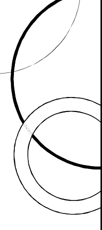
Developing learning simulations for patient safety

June 20, 2010
Cate Creede, PhD

Intentions for this session

- Introduce *Learn to Be Safe* patient simulation learning program
- Describe foundational elements of *Learn to Be Safe*
- Overview improvisational simulation as learning model
- Make links between patient safety, improvisation and interprofessional education/collaboration

2

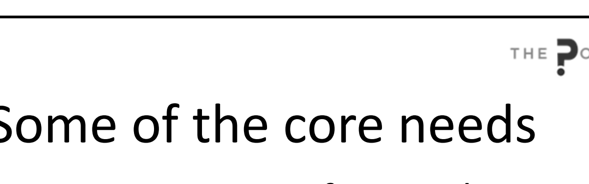


Why patient safety learning?

- In a 2004 study, there was an adverse event rate of 7.5% of the almost 2.5 million annual hospital admissions in Canada.
- About 185,000 of the admissions were associated with an adverse event
- 70,000 of those were potentially preventable.

- *Baker GR, Norton PG, Flintoft V, Blais R, Brown A, Cox J, et al. The Canadian Adverse Events Study: The incidence of adverse events among hospital patients in Canada. Canadian Medical Association Journal. 25 May 2004; 170 (11): 1678-1686.*

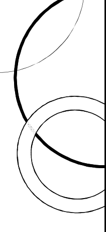
3



Some of the core needs

- Improve interprofessional communication and collaboration
- Improve awareness of prevention and response to patient safety issues for HCPs
- Improve capacity of HCPs to assess and navigate complex environments in relation to patient safety

4



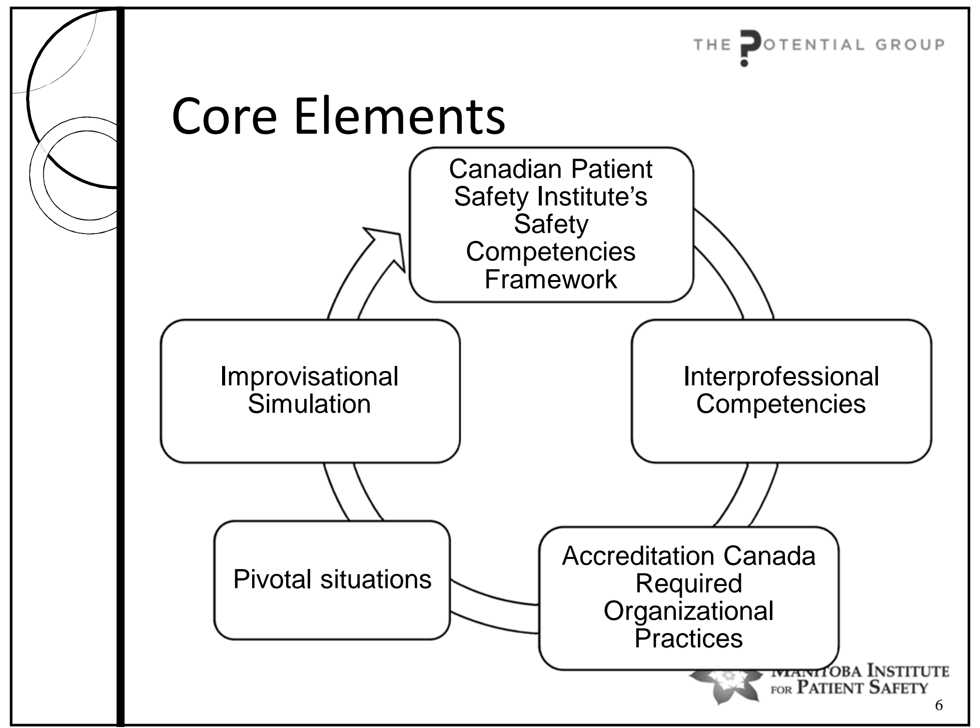
Our approach

- Healthcare team experience acting out a scenario about team collaboration and patient safety, and discussing the experience.
- Core = a scenario based on a specific patient story, and acted out by participants.
- Designed to encourage participants to reflect on and discuss key factors related to patient safety, and how they can continually improve their own practices.
- Assumes patient safety something we are all continually working to improve.

