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Title of innovation / initiative

'It'll be alright on the night' – A dress rehearsal for incoming F1 doctors in *Simway Hospital*, a simulated clinical environment, before stepping into their new roles

Problem

Medical education is meant to prepare our future doctors to deliver high quality patient care amongst the challenges of our complex healthcare system. Unfortunately, Foundation Year 1 doctors still feel unprepared for their new roles come 'Black Wednesday'. The induction period prior to starting F1 is a golden opportunity to bolster our F1 before they start work. However traditional inductions typically involve multiple lecture-style sessions delivering lots of information which are difficult to remain engaged with, and shadowing opportunities that do not give the incoming doctors an authentic feel of what being a doctor will be like.

Aim

Our mission was to deliver a fun and engaging induction which would make the new F1s feel welcomed, supported and more confident in their abilities before they start their new jobs at Medway Maritime Hospital. We recognised that our F1s come from across the globe and thus bring with them a variety of experiences. As such, we wanted to create a safe simulated environment in which we could familiarise them with our Trust specific procedures and allow them to practice the tasks they will be completing throughout their foundation training. We hoped that by working together they would begin to build relationships with each other and the rest of the multi-disciplinary clinical team they would be working closely with. Additionally, we aimed to highlight the importance of their wellbeing and seeking support when needed.

Plan

This induction event occurred over the weekend. Our simulated clinical environment (*Simway Hospital*) was created within our post graduate centre and an outpatient area which is separate from the main hospital. This allowed us to change the environment to suit our requirements without disrupting patient care.

A wide range of faculty were involved in the planning and delivery of the day including the medical education and simulation teams, doctors (ranging from foundation to consultant from a variety of clinical areas), nurses, pharmacists, and the Acute Response Team. The expertise of our interprofessional faculty was used to create a realistic experience which represented what would be expected of and for the new F1s. These faculty members 'played themselves' throughout the day, for example the paediatric consultant was available for when the participants wished to discuss/escalate their concerns about the simulated paediatric patient in DKA.

The timetable for the day involved all the new doctors rotating through a variety of stations. The stations focusing on clinical procedures such as the basic surgical skills (knot tying, suturing and wound care) and catheterisation were facilitated by clinical staff. A wellbeing and mindfulness station provided a place for new doctors to raise their concerns, discuss ways of looking after their wellbeing and be signposted to helpful resources and services. Finally, the simulated ward round and cardiac arrest stations allowed students to practice both technical and non-technical skills with representatives from the multi-disciplinary faculty they will work with throughout their foundation years at Medway. During the simulated

ward round the participants took a history and examined simulated patients (played by our medical education staff) before handing over to a senior clinician to collaboratively create a management plan. The participants had to actually carry out any necessary tasks within this process including bleeping, ABGs, cannulation, prescribing. The cardiac arrest station involved a group of participants playing the cardiac arrest team, supported by faculty members, managing the simulated arrest using the procedures and equipment they will use in real life.

Benefits

The pre- and post-session questionnaires completed by the participants showed confidence increased in every area tested:

- Giving SBAR handovers
- Performing an A to E assessment
- Accessing Trust policies
- Escalating concerns/getting help
- Activating the major haemorrhage protocol
- Understanding their role in a cardiac arrest
- Performing routine clinical skills, e.g. venepuncture, ABGs, catheterisation
- Performing routine surgical skills, e.g. wound care, suturing and knot tying
- Knowing how to take care of their wellbeing

All participants 'Strongly Agreed' that '*Simway Hospital*' should be a part of future inductions for new doctors. They really valued working with 'real' healthcare professionals during the simulated sessions. The overwhelming response was the desire for more and/or longer sessions like this, in particular simulated scenarios of deteriorating patients and those in cardiac arrest. Specific feedback included:

- "Practicing skills was useful especially as equipment varies from Trust to Trust"
- "A good mix of sessions – kept it able to concentrate"
- "Straight into the deep end – very useful"
- "Appreciate that everyone was supportive in regards to teaching and encouraging questions"
- "Great to experience some realistic emergency situations in this environment"

Those involved in the delivery of *Simway Hospital* felt that the day was beneficial for participants and faculty, with many stating they would be keen to be involved in any similar events in the future. Several quotations from faculty include:

- "The exercise is a thoughtful activity which I believe will help our foundation doctors provide best and safe care to the patients."
- "I felt this was a good start and 'safe space' in preparing the new F1s into their first day of work."
- "It was a very good use of time to allow them to conquer nerves."
- "You could actually see them getting more confident as the day went on."

