



# VITAL ANAESTHESIA SIMULATION TRAINING

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**Facilitator Course and VAST Course report**

**Hyderabad, India**

7<sup>th</sup> to 11<sup>th</sup> July, 2023

**Dr Gita Nath**

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## Executive summary

### *Situation*

After a hiatus of 4 years due to the COVID pandemic, the third VAST course (VC) in Hyderabad was successfully delivered at the Skill Lab, Osmania Medical College from 9<sup>th</sup> to 11<sup>th</sup> June, 2023. This was preceded by a Facilitator Course (FC) on 7<sup>th</sup> and 8<sup>th</sup> June 2023.

### *Background*

VAST or Vital Anaesthesia Simulation Training is a unique way of learning non-technical skills which are so important to achieve good outcomes in a crisis. It was first started in 2018 as a collaboration between the anaesthesia department of University of Dalhousie in Halifax and the University of Rwanda; and has been supported by the WFSA.

Using immersive, low-fidelity simulation and carefully designed scenarios; the programme focuses on anaesthesia and resuscitation for mainly obstetrics, paediatrics and trauma. Post-scenario debriefing and targeted discussions specifically focus on non-technical skills aiming to generate participant-driven take-home messages.

### *Assessment*

Both FC and VC were well-received by the participants. Many of the trainee facilitators had previous experience in simulation, but they appreciated the different aspects of facilitation included in the VAST course, namely scenario design, running the scenarios and debriefing. They especially liked the structured approach to debriefing using the advocacy-inquiry technique.

The VC participants had not been exposed to this type of learning, and their take home points included the various components of the ANTS framework.

### *Recommendation*

To hold further VAST courses in the region as well as in other parts of the country with the help of this hub and spoke model and the build-up of the facilitator pool in Hyderabad and other parts of the country.

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## Course background

The VAST course which was developed as a collaborative effort between Dalhousie University, Halifax and the University of Rwanda in 2018, has been conducted over 50 times in 28 countries. It uses immersive and engaging training, with carefully designed scenarios to illustrate relevant issues in the workplace; albeit with low-cost, and minimal technology. Post-scenario debriefing and targeted discussions specifically focus on non-technical skills aiming to generate participant-driven take-home messages. The participants include members from anaesthetic, surgical and nursing departments so that the scenarios are close to reality.

After a gap of 4-years due to the COVID pandemic, the 2-day Facilitator course and 3-day VAST course were conducted at the Skill Lab, Osmania Medical College, Hyderabad; from 7<sup>th</sup> to 11<sup>th</sup> June 2023.

The first VAST course in India was in February 2019, led by the founder of VAST, Dr Adam Mossenson; and assisted by Dr Tom Druitt, Dr Anna West and Ms Michelle Murray; and consisted of a 2-day FC and 3-day VC. The VC in Hyderabad was held in July 2019 and the external faculty were Dr Tom Druitt and Dr Angela Enright.

The present course was entirely conducted by local faculty, most of whom had done the FC in 2019 and also attended a VAST Instructor course in Rwanda, in 2022.

## Acknowledgements

Our deepest gratitude to Dr Adam Mossenson for his help and advice at every stage!

Our sincere thanks to the World Federation of Societies of Anaesthesiologists (WFSA) for their continued support for this project.

## Faculty and attendees

*Faculty:*

- Dr Gita Nath, Specialist Anaesthesiologist, VAST Country Coordinator
- Dr K Sailaja, Specialist Anaesthesiologist
- Dr Vibhavari Naik, Specialist Anaesthesiologist
- Dr Vijayanand Basuthkar, Emergency Physician

FACILITATOR COURSE			
Name	Professional role	Role in course	Workplace
Dr Gita Nath	Specialist Anaesthesiologist	Course director and Instructor	Hyderabad
Dr Sailaja Kamabathula	Specialist Anaesthesiologist	Instructor	Hyderabad
Dr Vibhavari Naik	Specialist Anaesthesiologist	Instructor	Hyderabad
Dr Vijayanand Basuthkar	Emergency Physician	Instructor	Hyderabad
Dr Prachi Kar	Specialist Anaesthesiologist	Trainee Facilitator	Hyderabad
Dr Ujwala Khorgade	Specialist Anaesthesiologist	Trainee Facilitator	Hyderabad
Dr Basant Rayani	Specialist Anaesthesiologist	Trainee Facilitator	Hyderabad
Dr Sushma Konduri	Specialist Anaesthesiologist	Trainee Facilitator	Hyderabad
Dr Anisha De	Specialist Anaesthesiologist	Trainee Facilitator	Kolkata
Dr Jui Lagoo	Specialist Anaesthesiologist	Trainee Facilitator	Pune
Dr Kalyani Patil	Specialist Anaesthesiologist	Trainee Facilitator	Pune
Dr Arun Patra	Specialist Anaesthesiologist	Trainee Facilitator	Bangalore
Dr Sweta Viraj Salgaokar	Specialist Anaesthesiologist	Trainee Facilitator	Mumbai
Dr Shibani Padhy	Specialist Anaesthesiologist	Trainee Facilitator	Hyderabad