5

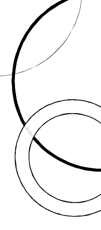
THE POTENTIAL GROUP

Core Elements



MANITOBA INSTITUTE
FOR PATIENT SAFETY

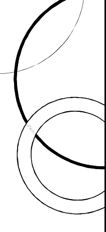
6



Interprofessional Collaboration

- IPE/IPC strengthening movement across Canada
- Assumes quality of patient care, quality of work environment and healthcare knowledge all improved when HCPs learn and practice "with, from and about" each other
- Two core elements: Interprofessional Education and Interprofessional Care and Collaboration in post-licensure situations

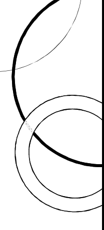
7



Link between IPE/C and Safety

- Safe healthcare begins with open communication.
- A culture of patient safety is created when health professionals work together in multidisciplinary teams to communicate effectively, promote safe practices and processes, and collectively anticipate, recognize, and manage situations that place patients at risk.

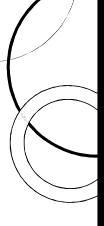
8



Simulation Defined

- "replication of task environment with sufficient realism to serve a desired purpose"
- Multiple forms: computer-based simulations; "high-fidelity full patient simulators," scenario enactment

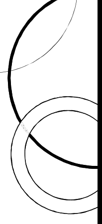
9



Improvisational Simulation

- Simulation = a form of improvisational acting.
- Participants each given a character to portray + guidance on how they should act and respond.
- Participants have information relevant only to their character.
- Facilitator has information about the full scenario and all characters.
- Participants improvise the character based on their own comfort and knowledge.
- Participants themselves portray the patient as well as family members and healthcare providers.
- Taking multiple perspectives to deepen understanding of patient and family centred care.

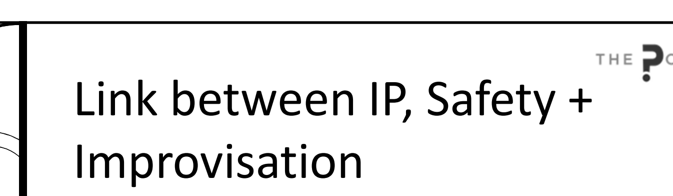
10



Core elements of Improvisation

- Recognizing the need to adapt in the moment
- Notions of “receive it as it was being sent” and “yes and”
- Deep listening, being in the moment
- Deep collaboration to create whole experience
- “Jazz metaphor” – group creating something in deep collaboration

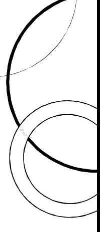
11



Link between IP, Safety + Improvisation

- While much of healthcare is about best practices, standards and predictable routines, it is also about responding and acting in the moment
- Patient safety most signficant in high-acuity, high-impact, high-stress environments
- Patient safety about following best practices and also about having high reflection, quick judgment and strong relationships

12



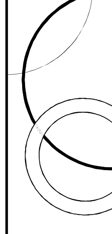
THE POTENTIAL GROUP

Pivotal Situations

- Transitions in care/patient-handovers
- Disclosure of adverse events
- Conflict in HC teams

→ Two Scenarios: Gene's Story and Maureen's Story

13



THE POTENTIAL GROUP

Rigour behind the program

Canadian Patient Safety Institute's Safety Competencies Framework	CIHC Interprofessional Competency Framework	Accreditation Canada ROPs
1. Contribute to a culture of patient safety 2. Work in teams 3. Communicate effectively 4. Manage Safety Risks 5. Optimize Human & Environmental Factors 6. Recognize, Respond to, and Disclose Adverse Events	1. interprofessional communication 2. patient/client/family/community centred care 3. role clarification 4. team functioning 5. collaborative leadership 6. interprofessional conflict resolution	Safety Culture Communication Medication Use Worklife/Workforce Infection Control

