Despite its popularity, communicating Open Lab availability using paper schedules and physical announcement boards is inefficient and outdated for both students and faculty. To address these inefficiencies, Bachelor of Science in Nursing (BSN) faculty initiated a project to develop a user-friendly web application for clear communication.</p> <p>Over the past year, BSN faculty collaborated with four different computing student teams from X Industry Sponsored Student Projects (ISSP) program and the Learning and Teaching Center (LTC) to develop an application that empowers students to seamlessly access Open Lab schedules, announcements, and additional resources. Beyond solving a communication problem with technology, this interprofessional collaboration demonstrates the benefits of integrating student participation, standardized coding practices, and detailed documentation into health-care focused web application projects.</p> <p>Looking forward, our emphasis will focus on operational readiness to guarantee a reliable and maintainable service, thereby optimizing the Open Lab experience.</p>		
		<b>Enhancing Incident Reporting: An Approach for Organizational Resilience</b>
		<i>Sam Dhothar, Jordan Silver</i>
<p>Incident reporting is a critical component for organizational resilience as it is the foundation of identifying, assessing, and mitigating risks. This presentation will explore the key elements of an incident reporting tool for simulation and provide insight into optimizing its functionality within an simulation center. These elements include user-friendly reporting mechanisms, clear communication channels, and a robust categorization system. This presentation will also discuss the process of creating and implementing an effective incident reporting tool, including addressing challenges associated with incident reporting in a large simulation center.</p> <p>Through real world examples, this presentation aims to help attendees gain the knowledge required to establish and maintain a resilient incident reporting system. By promoting a proactive reporting culture, incident reporting can ultimately enhance overall resilience in a simulation center.</p>		
<b>1400-1500 (15 min presentations)</b>		
	NW04-1076/78	<b>Putting Virtual Simulation Games into Action: Considerations for Curricular Integration</b>
		<i>Kymberley Bontinen, Carla Ferreira</i>
<p>While the upsurge of open educational virtual simulation (VS) resources has benefited nurse educators looking for ways to offer experiential learning to undergraduate nursing students, challenges have also come up that require our attention if we want to continue (or begin) integrating these resources meaningfully in nursing education. With the launch and ongoing development of the Virtu-WIL (Virtual-Work Integrated Learning) program by Colleges and Institutes Canada (CICan) in partnerships with Simulation Canada, curriculum integration has been highlighted as a key challenge for healthcare education programs<sup>1</sup>. Integration of open access VS tools require nurse educators to have sound pedagogical knowledge and understanding of curriculum planning and curriculum mapping. In this session, we will discuss key learnings from integrating open educational VS resources into an undergraduate nursing practice course, specifically, (1) preparation for in-</p>		

person simulation, (2) synchronous online facilitation, (3) synchronous debriefing, and (4) designing make-up assignments for missed in-person simulation.		
		<b>A Multimedia Approach to Virtual Pulse Platform Orientation</b>
		<i>Robyn Woo, Marija Bojic, Jasica Munday</i>
<p>Virtual Pulse is a digital training platform which simulates clinical situations to help healthcare professionals and students develop clinical reasoning skills. Previously, orientation to the platform was performed by BSN Faculty, synchronously, during a one-time orientation. Student survey data has indicated numerous issues related to the platform such as “very difficult to navigate” and “it was frustrating”. The Virtual Pulse platform was found to fall below the industry standards for usability according to the System Usability Scale. This abstract presents an innovative solution through the introduction of multimedia orientation materials. A series of orientation videos aligned with INACSL best practice standards were created to guide users through Virtual Pulse functionalities. These videos, housed in a dedicated Learning Hub module, offer unlimited access to training materials, a practice game, and supplementary resources. The implementation of multimedia orientation materials standardized Virtual Pulse platform onboarding, ensuring consistency and adherence to simulation best practice standards for both students and instructors. The online module provides anytime, anywhere access via electronic devices, enhancing convenience. The inclusion of a practice game allows risk-free familiarization with the platform to increase psychological safety. Establishing a dedicated Virtual Pulse module on Learning Hub improves accessibility, catering to learners' preferences for...</p>		
		<b>Simulation Methodology and Violence Prevention Training: a Collaboration between Educational Methodology and Content Experts</b>
		<i>Kimberly Cockburn</i>
