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

SCN Claire Stark, Glasgow Royal Infirmary, Critical Care.
• 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?

Accessibility

Cost effective

Barriers to improvement

Investment in staff and commitment
Why MDT simulation?

- Mental modelling
- Team
- Transferable leadership
- Communication strategies
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 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 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 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?