GRASPIT

GLOBAL RECOGNITION & ASSESSMENT OF THE SICK PATIENT & INITIAL TREATMENT

National Resuscitation Council of Kenya

GRASPIT COURSE ORGANISERS MANUAL

GLOBAL
RECOGNITION AND
ASSESSMENT OF THE
SICK
PATIENT AND
INITIAL
TREATMENT

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1. Aims and Objectives of the GRASPIT Course

Global Recognition and Assessment of the Sick Patient and Initial Treatment (**GRASPIT**) is a one day multi professional, multi specialty course that focuses on four core principles as its learning outcomes

- the importance of recognising the sick patient
- utilising a systematic approach for assessment
- instigating prompt first line treatment
- promoting teamwork through effective communication.

These fundamental principles of care are applicable to patients of all ages whether they are presenting medical, surgical or pregnancy related conditions and can have a profound effect on outcome. GRASPIT training encourages the application of basic knowledge coupled with simple interventions utilising equipment that is readily available in the clinical environment and is of potential benefit to both medical and nursing staff of all grades and experience.

Complementary training packages are in development that support the application of GRASPIT principles in the management of common obstetric, neonatal, paediatric and emergency cases.

2. Background

The failure to recognise the deteriorating acutely ill patient is well recognised as a significant risk factor for a poor outcome. When reviewing these cases two consistent themes emerge; either the failure to take and record appropriate observations and / or a failure to recognise abnormal vital signs as a trigger for timely action. The interventions required are often relatively simple in nature (basic airway management, oxygen therapy, intravenous fluids coupled with escalation for senior clinical review), but have a profound impact on the patients chances for survival.

In the UK, in order to address the problems identified above, national courses such as ALERT (Acute Life Threatening Events Recognition and Treatment) and local courses (eg SOS, Stabilisation of the Sick, Torbay Hospital) have been developed. These are aimed to be delivered to a multidisciplinary audience of doctors and nurses, both junior and senior, with the aim of reinforcing prior knowledge and promoting a systematic approach to the assessment and treatment of acutely unwell patients. An important component of these courses is promoting effective communication tool and we promote the use of the SBAR+ (Situation Background Assessment Recommendation plus) tool to enhance transfer of information.

Experience gained during Kenya Orthopaedic Project missions to Coast Province General Hospital, Mombasa and Nanyuki District Hospital suggested that very similar challenges existed in Kenya. Therefore a context appropriate course, named GRASPIT (Global Recognition and Assessment of the Sick Patient and Initial Treatment) was developed. Pilot courses were refined in the light of feedback received from Kenyan staff. The course was accredited by the National Resuscitation Council of Kenya in 2010.

3. Model for Dissemination of GRASPIT Training

In order for the GRASPIT course to be sustainable and become widely disseminated it is important that medical and nursing staff in Kenyan healthcare institutions become confident in taking on the independent delivery of this training. This will be achieved by the provision of faculty training, teaching materials and ongoing support by a national GRASPIT Network, but will also require a level of commitment from the healthcare institutions adopting GRASPIT training.

Institutions may wish to run a GRASPIT course because members of staff have attended courses at other locations or through contact with central

organisations (National Resuscitation Council of Kenya) or the founding charity EGHO (Exploring Global Health Opportunities). The course is suitable for a wide range of institutions, from District Hospitals to large national referral teaching centres.

It is critical for the course credibility that it is relevant and appropriate to the clinical environment in which the delegates attending work. It is particularly important to know the equipment that is available in the clinical workplace for staff to use or the practicalities of getting that equipment to the patient e.g. having to fetch oxygen cylinders from a store as it makes the training more relevant if these contexts are factored into the teaching. Absence of equipment does not mean that it is not appropriate to teach on its use as an important outcome of the course can be identifying the resources that are required.

