



CRM Symposium

Bringing the Concept into Practice:

Simulation as a Tool to Simulate, Stimulate and Assimilate

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Queen Elizabeth Hospital,

Hong Kong



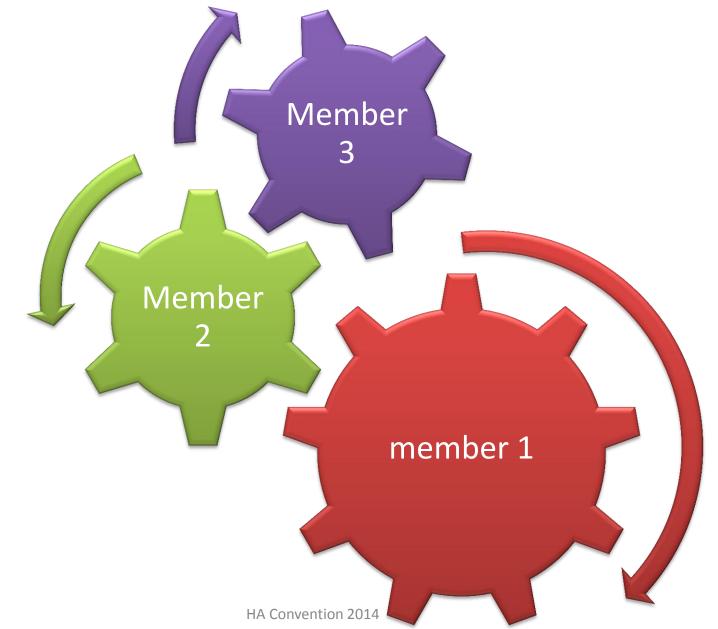


CRM is...





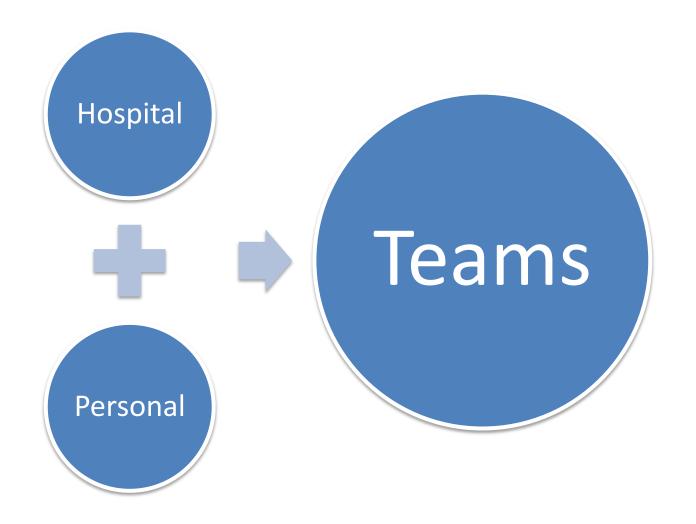








Two levels of CRM







Personal skills

• Decision making

• Leadership

• Assertiveness

• Communication





Hospital system

- Team briefing /debriefing

- Standardized communication

- Teamwork and leadership

- Speak up culture





Aviation CRM

- 28th December, 1978
- United Airlines Flight 173







Healthcare vs Aviation

- Multiple teams
- Members in and out
- Simultaneous commitment
- Ill-defined membership
- Highly complex





Critical Area Survey

• Feb, 2013

 4 areas (A&E, ICU, Operation Theatre & Delivery Suite)

• 319 responses





Factors that prevent you from having excellent communication and teamwork?

