

IN PRACTICE

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TRAINING RESIDENT PAEDIATRIC DOCTORS ON HOW TO DELIVER IN-SITU SIMULATION

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Introduction: Simulation is a widely acknowledged method of training for healthcare practitioners often with a focus on improving safety and awareness of human factors [1]. Low fidelity in-situ simulation is an efficient way of improving performance [2] and is well established within our NHS trust, with a 30-minute session delivered fortnightly for resident paediatric doctors. Feedback identifies the majority of resident paediatric doctors across the deanery have some, but limited, opportunity to participate in simulation, with a learning gap regarding how to deliver these sessions themselves.

Methods: A two-hour session was held for 42 senior resident paediatric doctors to emphasise the value of simulation and teach them how to establish and deliver their own in-situ simulation sessions. This was both lecture-based teaching and a demonstration on how a simulation scenario was run and debriefed. Following this, participants had the opportunity to create their own scenarios in small working groups using a framework to

address key points in crisis resource management and technical factors in simulation delivery. A pre- and post-course questionnaire was done to assess confidence in devising, delivering and debriefing simulation sessions using a 5 point Likert Scale from 'not at all confident' to 'extremely confident'.

Results: Pre-course data showed limited exposure to in-situ simulation with 62% of participants having occasional or rare involvement. We also identified reduced confidence levels across creation, delivery and debriefing of simulation. Post-course evaluation demonstrated a significant increase in overall confidence levels reported by 96% of participants. Our results also showed increased confidence of participants in all the specific areas evaluated. Participants rating extremely confident or very confident increased from 12% to 60% in devising, 17% to 68% in running, and 19% to 64% in debriefing an in-situ simulation session.

Discussion: This highlights the impact a simple teaching session can have on empowering resident doctors with the knowledge to implement simulation practices in their own workplaces. Continuing to address this learning gap at resident doctor level, by providing ongoing teaching in simulation practices, will hopefully continue to improve confidence in delivering and increase use of in-situ simulation training throughout paediatric departments within the deanery, forwarding a culture of change in education practices to benefit a larger cohort of future resident paediatric doctors throughout their training. Our post-course evaluation also identified the need for additional teaching in the art of debrief and therefore has allowed us to plan a further teaching session to cover this.

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.

REFERENCES

1. Aggarwal R, Mytton OT, Derbrew M, et al Training and simulation for patient safety. *BMJ Quality & Safety* 2010;19:i34-i43
2. Norman G, Dore K, Grierson L. The minimal relationship between simulation fidelity and transfer of learning. *Medical Education*. 2012;46:636–647.