VAST COURSE			
Name	Professional role	Role in course	Workplace
Dr Karthik Deepak	Specialist Anaesthesiologist	Participant	Hyderabad
Dr Mir Samir Inayath	Specialist Anaesthesiologist	Participant	Hyderabad
Dr Shilpa Kedarisetty	Specialist Anaesthesiologist	Participant	Hyderabad
Dr P. Samhitha Reddy	Trainee Anaesthesiologist	Participant	Hyderabad
Dr Sailaja Ganti	Specialist Anaesthesiologist	Participant	Hyderabad

Dr Sayani Samanta	Specialist Anaesthesiologist	Participant	Hyderabad
Dr Madhav Ponnappalli	Specialist Anaesthesiologist	Participant	Hyderabad
Dr Monica Chhikara	Specialist Anaesthesiologist	Participant	Rohtak
Dr Anusha Kolli (Day 2)	Obstetrician	Participant	Hyderabad
Dr Ramya Theja Kadiyala (Day 2)	Obstetrician	Participant	Hyderabad
Dr Nabeel Qadri (Day 3)	Paediatric Surgeon	Participant	Hyderabad
Dr Rahul Agarwal (Day 3)	Vascular Surgeon	Participant	Hyderabad
Mr Ali (Day 1)	Anaesthesia Technician	Participant	Hyderabad
Ms Shivaleela (Day 1)	Anaesthesia Technician	Participant	Hyderabad
Ms Roja (Day 1)	Nurse	Participant	Hyderabad
Ms Gangaratna (Day 1)	Nurse	Participant	Hyderabad
Mr Rambabu (Day 2)	Anaesthesia Technician	Participant	Hyderabad
Mr Suresh (Day 2)	Anaesthesia Technician	Participant	Hyderabad
Ms Padmapriya (Day 2)	Nurse	Participant	Hyderabad
Ms Nirmala (Day 2)	Nurse	Participant	Hyderabad
Mr Koteswar (Day 3)	Anaesthesia Technician	Participant	Hyderabad
Mr Sohail (Day 3)	Anaesthesia Technician	Participant	Hyderabad
Ms Prameela (Day 3)	Nurse	Participant	Hyderabad
Ms Ruthu (Day 3)	Nurse	Participant	Hyderabad

The participants included one final year resident and 7 qualified anaesthetists. One anaesthetist registered from Khammam, but he backed out on the first day of VC. The two obstetricians attended on Day 2 and two surgeons joined us on Day 3. Both groups included a nurse and an anaesthesia technician each on all 3 days of the course.

## Venue and equipment

The courses were conducted in the Skill Lab, Osmania Medical College, Hyderabad. This is a recently inaugurated facility catering to nearly 500 under-graduates and post-graduates and several hundred para-medical technicians every year. It is well-equipped with mannequins, airway equipment, trolleys, IV stands and so on. There is a classroom with audio-visual facilities and provision for white marker boards. There are several skill rooms down the corridor, of which we chose two simulation rooms for running scenarios and two other rooms equipped with whiteboards for debriefing.

In the same complex, there is space for lunch and refreshments. Lunch was served in a bigger dining room during the VC. We ensured that the plates, glasses, and cutlery were all biodegradable. A water dispenser was provided rather than the plastic bottles which are often seen in conferences and workshops.

Equipment for the scenarios consisted of the VAST teaching materials which were left with Dr Nath along with an inventoried list. Simulation mannequins, airway equipment, trolleys, IV stands and so on were supplied from the Skill Lab. We purchased 6 plastic boxes with lids for Airway, Breathing and Circulation for the two sim rooms. We were assisted in setting up and arranging equipment in the sim rooms by Mr Kashiram who works with CIHS and Mr Akhtar and Mr Sampath who are based in the Skill Lab. Since we did not have separate sim coordinators, one of the facilitators was allocated the task of setting up each room. From previous experience, we cannot assume that support staff will be constant for all future courses, hence scenario set up will be one of the responsibilities of the facilitators.

Participant and facilitator handbooks, certificates, feedback forms and time-tables were all printed locally. We also printed a standee and a banner which can be used in future courses. Instead of VAST ID clips, we used colour-coded name tags – red ribbons for instructors, green ribbons for trainee facilitators and yellow ribbons for the participants. The Crisis Management cognitive aid printouts were placed in the participant handbooks, while the Facilitator cognitive aid for facilitation and debriefing was placed in the facilitator handbooks.

