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SESAM PARIS 2013

JUNE 12, 2013
PRE-CONFERENCE COURSES

JUNE 13-15, 2013
MEETING

«TOWARDS EXCELLENCE IN HEALTHCARE»

19TH ANNUAL MEETING OF SOCIETY IN EUROPE FOR SIMULATION APPLIED TO MEDICINE

CENTRE DE CONGRES DE LA VILLETTE, PARIS - FRANCE

JUNE 12-15, 2013 - PARIS, FRANCE

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Tre hovedoverskrifter

- **Safety and quality of care: Impact on patient outcome**
- **Education: Program optimizing with simulation**
- **Innovation: Virtual learning Environments and future tools in simulation**

Tre key note speakers

René Amalberti – *Safety and quality of care*
Peter Dichman – *On the psycology of simulation*
Nick Sevdalis – *From innovative ideas to succesful implementation*

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Træning/Simulation

Virker det?

- Respiratorterapi
- CRP simulation for sygeplejersker
- Måleskalaer – valideret
- Virtuel patient simulator
- Transfer

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Træning/Simulation

Fejlretning eller…?

How to move forward from focusing on error….

Kan man lære ”mere” af ting der går godt ?

Hvad kunne den næste generation af patientsikkerhed være?
Practice of exellence…

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Team ressource management i medicinsk praksis….

Hvordan skal vi gøre det….

Technical or/and Non Technical debriefing….

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Træning og simulation virker….

Hvor ligger vejen frem….?

From innovative ideas to succesful implementation….

Dr. Nick Sevdalis
Senior Lecturer – Dept. of Surgery and Cancer
Director – Non-Technical Skills and Simulation Research Group
Imperial College - UK

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Udvikling af simulationsforskning og praksis

Kærnemotiver for simulation

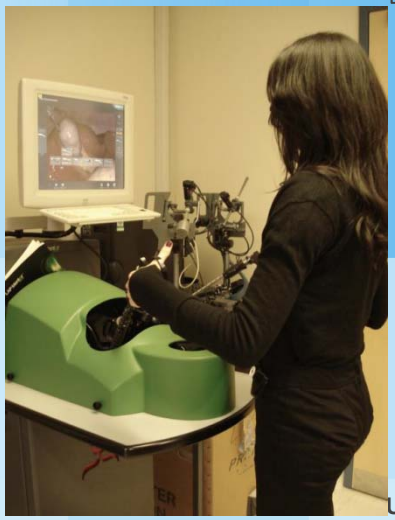
- At forstå og forbedre performance og patientoutcome
- At træne novicer på en sikker måde

Træning i tekniske færdigheder

→ Validerede skalaer og forskning

→ Det virker

?



Kompleks arbejdsorganisering
Komplekse organisatoriske fejl=tab af liv
Fejl i sundhedsvæsenet, komplikationer, UTH

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Det var dog ikke hele historien….

Patterns of Communication Breakdowns Resulting in Injury to Surgical Patients

Caprice C Greenberg, MD, MPH, Scott E Regenbogen, MD, David M Studdert, LLB, SCD, MPH, Stuart R Lipsitz, SCD, Selwyn O Rogers, MD, MPH, FACS, Michael J Zinner, MD, FACS, Atul A Gawande, MD, MPH, FACS

BACKGROUND: Communication breakdowns are a common threat to surgical safety, but there are little data to guide initiatives to improve communication.

STUDY DESIGN: In surgeon-review of 444 surgical malpractice claims from 4 liability insurers, we identified 60 cases involving communication breakdowns resulting in harm to patients. Two surgeon-reviewers analyzed these cases to identify common characteristics and associated factors. Based on identified patterns, potential interventions to prevent communication breakdowns were developed and their potential impact was assessed.

RESULTS: The 60 cases involved 81 communication breakdowns, occurring in the preoperative (38%), intraoperative (30%), and postoperative periods (32%). Seventy-two percent of cases involved one communication breakdown. The majority of breakdowns were verbal communications (92%) involving 1 transmitter and 1 receiver (64%). Attending surgeons were the most common team member involved. Status asymmetry (74%) and ambiguity about responsibilities (73%) were commonly associated factors. Forty-three percent of communication breakdowns occurred with handoffs and 39% with transfers in the patient's location. The most common communication breakdowns involved residents failing to notify the attending surgeon of critical events and a failure of attending-to-attending handoffs. Proposed interventions could prevent 45% to 73% of communication breakdowns in this cases series.

