

The Capital Region of Denmark




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Presentation of the Danish Institute for Medical Simulation (DIMS) Capital Region

2008

www.herlevsimulator.dk

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Where is the institute located?



Copenhagen

Denmark

Herlev University Hospital
Danish Institute for Medical Simulation



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The history behind the Danish Institute for Medical Simulation (DIMS)

- **1991** - The first initiative, development of a Danish Anaesthesia simulator and as "Happy amateurs" we introduced simulation nationwide
- **2001** – DIMS established in the Copenhagen County
- **2007** – DIMS is the main centre for postgraduate training in the Capital Region and moves to the top floor of Herlev University Hospital (the highest building in DK)

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Danish Institute for Medical Simulation

- Increase the quality and safety for patients
- Development of training activities for health professions
- Training programs for the trainers (educators)
- Research and development

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Facts – the team in Danish Institute for Medical Simulation (DIMS)?

A multiprofessional team of

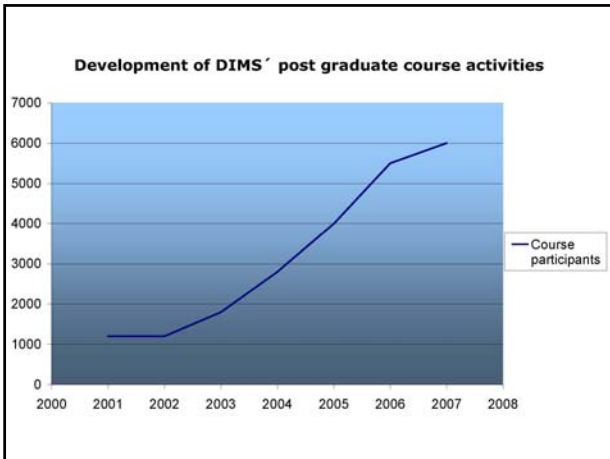
- 5 doctors from different specialities
- 5 nurses from anaesthesia, intensive care medicine, cardiology
- 2 nurse assistants
- 1 psychologist
- 3 secretaries
- 1 technician
- 4 ph.d.students, 1 post doc.
- 25 medical students
- Appr. 200 external educators trained in using simulation as an educational tool

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The facilities of Danish Institute for Medical Simulation (DIMS)



- A total of 2800 m²
- 13 full scale simulation rooms (OR, delivery room, emergency room, medical wards, intensive care suite)
- 7 rooms for debriefing or group discussions
- 4 lecture rooms
- 1 room for drug dispensation and delivery



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Facts - training activities Danish Institute for Medical Simulation (DIMS)

Training of >6.000 health professions pr. year

1. Integration of simulation in local, regional and national mandatory programs for doctors and nurses
2. Postgraduate training of teams

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Integration of simulation in the mandatory regional program for first year doctors

A 4 days emergency course with focus on

- Medical expertise skills
- Team skills

- Cardiac arrest
- The critically ill patient
- Transportation

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Integration of simulation in Specialist training of anaesthesiologists – a national program



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Running a scenario 1

Introduction by the Instructor


The scenario begins

The operator


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Running a scenario 2


A nurse and a junior doctor arrives



The nurse is calling for more help



The senior doctor arrives




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Debriefing


- Reflection and learning
- The facilitator
- Learning objectives
- Structure*:
 - Description phase
 - Analytic phase
 - Application phase

*Steinwachs




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Full scale simulation - benefits



<p>Novice</p> <ul style="list-style-type: none"> The situation can evolve more slowly – time to think Time outs are possible Train in context A link between training and clinical problems Building up competence 	<p>Expert</p> <ul style="list-style-type: none"> Experience with rare critical incidents The possibility to train <ul style="list-style-type: none"> • Problemsolving • Complex decisionmaking • Situation awareness • Use of available resourcer Discussion with peers
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How do we turn a team of experts into an expert team?



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Non technical skills

<ul style="list-style-type: none"> Know the environment Anticipate and plan Distribute workload Mobilize all available resources Use all available information Prevent and manage fixation errors Allocate attention wisely Set priorities dynamically 	<ul style="list-style-type: none"> Communicate effectively Call for help early Exercise leadership and follower ship Distribute the workload Cross (double) check Use cognitive aids Re-evaluate repeatedly Use good team work
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Rall M et al in Miller: Anesthesia 2005

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Team training programs




- The possibility to train
 - complex skills
 - problem-solving
 - complex decision making
- Discussion with peers
- A link between training and clinical problems
- Building up competence
- Train with the "real team" (individual/team learning objectives)
- Integrate in daily practice
- From real team to dream team?

The combination of a simulated patient and part task trainers – the scenario begins



A critical situation handled by the team



The scenario continues in the OR with a mannikin



The critical situation is solved – a baby is born



Microsimulation programs for nurses and doctors - integration at the hospital level

RESPIRATORY	HEART	BREATHING	CIRCULATION	EXAMINE	EXPOSURE
Check intubation	Check arrhythmias	Check breathing	Check pulse	Check skin	Temperature
Ask questions	Check ECG	Stop ventilation	Blood pressure	Examine eyes	
CRITICAL	Check vital signs	Diagnose	ECG	Health care evaluation	MISCELLANEOUS
Diagnose	Check head	Monitor breathing	ECG - Defibrillator	Resuscitation procedure	Medications
Diagnose and treat	Procedure	Procedure	Procedure	LAB - diagnostics	Procedure



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Research in Danish Institute for Medical Simulation (DIMS)

"The critically ill patient"
a ph.d project (Lone Fuhrmann, MD, BSc)

Purpose

To investigate the staffs' identification of patients with physiological signs of critical illness before and after an educational intervention.

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Research in Danish Institute for Medical Simulation (DIMS)

A ph.d on team training of the cardiac arrest team (Peter Oluf Andersen, M.D.)

- Development and validation of a check list on team skills
- Education of course facilitators
- Development and implementation of a 1-day course
- Before and after study using clinical data