Factors	
Too many things to attend at the same time	27%
Different personality of colleagues	24%
Dare not challenge seniors	12%



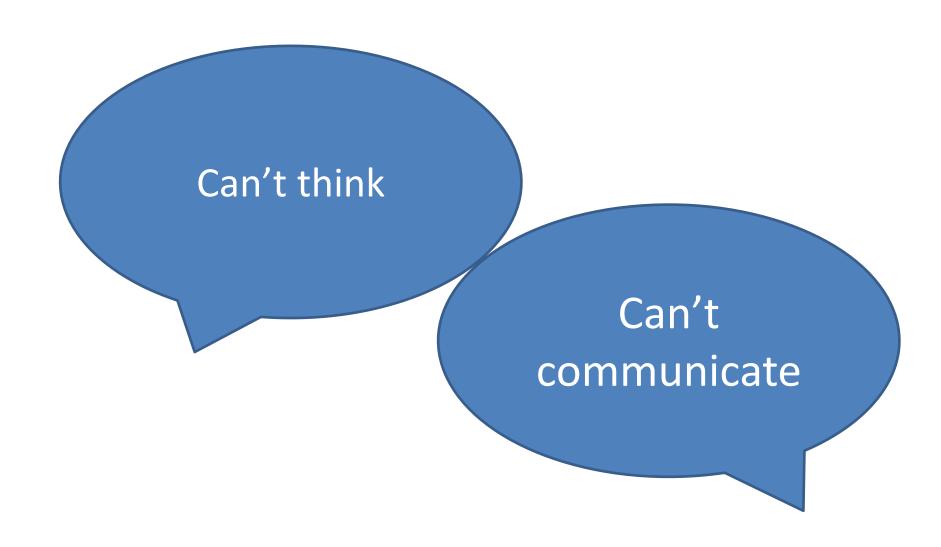


Major obstacles to patient safety?

Time pressure	24%		
Inadequate manpower	27%		
Insufficient equipment/ drugs	3%		
Poor team collaboration/communication	6%		
Workload too heavy	25%		
Patient too ill	5%		
No clear instructions from senior/leader	5%		
Junior colleagues do not follow instructions	5%		











Simulation







Simulation

- 1. Learning mode
- 2. Scenario experience
- 3. Guided reflection
- 4. Individualized learning





Learning mode

- 1. Come to learn
- 2. Interruption free
- 3. Suspension of disbelief







Scenario experience







Scenario experience

- Tailor made
- Relevance







Guided Reflection

- 1. Debriefing
 - "what went well?"
 - "why it went well?"
- 2. Observation
- 3. Group dynamics







Individualized learning

- Tell me one thing:
 - "you have learnt today?"
 - "you'll do differently tomorrow?"





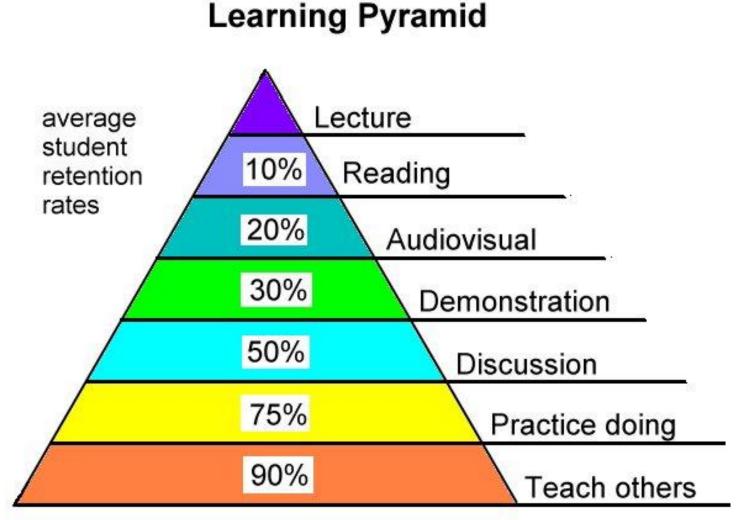


Power of Simulation

- Experiential learning
- Reflective
- Individualized
- Behavioral change







Source: National Training Laboratories, Bethel, Maine

HA Convention 2014





Simulation based CRM

Advantages:

