

Simulation for Success



EASCARE
Ambulance Service

Outline:

- About our program
- Assessment of training needs
- Development of syllabus
- Use of Simulation
- Review of Scenarios
- Review of Skills Stations

Our Program:

- CCA Model of Care
 - Primary care in the home
 - Dual Eligible complex patients
 - Quadriplegia
 - Home Ventilator
 - Muscular Dystrophy
 - Dual Diagnosis: Behavioral
- Payer and Provider system
 - Supplemental resources to PCP

Our Program:

- Supplementing existing care model
 - Gap analysis and needs assessment
 - Many patients do NOT want trip to ED
 - They wait too long to call for help
 - Fear of admission to hospital
 - Long wait time in ED
 - Unnecessary care delivery
 - Eliminating potential for redundant resources
 - Additional resources for delivery of in home care
 - 18:00 to 06:00 daily

Assessment of Training Needs:

- “One Size Does Not Fit All”
- Existing training modules
 - Provides the fundamentals of Community Paramedicine
 - Each ACP program has unique aspects to train
 - Core Competency based upon program

Training Syllabus:

- How do we prove competency?
 - First step was creating core competency
 - Next step was education syllabus
 - Designed around core competency
 - Unique to each program
 - Subject matter experts provide education
 - Lastly establish proof of competency
 - How do we test the ACP?

Use of Simulation:

- Scenarios based on competency
 - Allows for customized scenarios
 - Can be unique to each program
 - Or, based upon excepted standards
- Elevates ACP's to new standard
 - Dynamic interaction
 - Evaluations from Multiple disciplines

Designing Simulation

- Needs assessment
- Goals and Objectives
- Core Competencies
- Organization of the program
- Scenario design
- The Debrief

Needs Assessment:

- Administer the Final Assessment at completion of the education series
- Functions to be provided in home:
 - iStat & culture sample acquisitions
 - Tracheostomy Care
 - IV & IM Medication administration
 - IV placement with ultrasound
 - EOL Care
 - Behavioral Health needs assessment

How will simulation address these needs?

- Clinical:
 - Demonstrate effective communication skills
- Workflow productivity:
 - Implement care plans
- Cost Savings:
 - Create cost savings through appropriate triage and care in the home environment

Program Goals & Objectives:

“Through collaboration with on-call clinicians, the learner will make decisions on suitability of home-based care versus hospital transfer after carrying out an appropriate investigation within the home environment.”

Program Goals & Objectives:

- Learner will perform complete focused clinical evaluation for patients complaint (core).
- Learner will recognize red flag clinical signs/symptoms (core)
- Learner will communicate clearly with the on-call clinician (core)
- Learner will demonstrate case specific skills
- Learner will communicate effectively the treatment plan with the patient and caregiver (core)

Core Competencies:

1. Effective communications among all caregivers.
2. Current, evidence-based practice for illness and injuries relevant to Boston Medical Center (BMC) patient populations, presented in consistent, reproducible and standardized scenarios.
3. Team training and crisis resource management (CRM) skills for all levels of caregivers.

Organization of Program:

- Length of Program: 6 hours (4 simulations 2 skills)
- Expected number of sessions: 4
- Number of sessions to be run at the same time: 1
- Number of instructors required to run each session (aim for <10:1): 2-4
- Maximum number of participants per session: 1

Stable Patient Scenario:

- The learner will recognize signs and symptoms of UTI
- The learner will demonstrate process for obtaining samples for urinalysis/urine dipstick
- The learner will interpret findings from urinalysis and urine dipstick
- The learner will demonstrate process for obtaining iStat panel
- The learner will interpret the CMP
- The learner will demonstrate preparation and administration of medications via appropriate route
- The learner will demonstrate process for obtaining IV access
- The learner will demonstrate effective post treatment counseling with patient and family about clinical red flags, signs and symptoms for further treatment



Stable Patient: Debrief

- **Critical Actions:**
 - Perform a complete, focused clinical evaluation for the patient's complaint (core)
 - Elicit and recognize absence red flag clinical signs / symptoms i.e. recognize patient is stable (core)
 - Recognize signs / symptoms of UTI
 - Contact clinician on call
 - Provide appropriate post-treatment counseling, including advice about red flags, sign/symptoms that would warrant further evaluation

Unstable Patient Scenario:

- The learner will recognize signs of acute hemodynamic instability (core)
- The learner will initiate Advanced Life Support and activate Emergency Services (911)
- The learner will communicate effectively with on-call clinician and family once patient is clinically stable

Unstable Patient: Debrief

- **Clinical Actions:**
 - Performs a complete, focused clinical evaluation for the patient's condition (core)
 - Elicits and recognizes red flag clinical signs/symptoms (core)
 - Stabilizes with oxygen, possibly IV access
 - Calls 911
 - Communicates clear patient hand-off to EMS crew
 - Calls on call clinician

Anxious Patient Scenario:

- Perform a complete, focused clinical evaluation for the patient's complaint (core)
- Elicit and recognize red flag clinical signs/symptoms (core)
- Implement a mutually agreed upon treatment plan on-site or initiate transfer to a clinical facility (core).
- Communicate clearly with the on-call clinician (core)
- Communicate compassionately and clearly with the patient and their caregiver(s) (core)
- Distinguish symptoms/signs of anxiety/panic from organic causes
- Communicate sensitively and with empathy
- Provide limited behavioral health interventions and appropriate follow up planning.

Anxious Patient: Debrief



Anxious Patient: Debrief

- **Clinical Actions**
 - Performs a limited, focused physical assessment
 - Establishes that illness is not organic
 - Establishes that patient is not a suicide risk or ingestion
 - Calls clinician on call

End of Life Scenario:

- The learner will demonstrate knowledge of common symptoms presented by patients during the dying process
- The learner will demonstrate knowledge of the medications contained in the comfort kit
- The learner will demonstrate ability to safely and appropriately administer the medications in the comfort care kit.
- The learner will communicate compassionately and sensitively with families and caregivers around the end of life care.

End of Life: Debrief

- Performs compassionate, limited physical exam
- Communicate to family about symptoms
- Contacts on call clinician

Skills Evaluation:

- **Standardize testing for the follow skills:**
 - IV Catheter placement for Blood Culture draw
 - Ultrasound guided as necessary
 - Urine Culture acquisition
 - Tracheostomy suctioning
 - Suprapubic catheter care



Post Evaluation Survey:

- All ACP's felt that this was beneficial experience
- All ACP's agreed that the debrief was beneficial
- All ACP's agreed that the Standardized Patient scenarios were more beneficial over the manikins
- One ACP did not feel that this experience would change his clinical practice.

Value of Simulation Testing:

- All ACP's agreed that they felt prepared for their new role
- 9 months out, no remediation training has been required
- Clinicians played an active role in the evaluation of skills
 - Buy in of clinicians
 - Relationship development with ACP's
- Overall increased comfort level for all