

CEPS

Ökad patientsäkerhet genom avancerad teamträning

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SÖDERSJUKHUSET

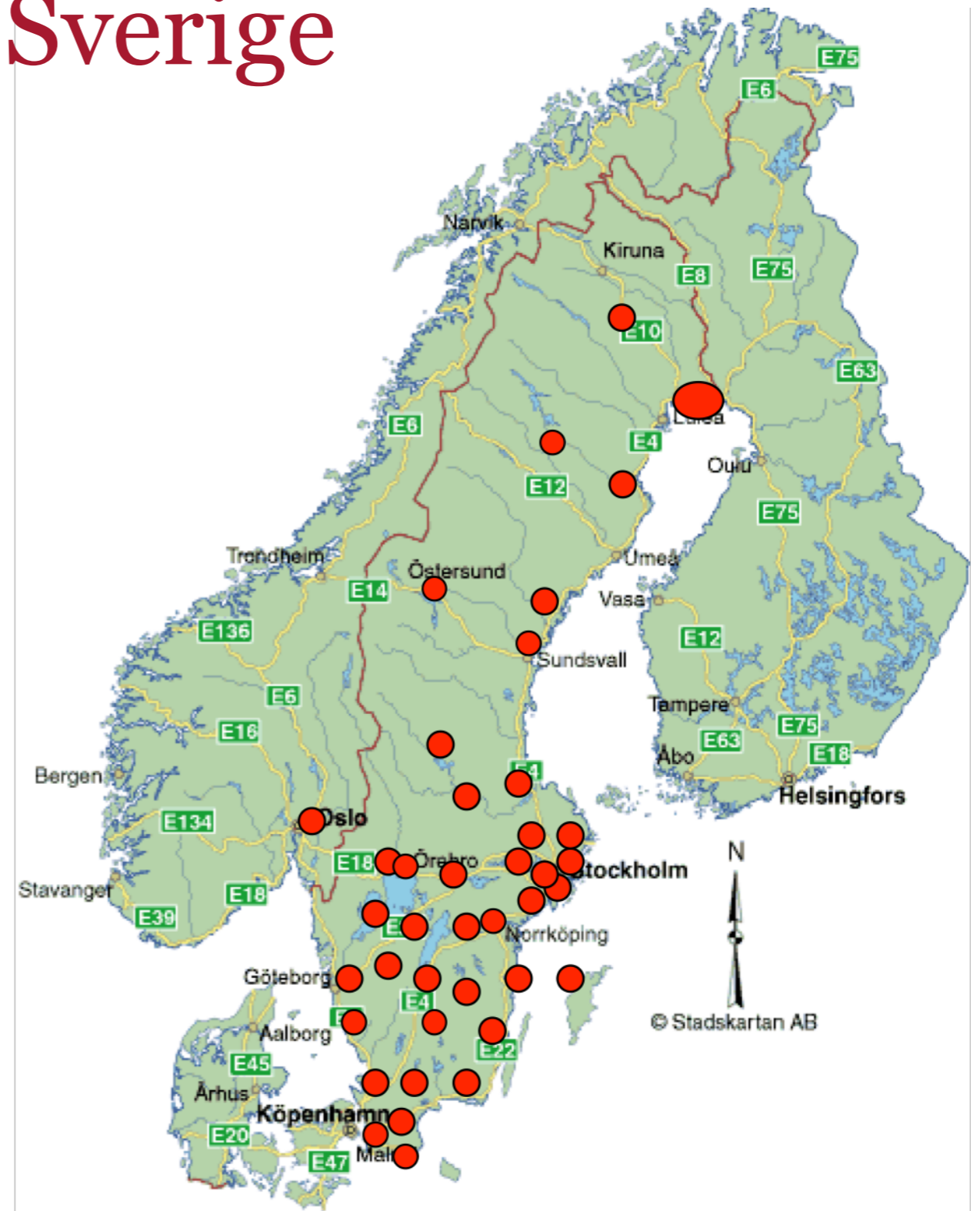


CEPERS

CONCEPT FOR
PATIENT SIMULATION

CEPS Sverige

Eksjö
Eskilstuna
Falun
Gällivare
Gävle
Göteborg
Halmstad
Helsingborg
Huddinge
Hudiksvall
Jönköping
Kalmar
Karlskoga
Karlskrona
Karlstad
Kristianstad
Lidköping
Linköping
Lund
Malmö
Mora
Motala
Norrköping
Nyköping
Skellefteå
Skövde
Sollefteå
Sunderbyn
Sundsvall
Södertälje
Trollhättan
Varberg
Visby
Värnamo
Västervik
Västerås
Växjö
Ystad
Örebro
Örnsköldsvik





CEPS IVA
CEPS Akuten
CEPS Svåra luftvägen
CEPS MIVA
CEPS Nyfödd
CEPS Neo
CEPS Barnakuten
CEPS Extremprematur
CEPS Obstetrik
CEPS Förlossning
CEPS Vårdavdelning
CEPS Läkare utan gränser
CEPS Svåra samtalet
CEPS Lokal
Instruktörskursen



Vad är CEPS?

Pedagogisk modell för interprofessionell,
avancerad teamträning i simulator

Vad är CEPS?

Grundar sig på vuxet lärande

Skapa en trygg lärandemiljö

Fokus på teamet och allas ansvar

Fokus på ledarskap

Fallövning i simulator

Återkoppling med hela filmen

Syftet med en CEPS-kurs

Att omhändertagandet av patienten skall bli optimal

Det här uppnås genom att kursen har fokus på

- teamarbete och ledarskap
- de medicinska riktlinjer som gäller i för aktuell patientsituation



Övning ger färdighet

men

Genomtänkt, högkvalitativ
interprofessionell
teamträning är fortfarande sällsynt i
Region Stockholm



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Medarbetare som tränar enligt CEPS känner sig tryggare i akuta situationer

Medarbetare som tränar regelbundet följer riktlinjer bättre än de som inte tränar

Avancerad teamträning är dyrt men kostnadseffektivt



Instruktörskursen

En interprofessionell fyradagars kurs där teori och praktik belyser

- Vuxet lärande
- Återkoppling genom att använda filmen
- Vikten av en trygg lärandemiljö