<p>British Columbia's provincial code white standard mandates that all health care settings receive code white drill training annually. Historically, the X Simulation team supported code white drills ad hoc, in addition to code white drill training and violence prevention certification offered from the X Violence Prevention Team. In the summer of 2023, the X Simulation Team created a “Train the Trainer” workshop to train violence prevention specialists in simulation methodology. The goal of this workshop was to improve the quality of code white simulations, while streamlining the resources and training process for delivering this education. Research from psychology, code white drill training, and advanced debriefing was used to develop a four-hour course. Two sessions of the workshop were provided for all violence prevention staff responsible for running code white drills. Post course evaluation found that attendees felt more confident in simulation methodology after the course, and that the resources provided were helpful for facilitating simulations. Ultimately, the course helped streamline violence prevention training, improved facilitation skills of code white simulation facilitators and likely improved the quality of education for front line staff.</p>		
	NW04-2084	<b>Benefits to both Student and Faculty Creators of an Open Education Resource, across Multiple Institutions and Disciplines</b>
		<i>Jennifer Kong &amp; Zoe Soon</i>
<p>We are introducing our Open Education multimedia resource on Pathology as evidence of collaboration between institutions, faculty, and students to create this free student-centered resource. This resource was partially created by students for students. During its creation, the authors observed benefits, other than monetary, to students during their generation of OER content. Qualitative feedback from student creators revealed themes of deeper learning, gaining independence, mentorship with experts, and ‘being part of something bigger’. Conversely, the authors observed benefits of increased recognition between X, X, and X across many different disciplines, styles of teaching, and clinical experience.</p>		

		<b>Strategies for Aligning Teaching with Contemporary Nursing Practice: Nurse Educators' version</b>
		<i>Carla Ferreira, Nassim Adhami, Elisabeth Bailey, Ashley Scott</i>
<p>The landscape of nursing practice is changing. With advancements in technology, medical interventions, and models of nursing care, we – as academic nurse educators, may not always have the most current or relevant experiences to reflect the nature of nursing practice today.</p> <p>Nurse educators enter academia as clinicians. They bring with them into teaching and learning spaces their clinical knowledge and skilled-know-how. However, the transition from being a nurse clinician and into a nurse educator brings discomfort in knowing that teaching nursing is not the same as practicing nursing. As academic nurse educators, the focus of the practice shifts from being clinicians at the bedside to facilitators of learning in the classroom, labs, or simulation-based experiences.</p>		
		<b>Promoting Student Success in a BSN Program through the Implementation of a Student Success Framework</b>
		<i>Jill Kerrigan, Anna Kornienko, Amy Cronmiller and Reena Rai</i>
<p>Background: The comprehensive nature of nursing student success extends beyond academic achievements. It emphasizes the multifaceted journey of nursing students through education, highlighting the diverse factors that contribute to their growth as competent and compassionate healthcare professionals. Success involves more than grades, encompassing the acquisition of essential academic and social skills, fostering a caring attitude, and adapting to the dynamic healthcare environment.</p> <p>Purpose/Objectives: A working group at X proposed a student success framework to align student success strategies across the BSN program to increase student satisfaction in the program, maintaining a consistent pass rate on the NCLEX/NGN exam and graduate practice-ready nurses who stay in the nursing career for a minimum of two years.</p> <p>Methods: An extensive literature review was conducted, followed by student and faculty surveys and data from institute student supports</p> <p>Findings: It was discovered that both academic and non-academic factors impact student success. Early support is critical for students to succeed throughout the program. When students facing barriers or challenges are identified in year one of the program, support can lead to improved satisfaction and decreased attrition. Recommendations include peer-to-peer mentorship, strength-based teaching approach, coaching sessions and the implementation of an Enhanced Learning Pathway.</p>		
	NW04-1072	<b>Quick Emotional Self-Regulation Techniques for Health Care Providers to Improve Patient Care</b>
		<i>Kim Wilson</i>
<p>Health Care providers (HCPs) experience anxiety provoking situations many times during their shifts. This could include working in trauma in the ED, deescalating a patient during a code white or experiencing the sadness of a tragic accident in pediatrics. HCPs need to quickly regulate their emotions before entering a situation to stay calm and provide quality patient care while navigating unexpected, frequently changing and often difficult situations. Patient care and communication amongst the health care team can become complicated if a HCP is in an unregulated emotional state. It can affect patient care, create communication barriers with patients and cloud critical thinking. We are aware that mindfulness, meditation, and self-care are helpful in our careers. Research demonstrates that mindfulness can help decrease stress but what does this look like in practice? How can we practically integrate small activities throughout our shifts before engaging with a patient? What strategies can we utilize after our shifts when perseverating about moments in our day? This presentation will demonstrate the effectiveness of integrating quick emotional self-regulation techniques for the audience. Participants will take away quick techniques they can incorporate into their practice to help them quickly self-</p>		

regulate before engaging with patients during or after their shift. The X Employed Student Nurse (ESN) program is now incorporating these teachings in all Skills Days for ESNs.		
