

**Point of care – Scenario 2 (Informal clinical teaching after a critical incident)**

Clare is team leader in the Emergency Department (ED) when a call comes through that a child is being brought in by ambulance after being found unconscious in the grandparent's swimming pool. On the floor there is a new graduate nurse, Josh. Clare ensures that Josh is part of the clinical team during the resuscitation. Clare is aware of her responsibility to share her clinical knowledge and skills, and considers it her role as team leader to watch for and take advantage of opportunities for spontaneous point of care teaching in the Emergency Department.

Clare identifies the situation as an opportunity for Josh to learn key practical skills and develop his understanding of some of the human factors at play during an arrest, such as team dynamics, roles, leadership, communication and the management of stress and grief.

Conscious of Josh's inexperience, Clare feels it would be unsafe and inappropriate for him to take on an active role in the arrest without supervision. She therefore offers to work with Josh, and supervise him in the role of 'scribe', documenting the events of the resuscitation and communicating with the team. Clare reassures Josh that she will be by his side at all times, and that he will not be expected to act beyond his scope of practice. She encourages Josh to ask questions, and explains that she will take over and let him observe if she feels he is unsafe or overwhelmed.

The resuscitation is unfortunately unsuccessful and the child dies. An informal team debriefing is held in the conference room shortly after. Clare observes that Josh does not participate in the discussion. He appears shaken and upset. Clare approaches Josh in private. Josh says he feels overwhelmed. He is worried about his performance and anxious that his inexperience may have contributed to the outcome.

Clare identifies this as an opportunity for further point of care teaching and reflective learning. She suggests they take a moment to debrief 'one-on-one', allowing Josh the opportunity to reflect on the event, ask questions and receive feedback on his performance. They move away from the bedside to a quiet location. Clare informs the Nursing Unit Manager (NUM) of the incident and requests that she and Josh be allocated some time for individual clinical teaching. The NUM is supportive, and arranges for other staff to cover their patient load during this time to ensure patient safety.

Clare begins by asking if there is anything specific Josh would like to learn. Josh says he feels it was 'all a bit of blur'. He states that he found it hard to 'keep up' with the documentation and was unfamiliar with the format of the cardiac arrest chart. He also describes feeling confused about the roles of different team members during the arrest. He describes feeling distressed at witnessing a child die (for the first time) and witnessing the grief of the family at the bedside. He says he is also finding it hard to cope with his own feelings, but did not have the confidence to speak up during the team debriefing.

Clare asks about Josh's previous experience in cardiac arrest situations, in order to identify any other areas of concern/need. Josh describes drawing up drugs during a previous arrest, and being unsure of correct dosages and methods of administration.

Based on their discussion of needs/areas of concern, Clare guides Josh in developing some learning goals.

Josh's goals include:

- Being able to demonstrate accurate documentation during critical incidents
- Being able to identify and describe the roles of members of the resuscitation team
- Being able to list common drugs used in a cardiac arrest and describe their action, correct dosage and method of administration.

Clare and Josh review the documentation from the cardiac arrest. Josh asks questions to clarify his understanding of the documentation process. Clare provides sample cardiac arrest charts, and reviews these with Josh, to familiarise him with the layout and procedure for recording information. They arrange to evaluate this goal during the week, using practice clinical scenarios in the simulation lab.

Clare and Josh discuss the roles of team members during a cardiac arrest. Clare asks questions, to assess Josh's current knowledge, and supplies information/education to 'fill in the gaps'. She recommends Josh attend the arrest simulation sessions conducted weekly in the unit, to familiarise himself with the roles of the resuscitation team. Clare arranges to meet with Josh after the simulation session, to ask questions and evaluate his ability to identify and describe the roles of members of the resuscitation team.

Clare and Josh look over the arrest trolley together. Clare asks Josh to identify the drugs on the arrest trolley and describe their action. Clare supplies Josh with reading material (MIMS/injectable drug handbook) and directs him to online learning resources for additional information. She asks him to research any drugs he is unfamiliar with. Together, they then make a list, summarising key points about each drug. At the end of the session, Clare evaluates Josh's learning by asking him to list common drugs used in a cardiac arrest and describe their action, correct dosage and method of administration. She provides immediate feedback on his performance.

During the session, Clare and Josh also examine Josh's performance during the arrest. Clare gives feedback and praises Josh for his composure, his communication with other team members and his ability to recognise his own limitations and ask for help. She confirms that his documentation was correct, and reminds him that she was supervising him, and would have intervened if she felt he was unsafe or had contributed to a negative outcome. Josh appears relieved. They also discuss various approaches to dealing with trauma and bereavement in the emergency department. Clare informs Josh that the Employee Assistance Program (EAP) and other counseling services are available if he wishes to discuss any ongoing concerns surrounding the incident.

As they reach the end of the session, the arrest buzzer sounds and they leave the room to help. Clare acknowledges that time constraints and the unpredictable nature of the ED can make it difficult to conduct formal clinical teaching. She informs Josh that she will be available and watch for further opportunities for spontaneous point of care teaching during the week in order to follow up on their session. They arrange to meet at the end of the week to evaluate Josh's progress and discuss any feedback.