Improving confidence of Recovery Staff by implementation of

ReCITe

REsus & Critical Incident TEaching

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BACKGROUND

Gartnavel General Hospital (GGH) contains ten theatre suites in the main operating department and three theatre suites in the day surgery unit. Whilst it is similar to an ACH (Ambulatory Care Hospital) treating mainly ASA 1 & 2 patients, it is also the regional inpatient ophthalmology centre and shares a campus with the Beatson Oncology Centre. As such, it can receive high risk patients.

Education is a key element in providing safe patient care. Our aim was to provide training for recovery staff to improve confidence in dealing with emergencies seen within the recovery area of operating suites.

METHODS

We developed the **ReCITe** (Resuscitation and Critical Incident Teaching) course as a 6 week programme covering scenarios found in the AAGBI Quick Reference Handbook (Table 1). This was approved by the clinical and nursing lead for GGH, but did not go through a formal clinical governance process, as this was not deemed necessary.

WEEK	TOPIC	Scenario 1	Scenario 2	Scenario 3
1	**Cardiovascular collapse**	Cardiac arrest	Tachycardia	Bradycardia
2	**Hypoxia**	Anaphylaxis	Aspiration	Circulatory embolism
3	**Chest pain/ SOB**	Cardiac ischaemia	Cardiac tamponade	Pulmonary oedema
4	**Hypotension/ hypertension**	Sepsis	Massive blood loss	Hypertension
5	**Airway**	Can't Intubate Can't Oxygenate	Laryngospasm	Bronchospasm
6	**Miscellaneous**	Local anaesthetic toxicity	Pneumothorax	Bleeding tonsil

Table 1: ReCITe programme

The course was run every Thursday morning in GGH recovery for a period of 6 weeks, facilitated by a consultant anaesthetist and an anaesthetic trainee. Each session started with a presentation outlining the 'Key Basic Plan' followed by discussion of 3 critical incidents.

After discussing the critical incidents, 3 low fidelity simulation scenarios were run through to consolidate learning and develop non-technical skills. A resuscitation dummy and simulation software (SimMon, simulating a patient monitor) were used to facilitate this.

The aim of the structure was to provide participants with an open and safe environment for discussion. Participants were encouraged to use the AAGBI handbook and to find the necessary equipment in the usual places to create a sense of realism (although simulation equipment was used to reduce waste). A questionnaire was used to evaluate the effectiveness and realism of the session.

RESULTS

29 participant feedback forms were completed over the 6 week period.

100% of participants scored presentation relevance as 10/10.

96% of participants scored scenario relevance as 10/10.

79% of participants felt their confidence had increased by at least 1 point on a scale of 1-10 (see Figure 1).

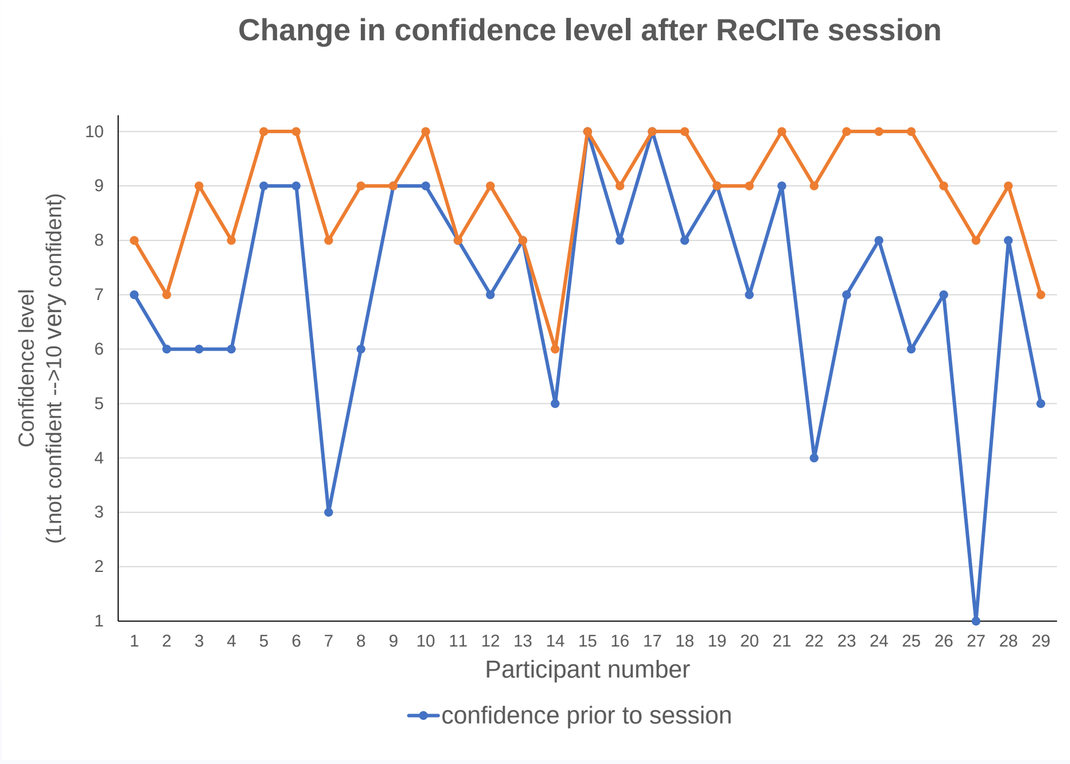

Figure 1: Change in confidence levels after ReCITe session.

The average score for realism was 9.5.

Positive feedback was received as to the usefulness of the session, with some stating they would recommend the sessions to colleagues. However, some participants reported that they suffered a lack of confidence during the simulation.

CONCLUSIONS

Feedback has shown this programme improved the confidence of recovery staff in dealing with critical incidents. The programme was delivered to staff of varying experience levels and resulted in a positive impact for all of them. It also led to staff re-evaluating the emergency drugs and equipment kept in recovery and it improved knowledge of the location of the emergency equipment.

This type of low fidelity simulation is an effective way to run in-house training and the scenarios can be adapted to be of relevance to other groups of staff in other settings. As a result of the popularity of the course, a similar programme has been developed and run for anaesthetic assistants in GGH.

It is important to ensure the staff are comfortable in the learning environment in order to promote a culture of shared learning and confidence, whilst being aware of their limitations.

The main challenge was finding an optimal time when staff were free to attend. We found early mornings were best, before the first patient arrived in recovery. As COVID-19 restrictions ease, we will re-run the programme to ensure it benefits as many staff as possible.

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