The decision to introduce GRASPIT training into a Kenyan healthcare institution will be agreed between the senior management team and GRASPIT Network leads and will be supported by the signing of a Memorandum of Understanding. The exact content of the MOU will potentially vary, but will broadly reflect the commitments outlined below:

The GRASPIT Network will undertake to:

1) Provide a GRASPIT Train the Trainers course for locally identified trainers and support this faculty in delivering an initial GRASPIT course. The initial training visit will be undertaken by visiting core GRASPIT faculty lead by the GRASPIT training coordinator (or nominated deputy). This will entail a one day GRASPIT course delivered by the visiting faculty followed by a one day Train the Trainers course. On the third day the local faculty will deliver a GRASPIT course supported by the visiting faculty.

2) Provide learning materials required for the GRASPIT training. This will include hard or electronic copies of slides, training manuals, certificates, posters, GRASPIT booklets, badges and supporting course documents (such as feedback forms / registers etc.). Training equipment will include manikins, scenario materials and pulse oximeters.

3) Support the senior management team in undertaking a training needs analysis that will identify the training needs of staff and help inform a programme of delivery.

4) Assist the institution in registering as a training centre (if not already registered).

5) Through the national GRASPIT Network provide on-going support to the local faculty and senior management team. This will include advice and guidance from the GRASPIT team either through written or electronic communication and follow up visits plus access to the GRASPIT website.

6) Support local faculty development and sharing of best practice – for example through the coordination of regional and national meetings.

7) Conduct monitoring and evaluation of the impact of establishing GRASPIT training using a number of agreed tools such as delegate feedback, audits and surveys. This will include undertaking quality assurance of locally delivered training. Data collection for evaluation will either be conducted by the GRASPIT project team or by providing support for local data collectors.

8) Disseminate collated data from Kenyan hospitals participating in the GRASPIT training in order to help inform future planning of training in Government hospitals and other Kenyan healthcare institutions. All publications will be submitted to participating institutions for approval (although it is anticipated that in most cases data will anonymised).

9) Work with the senior management team and local GRASPIT faculty in the identification of potential quality improvement projects relating to the delivery of the GRASPIT training programme or care of acutely sick patients. For agreed projects provide staff time and input in order to deliver the quality improvement outcomes.

The Kenyan Healthcare institution will undertake to:

1) Communicate with the GRASPIT team in order to facilitate the planning and execution of sensitisation, training and follow up visits.

2) In collaboration with the GRASPIT team undertake a training needs analysis and develop a local GRASPIT training programme.

3) Identify a local champion who will act as a principal point of contact for the GRASPIT team and take a lead in coordinating the delivery of the local GRASPIT training programme.

4) Identify suitable members of staff to be trained as local faculty and support these staff in the delivery of training through release of paid time from clinical duties.

5) Provide secure storage for training equipment and learning materials and ensure that they are made available to support training. A member of the senior management team or local GRASPIT champion will be required take responsibility for these materials through signing an agreed inventory.

6) Support the delivery of GRASPIT courses by providing a suitable training venue (including presentation equipment), identifying and releasing staff to attend training and through the provision of refreshments. The frequency of GRASPIT courses will be determined by the training needs analysis, but is likely to be approximately monthly.

   Note: GRASPIT does not support per diem payments to delegates for attendance, but the local course organisers may wish to consider reimbursing expenses for those that have had to travel significant distances.

7) Support the collection of monitoring and evaluation data. This will include provision of reports of numbers of staff trained and delegate feedback from courses, but also entail the facilitation of data collection in the clinical environment. This could be by members of the GRASPIT team or through identifying local staff to undertake data collection activity (with the agreement of the GRASPIT Network leads this may be supported through provision of financial remuneration, but this is dependent on available funds).

8) Review (and following any discussed amendments) agree the publication of monitoring and evaluation data.

9) Work with the GRASPIT project team in the identification of potential quality improvement projects relating to the delivery of the GRASPIT training programme or care of acutely sick patients. For agreed projects provide staff time and input in order to deliver the quality improvement outcomes.

