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Applying Best Practice in Simulation: Critical Care Response Team Training

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KEYWORDS

simulation;
critical care response
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prebriefing;
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respiratory therapist

Abstract

Background: The Province of Ontario selected a secondary care hospital to receive funding to pilot a nurse-led Critical Care Response Team (CCRT). In response, a community college simulation lab was asked to provide the setting and expertise for the simulation portion of the training.

Method: Participants, course instructors, and hospital management were consulted to discover how the academic setting and its implementation of International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: SimulationSM impacted the training.

Results: Simulation specialists noted that the use of International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: SimulationSM helped provide the safe learning environment required to support the training. Hospital staff had limited access to simulation resources or experience; so, the use of an academic setting was beneficial to the completion of the CCRT training.

Conclusions: The hospital reported CCRT was a success in reducing intensive care unit admissions.

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In 2014, a secondary care hospital was one of ten sites selected by the Province of Ontario to receive funding to pilot a nurse-led Critical Care Response Team (CCRT) program. The program is one of seven initiatives outlined in the Ministry of Health and Long-Term Care's renewed Critical Care Strategy. The overall realization of this strategy and its initiatives is the responsibility of [Critical Care Services Ontario \(2015\)](#), whose mandate is to improve access, quality, and integration of critical care services to meet the needs of critically ill patients. The role of the

CCRT is to serve as a resource for hospital staff when a patient exhibits signs and symptoms of deterioration. With the hope of increasing patient safety, the team will bring critical care expertise to the bedside regardless of patient location or time of day. The team consists of a respiratory therapist and a registered nurse and is supported by a critical care physician. Nurses, physicians, or allied health personnel can request a consult from the CCRT.

In 2006, The Royal College of Physicians and Surgeons of Canada implemented a structured CCRT training program designed to provide learning opportunities for experienced critical care staff. The goal was to enhance skills in the management of critical care situations, including assessment

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and triage decision making, through early recognition, and effective team communication. There is both a theoretical and a practical component to the training. The practical component consists of three modules, each with two cases/scenarios. Specific theoretical prerequisites (such as airway, breathing,

circulation, and communication/ethics modules) must be completed by participants prior to engaging in the practical simulation component. The hospital purchased this training program in early 2015 with the expectation that the first CCRTs would be operational by fall of the same year. The hospital had recently purchased a high-fidelity simulator. However, the required training was not feasible in the hospital setting, as they had not yet trained staff to execute the simulated scenarios or to properly prepare participants for simulation learning. The local community college—recognized provincially, nationally, and internationally for its technical advances, equipment, and staff proficiency in human simulation education—was approached to facilitate a safe simulation-learning environment.

Throughout the summer of 2015, 24 critical care staff attended the college campus to participate in the simulation-based component of the CCRT training. They requested a high-fidelity Laerdal simulator; a simulation suite with audiovisual capabilities; and a simulation specialist to install preprogrammed simulation scenarios, provide the realistic setting, deliver the prebriefing, and run the simulations. Seven intensive care unit (ICU) staff were given the opportunity to become certified instructors for this course. They spent four days with a master instructor from The Royal College of Physicians and Surgeons of Canada to gain certification in the course delivery. Those certified instructors became responsible for the CCRT education of the remaining participants. Hospital management encouraged ICU staff to attend the paid training session, but attendance was not mandatory.

The project sought to discover if this academic setting, designed and used for nursing students, would offer the resources and expertise required to suitably execute the simulated crisis scenarios for experienced registered nurses and respiratory therapists. Questionnaires and anecdotal staff reflection, specifically looking at the logistics, operations, safety, and realism of the simulation were used to

evaluate the success of the training location. To evaluate the success of the CCRT training, hospital management tracked outcomes related to intensive care unit admission rates via the Critical Care Information System (CCIS). The CCIS is a vehicle for observing and managing Ontario's critical resources effectively (CCIS, 2016).

Background

According to the [National League for Nursing Simulation Innovation Research Center \(2015\)](#), simulation is “an attempt to mimic essential aspects of a clinical situation with the goal of understanding and managing the situation better when it occurs in actual clinical practice.” This is accomplished by creating an environment that reflects a realistic clinical setting, aided by the use of high-fidelity computerized patient simulators, which in turn provide a raised level of interaction for the learner. According to the National League for Nursing Jeffries' simulation theory, clinical simulations should be authentic and include realistic factors to encourage an immersive environment (Jeffries, 2016).

Planning is vital to the success of simulation implementation. Attention to details such as prebriefing (also known as *briefing* or *simulation orientation*), participant safety, and realism are important. The simulation learning experience must be grounded in a solid (pre) briefing to enhance participation and learning, minimize disengagement and reduce participant defensiveness and resentment during the simulation (Rudolph, Raemer, & Simon, 2014). As the method of simulation may be unknown to the participant, it is up to the facilitators to ensure clarity. In order to maintain excellence in simulation education, the college encourages the application of the [International Nursing Association for Clinical Simulation & Learning \(INACSL\) Standards of Best Practice: SimulationSM \(2016a, 2016b\)](#). As a faculty/staff resource, the College Simulation Committee has articulated their application of these standards into a formal document.

Method

While providing the training opportunity, simulation specialists considered promising practices. In accordance with INACSL Standards of Best Practice: SimulationSM Simulation Design, participants were given a prebriefing. Facilitators gave this briefing immediately before the learning scenario and included an orientation to the simulated environment, an explanation of the simulation-based learning structure, and a review of roles and objectives (2016).

Prior to each scenario-specific prebriefing, the four to six participants were invited into the simulation lab; simulation specialists answered any initial questions. The room was equipped with supplies typically found in a hospital ward room, with a CCRT response cart available at the side of the

Key Points

- Attention to details such as prebriefing (also known as briefing or simulation orientation), participant safety and realism are important.
- While providing the training opportunity, simulation specialists considered promising practices in accordance with INACSL Standards of Best Practice: SimulationSM.
- An academic setting facilitated the successful implementation of the simulation component of Critical Care Response Team training.

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