

'READY FOR ACTION'



Introduction of an in situ simulation programme for medical doctors on

managing emergencies on the ward

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Rationale

Didactic teaching arms the doctor with clinical knowledge but applying this in the ward environment with an acutely unwell patient requires additional skills.

Simulation teaching has been shown to enhance clinical and non-technical skills such as leadership, communication, adherence to guidelines. It also helps identify system weaknesses.

In situ simulation consists of simulations run in the actual working environment, allowing teams who work together to train, together.



Methods

A multidisciplinary faculty was established and a teaching programme was drawn up from training curricula and observed learning needs.



Weekly simulation sessions based on common medical emergencies were held on a medical ward. Scenarios covered included unstable atrial fibrillation, sepsis, seizures, oesophageal variceal bleeding, serotonin syndrome, STEMI, massive PE.

Each session was attended by an entire medical team, including an intern, senior house officer and registrar.

The simulation consisted of a prebrief and scenario, followed by a debrief. Participants were asked to complete an evaluation form after the event.

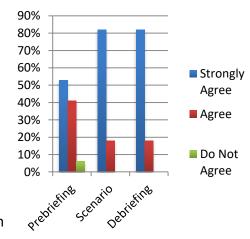


Fig 1: Do you agree that the different elements of the simulation session were beneficial to your learning?

Findings

82% of participants strongly agreed that the scenarios were realistic and relevant to their clinical practice.

100% of participants felt that it was valuable to practice with other team members in their normal working environment.

82% strongly agreed that the debrief contributed to their learning and allowed the team to self-reflect.

All participants agreed that they would feel more comfortable managing a similar emergency in reality in the future.

Excellent training experience...should be done everywhere

\[\times 0.15 \text{ Hz} - 40 \text{ Hz} \text{ HP70.8} \] 30738

didactic teaching

Brilliant – keep it up!

Conclusion

We have successfully introduced a multi-disciplinary in-situ simulation programme which has led to trainees feeling more confident in managing emergencies on the ward.

<u>References</u>

1.The future vision of simulation in healthcare. DM Gaba Qual Saf Health Care 2004;13(Suppl 1):i2–i10

2.In situ simulation. Challenges and Results. Patterson et al. Advances in Patient Safety (Vol 3)