Anaphylaxis - In situ simulation training in an out-patient allergy clinic

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Background: Anaphylaxis is a medical emergency, requiring rapid recognition and treatment. Simulation team-training is an effective method in other emergencies such as cardiac arrest. The Allergy Clinic and Department of Pediatrics evaluate and treat children and adults with allergic diseases. Procedures with a risk of inducing anaphylaxis e.g. allergen challenge tests and immunotherapy are performed daily. Recently, staff members have undergone in situ simulation team-training with focus on diagnosis and treatment of anaphylaxis. Training took place in the departments in collaboration with the Simulation Unit. The aim of this investigation was to evaluate the attitude to in situ simulation team-training among staff.

Method: Participants answered a questionnaire 1-3 months after training.

Questions:
1. Has the in situ training increased your focus on closed-loop communication in emergencies?
2. Has the in situ training increased your focus on the importance of team work when treating anaphylaxis?
3. Has the in situ training increased your focus on the use of the ABCD-algorithm when treating anaphylaxis?
4. Has the in situ training increased your knowledge of the anaphylaxis treatment algorithm?
5. Has your knowledge regarding treatment of emergencies in general increased after training?
6. Did training in your own department add to the learning experience?
7. How confident do you feel in treating anaphylaxis after the in situ training?

Possible answers question 1-6: Yes, definitely • Yes, partly • I don’t know/neural • No, I doubt it • No, definitely not
Possible answers question 7: Very confident • Confident • Almost confident • Not confident • Very unconfident

Results: In all, 35 staff members completed training and 23 (66%) answered the questionnaire. Respectively 96%, 100%, 83%, 82%, 86% answered ‘Yes, definitely’ or ‘Yes, partly’ to question 1-5. Twenty-two of 23 stated, that training within the department had added to the learning experience. One did not answer. After in situ training, 96% were ‘Very confident’ or ‘Confident’ in treating patients with anaphylaxis.

Conclusions: In situ simulation team-training was perceived to add to the learning experience and highlight the importance of team work and awareness of managing emergencies locally within the departments. These preliminary data support the value of in situ simulation training in departments performing procedures and treatments with a high risk of inducing anaphylaxis.