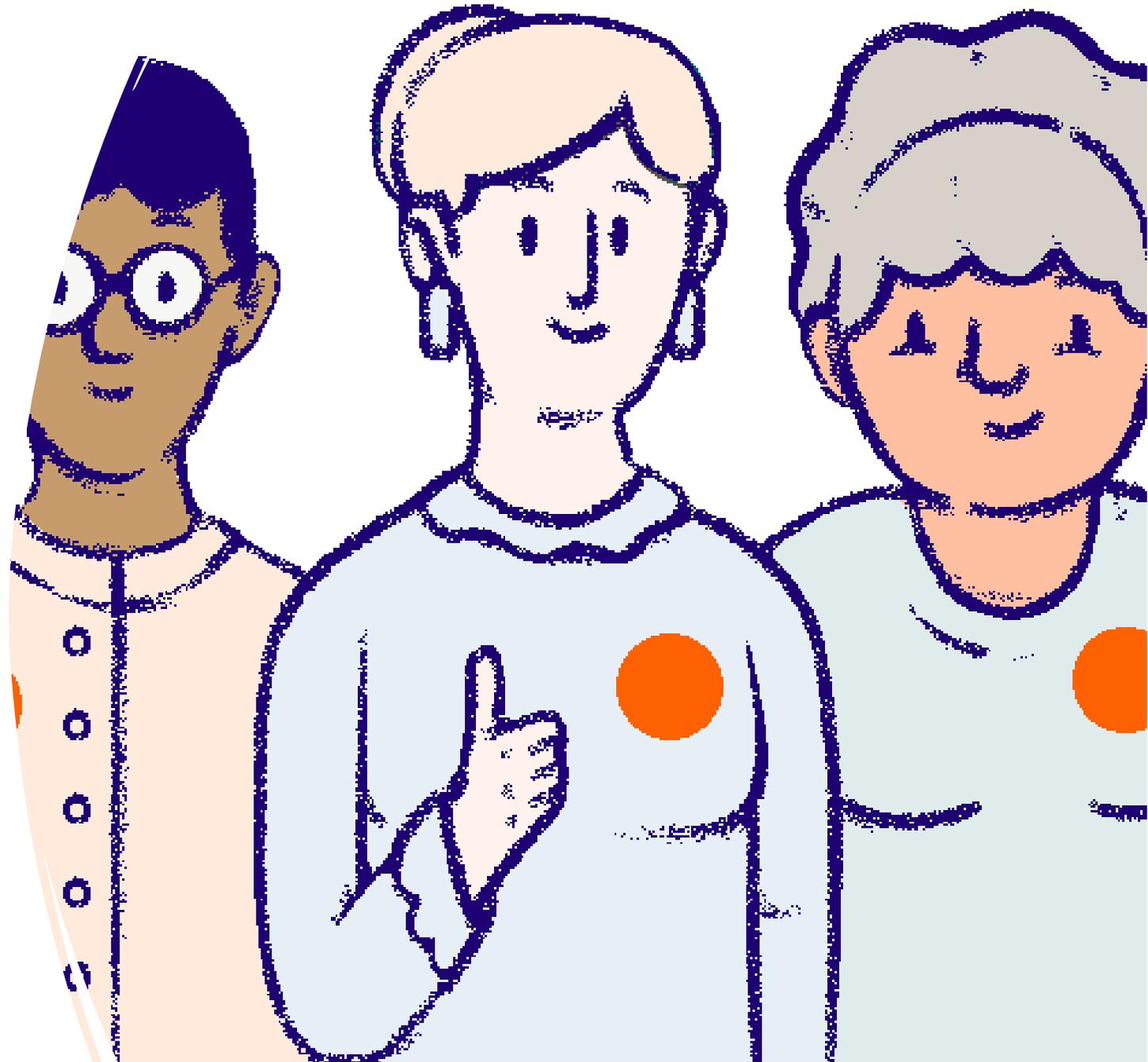


# Simulering for bedre samhandling og pasientsikkerhet

---

Bli inspirert til å ta i bruk simulering som metode tvers av ulike nivåer i helse- og omsorgstjenesten



# On professionalism, (simulation-based) education, and patient safety

Peter Dieckmann, PhD, Dipl-Psych

**Senior Researcher**

Copenhagen Academy for Medical Education and Simulation (CAMES)  
Capital Region of Denmark

**Professor II**

University of Stavanger  
Department of Quality and Health Technology

**Associate Professor**

University of Copenhagen  
Department of Public Health



**CAMES**

Copenhagen Academy for  
Medical Education and Simulation



Competencies

Competence

Capabilities

# Doing the right thing, first time...

Ian Curran

— □ ≡ ☰

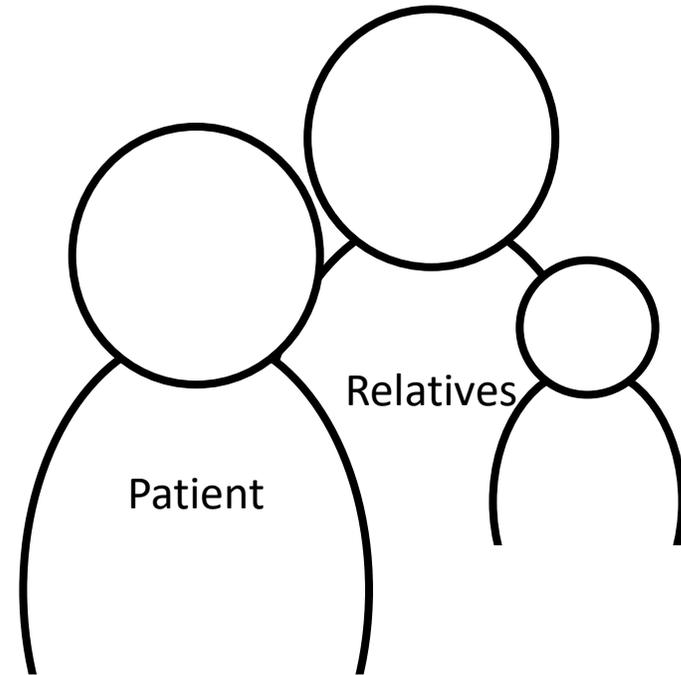
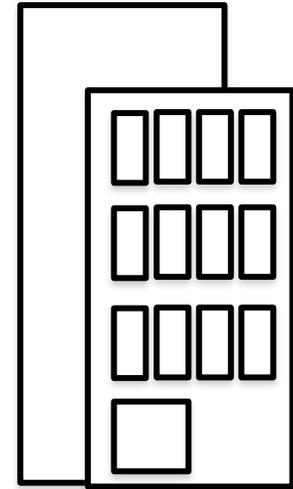
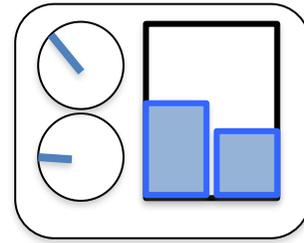
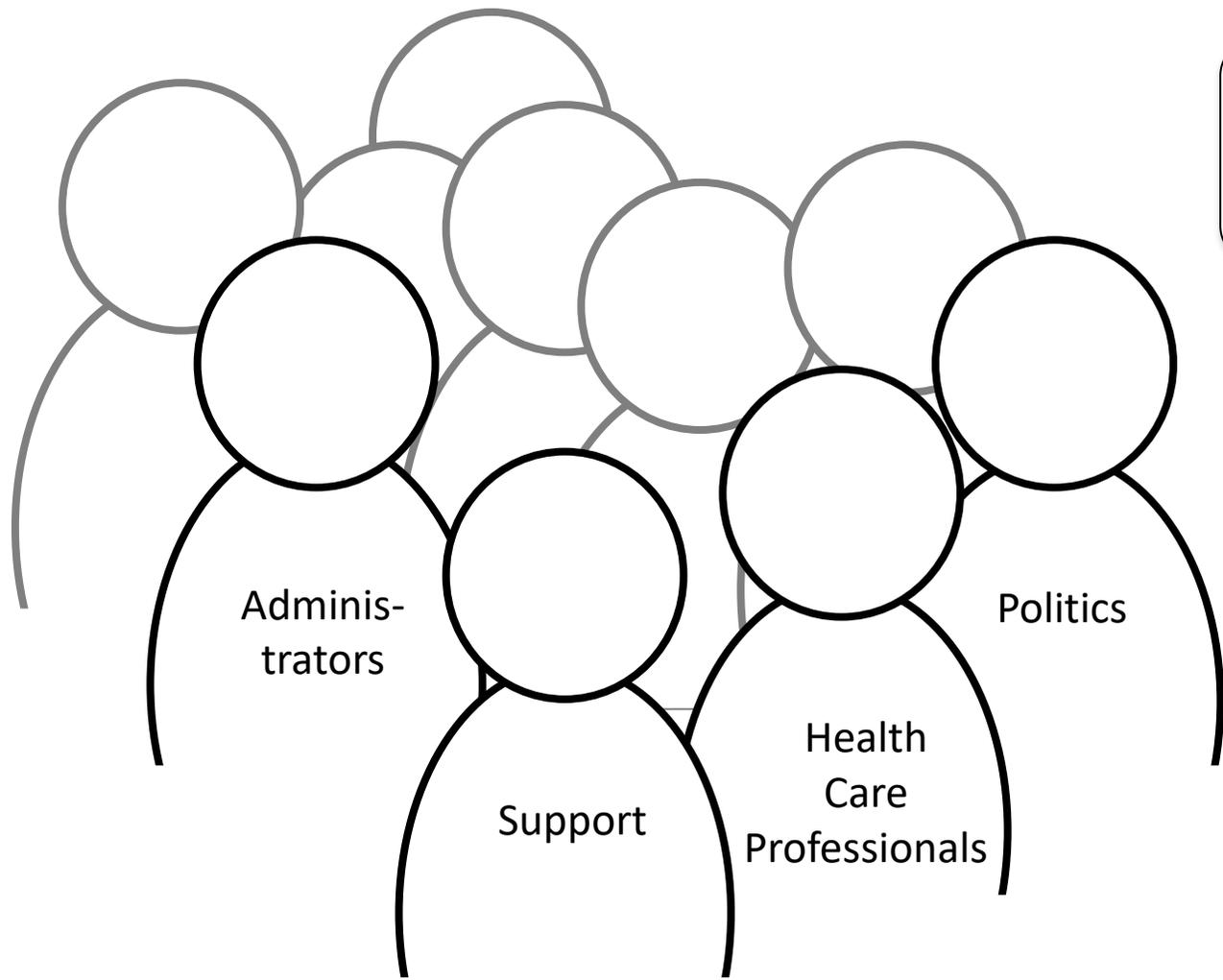
Sprechen: Ian Curran