A takeaway from the 2019 course as well as the courses we attended in Rwamagana and Pune was the issue of identification of roles of participants in the scenarios. Rather than using sticky labels, we printed out name tags for the different roles which were to be worn around the neck – printed on both sides so that it made no difference if the tag rotated. These had black or white ribbons (to separate the two sim groups) and were handed out during role allocation along with the briefing cards.

## Conduct of course

Both FC and VC were run according to v2 of the manuals – the VAST FC/IC manual and the VAST course manual respectively.

For the FC, the talks were delivered by the four instructors. Following the demonstration scenario, the first set of scenarios did not include debriefing. The subsequent 3 sets of scenarios included setting up, running the scenario, and debriefing for each other. The last set of scenarios were those which were designed by the trainee facilitators. The trainee facilitators

were divided into two groups and were mentored through the four scenario design sessions during the course of the 2 days, at the end of which they ran their respective scenarios for the other group and performed debriefing.

The VC course was run almost true to the v2 of the course manual. The trainee facilitators performed the demo scenario. It was felt during the discussions of the previous two days that most of the attendees were not comfortable with personally performing Front of Neck Access during a difficult airway scenario. Hence, we included a short demonstration of the scalpel-bougie-tube technique as recommended by the DAS guidelines. Another change was on Day 2, where we ran scenario 2.8 from v1 because we felt that the participants would relate to this more closely than watching the video presentation.

The trainee facilitators were quite involved in the intricacies of the debriefing process, especially in starting off the conversation with the advocacy-inquiry approach. An instructor sat in for every debriefing session, watching and giving input when required. At the end of the first two days, meta-debriefing was carried out for greater insight into the process of debriefing.

## Summary of evaluations

### Facilitator Course:

The FC was well-received by all the participants, who enjoyed all aspects of learning to be a facilitator. They were very comfortable in the environment and appreciated the interaction with the instructors. They appreciated the organization of the course as well as the arrangements.

They found the methodical and structured debriefing process especially engaging – asking the right question using advocacy-inquiry, trying to understand the perspective and thought process of the participant, and bringing out the learning objectives by guiding the discussion.

They understood the various tasks involved in running the scenarios – setting up, being facilitator, co-facilitator, operating the I-pads and debriefing. This is especially important as they are likely to be actively involved in organizing and setting up the sim rooms during future courses.

They also enjoyed the process of scenario design, brainstorming with their groups, selecting the topic and learning objectives, and refining the scenario. Both the scenarios were of quite good quality and conducted successfully.

There was some discussion about objective assessment of non-technical skills in the trainees, and on their request, a tool for this assessment was forwarded on the whatsapp group.

One issue mentioned repeatedly was that the duration of the course could be shorter.

### VAST Course:

All participants of the VC were enthusiastic and engaged throughout the course and gave very positive feedback. Non-technical skills featured prominently under “What they liked” as well as “Take home messages.” Many of them were not aware of the importance of non-technical skills in management, and the various components of ANTS featured prominently in their feedback. They also appreciated the relevance and applicability of the various learning points.

The organization and arrangements were again appreciated, including the quality of lunch and snacks.

The scenarios were appreciated as being realistic and relatable to the workplace. Systematic assessment and management, clinical frameworks and the use of cognitive aids were included in their take home messages. Some liked the increasingly complex obstetric scenarios while others felt that other specialties also should be included. There was some discussion about the need for neonatal resuscitation in the VC. There was verbal as well as written feedback regarding the FONA demonstration, since many of them did not have cricothyroidotomy sets readily available in their workplaces.

The burnout session was greatly appreciated as it seemed to have struck a chord with many of the participants. The debriefing for this session went on for quite a long time, demonstrating the interest and engagement of the participants.

There were several suggestions that this kind of training should be made more widely available, and that it should be incorporated in post-graduate teaching programmes in their institutes.

## Challenges and lessons learnt

### Take home messages:

- The third VAST course in Hyderabad (4<sup>th</sup> in India) was delivered successfully with a very positive response from the participants.
- This was preceded by an FC (2<sup>nd</sup> in Hyderabad, 3<sup>rd</sup> in India), increasing the pools of VAST facilitators. We now have total of 10 facilitators based in Hyderabad.
- Inclusion of anaesthesia technicians in addition to the nurses gave an extra dimension to the discussions.
- Since the course was conducted by local faculty, obviation of travel expenses and collection of registration fees from the participants reduced the financial support needed.

