



Journal Club Summary June 2019 : “All About Eve”



Expert Opinion: Dr Kristian Krogh

*“Using the right words
can only make relationships more productive”*

The Articles :

[Purdy, E., Alexander, C., Caughley, M., Bassett, S. and Brazil, V. \(2019\). Identifying and Transmitting the Culture of Emergency Medicine Through Simulation. AEM Education and Training, 3\(2\), pp.118-128.](#)

[Purdy, E. \(2019\). Simulation and Cultural Compression. \[online\] ICE Blog. Available at: https://icenetblog.royalcollege.ca/2019/03/19/simulation-and-cultural-compression/ \[Accessed 29 May 2019\].](https://icenetblog.royalcollege.ca/2019/03/19/simulation-and-cultural-compression/)

[Brazil, V., Purdy, E., Alexander, C. and Matulich, J. \(2019\). Improving the relational aspects of trauma care through translational simulation. Advances in Simulation, 4\(1\).](#)

Case & Summary Author :

- Dr Ben Symon

Expert Commenter :

- Dr Kristian Krogh

Editors :

- Dr Victoria Brazil
- Jesse Spurr

First Published : 03/7/19

Simulcast Journal Club is a monthly series that aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

The Case :

Nimali and Catherine sat together quietly on the outdoor balcony of their shared office. They had been sipping their International Roast in the kind of comfortable silence that can only be achieved by a friendship forged in shared tribulations and time honoured secrets. Catherine looked at Nimali with a touch of melancholy, and took a deep breath.

"I need to tell you something Nimali. I'd been holding off for a while, but given the events that have happened in the last few hours, I figure my news won't be too upsetting by comparison." She sighed and paused. "My wife has been redeployed to Perth, and I don't want the kids to have another 6 months without her in our lives..." she trailed off and wiped a tear from her eye. "We need to pack soon."

She stared hard into her friend's eyes.

A brief look of grief passed across Nimali's face and she paused and gazed out at the rain again. It was a few minutes before she had regained her composure. She reached across and held Catherine's hand.

"I'll miss you too. I'll miss our chats on this balcony. I'll miss sipping wine with you and Tegan as our kids play together. But you know what I'll miss most of all? The way you teach." She laughed a little as memories bubbled to the surface of her mind.

"I learned so much from you when I first started here. Not just from the things you'd say or the workshops you'd run, but from the tone you set with your team on the floor and your learners in the classroom. I don't know how you do it, but I can tell when someone's worked under you. They have this sense of compassion for the patients and families in their care. They don't slur colleagues in the tea room. They fight for sick kids to get the best treatment possible, whether they've got a Hypoplastic Left Heart, or they're self harming or they have worried parents and a cold."

She gave Catherine a half smile.

"I think... It's not something you say, or how you debrief.... Even though all those things help. It's something else, Catherine."... Nimali paused again as she tried to find the words she was looking for. There it was. "You teach them by being the best version of yourself. Every day."

She held a hand gently to her friend's cheek and softly kissed her forehead.

"My god. We're going to miss you."

Discussion :

How do we really transmit knowledge through Simulation? Can we tell the actual learning from 'take homes', and debrief discussion points? Or is there more going on here that's much more subtle?

In the last 6 months, Eve Purdy and her colleagues have published a number of articles and blog posts on insights gained from our favourite dual trained Anthropologist and Emergency Physician. While we've discussed these with Eve herself on this month's Simulcast podcast, it's now time for you guys to read them and give us *your* take on the messages we've learned about Simulation and its relationship with cultural transmission and relational learning.

We look forward to your reflections and comments.

Yes, that's right. It's 3 articles in one month. We believe in you.

JOURNAL CLUB INFOGRAPHIC JUNE 2019

What happens when you bring Anthropologist and ER Physician @purdy_eve to Australia for a year?

COOL PAPERS ON SIMULATION & CULTURE!



Scan me

Purdy et al argue that Sim is a moment of 'cultural compression', in which we transmit cultural values through a hidden curriculum to trainees and other group members.