- Relevant context
- Awakening
- Know each other

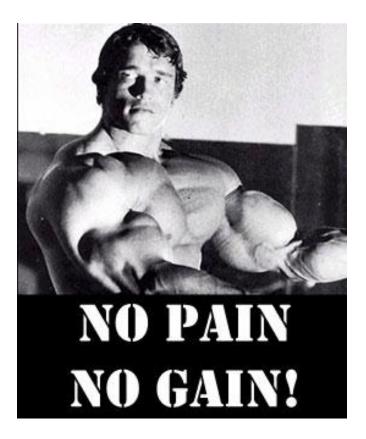




Simulation based CRM

Disadvantages

- Resources
 - Instructor
 - Learner
 - Simulation Units







Alternatives

- Different disciplines
 - Doctors, nurses
- Cross specialties
 - OT & OG
 - Surgery & AED
- Play different roles
- Generic scenarios





Simulation-based CRM training in HA







Facilities

- Simulation Units
 - Environment
 - Equipment
 - Administration
 - Technical support







Trainers

- CRM simulation instructors
 - Expertise
 - Skills
 - Certification
 - Trainer database







Program

- Pilot 2013
- Corporate Program







Consultancy 2013















Senior Staff Training Programs

1) Overview training

- ✓ Senior Ranking Staff
- \checkmark To take on CRM concepts







Train-the-Trainer Program

- 2) Intensive train-the-trainer workshop
 - ✓ 92 frontline clinical staff from 4 clinical areas:
 - ✓ a) the operating theatre; b) intensive care unit; c) obstetrics and gynecology; and d) accident and emergency unit







Frontline Staff Training Program



- Front-line team training
- Coaching
- Development of training materials





Training materials

- CRM videos
- Trainer manual
 - -CRM
 - Clinical Scenarios







CRM Crew Resource Management Scenario Practice

院管理局

HOSPITAL

Simulation Scenario Practice

- Team Briefing
- Team Debriefing
- Situational Awareness
- Assertiveness
- Decision-Making
- Teamwork and Leadership
- Conflict Management
- Standardized Communication





Examples of Scenario Practice

- Anaphylaxis
- Civil Disaster
- STEMI
- Deteriorated patient in the ICU
- Difficult Intubation in ICU
- Eclamptic fit in PACU
- Pathological CTG
- Hypokalemia
- Difficult airway
- Blood transfusion
- Eclamptic fit