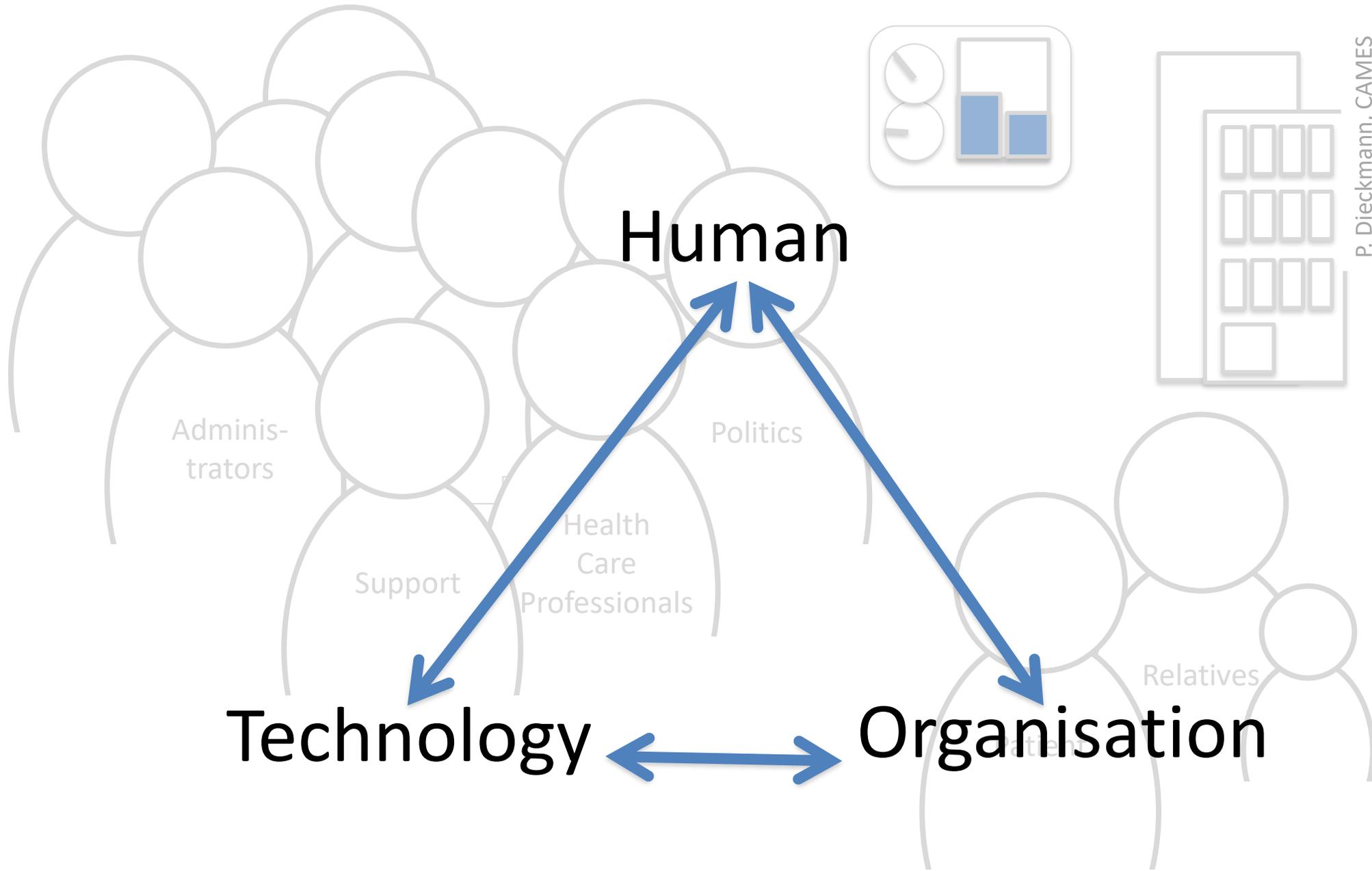
Do the right thing

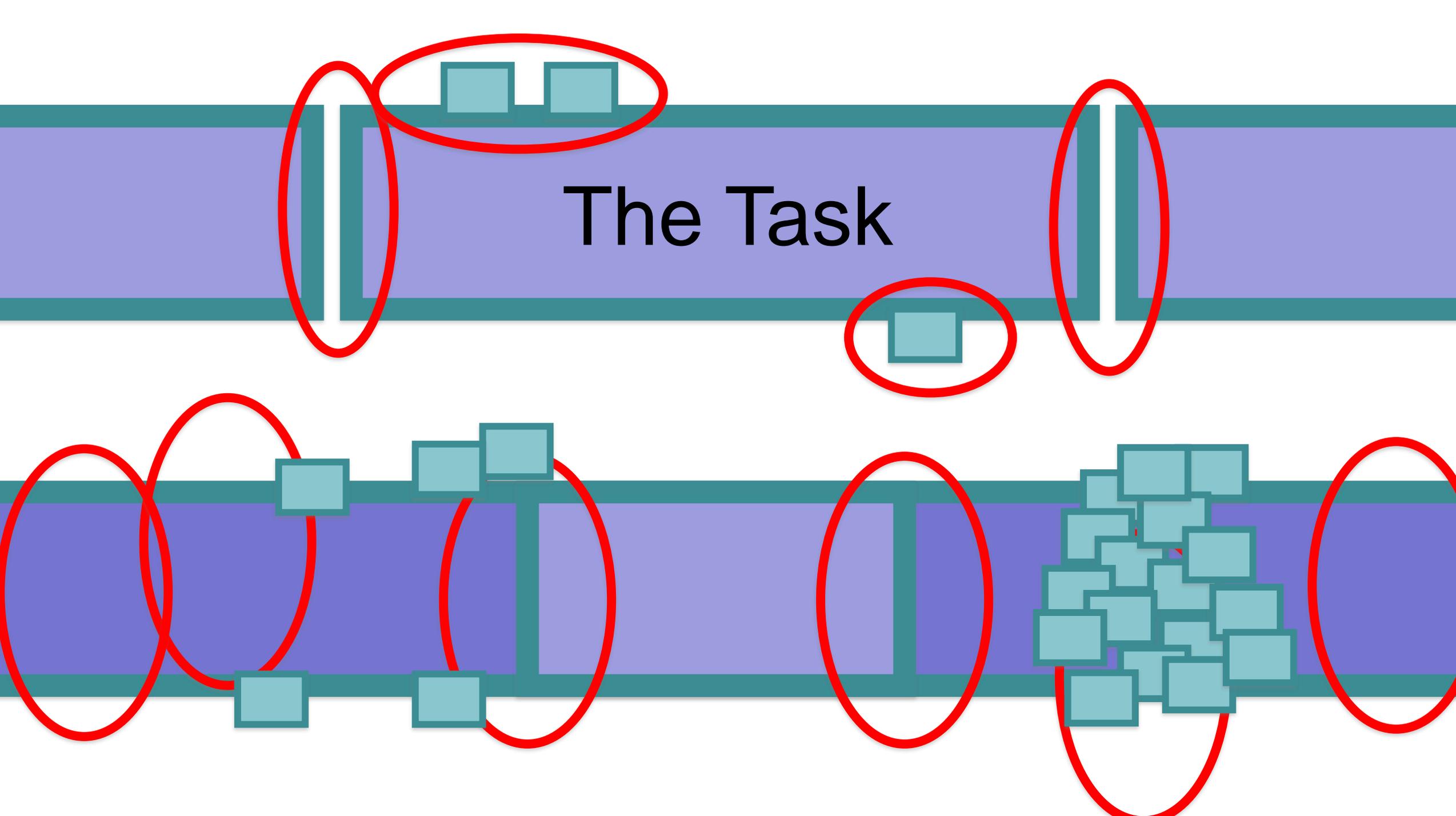
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Do the thing right (enough)



