Introducing Clinical Simulation within the Critical Care Environment: On-site Innovation

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- Why Simulation?
- Why insitu simulation?
- How, what, where and when
- Faculty & development
- The next steps

Why Simulation?

- Allows patient care to be practiced in a safe environment
- Increases exposure to low frequency, high stress events
- Reflection and feedback
- Highlights non-technical as well as clinical skills
- Ultimately enhances patient safety and experience

Why Insitu simulation?



Why MDT simulation?



Where did we start?

- First MDT simulation session July 2018.
- Ten sessions to date with excellent feedback.
- Creation of Simulation faculty.

Meet the team





Faculty development

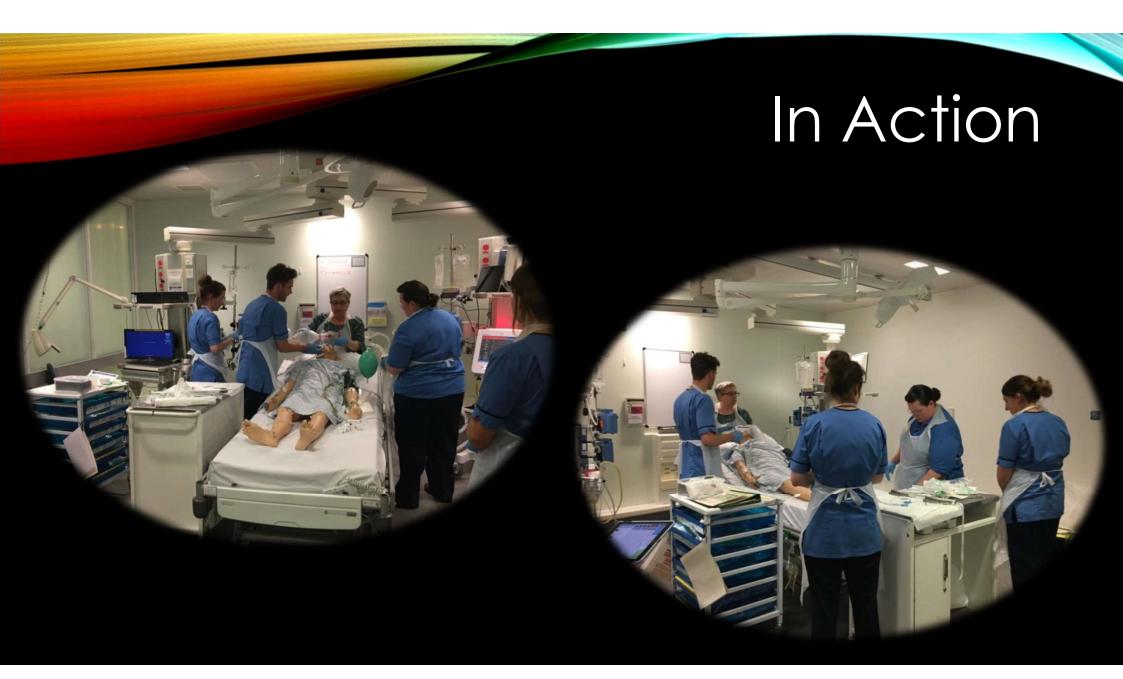
- 6 hours "in house" faculty training day
- Enable faculty to gain experience in delivering simulation sessions
- Faculty meeting every 3 months

How, what, where & when?

- Staff required
- Setting the scene and picking the scenario
- Any available bed space
- Pick a date/time and stick to it

Where it happens





The Debrief

Challenges

- Risk of delays in care or other harm to actual patients
- Increased unit workload
- Establishing and maintaining circle of trust
- Cost of disposables
- Faculty workload

"I was **nervous** to begin with as I didn't know what to expect, afterwards I felt a **boost** in **confidence**

because of the feedback" (Band 6 SN) "Learning **under pressure** has made me more focused, especially as it was a **safe** environment to **learn**" (Senior Band 5 SN)

"I had never been in that **situation** before but if I am again I will know the **best** way to get the **help** I need" (Junior Band 5 SN)

"I got so **into** the **simulation** that I forgot it was a **simulation**" (ACCP)

Next steps

•Evaluation strategies to assess impact on patient care

•Scenario design and advanced debriefing skill course.



Thank you

Any Questions?