Building Team Simulations

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Building Team Simulations

- Individual Training
- Team Training

Team Simulation Resources

- Team STEPPS Training Program
  http://www.ahrq.gov/teamsteppstools/

- Team Simulation Literature

Team Strategies and Tools to Enhance Performance and Patient Safety

http://www.ahrq.gov/teamsteppstools

Team Simulations Based on Objectives and Events

Examples

Building Team Simulation Examples
Air Medical Crew Training

Michele Kuszajewski, RN, MSN, CEN
Education Manager
STAT MedEvac

Building Team Simulations

Their Team

Our Team

Air Medical Team Simulations

- Crew Resource Management
- Difficult Airway Management
- Annual Competencies
Crew Resource Management

• Medical crew and pilot interactions
• SAFETY 1st!!
  – Open communication
  – Hot loads
  – Take off/landing check lists
  – IMC
    • Prepare for emergency situations
    • IFR

Difficult Airway Management

• Flight crew in the field is the primary airway provider
  – Limited resources
  – Must have confidence and competency
    • Low frequency/ high acuity situations
  – Airway protocol includes total of 3 intubation attempts
    • Rescue airway
    • Surgical airway
Annual Competencies and Team Simulation

• Test on PA required skills
  – Critical thinking
  – Decision making
  – Communication
• Requirement for PA medical command
• Requirement of CAMTs accreditation

Annual Competencies and Team Simulation

• Requirement of CAMTs accreditation
  – Labor and delivery
  – Resuscitation
  – Peds
  – Airway
  – Invasive procedures
Obstetric Crisis Drills
Magee-Womens Hospital of UPMC
Karen Stein RN, MSED
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Drills: education components

• Pre-course work—online
  – Content to review
    • Teamwork
    • Medical/Nursing content
  – Pre-quiz
  – Pre-course survey

• Post course work—online
  – Course evaluation

Drills created to emphasize teamwork
2 hour unit version
4 hour simulation version runs alternate months

Drills: education components

• During the course
  – Introductory slides
  – Orientation
  – Scenarios and Debriefing
    • Team debriefs itself
    • Video review
    • Structured form for debriefing
      – Short version
      – Long version
  – Wrap up
11/29/2010

**During the course**

- Orientation to simulated environment is key!
- Scenario list includes shoulder dystocia, maternal seizure, maternal cardiac arrest, prolonged fetal bradycardia, maternal respiratory arrest, anaphylaxis, postpartum hemorrhage, and abruption
- Scenarios take 5-12 minutes. Scenario + debriefing takes about 45 minutes.
- Video review is a great tool
- Emphasis on teams practicing for debriefing in real life
- Long and Short scoring systems with cheat sheet for key points

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**ROLES**

- **Treatment Leader**: Obtain SBAR from appropriate person, assess team organization/composition, assess data, direct treatment, set priorities, collaborate with anesthesia team on pt plan, triage pt
- **Bedside Nurse (usually patient’s nurse)**: Stay by pt, attach monitoring, deliver SBAR to responders, report IV size/location, adjust IV rate, draw up and administer meds
- **Runner**: Obtain meds and equipment, deliver to appropriate person
- **Nurse Responder**: Call for/dismiss personnel and family, call for/facilitate equipment acquisition, call for/facilitate pt transfer, get results
- **Documentor**: Obtain record sheet, document (team leader, situation, vital signs and clinical data, treatments), brief personnel who come later
- **Procedure MD**: Examine patient, inform team of maternal/fetal assessment, perform procedures
- **Anesthesia Team**: Obtain SBAR from obstetric team, assess analgesia, assess airway, assess IV access and gauge, perform anesthesia procedures, communicate anesthesia plan to team, collaborate with treatment leader on maternal issues
- **Newborn Resuscitation Team**: Obtain SBAR from obstetric team, assess newborn, resuscitate newborn.
Facilitating drills: key points

- Stay attuned to participants’ learning needs
- Plan your scenarios (and adapt) based on what the team needs to work on
  - Repeat a scenario if the group needs it for mastery and confidence
- Give praise generously
- Debriefing is key component to course
- Allow for their discussion
- Link participants prior experience
- Deflect defensiveness and keep it safe and fun

Debriefing: ACOG’s structured format

- What went well?
- What did we learn?
- What should we do differently?
- What made it more difficult?
- Who will work on the issues we raised?

ACOG Patient Safety and Quality Improvement

Ways to allow for audience participation
Turning Point or use of team checklists

Team consistently used closed loop communication?