Alla kursdeltagare får gå och hålla en CEPS-kurs under Instruktörskursen



Kontakt

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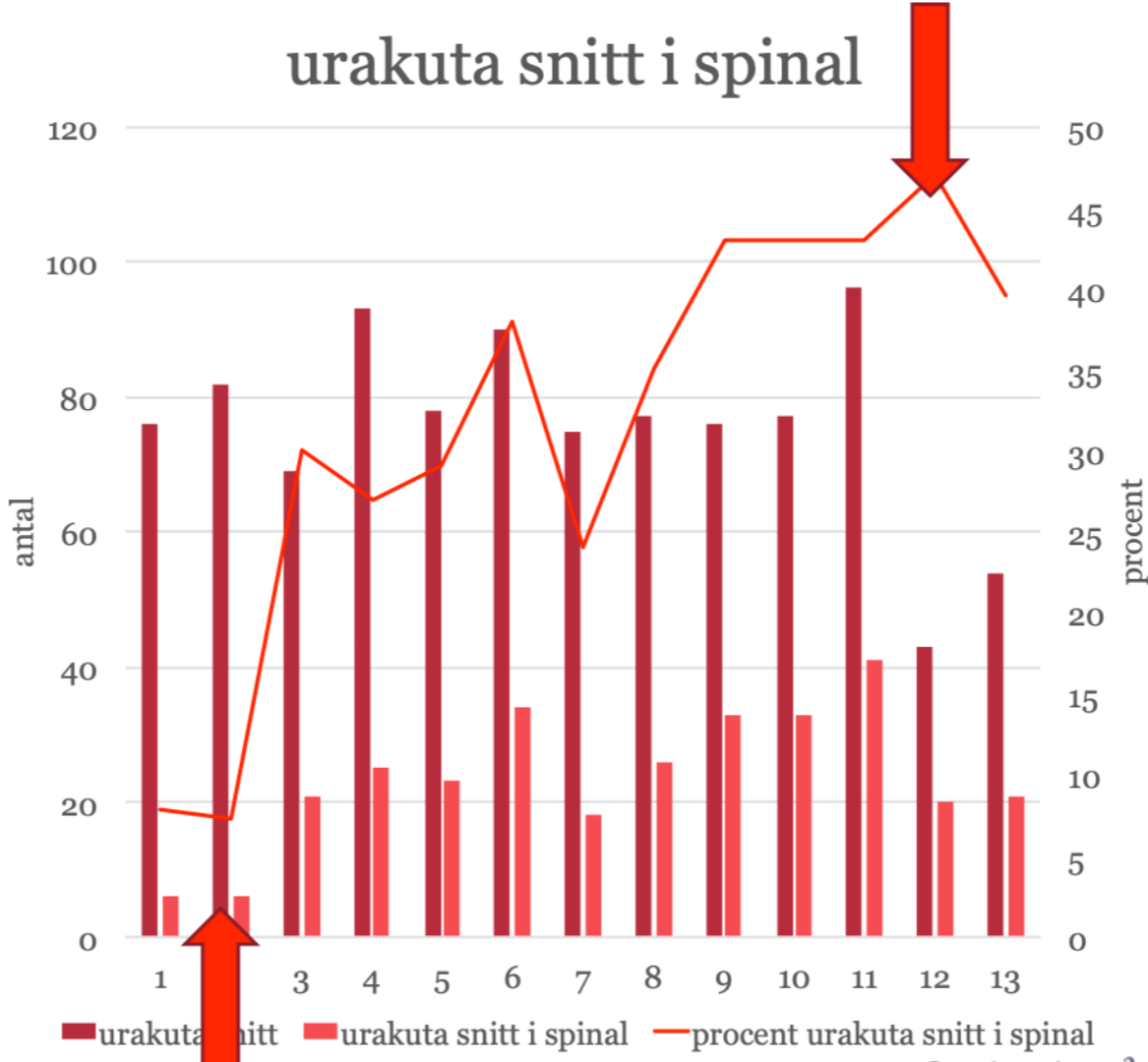
www.cepssverige.se

www.sodersjukhuset.se/ceps



Tack

Andel urakuta snitt i spinal



CEPS-obstetrik startar

ORIGINAL ARTICLE

The implementation and evaluation of a mandatory multi-professional obstetric skills training program