## Future directions

Suggestions for future courses:

- Conduct 3-4 VCs per year in Hyderabad and 1-2 FCs.
- Conduct VCs outside Hyderabad in teaching centres as well as district hospitals, so that participants do not need to travel
- Increase publicity to spread awareness and attract interested participants
- Consider applying for CME points



## Appendix I – Participant evaluations

### FACILITATOR COURSE

*What I liked:*

Faculty	Friendly learning environment Support from faculty members Extremely focused and helpful “mentors” All doubts cleared
Content	Learning simulation from a facilitator’s point of view Scenarios good Facilitation sessions Debriefing videos Active participation X 2 Good interactive sessions
Scenario development	Scenario development/design X 3 Scenario development and execution with brainstorming Playing scenario designed by us X 3 Developing a scenario as a team Got to know how to frame/design a scenario
NTS	Enacting multitasking in OR Model play presenting how to handle emergencies in OT Team approach suggestions
Facilitation	Difference between learner perspective and facilitator perspective Practicing facilitation Performing various roles in the facilitation, learning responsibilities in the various roles
Debriefing	Understanding debriefing X 2 Art of debriefing X 2 How to ask the right question How to be polite for debriefing Debriefing skills Understanding debriefing – advocacy-inquiry How to debrief in a structured way Practicing debriefing X 2 Debriefing roles
Food, arrangements	Great cookies Biscuits Good arrangements for course Planning and timing
General	Day 2 – better understanding, clarity and reflections Video at the end was a very warm gesture Excellent video summarizing the 1 <sup>st</sup> two days

*Suggestions for improvement:*

Course duration	A little shorter duration – a little burnout felt by the team not in the scenario If possible, shorten course to 1 day
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	Long days – shorten the duration Kindly reduce the duration of the day's proceedings Slightly shorter duration
	Should be part of regular teaching – initiatives at higher level
	Scenarios can be more local
	Time keeping X 3
Role-play	A session on role-play, especially facilitator Appropriate role-play for more realistic outcome and long-term retention
Debriefing	A demo of debriefing session in the beginning for better understanding Slightly longer debriefing session Day 2 – evolved in learning the nuances of debriefing
General	The very focused and patient mentors Reflection of the previous days' events in a picture video

What can you take away from the course:

Non-technical skills	Teamwork / team management X 2 Situational awareness X 2 Decision making X 2 Role/task allocation X 2 Closed loop communication among team members X 2 ANTS – plan to implement teamwork X 2
Training	Role-play at local set up Always remember and apply adult learning principles Be inclusive
Simulation	Scenario design should be realistic How to run a scenario Being prepared for facilitating sessions for effective conduct
Debriefing	Not easy to ask a good question Importance of debriefing Open up participants' frame of mind and thought processes Advocacy inquiry model of teaching X 2 Debriefing technique Debriefing should be framed around objectives Methodical approach to debrief Debriefing is the most important part of simulation Reflection is important for learning Debriefing process was taught well Debriefing – most sensitive and participant driven Facilitator must coordinate efficiently to get the learning objectives out Debriefing is extremely important and should be practiced often Debriefing skills
	Practice debriefing! Practice debriefing! Practice debriefing!
Scenario design	Clarity about objectives is necessary for scenario designing Find learning objectives as per SMART methodology Any simulation scenario can be framed depending on the challenges of working environment

	Participation in more such courses will help in reinforcing what has been learnt
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Other comments:

Happy to be a part of this new learning
Loved the way the organizers made us feel comfortable and a part of them

### New facilitators Day 5

Things they liked	Interacting with participants – understanding different viewpoints
	Role-play
	Improved debriefing
	Engaging scenarios, Realistic situations
	Better communication, Better teamwork
	Good topics
	Time management improved
	Lots and lots of practice as a facilitator
	Great mentors, focused, who want to bring about a change
	Extension of application beyond work – in personal life
Suggestions for improvements	Scenarios with similar learning should be done on different days
	Adding surgeons to course
	Involvement of surgeons, PG students and paramedical staff
	If we have to conduct the course, scenario repetition can be avoided or it can be reduced; as delegates also were stressed up with less gaps
	5 days is a little tiring – possibility of reduction?
Take away messages	Change management and implementation
	Non-technical skills for managing a complaint
	Debriefing skills
	ANTS
	Call for help
	Importance of closed loop communication
	Importance of prioritization X 2
	Better management of trauma patients
	How to run scenario
	Conduct mock drill
	Flow charts/cognitive aids to be placed in each hospital
	Non-technical skills are a gamechanger in crisis
	Practice makes one perfect
	I will incorporate it in my daily practice
Other comments	Thank you for making it possible for me to do the course
	The course helped me evolve as a crisis management team member. Thank you
	Theory part in hall can be discussed less as we are covering same in simulation, so that course duration and time management can be done properly