CONCLUSIONS: Serious communication breakdowns occur across the continuum of care, typically result from a failure in verbal communication between a surgical attending and another caregiver, and often involve ambiguity about responsibilities. Interventions to prevent these breakdowns should involve: defined triggers that mandate communication with an attending surgeon; structured handoffs and transfer protocols; and standard use of read-backs. (J Am Coll Surg 2007;204: 533–540. © 2007 by the American College of Surgeons)

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Udvikling af simulationsforskning og praksis

Træning i ikke tekniske færdigheder

Validerede skalaer og forskning

Det virker….!

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Article

Crew Resource Management Improved Perception of Patient Safety in the Operating Room

American Journal of Medical Quality
25(1) 60-63
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DOI: 10.1177/1062860609351236
http://ajmq.sagepub.com
SAGE

Dennis C. Gore, MD,[1] Jennifer M. Powell,[1] Jennifer G. Baer, RN,[1] Karen H. Sexton, RN,[1] C. Joan Richardson, MD,[1] David R. Marshall, RN,[1] David L. Chinkes, PhD,[1] and Courtney M. Townsend, Jr., MD[1]

Surgical Crisis Management Skills Training and Assessment

A Stimulation-Based Approach to Enhancing Operating Room Performance

Krishna Moorthy, MD, FRCS, Yaron Munz, MD, Damien Forrest, PhD, Vikas Pandey, BSc, MBBS, FRCS, Shabnam Undre, FRCS, Charles Vincent, PhD, and Ara Darzi, MD, FRCS, FACS

Article

Approaching the Evidence Basis for Aviation-Derived Teamwork Training in Medicine

American Journal of Medical Quality
25(1) 13–23
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DOI: 10.1177/1062860609345664
http://ajmq.sagepub.com
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Marina V. Zeltser, BA,[1] and David B. Nash, MD, MBA[2]

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Imperial College London

CPSSQ

Observational Teamwork Assessment for Surgery (OTAS)

USER Training Manual (draft)

February 2011

BRUGBART?

LL/UKA-160/Karsten Friis

OTAS® Working Version – Sep 2009

Imperial College London

OBSERVATIONAL TEAMWORK ASSESSMENT FOR SURGERY©

Surgical Team – Intra-Operative Phase

RATING ANCHORS	BRIEF ANCHOR DEFINITION
6	Exemplary behaviour; very highly effective in enhancing team function
5	Behaviour enhances highly team function
4	Behaviour enhances moderately team function
3	Team function neither hindered nor enhanced by behaviour
2	Slight detriment to team function through lack of/inadequate behaviour
1	Team function compromised through lack of/inadequate behaviour
0	Problematic behaviour; team function severely hindered

BEHAVIOUR	DEFINITION	RATING SCALE						
COMMUNICATION	Quality and quantity of information exchanged among team members	0	1	2	3	4	5	6
COORDINATION	Management and timing of activities and tasks	0	1	2	3	4	5	6
COOPERATION/ BACK UP BEHAVIOUR	Assistance provided among members of the team, supporting others, and correcting errors	0	1	2	3	4	5	6
LEADERSHIP	Provision of directions, assertiveness, and support among members of the team	0	1	2	3	4	5	6
MONITORING/ SITUATIONAL AWARENESS	Team observation and awareness of ongoing processes	0	1	2	3	4	5	6

	EXAMPLE/SAMPLE BEHAVIOURS
COMMUNICATION	Asks team if all prepared to begin the operation Requests and instructions to team communicated clearly and effectively Provides information to whole team on progress Surgeon informs the team of technical difficulties and /or changes of plan
COORDINATION	Gives prior notification of requirements to Scrub Nurse to enhance timing of instrument ex change Surgeons co-ordinate use of equipment, such as camera in minimal access surgery providing adequate view of operating field Contribute to smooth exchange of instruments and provisions with Scrub Nurse
COOPERATION/ BACK UP BEHAVIOUR	Reacts positively to questions and requests from Nursing group Responds to requests or questions from Anaesthetic group Helps with smooth instrument exchange with Scrub Nurse Supports Surgical group assistants and compensates for lack of experience
LEADERSHIP	Instructions and explanations provided to assistants Advises Anaesthetist if unfamiliar with operative techniques (e.g. tube insertion) to call for senior help Supervision provided for staff lacking familiarity with tasks or equipment
MONITORING/ SITUATIONAL AWARENESS	Check table positioning and positions of members Assistants monitor direction of light Checks team condition Aware of patient condition including anaesthesia

