

London Simulation Network Multi-Professional Showcase



Establishing & Embedding Interprofessional Simulation: Epsom & St Helier's Journey

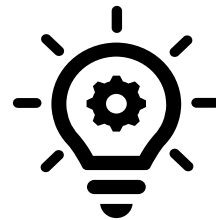
Dr Jen Blair, Jess Wadsworth, Ruth Millett

With thanks to Dr Kristine Damberg, Maria Esposito, Dr Anuprita Harne & Aishwarya Rajendran

Once upon a time...



- Sim happened from a cupboard: 1 Simulation Fellow & me!
- Dr focused: FY Drs & Anaesthetic Trainees
- Then: Midwives invited to Anaesthetics Obs Sim



- Money for "deteriorating patient" project
(NHS litigation Authority)
- New Band 8a Lead Nurse & Band 5 Tech
- New IP course created: Adult CRISIS Course





- "Recognition & Care of Deteriorating Patient" flagged in CQC Report
- Chief Nurse agreed Adult CRISIS mandatory all inpatient band 5-8 nurses
- DME agreed all FY Drs mandated to attend
- New Obs CRISIS & Paeds CRISIS courses created to join CRISIS family

Over time...

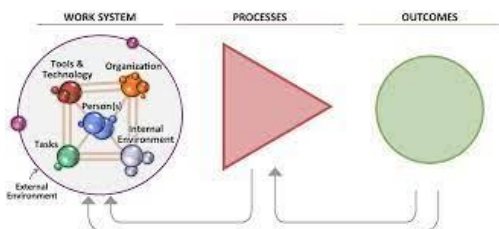
Linked to SI panel

Developed HF & Systems Thinking expertise

Aligned with Trust Priorities:

(patient safety & improvement)

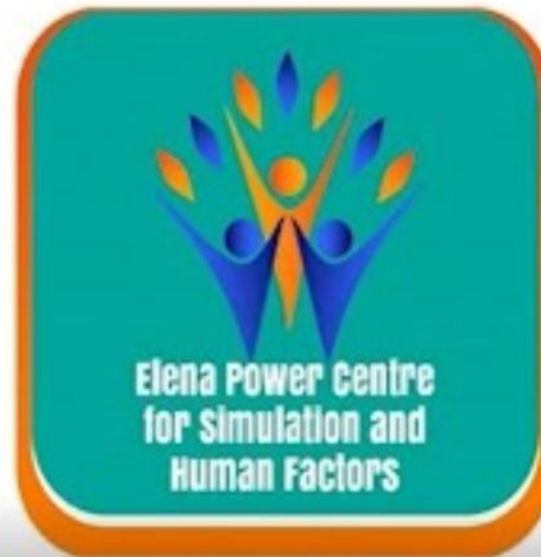
Expansion of staff: 0.6 Sim Fellow & Band 7 Manager



Vision & Mission



NHS
Epsom and St Helier
University Hospitals
NHS Trust



<https://youtu.be/ATRI8x-wXa8>

Where are we now?



Interprofessional Education IPE



An occasion where two or more healthcare professions learn with, from and about each other to improve collaborative practice or quality of care

(CAIPE 2002)

Interprofessional Faculty



- Core Interprofessional Faculty
 - 2 Drs, 2 Nurses, 1 Technician (permanent)
 - 1 Simulation Fellow (rotating)
 - 1 Nurse (secondment)
- Extended Interprofessional Faculty
 - 50 + Drs, Nurses, PAs, ODPs, AHPs working on various interprofessional simulation courses and supporting staff applying human factors knowledge in practice