## VAST COURSE

### Day I

Things they liked	Atmosphere	The friendly and relaxed atmosphere The pace – it was not rushed Planning was good Friendly non-judgemental environment
	Scenarios	The scenario structures Discussion of practical / real-life situations Crisply done scenarios Useful topics of discussion and case scenarios Good simulation scenarios
	Sessions	Practical Informal Easy to understand and remember Excellent involvement of participants Interactive engaging sessions Very well structured and organised Very interactive X 2 Debriefing was good Learnt important take home messages
	Faculty	The facilitators Debriefing sessions Presentations Course organisers and faculty are excellent
	Non-technical skills	Good communication X 2 Early information. Calling for help Teamwork
	General	Good food Frequent and timely food breaks Early morning game – routine OT, E OT and CPR
Suggestions for improvements		Assign some more time to the role players for the role to sink in
		Timer for station
		Mannikins could be better
		More practical procedures on manikins
		More planned scenarios and simulations
		Improvements in debriefing – some inputs from trainer when we miss anything from the team
		Monitors kept in front of team leader to enact immediately in crisis
		The domain of this course should be extended and it should be incorporated in PG curriculum of anaesthesia and surgical specialties
		Well organized
		I really enjoyed today's session and am looking forward to the next two days
Take away messages	Non-technical skills	Closed loop communication X 4 Teamwork X 5

		<p>Leadership – identify team leader X 2</p> <p>Prioritise tasks</p> <p>Inform team members early in crisis, role allocation</p> <p>Cognitive charts</p> <p>Resource allocation</p> <p>The importance of planning and communication</p> <p>Good planning saves the day</p> <p>Maintain calmness in spite of gravity of situation</p> <p>Delegate tasks to improve efficiency</p> <p>Good practice of non-technical skills which comes over time learning as a course</p> <p>Practice drills for each situation a must</p> <p>Crisis resource management</p>
		The way of debriefing of team is very novel and needs to be imbibed
		Scalpel cricothyroidotomy – FONA X 2
		Patient safety always comes first X 2
Other comments		The training needs to be continued to actually make a difference in reality.
		VAST will help in achieving workplace confidence
		Should encourage paramedics, nursing staff and surgeons to take the course, to give better results
		Thank you for giving me a nice learning environment (Monica)
		I sweet dish in the menu
		Thank you so much for making me feel welcome and included

## Day 2

Things they liked	Non-technical skills	<p>Good team working and coordination X 3</p> <p>Helping for early X 2</p> <p>Crisis management</p> <p>Leadership in every scenario</p> <p>Teaching importance of good and effective communication among team members</p>
	Sessions	<p>Difficult intubation</p> <p>Managing very well in difficult airway management</p> <p>Paediatric or neonatal resuscitation</p>
	Scenarios	<p>PPH scenario</p> <p>Practical</p> <p>All team members actively participated in their respective roles X 3</p> <p>Simulations</p> <p>Case scenarios X 3</p> <p>Many of the things relatable to our everyday practice</p> <p>Real life scenarios presented X 2</p> <p>Increasingly complex situations in obstetrics</p> <p>Interactive scenarios</p> <p>Practical learning</p> <p>Excellent interaction</p> <p>Salient points discussed</p>

	Debriefing	Debriefing sessions X 3 Well conducted by facilitators, as everyone's perception welcomed
		Surgeon and anaesthetists' key role in the different situations
		To improve knowledge and sort out problems X 3
	Burnout	How important it is to recognize burnout Attention to "burnout" among anaesthetists
	General	Facilities and equipment Ice cream as dessert
Suggestions for improvements		(I think some of the participants understood the question as improvement in themselves!)
		To improve my own communication skills, to identify my own capability
		Better communication
		Clear handover
		Be calm (be friendly) with patient and attenders
		A varied and different scenarios
		To provide videos also
		Slightly longer scenarios (5 minutes)
		One leader for each scenario
		Some points repeated multiple times
		It is exhausting to have 7 scenarios in one day
		Different scenarios to be covered instead of only obstetrics
		Every anaesthetist and members of surgical team should take this course
		Involvement of multi-disciplinary surgical teams Scenario specific surgeons
Take away messages		Systematic management
		Check surgical checklist
	Non-technical skills	Communication and team work very important X 10 Give clear and well-defined roles to your team members Leader leads by example, be confident so your colleagues look up to you Establishing leadership in crisis situations X 2 Teamwork helps when handling emergencies X 2 Clear handover
		Patient care
		Regular drills Training PG students and nurses
	Burnout	Recognising burnout X 3 Empathize with fellow anaesthetists Management of burnout
		Vigilance
		Friendly atmosphere of the course
	Clinical care	Early identification of patient deterioration Systematic approach Developing protocols for your post-op wards Obstetric management
		Psychological preparedness

Other comments		Friendly atmosphere
		Low resource simulation is good, but one session of Hi fidelity mannequin could have been incorporated in the 3-day course
		Mini VAST – sessions in individual hospitals with case-specific scenarios

