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Introduction: Internal medicine trainees in Scotland attend national simulation training. Annual review days evaluate course content and it was highlighted at these that the mode of delivery of one of the sessions (Table 1-A60) was suboptimal: a 150-minute round table workshop discussing theoretical clinical decisions. Feedback requested more immersive simulation, presenting a dilemma as further immersive simulation in parallel with current sessions was not feasible due to availability of equipment and physical space. A modified shadowbox approach [1] was identified as a solution. Shadowbox simulation allows learners to view a scenario through the lens of an expert, using video with pauses for facilitated discussion to develop decision making skills [1].

Methods: Video footage of senior professionals working through clinical problems aligning to the curriculum was created. Each case was divided into short clips demonstrating optimal and, at times, additional contrasting suboptimal performance. During pauses between clips questions were posed to groups of six learners to encourage cognitive decision-making processes, facilitated in a similar way to a debrief of an immersive simulation scenario [2]. During each case a practical procedure was carried out by participants on a task trainer before returning to the debrief conversation. Pre and post questionnaires were completed by trainees as part of an iterative course evaluation.

Results: Eighteen 120-minute sessions have been delivered to 40 trainees, with further sessions planned before June 2024. Qualitative feedback from trainee questionnaires described that the format was more suitable 'to hold attention'. They described it as a 'sim hybrid'. In contrast to prior expectations, this method was actually preferred to immersive simulation by some:

- 'It made us draw from our own experiences and the topics we reflected on were less artificial than in sim. I liked the more informal set up in comparison to sim.'
- 'Really good structure to break down complex issues and takes away pressure of sim.'
- 'In some ways better than sim due to systematic nature.'

Discussion: Trainee feedback demonstrate that this modified shadow boxing has been a successful modification to this training course. The sessions provided the benefits of a simulation debrief without the performance 'hot seat' pressure and performance anxiety. Particularly when looking at non-technical skills it was powerful to contrast excellent vs suboptimal performance. This innovation should be of interest to a simulation audience as an example of delivery achieved with a more economic use of faculty, space and equipment.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

IN PRACTICE

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DELIVERY DILEMMAS: ADAPTING TO DELIVER SHADOWBOX SIMULATION IN RESPONSE TO INTERNAL MEDICINE TRAINEE NATIONAL FEEDBACK

REFERENCES

1. Mutch CP, Oliver N. Virtual simulation of communication skills challenges using a shadowbox technique. *International Journal of Healthcare Simulation* 2022;1:22–24.

2. Oliver N, Shippey B, Edgar S, Maran N, May A. The Scottish centre debrief model. *International Journal of Healthcare Simulation* 2023;(Xx):2023.

(Continued)

Table 1-A60. Learning objectives

Agitation and tracheostomy session	Shock and CVC session
Recognise subcategories of agitation and the use of such classification	Recognise and differentiate the cause of shock
Describe strategies for de-escalation and identify helpful and unhelpful practice points.	Describe the optimal approach to fluid resuscitation and how to assess fluid responsiveness
Explore different drug choices for specific circumstances.	Consider alternative management strategies when fluid responsiveness persists after large volume fluid resuscitation
Demonstrate understanding of legal frameworks in specific circumstances.	Demonstrate safe and effective placement and confirmation of CVC and describe how to deal with the important complications that rarely occur
Manage tracheostomy emergency.	Describe how to commence and titrate vasoactive drugs
Recognise specific features of patients, pathology and equipment which make risk of a tracheostomy issue higher or lower	Explore the optimal way to create and discuss treatment escalation plans