Situation





Work as imagined

Work as done

Erik Hollnagel

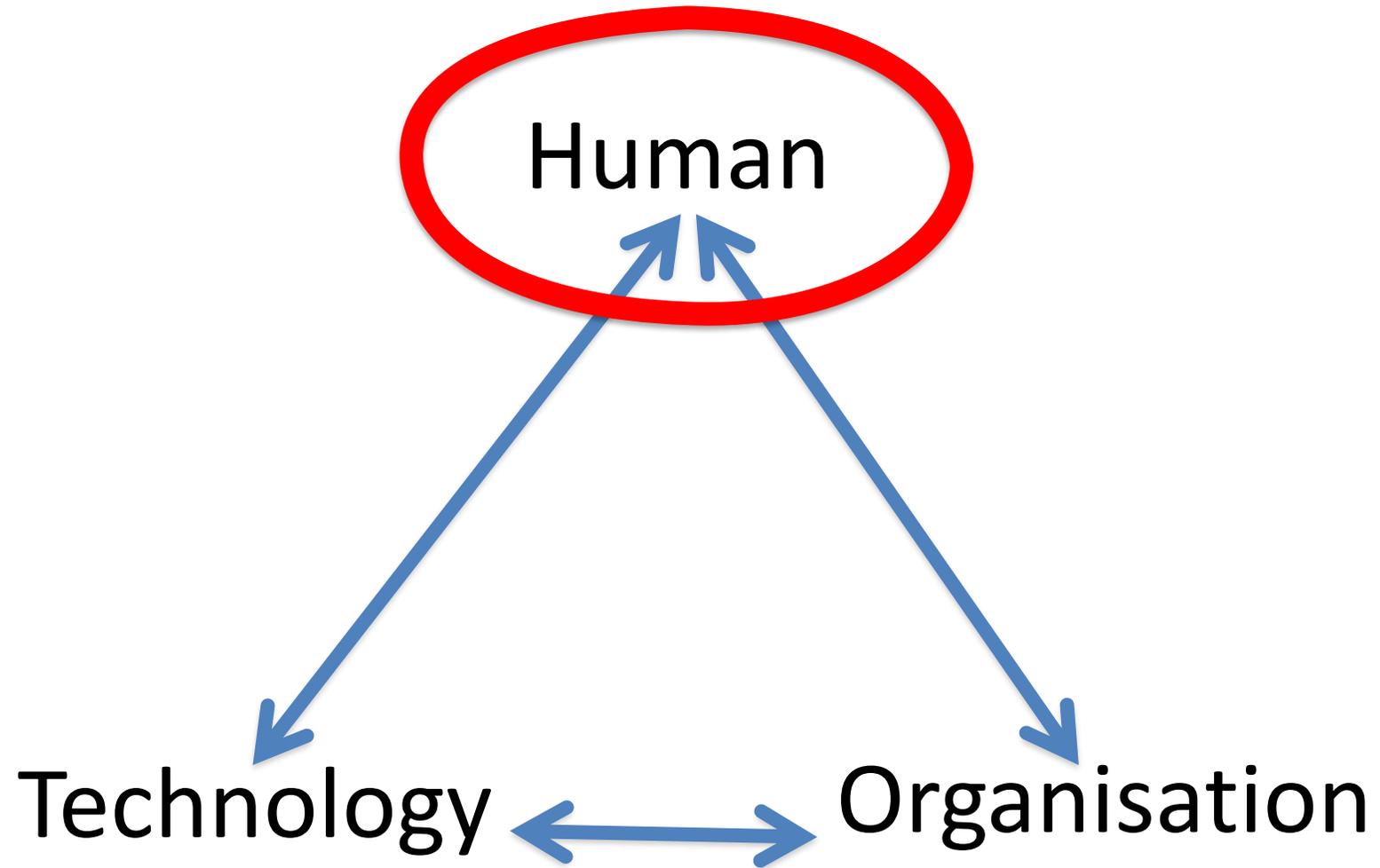
Uncertainty

Emotional challenges

Uncertainty

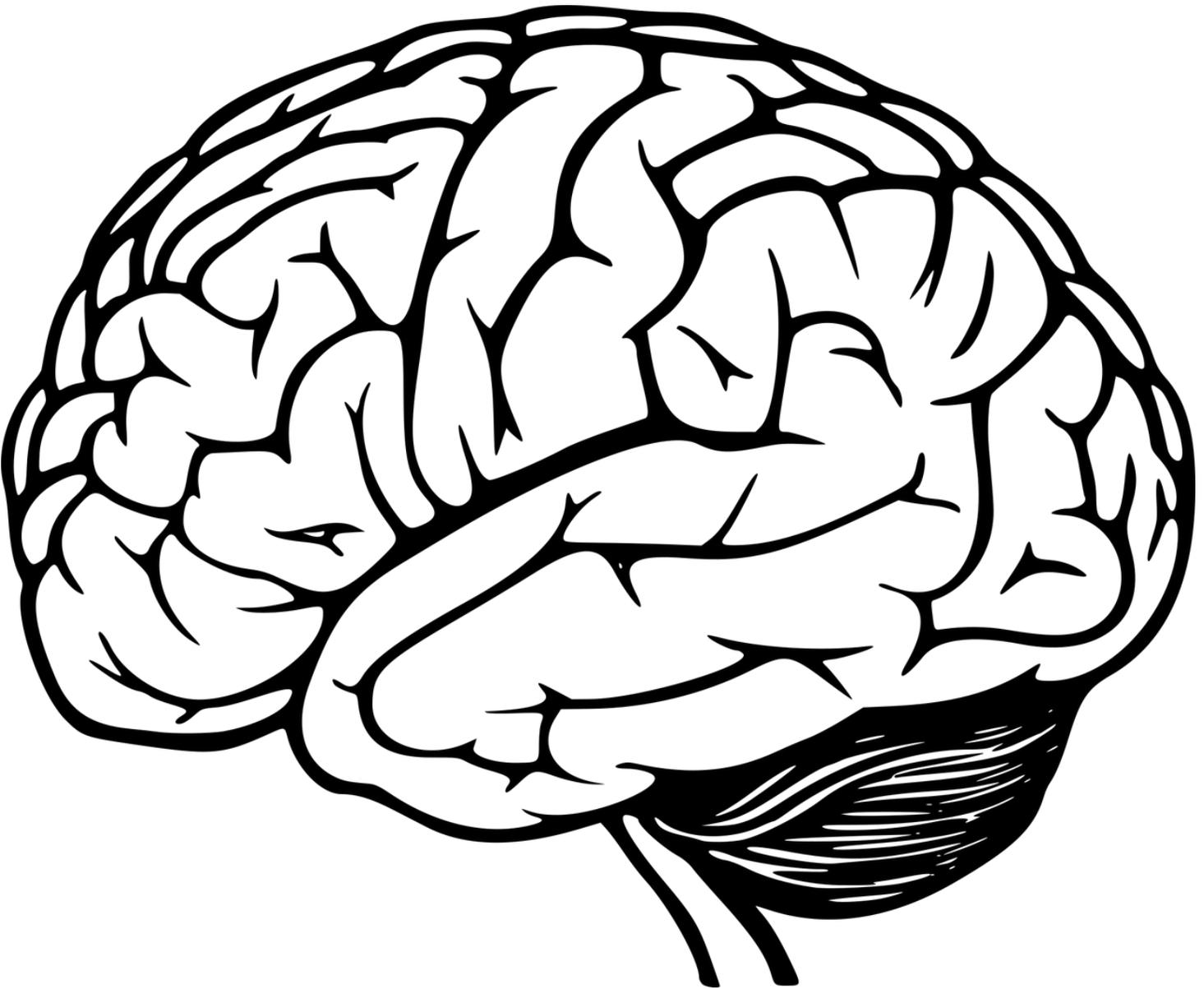


Emotional challenges



Human

**Human**

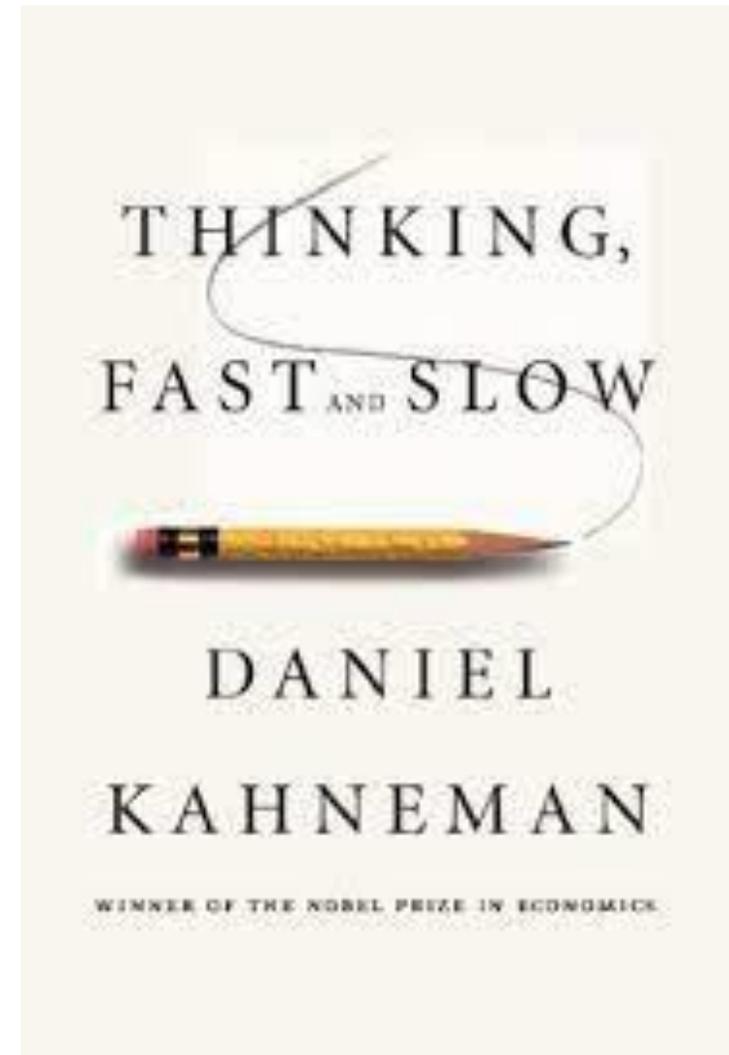


## **System 1**

Fast, automatic, frequent,  
emotional, stereotypic,  
unconscious

## **System 2**

Slow, effortful, infrequent, logical,  
calculating, conscious



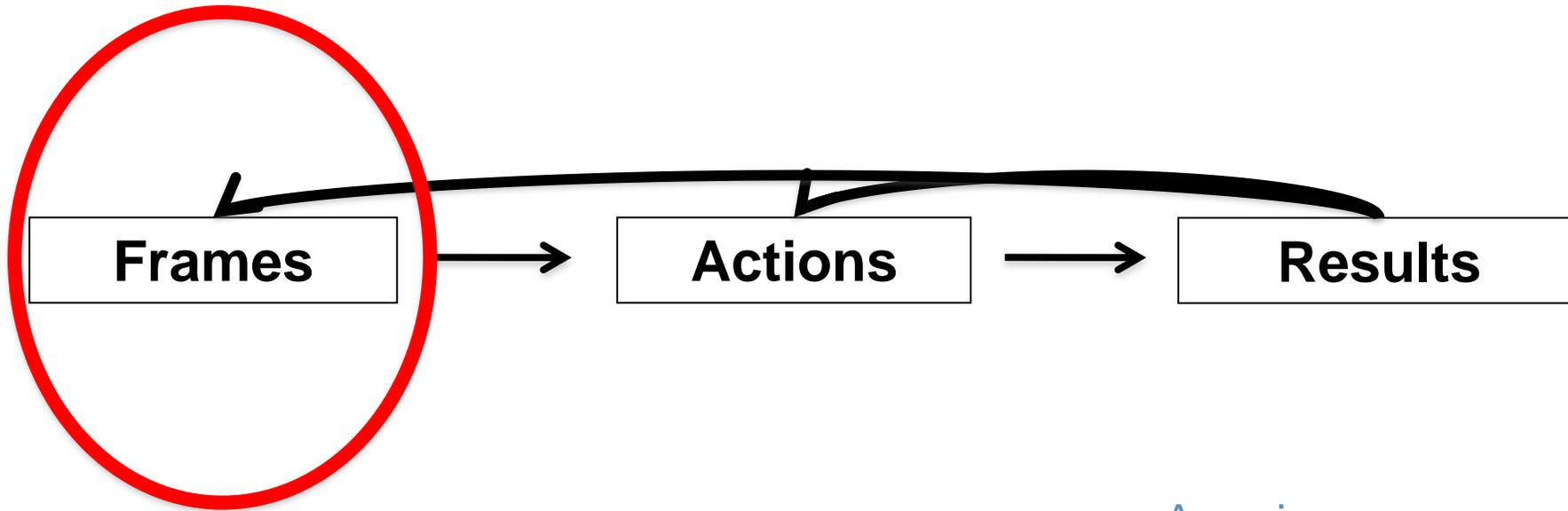


Yuval Noah Harari

Not considering emotions in the analysis of and  
intervention on of human action

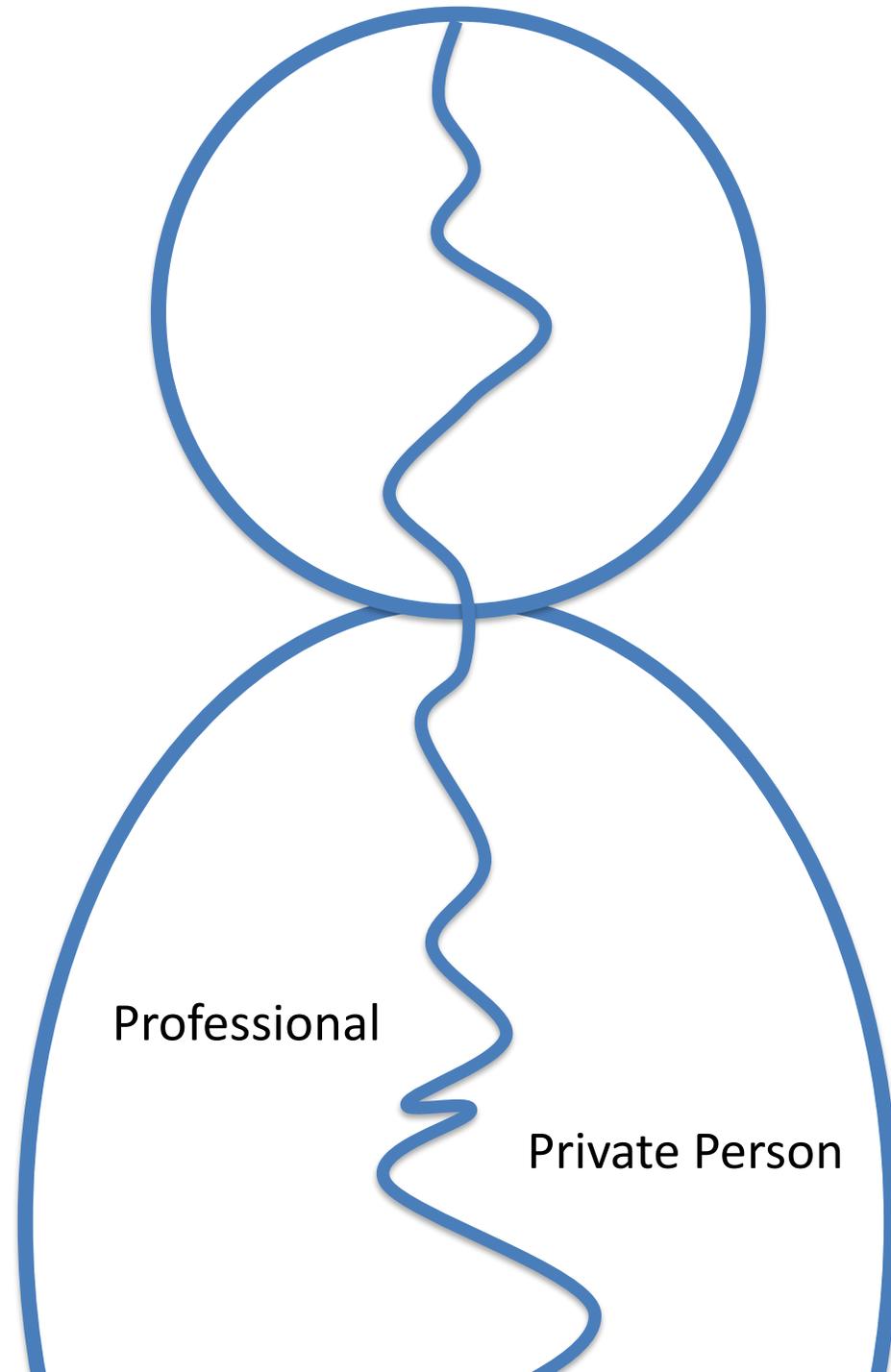
is like

not looking at A and B, when assessing a patient  
with the ABCDE approach.