### Day 3

Things they liked		Learnt more about paediatric and trauma patients
		Summing it up – Agents for change
		Multi-disciplinary involvement – surgeon, nurse, technician, anaesthetist
	Non-technical skills	Started to notice improvement in my own non-technical skills
	Course content	Good lectures Well structured Amazing interaction X 2 Simulations Lectures Very interesting simulations Prioritization matrix Discussions pertaining to real workplace issues
	Atmosphere	Friendly atmosphere Friendly environment Enjoyed teamwork Enjoyed being a learner Great time management
	General	Chicken biriyani, Sheer korma Good food
Suggestions for improvements		Improve clarity on timeline during simulations
		VAST needed for teaching faculty in other specialties too. Please conduct 6 monthly if possible
		Incorporating different scenarios in each simulation to avoid repetition
		Timings have to be adjusted
		Simulation in various crisis situations
		Keep refreshing our skills by repeat courses
Take away messages	Non-technical skills	Delegating work with clarity makes handling situations easy. Good leadership and teamwork are important for better patient care All non-technical skills to be practiced and to be taught/shared with department Teamwork and role allocation to members according to their capabilities Avoid hierarchy, be approachable To implement new things in the workplace for safe patient management Always prepare for worst situation Working as a team and family

	Simulation	Simulation in workplace if feasible Discussing with team members importance of simulation Importance of debriefing Simulation improves knowledge and skills Training decreases response time
	General	Making friends Follow protocol Cognitive aids to be installed strategically in hospital care areas Repeat primary survey in case of change in patient condition Sweat today to bleed less in war!
Other comments		I have learnt so many technical and non-technical skills from this course and will try my best to incorporate them into my practice. I have also met so many amazing people who have taught me so much, for which I will forever be thankful. Thank you for the wonderful experience.
		It felt good doing the course
		You can change the world behaviour with simulation and non-technical skills course. Wonderful!



