London Simulation Network

Multi-Professional Showcase

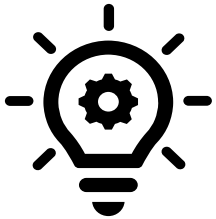
Establishing & Embedding Interprofessional Simulation: Epsom & St Helier's Journey

Dr Jen Blair, Jess Wadsworth, Ruth Millett

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

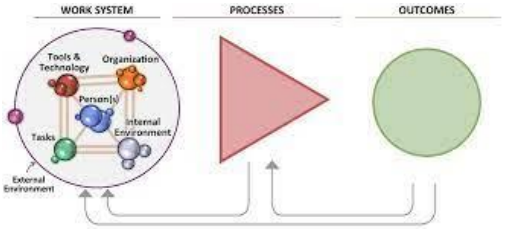
Once upon a time...

- 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

https://youtu.be/ATRl8x-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

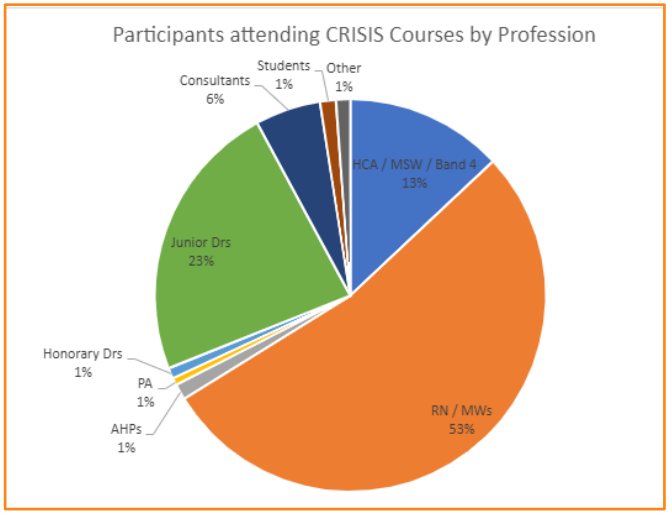
- Core Interprofessional Faculty
  - 2 Drs, 2 Nurses, 1 Technician (permanent)
  - 1 Simulation Fellow (rotating)
  - 1 Nurse (secondment)

- 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)



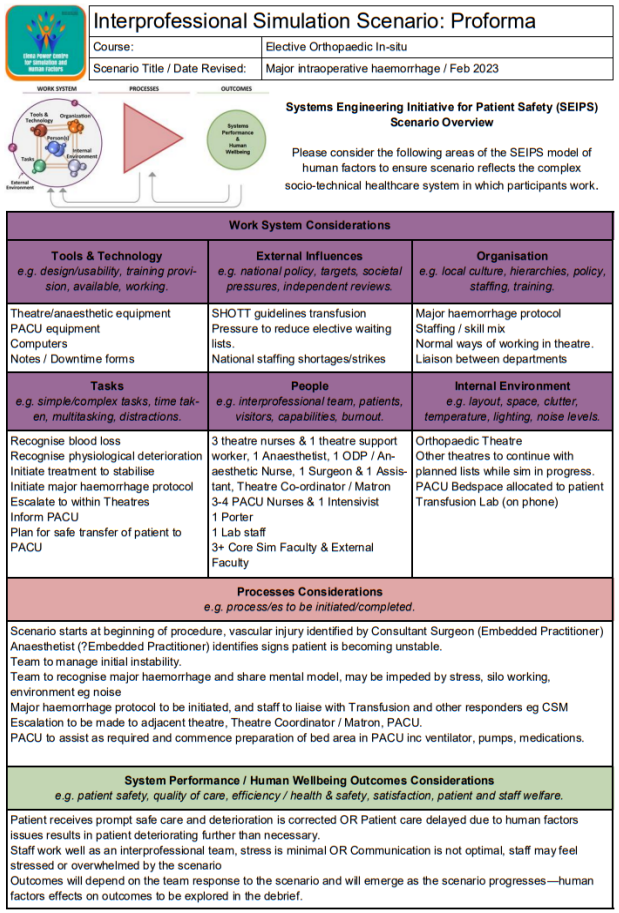
84 courses (750 learners)

+ Anaesthetics, EOL, Transfer and In-situ courses

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

Systems Engineering Initiative for Patient Safety (SEIPS) Scenario Overview

Please consider the following areas of the SEIPS model of human factors to ensure scenario reflects the complex socio-technical healthcare system in which participants work.