Argyris

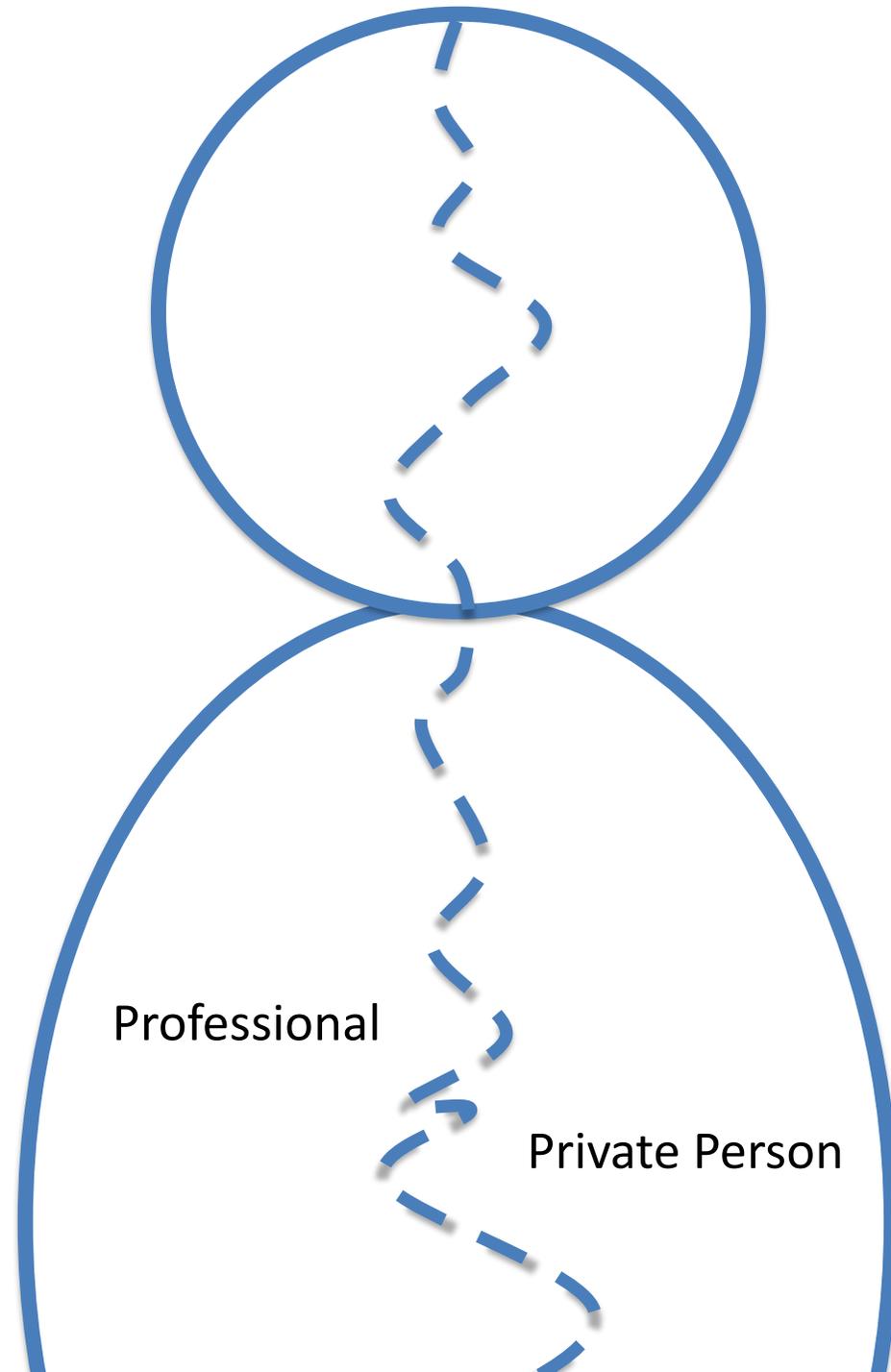
Human being



Professional

Private Person

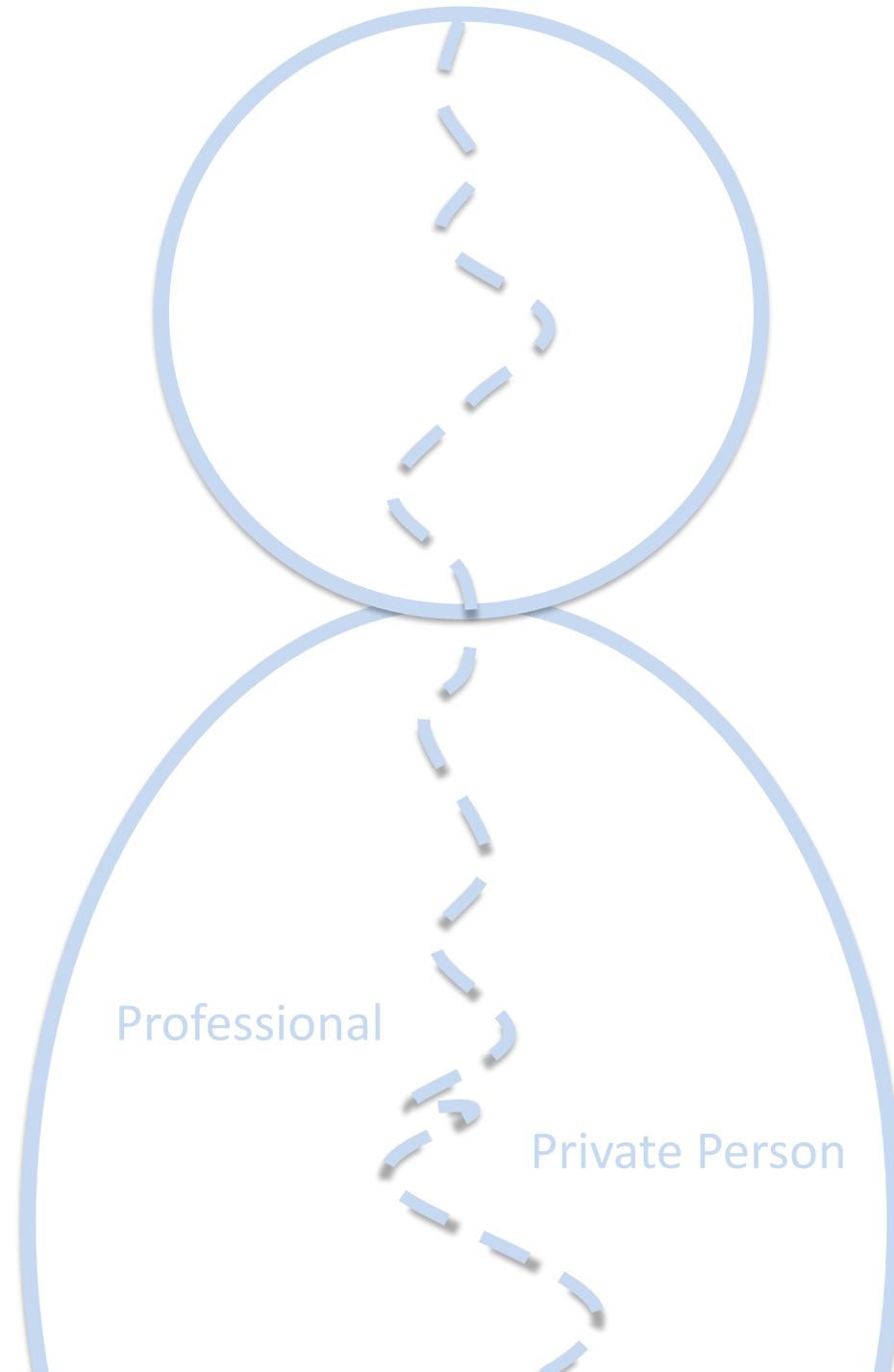
Human being



Professional

Private Person

Helping to help patients, their relatives, and to keep the system working



Helping healthcare professionals to stay healthy while helping others and working with each other

Professional  
space

Personal  
space

Guile (2011)



UK



USA



DK

So?

# Reducing

Stress

Burnout

Suicide

*“ . . . I was in a clinical rotation on 8. semester in an operation room with the anaesthesiologist. She asks me . . . if I want to place the IV, and I say ‘yes, but you have to look me over the shoulder’, and she gets annoyed and says ‘No, I don’t want to, I don’t have time for that, I’ll take charge’. And I just thought yes now I’ll never do this again. . .*

*Then I’m with her another day, and she asks me ‘have you learned to place an IV yet?’. . . and in that moment I felt that I wasn’t able to do it, because I’m like 50/50 with IVs, [...] but I choose to say ‘yes’, because I was so tired of being caught as not able all the time. Every time I say I need help, then I’m met with ‘you’re a burden’. So, I said yes, and totally fuck it up of course, and she gets mad at me. . .*

*I was so mad the whole clinical rotation because it was really one of these situations that marked me, because I was like ‘I can’t simply do anything right during the clinical rotation’. I tried to be the humble one and ask for help, and I really wanted to, but I also must learn, so I must try, and then I tried being the overly confident one, and fuck it up. . .*

*(Interview 3, no. 53)*

*Browall Krogh et al (in preparation)*

*“ . . . I was in a clinical rotation on 8. semester in an operation room with the anaesthesiologist. She asks me. . . if I want to place the PVC, and I say ‘yes, but you have to look me over the shoulder’, and she gets annoyed and says ‘No, I don’t want to, I don’t have time for that, I’ll take charge’. And I just thought yes now I’ll never do this again. . .*

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*Time passes by and then I’m with her again another day, and she asks me ‘have you learned to place a PVC yet?’. . . and in that moment I felt that I wasn’t able to do it, because I’m like 50/50 PVC’s, sometimes I’m able and sometimes I’m not, but I choose to say yes, because I was so tired of being caught as not able all the time. Every time I say I need help, then I’m met with ‘you’re a burden’. So, I said yes, and totally fuck it up of course, and she gets mad at me. . .*

***I was so mad the whole clinical rotation because it was really one of these situations that marked me, because I was like ‘I can’t simply do anything right during the clinical rotation’. I tried to be the humble one and ask for help, and I really wanted to, but I also must learn, so I must try, and then I tried being the overly confident one, and fuck it up. . .***

*(Interview 3, no. 53)*

*Browall Krogh et al (in preparation)*

# Possible learning goals

Being able to process that your colleagues see you as a burden.

# Possible learning goals

Being able to assess your own abilities in a system that sees being honest as a sign of weakness.

