

# Engagement and Learning in Simulation: Recommendations of the Simnovate Engaged Learning Domain Group

## APPENDIX

### Box 1 Categorizing Simulated Clinical Pathways

Medical knowledge is large and complex. Clinical care focuses upon multiple interactions with multiple care providers, in multiple settings, sometimes in an uncoordinated fashion, and tends to focus on management of the disease per se, rather than to treat the patient with the disease. Recently, there has been growing interest in the clinical domain with respect to *clinical care pathways*, which are disease-based, engage multi-disciplinary teams, take place in multiple settings, and focus upon the care of the patient, as opposed to the delivery of care by individual providers.<sup>1</sup> Let's take the disease process of symptomatic gallstones. The care pathway would look at a patient from their first consultation with a surgeon in the outpatient clinic, would follow them to the emergency department as they experience a gallstone attack, would accompany them to the operating room for the surgical procedure, and finally oversee their recovery in the surgical ward post-operatively. Clinical care pathways have been shown to streamline care, improve the quality of care delivered, decrease treatment time, and be cost-effective.

With the emergence of the clinical care pathway, there is growing interest in health care simulation in the concept of simulation care pathways, also known as sequential simulation. The premise is that a disease process is defined, and all the different encounters for the patient in the care pathway are subject to simulated events.<sup>2</sup> Using the above symptomatic gallstone example, each part of the entire process, from detection to recovery, would be

simulated in a simulation care pathway. Prior to this paper's novel characterization framework, categorizing this simulation pathway would have been challenging. It may have been categorized as "hybrid" or "simulated environment", which is not at all descriptive of what this simulation would entail. Applying the new framework for categorization would yield something much more tangible: the *scope* of this simulation process is to train health care professionals to manage a patient with symptomatic gallstones through their entire care pathway, in different *environments* (i.e. outpatient clinic, emergency room, operating room, and the surgical ward), and through utilization of various simulation *modalities* (i.e. standardized patient, laparoscopic surgical simulator, mannequin). Furthermore, we can apply the framework to each subsection of the pathway to provide greater detail.

## References for Appendix

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- <sup>1</sup> Campbell H, Hotchkiss R, Bradshaw N, Porteous M. Integrated care pathways. *BMJ: British Medical Journal*. 1998 Jan 10;316(7125):133.
- <sup>2</sup> Buchholz J, Vollmer CM, Miyasaka KW, et al. Design, development and implementation of a surgical simulation pathway curriculum for biliary disease. *Surgical endoscopy*. 2015 Jan 1;29(1):68-76.