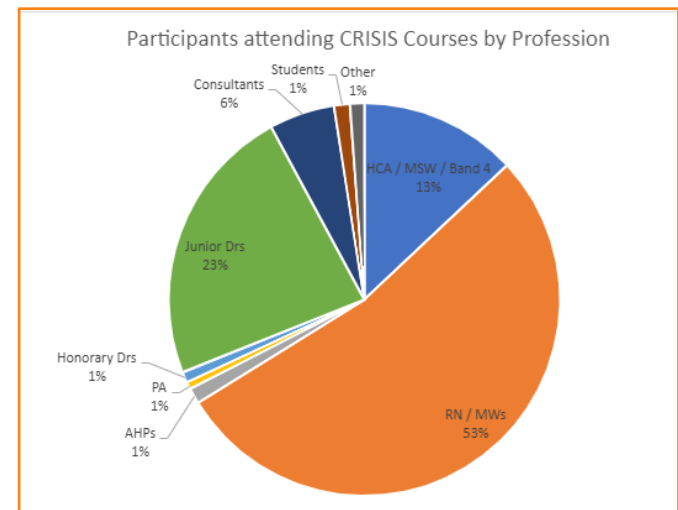
Interprofessional Courses



Care, Recognition & Initial Stabilisation in Simulation (CRISIS) Courses

- Adult (35/year)
- Critical Care (4/year)
- ED/ED Trauma (11/year)
- Neonates (3/year)
- Paediatrics (6/year)
- Obstetrics/Community Obstetrics (25/year)

+ Anaesthetics, EOL, Transfer and In-situ courses



84 courses (750 learners)


How do we do this?

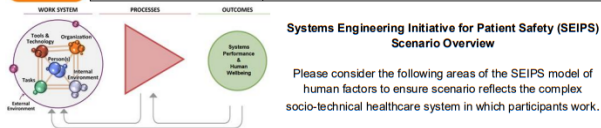


- Induction, training and supervision for new faculty
- Standardised course format promotes IP psychological safety and baseline HF knowledge for learners
- SEIPS scenario template requires collaborative scenario design
- Interprofessional role modelling by Co-debriefers
- Technical Teaching proforma ensures collective benefit from clinical teaching
- Diamond Debrief values all perspectives on HF

SEIPS Scenario Template



	Interprofessional Simulation Scenario: Proforma	
Course:	Elective Orthopaedic In-situ	
Scenario Title / Date Revised:	Major intraoperative haemorrhage / Feb 2023	



Work System Considerations		
Tools & Technology <i>e.g. design/usability, training provision, available, working.</i>	External Influences <i>e.g. national policy, targets, societal pressures, independent reviews.</i>	Organisation <i>e.g. local culture, hierarchies, policy, staffing, training.</i>
Theatre/anaesthetic equipment PACU equipment Computers Notes / Downtime forms	SHOTT guidelines transfusion Pressure to reduce elective waiting lists. National staffing shortages/strikes	Major haemorrhage protocol Staffing / skill mix Normal ways of working in theatre. Liaison between departments
Tasks <i>e.g. simple/complex tasks, time taken, multitasking, distractions.</i>	People <i>e.g. inter-professional team, patients, visitors, capabilities, burnout.</i>	Internal Environment <i>e.g. layout, space, clutter, temperature, lighting, noise levels.</i>
Recognise blood loss Recognise physiological deterioration Initiate treatment to stabilise Initiate major haemorrhage protocol Escalate to within Theatres Inform PACU Plan for safe transfer of patient to PACU	3 theatre nurses & 1 theatre support worker, 1 Anaesthetist, 1 ODP / Anaesthetic Nurse, 1 Surgeon & 1 Assistant, Theatre Co-ordinator / Matron 3-4 PACU Nurses & 1 Intensivist 1 Porter 1 Lab staff 3+ Core Sim Faculty & External Faculty	Orthopaedic Theatre Other theatres to continue with planned lists while sim in progress. PACU Bedspace allocated to patient Transfusion Lab (on phone)
Processes Considerations <i>e.g. processes to be initiated/completed.</i>		
Scenario starts at beginning of procedure, vascular injury identified by Consultant Surgeon (Embedded Practitioner) Anaesthetist (?Embedded Practitioner) identifies signs patient is becoming unstable. Team to manage initial instability. Team to recognise major haemorrhage and share mental model, may be impeded by stress, silo working, environment eg noise Major haemorrhage protocol to be initiated, and staff to liaise with Transfusion and other responders eg CSM Escalation to be made to adjacent theatre, Theatre Coordinator / Matron, PACU. PACU to assist as required and commence preparation of bed area in PACU inc ventilator, pumps, medications.		
System Performance / Human Wellbeing Outcomes Considerations <i>e.g. patient safety, quality of care, efficiency / health & safety, satisfaction, patient and staff welfare.</i>		
Patient receives prompt safe care and deterioration is corrected OR Patient care delayed due to human factors issues results in patient deteriorating further than necessary. Staff work well as an interprofessional team, stress is minimal OR Communication is not optimal, staff may feel stressed or overwhelmed by the scenario Outcomes will depend on the team response to the scenario and will emerge as the scenario progresses—human factors effects on outcomes to be explored in the debrief.		

