

SAAS MedSTAR and being a Simulation Fellow

Dr Jennifer Cade BMBS FRCA





The v
facility
team



Reply



“Simulation is a technique– not a technology– to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner”

David M Gaba, 2004

Why Simulation?

- Repeatable & standardized
- Safe
- Improved translational outcomes
- Better knowledge retention
- Interprofessional
 - Variable complexity
- Debriefing

SAAS MedSTAR Retrievals

	2011-12	2012-13	2013-14
Inter-hospital transfer - rural hospital / med. centre	979	889	966
Inter-hospital transfer - metro public hospital	598	485	445
Primary retrieval to scene	348	314	260
Back Transfer	302	296	216
Other / Not set	76	94	119
Interstate	101	102	99
Inter-hospital transfer - metro private hospital	76	89	96
RFDS RN Rendezvous	33	19	19
Ambulance rendezvous en-route	21	17	19
LMO rendezvous en-route	1	2	4
Nurse led retrieval	0	0	12
International	1	0	0

SAAS MedSTAR Annual Report 2013 - 2014

EMET Program

- Emergency medicine training for hospitals not staffed by FACEM
- Site specific
- MDT
 - All first responders
- Regional, remote and rural



South Australia



ASGC Remoteness Areas				
Major Cities RA1	Inner Regional RA2	Outer Regional RA3	Remote RA4	Very Remote RA5

- Remoteness Areas
- Very Remote Australia
 - Remote Australia
 - Outer Regional Australia
 - Inner Regional Australia
 - Major Cities of Australia

EMET SA

- Partnership between University of Adelaide and QEH (EMET hub)
- University educational infrastructure
- Local GP medical educators
- Site specific
- 2 workshops, 6 monthly intervals
- FACEM + sim staff

The Workshop

- Interactive tutorials
 - Airway, access, chest drains
 - ALS, cardioversion, pacing
 - Immobilization
- Scenarios: manikin and SPs
 - Medical
 - Trauma
 - Obs
 - Paeds



Learning Outcomes

- Primary Survey
- Structured approach to emergency procedures
 - Within scope of practice
- Handover to retrieval team
- Active participation
- Emphasis on MDT
 - Patient journey



Team Training

- Situational awareness
- Leadership
 - Followership
- Communication
- Empowerment
- Understanding

Feedback

“Great update, very focused on my needs...” GP

“Simulations met the needs required & involved all parties...” RN

“Relevant scenarios, and now I feel I could assist if needed...” RN

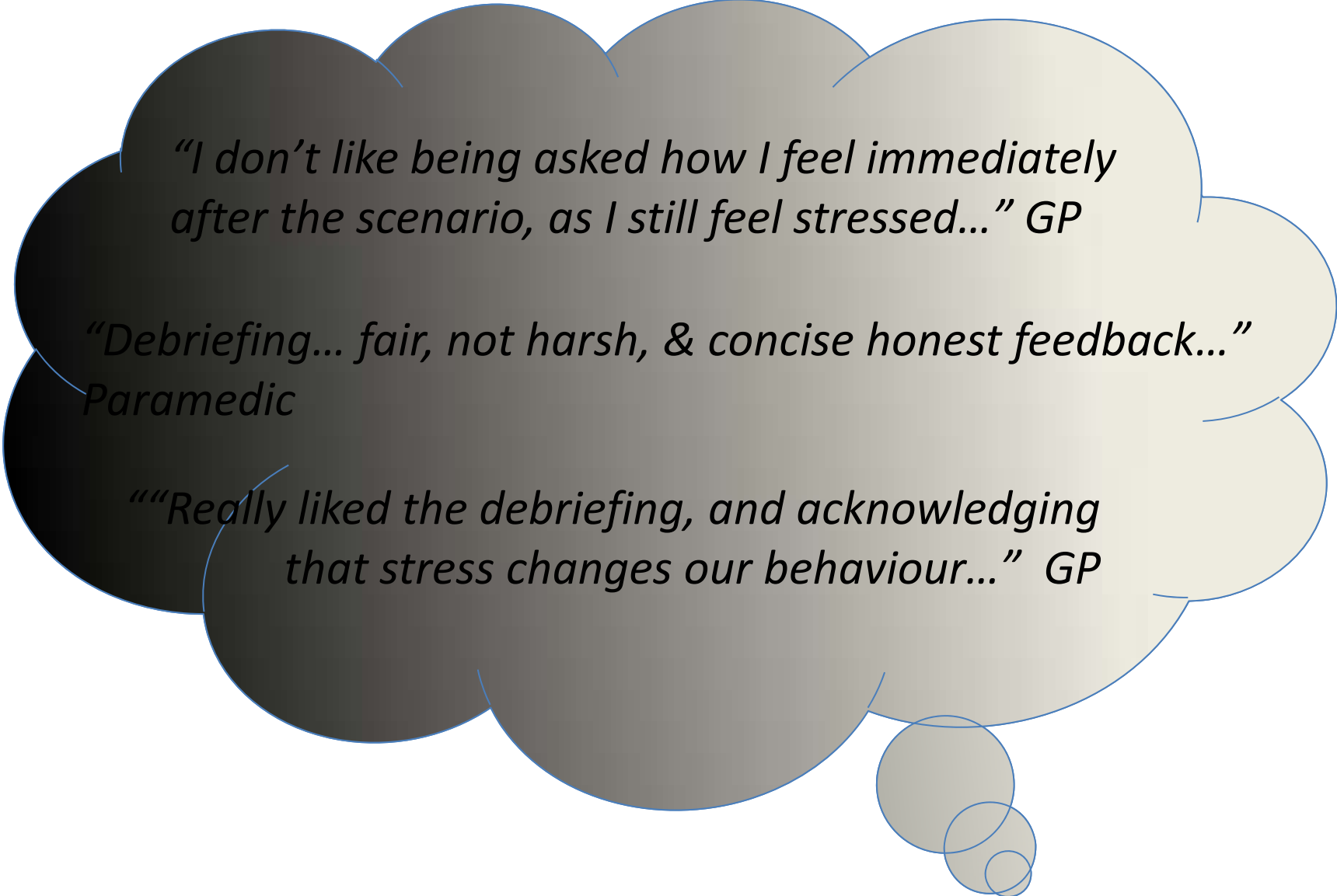
“Really helpful to put uncommon situations into practice...” RN

“It would be great to do this on a more regular basis...” RN

“Good to work with RNs and Paramedics...” GP

“I really appreciated the cross-discipline nature of the Simulations...” Paramedic

“Appropriately challenged outside comfort zone...” Paramedic



“I don’t like being asked how I feel immediately after the scenario, as I still feel stressed...” GP

“Debriefing... fair, not harsh, & concise honest feedback...”
Paramedic

“Really liked the debriefing, and acknowledging that stress changes our behaviour...” GP

Evaluation and Looking ahead

- Renewed funding 2016
 - Respiratory and cardiac pathologies
 - Environmental trauma
 - Substance abuse and overdose
- Telephone follow-up
- Outcome measures
- Teamwork!

“I hear and I forget. I see and I remember. I do and I understand”

-Confucius

References

- SAAS MedSTAR Annual Report 2013-2014
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- 'A healthier future for all Australians', *Nat. Health and Hospitals Reform Commission* Final Report, Jun 2009
- 'Does Simulation-based education with Direct Practice yield better results than traditional Clinical Education?', *McGaghie, Issenberg et al.*, *Academic Medicine*, 2011; 86:706-711
- 'Team-training in healthcare: a Narrative synthesis of the literature', *Weaver SJ et al*, *BMJ Qual Saf* 2014; 23:359-372