CRM

Crew Resource Management

	aesthesia & OT Services and Obstetrics & Gynaecology	Possible Scenar	io Flow:			
	lamptic fit in PACU	Time	Scenario/Problem	Action Expected		
	r. Menelik Lee (RS/O&G/QEH) and Dr. Teresa Ma (CON/O&G/QEH)	lime	Scenario/Problem	Action Expected		
Background of the sce 7/30, Para 0. Antenatal proteinuria. Induction uterine contraction for	I course uneventful. Family history of hypertension. Antenatal BP normal, no of labour at 41 weeks for past-term. Cervix remained 2F despite adequate r 10 hours. BP ~ 145/92 mmHg before C/S, trace proteinuria, asymptomatic. r for failed induction, under SA and C/S uneventful. Total blood loss 500ml.	0-3min 5	Sequence 1: Patient resting in PACU after C/S, cared by midwife. Conscious and alert, a little bit of headache. Developed generalized tonic-clonic convulsion after C/S, last for 20 seconds. Drowsy after convulsion.	 1 Midwives on scene, O2, BP check 160/110, recovery position, call for h from nurse in PACU, OBS doctor and anaesthetist CRM: situational awareness, standardized communication, assertiveness, decision making 		
	nmunication skills i team work and leadership efing and debriefing	4-6min \$	Sequence 2: • 2 PACU nurse arrived first, communicated and assisted the midwives to continue care and resuscitate the client	 ABC, examination, etc BP 160/110 CRM: team briefing, decision making teamwork, standardized communicat 		
Sequence 2:	standardized communication, assertiveness, decision making, on making, teamwork and leadership, standardized communication.	• • 7-9min 5	 OBS Doctor arrived, briefing by the midwife, take over the case, give drug and order investigation (Anaes not immediately available), BP 160/110 when no meds given. 	 con't ABC, examination, bloods, drug etc CRM: team briefing, decision making teamwork and leadership, standardize communication 		
Team briefing, decision	n making, standardized communication, team debriefings	10-12min \$	150/90 after meds given	 take over the leadership mode, con't 		
Participants 1 midwife 2 PACU nurses 1 obstetrician 1 anaesthetist 			 Anaesthetist arrived, briefing by obstetrician, support airway and give appropriate management 	ABC, support airway • consult ICU • CRM: team briefing, decision making standardized communication, team debriefing		
Simulation team • Facilitator		Simulator Set u F/30 mother in	PACU, complaint a bit of headache at	first, then developed generalized tonic-clo		
Case Briefing for Each • F/ 30	Role:	Convulsion for 2 Bp 160/110	20 secs, then changed to drowsy stated	after convulsion		
 Induction of labor contraction for 10 	hypertension, yet antennal BP was normal, no proteinuria was ordered for 41 weeks past term, Cervix remained at 2F despite Uterine hours, trace proteinuria der SA done, blood lost 500ml	1. OT bed 2. Transport m 3. Blood-takin 4. Drip stand p	x 2			
Midwife 1 :	 To care the Patient who is resting in PACU after C/S. 	5. Infusion pur 6. IV fluid 7. Patient ID b				
2 PACU nurses	Arrive upon the request for assistance by the midwife	9. Faked job s	8. Drugs: MgSo4 & Labetalol 9. Faked job sheets & specimen labels 10. O2 cannula or mask			
Obstetrician	Arrive after the call from PACU	12. Gloves	11. Foley catheter and urine bag 12. Gloves			
Anesthetist	 Arrive after the call from PACU and receive briefing from obstetrician, to start managing the patient in accordance to patient's condition. 	14. Medical rec	 Dect phone Medical record containing AN record, labor record, obstetric record, Consent form x C/S, b chart, I/O chart, plain CMS OT record 			

RM.						BOOK 2	SCENARIO
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2 11 15							
5 	Department:	Anaesthesia & OT Services a	nd Obstetri	cs & C	iynaecology		
5	Scenario Title:	Eclamptic fit in PACU					
	Author:	Dr. Menelik Lee (RS/O&G/Q	EH) and Dr.	. Teresa	a Ma (CON/O&G/Q	EH)	
	Last Updated:	1-6-2013					
1							
quence uational quence am brief quence	I awareness, standardized communicatio 2: fings, decision making, teamwork and les	dership, standardized communication.	•	7-9min	Sequence 3: OBS Doctor arrived, briefing by the midwife, take over the case, give drug and order investigation (Anaes not immediately available), BP 160/110 when no meds given. 150/90 after meds given	 con't ABC, examinatic etc CRM: team briefing, d teamwork and leaders communication 	lecision maki

Roles: Participants

1 midwife 2 PACU nurses 1 obstetrician 1 anaesthetist

Simulation team Facilitator

 F/30 G1P1 •

2 PACU nurses

Obstetrician

Anesthetist

•

. Midwife 1 :

Roles: Participants • 1 midwife • 2 PACU nurses • 1 obstetrician • 1 anaesthetist				10-12min	Sequence 4: • Anaesthetist arrived, briefing by obstetrician, support airway and give appropriate management	take over the leadership mode, con't ABC, support airway consult ICU CRM: team briefing, decision making, standardized communication, team debriefing		
Simulation team • Facilitator Case Briefing for Each Role: • 5/20			F			first, then developed generalized tonic-clonic d after convulsion		
F/ 30 G1P1 familial history of hypertension, yet antennal BP was normal, no proteinuria Induction of labor was ordered for 41 weeks past term, Cervix remained at 2F despite Uterine contraction for 10 hours, trace proteinuria Emergency C/S under SA done, blood lost 500ml		•		1. OT bed 2. Transport 3. Blood-tak 4. Drip stand	1×2			
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2 PACU nurses	Arrive upon the request for assistance by the midwife		ŝ		gSo4 & Labetalol sheets & specimen labels la or mask			
Obstetrician	Arrive after the call from PACU		1	11. Foley cath 12. Gloves 13. Dect phor	eter and urine bag			
Anesthetist	 Arrive after the call from PACU and receive briefing from obstetrician, to start managing the patient in accordance to patient's condition. 			14. Medical re		rd, obstetric record, Consent form x C/S, baby		