		<b>Sim Things Happening in MLS Education</b>
		<i>Tammy Hardie</i>
<p>Job shortages in Health Care are here and they are real. Addressing the pinch points for continuing to provide MLS students with robust and quality Clinical Training paths involves complex strategies and collaboration—and Simulation is an integral part of this. In this session, Tammy Hardie, the MLS Simulation Coordinator at BCIT, will share some of her experiences in facing this challenge head-on with creativity and resourcefulness. She will provide guidance in accessing open sourced resources, demonstrate how the Education Electronic Health Record can be used to simulate a LIS. She will discuss a variety of inter-disciplinary simulation initiatives, and present strategies for helping to alleviate some of this pressure in our MLS programs across Canada. Sim-Thing's Happening in MLS Education and it's time to climb aboard this train of thought and collaborate with one another!</p>		
		<b>Employed Student Nurses in Critical Care at Vancouver Coastal Health</b>
		Employed Student Nurse Clinical Nurse Educators VCH
<p>The X Employed Student Nurse (ESN) program strategically integrates ESNs into critical care settings, presenting both challenges and valuable opportunities. The initiative aims to provide hands-on experience for ESNs to consolidate foundational nursing skills. A critical care allows ESNs opportunity to also observe advanced procedures and technologies, boosting confidence and decision-making abilities. Through observation and supervised practice, they learn high-tech equipment usage, apply evidence-based practices, and manage complex patient conditions. Exposure to fast-paced, high-pressure environments cultivates adaptability, efficient task prioritization, and effective communication skills.</p> <p>The X ESN program has developed collaborative relationships between the health authority and nursing schools, exemplified by X Critical Care learning pathway. This collaboration enhances clinical education, aligns curricula with healthcare needs, promotes research and innovation, and offers a unique recruitment opportunity. Dedicated ESN Clinical Nurse Educators at X play a pivotal role in easing the transition of students to employed roles in critical care. Despite the need for careful planning and support during integration, the program's benefits outweigh challenges, contributing to the professional growth and confidence of ESNs in critical care settings.</p>		
<b>1500-1600 (50 minute presentations)</b>		
	NW04-1076/78	<b>Clinical Reasoning Workshops: Educating Nurses for a Complex Clinical Environment</b>
		<i>Robyn Woo, Rhandall Tydd-Whiting, Harjot Kooner-Basanti, Lynn Axford</i>
<p>The context of health care is evolving with more complex patients in high-stakes, fast paced clinical environments. New graduates are facing a plethora of challenges in these dynamic clinical settings due to a lack of proficiency in clinical reasoning and judgment (Kavanagh &amp; Szveda, 2017). Self-efficacy in clinical reasoning is vital for nursing students as it helps their development in "thinking like a nurse". Fostering metacognition requires time and practice that cannot be mastered in one course, students need multiple learning experiences to foster these skills. To address this issue a Clinical Reasoning Workshop Series was created to provide a learning environment where students can commune and develop self-efficacy in clinical reasoning. In addition, a workshop was offered to faculty to help develop instructional skills needed to assist their students in developing meta-cognition in practice (Gonzalez, 2018). These collaborative workshops provided opportunities for students and faculty to unpack these unseen cognitive processes, in their respective groups.</p> <p>This interactive workshop will take you through the Clinical Reasoning workshop series designed for students and faculty. The goal is to empower educators to deconstruct the thought process involved in clinical reasoning and aid in providing feedback for students. This workshop aims to support educators in developing innovative strategies in creating opportunities to practice metacognition within their programs.</p>		

	NW04-2084	<b>Trauma and Violence-Informed Pedagogy in Simulation Based Learning: Building on What We Know</b>
		<i>Nassim Adhami, Carla Ferreira, Elisabeth Bailey</i>
