

A.C.T. up

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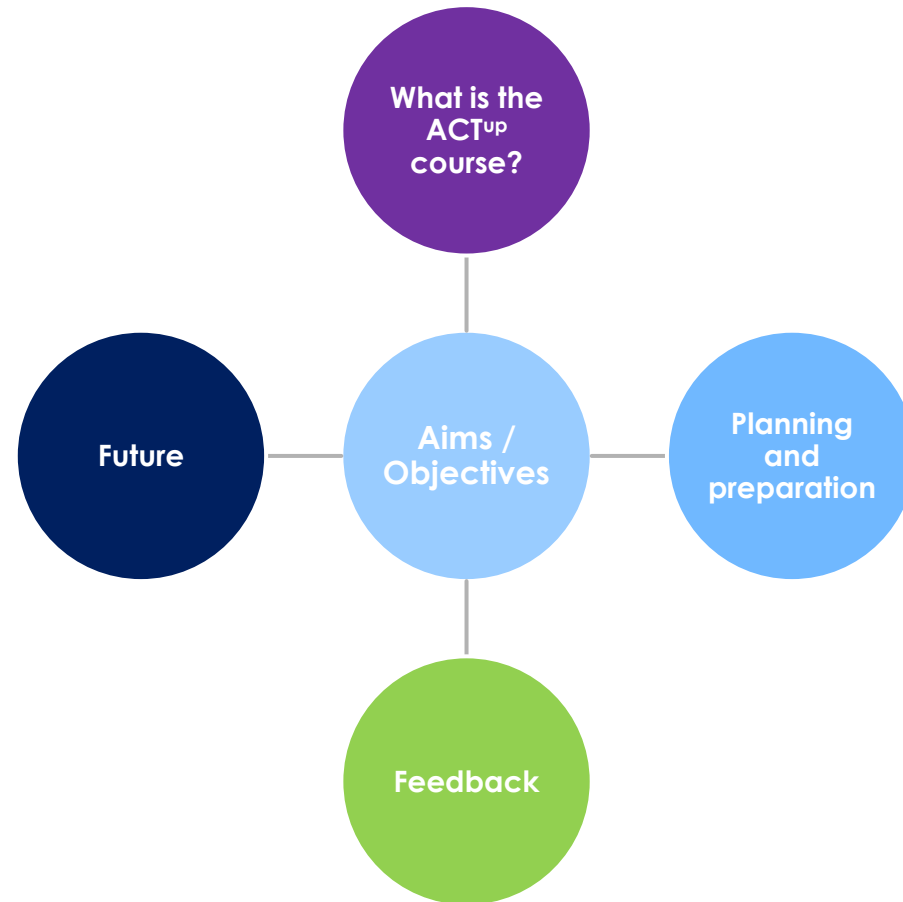
QUEEN'S
UNIVERSITY
BELFAST



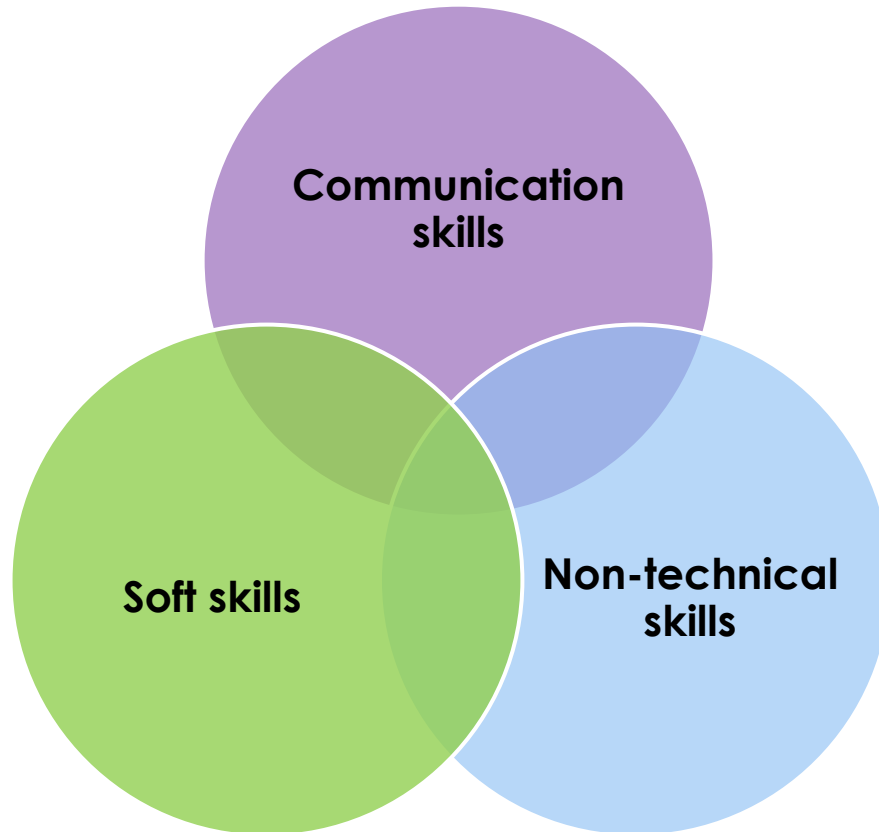
ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Simulation Training

