



VITAL ANAESTHESIA SIMULATION TRAINING



VAST Course report – *Halifax, Nova Scotia, Canada*
7-8 November 2020

Course Instructor – Patty Livingston

Executive summary

Situation

The VAST Course was offered for the first time in Halifax, NS, Canada for interprofessional health care providers. Due to COVID19 restrictions, the course was altered and numbers were limited.

Background

The VAST Course was initially piloted in January 2018 in Rwanda. Since then, the course has been run 17 times in a variety of countries, including Canada, Fiji, India, Ethiopia, Tanzania and Rwanda. VAST uses low-cost, portable materials to create vivid, immersive simulation training for interprofessional teams. Using clinical challenges that are common worldwide, the course enhances non-technical skills (e.g., task management, situational awareness, communication skills) for a coordinated team response.

Having been delivered previously in rural settings including, Prince George, BC and Whitehorse, YT, this was the first VAST Course to be offered in a non-rural setting. Initially, the plan was for a VAST Instructor Course (IC) with participants across the globe, but due to COVID19 travel restrictions, it was changed to a VAST Course for local health care providers.

Nine participants from a variety of disciplines (3 nurses, 3 anesthesia residents, a surgery resident, an anesthesiologist and a surgeon) were trained by 4 facilitators and 2 simulation coordinators. The course was held in the Bethune Building of the Victoria General Hospital in Halifax, NS.

Assessment

Overall, the VAST Course was very well-received by the Halifax group. Participants appreciated the interdisciplinary approach and working closely with colleagues in a high-stress, low-stake setting. They looked forward to applying their non-technical skills in the workplace. The debriefing sessions were noted to be extremely helpful in providing constructive feedback.

Recommendation

Following completion of the course, plans were made to have a session in January 2021 to work on scenario design for new VAST scenarios to target different interprofessional disciplines. Several participants in the VAST Course expressed interest in becoming part of the VAST team as future VAST instructors and facilitators. There is widespread interest in traveling to rural Canada and internationally to conduct VAST courses.

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Attendees

Facilitators	
Jon Bailey	Anesthesiologist
Emma Kehoe + Vinnie	Anesthesia resident
Patty Livingston	Anesthesiologist
Stephen Middleton	Anesthesia resident
Michelle Murray	Nurse (sim coordinator)
Lisa Nardecchia	Sim coordinator

Participants	
Bukky Akindele	Anesthesiologist
Olga Bednarek	Surgery resident
Barb Fagan	Nurse
Lisa Froese	Nurse
Katarina Kieser	Surgeon
Kayla MacSween	Anesthesia resident
Vicky Mills	Nurse
Brendan Morgan	Anesthesia resident
Julia Wright	Anesthesia resident

Venue and equipment

The VAST course was held in three rooms in the Bethune Building of the Victoria General Hospital. The main conference room in the basement was used for the introduction, the PowerPoint discussions and the end-of-day reflections. The two simulation rooms, located down the hall, were where the scenarios and debriefs took place. The participants and facilitators were split into two groups, which remained the same for the entire weekend due to pandemic restrictions. All printed resources, including scenario documents, were provided by the team from Dalhousie University. The four iOS devices for running the SimMon app were loaned from the Dalhousie team.

Sessions

VAST Course – Day 1 – Saturday, November 7

Time	Code	Format	Session
0800-0815			Registration
0815-0830	1.1	Discussion	Welcome and overview
0830-0900	1.2	Discussion	Introduction to simulation
0900-0930	1.3	Demo	Demonstration scenario and orientation to workspace
0930-1015	1.5	Discussion	Non-technical skills
1015-1035			Morning tea
1035-1115	1.6	Scenario	Emergency preoperative assessment
1115-1145	1.8	Discussion	Unanticipated difficult intubation
1145-1230	1.9	Scenario	Rapid sequence induction
1230-1315			Lunch
1315-1330	3.4	Discussion	Trauma primary survey
1330-1415	3.5	Scenario	Trauma – pediatric burns
1415-1445			Afternoon tea
1445-1530	3.6	Scenario	Trauma - motorbike accident
1530-1615	3.5	Scenario	Trauma - reassessment

VAST Course – Day 2 – Sunday, November 8

Time	Code	Format	Session
0800-0830		Discussion	Reflection on Day 1
0830-0915	2.2	Scenario	Obstetric preoperative assessment
0915-1015	2.3	Scenario	C-section under spinal
1015-1030			Morning tea
1030-1115	2.4	Scenario	Induction of general anesthesia for C-section
1115-1200	2.5	Scenario	Intra-partum haemorrhage on the ward
1200-1245			Lunch
1245-1300	2.8	Scenario	Morning handover in recovery
1330-1430			Final reflection and commitment to change

Reflections

Participants and facilitators identified the following goals at the start of the course:

- Learn crisis resource management skills
- Experience simulation from participant perspective
- Learn to improve facilitation skills
- Learn skills for better team communication
- Learn from each other
- Become better at receiving feedback

