

IN PRACTICE

A78 DELIVERING A NOVEL PAEDIATRIC ENT AND OPHTHALMOLOGY EMERGENCY MEDICINE SIMULATION DAY

Lucine Nahabedian¹, Shoshana Layman², Neil Giblett², Michael Eastwood², Jacqueline Chan², Sana Rasool³, Joshua Whittaker³, Hisham Hamze³, Muhammed Qadir³, Kasyap Jamalapuram⁴; ¹Sheffield Children's NHS Foundation Trust, Sheffield, United Kingdom, ²Royal Wolverhampton NHS Foundation Trust, Wolverhampton, United Kingdom, ³University Hospitals Birmingham, Birmingham, United Kingdom, ⁴Birmingham Women's and Children's NHS Foundation Trust, Birmingham, United Kingdom

Correspondence: lucine.nahabedian@nhs.net
10.54531/RHAX6380

Introduction: The joint Royal College of Paediatric and Child Health (RCPCH) and Royal College of Emergency Medicine (RCEM) curriculum for paediatric emergency medicine (PEM) outlines illustrations whereby trainees should be competent in dealing with ear, nose and throat (ENT) and ophthalmological emergencies including dealing with obstructed airways. Particularly for lateral canthotomy, the lack of confidence in performing this skill [1] is associated with few real-life experiences and little training [2]. The aim of this simulation day was to provide a multidisciplinary simulation-based teaching day to address these gaps in training across both ENT and ophthalmology.

Methods: A group of PEM, ENT and ophthalmology clinicians collectively developed educational material for the simulation day. Topics included two low fidelity simulations on post tonsillectomy bleed and blocked tracheostomies, interactive case-based discussion on orbital cellulitis and part task trainers to simulate retrieving foreign bodies from the ears and nose, using a slit lamp, removing foreign bodies from the eye, irrigation of the eye after chemical exposure and lateral canthotomies.

Invitations to attend were sent to both RCPCH and RCEM trainees in the West Midlands. Educational material was uploaded on to the postgraduate virtual learning environment for trainees to access. Questionnaires were sent to the participants to rate their confidence in these skills pre and post course.

Results: Nine participants (6 RCPCH and 3 RCEM trainees) attended the course. Confidence in their ENT/ophthalmology skills were self-evaluated using a Likert scale, where 1 represented no confidence and 5 represented being very confident. Of the 9 attendees, 8 completed the pre-course questionnaire and 8 completed the post course questionnaire (Table 1-A78).

All trainees reported improved confidence in all of the skills taught on the simulation course. Feedback was overwhelmingly positive, with trainees appreciating the mixed faculty and mixed modalities of delivering the teaching material.

Discussion: This novel course clearly addresses the learning needs for trainees working in PEM who are both RCPCH or RCEM trained. The profoundly positive feedback

demonstrates the demand for simulation-based education for these practical skills and we will be delivering the course again in late April 2024 (biannual).

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.

REFERENCES

1. Wilde C, Memon S, Ah-Kye L, Milligan A, Pederson M, Timlin H. A novel simulation model significantly improves confidence in canthotomy and cantholysis amongst ophthalmology and emergency medicine trainees. *The Journal of Emergency Medicine*. 2023.
2. Edmunds, Haridas AS, Morris DS, Jamalapuram K. Management of acute retrobulbar haemorrhage: a survey of non-ophthalmic emergency department physicians. *Emergency Medicine Journal*. 2019;36(4):245–247.

Table 1-A78. Delivering A Novel Paediatric ENT And Ophthalmology Emergency Medicine Simulation Day

| Skill | Pre course average (n=8) | Post course average (n=7) | Difference |
|---|--------------------------|---------------------------|------------|
| Managing blocked tracheostomy | 2.88 | 4.75 | +1.87 |
| Managing a post-tonsillectomy bleed | 3.13 | 4.75 | +1.74 |
| Removal of foreign body from eyes, ears or nose | 3.75 | 5.00 | +1.25 |
| Managing orbital cellulitis | 4.13 | 4.88 | +0.75 |
| Using a slit lamp | 2.38 | 4.25 | +1.67 |
| Irrigating the eye | 3.63 | 5.00 | +1.37 |
| Lateral Canthotomy | 1.63 | 4.00 | +2.37 |