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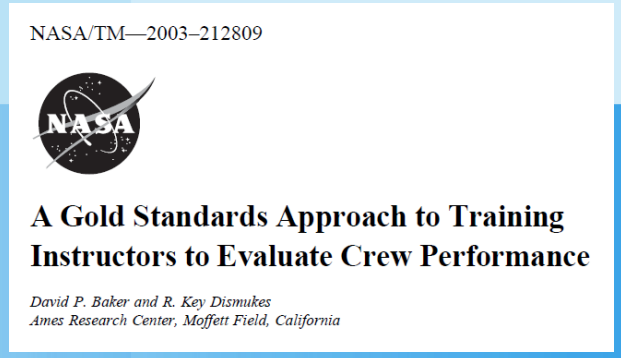
Træningsprogram
1 dag

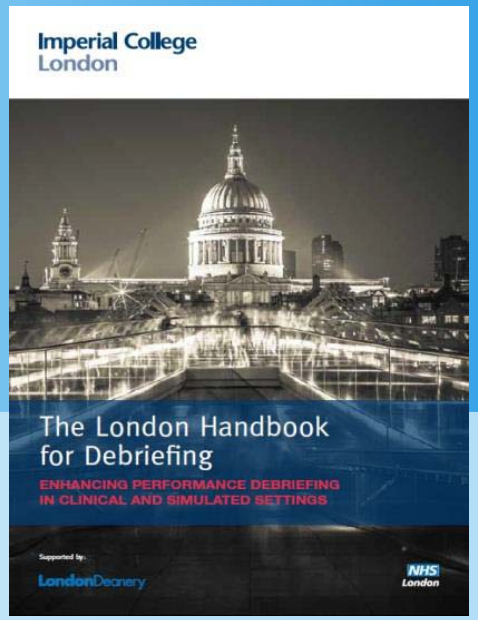
1. **Introduktion til patientsikkerhed og team skills**
2. **Baggrundsteori for vurdering**
3. **Praktisk træning**
4. **Debriefing**


NASA/TM—2003–212809

NASA

A Gold Standards Approach to Training Instructors to Evaluate Crew Performance

David P. Baker and R. Key Dismukes
Ames Research Center, Moffett Field, California



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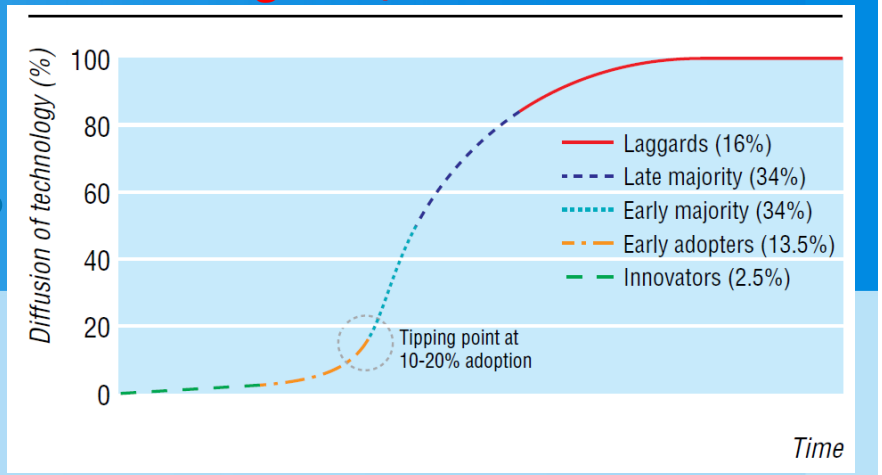
- Og vejen forude…

- Vi har udstyr, værktøjer, ideer…..
- Simulation bliver mere evidensbaseret – i et udbygget videnskabeligt felt….

…Men implementering ind i den kliniske verden er langsom, smertefuld og ofte fraværende

Hvad kunne være vores plan…?



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Learning Lab
Pia Fabricius
Karsten Friis