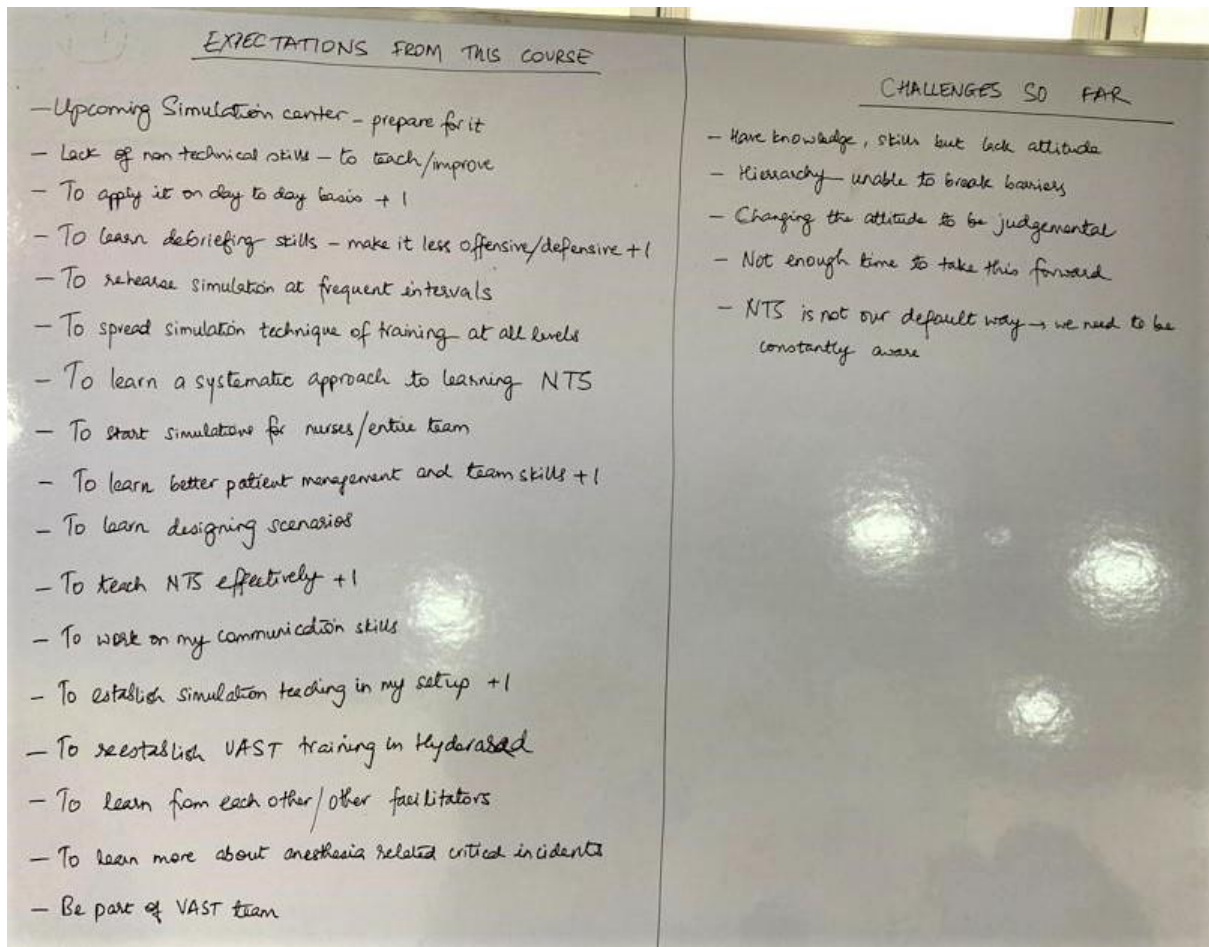




### Introductions



### Noting expectations from course



**Hand it on!**

# Nuts and Bolts!



## Running scenarios



## Debriefing



## Scenario design – brainstorming!





Day II Reflections

well

Debriefing done well by first timers.

Building Scenarios - in a stepwise manner went well

Understanding VAST

Importance of non technical skills

Fun trying to learn to

Question

Responsibilities of facilitator

Coordination Perspective

Patient facilitators

Friendly Supportive

Cool

Challenges

Long day

Debriefing cross talk

Prebriefing - little more time needed

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Future Opportunities

- Participate in more such VAST courses in future
- Research interests shown
- Assessment tools for ANTS
- Funding Queries for future VAST Programs



Watching Vijay's video of FC



End of Facilitator Course

### Participants



EXPECTATIONS FROM THIS COURSE

- LEARN SKILLS TO BE A BETTER LEADER
- LEARN TO INTERACT BETTER - IMPROVE OUTCOMES IN CRISIS
- TAKE HOME NON-TECHNICAL SKILLS FOR POSTGRADUATES
- INCREASE AWARENESS ABOUT NTS, TEACH INTERNS, PGs
- IMPROVE COMMUNICATION SKILLS
- FOCUS ON LEADERSHIP SKILLS
- WANT TO LEARN NEW THINGS
- IMPROVE MYSELF IN CRISIS SITUATIONS
- LEARN NEW THINGS TO IMPROVE PATIENT SAFETY
- FINE TUNE MY NTS



**Hand it on!**



**Role allocation**

## Scenarios



## Debriefing



## Sharing a joke!

## Reflections

Reflections

Well

- well organized, team work, how to improve our communications.
- optimum use of limited resources (checkbox utilization in crisis)
- essential information was easily dispersed. Support → more comfortable.
- Technical skills revision.

- games as part of learning was well appreciated.
- good engagement for all participants.
- interesting & being a PG, I learnt a lot from seniors.
- simulators were structured & organized well.
- simple maniquis could be used.
- Initial glitches & then smooth conduct → more members to attend