<p>Background:</p> <p>Trauma- and violence-informed care (TVIC) has been widely taken up by the nursing profession as a framework to elicit critical attention to the effects of trauma on health and behaviour and how people's lives can be significantly impacted by the intersections of systemic and interpersonal violence and structural inequities (Varcoe &amp; Wathan, 2023). While there is no one globally accepted definition of TVIC (Goddard et al., 2022), key features of TVIC include the "4-Rs": (a) realize that trauma is highly prevalent; (b) recognize the substantial negative impacts of trauma; (c) respond by using trauma-sensitive policies and practices; and (d) resist re-traumatization (SAMHSA, 2014).</p> <p>Currently, TVIC has been taken up in the context of healthcare including mental health interventions (Smye et al., 2023); public health (Jack et al., 2023); leadership and policy (Macpherson et al., 2023). Goddard and colleagues (2021) have argued for a trauma-informed pedagogy using the 4-Rs in the context of higher education in nursing. Simulation based learning (SBL) has become a common educational strategy in nursing education. While there is extensive energy invested in exploring the ways psychological safety can be achieved in the context of SBL, less attention has been given to TVIC.</p>		
	NW04-1072	<b>Enhancing Simulation Outcomes: The Strategic Inclusion of Simulation Operations</b>
		<i>Sarah Neville, Ferooz Sekandarpour, Sam Dhothar</i>
<p>In this panel discussion we will talk about the role of the Simulation Technician (ST), also known as the Simulation Operations Specialist or Simulation Technology Specialist. These professionals form the backbone of simulation centers, providing the technical expertise and operational support necessary for effective simulation. Their contributions extend far beyond mere facilitation; they ensure that simulators, intricate mouldage, sophisticated audiovisual systems, and medical equipment all function seamlessly together to create an immersive educational experience for learners.</p> <p>Their knowledge is not just limited to the basic operation of simulators but also includes insights into how these simulators and associated simulation equipment can be effectively integrated into the educational curriculum and operational protocols of healthcare settings.</p> <p>The involvement of STs in the design of simulation programming is sometimes overlooked, whether due to oversight or intention. As subject matter experts, they possess an understanding of the daily operations of simulation and can anticipate potential issues and resolving them efficiently. Their insights are vital in creating a robust and functional simulation environment. Excluding STs from the planning phase of simulations, sim center design, equipment purchasing and allocation, can lead to costly consequences for institutions. Engaging STs from the outset is essential to the development of high quality simulations.</p>		
1600 – 1630 (5 minute vendor presentations - NW4 – BMO Atrium)		
Laerdal / Minogue / EdEHR		



Friday May 17 <sup>th</sup>		
1000-1100 (50 minute presentations)		
	NW04-2080	<b>Decolonizing the Classroom: Steps Together</b>
		<i>Karly Mitchell, Pearl Van Dijk, Chelsey Hartwig</i>
<p>What is the experience of decolonizing a classroom in postsecondary education today? Our 50-minute workshop will explore just this. Three BCIT Bachelor of Science in Nursing (BSN) Faculty (Identifying as Indigenous, Person of Color and White) in collaboration with diversely identifying BSN students will co-present a dialogue session with the aim of collaboration, listening, and learning from multiple perspectives. This dialogue session will explore some of the <i>TRC Calls to Action</i>, <i>BCCNM's practice standard Indigenous Cultural Safety, Cultural Humility and Anti Racism</i>, and strategies to disrupt the status quo of colonial education.</p> <p>Participants will engage in round-table discussions where BSN students will facilitate each table's dialogue with a series of guiding questions thus offering opportunity for ideas, creativity, and connection. This process is intentional in reimagining the 'what', 'how' and 'why' questions of decolonizing education. This practice is reflective of our experiences teaching BSNC 3020, a 4-credit Context of Nursing course required in the BSN program. Our delivery of this course has evolved to include a decolonizing approach and we hope to see the reach of this work continue broadly, offering brave and perhaps safer learning environments for all. This requires Faculty and students to unlearn colonial teaching and learning and relearn different ways of knowing and being. Taking a decolonizing approach to education has offered us an opportunity to consider our own power, privilege, and positionality as well as what equitable education may look like in the future.</p>		
	NW04-2084	<b>Pearls on PEARLS - A Faculty Development Strategy to Maximize PEARLS Debriefing</b>
		<i>Heather Epp, Sarah Neville, Amanda Egert, Robert Kim</i>