- SEIPS frontsheet
- Shared ILOs
- Interprofessional Faculty
- Technical setup
- Scenario progression/adaptations
- Supporting Paperwork

Scenarios in Practice



Technical Teach Proforma



Side 1: Guidance

**Interprofessional
Technical Teach Tool**

This tool aims to provide a prompt to guide your interprofessional technical teach. While recognising that each group's learning needs will be individual, you may like to consider using the structure and headings below.

Key points to remember:

- Focus on the condition, not the scenario so that participants do not feel their performance is being judged
- The technical teach is not a test, please direct questions to the group, not individuals directly
- Be mindful of differing levels of baseline knowledge among interprofessional team members

**At this stage of the debrief we address the technical aspects of this scenario.
This scenario was designed to show the following condition..."**

What is the condition?

- Medical definition / associated acronym. Provide an explanation in layman terms.

Who is at risk of this condition?

- What are the major risk factors associated with this condition? Include consideration of any specific healthcare requirements that address individual risk (e.g. patients with renal impairment, gestational characteristics, haemostatic, anaesthetic requirements, substance ingestion, traveller considerations, sea conditions, people in contact with the justice system, victims of modern slavery)

How do we recognise the condition?

- What are the major signs and symptoms of the condition? Include consideration of atypical presentations e.g. recognising cyanosis in different skin colours, silent MI in females or diabetic patients, cold sores.

What investigations and management are appropriate?

- Appropriate investigations to be undertaken by which professionals, summarising best management of the condition. Include discussion of relevant local/national protocols/guidelines and refer to local trusts.
- Will the patient need to be transferred with the Trust or externally, how is this arranged?

Who in the wider interprofessional team would it be appropriate to escalate to and how?

- Medical - e.g. Registrar/Consultant, Anaesthetist/ITU, Surgeons
- Nursing - e.g. ANP/Critical Care Outreach, Clinical Site Manager, Specialist Nurse
- AMPs - e.g. Physiotherapy, Occupational Therapy, Dietitians, SALT
- Community services, including voluntary organisations.

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Side 2: Space for notes

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**At this stage of the debrief we address the technical aspects of this scenario.
This scenario was designed to show the following condition..."**

**What is the condition?
Who is at risk of this condition?
How do we recognise the condition?**

Your notes:

**What investigations and management are appropriate?
Who in the wider interprofessional team would it be appropriate to escalate to and how?**

Your notes:

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Key principles:

- Focus on the condition not the scenario
- The technical teach is not a test
- Be mindful of differing baseline knowledge

What do Learners think?



