

Simulation-based medical education (SBME) organized through a regional network in South-East Regional Health Authority Norway

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Objectives

- Improve quality and patient safety in healthcare in the region.
- Implementing simulation-based medical education (SBME) as a valuable tool for educating healthcare personnel.
- Establishment of standardized competence and activities in the region organised by SBME.

Introduction



Patient safety is a priority

Simulation-based medical education (SBME) is used to improve the clinical of healthcare providers. However, it is challenging to establish infrastructure which combines the need of skills and equipment needed to offer high quality SBME.

South-East Regional Health Authority Norway HSØ RHF consists of seven hospital areas (HA) providing secondary healthcare in Norway; each HA has a catchments area of 300-500.000 inhabitants.

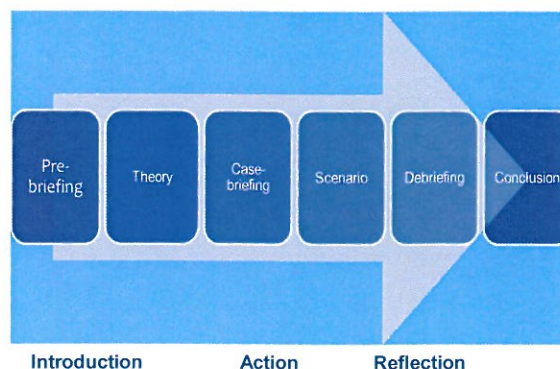
The use SBME varied significantly within the region. Based on the competence of the SBME unit at Oslo University Hospital (OUS), a plan for coordinated reinforcement of the SBME competence and equipment in our region was established and implemented.

Method

•Strategy for change

- Mapping the SBME activity within the region and making a plan for establishing SBME competence to increase the activity and competence in all the hospital areas.
- Arranging Train- the-Trainer Course at OUS, SimOslo in collaboration with HSØ RHF.
- Two representatives from each health areas were invited to undergo T-t-T-training (including both somatic and mental health).
- Establishing medical simulation network with one representative from each HA.
- Offering three educational programs requiring more advanced SBME competence and equipments by SBME unit at OUS (SimOslo).

Phases in medical simulation



Results

- Four Train- the Trainer courses with two participants from each HA arranged.
- Totally 96 participants educated as "Instructors in medical simulation".
- A medical simulation-network with participants from all HA has been established.
- Three educational programs have been offered by the Medical Simulation Hub:
 - Perioperative care of patients undergoing obesity surgery
 - Handling of violent patients
 - Colonoscopy for colorectal cancer screening
- All activities are evaluated with a program monitoring the development of various practical- and communication skills

Conclusion

SBME is considered to be a valuable tool for educating health care personnel to improve quality and patient-safety. Due to our experience there is a need to establish SBME competence before the staff is able to utilize the potential of advanced SBME equipment. Six month after the network was established an increase in SBME activity throughout the region has already been observed. We strongly believe in establishing competence through a structured network lead by a central SBME unit. Due to our experience it is important to include Mental Health in this program.

References

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