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P254 -Simulation Training: an under-utilised method of education for renal nurses?

Ms Karen Jenkins¹, Mr Anthony Adams¹, Mrs Paula Debling¹, Mrs Helen Swanborough¹, Dr Andrew Feneley¹
¹East Kent Hospitals University NHS Foundation Trust, Canterbury, United Kingdom

Introduction

Our unit provides dialysis services from one central and 5 satellite units. The dialysis service is predominantly nurse led and availability of medical assistance varies considerably between units, depending on their geographical location. Continuing education is currently delivered in skills-based sessions. A learning need was identified for dialysis nurses to be able to recognise medical emergencies, call for appropriate assistance and initiate management. Simulation was suggested as a modality to address this. Although simulation is being used for dialysis in some tertiary centres, we are not aware of its use widely for dialysis nurses in secondary care settings.

Method

A pilot session was implemented in April 2018 led by members of the renal nursing team in conjunction with the Trust simulation department and Renal Technologists. For the purpose of the pilot five scenarios were designed to be managed by two Intermediate Life Support trained registered nurses with telephone assistance from a renal specialist trainee doctor. The Trust simulation room was adapted to resemble a dialysis unit station. A haemodialysis machine and circuit was modified to allow the participants to interact with the machine, mock dialysis access created (fistula and central venous catheter) and 'dummy' patients created on the Renal IT system.

A multi-disciplinary faculty consisting of simulation and renal personnel was recruited. For the first session nine nursing staff from 5 of the units volunteered to attend as participants. Participants were all registered nurses ranging from band 5 -7 and placed into scenarios with people they were not familiar with. Each scenario lasted approximately 15 minutes, was filmed and was followed by a structured debrief with a trained facilitator. Those not participating in the scenario watched via camera from another room and also participated in the debrief

Results

Preliminary results of a post-course feedback survey indicate that all participants in the pilot found the course to be "good" or "excellent" and would recommend the course. Candidates found the course realistic and commented that it had improved their confidence in dealing with medical emergencies in practice. The debrief also highlighted issues with Trust protocols such as management of sepsis and hypoglycaemia which needed to be adapted specifically for renal satellite units where no medical personal were present. Since the pilot we have implemented a full programme to run 4 times a year with up to 15 participants each time and created ten scenarios which include machine issues as well as clinical emergencies.

Discussion

The results of our pilot are encouraging with regards to the use of simulation in renal dialysis education. Having run 2 subsequent courses with larger groups, including renal dialysis assistants and core medical trainees we have been able to demonstrate the value of shared learning in a practical scenario. We are currently considering whether an in-situ approach would be possible to deliver aspects of this programme. We hope to show a correlation between simulated renal education and a reduction in clinical incidents in the future.