<p>The goal of the Pearls on PEARLS workshop is to debrief simulation facilitators on their prior debriefing experience using the PEARLS framework as a guide. Experienced simulation educators guide the participants through the five PEARLS phases (Eppich &amp; Cheng, 2015), utilizing the strengths of the PEARLS framework to close facilitator performance gaps and develop simulation facilitator skills. A lack of familiarization with a scripted debriefing tool, can lead to inconsistent debriefing and increased facilitator cognitive load (Hoegh-Larsen et al., 2022; Meguerdichian et al., 2022). While setting the scene, facilitators will explain the purpose of the workshop and set the tone for psychological safety. The Reactions phase will explore participants' feelings in relation to their prior debriefing experience. The Description phase ensures everyone is on the same page and familiar with the 5 phases of the PEARLS framework. In the Analysis phase, participants are guided through an analysis of each of the five PEARLS phases. Here the participants are encouraged to explore what strategies work well in each phase, what some of the challenges have been and ways to improve their practice moving forward. The Summary phase allows participants to voice what their main takeaways are and plans for their next debriefing session. The Pearls on PEARLS workshop has created a community of practice where novice to expert simulation facilitators come together to share and learn with one another.</p>		
	NW04-2066	<b>Debriefing for Clinical Educators</b>
		<i>Jaime Gallaher, Kristen Plowe</i>
<p>Students often consider clinical experiences as the most impactful element of their education and frequently describe it as being stressful and traumatic. Many clinical educators encourage self-reflection, whether through written exercises, end-of-shift conversations, or planned group conferencing at the end of a clinical day. Interestingly, there is a lack of information regarding the purpose and structure of clinical post conferencing despite reports indicating that this component occupies 10-15% of clinical education experiences. The absence of standardization, structure, and collective goals for clinical post conferencing is an identified gap that poses a risk of clinical educators overlooking or not fully recognizing crucial learning opportunities.</p>		

Debriefing is an educational method that maximizes emotional, cognitive, and reflective aspects of learning to provide learners and opportunity to re-think and analyse responses to clinical experiences for growth and progression. While commonly employed in simulation-based nursing education, structured debriefing holds significant potential for post-clinical conferences (Kelly, et al., 2019).		
<b>1130-1230 (15 minute presentations)</b>		
	NW04-1076/78	<b>Efficacy of Screen-Based Virtual Simulation in Nursing Education: Comparative Analysis</b>
		<i>Robert Kim, Barbara Wilson- Keates, Karen Cook</i>
<p>Nursing education is increasingly incorporating virtual simulation-based experiences (SBE), to provide learners with realistic clinical scenarios. While existing literature supports the effectiveness of virtual simulations, there is a need for more evidence to establish their overall effectiveness compared to traditional manikin-based SBE.</p> <p>To address this knowledge gap, a pilot study was conducted, guided by Kolb's Experiential Learning Theory and the NLN Jeffries Simulation Theory. The study compared the pedagogical effectiveness of virtual SBE with manikin-based SBE in terms of learner satisfaction, self-confidence, knowledge acquisition, skills development, and the transfer of learning to clinical practice. Participants (N = 30) were randomly assigned to engage in either a screen-based serious game or a manikin-based SBE, both with the same learning objectives and clinical indicators.</p> <p>Findings indicate that virtual serious games had less pedagogical effectiveness than manikin-based simulations in terms of learner confidence, knowledge acquisition, and critical thinking categories of learning. However, except for critical thinking aspects of learning of which manikin-based simulations were reported to be more effective (<math>p &lt; .05</math>), there was no statistically significant difference between the two modalities.</p>		
		<b>Bridging the Gap within Nursing Education: Collaborative Simulations at Royal Inland Hospital</b>
		<i>Jaime Gallaher, Cassy Magliocchi, Meghan Tome</i>