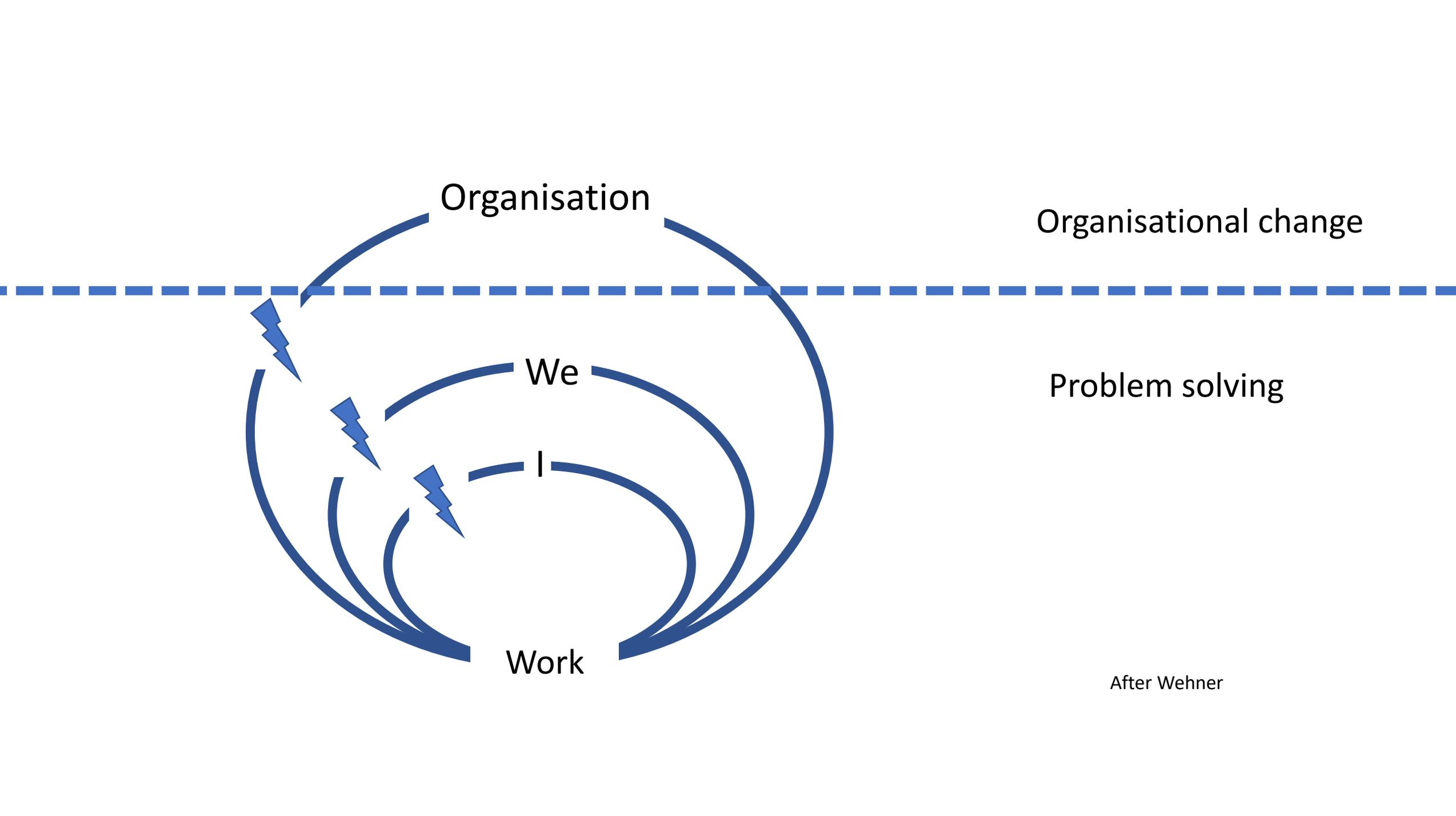
## Possible learning goals

Being able to interact with a colleague that you need for help, but who sees your request as a burden.

# Possible learning goals

Being able to actually support students or colleagues, even if you are super busy.

Making a difference in your system



# Possible learning goals

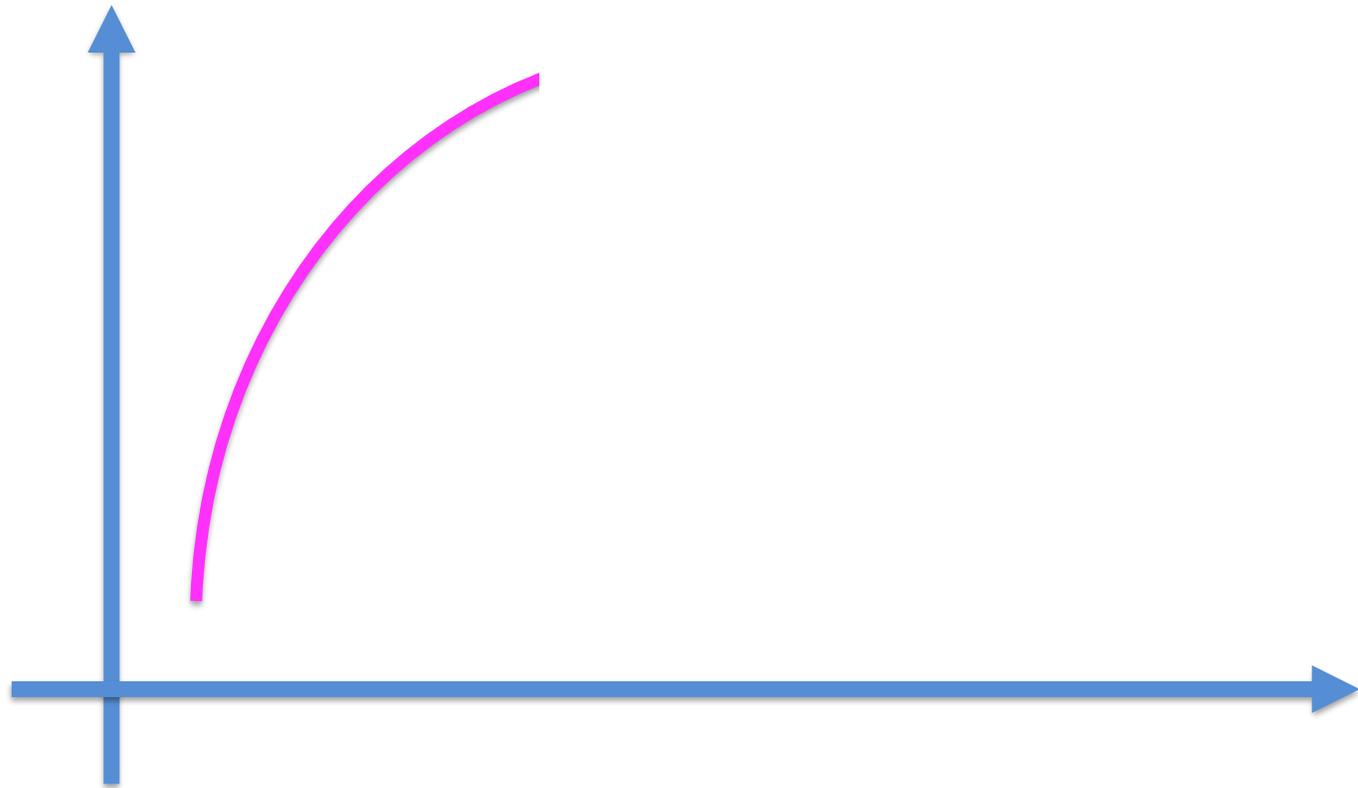
Being able to convince your boss that your idea for change are at least worth considering.

Do we teach people to function in the conditions of their organisation or to find constructive ways to challenge with organisation?

# Word vs Concept

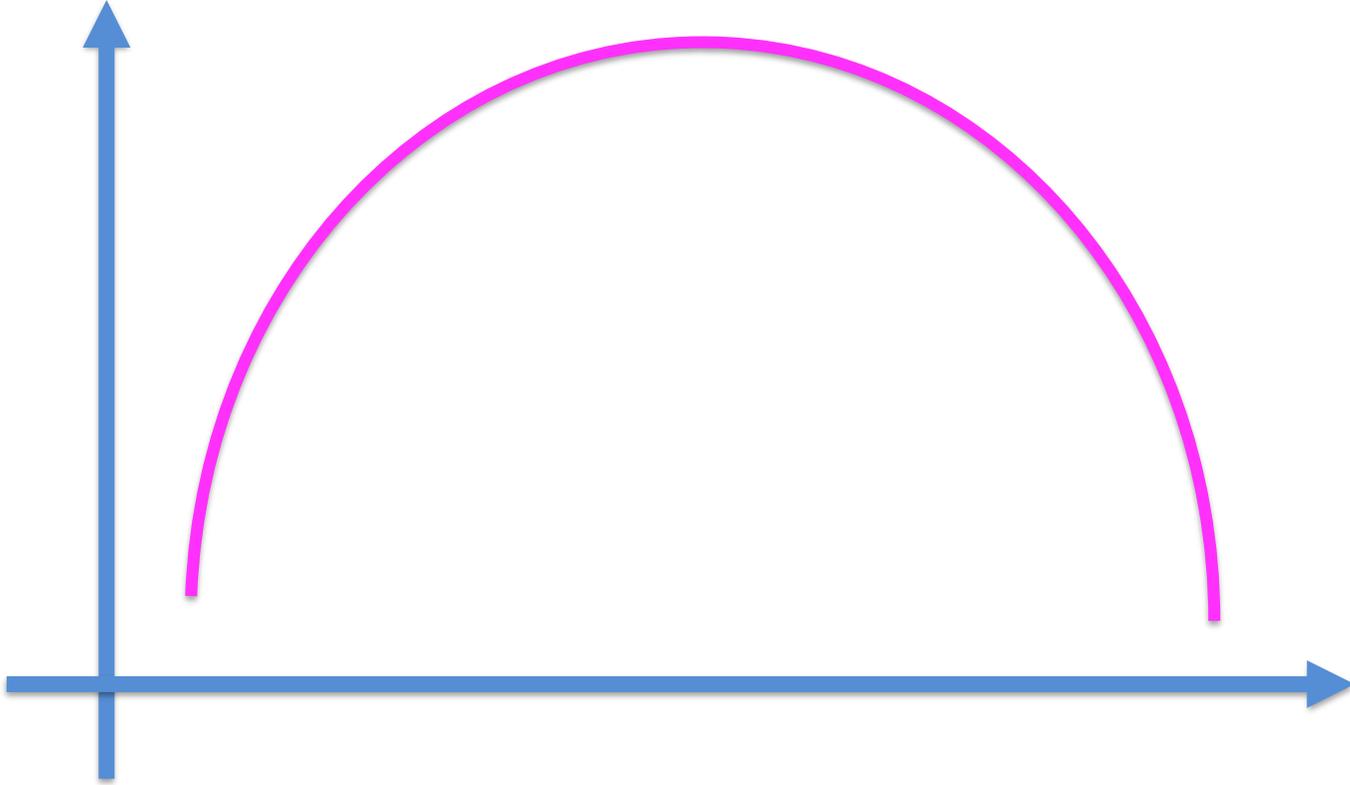
How many “closed loops” are too many?

Positive impact  
on something



Amount of  
something

Positive impact  
on something



Amount of  
something

## Possible learning goals

Explain the scope of application and key conditions for success of three the techniques you are using.

They were not situationally aware...

They did not perceive those things that I know now – after the fact – would have been important to perceive.

# Sustainability



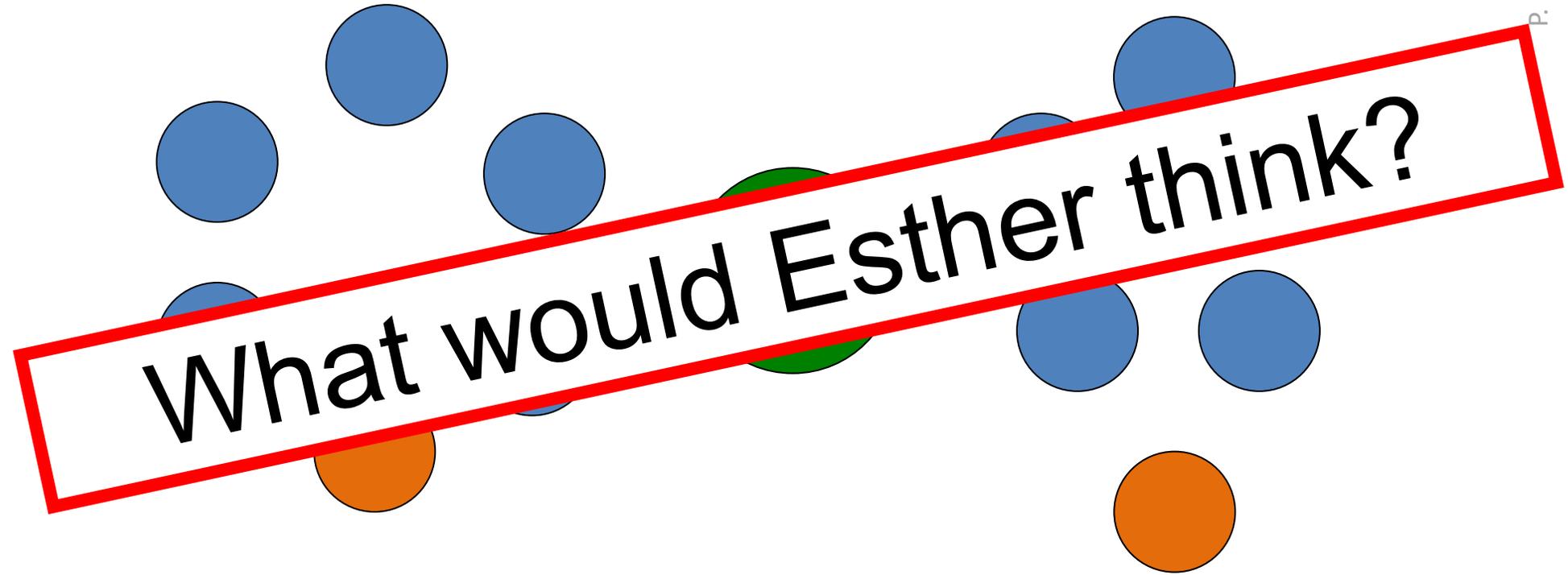
How much is it to dispose these?

