

Library Connect Podcast: Suzie Kardong-Edgrin Interview

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- MS. MEGAN CURRAN: This podcast is a presentation of Elsevier Library Connect. I'm Megan Curran. I'm here with Suzie Kardong-Edgrin, Ph.D., R.N., Assistant Professor at Washington State University's Intercollegiate College of Nursing, and Editor of Clinical Simulation in Nursing, a journal newly published by Elsevier. So Suzie, can you explain what one might find in a simulation lab?
- DR. SUZIE KARDONG-EDGRIN: Well, in the past, we probably had a lot of, what do I want to say, disembodied pieces of bodies, like arms for starting IVs or lower torsos for putting in Foley catheters, and things like that. Today, you'll find mannequins that are life size, with chests that go up and down, looking like they're breathing, with eyes that blink, with pupils that react to light, costing anywhere from 10,000 to \$250,000.00.
- MS. CURRAN: So how do nurse educators use simulation labs to train nursing students?
- DR. KARDONG-EDGRIN: What we try to do is give our students an experience doing just about anything that we would have to do with a patient to a mannequin first. The theory today is that there's almost nothing we should do to a patient in practice. We should have had some experience prior, and we like to do that with mannequins.
- MS. CURRAN: The simulation mannequins I've seen can be very sophisticated. Can you explain for us some of the unexpected features you've encountered on a mannequin?
- DR. KARDON-EDGRIN: Unexpected features that the general public will find in a mannequin today are the ability to have abnormal sounds on command. What we have lacked in the past is the ability to have somebody come in with congestive heart failure actively occurring.

We've had to wait and hope that you came through the door with those features happening, so that we could teach a student. Today, what we can do is use a standardized patient, which is a human being who's been taught to tell a

student all the symptoms that a person with congestive heart failure might actually experience.

And then, we can move over to the mannequin and actually hear the lung sounds and have the blood pressures and things that we would expect from a patient to have congestive heart failure. So putting those two things together, a real patient and a mannequin, we can get a pretty whole experience for a student to experience before they actually see you in the emergency room.

MS. CURRAN: So what is some of the feedback that you've gotten from nursing students about the simulation labs?

DR. KARDONG-EDGRIN: What usually happens is student are a little nervous the first time they go in. By the time they come out of a simulation, which typically lasts for about 15 to 20 minutes of active working with a mannequin, and then, about 15 to 20 minutes of sitting down and reflecting on what did I do right? What did I do wrong? What would I do better next time?

Students can't get enough of it. Today's students have grown up in a digital, active learning phase. They went through K through 12 learning that way, and when they get to academia, the higher college levels, they want action. They do not want to sit and listen to somebody lecture.

MS. CURRAN: What are some of the challenges of designing courses using simulation?

DR. KARDONG-EDGRIN: The biggest challenge that we have as faculty is letting go of the old ways we've taught things. We have believed, as faculty, we're called professors for a reason. We profess. And what we find is that we can cut our time that we have to talk down to almost nothing, if we design the simulation correctly.

If the students come prepared, having read, they know what the objectives are. They've done some preparation of some sort and they come in. They can really learn things much more rapidly than if we teach in a traditional manner.

MS. CURRAN: What are some of the hot topics covered in your journal?

DR. KARDONG-EDGRIN: The hot topics, I will tell you, have some pretty unusual ones coming up. Probably the hottest topic right now is accreditation of simulation labs, accreditation of faculty who teach with simulation and fear of mannequins

or fear of dolls, and I've actually seen that myself one time, and somebody had an experience with that, and they wrote it up as a case study. So that's pretty unusual.

MS. CURRAN: How do you see the use of simulation labs developing in the future?

DR. KARDONG-EDGRIN: Well, if you grew up watching Star Trek, and you know what a holodeck is, I think that that is where sim labs will eventually go. That holodeck today is called a CAVE, and I can't remember what the acronym, CAVE, stands for, but what it basically is, is a room that you walk into that has projectors projecting whatever you want to see on four sides, above you, below you, on the ground, coming in all around you.

And right now, we have to use a mannequin in the room, which means that when you put on virtual reality glasses, they come down half way, so when you look around above, you see all these other things that aren't really there, but when you look down, you're working on the mannequin.

In the future, I think that we will have the ability to have haptics, which is the ability to feel things that are not there, so there will not even be a mannequin in the room. You will walk in and you will see it. You will have on gloves that allow you to feel pressure, and start IVs, and things like this, that don't exist on a mannequin that isn't there. That is what's going to happen in simulation in the future.

MS. CURRAN: Thanks, Suzie. That was Suzie Kardong-Edgrin, Editor of the new journal, Clinical Simulation in Nursing, published by Elsevier. This has been a presentation of Elsevier Library Connect.