<p>There is insufficient research to demonstrate the benefit of undergraduate learners and postgraduate professionals from various healthcare disciplines, utilizing simulation to collaborate and learn effectively. We at X and X decided to address a noted gap within inter-collaborative simulation between learners and participants on various wards within our clinical site.</p> <p>The goals of these simulations were multifactorial. We wanted to have participants at various stages within their career coming together to learn and grow their knowledge around; technical skills, communication and teamwork through a multidisciplinary simulation. We also wanted to grow capacity building for both the individual and the organization to strengthen relationships between students and staff.</p> <p>To highlight the value of interdisciplinary learning through simulation, we will feature an obstetrical simulation that occurred over multiple semesters including dozens of undergraduate second year nursing students and a variety of postgraduate obstetrical and neonatal nurses as well as some respiratory therapists and medical learners.</p> <p>This presentation will explore our journey from vision to execution on how we were able to conduct these large scale, interdisciplinary simulations on multiple days with various groups of both undergraduate and postgraduate learners. We will review our key steps, evaluations and lessons learned for anyone interested in...</p>		
		<b>Using Simulation to Practice Complex Therapeutic Communication Strategies</b>
		<i>Maggie Shamro</i>
In a specific third-year Bachelor of Science in Nursing course at Thompson Rivers University, students learn complex communication strategies such as motivational interviewing, trauma-informed practice, and responding to incivility. In the past, students have primarily learned these strategies from a theoretical perspective, discussing them in the classroom setting alone. Subsequently, however, students often voiced discomfort with		

<p>these skills and uncertainty about how to bring them to life in their clinical practice in a meaningful way. Instructors Maggie Shamro and Christina Hamaguchi created a live simulation activity as a new means through which to teach these skills. Students were given the opportunity to enact a variety of complex communication strategies in a simulation experience and participate in a group debrief following. The goals of this simulation experience were to increase students' awareness of and confidence in utilizing these complex communication strategies and to bridge the gap between theory and practice. Participants in this presentation will learn about this simulation activity and will be encouraged to consider using simulation as a helpful teaching tool when introducing therapeutic communication and mental health concepts in the classroom.</p>		
	NW04-2084	<b>Supportive Feedback: Implementing Structured Peer Coaching for BSN Faculty in Simulation</b>
		<i>Amanda Egert, Heather Epp, Jasica Munday, Joyce Law, Robert Kim</i>
<p>Effective simulation learning experiences require qualified and competent simulation facilitators. Although formal evidence about optimal faculty development approaches is limited, suggests that structured peer coaching can offer valuable support and is often well-received.</p> <p>Recently, a Western Canadian undergraduate program underwent a change to concept and competency-based curriculum. Skills labs and simulation were incorporated with the clinical course and simulations also tripled in amount. Program numbers increased significantly with 15-30 new BSN faculty hired three times a year.</p> <p>To support this change, a BSN Experiential Learning Team (ELT) was created to ensure excellence in simulation and implement a supportive BSN Faculty Simulation Pathway for cycles of learning, observing, performing, and peer coaching.</p> <p>For the first component – learning - the school's in-house SimPath program provides education about simulation best practice in facilitation. Faculty are then provided orientation and an observation experience with an ELT. After this, faculty then perform a simulation independently to apply what they observed. The ELT, as certified DASH raters, then provide peer coaching. Trusting relationships built with faculty through the other phases creates a culture of feedback.</p> <p>A research project has been initiated to evaluate the impact of DASH feedback on both student and faculty outcomes. Concurrently, the successful implementation of the pathway</p>		
		<b>The More You Do It, the Better: Incorporating First Five-Minute Mock Code Blue Simulations into Clinical Education Programming in a Health Authority</b>
		<i>Krista Sferrazza, Nicole Dore, Tara Smith</i>
