



## Building Team Simulations

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## Building Team Simulations

### • Individual Training



### • Team Training



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## Team Simulation Resources

### • Team STEPPS Training Program

<http://www.ahrq.gov/teamstepstools/>

### • Team Simulation Literature

Rosen, MA, Salas, E, Wu, TS, Silvestri, S, Lazzara, EH, Lyons, R, Weaver, SJ, & King, HB. Promoting teamwork: An event-based approach to simulation-based teamwork training for emergency medicine residents. *Academic Emergency Medicine*. 2008;15:1190-1198.

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## Air Medical Crew Training

Michele Kuszajewski, RN, MSN, CEN  
Education Manager

STAT MedEvac



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## Building Team Simulations

**Their Team** **Our Team**



**WISER** WISER is the Wisconsin Institute for Simulation, Education & Research

SYMPOSIUM  
ON NURSING  
SIMULATION

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## Air Medical Team Simulations

- Crew Resource Management
- Difficult Airway Management
- Annual Competencies

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## Crew Resource Management

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



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## 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

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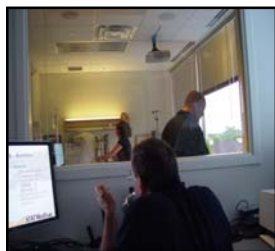
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## Difficult Airway Management



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### Annual Competencies and Team Simulation

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



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### Annual Competencies and Team Simulation

- Requirement of CAMTs accreditation
  - Labor and delivery
  - Resuscitation
  - Peds
  - Airway
  - Invasive procedures



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**UPMC**  
LIFE CHANGING MEDICINE

**Obstetric Crisis Drills**

Magee-Womens Hospital of UPMC

Karen Stein RN, MSED  
Nancy Wise, RN, BSN

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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



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**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



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**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   | RESPONSIBILITIES   |
|---|--|
| Treatment Leader (Ob, CCM, Anes as appropriate) | 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 patient, attach monitoring, deliver SBAR to responders, report IV size/location, adjust IV rate, draw up and administer meds   |
| Runner  |  |
| Nurse Responder                                 | Obtain meds and equipment, deliver to appropriate person   |
| Documentor                                      | Call for/dismiss personnel and family, call for/facilitate equipment acquisition, call for/facilitate patient transfer, get results  |
| Procedure MD                                    | Obtain record sheet, document (team leader, situation, vital signs and clinical data, treatments), brief personnel who come later  |
| Anesthesia Team                                 | Examine patient, inform team of maternal/fetal assessment, perform procedures  |
| Newborn Resuscitation Team                      | Obtain SBAR from obstetric team, assess newborn, resuscitate newborn.  |

Nursing responders select one of these as appropriate

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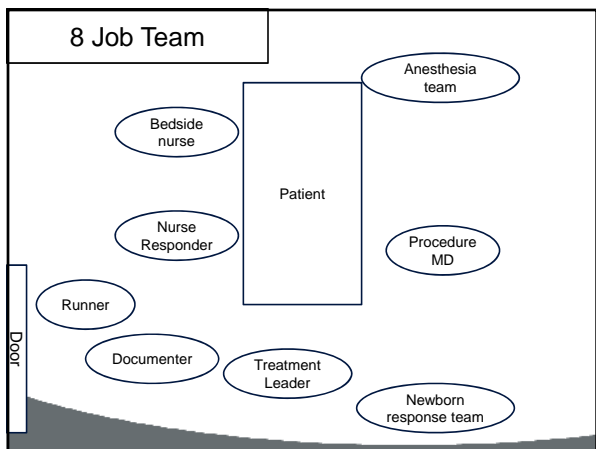
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**Facilitating drills: key points**

- 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



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**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



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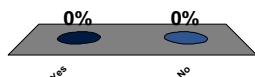
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**Ways to allow for audience participation  
Turning Point or use of team checklists**

**Team consistently used closed loop communication?**

1. Yes
2. No



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**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)



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## Building Team Simulations

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



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## Building Team Simulations Questions / Discussion



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