Almost the real thing

“My chest is killing me.”
“Sir, does it hurt when you breathe?”
“Yes.” Gasp. “All the time.”
“On a scale of one to 10, with 10 being the worst, how bad does it hurt?”
“It’s 10-plus.”

The medical team evaluating this injured construction worker springs into action. The leader calls for someone to take the patient’s vitals. A nurse reads off numbers from the monitors, and another nurse records them on a flip chart. A doctor listens through a stethoscope.

“It sounds crackly,” she reports.
“What’s going to happen to me?” groans the patient.
“We’re going to take care of you, sir,” says the doctor leading the group. Then she turns to her team. “I suspect a heart attack. Someone call cardiology.”

The call is in process when a nurse chimes in: “He’s stopped breathing.”
“He’s stopped breathing? He’s stopped breathing. Okay, what should we do?”

The team member designated as the runner suggests oxygen, but he doesn’t know the proper amount. Neither does the team leader. They haven’t had that class yet.

These healers are third-year medical students and fourth-year nursing students at Emory who are participating for the first time in a joint simulation training exercise. They met just moments before when they were presented with this scenario. Their patient, a construction worker who has earlier been evaluated in this same simulation suite for a broken leg, is a life-like mannequin who breathes, is fitted with monitors, and can be programmed to present actual health symptoms. For this exercise, a facilitator reads the patient’s lines from a script.

This experience is being repeated in adjacent simulation suites in the School of Medicine and the Nell Hodgson Woodruff School of Nursing. Today, 213 students from both schools are training in the all-day event. More than 60 nurse educators from Emory Healthcare and Grady Health System and faculty from both the nursing and medical schools completed their own two-hour training as facilitators to work with the students.

Although many people assume that medical and nursing professionals train together as part of a team, this isn’t necessarily so, says Barbara Kaplan, coordinator of the Charles F. and Peggy Evans Center for Caring Skills. “They train independently in their respective disciplines, and their first interactions are typically in the hospital emergency department or clinic.”

Why is team training a good idea? “It reduces medical errors and improves patient care,” says Douglas Ander, director of the Emory Center for Experiential Learning.

Back in the training suite, a nursing student has fitted an oxygen mask over the construction worker.

“This is going to be a little uncomfortable. I apologize,” she says.

“Let’s start the oxygen at,...” The team leader hesitates. “Let’s say 0.5 liters.”

The instructor reading the script gestures with his thumb up to help her out. “1 liter?”

He gestures more broadly.

“5 liters? 10?”

He leans in and whispers, “12.”

“12,” she repeats, and the team is off for the next hurdle.

At the end of 20 minutes, the simulation is over, and it’s time to debrief. “This is an important step,” says Ander, who has been watching in the wings. “In real life, debriefing is when health care workers can learn the most about the care they just delivered.”