Through a focused ethnography of a simulated ER exercise for med students, Purdy et al identify the values, beliefs and practices that were transmitted to trainees and other group members.



Scan me

In an accompanying blog post on ICE blog, Eve unpacks Cultural Compression in more depth. She explores how students learn to "incorporate the values and beliefs of the profession and even of specialist groups."

She prompts us to reflect as educators upon this hidden curriculum, and asks us to be mindful of moments of cultural transmission in our teaching.

In our last paper, Brazil et al explore how similar principles apply to the impact of Simulation Education on the 'relational aspects of care and the development of a collaborative culture'.

In doing so, they allow us to name explicitly the impact potential of simulation on hospital culture. If we understand this, we can then design sim as an intervention for cultural challenges.



Scan me



Expert Opinion: Dr Kristian Krogh



Dr Kristian Krogh is an Anaesthetist and researcher at Aarhus University. He is currently a Simulation Fellow at Gold Coast University Hospital in Emergency and Education. He is co-chair for the AMEE violation committee and has a key interest in research into ways of working better together, changing organisational culture using simulation and feedback as drive for getting better together.

With a journal club titled "All about Eve" it is hard not to start this opinion piece without a comment about Eve. Also, I believe that it is only fair to those that are not aware of the reasons for all the fuss about Eve (and not the other authors of the articles). Eve has sadly just left the Gold Coast after a year to go back to Canada. There is no doubt that Eve will be missed here at the Gold Coast, and I can only hope that they know and treasure her insights, knowledge and persona in Canada (before she returns to GC).

Re-reading the articles, and reading the conversation that followed, I found that there is something that has become clearer to me. As such, there is no doubt that the educators and participants of various simulation initiatives have a belief in the effectiveness of the modality, why else would they be doing it? Despite the best intentions, there is always a risk of *negative training* or *negative learning* (Training that unintentionally results in the acquisition of incorrect knowledge, skills or behaviour). While I would believe that I as much as the next educator have tried to have all (or most) of the essential bases covered, there are a risk when we impersonate colleagues from different specialities or other professions. Nevertheless, the bigger the risk the bigger the reward, and purpose of impersonating other's characteristics, behavioural as well as cultural, is for the participants to gain experience and learning from the interactions within the simulation.

With an approach and a lens that is informed by applied anthropology the article *Identifying and Transmitting the Culture of Emergency Medicine Through Simulation* has provided an insight to the cultural aspects that transmitted through simulation, whether it is planned or not. Indeed, simulations are in many instances conductors of *Cultural Compression*, which is described as, *when individuals experience "culturally normative restrictions" and when "the norms of his group and society bear in upon him with the greatest intensity."* – In my mind, the work done by Eve *et al* has the potential to have a tremendous impact in the design of simulations, especially for undergraduates that in this context are cultural novices. Showing us all how effective simulations can transmit culture, it is undoubtedly a way to change the culture where culture needs to be changed.

Moreover, the culture between inter- and intraprofessionals, their relations, and their teamwork around patient care is affected by simulation as it was shown with medical students in the study mentioned above. Vic, Eve and colleagues have made an even more profound impact with their study on relations between trauma team providers in *Improving the relational aspects of trauma care through translational simulation*. With the use of Relational Coordination (RC) theory as a framework for the study, they have successfully engaged the trauma team providers in relational interactions with the use of simulations as a facilitator for conversation and knowledge of each other work, focus and priorities. The impact on the relations between the different groups are remarkable and their use of the RC framework, they have shown how it can be applied in the analysis of institutions inter- and intraprofessionals culture and relationships, and how these are affected by simulation.

The approach in both articles (and Eve's blog posts) are indeed influenced by the anthropologist, educator, and emergency physician Eve Purdy. More importantly, this work on cultural change through simulation is the joint work and relationship of a highly dynamic research group.