# Possible learning goals

Describe five strategies in your workplace to reduce the resources needed.

# Summary

A Dilemma of an **individual** i a **team**



... have a different value, when seen with **the patient's eyes.**

**Peter Dieckmann**

**Region Hovedstaden**

Center for HR og Uddannelse

Copenhagen Academy for Medical  
Education and Simulation

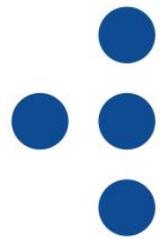
Herlev Hospital



@pdieckmann

mail@peter-dieckmann.de





**InterRegSim**

## Meld. St. 7

(2019–2020)

Melding til Stortinget

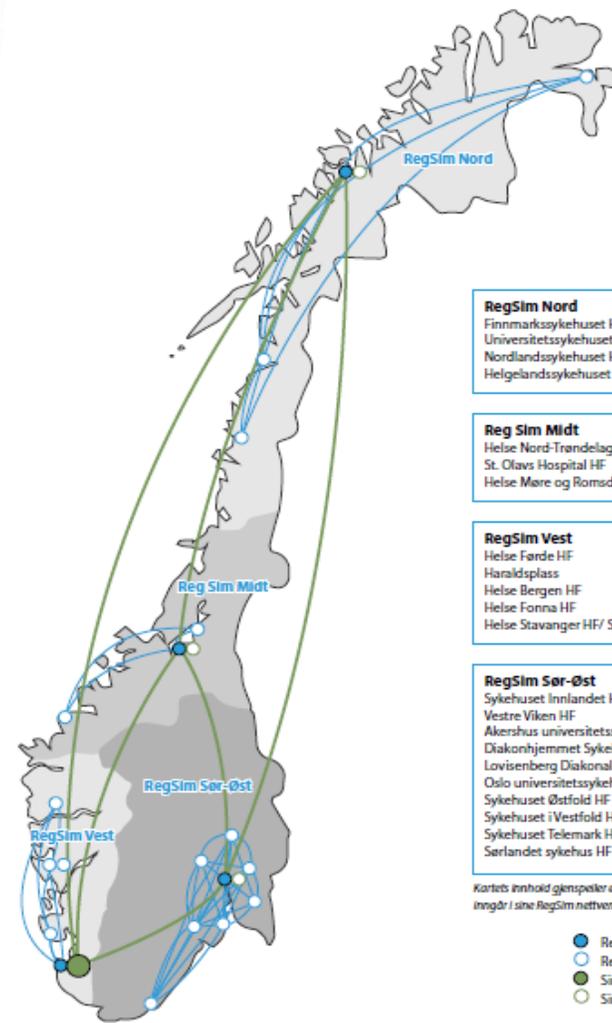
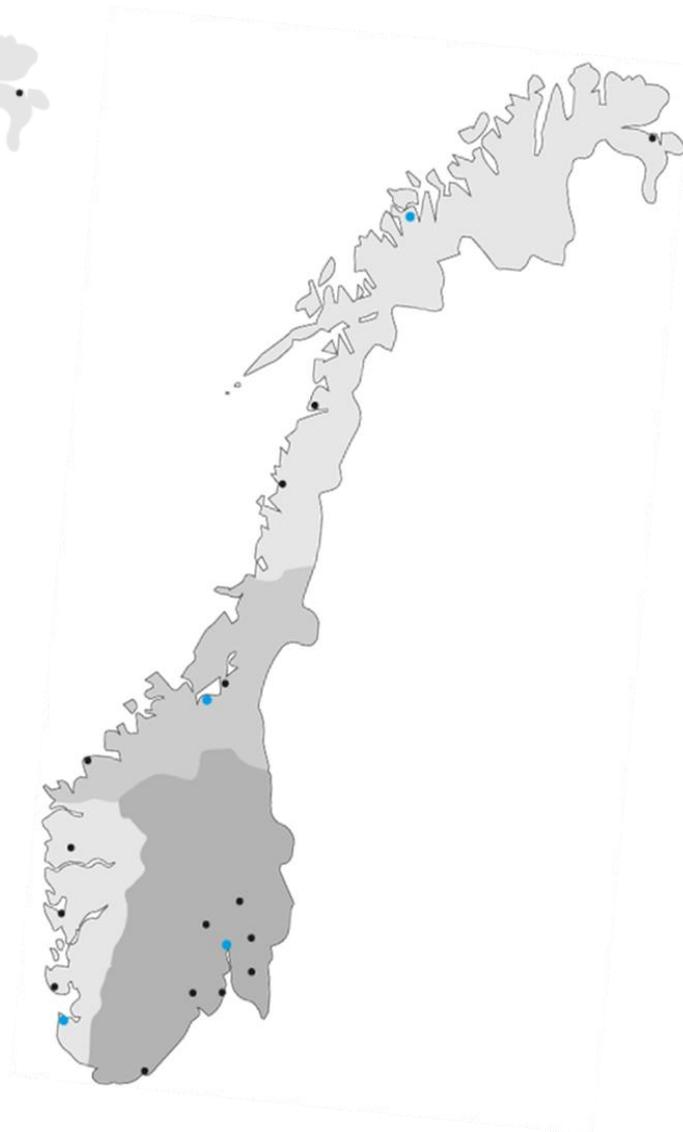
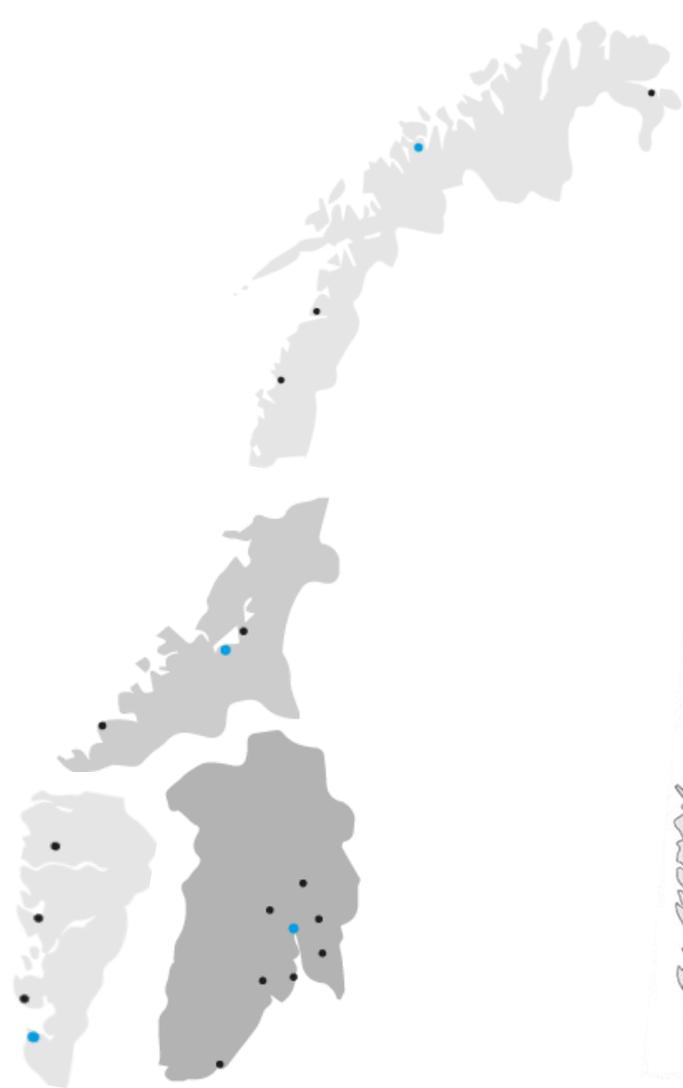
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Nasjonal helse- og sykehusplan  
2020–2023

*Helseforetakene skal øke  
bruken av simulering for  
kompetanseheving*

*De regionale helseforetakene  
skal etablere et nasjonalt  
samarbeid om utvikling og  
bruk av simulering som  
metode.*





**RegSim Nord**  
 Finnmarkssykehuset HF  
 Universitetssykehuset Nord-N  
 Nordlandssykehuset HF  
 Helgelandsykehuset HF

**Reg Sim Midt**  
 Helse Nord-Trøndelag HF  
 St. Olavs Hospital HF  
 Helse Møre og Romsdal HF

**RegSim Vest**  
 Helse Førde HF  
 Haraldsplass  
 Helse Bergen HF  
 Helse Fonna HF  
 Helse Stavanger HF/ SAFER

**RegSim Sør-Øst**  
 Sykehuset Innlandet HF  
 Vestre Viken HF  
 Akershus universitetssykehus  
 Diakonhjemmet Sykehus  
 Lovisenberg Diakonale Sykeh  
 Oslo universitetssykehus HF  
 Sykehuset Østfold HF  
 Sykehuset i Vestfold HF  
 Sykehuset Telemark HF  
 Sørlandet sykehus HF

