IMMERSIVE, CROSS-DEPARTMENTAL SIMULATION – MAPPING EMERGENCY OBSTETRIC CARE FROM ADMISSION TO DELIVERY

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Background: 'Translational' simulation activities are effective at improving patient safety when directed towards a specific patient journey [1]. North Bristol NHS Trust cares for around 6,000 obstetric patients per annum, with around 1,000 infants delivered by unplanned caesarean section each year. The in-situ simulation presented here facilitated an in-depth exploration of our cross-departmental response to a hypertensive pregnant patient presenting to the Emergency Department (ED). Severe pre-eclampsia in a preterm patient is a complex clinical scenario which, akin to previous successes seen with trauma care, may benefit from simulation focused on teamwork behaviours. The potential for benefit was optimised by application of the ASPiH Standards for Simulation-Based Education [2].

Methods: The aim of the simulation was to prospectively identify latent safety threats to emergency obstetric care in patients presenting to the Emergency Department at Southmead Hospital. An in-situ simulation was conducted to simulate a pre-term woman presenting with pre-eclampsia and reduced conscious level. The high-fidelity scenario involved collaboration from 28 staff in emergency medicine, radiology, obstetrics, neonatal medicine, anaesthetics, and theatres as the patient journey evolved, ending in emergency caesarean section in the non-obstetric emergency theatre complex. Members of the expert panel acted as passive observers to record an accurate log of events during the scenario. A formal debriefing was conducted at the conclusion of the simulation where participants were invited to discuss potential hazards arising from the scenario. Failure modes and effects analysis was employed to assess the identified latent risks [3].

Results: Ten latent safety threats were identified from the simulation. These were stratified according to severity and action plans were agreed to address them. Cross-departmental changes are being instigated and tested. These include amendments to emergency grab-bags, implementation of site-wide tools for location mapping in clinical emergencies, wider availability of the obstetric WHO checklist in emergency theatres, and clarification on the availability of blood for neonatal transfusion in non-obstetric theatres.

Conclusion: This immersive scenario engaged clinical teams from a number of specialities and clinical areas across the hospital. Reflecting a real-life patient journey allowed for a rich and nuanced understanding of the response to an evolving emergency scenario. Cross-departmental collaboration in simulation-based training can be effective in assessing latent safety threats, particularly where staff operate in unfamiliar environments. Through carefully conducted debriefing, task allocation and follow-up, it is possible to diagnose and treat a broad range of latent threats to workflow, systems and processes.

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DOES ADOPTING THE ROLE OF THE PATIENT PROMOTE POSITIVE CHANGES IN STUDENT EMPATHY, COMPASSION, AND COMMUNICATION SKILLS?

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Background: Simulation-based education is frequently used to develop empathic behaviours in medical and nursing students [1] however to our knowledge, there is no previous literature that develops such behaviours by allowing students to adopt the role of simulated patient as they are admitted acutely to hospital. The aim of our project was to explore changes in empathy, compassion, and communication styles by asking students to adopt the role of the simulated patient during the undergraduate multidisciplinary simulation.

Methods: Undergraduate final and penultimate year medical and nursing students who were undertaking their emergency medicine rotations were asked to participate. The simulation was delivered every 5 weeks, with one student adopting the role of the patient during the scenario. Two other students involved in the scenario adopted the role of the nurse and physician respectively. Data was collected via questionnaires and focus groups which were conducted immediately following the simulation. Questionnaires asked students to rank their agreement to several statements relating to improvements in empathy, compassion, and communication skills using a 1–5 ranking system, with 1 strongly disagreeing and 5 strongly agreeing. Focus groups were used to explore student opinions with the data transcribed and analysed into themes.

Results: 61 undergraduate students have participated thus far. 95% of participants agreed that adopting the role of patient provided them with a greater insight into the patient journey through the emergency department. 91% of participants agreed that they felt more empathy towards patients admitted acutely to hospital. Analysis of qualitative data shows improved empathy, compassion, teamwork, and communication with patients and colleagues within the multidisciplinary team. Students also developed a greater insight into how the unfamiliar hospital environment, lack of visitors, and COVID-19 precautions can negatively impact the patient's journey. Finally, all students commented on how this simulation will positively influence their future practice.

Conclusion: Providing students with the opportunity to adopt the patient's role has been shown to positively influence their empathy, compassion, teamwork, and communication skills. Future work will focus on whether these changes have been sustained and incorporated into clinical practice.