1. Yes
2. No
### Team Task Completion Checklist: Obstetric Crisis Simulation Training Course, WISER Station

<table>
<thead>
<tr>
<th>Team Member Items</th>
<th>Task Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Y</td>
</tr>
<tr>
<td>Assess analgesia</td>
<td>Y</td>
</tr>
<tr>
<td>Make anesthesia plan with team leader</td>
<td>Y</td>
</tr>
<tr>
<td>Communicate anesthesia plan to team</td>
<td>Y</td>
</tr>
<tr>
<td>Anesthesiology assistant</td>
<td>Y</td>
</tr>
<tr>
<td>Learn airway plan from anesthesiologist</td>
<td>Y</td>
</tr>
<tr>
<td>Assemble needed equipment</td>
<td>Y</td>
</tr>
<tr>
<td>Patient's nurse</td>
<td>Y</td>
</tr>
<tr>
<td>Stay by patient</td>
<td>Y</td>
</tr>
<tr>
<td>Check vital signs</td>
<td>Y</td>
</tr>
<tr>
<td>Check maternal heart rate</td>
<td>Y</td>
</tr>
<tr>
<td>Report vital signs to team leader and data manager</td>
<td>Y</td>
</tr>
<tr>
<td>Assess and establish IV access (what size? working? what is running?)</td>
<td>Y</td>
</tr>
<tr>
<td>Adjust IV rate</td>
<td>Y</td>
</tr>
<tr>
<td>Deliver medications</td>
<td>Y</td>
</tr>
<tr>
<td>Document or Data Manager</td>
<td>Y</td>
</tr>
<tr>
<td>Obtain record sheet</td>
<td>Y</td>
</tr>
<tr>
<td>Obtain situation/background</td>
<td>Y</td>
</tr>
<tr>
<td>Record team leader</td>
<td>Y</td>
</tr>
<tr>
<td>Acquire chart, essential data</td>
<td>Y</td>
</tr>
<tr>
<td>Prompt VS data from Bedside assistant</td>
<td>Y</td>
</tr>
<tr>
<td>Document Treatments</td>
<td>Y</td>
</tr>
<tr>
<td>Treatment leader</td>
<td>Y</td>
</tr>
<tr>
<td>Identify self</td>
<td>Y</td>
</tr>
<tr>
<td>Ensure team assumed all roles</td>
<td>Y</td>
</tr>
<tr>
<td>Obtain situation/background</td>
<td>Y</td>
</tr>
<tr>
<td>Establish differential and make diagnostic assessment</td>
<td>Y</td>
</tr>
<tr>
<td>Make anesthesia plan with anesthesiologist</td>
<td>Y</td>
</tr>
<tr>
<td>Notify team of plan for treatment and anesthesia</td>
<td>Y</td>
</tr>
<tr>
<td>Determine treatment</td>
<td>Y</td>
</tr>
<tr>
<td>Give order to treat accurately and precisely</td>
<td>Y</td>
</tr>
<tr>
<td>Definitive intervention/s</td>
<td>Y</td>
</tr>
<tr>
<td>Nursing leader</td>
<td>Y</td>
</tr>
<tr>
<td>Identify self</td>
<td>Y</td>
</tr>
<tr>
<td>Ensure team assumed all roles</td>
<td>Y</td>
</tr>
<tr>
<td>Control traffic</td>
<td>Y</td>
</tr>
<tr>
<td>Facilitate equipment acquisition</td>
<td>Y</td>
</tr>
<tr>
<td>Facilitate patient transfer</td>
<td>Y</td>
</tr>
<tr>
<td>Procedure MD</td>
<td>Y</td>
</tr>
<tr>
<td>Assess fetal status</td>
<td>Y</td>
</tr>
<tr>
<td>Report fetal status to treatment leader</td>
<td>Y</td>
</tr>
<tr>
<td>Assess maternal status</td>
<td>Y</td>
</tr>
<tr>
<td>Report maternal status to treatment leader</td>
<td>Y</td>
</tr>
<tr>
<td>Runner</td>
<td>Y</td>
</tr>
<tr>
<td>Get medications</td>
<td>Y</td>
</tr>
<tr>
<td>Get equipment</td>
<td>Y</td>
</tr>
<tr>
<td>Deliver necessary items to appropriate personnel</td>
<td>Y</td>
</tr>
</tbody>
</table>

#### Scenario Outcome:

- **By Role**
  - All Tasks 74%
  - Task Completed positives: 29 to total spots 39
  - Organizational Tasks 79%
  - Task Completed positives: 27 to total spots 34
  - Therapeutic Tasks 67%
  - Task Completed positives: 2 to total spots 3

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### Challenges of team drills: The Good, the Bad, the Ugly

- Know who are the stakeholders
- Illicit a champion for each discipline
- Design your crisis response so you know what to teach/practice/debrief
- Make them care
  - Show them that someone they respect cares
  - Have a champion from each discipline present if possible
  - Use scenarios that have meaning for the unit
- Make the whole experience (drills and debriefs) non-threatening and safe
  - Pick your facilitators well

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### Getting drills done: The good: key points

- Know who are the stakeholders
- Illicit a champion for each discipline
- Design your crisis response so you know what to teach/practice/debrief
- Make them care
  - Show them that someone they respect cares
  - Have a champion from each discipline present if possible
  - Use scenarios that have meaning for the unit
- Make the whole experience (drills and debriefs) non-threatening and safe
  - Pick your facilitators well
Getting drills done: key points

- Pick the least worst way to integrate drills into your service line
- (almost) Never cancel a scheduled drill
  - Insist that staff come (The Bad)
  - Be creative with participants’ roles when you don’t have the optimal number/type of participants
- Make an ongoing effort to advocate for participants and support (The Ugly)

Building Team Simulations

- Non-Medical Scenario Simulations
- Team Building and Team Training
- Debrief with principles from Team STEPPS
- Examples

Building Team Simulations Questions / Discussion
• **Team STEPPS Training Program**
  http://www.ahrq.gov/teamsteppstools/

• **Team Simulation Literature**