14

Scenario 1

Learning Objectives	**Safety Competencies**	**ROPs**	**Interprofessional Competencies**
1. Describe how key human and environmental factors contribute to patient safety 2. Describe a culture of patient safety. 3. Explain the key elements of effective patient and family centred care. 4. Describe key factors that promote effective teamwork in multidisciplinary healthcare teams. 5. Describe interpersonal and communication skills required for effectively working with patients and families, and within multidisciplinary healthcare teams. 6. Identify major concepts related to recognizing and managing patient safety risks in healthcare environments.	Contribute to a Culture of Patient Safety Communicate Effectively for Patient Safety Manage Safety Risks	Client and Family Role in Safety Information Transfer	interprofessional communication patient/client/family/ community-centred care role clarification team functioning collaborative leadership interprofessional conflict resolution
7 .Identify patient safety issues and potential solutions related to multiple patient handoffs during an admission to hospital through an emergency department.	Contribute to a Culture of Patient Safety Manage Safety Risks Optimize Human and Environmental Factors Recognize, Respond to and Disclose Adverse Events	Dangerous Abbreviations Information Transfer Medication Reconciliation Medication Reconciliation at Admission Medication Reconciliation at Referral or Transfer	patient/client/family/ community-centred care team functioning collaborative leadership

15

Scenario 1

<table>
<tr><th>Learning Objectives</th><th>Safety Competencies</th><th>ROPs</th><th>Interprofessional Competencies</th></tr>
<tr><td>8. Demonstrate appropriate ways to communicate with healthcare professionals, patients, and families to reduce risk and improve patient outcomes.</td><td rowspan="4">Contribute to a Culture of Patient Safety

Work in Teams for Patient Safety

Communicate Effectively for Patient Safety</td><td>Client Safety: Education and Training

Client Safety Plan

Client and Family Role in Safety

Client Safety: Roles and Responsibilities</td><td rowspan="2">interprofessional communication

patient/client/family/ community-centred care

role clarification

team functioning

collaborative leadership

interprofessional conflict resolution</td></tr>
<tr><td>9. Describe ways an individual healthcare team members can address issues of poor communication within the healthcare team, and with patients/families (e.g. in situations of power differential and intimidation).</td><td>Client and Family Role in Safety

Client Safety: Roles and Responsibilities

Adverse Event Disclosure

Adverse Events Reporting</td></tr>
<tr><td>10. Describe what we can do to communicate in written form as effectively as possible.</td><td rowspan="2">Dangerous Abbreviations

Information Transfer

Medication Reconciliation

Medication Reconciliation at Admission

Medication Reconciliation at Referral or Transfer</td><td rowspan="2">Interprofessional communication</td></tr>
<tr><td>11. Demonstrate behaviours to reduce the risk of communication failure during transfers.</td></tr>
</table>

16

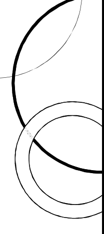
Scenario 2

Learning Objectives	Safety Competencies	ROPs	Interprofessional Competencies
1. Describe how key human and environmental factors contribute to patient safety.	Contribute to a Culture of Patient Safety	Client Safety: Roles and Responsibilities	team functioning patient/client/family/ community-centred care interprofessional communication interprofessional conflict resolution
2. Explain the key elements of effective patient and family centred care.	Work in Teams for Patient Safety	Client and Family Role in Safety Client Safety: Roles and Responsibilities	
3. Describe key factors that promote effective teamwork in multidisciplinary healthcare teams.	Communicate Effectively for Patient Safety		
4. Describe interpersonal and communication skills required for effectively working with patients and families, and within multidisciplinary healthcare teams			
5. Describe a culture of patient safety.	Contribute to a Culture of Patient Safety	Client Safety: Roles and Responsibilities	interprofessional communication team functioning

