

**Gentofte  
Hospital**

REGION

# **Teamwork - training nurses and doctors in rapid response**

**Marianne Møller - Intensive care nurse, Gentofte Hospital  
Capital region of Copenhagen**

# GENTOFTE HOSPITAL

In the capital region of  
Copenhagen



**Built in 1927**  
**500 bed university hospital**  
**20.000 admissions/year**  
**ICU 9 beds**



## For the next 7½ minutes

- How do we train doctors and nurses in MET at Gentofte Hospital
- Contents of the course
- What have we achieved
- Future tasks

# MET implementation at Gentofte Hospital

2007

2009

Januar

Februar

March

April

May

June

September →

Intro  
ducti  
on

Team education, tests and preparation

Evaluation

**Multiprofessional  
Simulator based  
training →**

**MET  
Pilot  
study**

**MET →**

Intern  
medicin

Abdominal  
surgery

Vascular  
surgery

Pulmonology

Orthopedic  
surgery

Ear, nose  
and throat  
surgery

Cardiology



## Some of our goals

- To improve ward staffs knowledge of how to recognize and manage the patient at risk
- To strengthen the ward staffs knowledge about the importance of systematic observation
- To strengthen the teamwork during the METcall

## Learning objectives of the 1 day course

- Observe clinical signs
- Recognize deterioration
- Manage deterioration
- Communication
- Teamwork

# Teaching methods

- **Interactive minilectures:**

  - Medical emergency teams

  - The deteriorating patient – the principles of ABCDE, Sepsis

  - Communication: CRM – closed loop – ISBAR

  - Case discussion

- **Multiprofessional simulationbased training**

  - 2 fullscale simulations followed by debriefing using the learning objectives

- **Summation of:** learning objectives, the minilectures and what to bring back to the wards from the simulationpart

## Participants:

- Ward nurses
- Junior and senior doctors from the ward
- Intensive care nurse
- Intensivist (doctor)

## Teachers:

- 2 educators (ICUnurse/ICUdoctor)
- 1 operator (medical student)

## Before the course starts:

- Manual of the patient at risk, pocket card, leaflet on safe verbal communication



## What have we achieved?

- Nurses feel more safe around the deteriorating patient, but the actual transfer value is unknown
- Respiratory rate measured more often
- Greater understanding of differences between different groups of staff
- Doctors think some of the theory are repetitions, but benefits from the CRM part and the simulation part
- ICU staff have noticed the difference on MET-calls with Wardstaff that's been on the course / compared to those who have not
- Its now a part of the general introduction package for new employees at the hospital

## There is still a lot of work to do

- Specific skill training / taskforces
- Using debriefing consistently as part of the MET call
- Regular/annual brush up courses
- Structured follow up on the effect of the course
- Getting everyone on the course
- .....
- Constant follow up at the wards on the skills from the course