If local GRASPIT coordinators encounter any difficulties with course delivery, they should contact the central GRASPIT coordinator at **graspitcoordinator@gmail.com**.

4. Training Needs Analysis

The principles and systematic approach promoted through the GRASPIT course are relevant to both medical and nursing staff. Both junior and senior qualified staff as well as those still in training should be encouraged to come. Experience shows that this approach works well as the more experienced staff can guide the less experienced, as they would in real life clinical situations. The wide dissemination of the GRASPIT approach also aids team working and communication when managing acutely unwell patients.

If an institution decides to become a GRASPIT training centre, the senior management will be supported to develop a training needs matrix. This document first identifies how many staff at that institution require training. These figures are then used to calculate an appropriate number of local trainers and the frequency of training courses. This will ensure that enough GRASPIT and TOT courses are being delivered to meet the needs of each individual institution.

5. Course Champion

A critical factor for the success of the course is identifying a "GRASPIT champion": a local coordinator within the healthcare institution who will help with its organisation. This might be the CPD co-ordinator, administrator, nurse or clinician. They will be invaluable in ensuring that the course and the concepts embedded within it become established in their hospital. Their responsibilities are outlined in the box below. While they can delegate tasks to their colleagues, they will assume overall responsibility to ensure their completion.

GRASPIT Champion responsibilities

- main contact person for GRASPIT in their institution
- course organisation
- safe storage of equipment
- gathering data for monitoring and evaluation

6. GRASPIT Course Organisation

See Appendix 1

Course Content:

GRASPIT courses comprise a mix of delivered lectures, faculty demonstrations and clinical scenario based teaching. There is great flexibility in how the course could be delivered and the exact content depending on local requirements, but the essential core components that need to be included in all GRASPIT courses are below.

Lectures:

ABCDE: Assessment of Critically Ill Patient and Initial Treatment: Adult and Children

Communication Using the SBAR (Situation Background Assessment Recommendation) Tool

Demonstrations:

Assessment of Acutely Ill Patient: Adult and Child

Communication

Clinical Scenarios:

In the scenarios delegates undertake the assessment of simulated patients (adult and child) supervised and guided by trainers. Each scenario focuses on a particular aspect of patient management e.g. fluid resuscitation, oxygen therapy utilising basic equipment (oxygen masks, IV cannula and fluids, Guedel airways) which should be available in the clinical environment.

Faculty and Delegates:

The number of delegates that can be catered for on a course is primarily dictated by the number of faculty available to run scenarios. Six delegates is a manageable number for each scenario station as any more than this limits the ability to gain hands on experience. A faculty of four trainers can therefore comfortably accommodate a total of twenty-four delegates, as this enables groups of six delegates to rotate through four scenario stations. These numbers are of course flexible and just given as examples.

With careful timetabling not all faculty need to be present for the whole course i.e. one or two faculty members can deliver the lectures with additional support available for the scenario sessions. In some circumstances this might favour grouping all the lectures into the first part of the day and running the scenarios in the afternoon. However, we have found that having a mix of lectures and scenario teaching in the morning and afternoon is a successful way of keeping delegates engaged and interested.

If the institution wishes to become a GRASPIT training centre, they will need to have local faculty trained as trainers. Usually the first course delivered in this institution will have included potential candidates who could become trainers. These could be staff with some experience in

teaching and training or who have attended GRASPIT at other venues. These staff will undergo a training of trainers (TOT) course which involves generic instructor training. Their first courses will be observed by experienced faculty; after this they can deliver the GRASPIT course independently. Booster TOT courses can be delivered to maintain a large enough pool of trainers.

Course timetable and delivery:

The course length of a day is a compromise between having time to deliver a comprehensive and effective course balanced against taking staff away from their workplace. However, it would be quite feasible to run the course divided up over shorter duration sessions, such as half days. A possible half day course could comprise of a lectures covering the assessment of the acutely ill patient followed by clinical scenario teaching. The remaining material could either be provided to candidates in other formats or presented at another date, again combined with further scenarios.

