

# **ECHO**

## **SIMULATION ACTIVITY**

### **PARTICIPANT GUIDE**

**March 2025**



## CONTENTS

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|                                               |   |
|-----------------------------------------------|---|
| I. Overview .....                             | 2 |
| II. Exercise Objectives and Information ..... | 3 |
| III. Exercise & Debriefing Timeframe .....    | 6 |
| IV. What to have with you? .....              | 6 |
| V. Reference material available .....         | 7 |
| VI. Ground Rules .....                        | 7 |
| Role of the SIMULATION EDUCATOR .....         | 7 |
| Role of the Co-facilitators .....             | 7 |
| Your role .....                               | 7 |
| VII. AGENDA .....                             | 8 |

## I. OVERVIEW

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### ***What Is It?***

The **ECHO Education Event** is a 2-day interprofessional pain assessment and management workshop that offers a Simulation Based Education component on day two.

**Simulation** is defined as:

'a training and feedback method in which learners practice tasks and processes in life-like circumstances, with feedback from observers (and) peers... to assist improvement in skills'. (Gaba, 2004).

It is an interactive, experiential approach to learning which replicates real life situations, in a safe, nonjudgmental environment.

**Simulation Based Learning** is defined as:

'An array of structured activities that represent actual or potential situations in education and practice. These activities allow participants to develop or enhance their knowledge, skills, and attitudes, or to analyze and respond to realistic situations in a simulated environment'. (Pilcher, Goodall, Jensen, Huwe, Jewell, Reynolds, and Karlson, 2012).

**Standardized patient actors** (SPs) will be included within this learning experience.

**Standardized patient** is defined as:

'An individual who is trained to portray a real patient (or family member) in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research' (SSH).

## II. SIMULATION OBJECTIVES AND INFORMATION

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Scenario 1:

Upon completion of the **simulation**, the learner should be able to:

### Learning Objectives:

- Learners will identify at least 3 of the correct domains of the biopsychosocial assessment of pain including attitudes/beliefs, physical function, sleep, school, emotional, family, social
- Learners will demonstrate effective interviewing skills to complete the assessment of the above domains for both patient and caregiver
- Learners will demonstrate a collaborative interprofessional team approach to complete a subjective assessment

### Scenario Information:

Scenario 1

#### History of Presenting Illness/Situation

Hanna is a 16-year-old female presenting with pain in different locations. She cannot remember when the pain started exactly, but it has aggravated over the past 18 months. The pain started in her lower extremities, and currently she has pain in bilateral ankles, knees, hips, lower and middle back, neck, right wrist and elbow and left shoulder. She was seen by her pediatrician, who referred her to a rheumatologist and neurologist. Samantha had extensive medical work-up done before she was seen in your clinic: she had a whole-body MRI, blood work with inflammatory markers and an electromyography (or EMG = measurement of normal nerve stimulation of the muscles). All previous tests came back normal. There is no follow up scheduled in rheumatology nor neurology clinic. Hanna was previously healthy, no relevant medical history. There is a positive family history for chronic pain: Hanna's mother has a medical history of migraines and there is a paternal aunt with the diagnosis of fibromyalgia.

You suspect Hanna has chronic primary MSK pain that is widespread.

You have started your assessment with her and have obtained the following information (see below). Please take a couple of minutes to plan as a team what other information you need to retrieve using a biopsychosocial approach.

Once you are ready, please articulate that you would like to connect with Hanna and her mother to obtain the remainder of the information from them. Consider the impact of pain on Hanna's overall life. You've met Hanna and her mother once before. Hanna is at clinic with her mum (June). Hanna lives with her mum, 13-year-old sister (Chloe) and maternal grandparents (Min-ho - grandmother and Hoon - grandfather). Dad (Jin) lives out of country and is not involved.

**Past Medical History/Background****Weight:** 45 kg**PMHx:** Healthy**Allergies:** NKA**Medications:** Acetaminophen, ibuprofen**Imaging:** Whole-body MRI: normal findings, no signs of inflammatory disease, arthritis, enthesitis or myositis.**Pain location:** Bilateral ankles, knees, hips. Lower and middle back, neck area. Right wrist and right elbow. Left shoulder.**Intensity (Numerical Pain Rating Score):** Currently 7/10, Range 4-9/10, Average 7/10**Quality:** Aching, hurting, shooting, tingling, uncomfortable, annoying.**Aggravating factors:** All physical activities and movements, being in one position for a longer period of time: sitting, standing.**Easing factors:** Resting, a warm bath feels comforting in the moment**24-hour pattern:** Constant pain, seems random, worse at end of day**Associated symptoms:** sleep difficulties, 'cracking of joints'**Treatments tried:** ibuprofen, acetaminophen, rest, ice, heat, elevation, massage therapy**Scenario 2**

Upon completion of the **simulation**, the learner should be able to:

**Learning Objectives:**

- Learners will demonstrate a pain focused physical examination.
- Learners will review the limits of confidentiality with patient
- Learners will demonstrate an assessment of substance use and psychosocial function with the adolescent on their own.

