



Service Priorities and Programmes
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Submitting author: Mr Chun Kit Jacky Chan

Post title: Registered Nurse, Ruttonjee & Tang Shiu Kin Hospitals,

Qualitative research on debriefing model to enhance the efficiency of the disaster simulation and teamwork training

*Jacky Chan¹, Dr PG Kan^{1 2}, Dr YT Wong^{1 2}, Dr Ben Wan^{1 2}, Canne Yu^{1 2}
¹ Accident & Emergency Training Centre, Tang Shiu Kin Hospital ² Accident & Emergency Department, Ruttonjee Hospital*

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Introduction

Debriefing after a simulation scenario is the most important part of learning through self reflection and discussion. Highly affective and behavioral learning occurs during simulation, particularly when debriefing is structured (Petranek et al., 1992). There are lots of debriefing model which are suitable for individual small group but there is no specific structured model for disaster training with a large group of people in different roles.

Objectives

To explore the possible debriefing model for disaster simulation in order to enhance the efficiency of disaster training for HA colleagues.

Methodology

It was an observational design with convenience sampling of students who participated in the virtual reality disaster simulation workshop in Accident & Emergency Training Centre, TSKH on 10 Sep 2013. Operation of the ISEE and XVR simulation software was covered in the morning session. In the afternoon session, the participants were randomly assigned in different roles, namely Fire Service Control Centre (FSCC), Medical Control Office (MCO), Ambulance Incident Office (AIO), Major Incident Command Centre (MICC) and Emergency Medical Team (EMT) which includes emergency doctors and nurses. After a 30-minute traffic accident disaster simulation, there was a focus group open-ended debriefing. The content was transcript from audio record, following with coding, analyst triangulation, and analysis by grounded theory approach.

Result

A total of 14 people included 5 emergency nurses and 9 first aid volunteers had participated in and completed 3 scenarios and 3 debriefings in the afternoon. The questions and discussion content were coded and grouped into two themes: micro level - performance of the roles; intra-hospital communication, such as between ICU

and A&E within the same hospital; communication between the doctors and nurses of EMT. The mean duration was 9.3 minutes, S.D. 2.52; macro level - inter-department or unit between MCO and HADO; MCO and EMT; MCO and AIO; AIO and FSCC; HADO and hospitals. It varied from 10 minutes to 22 minutes in this study, mean 15.67 minutes, S.D. 6.02. Conclusion: The pattern of disaster simulation debriefing was systematically observed. By using the Micro-Macro disaster debriefing model to structure the debriefing, students were able to use the cognitive critical thinking strategies of organization, evaluation, analysis and summarization of the disaster simulation training within a short period of time (e.g. 30 minutes) and enhanced the efficiency of training for emergency doctors and nurses in Hospital Authority. A large scale of prospective quantitative research is required for validating this debriefing model.