

# Lessons from a ten year journey in interprofessional paediatric simulation; what we have learned, lost, gained and changed?

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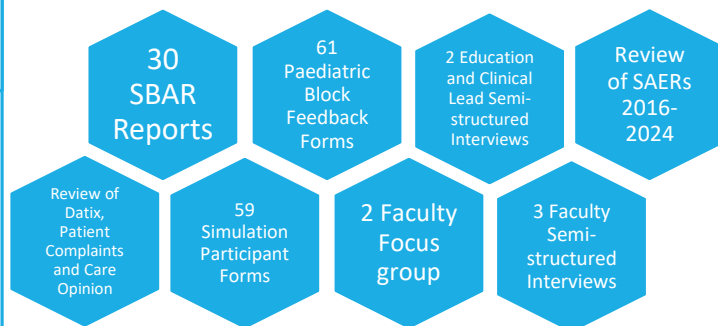
**Background** Simulation scenarios based in-situ have enabled a more realistic educational experience. This simulation technique has the vital advantage of facilitating the appreciation of latent errors within the workplace, allowing safety improvements to be implemented promoting a person centred safe clinical environment <sup>1</sup>. NHS Lanarkshire has been running in-situ interprofessional paediatric simulation for 10 years.

## Aims

- To use 10 years worth of simulation evaluation data and experience to highlight intended and unintended learning and considerations for future development.
- To share experiences with other simulation based educators.

## Methods

Data was collected from the following sources and thematically analysed by the researchers individually followed by combined analysis.



## Outcomes and Results

### Intended Learning Achieved Through

- Theoretically sound simulation practices.
- Clear educational goals and objectives.
- Engaging with key stakeholders from the outset.
- Investing time and persistence (this takes years).

### Unintended Learning Gained

- Learners**- Greater understanding and familiarisation with teams, systems and processes.
- Faculty**- Development of clinical and non-technical skills through debriefing and observation of participants. Longitudinal faculty development opportunities.
- Department**- Reduction in latent threats. Improved patient safety. Greater understanding of team dynamics and culture.
- Organisation**- Clinicians reported increased job satisfaction and feeling of 'making a difference' to patient safety and education. Simulation can link to existing clinical reporting systems for quality assurance.

### Considerations for Future Development

- Simulation session**: Realign scenarios to updated curricula. Consider 'HALO' scenarios. Allow flexibility to accommodate training needs (new equipment training, clinical algorithm updates, new staff inductions).
- Simulation Programme**: Programme should maintain its original purpose and current successes. Expand to incorporate other specialties and departments to further enhance inter-departmental teamwork and communication.
- Simulation Governance**: Improve quality assurance frameworks. Align to international simulation standards. Consider simulation's role in future research projects. Develop more interprofessional faculty.

## Conclusions

Having evaluated 10 years worth of paediatric interprofessional insitu simulation, there is significant unintended learning gained from simulation programmes. Longitudinal programmes help to uncover the full benefits and potential of simulation based education.

Time and experience are required to embed simulation into clinical environments.

Educators should always seek opportunity and direction to further develop and improve simulation based programmes.



## References

1. Lighthall GK, Poon T, Harrison TK. Using In Situ Simulation to Improve In-Hospital cardiopulmonary resuscitation. The joint commission Journal on Quality and Patient Safety. 2010;36:209-216.