

**Gentofte
Hospital**

REGION

Teamwork - training nurses and doctors in rapid response

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GENTOFTE HOSPITAL

In the capital region of
Copenhagen



Built in 1927

500 bed university hospital

20.000 admissions/year

ICU 9 beds



For the next 7½ minutes

- How do we train doctors and nurses in MET at Gentofte Hospital
- Contents of the course
- What have we achieved
- Future tasks

MET implementation at Gentofte Hospital

2007

2009

Januar

Februar

March

April

May

June

September →

Intro
ducti
on

Team education, tests and preparation

Evaluation

MET
Pilot
study

Multiprofessional
Simulator based
training →

MET →

Intern
medicin

Abdominal
surgery

Vascular
surgery

Pulmonology

Orthopedic
surgery

Ear, nose
and throat
surgery

Cardiology



Some of our goals

- To improve ward staffs knowledge of how to recognize and manage the patient at risk
- To strengthen the ward staffs knowledge about the importance of systematic observation
- To strengthen the teamwork during the METcall

Learning objectives of the 1 day course

- Observe clinical signs
- Recognize deterioration
- Manage deterioration
- Communication
- Teamwork

Teaching methods

- **Interactive minilectures:**

 - Medical emergency teams

 - The deteriorating patient – the principles of ABCDE, Sepsis

 - Communication: CRM – closed loop – ISBAR

 - Case discussion

- **Multiprofessional simulationbased training**

 - 2 fullscale simulations followed by debriefing using the learning objectives

- **Summation of:** learning objectives, the minilectures and what to bring back to the wards from the simulationpart

Participants:

- Ward nurses
- Junior and senior doctors from the ward
- Intensive care nurse
- Intensivist (doctor)

Teachers:

- 2 educators (ICUnurse/ICUdoctor)
- 1 operator (medical student)

Before the course starts:

- Manual of the patient at risk, pocket card, leaflet on safe verbal communication

What have we achieved?

- Nurses feel more safe around the deteriorating patient, but the actual transfer value is unknown
- Respiratory rate measured more often
- Greater understanding of differences between different groups of staff
- Doctors think some of the theory are repetitions, but benefits from the CRM part and the simulation part
- ICU staff have noticed the difference on MET-calls with Wardstaff that's been on the course / compared to those who have not
- Its now a part of the general introduction package for new employees at the hospital

There is still a lot of work to do

- Specific skill training / taskforces
- Using debriefing consistently as part of the MET call
- Regular/annual brush up courses
- Structured follow up on the effect of the course
- Getting everyone on the course
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- Constant follow up at the wards on the skills from the course