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CHARLOTTE RINGSTED³, SVEND KREINER⁴ & SEAN MCALEER⁵

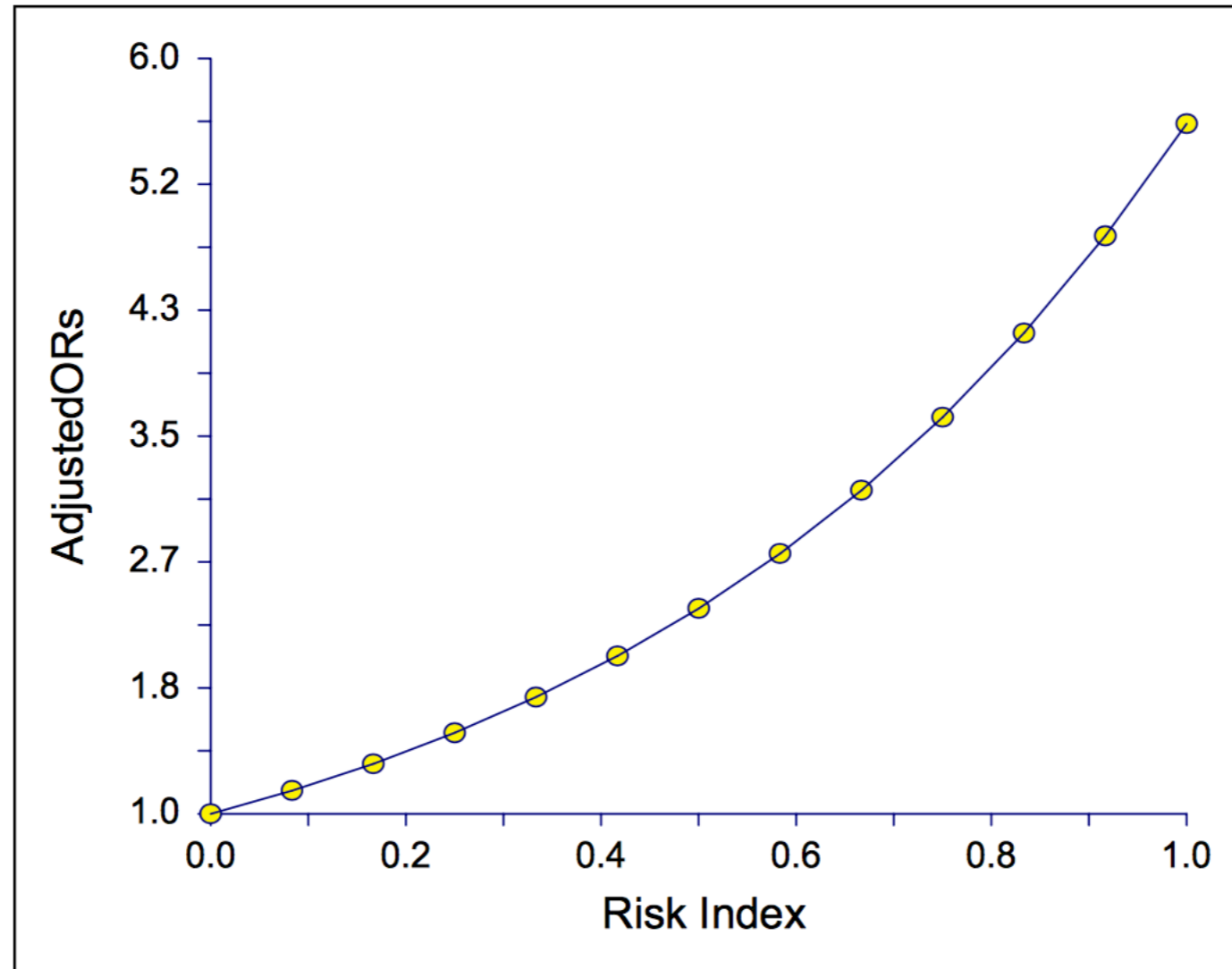
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Abstract

Objective. To implement and evaluate a simulation-based training program. *Design.* Descriptive. Study period: June 2003–June 2006. *Setting.* Obstetric Department, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark. *Population.* Two training sessions were provided for all health professionals including doctors, midwives, auxiliary nurses, and 147 out of 156 participants (94%) took part in the first training session and 192 out of possible 201 (96%) took part in the second session. *Methods.* An intervention study of the impact of simulation-based training in management of postpartum bleeding, shoulder dystocia, basic neonatal resuscitation, and severe preeclampsia. *Main outcome measures.* Before, just after and 9–15 months following the training, data were collected on the confidence and stress levels relating to the carrying out of certain procedures. In addition, a written objective test on basic neonatal resuscitation was administered. Data on any changes in work-routines experienced by the participants were obtained by open-ended questions. Registry data from the Danish Medical Birth Registry and from the hospital administration were included in the analysis. *Results.* Ninety-two percent of all respondents had a positive attitude toward the training program. They considered management of shoulder dystocia, preeclampsia, and neonatal resuscitation less stressful and less unpleasant to perform after training. Confidence scores for all the trained skills improved significantly. A significant association was found between confidence in neonatal resuscitation and numbers of correct answers in the objective test. More than 90% found the training to have had a positive influence on their work. The need for organizational changes in the department became evident and necessary changes were implemented. Sick leave amongst midwives diminished significantly during the study period. *Conclusions.* A

Simulation-Based Education Improves Quality of Care During Cardiac Arrest Team Responses at an Academic Teaching Hospital

Chest 2008



Surgical team behaviors and patient outcomes
Mazzacco et al, Ame J Surgery 2009