We have found that having a mix of lectures and scenario teaching in the morning and afternoon is a successful way of keeping delegates engaged and interested. Having breaks timetabled between the sessions is very useful as they can not only be used for refreshment, but also be used for answering questions or exploring topics raised by the delegates without the day overrunning. The timing of the scenario sessions can be allocated to one of the faculty (or a helper if available) and it is helpful if a warning can be given five minutes before the end of the session to give the opportunity for the trainers to summarise the key learning points before the groups rotate.

A key aim is to keep the audience engaged and actively participating. This can be achieved in a variety of ways, but asking questions of the audience, running mini-quizzes (rewarded with appropriate prizes such as sweets) and encouraging discussion and debate are all useful strategies.

At the end of the course it is very useful if the faculty can have a brief meeting to review the day. Often this provides very useful suggestions for how the course could be improved either in terms of content or organisation. It is also a good opportunity for the faculty to identify potential future trainers from amongst those that who have attended. Ideally their willingness to participate as faculty in future courses will have been established during the day.

Venue Requirements

The venue ideally needs to have a reasonable sized room that can accommodate approximately twenty-four delegates and permit the projection of slides. At each scenario station one of the delegates will be acting as a patient and needs to lie down on either a bench, table or if available trolley or bed. In larger venues the scenario stations may be able to be accommodated within the same room as where the lectures are delivered. Alternatively, stations may need to be set up in adjacent rooms or other convenient locations, even outside. Ideally the stations should be relatively close together to minimise the loss of time as groups rotate around.

Equipment / Teaching Materials

GRASPIT equipment and teaching material will be provided for an institution. It is important that it is stored safely and securely. A secure area for equipment storage and a staff member responsible for releasing it should be identified in advance. This equipment is to be used for training purposes only. The institution will be provided with an equipment log which should be checked at the end of every course. If equipment is damaged, it may be possible for medical engineers at the local facility to repair it. If equipment cannot be repaired locally or replacements are required, the local co-ordinator should inform for the central GRASPIT co-ordinator in their report.

7. Monitoring and Evaluation

To ensure the continual improvement and sustainability of the course it is crucial that the local GRASPIT Champion (or delegated person) collects information at every training event.

Depending on local arrangements the delegates details may have been recorded by the local coordinator when they booked on the course, alternatively the register will need to be completed as the delegates arrive. To aid the completion of the course certificates it is helpful if delegates can print their names. The delegates e-mail and/or mobile telephone numbers are useful to collect as this will provide ways of providing follow up information after the course has finished. It is very helpful if the delegates can be provided with a name badge (handwritten sticky label or tape) for the day as this facilitates the faculty getting people to engage and participate, especially in the scenarios.

It is very important to get feedback from the delegates at the end of the course. Examples of course registers and evaluation forms will be provided in electronic format for local printing. To stop people leaving before they have returned the evaluation forms, one option is to only give out the course certificates in return for a completed form. Pre-printed certificates will be provided, but will need the delegates name added and signed by the local course organiser.

The local GRASPIT Champion will be responsible for the provision of a quarterly report which is fed back to local faculty, senior management at their institution and also to the central GRASPIT Network coordinator. It is possible that core members of the GRASPIT organisation will also visit institutions to help with additional monitoring and evaluation activities. The intention of these visits is to measure the impact of the course to improve future content and delivery, not to assess individual staff members.