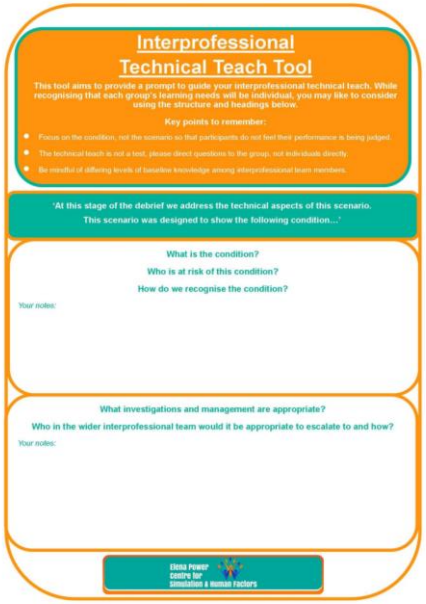
Work System Considerations		
Tools & Technology *e.g. design/usability, training provision, available, working.*	**External Influences** *e.g. national policy, targets, societal pressures, independent reviews.*	**Organisation** *e.g. local culture, hierarchies, policy, staffing, training.*
Theatre/anaesthetic 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 *e.g. simple/complex tasks, time taken, multitasking, distractions.*	**People** *e.g. interprofessional team, patients, visitors, capabilities, burnout.*	**Internal Environment** *e.g. layout, space, clutter, temperature, lighting, noise levels.*
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 *e.g. process/es to be initiated/completed.*		
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 *e.g. patient safety, quality of care, efficiency / health & safety, satisfaction, patient and staff welfare.*		
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



Side 2: Space for notes

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

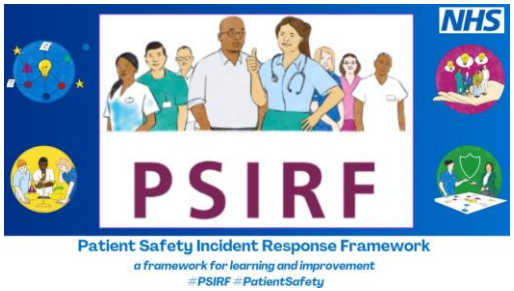
To reduce hostilities, alleviate negative intergroup attitudes and stereotypes, members should be brought together under specific conditions

Allport 1954

Making IPE Work

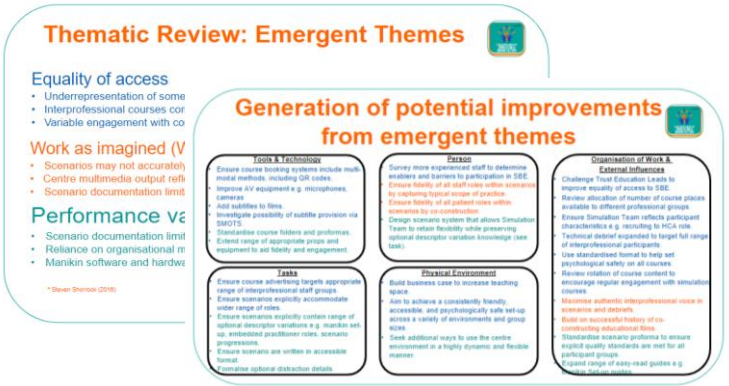
Institutional support

- Demonstrating value & linking to priorities



- Innovative faculty recruitment

- Improve accessibility



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?