

Human Factors Training at the Bristol Royal Infirmary Emergency Department

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INTRODUCTION

- Since its conception in the aviation industry, it has been increasingly recognised that Human Factors (HF) or Non-Technical Skills (NTS) have a part to play within health care. Whilst this is still an evolving area, with some uncertainty about process and outcomes, there is an increasing body of evidence suggesting the value of training in this area and its contribution to patient safety and reduction in avoidable error
- Recognising the growing importance of Non-Technical Skills training in healthcare and Emergency Medicine particularly, the Bristol Royal Infirmary Emergency Department (BRI ED) introduced a Human Factors Training day in 2014
- Designed to run alongside a recently established departmental Point of Care Simulation programme, this poster sets out the processes of the day, the feedback acquired and discussion around the current situation and the way forward

METHOD

Structure of the day

- Based at the Bristol Medical Simulation Centre (BMSC) using Laerdal and METI adult simulation manikins
- Three hour sessions consisting of an introductory small group talk followed by two simulated clinical scenarios running in adjacent areas
- Places were free with candidates invited on the basis of skill mix within the groups and availability on the rota



Candidates

- 12-14 per session consisting of all staff groups from the BRI ED including porters, Health Care Assistants, all bands of nursing staff, junior and middle grade medical staff
- Consultants were utilised as confederates within the scenarios
- Candidates participated in scenarios within their professional roles and groups were allocated to ensure realistic skill mix
- Management (admin and clinical) were invited as observers

Faculty

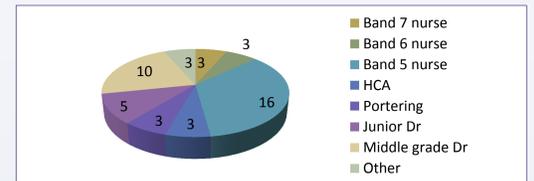
- Minimum of 6 per session, from ED and BMSC with variable levels of training and experience in simulation and debrief
- Debrief was kept to a standardised “advocacy with enquiry” format (variation of ‘iTRUST’ copyright of BMSC)

Scenarios

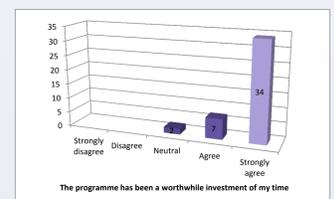
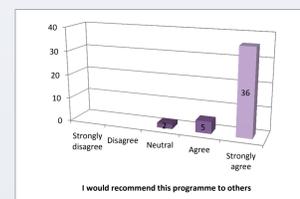
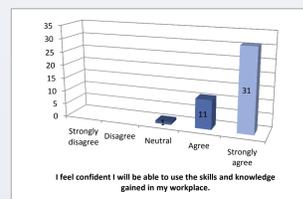
- Scripted with specified Non-technical skills learning goals - *Organisation and planning, Communication, Situational awareness, Team leadership and membership, Task prioritisation, Conflict resolution, Assertiveness*
- Content included local system issues and clinical incidents from the ED itself
- All relevant ED paperwork, notes, equipment, departmental clinical guidelines etc were made available during scenarios to allow as much immersion into real time shop floor teamwork as possible

RESULTS AND FEEDBACK

- 46 ED staff have attended over 2 separate days, representing 35% of the whole department



- Feedback was via questionnaire grading responses to selected statements shown below



- Qualitative feedback concentrated on what key elements were of value or would be taken back into practice



DISCUSSION

Benefits

- 6-12 month feedback implies that recall of key messages is good and the team perception is that they are applying those principles to everyday practice
- Empowered staff
- Raised morale and team cohesion
- Delivered free to participants
- Current half day structure maximizes staff attendance
- Debrief with reflection allows key messages to be taken away
- Increased awareness of Human Factors and patient safety

Barriers

- Labour intensive, high ratio of faculty to participants
- High faculty skill level required, currently un-remunerated
- Significant planning and preparation time
- Currently un-resourced, rotas and training time manipulated

The future

- Medium term goal is to aim for over 70% of the ED staff to attend an initial day. Only at these numbers can we hope to see any sustainable positive practice change within the whole ED
- Despite barriers, feedback was overwhelmingly in favour of further similar training and additional simulation time
- Considering expanding to include other specialities and how to secure sustainable funding

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