

Newsletter

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Network Engagement at national and international levels

Scoping the future of clinical skills and simulation in the West Midlands

As the national Lead for the Clinical Skills Managed Educational Network, I was invited to participate as a member of a panel in scoping the future of clinical skills and simulation for NHS West Midlands. This was a joint piece of work undertaken by the University of Birmingham, Warwick Medical School and Birmingham City University. The project remit was to scope the current level of skills provision in the region and to identify the future requirements for skills and simulation education in terms of any strategic development.

The project was run over a six-month period and in addition to the expert panel involved a survey of current facilities.

Recommendations included:

- Identifying leadership in this specialist area
- Maximising multiprofessional opportunities for skills learning
- Developing an educational framework to underpin clinical skills and simulation activities
- Creation of an Academy of clinical skills and simulation
- Creation of a regional advisory board
- Focus on evaluation
- Adopting a 'hub and spoke' approach to the location of facilities.

A number of these recommendations reflect some of the key initiatives being implemented in relation to the Scottish Clinical Skills Strategy.

Irish Network of Medical Educators

An invitation to the second annual conference in Cork of the Irish Network of Medical Educators in early February identified clinical skills and selection of students as two of the main themes of the conference.

A presentation on Simulation in the Education and Accreditation of Health Care Professionals has led to clinical skills being prioritised as a key area for a national initiative. The morning symposium gave participants the opportunity to explore through a simulated exercise the pros and cons of developing and financing a national strategy in clinical skills and determining which three priorities in clinical skills education would have maximum impact in their context over the next three years. A report of the symposium is being sent to the key players in the network to take this forward at a national level. Developing the research evidence related to the effectiveness of clinical skills and simulation was one of the three priorities identified by this expert group of educationalists.

The third conference will be held in Galway in 2010.

Sharing Clinical Skills best practice in the East Midlands

Rona Patey, Chair of the Scottish Clinical Skills Network and I were invited to give a presentation and lead a workshop for colleagues in the East Midlands in relation to a regional strategy development for clinical skills. Expert input from the workshop is being used to develop a paper to take forward collective ideas on a multiprofessional approach.

Jean Ker

Lead, Clinical Skills Managed Educational Network

Spreading the word through abstracts for conferences

Conferences are a good way of sharing good practice and innovation, as well as learning from the experiences of other clinical skills providers and practitioners.

Jeanette Stevenson presented a poster on the Scottish Clinical Skills Strategy in May of last year at the Makingitwork3 Conference in Aviemore organised by NHS Highland.

The Paediatric Retrieval Team from Edinburgh and Yorkhill Sick Kids have also had two abstracts related to their national outreach study day run on the mobile unit accepted for the SICS conference in Scotland and the Second International Paediatric Simulation Conference in Florence in April.

Abstracts have been submitted for the third International Clinical Skills Conference and for ASME in relation to the Clinical Skills Managed Educational Network.

HOW YOU CAN HELP

If there are any of you in the network who would like to carry out some collaborative pilot research projects, please get in touch with Felicity Garvie f.m.garvie@dundee.ac.uk



CS MEN team (from left to right)

Janet Skinner, Regional Champion for South and East Scotland, in her 1 session a week is responsible for leading the South & East consortium.
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Anna O'Neill, Regional Champion for the West of Scotland, in her 1 session a week is responsible for leading the West consortium.
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National NES funded Units

Scottish Clinical Simulation Centre, Stirling

Established in 1998 and part-funded by NHS Education for Scotland, the Scottish Clinical Simulation Centre (SCSC) is a state-of-the-art training and education facility. Staffed by clinical and simulation experts using the broad range of simulation as a teaching methodology, the centre provides uni-, multi- and interprofessional training to over 1000 doctors, dentists and other clinical and allied healthcare professionals each year.

The centre boasts a choice of mid- and high-fidelity manikins across a broad range of ages, housed in a multipurpose simulation suite. This clinical area, which can be transformed into a ward, maternity unit, emergency room or ITU affords maximum flexibility to the training scenarios and adds to the unique psychological fidelity that the SCSC experience provides.