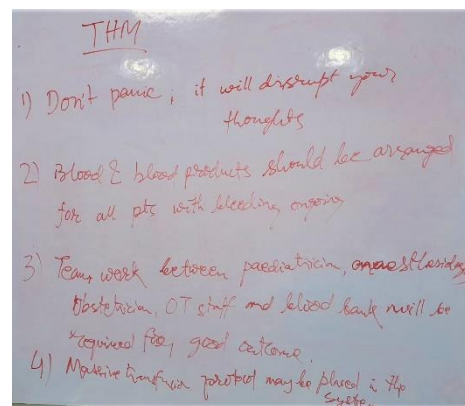
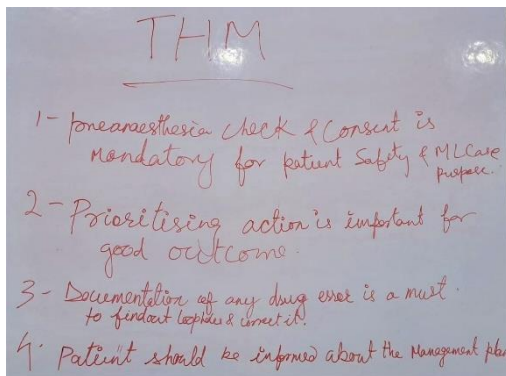
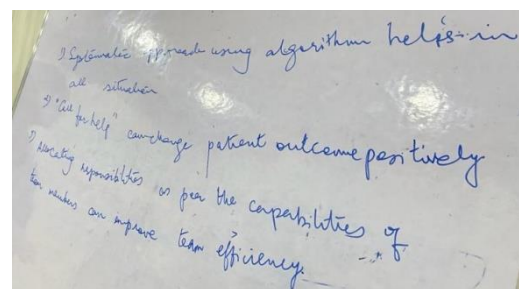
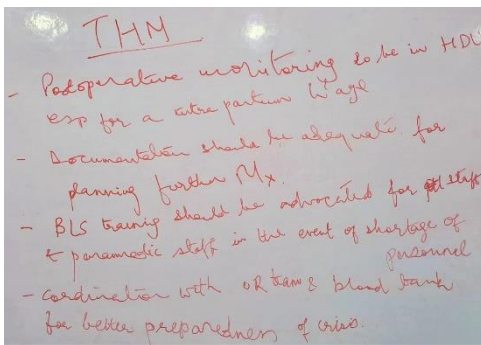
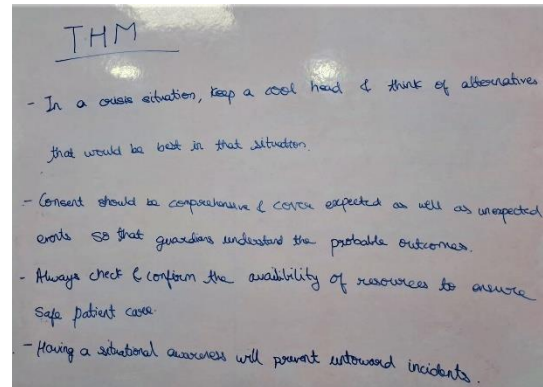
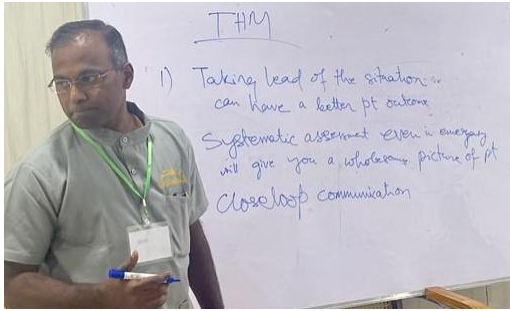
CHALLENGES SO FAR

- covering more situations
- including surgical staff in course
- make monitor more visible to the lead participant.

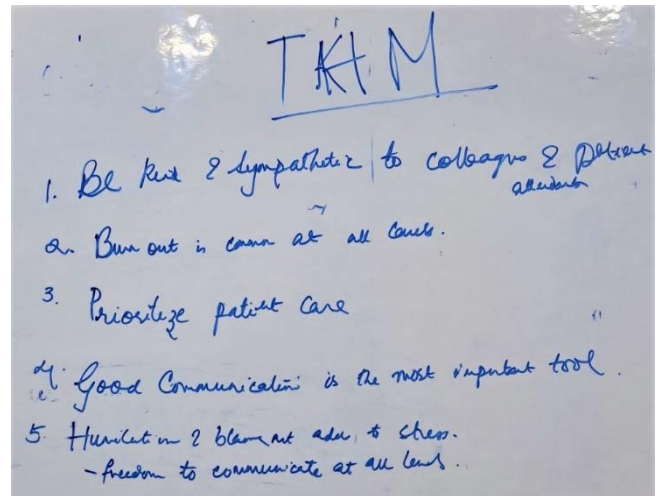
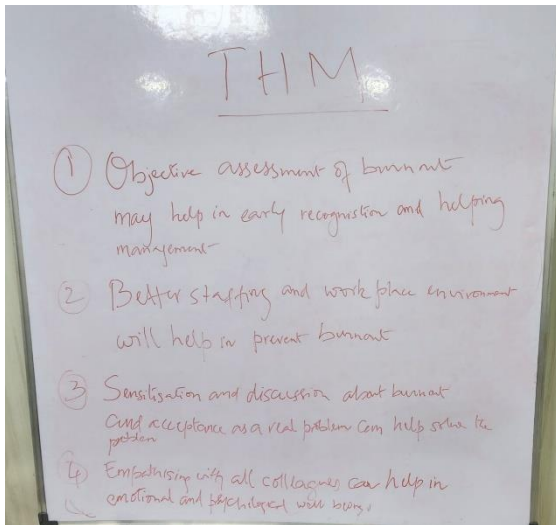
CHALLENGES SO FAR

- Have knowledge, skills but lack attitude
- Hierarchy - unable to break barriers
- Changing the attitude to be judgemental
- Not enough time to take this forward
- NTS is not our default way → we need to be constantly aware

## Take home messages



## Burnout



## Some relaxation!





Agent for change	Success	Timeline
Role play white teaching Cognitive aids usage Introduce NTS into practice —	Change of <sup>work</sup> culture Get backing of HOD Pursue courses like VAST	
WHO checklist Roleplay at Hospital —	Collaborate with VASTees	Pilot this month and continue twice a month
Cognitive aids in workplace —	Involve Management	2 weeks