17

Scenario 2

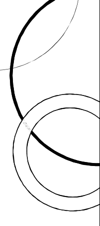
Learning Objectives	Safety Competencies	ROPs	Interprofessional Competencies
6. Identify major concepts related to recognizing and managing patient safety risks in healthcare environments.	Communicate Effectively for Patient Safety Manage Safety Risks Optimize Human and Environmental Factors	Client Safety: Roles and Responsibilities Falls Prevention Strategy Home Safety Risk Assessment Client and Family Role in Safety	patient/client/family/ community-centred care
7. Identify the key elements required in responding to and disclosing adverse events.	Recognize, Respond to, and Disclose Adverse Events	Adverse Event Disclosure Adverse Events Reporting	patient/client/family/ community-centred care
8. Demonstrate appropriate ways that a healthcare provider can disclose a critical incident to patients and families.			
9. Engage the patient/family as members of the healthcare team.	Domain 3: Communicate Effectively for Patient Safety	Client and Family Role in Safety	patient/client/family/ community-centred care
10. Demonstrate shared leadership and responsibility for healthcare team functions and patient outcomes.	Domain 2: Work in Teams for Patient Safety Domain 3: Communicate Effectively for Patient Safety	Client Safety: Roles and Responsibilities	collaborative leadership team functioning
11. Demonstrate the professional requirements to report and disclose a critical incident.	Domain 6: Recognize, Respond to, and Disclose Adverse Events	Adverse Event Disclosure Adverse Events Reporting	patient/client/family/ community-centred care



At a high level, the experience allows participants to……

- Reflect on what leads to patient safety issues from multiple points of view
- Practice reacting and responding to different issues
- Become more attuned to understanding the potential consequences of decisions/choices
- Become more comfortable both *preventing* and *acknowledging* potential harm
- Gain skill in communication practices -- saying “I’m sorry” when appropriate, responding to other HCPs engaging in potential harmful choices

19



Our Simulation Learning Experience

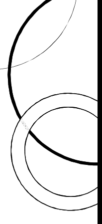
- Customizable for context
- Interprofessional
- Competencies built in
- Based on simulation as “lived experience”
- Pre-scenario learning + experience + debrief + follow up
- Asks participants and leaders to reflect on their own personal commitment to patient safety
- Usable by people familiar with facilitation and people less familiar

20

Customizable: Sample questions

- What is happening in your health centre/university/community that makes patient safety important?
  - Are there any statistics on critical incidents, or goals for patient safety or reduction of harm?
  - Has there been a notable story or event that made people aware of patient safety needs?
  - Are there institutional strategies or objectives related to patient safety?
- The simulation focuses on multidisciplinary teams as a key part of patient safety. What else is happening in your environment in terms of collaborative care?
  - Is interprofessional education or practice a focus in your environment?
- What are the local resources related to patient safety?
  - Are there policies on disclosure?
  - What is the legislation on the reporting of critical incidents?
  - Is there any institutional training on patient safety?

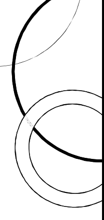
21



Personal Reflection for Leaders + Participants – e.g.,

- Why do you, personally, think patient safety is important?
- Why is improving team dynamics and communication important?
- Have you had any specific experiences in your life that makes this a particularly significant focus for you?
- What are your own hopes and expectations from leading this learning experience?
- What difference do you hope to make?

