Embedding Simulation on the AMU

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Overview

Setting up an in situ sim programme
• Planning
• Challenges
• Lessons learnt
• Evidence/Evaluating
Why?

Patient safety agenda
  • Change in culture
  • Team working
  • Improving ergonomics/environment
  • Identify latent threats

Trainee agenda
  • Competition for tasks/experience
  • Standardisation/repetition/assessment
  • Curriculum changes
IMT 2019 Curriculum

The physician training pathway – group 1 specialties

- Foundation training (2 Years)
- Selection
- Internal Medicine Stage 1 training (3 years)
  - Mandatory items
    - Acute medicine
    - Acute take
    - Outpatients
    - Geriatric medicine
    - ITU/HDU
    - Simulation
- Selection
- Medical Registrar
- Speciality and Internal Medicine Stage 2 training (indicative 4 years)
  - Generic professional capabilities (GPCs)
  - Integrated internal medicine capabilities in practice (CiPs)
- Selection
- Post-CCT credentialing
- CPD
- Workplace-based assessment
- MRCP(UK)
- SCE/KBA
Internal Medicine Curriculum, JRCPTB 2019

• *Understands basic Human Factors principles and practice at individual, team, organisational and system levels*

• *Understands the importance of non-technical skills and crisis resource management*
Planning

• Scenario/Topics
• Equipment
• Faculty
• Debrief
• Other patients
• Observers
Scenario/topics

Simulation lends itself particularly well to procedures or emergency situations which occur infrequently, but are potentially dangerous or even life-threatening

Aggarwal et al., 2010
• Rare or important presentations
• Common situations
• Serious incidents
• Testing equipment/environment
Equipment

Simulation is the imitation of a real life event, state of affairs, or process through the representation of a few key characteristics or behaviours of a selected physical or abstract system.

Gaba, DM., 2004
Kit options...
To date.....

• April 2019 – 11 sessions, 58 members of staff.
• AMU/ACU
• Variety of presentations
• Different modalities
Challenges

- Time
- Buy in
- Faculty
- Space
- Technology/kit
Things I have learnt....

• Simple scenarios often most effective
• Decide learning outcomes first
• Build in time for clean up/restocking Governance issues
• Wider hospital/sharing learning
• Admin/paperwork
Things the team have learnt....

Why can’t I pace using this defib?

How do I open the drugs box on the resus trolley?

Oh – it’s an AED? I’ve not used one of those before....

Why can’t I attach the leads?

Who is leading this?

Maybe we should get the patient out of the toilet because the leads aren’t going to stretch that far....
Challenging the hierarchy
Things that help......

• Time in job plan
• Sim fellow
• Buy in from Trust/department/colleagues
• Making it “normal”
• Scenario bank
Evaluating
Evidence

Systematic Review 2013

• 50 studies reporting patient outcomes (vast majority procedural competencies).
• Simulation based education was associated with small-moderate patient benefits in comparison with no intervention, and non-simulation instruction, although the latter did not reach statistical significance.

Zendejas B. et al. 2013
Other outcomes

• Measure - time taken/complication rates
• Automated feedback eg sim-Pads
• Number of SUIs
• Complaints
• Compliments
• GMC survey, trust fill rates
• Feedback from other staff
Future plans

• Addressing palliative care concerns
• Speciality sim eg renal/infectious diseases or joint sim with ED/ITU
• Variable timings and locations
• Trying out new kit
Summary

• Multiple ways to embed simulation in your unit
• Labour/time intensive
• Difficult to prove it works (but it does!)
• FUN!
References and resources


• https://www.jrcptb.org.uk/imt
With Thanks

• Liz Robinson
• Tara Forrest
• Jan Charlton
• Stephen Cooper