Post course data evidences:

- Courses reflect clinical practice
- Raised awareness of interprofessional working
- Comfortable voicing opinion during debriefs
- High satisfaction levels 
- Keen to attend further simulation

**"A wonderful and life
changing course"**

Making IPE Work



Making IPE Work



Intergroup contact theory

To reduce hostilities, alleviate negative intergroup attitudes and stereotypes, members should be brought together under specific conditions

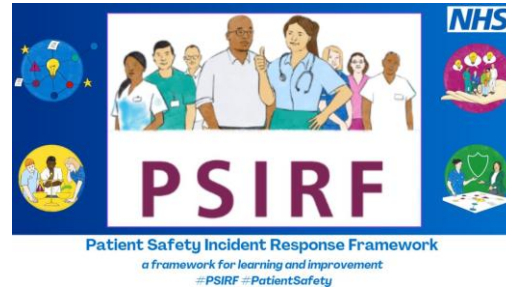
Allport 1954

Making IPE Work



Institutional support

- Demonstrating value & linking to priorities



- Innovative faculty recruitment

- Improve accessibility

Thematic Review: Emergent Themes

Equality of access

- Underrepresentation of some
- Interprofessional courses cor
- Variable engagement with co

Work as imagined (V

- Scenarios may not accurately
- Centre multimedia output refl
- Scenario documentation limit

Performance va

- Scenario documentation limit
- Reliance on organisational m
- Manikin software and hardw

*Steven Shroton (2019)


Generation of potential improvements from emergent themes

Tools & Technology	Facilit	Optimisation of Work & External Influences
<p>Ensure course booking systems include minimal methods including QR codes</p> <p>Improve AV equipment e.g. microphones, camera</p> <p>Add facilities to film</p> <p>Investigate possibility of subtle provision via DASH</p> <p>Standardise course folders and programmes</p> <p>Extend range of appropriate props and equipment to aid fidelity and engagement</p>	<p>Survey more experienced staff to determine enablers and barriers to participation in SBE</p> <p>Ensure fidelity of all staff roles within scenarios by exploring typical scope of practice</p> <p>Ensure fidelity of all patient roles within scenarios by co-construction</p> <p>Design scenario systems that allow Simulation Team to rotate faculty while preserving optimal descriptor variation knowledge (see task)</p>	<p>Challenge Trust Evaluation Leads to improve equality of access to SBE</p> <p>Review allocation of number of course places available to different professional groups</p> <p>Ensure Simulation Team reflects participant characteristics e.g. resulting to HCA role</p> <p>Technical support expanded to target full range of interprofessional participants</p> <p>Use standardised format to help and psychological safety on all courses</p> <p>Review rotation of course content to encourage regular engagement with simulation courses</p> <p>Maximise authentic interprofessional roles in scenarios and debriefs</p> <p>Build an accessible history of video-capturing educational times</p> <p>Standardise scenario protocols to ensure explicit quality standards are met for all participant groups</p> <p>Extend range of easy-read guides e.g. sign and voice guides</p>
Tasks	Physical Environment	
<p>Ensure course advertising targets appropriate range of interprofessional staff groups</p> <p>Ensure scenarios explicitly accommodate wider range of roles</p> <p>Ensure scenarios explicitly contain range of cultural descriptor variations e.g. manikin set up, embedded problem cues, scenario progressions</p> <p>Ensure scenarios are written in accessible format</p> <p>Consider optional distributor details</p>	<p>Build business case to increase teaching space</p> <p>Aim to achieve a consistently flexible, accessible, and psychologically safe set-up across a variety of environments and group sizes</p> <p>Seek additional ways to use the centre environment in a highly dynamic and flexible manner</p>	

Making IPE Work



Equal Status

- Course aim
 - Learning objectives
 - IPE scenario design
- 
- Debrief model (Systems-focus)
 - Interprofessional co-debriefing
 - Respond dynamically and retain neutrality
 - Evaluate and refine

Making IPE Work



Work together in non-competitive environment

- No assessment
- High fidelity
- Reflect on real world



Rely on each other to reach a common goal

- Understand complex system
- Patient Safety
- Interdependence and uncertainty



Making IPE Work





Any Questions?