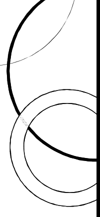
22



Flexible and safe

- Ideal learning setting for patient safety in form of safe environment in which to practice and learn.
- Flexible for classroom setting, a structured workshop on a unit, a simulation lab, other professional development sessions, a conference workshop, remediation, team development, or anywhere else that improved patient safety or team dynamics is necessary.
- Highly adaptable based on the amount of time available and the specific group composition and needs

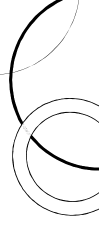
23



Pilot experience

- Tested in January, at University of Manitoba and in Selkirk District Hospital
- Feedback: widely usable, fun, high-impact
- Student feedback extremely positive:
  - working with people from different disciplines
  - playing roles other than their own professions
  - having the opportunity to act out the learning concepts, much more effective than merely reading a case study. *"even though we all knew this was a simulation, the visceral knowledge will stick with us."*

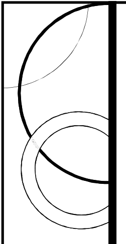
24



Questions for discussion

- How could you strengthen interprofessional education in your environment?
- What difference would that make for healthcare, the kinds of health professionals you are developing, patient care?
- How do you now use simulation?

25

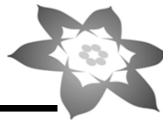


- Over to Susan Lessard-Friesen….

26

Susan Lessard - Friesen, B.Sc.(Pharm.), ACPR
The Manitoba Pharmaceutical Association

27



MANITOBA INSTITUTE FOR PATIENT SAFETY

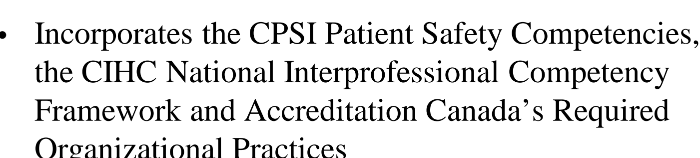
Setting the Stage

A simulated learning experience:

- Designed for pre-licensure (student, undergraduate) and post-licensure (practising) healthcare professionals
- Enhances effective communication and collaboration within healthcare teams including patients and their families to improve patient safety

Setting the Stage

A simulated learning experience that:



- Incorporates the CPSI Patient Safety Competencies, the CIHC National Interprofessional Competency Framework and Accreditation Canada’s Required Organizational Practices
- Is highly customizable and flexible for novice through to advanced learners

MANITOBA INSTITUTE FOR PATIENT SAFETY

Setting the Stage

A simulated learning experience that:

- Is FUN!

MANITOBA INSTITUTE FOR PATIENT SAFETY

The stars of the "Learn to be Safe" show are:

Patient Safety: A Primer

Leading Learning Simulations for Patient Safety: Leader's Guide

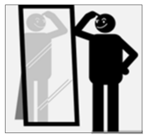
Scenario Guides for Leaders

Learner's Workbooks

Character Briefings & Props for Participants

MANITOBA INSTITUTE FOR PATIENT SAFETY

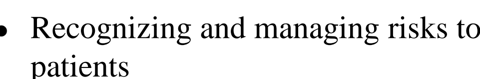
Patient Safety: A Primer

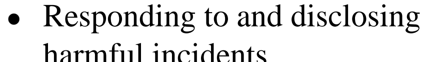


Questions for Reflection

Self-Study

- Human and environmental factors
- Culture of Safety
- Patient and family centred care
- Effective teamwork
- Interpersonal and communication skills
- Recognizing and managing risks to patients
- Responding to and disclosing harmful incidents





Required Organizational Practices

Additional Readings & Resources

MANITOBA INSTITUTE FOR PATIENT SAFETY

Leading Learning Simulations for Patient Safety: Leader's Guide

A facilitator's guide that provides details on:

- How to customize the case simulations to meet the learning needs of participants
- Familiarizing yourself with the specifics on each case simulation
- Tips & FAQs for achieving the best results during the learning session

Scenario Guide for Leaders

- Learning Objectives
- Curriculum planning
- Enacting the case simulation
- Conducting the debriefing session and encouraging reflection on learning

Maureen's Journey:
Communicating During Transfers

- 47-year old woman transferred from a rural to urban hospital
- Focuses on admission conversation between healthcare team, the patient, and her sister/advocate.
- Team explores patient safety and a care transfer, a near miss related to medication transcription, and team dynamics.