<p>Cardiopulmonary resuscitation (CPR) is an essential skill set required in nursing, from nursing school to working in a health authority and potentially saving people's lives. However, maintaining competency in CPR requires regular practice that is only sometimes guaranteed in the workplace. The Regional Simulation Team at Vancouver Coastal Health has supported First Five-Minute Mock Code Blue simulations on inpatient units to help address this need. These simulations focus on fundamental skills such as high-quality chest compressions, appropriate bag-mask ventilation, and crisis resource management skills like communication, role clarity, and delegation of tasks. Learners participating in the simulations include nursing students completing clinical placements, employed student nurses (ESN), new graduates (NG), and seasoned nursing staff. Learners report that they value frequent opportunities to practice CPR skills. Collaborating with other programs in the VCH Regional Clinical Education department, the First Five-Minute Mock Code Blue simulations have been incorporated into Regional Acute Nursing Orientation and during ESN and NG Skill Days. By providing consistent messaging about CPR skills at multiple touch points within health authority education, we hope nurses will feel more confident and perform better in high-acuity, low-occurrence (HALO) scenarios like CPR to promote patient safety.</p>		

		<b>Impact of Feedback Frequency and Depth on Clinical Reasoning in Virtual Simulation Training</b>
		<i>Amanda VanSpronsen, Lisa Purdy</i>
<p>Health professional education programs are increasing use of virtual simulation, but the number of design choices are many. Research into the effectiveness of various options is limited, particularly as they relate to learning outcomes. Our research focuses on virtual simulation patient-phlebotomist interactions, specifically during communication issues. We performed a comparative study of how frequency and depth of feedback impacts development of clinical reasoning. Group 1 received succinct, straightforward feedback after every major decision point, while Group 2 received enriched, emotive feedback after every major or minor decision. We then exposed both groups to a new identical simulation, and collected a reflective response from each individual. These responses were compared to responses provided by three experts. The experts identified 4 key elements: 'why there', 'importance', 'trust', and 'help'. There was no substantial difference between Group 1 and Group 2 responses when considering which key element(s) was(were) identified. However, Group 1 responses more closely mirrored the expert responses in terms of the quantity of key elements, where 56% in Group 1 mentioned at least 2 key elements, whereas 66% of learners in Group 2 listed only 1 or 0 key elements. Our research supports the notion that feedback content and timing can impact dimensions of learning, and should be carefully considered.</p>		
	NW04-1072	<b>3D Scanners and Printers: Applications in Healthcare Simulation</b>
		<i>Glenn James, and Adam Luk</i>
<p>3D scanning and printing has become widespread in healthcare simulation in both academic and in-situ hospital settings. Simulation labs across the globe are finding new and interesting ways to incorporate design, adaptation, in the creation of new pieces of gear that help support these types of education sessions. Whether it be scanning a plastic piece of a manikin to create a replacement part, designing a custom silicone mold, or creating plastic props of internal organs for transplant sims, 3D printers allow you to realize the ideas you have in your head and turn them into a physical reality!</p> <p>In 2023, the X Simulation Program purchased a 3D scanner and printer. We would like to share some of the ways we've used this technology across our program. We will talk about why we picked the specific model of printer we did, the software we've tried and continue to use (both open-source and purchased), the different types of plastics we've printed with, and some of the completed projects we've made in the last year of owning these amazing pieces of technology.</p>		
		<b>Health Promotion Through a Comic Lens</b>
		<i>Arleigh Bell</i>
<p>As an educator, it can be difficult to assess student understanding and application of learned materials, and course concepts outside of writing papers or exams. Using a new idea for learning concepts and application has its pros and cons along with issues that were not consider in the planning phase. Students were asked to complete was a Zine for their health promotion assignment.</p> <p>A Zine is defined as an independent self-published booklet, non-commercial print which highlights a story or set of ideas to be shared (Toal, J. 2022), similar to a comic strip. Zines are often created as a way for marginalized groups to share their perspectives and experiences while connecting with others who have similar interests according to the Arty Teacher (2023). These definitions fit well within the course concepts.</p> <p>Each student created a zine for a Grade one target group, focusing on a health promotion topic of students choosing. The students created the marking rubric for this assignment. The learning outcome was positive however I am not sure I would use this assignment again given the challenges and consideration of student entering the BScN program.</p>		

This presentation will address the Zine assignment, student learning, as well as the pros and cons for consideration.		