Reflections from Day 1:

- Sim experiences were different from past since greater focus on team and non-technical skills
- Emphasis on utilizing resources as best possible
- Recognizing cognitive overload and offering solutions
- Challenge in applying skills that are discussed in debriefings
- Concerns about how to apply non-technical skills in untrained teams
- Role modelling is useful and interprofessional training to share understanding of non-technical skills (NTS)
- Modelling NTS will help to reduce hierarchy and encourage others to speak up
- Changes will happen for teams with time and practice of good NTS

End of course reflections:

- Interprofessional nature was valuable
- Course helped with developing skills in feedback
- Consider expanding scenarios to include interprofessional roles
- Try to put skills discussed in debriefing into action
- Repetition helps
- Work to overcome blind spots and barriers
- VAST is fluid and dynamic
- Challenge in expressing priorities over professions and need to keep trying and to learn from others
- IPE is valuable in learning about different perspectives and priorities
- If we work together, we should train together

Future directions

Participants expressed interest in becoming VAST facilitators and instructors, with many keen to attend the VAST Instructor Course. Many would like to facilitate VAST in underserved areas of Canada and also globally. There was strong interest in attending a scenario writing workshop, which will be tentatively scheduled for January 2021.

Specific interests:

- Katrina (Gyne Onc) would like to deliver course in underserved areas of Canada, particularly the west coast
- Bukky (anesthesia staff) would like to do Instructor Course (IC) and go anywhere
- Vicky (nurse) would like to do IC and go anywhere
- Jon (anesthesia) wide open to working in Canada and globally
- Stephen (anesthesia resident) interested in course delivery in Yukon, Africa and Latin America
- Julia (anesthesia resident) would like to do IC and go anywhere

- Olga (surgery resident) would like to do IC and is interested in developing sim scenarios for trauma team leader training
- Emma (anesthesia resident) rural Canada and anywhere
- Brendan (anesthesia resident) IC, rural Canada, globally
- Kayla (anesthesia resident) interested in interdisciplinary training
- Michelle (nurse and sim coordinator) IC and training other sim coordinators
- Lisa F (nurse) IC and Indigenous Health. Has working in Northern Canada and in Indigenous communities in Western Canada. Would like to write scenarios for non-OR setting.
- Barb (nurse) IC and teaching anywhere

Participant evaluations

November 7, 2020 Evaluations

Please rate the following statements:

Statement	Strongly disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly agree
The learning objectives were achieved					3
The course was relevant to my practice					3
The scenarios were relevant to my practice				2	1
The program enhanced my knowledge				1	2

Please indicate which CanMEDS roles you felt were addressed during this activity:

Role	Yes	No
Medical Expert		3
Communicator	3	
Collaborator		3
Leader	3	
Health Advocate	2	1
Scholar		3
Professional	2	1

Did you perceive commercial bias in the course? Yes No

List three things you liked about the course:

- "Discussing with and interdisciplinary and inter seniority team."
- "Team focused; Nice to understatement perspectives of other healthcare workers; Friendly atmosphere"
- "emphasis on non-technical skills; interprofessional collaboration; debriefs done well"

What suggestions do you have for improvement?

- "To have the community of the scenarios within the intro to each case."
- "Thank you! Thoroughly enjoyed the experience."
- "expanding the variety of situations ie more trauma, more opportunities for nursing/interprofessional and not just physician leadership"

What are the three most important messages you will take away from the course:

- "Clear, concise communication; Ask questions of the team; Delegate tasks"

- “Clear communication; Welcome ideas from the team; Establish roles”
- “concise communication is key; reevaluate the entire team and not just the patient in emergencies; look for and try to offload cognitive burden”

Any other comments?

- “excellent course that i would like to expand to other aspects of my profession”

November 8, 2020 Evaluations

Please rate the following statements:

Statement	Strongly disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly agree
The learning objectives were achieved					3
The course was relevant to my practice					3
The scenarios were relevant to my practice				1	2
The program enhanced my knowledge				1	2

Please indicate which CanMEDS roles you felt were addressed during this activity:

Role	Yes	No
Medical Expert		3
Communicator	3	
Collaborator	3	
Leader	2	1
Health Advocate	2	1
Scholar		3
Professional	3	

Did you perceive commercial bias in the course? Yes No

List three things you liked about the course:

- "highlighting provider wellness and having this be part of the scenarios; quality debriefing; the opportunity to ease into debriefing and reflect on if being a part of the instructional team is in my future plans"
- “Good participant discussion; Fantastic learning with the multidisciplinary approach; Enthusiastic preceptors & participants”

What suggestions do you have for improvement?

- “Continue to increase the diversity of cases and the multidisciplinary aspect.”

What are the three most important messages you will take away from the course:

- "Know yourself; Communicate clearly and concisely"

Any other comments?

Course Photos