All courses delivered at the SCSC are designed by a faculty of specialists in simulation education and appropriate subject matter experts. The courses are designed in collaboration to meet the educational needs of stakeholders or commissioning groups. Individual scenarios are targeted to specific learning objectives, which are in turn mapped to specialist curricula or knowledge and skills frameworks. In addition to knowledge and skills outcomes, an educational and research specialisation within SCSC is the teaching, training and assessment of non-technical skills and human factors relating to expert clinical care.

A key component in the commissioning of the Mobile Unit for Clinical Skills education has been in the training of faculty to use the simulation equipment and appropriate educational methods while the unit is on stand in the hospitals of remote and rural Scotland. Dr Nikki Maran (Director of the SCSC) and Dr Simon Edgar (Faculty Development Lead) designed and delivered a two-day training course for the first healthcare professionals planning to use the Mobile Unit early in 2009. This course covering scenario design, video feedback as well as the technical aspects of SimMan and the unit's AV equipment (SMOTS) received excellent immediate feedback from attendees and will be evaluated and redesigned in light of the experience from the R&R placements in spring '09.

Nikki Maran

Director, Scottish Clinical Simulation Centre



Neil Spenceley of the Paediatric Retrieval Team running a scenario on the mobile unit

BASICS Scotland

BASICS is the British Association of Immediate Care and was formed in 1977 to promote high-quality pre-hospital emergency care in the United Kingdom. During the 1980s advanced life support courses became common for in-hospital practitioners and BASICS decided it was time to start similar training for the pre-hospital environment. The first of these courses ran in Scotland in 1993 and it became apparent very quickly that there was a huge demand for this type of training, particularly from multi-disciplinary practitioners working in remote and rural healthcare. The result was an increase in activity by BASICS in Scotland during the 1990s and in 2000 we were asked by RARARI (The Remote and Rural Areas Resource Initiative) to provide an ongoing programme of courses to remote and rural practitioners for a three-year period. Following this we now provide courses through the national Clinical Skills Strategy of NES.



BASICS instruction using simulated RTA

Simulation has always been a major part in immediate care teaching and we have an extensive range of equipment for teaching purposes. Perhaps our most unique piece of simulation equipment is that we have a real car which has been developed for the teaching of road traffic accident scenarios. The car is transported around the countryside in a trailer, and all our teaching equipment is transported in our van. During courses candidates are put through a number of scenarios, mostly related to pre-hospital cardiac and trauma resuscitation.

Another area of our activity was the North of Scotland Tele-education Project (NOSTEP) and its successor NEXTSTEP. During the lifetime of these projects a number of teaching sessions were provided by BASICS, some of which were simulated road traffic accidents.

At the present time BASICS Scotland provides 350 immediate care course places per year to remote and rural practitioners throughout Scotland as part of the Clinical Skills Strategy. These courses take place mostly at weekends and are run in venues throughout Scotland from Orkney and Shetland to the Borders and Dumfries & Galloway. These include a pre-hospital paediatric life support course (PHPLS) run under licence from the Advanced Life Support Group (ALSG) in Manchester. One of our courses, Pre-hospital Care Course (PHEC) is certificated by the Royal College of Surgeons. All our instructors undergo instructor training on a Generic Instructor Course and we normally run one of these ourselves each year. We also run two major incident courses, Major Incident Medical Management and Support (MIMMS) and its hospital equivalent (HMIMMS).

Colville Laird

Director, BASICS Scotland

Anatomical Skills Unit, Dundee

The Anatomical Skills Unit was built and equipped in 2004, funded by NES and Karl Storz endoscopy, with a remit to provide a Scottish national centre for ENT specialist registrar temporal bone surgical skills training. Through the years this remit has been extended widely to postgraduate and undergraduate anatomy and theatre skills training. The unit now operates as part of the Cuschieri Skills Centre based at Ninewells Hospital, sharing facilities, staff and funding in a unique facility that can provide theoretical and practical skills training to doctors and nurses in Scotland. It is partially funded through the University of Dundee via a Service Level Agreement with NHS Education for Scotland to provide a range of training courses relevant to the Scottish medical and nursing workforce.

