

More The Merrier

Interprofessional Simulation Training within SATH

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Aim:

Improving patient safety and breaking down barriers amongst disciplines

Background

High fidelity simulation using the SimMan3G was predominantly used as part of the Foundation Year doctors protected teaching. This was a 2.5 hour session whereby we would run 5 acute scenarios with an often rushed debrief. This provided little opportunity to support self/ peer reflection, which is an essential part of the learning process. The time constraint also left very little time to explore human factors/non-technical skills in depth, which are just as important as technical ability in managing a deteriorating or critically ill patient, as often it is mistakes in non-technical skills that lead to an adverse event.

Despite this the feedback from the Foundation Year doctors was generally very positive with many requesting for more of this type of training, highlighting that it allowed them the opportunity to practice in a safe environment, increasing their confidence in dealing with medical emergencies.

The positive feedback determined that this form of training should not be exclusive to medical staff, but should also be available to nursing staff as they are more likely to be expected to assess, initiate treatment and recruit emergency medical assistance. In reality it takes a collaborative approach to care for a critically ill patient and the evidence suggests that in order to provide high quality, safe and effective care team training is paramount, as it develops effective behavioural skills. Learning in professional silos can foster competition and power, encouraging a chain of hierarchy rather than teamwork and collaboration (Angeline 2011) (Dickinson 2014).

Method

- Full day sessions were introduced allowing candidates to arrive focussed on the day ahead, rather than feeling stressed/preoccupied having just left a busy clinical area.
- Registered nurses were included in the training.
- Various Ice breaking sessions were introduced at the start of the day and an opportunity for candidates to discuss and understand the challenges of their professional roles.
- A more in depth introduction to the day and the manikin was included to allay anxieties.
- A session on human factors was introduced to the programme which included presentations, the Elaine Bromily story and suitable video clips demonstrating how human factors effect events
- Additional time allowed for debriefing – to enhance learning and understanding



Feedback

Following each session qualitative feedback was obtained from the candidates about the general organisation of the day, with specific questions relating to their thoughts on human factors and interprofessional simulation training and what was learnt and would be taken away to put in to practice in the clinical setting. Below is some feedback form the participants regarding patient safety and teamworking:

Patient safety

- "Human factors talk was thought provoking"
- "Understand the importance a good telephone handover is using SBAR for getting help/advice quickly"
- "Gives me the confidence to speak up regardless of who I am challenging"
- "It should be mandatory training"
- "Very realistic scenarios which we would expect to encounter and manage"
- "I was incredibly interested in human factors, it is something I knew very little about previously, but now realise how much an impact it makes to a situation"
- "Exposes the importance of human factors"
- "Highlighted importance of working well as a team"
- "A greater understanding of leadership and influence of Human factors"
- "Importance of communication throughout the situation and thinking out loud"
- "Debrief enabled reflection in practice"

Teamwork

- "Great working with nurses and doctors together"
- "Group discussion very helpful for reflection and realised others are having the same issues"
- "Allows doctors to appreciate the views and skills of nurses more"
- "Addressed all areas of skills required in team working"
- "This training enabled teamwork to be learnt about and the role of other professional to be understood more clearly and also identified where breakdown in communication occurs"
- "Good to have an interprofessional team work day rather than just junior doctors"



Discussion

Interprofessional simulation training allowed the candidates the opportunity to interact and discuss each other's roles and broke down barriers and allowed understanding, empathy and encouraged better working relationships.

The more in depth debriefing allowed the candidate to reflect on their practice. It was considered to be constructive and supportive as it allowed them to talk openly and discuss what occurred, and clarify uncertainties.

The overwhelming learning experience for all candidates appeared to be around the non-technical skills and human factors e.g. situational awareness and decision making.

Conclusion

Candidates felt it was a more realistic learning experience within an interprofessional team. Importantly, they enjoyed the full day sessions.

Moving forward

There are plans to ensure that this is a part of all nursing staffs' development, starting with the band 6 nurses.

We hope to include other health care professionals, such as the Advanced Care Practitioners, Emergency Nurse Practitioners, Physician Associates and Health care assistants. Develop new ways of introducing and incorporating Human Factors. Develop faculty members in order to consistently deliver high standards of training. Determine whether training has improved non-technical skills in the clinical area.

References

- Angeline,D.J. (2011) Interdisciplinary and interprofessional education. "What are the key issues and considerations for the future?" Journal of Perinatal and Noenatal nursing. 25 (2) pp 175-179.
- Dickinson, M. (2014) " A strategy to maintain safety in clinical incidents". Nursing Times 110 (34/35) pp 16-18.