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Costas T. Lambrew Research Retreat 2022

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Code Blue! When a Simulation Isn't a Simulation Anymore

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BACKGROUND

- Best practices in standardized patient (SP) methodology address provision of a safe working environment.
- SPs may experience a real medical emergency during a simulated encounter.
- Realism inherent in effective simulation can potentially cause confusion and delay legitimate care.²
- During a recent event, an SP portraying clinical signs of a stroke demonstrated symptoms consistent with a real medical emergency.

OBJECTIVE

- To identify and remediate gaps responding to a medical emergency during a simulated event.
- To provide a safe working environment for standardized patients and clinical staff.

DESCRIPTION



- Staff identified SP wasn't responding to verbal clues that the simulation had ended.

- Medical staff noticed SP was non-reactive to applied stimuli after the encounter.
- Staff activated incorrect emergency protocols.
- EMS was delayed due to way-finding challenges.



RESPONSE

- Simulation-based Clinical Systems Testing (SbCST) framework was used to debrief event immediately after SP was transported by EMS.
- Debrief facilitated by Sim Center operations manager; included faculty and staff present during event as well as department leadership.
- RL Solutions entry made to initiate a system-level review of the incident.

INVESTIGATION

- Simulated clinical environment caused confusion for staff, faculty, security, and paramedics.²
- Faculty and paramedics unclear whether simulated clinical equipment could be used for patient care.
- Hearing-impaired SP was not wearing aids.
- Simulation staff relied on inaccurate code response information.



IMPROVEMENTS

- Distributed updated hospital code responses via wearable "badge buddy".
- Trained simulation staff on updated hospital code protocol for the Brighton Campus.
- Required SPs to wear supportive medical devices.
- Added safety protocols to learner orientations.
- Signage being created to identify medical equipment is for training purposes only and not for medical emergencies.



Clinical equipment and props used in simulation, pictured above, caused confusion during a medical emergency. Signage has been placed in the department to clarify equipment is for training only.

CONCLUSIONS

- Realism inherent in simulation can present safety threats when actual medical emergencies occur.
- Utilizing SbCST methodology to debrief a real medical emergency in simulation, we improved safety protocols in the Sim Center.