		,	-				
Department: Scenario Title:	Anaesthesia & OT Services and Obstetrics & Gynaecology Eclamptic fit in PACU	-		Possible Scen	ario Flow:		
Author:	Dr. Menelik Lee (RS/O&G/QEH) and Dr. Teresa Ma (CON/O&G/QEH)	-		Time	Scenario/Problem	Action E	spected
Last Updated:	1-6-2013			0-3min	Sequence 1:	1 Midwives on scene	O2 PR chark
Background of t F/30, Para 0. Ant proteinuria. Indu uterine contracti Emergency LSCS BP remained ~1- Learning Object To demonstrate t Importance « the significar the function	Background of the scenario: F/30, Para 0. Antenatal course uneventful. proteinuria. Induction of labour at 41 wee uterine contraction for 10 hours. BP ~ 14. Emergency LSCS done for failed induction BP remained ~140/90 during OT.	eks for past 5/92 mmH	-term. Cerv g before C/	/ix rem/ S, trace	ained 2F despite adec e proteinuria, asympto	quate omatic.	osition, call for help , OBS doctor and rareness, unication, on making etc BP 160/110 , decision making, ized communication
<u>Sequence 2:</u> Team briefings, de <u>Sequence 3:</u>	ess, standardized communication, assertiveness, decision making. cision making, teamwork and leadership, standardized communication. ision making, standardized communication, team debriefings	•	•	7-9min	 Sequence 3: OBS Doctor arrived, briefing by the midwife, take over the case, give drug and order investigation (Anaes not immediately available), BP 160/110 when no meds given. 150/90 after meds given 	etc • CRM: team briefing	ation, bloods, drugs, , decision making, ership, <i>s</i> tandardized
Roles: Participants 1 midwife 2 PACU nurse 1 obstetrician 1 anaesthetist	s			10-12min	 Sequence 4: Anaesthetist arrived, briefing by obstetrician, support airway and give appropriate management 	take over the leade ABC, support airwa consult ICU CRM: team briefing standardized comm debriefing	y , decision making,
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Midwife 1 :	To care the Patient who is resting in PACU after C/S.			5. Infusion p 6. IV fluid 7. Patient ID	oump		
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earning Objecti o demonstrate t	To demonstrate the						ation, etc BP 160/110 riefing, decision making, andardized communication
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<u>equence 3:</u> eam briefing, de	Situational awareness, standardized commu	unication,	assertiveness,	, deci	sion making.		
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1 obstetrician 1 anaesthetis	Sequence 3:						communication, team
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Case Briefing for E F/ 30	ach Role:		Bp 1	60/110			
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3P remained ~140/90 durin			convulsion.		-
Learning Objectives: To demonstrate the Importance of commun the significance of team the function of briefing	n work and leadership	4-6min	Sequence 2: • 2 PACU nurse arrived first, communicated and assisted the midwives to continue care and resuscitate the client		n, etc BP 160/110 ng, decision making, rdized communication
Sequence 1: Situational awareness, stand	dardized communication, assertiveness, decision making.	7-9min	 Sequence 3: OBS Doctor arrived, briefing by 	 con't ABC, exami etc 	nation, bloods, drugs,
Sequence 3: Team briefing, decision Roles: 2 PACU nurses 1 midwife 2 PACU nurses 1 obstetrician 1 anaesthetist Simulation team Facilitator Case Briefing for Each 6 farilial history of hype	Roles: Participants 1 midwife 2 PACU nurses 1 obstetrician 1 anaesthetist Simulation team Facilitator rension, yet antennal BF was normal, no proteinura ordered for 41 weeks past term, Cervix remained at 2F despite Uterine	1. OI bed 2. Transport	monitor (central monitor)		decision making, srship, standardized ship mode, con't decision making, unication, team seralized tonic-cloni
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¹¹ : nurses 2 PACU nurses	Arrive upon the request	Arrive upon the request for assistance by the midwife					
tist Obstetrician	• Arrive after the call from	Arrive after the call from PACU					
Anesthetist	Arrive after the call from obstetrician, to start mar condition.		0	atient's			