Measures

As described above we have already used a pre- and post-session questionnaire to determine whether we have met our aims of our new F1s feeling supported and more prepared for practice.

Now that these F1s have been in their posts for a month we will be carrying out a focus group to ascertain whether *Simway Hospital* has resulted in a lasting change in behaviour and whether this positively impacted the patient experience and clinical outcomes.

Resources / team

There was a lot of preliminary planning involved in the production of *Simway Hospital* including what

sessions would be included, and what environment, equipment and faculty would that require. Subsequently a large amount of time was spent designing the timetable, creating the simulated environment and recruiting/preparing the interprofessional faculty for the event. Much of the equipment was borrowed from the medical education and simulation teams. Once all the disposable equipment was sourced the total cost of all of this to the Trust was £3114.07.

Medway's simulation faculty is passionate about delivering high quality simulation-based education for clinical staff given the well-established evidence base it has. This project built on the momentum of previous years in which Trust inductions had become increasingly interactive. Whilst simulation (often focusing around acutely unwell patient scenarios and being on-call) has been used as part of induction, and to support trainees through transition points in their career (e.g. starting F1) we are not currently aware of any other Trusts or organisations who have delivered induction in a simulated clinical environment on this scale. Nor could we find examples of basic surgical skills being included within F1 induction programmes. A sample of resources we reviewed when planning and evaluating *Simway Hospital* are listed below:

- Cleland, J.; Patey, R.; Thomas, I.; Walker, K.; O'Connor, P.; Russ, S. (2016). Supporting transitions in medical career pathways: the role of simulation-based education. *Advances in Simulation* 1(14).
- Lisacek-Kiosoglous, A.; Rees, R. (2023). Does 'On Call' simulation training have a place in medical education programs?. *Clinical Practice* 20(1).
- Morgan, J.; Green, V.; Blaire, J. (2018). Using simulation to prepare for clinical practice. *The Clinical Teacher* 15(1).
- Watmough, S.; Box, H.; Bennett, N.; Stewart, A.; Farrell, M. (2016). Unexpected medical undergraduate simulation training (UMUST): can unexpected medical simulation scenarios help prepare medical students for the transition to foundation year doctor?. *BMC Medical Education* 16(1).
- Welfare, E.; Mercer, S. (2018). Using Fully Immersive 'In Situ' Simulation to Prepare New Foundation Doctors to Work in an Acute Setting. *SL Journal of Anaesthesia & Critical Care* 1(1).

Key learning

- An interprofessional faculty improves the authenticity of simulated scenarios and encourages F1s to be aware of their wider team, and feel comfortable reaching out to them.
- Immersing new F1 doctors in a safe simulated clinical environment allows them to prove to themselves that they are ready for their new roles.
- Practical skills and simulation sessions can highlight any areas where participants may require additional support or desire more practice.
- There is great demand for additional skills and simulation teaching – in particular managing deteriorating patients, and peri-cardiac arrests.

In future we plan to:

- Dedicate more time to managing cardiac arrests
- Have each participant see multiple patients as part of the simulated ward round
- Involve more members of the MDT e.g. Specialist nurse teams (e.g. Learning Disability), PT/OT, dieticians, etc.
- Seek out the opinions of real patients and their carers in regards to what they feel would be beneficial for new doctors to know, and hopefully be involved and share their own experiences during induction events

Tips for others

- Inductions can become repetitive and monotonous for both faculty and participants when completed year after year. Investing that bit more time and resources will result in a more engaging event for all involved.

- Consider your environment – e.g. Can you get participants moving around the room/between different rooms? Can you make create the impression that participants are in a ward/theatre/etc? Do you want all stations clearly compartmentalised or can some merge into one another?
- Involve representatives from across the breadth of your team/organisation. This demonstrates to new starters who they will be working with and you/they can benefit from the varied knowledge/experience an interprofessional faculty brings to the table.

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Do you have any attachments?

- “A picture is worth a thousand words”. Are there any photos or graphics that could help bring your story to life?
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.