The Unit is utilised for ENT training courses for doctors (Temporal Bone Dissection, Sinus Surgery, Facial plastics, Rhinoplasty and Neck anatomy), Tracheostomy Courses (brought in to support the application of NHS QIS Best Practice Statement in Tracheostomy Care), revision anatomy sessions for undergraduates and Theatre Access courses for medical students, trainee doctors and medical representatives.

It is also used on a wide range of postgraduate courses to cover revision anatomy for surgical and anaesthetic procedures.

The educational faculty has broadened over the years to develop multiprofessional courses related to theatre etiquette, tracheostomy care and surgical ENT procedures, and is always looking to produce more courses and develop a stronger multiprofessional profile in surgical skills nationally.

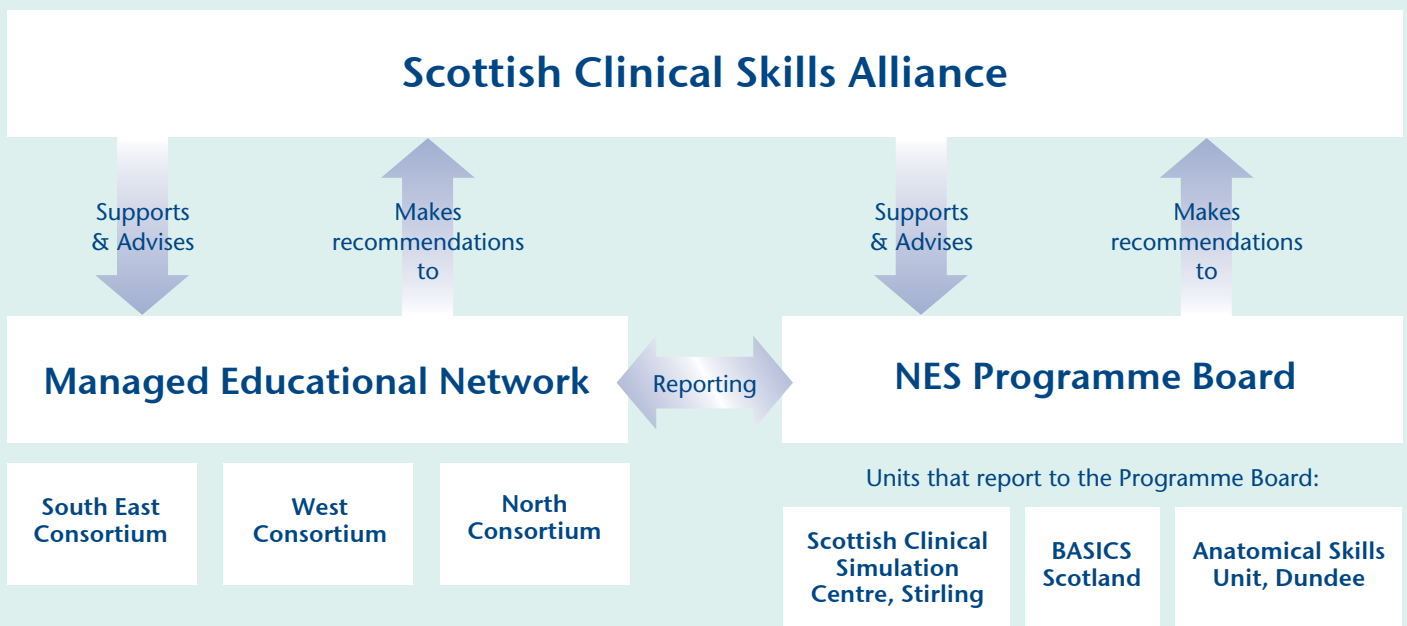
The Cuschieri Skills Centre has state of the art laparoscopic and endoscopic virtual reality simulators which are used on training courses within the centre. These simulators might be incorporated into future visits of the mobile skills unit to those rural and remote areas with a training need in flexible endoscopy or laparoscopy.

The Centre contributes to the Scottish Clinical Skills Strategy through the provision of its accredited courses.

Rodney Mountain

Consultant ENT Surgeon, Ninewells Hospital

Structure Diagram



Chest Drain Pack

The Chest Drain Pack (insertion and care of, in hospital and pre-hospital settings), quality assured for national use, is now available and being delivered through the mobile unit.