**Scenario Information:****History of Presenting Illness/Situation**

You've just completed a comprehensive subjective pain assessment of **Ella** who is a 14-year-old female with chronic left ankle/foot pain. She fell during a dance class 3 months ago and had immediate pain in her left ankle and it became swollen. She was seen in the emergency department and diagnosed with a grade 2 ankle ligament sprain. She was recommended to wear an Aircast for comfort for 3 weeks. Her pain worsened after she stopped using the Aircast and she was referred to the pain clinic. This is her first assessment in the pain clinic.

Ella was referred to the pain clinic by orthopedics. The referring physician states that she has normal healing and no activity restrictions. You have completed the interview with Ella and her parents, Mark and Sylvia, who are in the another room. Now you and two other team members have brought Ella into an exam room alone for the pain focused physical examination and psychosocial function.

**Past Medical History/Background**

**Weight:** 55kg

**PMHx:** Healthy

**Allergies:** None

**Medications:** Acetaminophen, ibuprofen as needed

**Pain location:** L anterior ankle, radiating up to calf and down to mid foot.

**Intensity (Numerical Pain Rating Score):** Currently 7/10, Range 4-9/10, Average 7/10

**Quality:** sharp, shooting, tingling, burning, throbbing, aching, uncomfortable, annoying

**Aggravating factors:** touch – even light touch, moving it, standing on it, walking.

**Easing factors:** Rest, elevation with a pillow

**24-hour pattern:** Constant pain, random worsening of pain, worse at the end of the day.

**Associated symptoms:** Left leg feels cooler and has purplish discoloration.

**Sleep:** Not sleeping well, difficulty falling asleep and waking up at night due to pain.

**Referral history:** Referred by orthopedics, Xray did not show any fracture – pain is out of keeping with expected healing. Ella and her family have been very frustrated by this persistent pain and its impact on her daily life.

As a team, you will perform a pain focused physical exam, a confidential assessment regarding alcohol/drug use and psychosocial stressors of the teen.

### III. EXERCISE & DEBRIEFING TIMEFRAME

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There will be two groups and two activities. You will be preassigned to a group. You will rotate through each of the two activities. The activities will be simulation-based education and include SPs. Focused, facilitated group discussions will occur during all the exercises.

During the simulations there will be active participants and observers. Active participants will interact with the SPs and observers will have observation templates to guide their learning. Observers will be included in the debrief and will follow directions from the facilitators. You will have preassigned roles during the simulations. Participants will be involved in both the simulation and subsequent group discussions during the debriefing. There may be times during the debrief discussion that may not directly involve all participants, please remain engaged.

Your **full** participation is requested for the entire duration of the exercise ***as well as in the debriefing sessions.***

### IV. WHAT TO HAVE WITH YOU?

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- Participant Guide
- Phone
- Pen

## V. REFERENCE MATERIAL AVAILABLE

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- Participant Guide

Please familiarize yourself with this document before the simulation exercise. Please refer to the event webpage for additional materials and resources you can review. You would have received this link in your email.

## VI. GROUND RULES

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### ROLE OF THE SIMULATION EDUCATOR

In addition to ensuring the smooth running of the simulation and de-briefing, the task of the educator is to assist the participants in achieving the stated objectives of the simulation. The educator, however, will not provide direct answers to questions raised or identified by the participants. Rather they will encourage a robust discussion by all participants while at the same time maintaining the overall flow of the simulation.

### ROLE OF THE CO-FACILITATORS

The task of the Co-facilitators and the Simulation Educator is to ensure a safe, non-judgmental, and inclusive environment is created within the group discussions. The Co-facilitators will also provide content expertise around the scenarios and support learning.

### YOUR ROLE

- There is no 'role playing'; each participant will be required to engage as themselves based on their own professional roles and responsibilities. You will be asked to work as part of an Inter-Professional team during the simulations. This may not be the team that you are used to working with. Please suspend disbelief and believe that this is the team you work with. We are excited to obtain your input.
- Your response should be based on your own knowledge and skills as well as the knowledge you have collected over the two-day conference.
- Consider all information you receive as true; as 'fact'
- For the purposes of the simulation, any data that you receive from the facilitation team is to be considered correct, true, or 'fact'. Please do not challenge the scenario during the simulation.
- Do NOT create additional fictional scenarios! Use the data presented in the simulation!
- The information you will receive throughout the course of the exercise provides you with ALL the data you will need. Do not invent numbers, figures etc. unless asked to.
- Remember this is a safe non-judgmental environment where everyone's opinion counts.

## VII. AGENDA

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### Three Hour Session:

- *Pre-brief*
- *1<sup>st</sup> Activity*
- *2<sup>nd</sup> Activity*
- *Close*

Thank you!