

IN PRACTICE

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**A NOVEL SIMULATION COURSE FOR GIM
(GENERAL INTERNAL MEDICINE) REGISTRARS,
WHICH FULFILS THE NEW GIM STAGE 2
CURRICULUM SIMULATION REQUIREMENTS**

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Introduction: In response to the new requirement for 12 hours of simulation training in the GIM (General Internal Medicine) stage 2 curriculum, GIMME (General Internal Medicine Medical Emergencies) is a novel simulation course for GIM registrars [1]. Whilst managing acutely unwell patients, GIM registrars are also expected to co-ordinate and supervise other junior doctors, offer advice to other specialities, and deal with bed states. This course covers these more nuanced aspects of the role and improves confidence in what is the most daunting and unsupervised part of the job.

Methods: The objective measures for this pilot were to evaluate confidence in managing various aspects of the role before and after undergoing the GIMME course. The course lasts one day, offering up to 6 complex medical emergency scenarios. The course is treated as a continuous night shift, commencing with a handover detailing unwell patients from the outgoing day team,

a list of staff they will be leading (complete with obligatory staff absences), and the resources available to them in this particular hospital. Although each scenario is led by a different learner, patients from prior scenarios and handover may be referenced, and team members engaged with previous scenarios may not be available. Each scenario has an acute patient to manage directly and at least one complicating factor, ranging from managing bed capacity on coronary care, to consideration and preparation for transfer of a sick patient between hospitals.

Results: After two pilot courses for eight learners, the results showed that 7/8 felt more confident in managing the acutely unwell patient, 7/8 felt more confident in risk assessment and prioritisation; 6/8 felt more confident with medical leadership; 8/8 had a better understanding of human factors. Overall, 8/8 would recommend this course to other medical registrars.

Discussion: It is well known that simulation improves patient outcomes [2] but this high-fidelity simulation fulfils the dual purpose of improving confidence of medical registrars performing this demanding role, as well as satisfying part of the mandatory 12 hours of simulation required by the curriculum. Learners found the most rewarding part of the course was debriefing, where more ambiguous areas of medical decision-making could be discussed. Learners commented that prior to the introduction of this course, sufficient opportunities for this type of training were unavailable. Learners suggested the introduction of further complicating factors such as rising counters for “numbers of patients to be clerked” and more persistent bleep interruptions.

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

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