Aims / Objectives



Background:



**Paediatrics -
Consultant
Driven**

Outline

AM Session (Safeguarding Cases)	PM Session (End of Life Cases)
Salt poisoning	Discussions around withdrawal of care
Bruise in non-mobile child	SUDI
NAI – head injury	Psychology session

Scenarios

- Focus = communication
- Based on real cases
- Parents:
 - ? Faculty members
 - ? Simulated patients
 - ? Parents/Service users
 - ? Drama students



Close collaboration with Dr
Murphy to ensure we
provided correct information

The course:

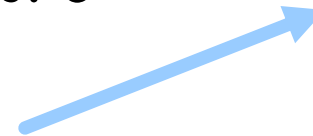


Friday 28th April 2017

Drama students: 6

Paediatric trainees: 6

Faculty: 12



Morning Safeguarding Scenarios

Please rate the quality of each session:
1 = very poor and 10 = excellent

Mean scores (n=6)

Acute Head Trauma	Bruising in Pre-mobile Infant	Salt Poisoning
9.3/10	9.2/10	9.6/10



Afternoon Session: SUDI

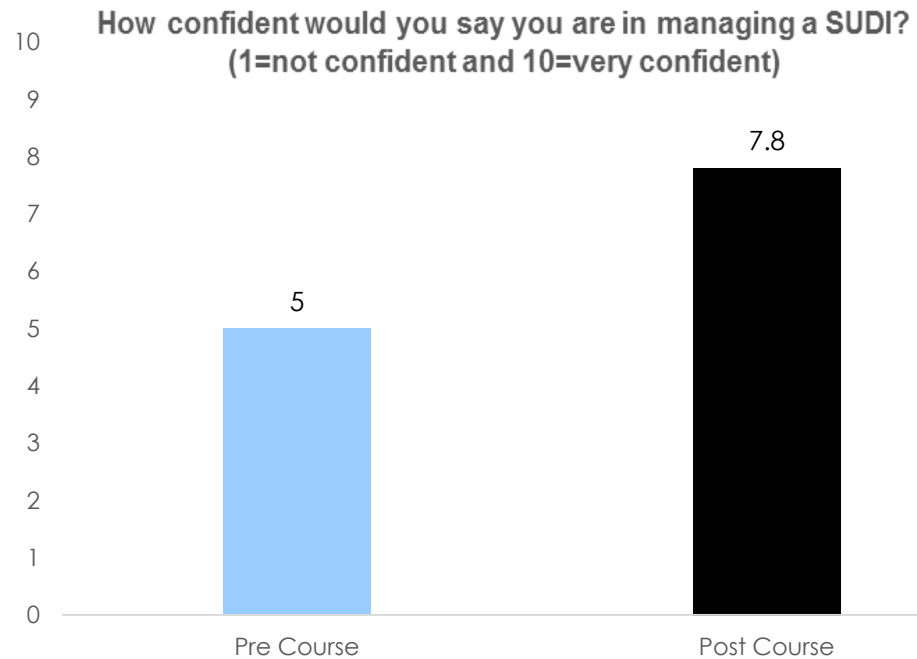
- ▶ Please rate the quality of this session: 1 = very poor and 10 = excellent

Mean score (n=6) = **9.3/10**

- ▶ Were you aware of the procedures for managing SUDI?