CRM

Hospital Authority

BOOK 2 SCENARIO PRACTICE

	hesia & OT Services and Obstetrics & otic fit in PACU	Gynaecology		Possible Scenario F	low:	
	enelik Lee (RS/O&G/QEH) and Dr. Te	Possible Scen	ario Flow:		T	
	irse uneventful. Family history of hyp	Time	Scenar	io/Problem	Action Expected	
 F/30, Para 0. Antenatal course uneventful. Family history of hy; proteinuria. Induction of labour at 41 weeks for past-term. Cenuterine contraction for 10 hours. BP ~ 145/92 mmHg before C Emergency LSCS done for failed induction, under SA and C/S u BP remained ~140/90 during OT. Learning Objectives: To demonstrate the Importance of communication skills the significance of team work and leadership the function of briefing and debriefing Sequence 1: Stuational awareness, standardized communication, assertiver Sequence 2: Team briefings, decision making, teamwork and leadership, sta Sequence 3: Team briefing, decision making, standardized communication, Roles: Participants I midwife 2 PACU nurses I obstetrician I anaesthetist 		0-3min	 -3min Sequence 1: Patient resting in PACU after C/S, cared by midwife. Conscious and alert, a little bit of headache. Developed generalized tonic-clonic convulsion after C/S, last for 20 seconds. Drowsy after convulsion. 		 1 Midwives on scene, O2, BP check 160/110, recovery position, call for help from nurse in PACU, OBS doctor and anaesthetist CRM: situational awareness, standardized communication, assertiveness, decision making 	
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Simulation team • Facilitator Case Briefing for Each Role: • F/30 • G1P1 • familial history of hypertension, yet antennal BP was norm: • Induction of labor was ordered for 41 weeks past term, Cercontraction for 10 hours, trace proteinuria • Emergency C/S under SA done, blood lost 500ml Midwife 1 : • To care the Patient who is res 2 PACU nurses • Arrive upon the request for a		7-9min	the midwife, give drug and (Anaes not in	arrived, briefing by take over the case, d order investigation nmediately available), when no meds given. meds given	 con't ABC, examination, bloods, drugs, etc CRM: team briefing, decision making, teamwork and leadership, standardized communication 	
Dbstetrician • Arrive after the call from PAC Anesthetist • Arrive after the call from PAC obstetrician, to start managin		obstetrician,	arrived, briefing by support airway and iate management	 take over the leadership mode, con't ABC, support airway consult ICU CRM: team briefing, decision making, standardized communication, team debriefing 		

