

AN ADVANCED CENTRE OF SIMULATION TO SUPPORT CAREGIVERS PROVIDING HOME CARE TO CHRONICALLY ILL PATIENTS, PATIENTS WITH RARE DISEASES, AND END OF LIFE CARE

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ABSTRACT

Due to the ageing of the population, informal caregivers are being challenged by having to take care for a rapidly increasing number of patients living with complex conditions at home. Informal caregivers are often overwhelmed by the increasing number of duties and responsibility in dealing with issues and fears related to taking care of patients with complex disorders. Health professional need to take action to respond to informal caregivers' training needs. For this reason, the University of Genoa has organized specific skill labs specially designed for informal caregivers, so that they may routinely receive adequate information and support to deal with complex patients.

Keywords: caregivers, complex patients, skill lab, center of simulation, training, support

1. INTRODUCTION

A number of international studies have shown that laboratory training is an effective means of developing the communication and gestural skills in healthcare workers. Simulation is a training method that represents certain aspects of clinical care in a lifelike manner, integrating them into an effective training environment (Patrick, 1992). Simulators have been part of simulation and clinical education since the 1950s. The first type of simulators consisted of static models that were used to learn basic skills, such as intravenous and urinary catheter insertion and medical training in mouth-to-mouth resuscitation. As simulation technology evolved the models were able to more closely mimic physiological states. High-fidelity human patient simulators (HPS) include software within the mannequin that can be accessed and manipulated with a laptop or desktop computer. Nowadays, high-fidelity HPS provide the most advanced simulation training in nursing and medicine (Laschinger, 2008). Progress in training methods has introduced the conceptual model of critical and creative thinking in learning communication and gestural skills, and many reports

have shown how this model fosters the development of cognitive, strategic and planning skills.

The Clinical Skill Laboratory is a "facility whose purpose is to support the acquisition, maintenance and enhancement of the clinical skills. Clinical, communication and information technology skills can be acquired to update new competencies during professional life.

High fidelity simulation environments provide participants with the opportunity to generate, develop and enhance their communication skills and confidence in their own abilities without worrying about compromising patient safety; they also provide participants with the chance to practice and correct their mistakes in real time. It has also been clearly shown to improve team behaviours in a wide variety of clinical contexts and clinical personnel, associated with improved team performance in crisis situations (Lewis, 2012).

At the University of Genoa, a project geared towards training of informal caregivers has been initiated in a simulation center.

2. OBJECTIVES

The learning objectives for the informal caregivers were: provide hygienic care, inserting a catheter, moving a partially and totally dependent patient, managing a Percutaneous Endoscopic Gastrostomy (PEG), providing stoma care, managing mechanical ventilation, managing a tracheal cannula.

3. METHODS

After analyzing the specific aims of the informal caregivers, we identified the topics for the laboratory sessions that would contribute to the development of their communication and gestural skills.

Once all the laboratory sessions had taken place, the caregivers were asked to fill out an anonymous questionnaire about their education experience in the

Simulation Centre. The first section of the questionnaire focused on the perceptions of how important the topic of each laboratory session was; the second section focused on the quality of training methods, and the materials used during the laboratory sessions and the trainers, who were physicians and nurses. The third section focused on the assessment of their decision to take part in the training course at the Simulation Centre. A six-point Likert scale was used to measure satisfaction.

4. RESULTS

The respondents were 99.

High scores were obtained in relation to the quality of the education provided, underlining the relevance and the appropriateness of the teaching activities, the materials, and of the simulation technological support.

Also teaching effectiveness scored positively, and this confirmed the appropriateness of the methodology used to achieve the training levels required by informal caregivers.

Finally, the high scores related to their decision to take part in this course confirmed that the caregivers were very satisfied and that the course met their expectations and the educational needs.

Quality of education and training	Module 1		Module 2		Module 3		Module 4	
	N	%	N	%	N	%	N	%
Blank	11	9	5	3	0	0	1	1
Score 0	0	0	0	0	0	0	0	0
Score 1	0	0	0	0	0	0	0	0
Score 2	0	0	0	0	0	0	0	0
Score 3	4	3	3	2	0	0	2	2
Score 4	17	14	21	19	2	2	39	24
Score 5	93	74	86	77	103	98	108	73
Total	125	100	115	100	105	100	150	100

5. CONCLUSIONS

The Clinical Skill Laboratory is a "facility whose purpose is to support the acquisition, maintenance and enhancement of the clinical skills. Clinical, communication and information technology skills can be acquired to update new competencies during professional life (Rees & Jolly, 1998).

The results of our study showed that the informal caregivers were very satisfied with the clinical skill laboratory sessions, and were interested in participating in similar activities in the future. These findings suggest that simulation laboratory sessions should be provided to all informal caregivers on a routine basis.

The participants were also very satisfied with the trainers' expertise, approachability and communicativeness.

The importance of this study is related to the fact that informal caregivers will be those who will carry a large portion of the burden of care in patients' homes due to the ageing of the population. Therefore, health professional need to be aware of this situation and provide all the necessary support to informal caregivers, especially through simulated educational interventions like the one described in this study. We therefore reckon that in the near future the centers of simulation will be a source of instrumental support for all informal caregivers, and not only for health professionals and students.

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