- ▶ Local Protocol? **2/6**

- ▶ Joint RCPCH/Royal College of Pathology Guidelines? **3/6**

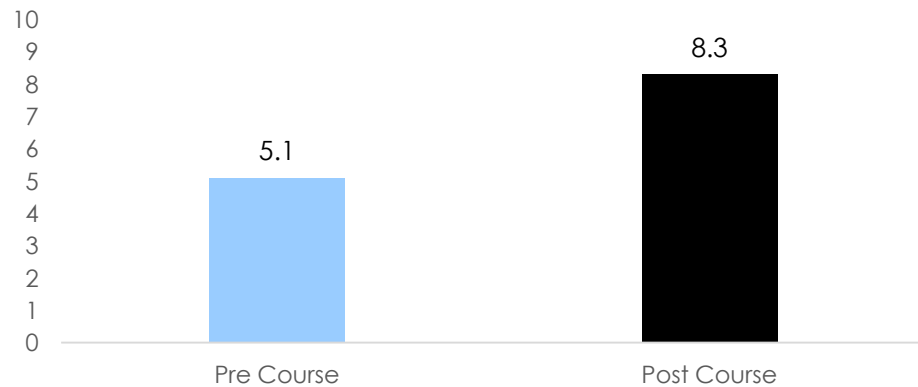


Afternoon Session: Stopping CPR

- ▶ Please rate the quality of this session: 1 = very poor and 10 = excellent

Mean score (n=6) = **9.5/10**

How confident would you say you are in making a decision to stop CPR? n=6
(1=not confident and 10= very confident)



Focus Groups: Thematic Analysis

Fidelity of simulated scenarios	Multidisciplinary feedback
<i>This is close enough to reality, the actors have been brilliant</i>	<i>Having social workers on faculty – their input was invaluable</i>
The acting students were fantastic and made the scenarios very realistic and therefore more challenging	The drama students provided useful, honest feedback on our communication skills
<i>It's different from your usual simulation scenario, having actors makes it feel very realistic like you have proper parents in front of you</i>	The drama students picked up on mannerisms/traits we didn't know we had!
<i>We do these scenarios sometimes with ourselves being the actors and we're AWFUL</i>	<i>Focus groups offered a great opportunity to reflect upon the scenarios</i>
<i>It wasn't that they just had a flat script, they responded to things and they got angry</i>	The debrief sessions were excellent

Focus Groups: Thematic Analysis

Stress Management	Lack of confidence / training
<i>Debrief: I don't think there's time, it would be great. I think we should actually be sitting down, we should actually have to do that but I can't think of a time I ever have</i>	<i>Better than the RCPCH bereavement course and ideal preparation for START assessment</i>
<i>We're so used to always being able to detach ourselves from something horrible that's happening because you can't really get upset about it or you would get nothing done</i>	<i>Provided good opportunity to practice communication skills in a safe environment</i>
<i>You just switch off and blank it out a wee bit, you're so busy</i>	<i>It's good to be pushed to do something that makes you feel uncomfortable sometimes, because we shy away as registrar but when you're a consultant you have no choice</i>
<i>If you think about it too much you get very stressed, I try not to think about it too much</i>	<i>We don't get the opportunity to practice these skills as a reg</i>
<i>Sometimes it does affect the home life as well, I've seen if I'm stressed then I take it out on my husband or my children sometimes (laughs)</i>	<i>This should be made compulsory for all Level 2-3 trainees</i>

Future:

- ▶ Incorporated into 'Drama, Health and Social Care Module'
- ▶ NIMDTA – compulsory course for Level 2-3 trainees
- ▶ ? Patient/Parent involvement
- ▶ Challenges:
 - ▶ Ensuring consistency
 - ▶ Buy in from other trainees
 - ▶ Research....

Summary

'More Stanislavski, less Peggy Mitchell'



'Get outta
my pub!!'