

IN PRACTICE

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THE IMPACT OF SIMULATION TRAINING ON THE PREPARATION OF INTERNAL MEDICAL TRAINEES TO ACT AS THE ON CALL MEDICAL REGISTRAR

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Introduction: Simulation has been a mandatory part of internal medicine training (IMT) since 2019 [1] and is a useful tool to improve ability to manage acute medical emergencies and recognise human factors [2]. A 'Step-Up' to medical registrar course has been ongoing since 2021, with scenarios simulating the experience of being the medical registrar on call which has received positive feedback [3]. This includes running two simultaneous scenarios with unwell patients, ethical dilemmas requiring senior input and phone interruptions.

The aim of the 'Step-Up' programme is to aid the difficult transition from senior house officer to medical registrar incorporating both the senior clinical role this entails and the wider managerial aspects.

Methods: The 'Step-Up' course is a one-day course with four scenarios with one candidate per scenario. The scenarios take place in the simulation lab with the other candidates observing via video link in a debrief room.

Each scenario comprises of two high-fidelity situations commonly encountered by the medical registrar on call. This includes one difficult communication skills (using live actors) and one medical emergency (using a computerised manikin, SimMan Essential) running simultaneously. Throughout the scenario candidates are interrupted by the bleep which, when answered, requires candidates to give telephone advice or appropriately redirect the caller.

Debrief is then carried out by qualified simulation faculty along with an expert facilitator in the form of a consultant or specialist registrar. Feedback was collected immediately post simulation via a QR code. This allowed easy collection of data and ongoing analysis. Three months post course a further survey was conducted via online link on the course's usefulness, relevancy to work, and influence on working practices (including stress management). The candidates were specifically asked about the role of simulation in helping the transition to medical registrar.

Results: Eighteen candidates attended simulation sessions and thirteen responded to the three-month survey, a 72.22% response rate. All surveyed candidates found the training useful, had encountered similar scenarios on call and thought the course had helped with the transition to medical registrar, with 100% responding with agree or strongly agree to all three questions.

Discussion: Simulation was relevant to candidates' experience of being the on-call medical registrar allowing it to be incorporated into practice post-course. It helped with the transition from senior house officer (SHO) to registrar as demonstrated with an ongoing improvement in confidence three months later.

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.

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