The pack was written and developed by Dr Janet Skinner, University of Edinburgh and CS MEN Regional Champion for South and East. We are grateful to the following colleagues who kindly reviewed it:

Simon Leigh-Smith, Department of Emergency Medicine, Royal Infirmary of Edinburgh

Professor R Keenan, General Surgeon, Medical Education Unit, Aberdeen University

Colville Laird, Director, BASICS Scotland

Lynn Wallace, Department of Nursing, Queen Margaret University
Margaret Connolly, Nursing & Healthcare, University of Glasgow;
and Dr Susan Steele, A&E, Ninewells Hospital, Dundee,
for reading the finished pack.

HELP POINT

The pack is also available as a pdf from the CS MEN office; please contact Felicity Garvie by email f.m.garvie@dundee.ac.uk if you would like a copy of the pack.

The first visit of the mobile unit was to Fort William

From Mr David Sedgwick, consultant surgeon at the Belford Hospital, on the first deployment of the clinical skills mobile training unit. He was actively involved in the group which advised on the clinical use of the unit and took leave to be on the unit full time during its first week at the Belford.



27th January 2009: The first visit successfully completed, the mobile unit leaves Fort William on its way to Wick

“Staff Nurse Aileen Robertson and I, along with other colleagues from the Belford Hospital were very pleased to be the first to use this fantastic facility at Fort William for two weeks in January. It is kitted out with the latest equipment and technology, meaning we can work on real-life scenarios, although the patients are manikins! The unit is also fitted with cameras to film what’s happening and the footage can be used during debrief sessions afterwards.

Aileen was instrumental in ensuring that the Belford visit was a success and that staff got maximum use out of the unit on its first trip out. She said, “The training scenarios included managing life-threatening injuries, acute illnesses and working as a team to stabilise critically ill babies and children before being transferred to Edinburgh or Glasgow. We had state of the art equipment to train on, and just having access to that here without having to travel to Inverness or the central belt was great.”

I couldn’t agree more. With this unit, staff can do a morning or afternoon skill session on the doorstep of the hospital. It’s a really positive move to bring the training to the practitioners rather than the other way round.

There were, of course, a few glitches as you would expect on the first outing, but the feedback from those who have used it, from the doctors through to the student nurses, has been very good and we hope to have the unit back at the Belford before the end of the year!”

Clinical Skills Managed Educational Network Outcomes for year 2

(October 2008 to October 2009)

Outcome 1: Addressing priorities for standard multi-professional skills

- 1a): Collate 6 resource packs in the second year – each Regional Champion will be responsible for ensuring two packs are operational through the network in collaboration with key stakeholders in their area
- 1b): Continuously update database of current skills provision in Scotland developed in year 1, and make information available through CS MEN website

Outcome 2: Implementation of explicit quality assurance system

- 2a): Complete pilot of the QA self-assessment questionnaire for skills providers that was developed in year 1 of the CS MEN
- 2b): Develop, pilot and implement a QA self-assessment questionnaire for use with individual courses
- 2c): Development/collation of common educational resources for agreed core clinical skills: develop multi-professional evidence-based skills resources

Outcome 3: Development of the network

- 3a): Further develop the three regional consortia: West, North and South & East
- 3b): Setting of explicit goals for each of the three consortia
- 3c): Co-ordination of research and development priorities
- 3d): Continue with communication strategy established in year 1 (reports, newsletters and website)

Outcome 4: Pilot of mobile clinical skills unit to deliver simulation-based education to remote and rural settings in Scotland

- 4a): Co-ordination of pilot of mobile skills unit
- 4b): Begin evaluation of the feasibility of the mobile unit

Outcome 5: Work towards better value-for-money in clinical skills education

- 5a): Develop mechanism for communication/information/resource sharing between people developing packs in the same skills in different locations
- 5b): Development and trial of system of equipment sharing (using credits gained by lending in order to borrow so members of the network who wish to may benefit from sharing resources)
- 5c): Start working towards increasing transferability of skills (by audit/case studies of current practice, investigate costs of duplication of education, and begin research towards passport system for nationally-recognised skills)