

KICCS MDT sequential simulation

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What was the issue:

- Previous simulation in silos
- Child health medics, nurses and PICU staff all ran separate simulation programmes

What were our aims:

- To develop a multidisciplinary, multiprofessional simulation programme across child health
- Incorporate human factors teaching
- Use safety-I and safety-II learning based on real patients

What did we do:

- Run MDT KICCS days 10 times per year
- 12-14 participants per day
- MDT faculty and participants
- Sequential simulation with four scenarios following the same patient through their hospital journey

Figure 1: KICCS day structure

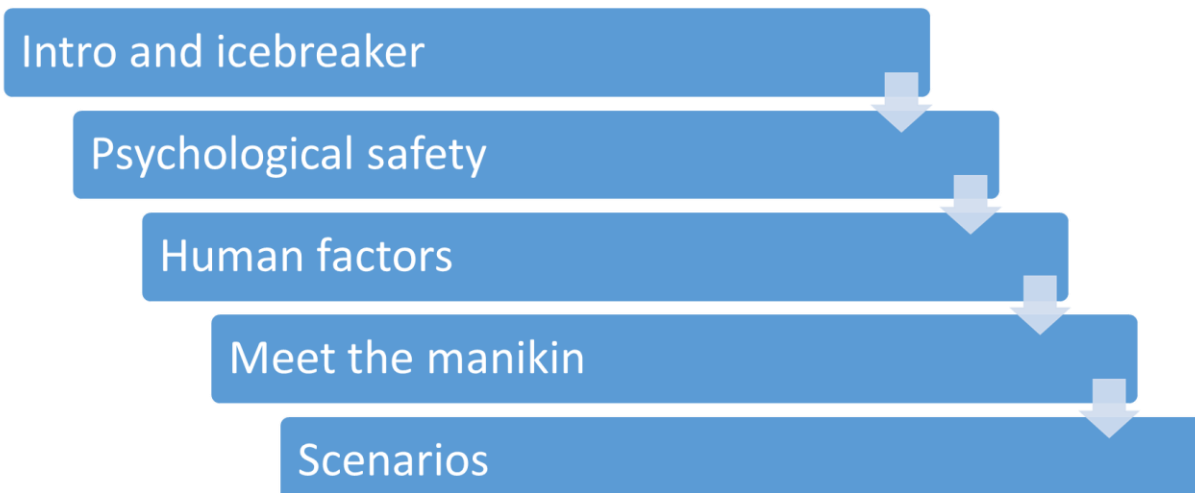
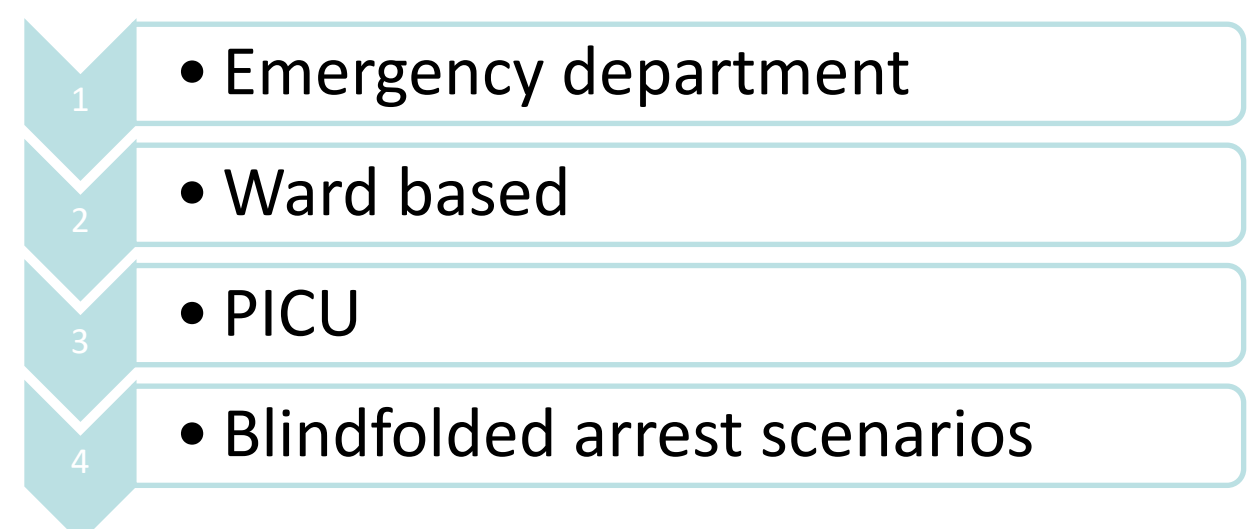


Figure 2: Scenario progress



What was the impact:

- 260 participants
- Very positive feedback
- Feedback highlights learning on human factors including escalation, PACE model, closed loop communication, SBAR, sharing the mental model

"I enjoyed the MDT element so I could learn from a different skill mix"

"More in situ scenarios would be good"

Comments

"No ideas for improvement, just more sessions"

"It was a really great day and I learnt so much"

What is the future:

- Ongoing regular KICCS days
- Continue to develop in situ programme
- Incorporate other teams e.g. NICU/anaesthesia/theatre staff/safeguarding

What have we learnt:

- In order to best engage MDT learners the faculty needs to be from a varied MDT background
- Faculty development vital to sustainability