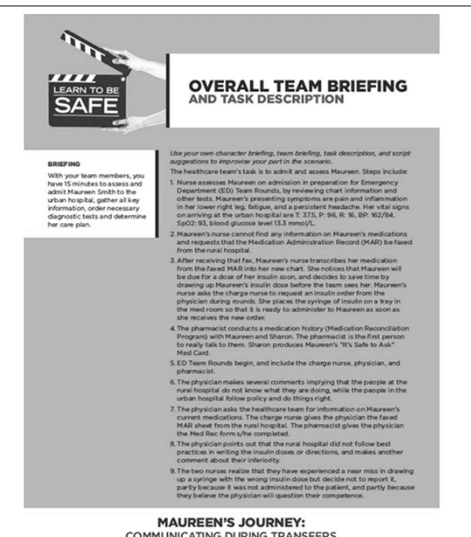
Learner's Workbook

Guides the learner through the learning experience by focusing on:

- Learning through simulation
- Learning objectives of the case simulation
- The participant's role in the simulation
- Reflecting on learning to improve patient safety
- Resources

Character Briefings
And Props for Participants

- Choose your character
- Critical role
- Briefing and tasks
- Script suggestions and props



LEARN TO BE SAFE

OVERALL TEAM BRIEFING
AND TASK DESCRIPTION

BRIEFING

With your team members, you have 15 minutes to assess and admit Maureen Smith to the urban hospital, gather all key information, order necessary diagnostic tests and determine her care plan.

Use your own character briefing, team briefing, task description, and script suggestions to improvise your part in the scenario.

The healthcare team's task is to admit and assess Maureen. Steps include:

1. Nurse assesses Maureen on admission in preparation for Emergency Department (ED) Team Rounds, by reviewing chart information and other tests. Maureen's presenting symptoms are pain and inflammation in her lower right leg, fatigue, and a persistent headache. Her vital signs on arriving at the urban hospital are T: 37.5, P: 96, R: 16, BP: 162/84, Sp02: 93, blood glucose level 13.3 mmol/L.
2. Maureen's nurse cannot find any information on Maureen's medications and requests that the Medication Administration Record (MAR) be faxed from the rural hospital.
3. After receiving that fax, Maureen's nurse transcribes her medication from the faxed MAR into her new chart. She notices that Maureen will be due for a dose of her insulin soon, and decides to save time by drawing up Maureen's insulin dose before the team sees her. Maureen's nurse asks the charge nurse to request an insulin order from the physician during rounds. She places the syringe of insulin on a tray in the med room so that it is ready to administer to Maureen as soon as she receives the new order.
4. The pharmacist conducts a medication history (Medication Reconciliation Program) with Maureen and Sharon. The pharmacist is the first person to really talk to them. Sharon produces Maureen's "It's Safe to Ask" Med Card.
5. ED Team Rounds begin, and include the charge nurse, physician, and pharmacist.
6. The physician makes several comments implying that the people at the rural hospital do not know what they are doing, while the people in the urban hospital follow policy and do things right.
7. The physician asks the healthcare team for information on Maureen's current medications. The charge nurse gives the physician the faxed MAR sheet from the rural hospital. The pharmacist gives the physician the Med Rec form s/he completed.
8. The physician points out that the rural hospital did not follow best practices in writing the insulin doses or directions, and makes another comment about their inferiority.
9. The two nurses realize that they have experienced a near miss in drawing up a syringe with the wrong insulin dose but decide not to report it, partly because it was not administered to the patient, and partly because they believe the physician will question their competence.

MAUREEN'S JOURNEY:
COMMUNICATING DURING TRANSFERS

The Simulation Working Group

Jose Francois
Brenda Stutsky
Barb Goodwin
Susan Morrow
Lynn Marks
John Wade
Murray Doggett
Chris Louizos
Corinne Katazinski
Cathy Rippin-Sisler
Shaun Beach
Laurie Thompson
Susan Lessard-Friesen

Learn to be Safe

Action!