		<b>Employed Student Nurses at VCH</b>
		<i>Employed Student Nurse Clinical Nurse Educators VCH</i>
<p>The Employed Student Nurse (ESN) Program at X integrates theoretical knowledge with practical skills for students currently enrolled in a nursing program. X offers students casual employment opportunities (400 hours) in a variety of healthcare settings across the health authority: acute, community, mental health, and long-term care.</p> <p>Employed Student Nurses actively contribute to patient care while refining their skills in real healthcare settings, gaining valuable experience while building relationships within X. The structure of the ESN Program has evolved to include at-the-elbow support, workshops and in-services facilitated by a dedicated team of Clinical Nurse Educators who work collaboratively with frontline leaders. It reinforces the knowledge students gain with hands-on experience and the learning that occurs throughout their journey.</p> <p>This initiative plays a crucial role in fostering professional growth by equipping ESNs with the skills and knowledge needed to navigate the challenges they will face in their careers.</p> <p>The program prioritizes outcome evaluation by assessing success through various measures, including ESN satisfaction, feedback from clinical supervisors, and post-program surveys. Furthermore, it has proven to be a dynamic and effective recruitment and retention opportunity, supporting the Health Human Resource Strategy of BC.</p>		
<b>1230-1330 (50 minute presentation)</b>		
	NW04-1076/78	<b>Forensic Healthcare Clinical Skills Lab</b>
		<i>Adrienne Olszewski</i>
<p>How long after a crime can DNA samples be obtained from the body? Have you ever used a forensic alternate light source in a hotel room? Did you know that DNA can be obtained from clothing even after washing it? Current medical forensic examinations where patients receive a response from a lay medical provider result in poor evidence. Current service delivery models limit access to a medical-forensic exam by a specialized trained provider to 10% of the time when a patient attempts to access an acute care system after an incident of sexual assault or interpersonal violence. This limits the provider's abilities and the maintenance of competencies to provide best practices and ensure a comprehensive response that meets the patient's healthcare and forensic needs. The limitations providers face through lack of employment stunt their clinical growth. We aim to build a portable clinical skills course where providers can refresh their core and advanced clinical practice skills annually to maximize patient health outcomes and provide irrefutable quality evidence within the legal system. This presentation will summarize and describe the 3-day skills lab that combines theory and skills to complete a medical-forensic examination from start to finish, including injury documentation and assessment using adjunct tools such as the alternate light source and forensic photography.</p>		
	NW04-2084	<b>Leveraging Artificial Intelligence for Simulation: Hands on with Chat GPT</b>
		<i>Rob Kruger</i>
<p>Artificial Intelligence (AI) has permeated various domains, and healthcare is no exception. ChatGPT, a large language model developed by OpenAI. ChatGPT holds immense potential for creating realistic and dynamic healthcare simulation scenarios. AI technologies are rapidly gaining traction due to their ability to process vast amounts of data, recognize patterns, and make informed decisions. ChatGPT, with its natural language understanding capabilities, can simulate patient interactions, medical consultations, and communication between healthcare professionals. AI can generate contextually relevant responses, potentially allowing learners to practice communication skills, empathy, and clinical reasoning.</p> <p>Reasons to Embrace AI in Healthcare Simulation:</p>		

- Scalability: ChatGPT can create an infinite variety of scenarios, accommodating diverse learning needs and levels of expertise.
- Cost-Effectiveness: Compared to traditional standardized patients or mannequins, ChatGPT offers a cost-effective alternative for simulation training. Additionally it can extend the functionality of existing manikins.
- Adaptability: ChatGPT can adjust its responses based on learner input, providing personalized experiences.
- Continuous Learning: Learners can practice anytime, anywhere, fostering continuous improvement.
- Risk-Free Environment: Simulation scenarios allow learners to make mistakes without harming real patients.

In the workshop participants will get to experience creating their own healthcare scenario using prompts and learn to communicate with an AI and experience the benefits and drawbacks. To get the most out of the workshop it is recommended that participants have an internet connected device.

Abstract was generated by Microsoft Co-Pilot (Beta) and edited by author.

Prompts used: 250 word abstract, ChatGPT, healthcare simulation, scenarios, provide 3 references.

	NW04-1072	<b>Maximizing the Effectiveness of Simulated Participant Feedback</b>
		<i>Heather Epp, Johnna Wright, Amanda Egert, Joyce Law, Tammy Hardie</i>
<p>Human simulation and the incorporation of simulated participants (SP) is an excellent way to add a sense of authenticity to a simulated learning experience (SLE). SPs can capture the emotional and communicative aspects of a clinical scenario, while also maintaining psychological safety (Lewis et al., 2017; Nestel et al., 2018). In simulation, SPs play a valuable role in the education of health professionals and become a part of the educational team (Sullivan et al., 2023). Specifically, SP feedback is key in providing perspective about the experience of the patient and their response to receiving relational care from the learner (Nestel et al., 2018; Sullivan et al., 2023).</p> <p>This workshop will provide an exploration of the foundational principles behind SP feedback, investigating the 'why, when, where, how, what and what if's' of its integration into simulation-based health education. We will evaluate the impact of using an SP feedback guide and investigate the structure, clarity, and adaptability of such guides in enhancing the quality of feedback provided to learners. Discover how a well-planned prebrief can prepare learners to engage with SPs and address psychological readiness to ensure a receptive mindset for constructive feedback.</p> <p>Finally, we will engage in the practical application of an approach to incorporating SP feedback into simulation debriefs, which will ensure learners are receiving a more comprehensive and impactful learning experience.</p>		