Cardiac Surgery Team Simulation Videos
No Relationships to Disclose
Patient Safety in the Cardiac Operating Room: Human Factors and Teamwork
A Scientific Statement From the American Heart Association

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10. Creating a culture and physical environment of safety will ultimately lead to greater patient satisfaction and clinical outcomes.
Why did we do it?

- Individual role group simulation has become quite common among surgeons, anesthesiologists, nurses and perfusionists
- Team simulation is much less common
- Team training in cardiac surgery is by definition multidisciplinary
- Combined participation from each role group increases the fidelity, accuracy and realism of simulation
- Creates a sense of camaraderie, trust and enhanced culture of safety among the team members
Why did we do it?

• Used as educational tools for post-graduate training
• Used at this and other professional associations’ conferences
• Streamed from AmSECT’s website
• Used locally as tools to facilitate improved multidisciplinary communication and safety in the cardiac operating room
What did we do?

• In March, 2013, the ICEBP and AmSECT BOD agreed to design and produce a series of multidisciplinary team simulation videos focused on cardiac surgery.

• May – August, 2013 scripts developed for 5 scenarios:
  – Preop Briefing “Poor”
  – Preop Briefing “Improved”
  – Initiation of CPB “Poor”
  – Initiation of CPB “Improved”
  – Intraoperative Aortic Dissection
What did we do?

- August, 14, 2013 multidisciplinary and multi-institutional group met in Boston at MGH to film videos:
  - Surgeons
  - Anesthesiologists
  - Perfusionists
  - Human factors experts
  - Nurses
  - Physician assistants
  - Scrub technicians
  - Simulation experts
  - Videographers

- 11 hours of filming in the simulation OR
- Approximately 30 hours of review and editing
- Expert commentary from Steven Yule, Ph.D.
  - NOTSS – nontechnical skills for surgeons
  - ANTS – anesthetists’ nontechnical skills
  - Taxonomy of individual nontechnical skills