Introduction to Soft-Skill Simulations

Through a combination of surveys, focus groups, and conversations with EMS educators and employers, the Jones & Bartlett Learning Public Safety Group found that many students leave their EMT or paramedic programs with the knowledge and psychomotor skills necessary for the field, but often lack critical "soft skills," such as empathy, leadership, professionalism, and communication skills. Programs seem to find it challenging to integrate soft skill instruction into the didactic or practical application portion of their courses. As a result, some EMTs and paramedics are being trained as technicians rather than clinicians that have the skills to demonstrate empathy and professionalism when talking with a patient.

The Public Safety Group Soft-Skill Simulations are designed to address this issue through a series of interactive scenarios that teach the importance of soft skills and provide techniques that can be used to improve overall critical thinking, communication, and teamwork in the field. Through a process of decision-making at critical points within simulated EMS interactions, students can practice and receive feedback to help them gain the knowledge and skills necessary to communicate effectively and better manage real-life situations. This will achieve better physical and emotional outcomes for patients and safer conditions for all.

In summary, here’s how a typical module in the Soft-Skill Simulations works:

1. During these simulated interactions, students click-through interactive multiple-choice activities and are presented with target and pitfall selection-options. The student’s successful completion of the conversation depends on the percentage of target selections made.

2. The students receive feedback during the simulation to help them learn where they’re succeeding and struggling with their communication choices.

3. Once completed, dashboard feedback post-conversation tells the student if they did or did not successfully navigate the situation. Simulations report to the gradebook as a pass/fail exercise (requiring an 85% or better to pass).
   a. If the simulation is failed, the student needs to replay it before moving on.
   b. If the simulation is failed twice, the student is required to view a video showing the ideal path for that conversation.
   c. Unlimited attempts are allowed on each simulation.

4. After completion, the modules automatically generate a comprehensive report summarizing the student’s decisions, accompanied with feedback and helpful rationale. Individual qualitative reports are not accessible by the instructor, only the individual student.

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Best Practices

How can you ensure that you’re utilizing the Soft-Skill Simulations to their full potential? Below are a few suggested best practices to use with both your students and your staff to ensure you’re getting the most out of your simulations:

1. Review the Soft-Skill Simulations with your staff before assigning them to your students for an awareness and understanding of the decisions your students are asked to make in each scenario

Not only does this empower instructors in explaining and guiding their students through the right decisions within each scenario, but it also serves as a good way to test their own soft skills knowledge! Ensuring your staff knows how each simulation plays out in advance is also beneficial if they’re looking to deploy a Soft-Skill Simulation in class without their students’ advanced knowledge. For example, instructors can inform students that they will be reviewing a “hard skill” scenario when, in fact, they’ll be completing a soft-skill scenario. By throwing them this “surprise,” instructors can sharpen the students’ abilities when communicating “on the fly” and challenge them by not allowing them to know what is coming.

2. Utilize them with students early in your curriculum

Good communication is one of the most critical skills an EMT needs to succeed in the field. Even the most competent EMTs, who are adept in applying medical techniques critical in the field, are less effective when they are unable to skillfully communicate with their patients, teammates, and bystanders.

While some instructors may think these simulations are best suited for later in their curriculum, after students better understand procedure, that’s not necessarily the case. Communication skills need to be emphasized early on and throughout an entire training curriculum. The earlier you can start using these in your courses, the better off students will be for work in the field. Doing so will create a strong foundation that will make your students more ready for the field than students who didn’t have soft skills emphasized early in their learning.

3. Have students create “After-Action Reports”

After students complete one of the simulations and review their feedback, create an assignment in Navigate or your LMS for them to create an “After-Action Report” critiquing their own performance in the simulations. For example, you can have students write down where they think they excelled and struggled and their takeaways from the simulation. This will allow each student to reflect on how they performed and what they could do differently next time to be more attentive to the needs of the patient, family, or crew members in the simulations. These reports help force the student to not just read and regurgitate results, but rather learn the premise of the lessons more effectively.

4. Break students into groups to complete the simulations

You can get creative with the simulations and use them for a class activity. For example, you can split your students into groups and run a “Jeopardy-like” game where you let teams take turns making decisions, awarding them points as you progress through the simulation.

Another idea is to break your students into groups and send them to a breakout room or area. Assign each group an instructor (or group leader amongst the students) and have each group review the simulation, coming up with their own communication path. Collaborating within the group will allow students to share and explain their opinions on how to respond to a certain scenario, while also learning what others think and how it compares to their own thoughts. Once they have completed the simulation, have each of the groups reconvene in the main classroom and debate how they handled the simulation. This will create a bit of competition between groups as well as some effective communication (without the students realizing it) between groups and students. Instructors can also chime in with their feedback from each group’s session as well.

These group activities can work for both in-person and remote learning, enabling group collaboration wherever your class is taking place.
Conclusion
These are just some methods for how you can deploy the Soft-Skill Simulations to work for your class and get your students’ minds thinking about how they communicate with patients, family, bystanders, and crew members. Different scenarios can play out differently if a tone or a single word is added or omitted from a statement or conversation. With Soft-Skill Simulations, you have a new tool to empower future EMS providers with in order to make them better working, thinking, and empathetic providers.

Communicating in Critical Situations

Overall Result
You successfully completed this conversation.
You effectively communicated with Jason and your partner. This helped to ensure Jason got the best care possible. He agreed to go to the hospital for evaluation and was able to get fully checked out.

Asking Open-Ended Questions
When you talked to Jason, you asked good open-ended questions, giving him the space to share.
For example, you said:
“Can you tell me more about your concerns regarding going to the hospital?”
You also did a great job asking open-ended questions to your partner Sean, which showed him you are a team.
You said:
“What did you learn from the bouncer?”

Example of the post-conversation feedback for one of the simulations.

DE-ESCALATE THE SITUATION
EMT approaches a patient to de-escalate the situation.

Simulations include realistic representation of live patient incidents.

Alex and Sean approach the Incident Commander already on the scene.

Conversation between student’s avatar and Incident Commander on scene in one of the simulations.