Personally, I am taking a number of things from these two studies. Most essential, are the cultural implications and potential changes that simulation (and debriefing) can facilitate. Therefore, an awareness of how characters (patients as well as professionals, in person or on the phone) are portrayed to ensure that they represent what is intended to foster the best possible inter- and interprofessional relationships. Secondly, Relational Coordination as a framework to facilitate the analysis of institutional relationships. Lastly, I have been made aware of *Cultural Compression*, an expression that depicts what simulation often is, and as such is capable of. Using the right words can only make relationships more productive and easier, *too easy*.

Blog Contributors :

- Kris Phare, Jenn Dale-Tam, Janine Kane, Ben Symon, Eve Purdy
- Jessica Stokes-Parish, Sarah Janssens, Jenny Rudolph, Chris Spiers, Noel Roberts

Responses to this month's set of papers were uniformly positive, and mostly prompted reflection regarding the impact of simulation on the culture within each individual's experience. It seemed like for many people these papers gave words to ideas they'd implicitly grasped but hadn't consciously contemplated.

Take home themes included :

- That the power of utilising simulation to transmit culture is often underutilised.
- That role modelling is a powerful technique in transmitting culture both on the floor and through role play.
- That the cultural tone set in simulation can effectively leak into clinical practice.

Kris Phare began discussion by arguing that cultural compression through simulation can be a potentially efficient orientation tool, in that it can *"be incredibly difficult working with a group of new people in a high octane/stressful setting for the first time, and sims provide an avenue to explore those group and inter-personal relationships as well as continue to build on them as time goes on. Further to that I think it's easier to welcome new members into a well established culture, they settle in quicker, buy-in to the culture quicker, become an effective member of the team, cycle repeats."*

Jennifer Dale-Tam shared her reflections on the risks of implicit rather than explicit design of cultural learning objectives.

"Explicit translation of culture in simulation happens through conscious role modelling of facilitators and senior members of a team during the scenario continuing into the debrief, especially if values or norms are written into the objectives. Implicit translation occurs through cues, communication and reactions of team members when behaving as they would in the clinical environment. Cultural translation, whether purposeful or not, can have negative and positive effects in the long term. In my experience simulation has a positive effect."

Jessica Stokes Parish and number of other commenters explored the importance of high standard role modelling to learning both from a cultural and intellectual perspective, and Ben Symon argued that role modelling is an often underutilised tool within simulation where we tend to throw inexperienced teams in rather than have them work with an experienced senior.

Jenny Rudolph summarised the spirit of the papers elegantly a reflection on her childhood trips to a lake in Vermont, and argued that :

"Victoria, Eve and team shift our attention from the conventional intended consequences of simulation to the unintended ones. They pivot our attention from the educators' focus on knowledge and skills to the secondary and often unintentional relational and cultural consequences of simulations."

Her summary of the learning from the papers is well worth an independent read, including take homes such as "Culture is revealed and transmitted via simulation", "It is the process of communication that conveys culture as much as the content." And that "Culture is "compressed" in assessment or other high stakes micro communications".

Acknowledgements :

Thank you to Dr Krogh for his expert commentary this month.

Thank you to all commenters this month for sharing your thoughts and allowing us to learn from you.

Simulcast would like to thank the creators of the ALiEM MEDiC series for the inspiration for the journal club's blog format.

References :

- [Brazil, V., Purdy, E., Alexander, C. and Matulich, J. \(2019\). Improving the relational aspects of trauma care through translational simulation. *Advances in Simulation*, 4\(1\).](#)
- [Purdy, E. \(2019\). Simulation and Cultural Compression. \[online\] ICE Blog. Available at: <https://icenetlog.royalcollege.ca/2019/03/19/simulation-and-cultural-compression/> \[Accessed 29 May 2019\].](#)
- [Purdy, E., Alexander, C., Caughley, M., Bassett, S. and Brazil, V. \(2019\). Identifying and Transmitting the Culture of Emergency Medicine Through Simulation. *AEM Education and Training*, 3\(2\), pp.118-128.](#)