A template for this report as well as required documents will be given to Champions to facilitate data collection and reporting. (See Appendices 2-5)

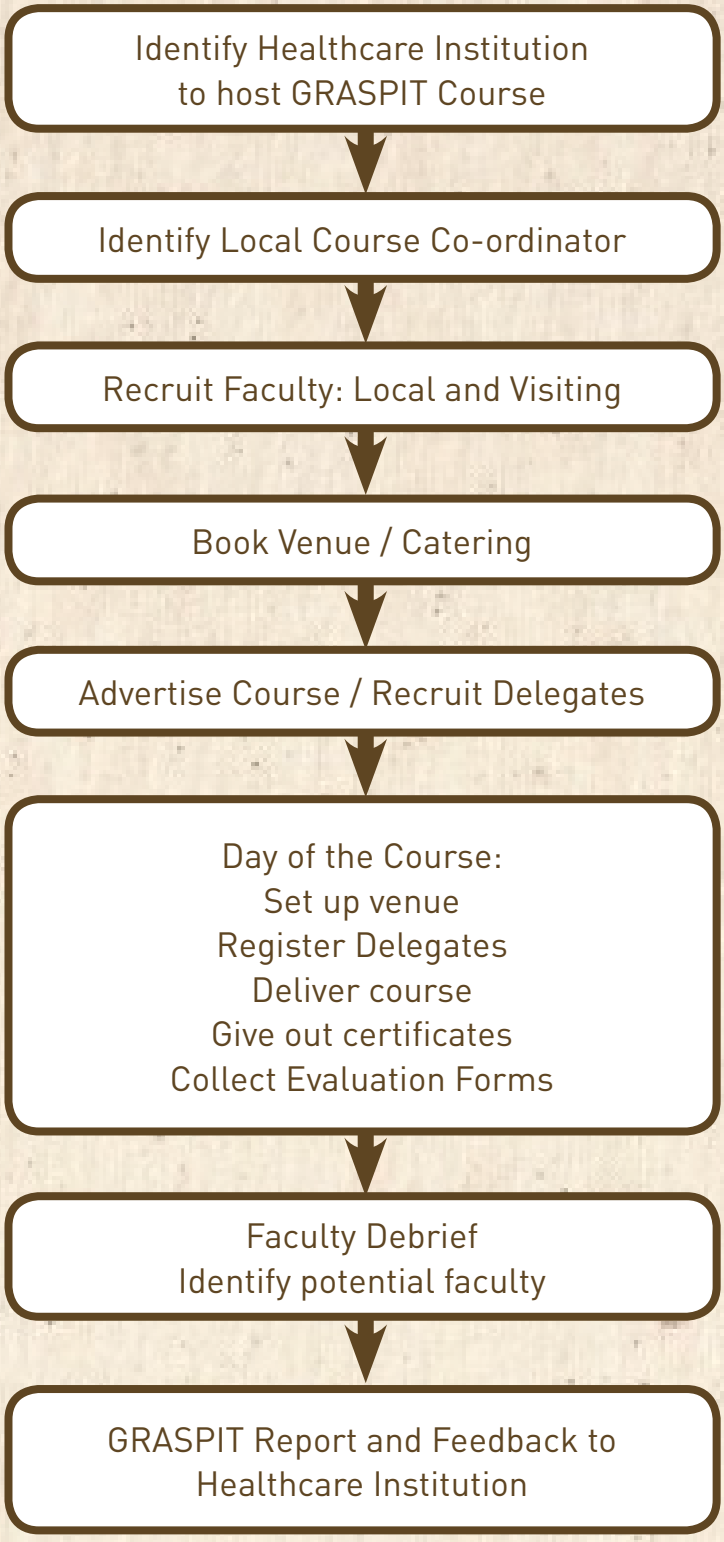
8. Quality Improvement: Implementation of GRASPIT Principles

Although delivered as a course GRASPIT actually represents a system wide approach to patient care. If its principals are to be adopted and consistently applied in Kenyan hospitals, then the requirements extend beyond simply providing staff with a one day training course. Other factors that need to be addressed include the availability of simple equipment, improved monitoring and recording of vital signs and effective communication between members of the health care team. All these objectives are achievable within the resources currently available. However, the critical factor for the success of this approach is that staff recognise the significant benefits it can provide, not only for patient care, but also their professional lives. Only then will it become embedded and have a sustained impact.

