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LETTERS TO THE EDITOR

In response to the question ''who has the most impressive laboratory?''☆,☆☆

En respuesta a la pregunta: «¿quién tiene el laboratorio más impactante?»

Dear Editor:

With reference to the article ''simulation of loyalty: who has the most impressive laboratory?'' published in the April–June 2017 edition, we would like to contribute by responding to the question put forward by the author through a teaching innovation experience we developed during the 2016/17 academic year within the context of the Universidad Autónoma de Madrid's invitation for teaching innovation: ''creative strategies for clinical simulation as part of a nursing degree: simulation with puppets and silicone masks''.

Whilst attending to the educational needs of our fourth year students (specific training in caring for people in emergency situations), with regard to their communication skills and advanced level of performance, we were investigating viable proposals which would also be innovative and attractive at the same time.[1] We were also aware of the limited resources with which the majority of us have to work.

With regard to the above, we decided to try with simulation with silicone masks (High Fidelity Silicone Simulation [HFPSS]) our reference being the proposal of MASK-ED™. This simulation was developed by professor Kerry Reid-Searl of the CQ University in Australia to adapt to our environment. The HFPSS consists of using the silicone prosthesis (masks, torsos and gloves) which the educator (who has been appropriately trained) wears so as to become a character and takes on their personality and their mannerisms.[2,3]

The simulation activity was developed in 3 phases. During the first phase they worked with tools to carry out the simulation and offer support to subsequent discussion (clinical case, biography of the character, possible lines of development of the dramatisation, complementary documentation for simulation observation, section to assess the development of the communicative interaction and informative paper and informed consent form for the audio recording of the simulation. Furthermore, the setting for simulation was designed to be similar to an observation unit within the emergency service and the character was dressed in the appropriate clothes and accessories. During the second phase the interaction between the student and the patient was simulated for a duration of 20 min. Lastly, discussion was made regarding the development of the simulation with reflection (students and teacher together) on the performance of the communication skills.

The HFPSS allowed us to reproduce quasi genuine settings which foster the safe practice of communication skills. The students who directly participated in simulation acknowledged that they had felt integrated into the atmosphere they interpreted as real and had completely forgotten that the scene had been recreated.

''That room, the attitude of the teacher dressed up and the silicon mask really helped to calm my initial nerves, to isolate me and allow me to act normally, focusing just on what I was doing'' (student)

For their part, the teachers regarded the experience as particularly motivating, leaving to one side the initial fears about their drama skills. In this sense, the barrier of the mask allowed them to feel secure about expressing the character and thus achieving great creditability and embodiment.

''The mask isolates you from the environment and this means you can really get inside the character, giving it life with great emotional intensity. The idea of the ''teaching inside the patient'' is transmitted metaphorically under their skin in a very interesting empathy-embracing working exercise''. (teacher)

To conclude, and returning to the question raised by Raurell-Torredá y Gómez-Ibáñez, we could say that they do not have the most impressive laboratory but that they design it. All those teachers offer an education of excellence, with great creativity and motivation, and generate and develop innovative teaching methods which are economically viable. The most impressive laboratory is therefore the one that appeals to the student's senses, stimulates critical analysis, is emotionally provoking and drives attitudes!!

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Critical Care Unit presurgical tour, is it helpful for patients undergoing elective cardiac surgery?☆

El *tour* prequirúrgico a la unidad de cuidados intensivos, ¿resulta de ayuda para los pacientes de cirugía cardiaca electiva?

In 1997 Lynn-McHale et al. asked this question of the American Journal of Critical Care ''Preoperative ICU tours: are they helpful?''.[1] Twenty years later I feel obliged to ask this question again after personally experiencing accompanying a loved one through a complex heart surgery procedure.

The fact that patients about to undergo heart surgery suffer high levels of anxiety due to the associated fear, worry and uncertainty is well documented in the literature. However, there is evidence that preoperative educational interventions reduce anxiety and improve postoperative recovery.

In the context of heart surgery in particular, we can highlight clinical trials with simple educational proposals that improve anxiety levels in control groups, and that are feasible in terms of available resources. Focussing on the experience of Gou et al.,[2] we can appreciate how part of the information provided to users centres on the immediate postoperative period in the intensive care unit (ICU), showing differences in the lengths of stay in these units of 4 h (mean of 44 h vs 48 h). Although this difference is of limited statistical significance ($p = .05$), it causes us to reflect on the emotional dimension, and how it can affect outcomes for patients. As the result of a literature review, Scott[3] puts forward clear and firm recommendations for clinical practice that support the need for systematic educational interventions undertaken by ICU nurses targeting patients admitted to these units after elective surgery with a view to reducing their anxiety.

Taking the proposal by Williams et al.[4] as our benchmark, we identified 3 basic pillars to sustain emotional and consequent physical wellbeing and early recovery: feeling safe (trust in the care team), feeling informed (awareness of the process and therapeutic approach) and feeling valued (capacity to be involved in decision-making and self care). The notion of control, therefore, signifies a key element in 3 dimensions: self-control (emotions, fears, uncertainty and decision-making), relinquishing of control to others (establishing solid therapeutic relationships), and temporal control (succession of events and their temporality).[5]

In my recent personal experience, the preoperative visit by ICU nurses was combined with a tour of the unit. This was done the morning before surgery to suit what the patient could manage and lasted approximately 15–20 min. During the visit the patient was encouraged to become familiar with the environment where they would wake after their surgery, learn about equipment and support devices, identify elements for time and space orientation (layout of the unit, windows and clocks), learn the sequence of events that would take place in the first few hours postoperatively (reduction of ventilator assistance, removal of endotracheal tube, digestive tolerance, prompt mobilisation, etc.), identify ways of facilitating communication with the care team, and get to know part of the team.

This intervention contributed greatly towards ensuring that the experience was far from traumatic, ensured awareness and knowledge of the process, providing a feeling of self-control and full confidence in the care team. All of which resulted in an emotionally and physically comfortable experience, which, without doubt, will have ensured that the events occupy a valuable place, one of growth and positive gain, in the biography of the patient.

I did not want to end this letter without thanking the nursing team for offering us the opportunity to take part in this presurgical tour. Their response to our request was a gift that we valued, and also provided them an opportunity for them to continue to strive for excellence.

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