Kartetts innhold gjenspeiler eksisterende  
 inngår i sine RegSim nettverk

- RegSim Ie
- RegSim HI
- SimNor Ie
- SimNor Kc



Turi Hauan

 RegSim Nord



Stine Gundrosen

 RegSim Midt



Sigrun Anna  
Qvindesland

 RegSim Vest

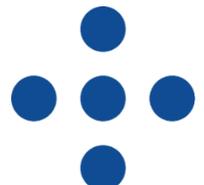


Helle Madsen Holm



Liv Skinnnes

 RegSim Sør-Øst

 InterRegSim

Une Elisabeth  
Stømer



Benedicte  
Skjold-Ødegaard



Pål André  
Hegland



Gudmund  
Rørheim

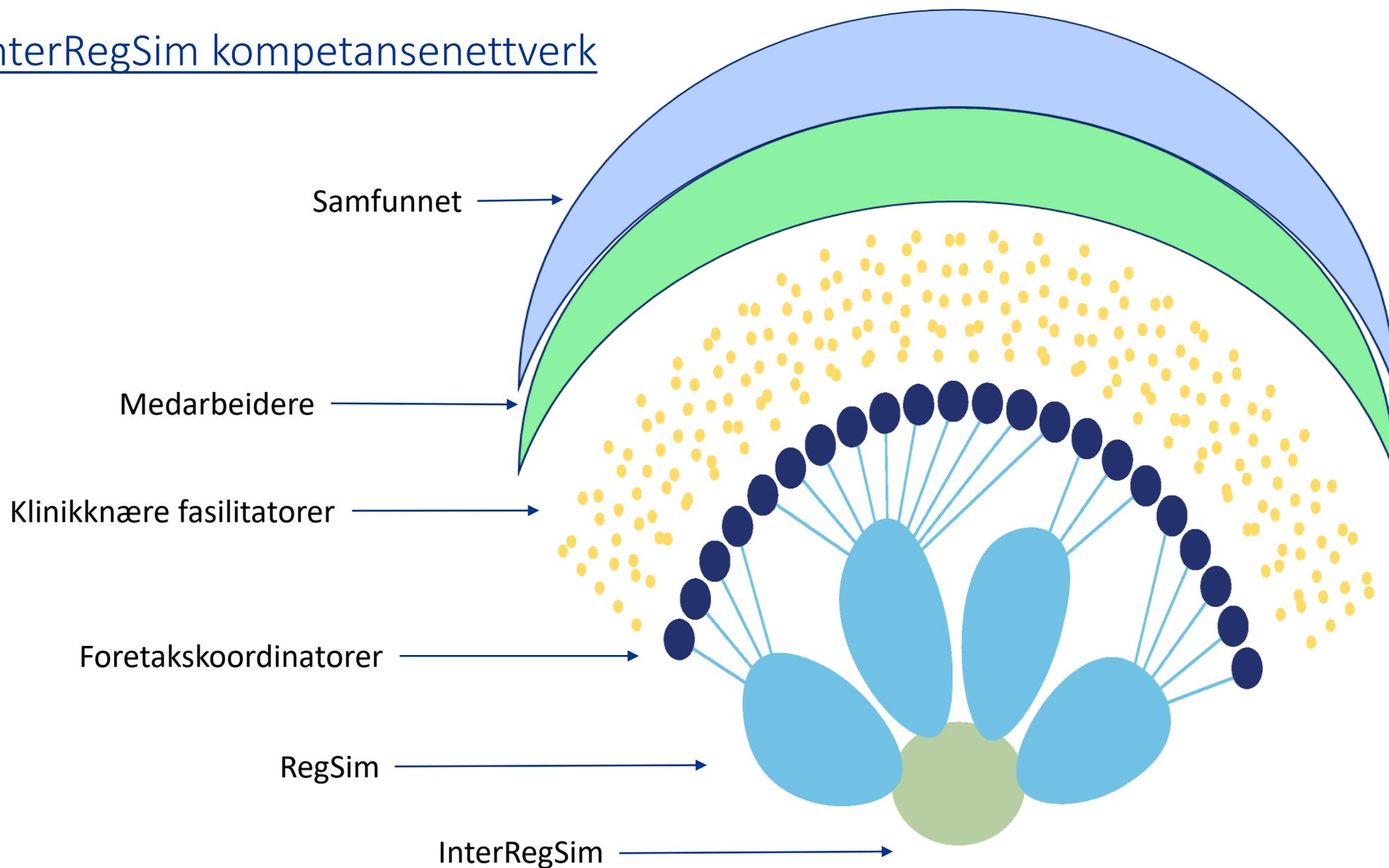


Martin Øien  
Jensen



Rolf Andre  
Oxholm

## Målgrupper InterRegSim kompetansenettverk



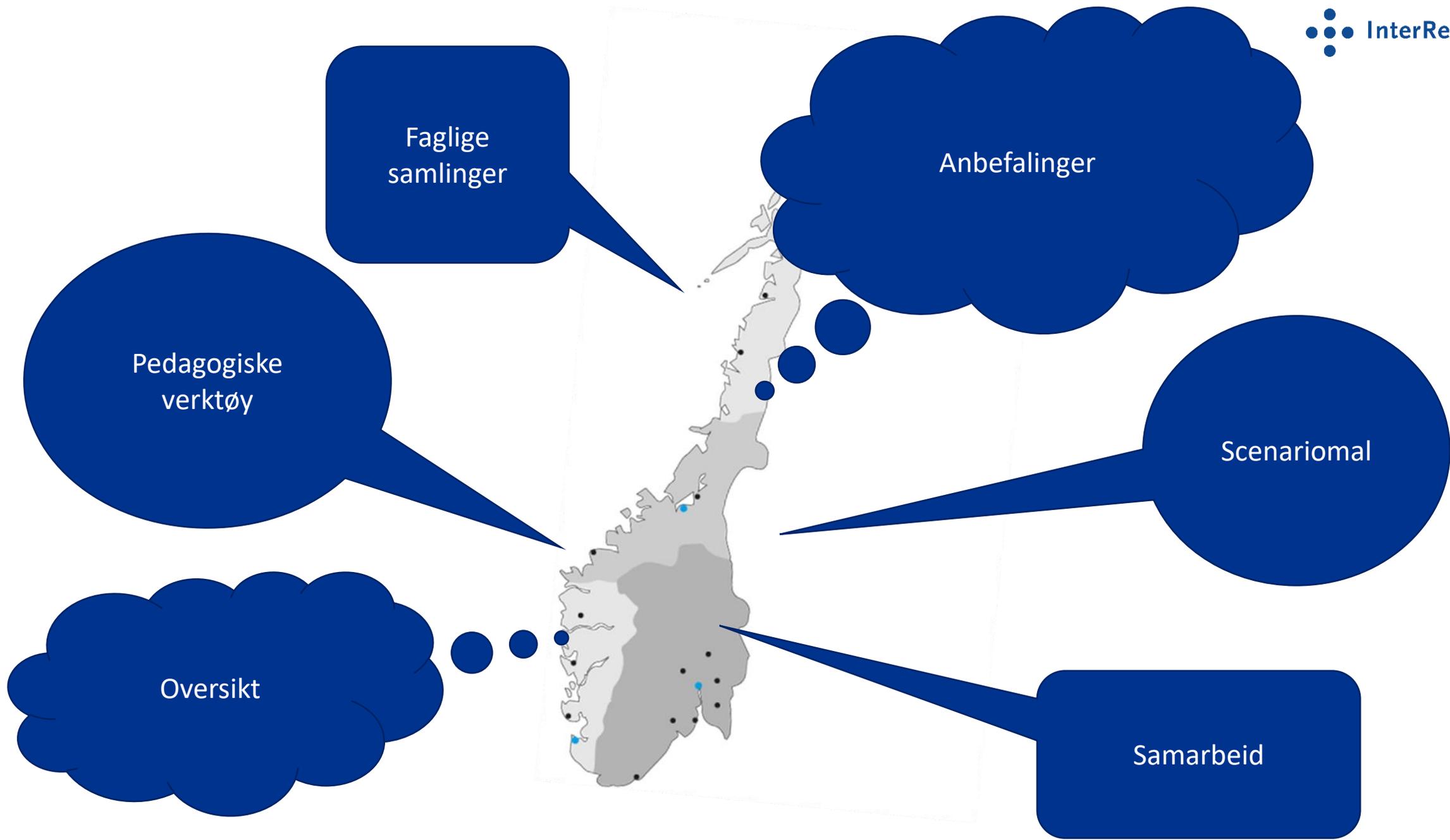
**Kompetanse-  
heving**

**Evaluering**



**Fagutvikling**

**Deling**



Faglige  
samlinger

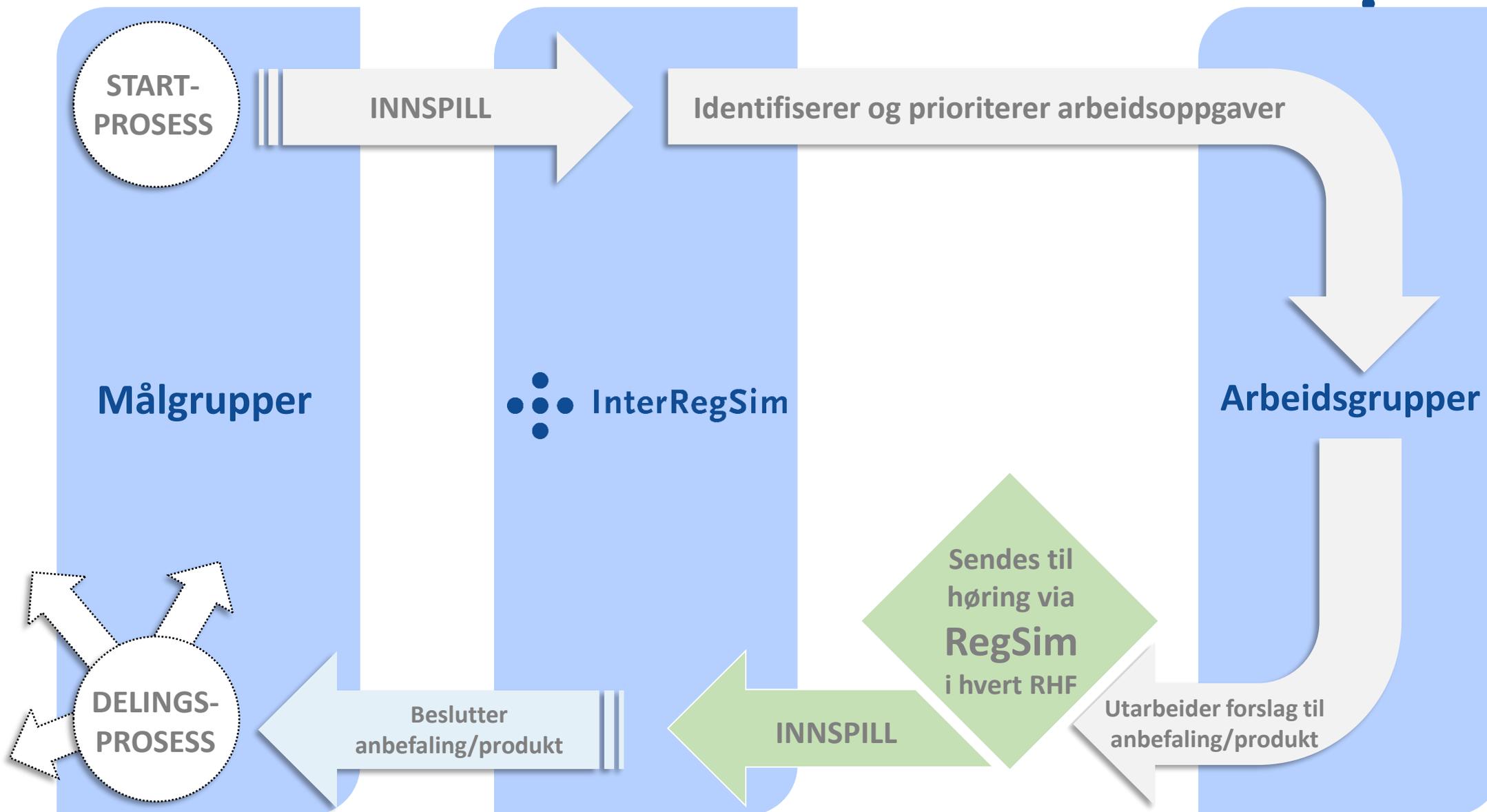
Pedagogiske  
verktøy

Oversikt

Anbefalinger

Scenariomal

Samarbeid







Sammen skaper vi fremtidens helsetjenester

# Utfordringer og muligheter i kommunehelsetjenesten





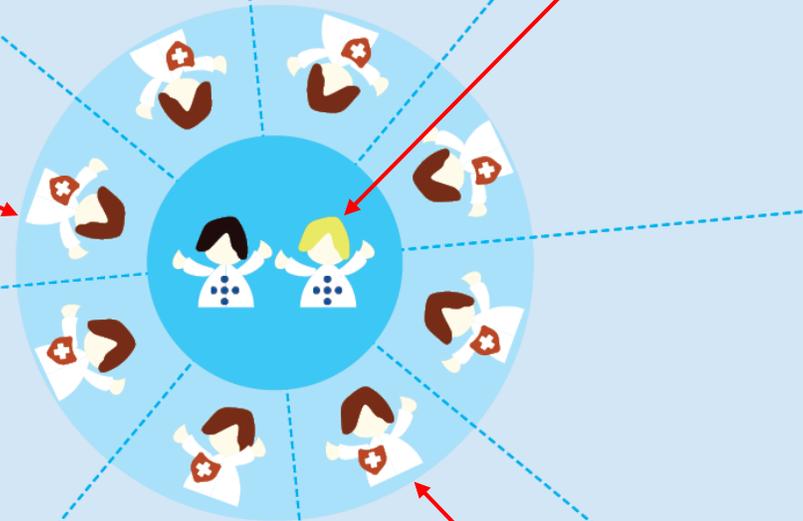
Simulering og kvalitetsforbedring = Sant

Nettverk regionalt og nasjonalt

Nasjonale føringer og økonomiske midler

Resultatmål:  
Pasient og pårørende opplever økt kvalitet og pasientsikre tjenester

Utviklingscenter (USHT) og lokale SIM senter bidrar med veiledning og hjelp i å utvikle og videreutvikle simuleringskompetanse



sykehus + kommuner = sant



Sammen  
skaper vi  
fremtidens  
helsetjenester

[www.interregsim.no](http://www.interregsim.no)

[www.uis.no/nb/helsecampus/helsecampus-stavanger](http://www.uis.no/nb/helsecampus/helsecampus-stavanger)

Pause 14.15. – 14.45.



