Methods

The design team included experts in CTT (MD, NM), Medical Emergency Teams (MD, WG, NM) and an expert in simulation systems and computer engineering (JL).

We created nine standardized simulation scenarios, and utilize a random number generator to select a scenario to be used in a CTT course. Each episode of simulation is called a training session.

We video recorded expert facilitators performing debriefing, had both expert and competent trainers observing debriefing, and asked the facilitators to create a different debriefing goal for each training session. Within each debriefing session, a number of foci are emphasized to support the debriefing goal. The design team has identified tools that facilitators need for delivering the training.

We created a web based tool that has a total of 18 separate sequential debriefing screens. There are hyperlinks on each page to the teaching resources: lecture slides, roles & goals, graphic video recording, scoring sheet, performance graphs and the next debriefing page. We tested the ease of use with untrained personnel at WISER.

CONCLUSION

Creating an easy to use, reliable, and effective tool to guide and ease debriefing could greatly improve the ability to deliver a standardized training. The tool could make possible greater inter-class training consistency, enable a less trained facilitator so mass training is possible, and enhance ability to perform controlled trials.

The described tool captures many of the qualities necessary for a team training debriefing.

REFERENCES


A NOVEL DEBRIEFING TOOL: ONLINE FACILITATOR GUIDANCE PACKAGE FOR DEBRIEFING TEAM TRAINING USING SIMULATION

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ABSTRACT

A Novel Debriefing Tool: Online Facilitator guidance package for debriefing team training using simulation

Crisis team training (CTT) is a form of crisis resource management (CRM). CTT is designed to train groups of individuals to be able to demonstrate coordinated function as they treat crises encountered in responding to Medical Emergency Team (MET), also known as Rapid Response Team (RRT), calls. CTT differs from CRM in several ways: first, the hierarchy is flat; second, there are assigned roles and each role has pre-assigned tasks; third, organizational and treatment tasks must be completed within a pre-determined time frame; fourth, there are objective measures of performance; and fifth, patient care skills are emphasized over professional background. Although we have endeavored to create a choreographed response that is objectively measured, debriefing has remained a difficult task, because the facilitator must be an expert in simulation, education, critical care and team performance. As a result, there are few qualified facilitators. To overcome this hurdle, we wanted to create a web based tool to enable competent facilitators to deliver training comparable to that of an expert facilitator. We describe our work to date.

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