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### International Conference on **HEALTHCARE SIMULATION**

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### Aviation simulation training model can be imitated to improve patient safety

his state-of-the-art Simulation Training is used across most of the UK NHS teaching hospitals. It is globally recognised as one of the best ways to ensure medical staff can provide the very best health care. There is ample statistical evidence to support that simulation clinical scenarios not only improve clinical skills and competence of the learner but to also aid in the development of non-technical abilities including the recognition of the value of human factors in the healthcare. Studies have been conducted in comparing the link between safety management in aviation and healthcare. There is no doubt that healthcare has been following the path of aviation safety models from risk management to simulation training and there are published similarities in the concept of what both industries deem to be safe. The major influencers are aviation manuals, checklists, promoting a blame-free reporting culture, the drive to improve team briefs before and after an event and the 'sterile cockpit' scenario, this is ensuring that there are no distractions prior to an intervention or physical activity. This aviation practice is one of the most significant contributions to the quality of healthcare. 'Sterile cockpit' may improve patient safety if applied at key points in clinical procedures especially when a complex surgical procedure is being undertaken. However, some authors have rejected the similarities between aviation and healthcare; agreed the differences are notable in both service delivery and service user areas. Service users/patients attending hospitals are normally ailing or may have had some type of injury leading them to actively seek immediate care and treatment which differs from the airline passengers. Additionally, the airline passengers would not likely to have any knowledge of their aviation team, the contact with the pilot is minimal this contrast extensively to the hospital environment (outpatient's or inpatient's) the patient would have knowledge of the team and can do a web search prior to accessing healthcare treatment. Within service delivery the variances are more pronounced, within healthcare there are many different clinical pathways which may influence the patient outcome, it must be noted that pilots and the crew have a standardised and repetitive process in their day to day practice, another key area is the duration of engagement between the parties; in aviation this is only during the flight and it ends on landing given the difference in healthcare this could be on-going relationship between the patient and the healthcare team. Aviation Simulation Training can be imitated to improve patient safety if healthcare staff embraces the valuable principles that underline the aim of the training which is to drive safely as a culture, improve quality of care and promote the value of debriefing. The aviation industry is known for actively developing and improving simulation models to provide staff to practise real-life scenarios within the safety of a simulated environment. The rationale of learning alongside others, the use of modern technology AI, robotics and the training programme for pilots and flight crew is based on core



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competency skills is becoming more common in analysing the performance of healthcare staff. The other key factor is using simulative models for its malleability to a wide variety of clinical situations, the severity of clinical presentations and the varying complexities. It enables learning as an example of how to resuscitate a patient to the performing of complex cardiac surgery. Therefore, emulating the aviation use of simulation safety training is a welcome catalyst especially when it can be offered at the point-of-care with a multidisciplinary team. This no doubt seethes a strong emphasis on both clinical development and human factors awareness to ensure that patient safety is at the heart of the global quest to improve patient care.

#### **Biography**

Michaelene Gail Holder-March is a qualified teacher, nurse & midwife with registrations both in the UK & USA. She also holds a LLB and MBA in Management. She is a strong advocate of hands-on, inquiry-based learning, she actively involves herself in a variety of charitable community service, mentoring /coaching others to follow her lead. Today she is the Executive Director of Operations, System Resilience and Nursing at one the UK biggest NHS providers. Additionally, she has 3 established UK companies MHM Health Consultancy Ltd. She is a goal driven healthcare executive with over 31 years of leadership and training experience.

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