If gaps are identified in the clinical environment which are limiting the potential to provide good quality care, staff may wish to undertake a project to improve the situation. These projects often require minimal additional resources but can have a significant impact on patient safety. There are specific tools and methods available which can really help with these types of projects. If delegates identify a quality improvement project that they wish to undertake, the central GRASPIT faculty would like to provide support to improve the chances of this project being successful.

Requests for this type of support should be emailed to **graspitcoordinator@gmail.com**.

Appendix 1: Flow diagram for Organising a GRASPIT Course



Appendix 2: Example of GRASPIT equipment and teaching materials

Documents for printing will be provided to local coordinator on paper and on a flash drive.
Documents marked with a * are expected to be reprinted by the institution as required.

Printed course materials
GRASPIT Slide set
Scenario cards
SBAR cards
Sample obs charts
Pre and post course assessments*
Certificates for trainers and trainees

Course equipment
Projector (spare bulbs)
Laptop / computer
Printer / paper / ink
Extension cables / screwdriver
Screen / sheet / wall
Sticky labels (for name badges)
Marker pens
Pens
Sticky tape
Blu tac (or equivalent method putting up posters / Scenario station labels etc)

Equipment boxes
- laminated checklist of contents
- IV cannulas (variety sizes and ideally of type used by that institution)
- IV fluid bag (can be empty) and giving set
- oxygen tubing
- nasal cannula / Hudson mask / venturi masks / non-rebreath mask
- oropharyngeal airways (various sizes)
- nasopharengeal airways (various sizes)
- blood sample bottles

Pulse oximeter
Airway manikin
Bag –mask valve

Manuals to enable delivery
TOT manuals
Course organisers manual

M+E Materials
Course timetable*
Registration forms for delegates and faculty*
Scenario box contents
Equipment log*
Course evaluation forms*
Confidence evaluation form*

Material for dissemination
Posters for wards
GRASPIT Booklets
Promotional material

Appendix 3: M+E report template

1. **Report writer's details**

2. **Course programmes**

3. **Delegate and faculty registers**

> Delegates and faculty need to print their name, gender, role. Collecting their contact details (email +/- mobile telephone number) may also be useful collect as this will provide ways of providing follow up information after the course has finished.

4. **Brief description of how the course went and feedback from faculty.**

5. **Feedback collected from delegates**
   Including pre and post course assessment and course evaluation

6. **Details of delegates identified as potential future trainers**

7. **Equipment and training materials – any repairs or replacements requested**

8. **Status of local faculty pool**

> It is useful to know how many trainers are still available for training at an institution. Numbers may fall due to relocation or other work commitments. If the pool of local trainers becomes too small, a booster TOT course may be requested.

9. **Finances**
   Have budget proposals been submitted for training needs? Have they been successful?

10. **Attachments**

GLOBAL RECOGNITION & ASSESSMENT OF THE SICK PATIENT & INITIAL TREATMENT

GRASPIT

Global Recognition and Assessment of the Sick Patient and Initial Treatment

Register for Date: ……..

GLOBAL RECOGNITION & ASSESSMENT OF THE SICK PATIENT & INITIAL TREATMENT

Faculty / Delegates (delete as appropriate)

Name (please print)	Gender	Role	Hospital /Institution	Mobile number	E-mail address

Appendix 5: Evaluation Form

GLOBAL RECOGNITION & ASSESSMENT OF THE SICK PATIENT & INITIAL TREATMENT

GRASPIT Course Evaluation Form

Name (optional):

Role:

Institution:

What did you think went well today?
How could the course or teaching be improved?
Suggestions for future courses/trainings and general comments:

Please continue overleaf if required

Thank you

GRASPIT is supported by the Tropical Health & Education Trust (THET) as part of the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) and the charities EGHO and MEAK.