

IN PRACTICE

A10

EXPECTATIONS VS. REALITY – MEDICAL STUDENT EXPERIENCES OF A REAL-TIME SIMULATED MEDICAL EMERGENCY TEAM CALL

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Introduction: Foundation Year 1 (FY1) doctors are unlikely to have firsthand experience of navigating the unique chaos of a Medical Emergency Team (MET) call before joining the team. Experiential learning through simulation could help to bridge this gap between theory and practice [1].

The aim of this simulation project was to provide a realistic view of a MET call from the FY1 perspective. The simulation scenarios progressed in real-time, to uncover hidden internal pressures caused by delayed access to crucial information. They also replicated some logistical challenges commonly encountered by MET members, such as locating necessary equipment in an unfamiliar environment.

Methods: Three groups of eight final-year medical students participated in a simulated on-call shift in which they were alerted to a medical emergency (septic shock) using a high-fidelity simulation suite. Psychological safety was maintained by the inclusion of a ‘medical registrar’ acting as team leader.

Participants were delegated common tasks undertaken by an FY1, such as establishing intravenous access, obtaining a blood gas, scribing, etc.

Participants had been pre-briefed that all tasks must be completed accurately in real-time. The scenario ran for thirty minutes, followed by a structured debrief addressing human factors [2]. The students repeated the experience a month later with a different clinical scenario (hypoglycaemic seizure). Anonymous reflective questionnaires were collected after each scenario.

Results: Free-text answers from the first (n=23) and second (n=19) questionnaires were analysed for recurring themes [3]. Participants appreciated that their first exposure to the unique pressures of working in a MET was in a safe, simulated environment.

Working in real-time made the scenario feel more realistic but introduced uncertainty and time-pressure that had to be managed. 96% of respondents underestimated the time required to complete their tasks in a stressful environment, which caused further anxiety.

The first scenario gave participants a frame of reference from which they felt better prepared to approach the second. They also reported a greater appreciation for non-technical skills such as closed-loop communication, time-management, prioritisation and teamwork, and applied these more consciously in the second scenario [2].

Discussion: Hands-on experience made final-year medical students feel better prepared for attending MET calls as future FY1s. The real-time element highlighted latent human factors, necessitating the application of non-technical skills. This simulation design has potential for use during FY1 induction programmes to safely introduce the challenges of working in a MET.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

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