High Fidelity Simulation Training in End of Life Care; One Chance to Get It Right

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30th March 2017
What is it?

High Fidelity Full Immersion Simulation

Multi-professional

Human Factors

Pre- and Post-course questionnaires
What makes simulation different?

1. Key roles of the manikin and professional actor
2. The utility of observations
3. Facilitated debriefing
4. Learning from use of the ‘technical’ within debrief
5. Team-working with simulation faculty
6. Caring for the candidates – wide mix of communication skills
7. Dynamic & flexible course by course
Simulation Centre

Main simulation Room with manikins

A “home corner” for community scenarios

Group observation and Debrief room

Control Room
How we started
Simulation training for EOLC

1. GSTT SAIL – Hub and Spoke for EOLC Simulation 1 Day Course 2014

2. Liaison with GSTT SAIL was successful

3. Simulation team won further HESL funding until March 2016

4. Now an embedded part of our simulation training in the Trust

5. We have continued to adapt and expand the course in response to feedback from faculty and delegates

6. We are now delivering a bespoke course in EOLC Simulation for GPs
What we actually do
Course Design: Introduction to Simulation

Safe learning environment
Observational learning
Challenge in supportive environment
Having fun!

End of Life Care course
One Chance to Get it Right
Free one day multi-professional course

High fidelity simulation exploring human factors and priorities for care of the dying person. This simulation course aims to increase the knowledge, skills and confidence of health professionals in difficult decision making and communication surrounding end of life care. Open to health professionals working in areas that frequently deal with end of life care in both community and hospital settings including consultants, trainees, trust grade doctors, nurses and allied health professionals, GPs and GPVTs.

Upcoming dates:
- Wednesday 30 September 2015
- Wednesday 4 November 2015
- Monday 30 November 2015
- Monday 8 February 2016
- Monday 7 March 2016

This is a fully catered course and lunch will be provided. Book your place by email at simulation@esth.nhs.uk
Typical Faculty

Debriefer One

Debriefer Two - Palliative Medicine consultant

SimMan Flyer

Actor

Faculty plant in role (HCA, Nurse, etc)

Patient Voice (for manikin)

Phone ‘Switchboard’ / ‘Senior Advice’
The delegates

Consultants, STs, CTs, FYs, Band 5+ Nurses, AHP, GPs, GPVTS

Working in areas that frequently deal with end of life care
Course Design: Five EOL Scenarios

1. End of Life Care in Hospital
2. Patient autonomy – declining treatment
3. Cultural issues and difficult emotions
4. Patient’s preferred place for EOL
5. Care after death
Example – Care after death

One Chance to Get it Right
Simulation Scenario 5 – After Death Care in Hospital

<table>
<thead>
<tr>
<th>Course / Curriculum</th>
<th>Faculty</th>
<th>Target Delegates</th>
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</thead>
<tbody>
<tr>
<td>One Chance to Get it Right</td>
<td></td>
<td>Consultancy: 5-15+, brand 6+ nurses and allied health professionals, GP’s and 3rd year GPVEs working in areas that frequently deal with end of life care.</td>
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<table>
<thead>
<tr>
<th>Scenario name</th>
<th>Group Size</th>
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<tbody>
<tr>
<td>Scenario 5: After Death Care in Hospital</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>Patients Name: Alfred May</th>
<th>Patients Age: 84 years old</th>
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<tbody>
<tr>
<td>Major Problem</td>
<td>End stage dementia, aspiration pneumonia, terminal stage</td>
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<tr>
<td>Learning Goals</td>
<td>1. After death care in hospital, practical issues, importance in total EOLC. 2. Communication with NOK</td>
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<table>
<thead>
<tr>
<th>Suggested NTS / Technical</th>
<th>Last Office</th>
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<tbody>
<tr>
<td>Care after death booklet</td>
<td></td>
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<tr>
<td>Accurate information about contacting (not going to bereavement office)</td>
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<tr>
<td>Viewing the body</td>
<td></td>
</tr>
<tr>
<td>Proper care for transport to mortuary (when body bag required etc)</td>
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<tr>
<td>Chaplaincy</td>
<td></td>
</tr>
<tr>
<td>Contacting GP</td>
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| Narrative Description | |
|-----------------------| |
| It is 2100 on a weekday on the COTE Ward. Alfred May is an 84 yo gentleman with end stage dementia who has been an inpatient for 5 days, having been admitted from a nursing home. He has an aspiration pneumonia which has not responded to IV antibiotics and his condition has been steadily deteriorating. His daughter, Helen Pope, has just been called as there has been a further change and as she arrives on the ward he has just died. The clinical staff need to explain that Alfred has died and explain what will happen next. Helen is appropriately sad but wants to know practical details about what will happen and what she needs to do now. |

| Staffing | |
|-----------------------| |
| Faculty Control Room: | |
| 1 x technician | |
| 1 x debrief | |
| Faculty Role Players: | |
| 1 x actor (daughter) | |
| 1 x newly qualified staff nurse (plant) | |

| Candidates | |
|-----------------------| |
| 2 x Nurse | |
| OR | |
| 1 x Nurse | |
| 1 x Doctor | |
Example – Care after death

It’s 9pm on a weekday in the hospital.

Alfred May is an 84 year old man with end-stage dementia and an aspiration pneumonia.

His daughter Helen was called as his condition deteriorated and as she arrives on the ward, he has just died.

The clinical staff need to explain that Alfred has died and explain what will happen next.

Helen is sad but wants to know practical details about what will happen and what she needs to do now.
Course Design: The debrief

Description
- Situate the debrief in the shared and meaningful activity that occurred.
- Keep the focus dispassionate—discuss what happened but avoid focusing on emotions.
- Listen for emotional responses but resist the temptation to discuss emotions.
- Make sure everyone shares the same understanding of what happened (share the mental model).

Analysis
- Spend most of your time in Analysis.
- Deconstruct behavior into specific actions, and explore what happened in detail.
- Ask about affective responses and validate them.
- Analyze and interpret the activity by applying appropriate frameworks or lenses (such as non-technical skills, or the clinical context surrounding the scenario).
- Keep the discussion positive, and avoid the temptation to focus on “strengths and weaknesses”.
- Reflect responses back, allowing participants to amend or augment.

Application
- Focus on moving from the specifics of the scenario to the more general world of practice.
- Break behaviors down into specific actions.
- Explore other kinds of situations that these might apply to.
- Ask what participants will do differently in their practice.
What makes SIM different in EOLC

‘One thing that you find difficult in EOL situations’

Learning from use of the ‘technical’ within debrief – time with a palliative medicine consultant

Shared learning: ‘How do we cope with a relative’s anger?’

Practical, shared experience in a supportive environment

Dynamic & flexible course by course – including new scenarios
Is it successful?
How our success is measured

Evaluation forms

Verbal feedback

‘Word of Mouth’ new delegates

- Hospital clinicians and community GPs
- Attracts people who might not attend a ‘communication skills’ study day
How our success is measured

I feel confident to communicate with a person with advancing illness who says to me 'I can see no meaning in life'

I am confident about helping people with the common symptoms they may experience at the end of life
How our success is measured
Join our pursuit to put the Patient First!
Be an #esthchampion and join our dedicated patient programme. You’ll get all the latest news and exclusive invitations to special events, so sign up at epsom-sthelier.nhs.uk/patientfirst or call 020 8296 4996

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