# Hjerneslagsimulering – SAFER stroke

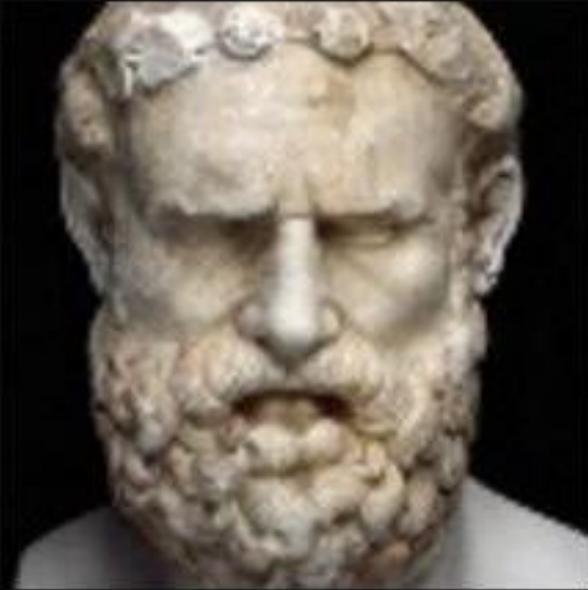
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Lin Iren Giske Andersen  
Leder  
LHL Hjerneslag Ung Rogaland

Martin Kurz  
seksjonsoverlege, SUS  
professor, UiB

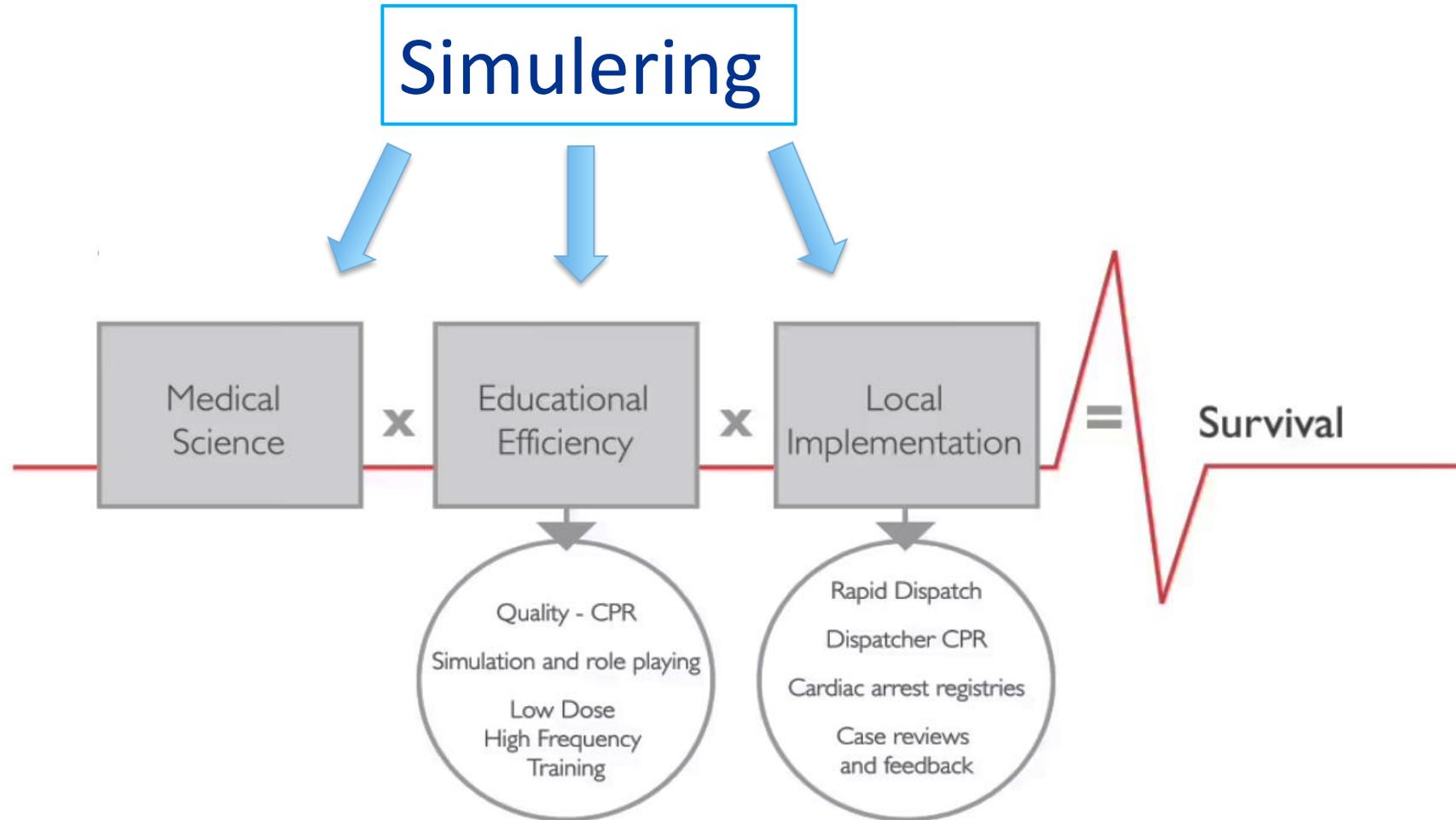
# Hvorfor simulering?



We don't rise to the level of our expectations, we fall to the level of our training.

~ Archilochus

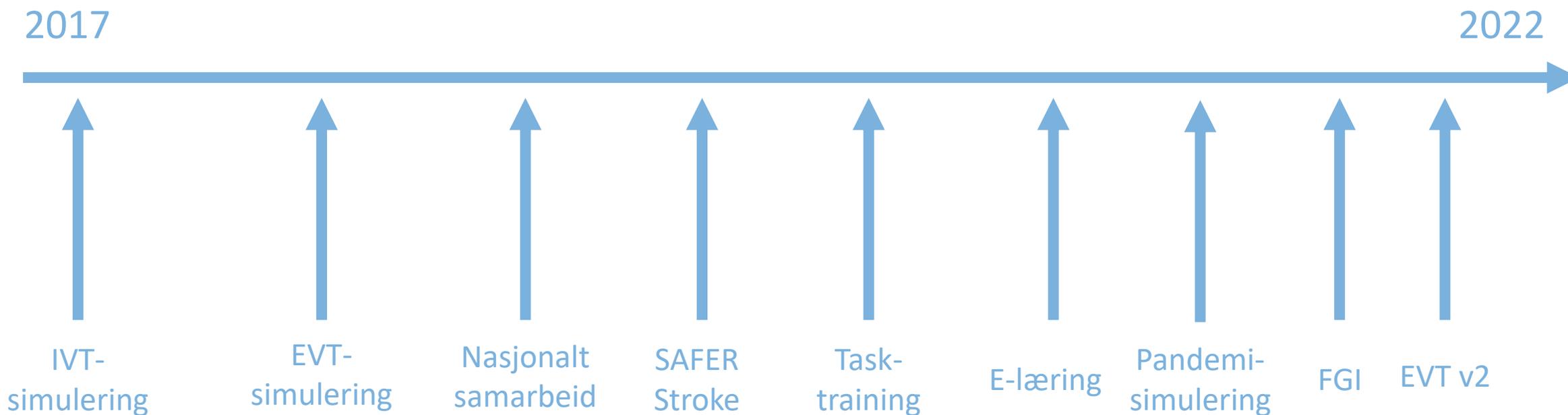
# Utstein Formula of Survival



# Hjernslagsimulering SUS



# Hjerneslagsimulering SUS





**Table 3** Patient outcome measures with a signal of improvement on risk-adjusted CUSUM charts

	Preintervention	Postintervention	VLAD*	Adjusted OR (95% CI)	P value
Number of patients	319	141			
No symptoms 90 days (%)	105 (32.9)	54 (38.3)	2	1.27 (0.84 to 1.91)	0.263
'Worst' outcome 90 days (%)†	33 (12.2)	5 (3.5)	-8	3.75 (1.22 to 11.53)	0.021
Mortality 90 days (%)	29 (9.1)	5 (3.5)	-6	3.09 (1.00 to 9.51)	0.049

# Ferdighetstrening – Mentice G5/7

2 benchmark cases – before and after training (of other cases)



# Ferdighetstrening

2 benchmark cases – before and after training (of other cases)

Case 1	
Time	- 52%
Steps completed	+ 12%
Handling errors	- 20%
Contrast volume	- 27%
Radiation exposure	- 37%

Case 2	
Time	- 50%
Steps completed	+ 37%
Handling errors	- 10%
Contrast volume	- 36%
Radiation exposure	- 68%

# SAFER stroke

## Nasjonal simulerings-samarbeid – SAFER Healthcare paraply

- Tverrfaglig forskning på simuleringsbasert læring for bedre klinisk praksis.



## Safer Stroke

Forskningsnettverket Safer Stroke jobber med å forbedre akutt hjerneslagbehandling.

### Tett samarbeid:

- Simulerings-senter og hjerneslag spesialister
- Fagsamlinger 2021 og 2022

# SAFER stroke - nasjonalt samarbeid:

## Etablering av trombektomi ved AHUS og SKK

- Task training (1 circle)
- Simulation based team training
- Første trombektomi AHUS: 07. okt 2019
- Første trombektomi SKK: 2019



# Resultater (2019 -2021)



Center	Brain reperfusion (mTICI $\geq$ 2b/3)	Independent at 3 months (mRS 0-2)	Hemorrh. Compl. (SICH)
SUS (n= 144)	85 %	45 %	5 %
SSK (n= 32)	84 %	46 %	3 %
AHUS ( n= 51)	86 %	40 %	4 %
M.C. Guidelines	>70 %	> 30 %	< 10 %

# Simulering på systemnivå

Safer Stroke

InterRegSim



## InterRegSim

Interregionalt kompetansenettverk - et nasjonalt kompetansenettverk i

RegSim Vest

RegSim Sørøst

RegSim Nord

RegSim Midt



**Sigrun Anna Qvindesland**  
Leder RegSim Vest



**Helle Madsen Holm**  
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[+47 90 01 16 55](tel:+4790011655)



**Stine Gundrosen**  
Leder RegSim Midt  
[stine.gundrosen@ostregion.no](mailto:stine.gundrosen@ostregion.no)



# Samarbeid med pasientorganisasjon(er)

- Må være med på papir for å kunne søke om midler!

Samarbeid med **LHL Hjerneslag Ung** ble veldig annerledes...



# Fordeler ved å bruke pasientorganisasjoner

Får et nytt blikk på simuleringen

Gir tilbakemeldinger som andre markører ikke kan gi

Ekte følelser skaper mer realistisk simulering

# Ulemper ved å bruke pasientorganisasjoner

Ekstra arbeid med hensyn til organisering/ gi beskjeder

Simuleringen kan trigge reaksjoner hos markøren

Tid/mulighet til oppfølging ?

Thanks !



**Takk for at du kom!**

Håper du er blitt  
inspirert!

