Qualitative Simulation Study: Field to Unit, Team Trauma Patient Care

Qualitative Healthcare Simulation (QRS)

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The Inception of the Idea

- The Research Journey
  - Dissertation
  - Continued Research: 94 Interviews
  - Narrative Progression: The Team’s Voice
  - Next Steps: 5 Studies
Contributing Studies: 94 interviews

Culture of Safety: Themes:

Collaborative Communication & Need for Time Together

Culture of Safety = Collaborative Communicative Partnerships

Collaborative Communication

Relationship

Trust

Respect
Pinwheel Model:
Suppressive Conversations

Medical Hierarchy

Untellable, Untold
Unknown & Unheard

Suppressive Communication
Research Questions:

- Can the simulation environment be used to improve team communication, by helping the team to bring what are normally tacit activities into voice, making the tacit explicit?

- Will the team use the simulation space to make changes for task, process, and language?

- Can this simulation experience be developed as a model for improving healthcare team communication and interactions?
**Introduction**
Simulation in healthcare can be used for multiple layers of development. This study is designed to use simulation to explore task, process and language as a trauma patient is moved from the field through the various care delivery units in the acute care setting. One aspect of the study is to slow the environment down and a second is to create a safe space to discuss multiple aspects of care delivery with 43 trauma team members (i.e., this included nurses, physicians, and various other healthcare delivery professionals) where there is no punitive recourse and the information is used as a positive tool to develop collaborative change. Many tacit activities happen within the team context and this type of simulation creates a format to make the tacit explicit. This simulation is developed as a collaborative space where team members are given a chance to verbalize their opinions no matter what their roles or status in the medical hierarchy.

**Methods**
The study design borrows from action research and the coordinated management of meaning (CMM) (a qualitative research framework and communication theory). A modified action research cycle was utilized to help the team to incorporate discussion and change within the actual data collection period. The data collection was approached from the aspect of an action heuristic, using the model of the Lived-stories-Untold stories-Unknown stories-Unheard stories-Untellable stories-stories-Told-stories-Telling (LUUUUTT). This action heuristic is a context for a narrative progression of thoughts exploring the perception of the participants within a two hour data collection period. The 43 participants included team members from the flight and ambulance crews, the emergency and radiology departments, operating room, intensive care and medical surgical floors.

**Results**
The results are defined by items that were coded as a task, process or language identification. Immediate changes were made to actually daily routines and interactions. Participants identified items for change within their roles and goals/objectives that they perceived to have significant impacts on the throughput and safety of the trauma patient. In particular, the themes identified were related to the importance of defining each particular role within the trauma process, a standard reporting format for information for transfer from unit to unit, and the need to continue to practice collaboratively with multiple care delivery units.

**Discussion/Conclusions**
By developing increasing understanding of the healthcare delivery team environment through the use of simulation, the team can begin to dissolve the boundaries of hierarchies and socially constricted talk to encourage a collaborative team atmosphere where communication flows freely. The more understanding that will be developed about individuals and teams as an ephemeral social construction, the greater the potential implications can be for practical change in the form of new constructions. In healthcare, simulation can be used within a qualitative research context to develop positive communication interactions within team environments for the creation of better care delivery translating into safer patient care.
Layers of Analyses

- Items Recognized and or Changed
- Interactions Between Professionals
- Changes in Training for Each Group
- Model for Simulation
- Qualitative Improvement Process
- Development Collaboration
Action LUUUUTT: Bringing the Stories Forward

- stories Lived
- Untold stories
- Unheard stories
- Unknown stories
- Untellable stories
- storyTelling
- stories Told
OSF Saint Anthony Medical Center
Level 1 Trauma Center
Rockford, IL
Flight Crew
Emergency Department
Operating Room
Intensive Care Unit
Medical Surgical Unit
Results:

- Increasing Collaborative Partnerships Between Acute Care Units: Trauma Team Cohort
- Development of Standardized Multidisciplinary Trauma Rounding
- Development of Standardized Hand-off Communication Tool for Trauma Patient Care
- Design of Qualitative Simulation Template for Team Communication Development
Developing Collaborative Solutions:

QRS Model

The Team

Simulation

Safe Zone for Development

Relationship-Process-Task
Non-traditional Action Research Cycle

- Items are Recognized
- Decisions & Changes During the Process
- Changes Continue to be Made
- Role Interactions Continue to Evolve
References