Department: Anaesthesia & OT Services and Obstetrics &	Gynaecology		Possible Sce	nario Flow:	
Scenario Title: Eclamptic fit in PACU Author: Dr. Menelik Lee (RS/O&G/QEH) and Dr. Ten	sea Ma (CON/O&G/OEH)		Time	Scenario/Problem	Action Expected
Last Updated: 1-6-2013 Background of the scenario: F/30, Para 0. Antenatal course uneventful. Family history of hypp proteinuria. Induction of labour at 41 weeks for past-term. Cervu terine contraction for 10 hours. BP ~ 145/92 mmHg before C/S Emergency LSCS done for failed induction, under SA and C/S ur	ertension. Antenatal BP normal, no x remained 2F despite adequate ; trace proteinuria, asymptomatic.		0-3min	 Sequence 1: Patient resting in PACU after C/S, cared by midwife. Conscious and alert, a little bit of headache. Developed generalized tonic-clonic convulsion after C/S, last for 20 seconds. Drowsy after convulsion. 	 1 Midwives on scene, O2, BP check 160/110, recovery position, call for help from nurse in PACU, OBS doctor and anaesthetist CRM: situational awareness, standardized communication, assertiveness, decision making
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Sequence 3: Team briefing, decision making, standardized communication, *				BP 160/110 when no meds given.	communication
Roles:	Simulator Set up:				
Participants • 1 midwife • 2 PACU nurses • 1 obstetrician • 1 anaesthetist	F/30 mother in PACU, comp convulsion for 20 secs, then Bp 160/110			· ·	ed generalized tonic-clonic
• Facilitator	F	4 6 a 4 1 Jan			
Case Briefing for Each Role: • F/ 30 • G1P1 • familial history of hypertension, yet antennal BP was norm • Induction of labor was ordered for 41 weeks past term, Cer contraction for 10 hours, trace proteinuria • Emergency C/S under SA done, blood lost 500ml	 Environment and Equipmen OT bed Transport monitor (centrication) Blood-taking trolley Drip stand x 2 	•			
Midwife 1 : • To care the Patient who is res	5. Infusion pump				
2 PACU nurses • Arrive upon the request for as	 IV fluid Patient ID bracelet 				
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	14. Medical record containi chart, I/O chart, plain Cl	0	labor r	ecord, obstetric record,	Consent form x C/S, baby





CRM

Debriefing Notes: <u>CRM</u> 1. Communication 2. Teamwork 3. Leadership

Debriefing Notes:

CRM

- 1. Communication
- 2. Teamwork
- 3. Leadership
- 4. Team debriefing

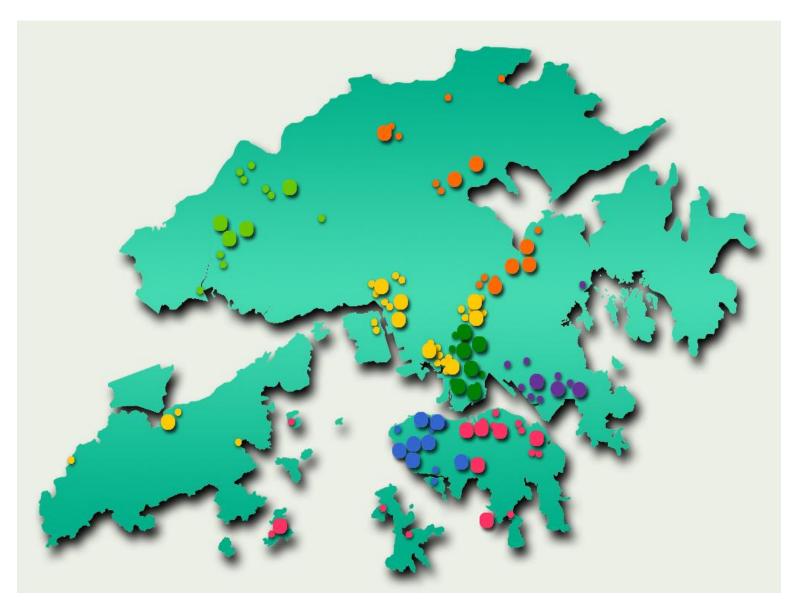
Sample debriefing Questions

- What went well/not so well?
- What/how can we improve?
- Did we have the right tools?
- Ask for questions/concerns





Plans







Acknowledgement

- CCEs (HKEC, KCC, NTWC)
- HAHO (MG)
- Simulation Training Committee
- CRM Steering Committee
- Team-based Simulation QA Group
- CRM Working Group
- CRM Training Materials Editorial board





Thank you

See you in CRM training!

HA Convention 2014