Evaluation of junior doctors' simulation learning experience several weeks post intervention.

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Background

Simulation training is rapidly becoming an integral part of the postgraduate medical education curriculum where patient safety and an appreciation of human factors are paramount.[1] Due to the high cost, many hospital trusts do not have high-fidelity simulation suites. Research has indicated that post-simulation debrief is the most important aspect that influences the trainee learning process.[2]

Aims

To assess the perceived educational value of a simulation training session conducted in a rudimentary simulation environment for foundation doctors (1st and 2nd year residents) several weeks after completion.

Methods

Each doctor attended a half-day simulation training session covering basic medical emergencies and non-technical skills in a all-in-one simulation suite (medium-fidelity simulation environment). After a few weeks/months, 22 trainees completed a post-training questionnaire with a standard Likert scale (5=strongly agree, 1=strongly disagree).

Results

The questionnaires were completed 10.4 weeks (mean) [range 2 to 21 weeks] post-simulation training. Table 1 summarises the results of the questionnaire.

Table 1

Questions		**Mean score**	**Standard deviation**
1	**did NOT have** any impact on my clinical practice	1.86	0.71
2	allowed me to feel more confident in managing acutely unwell patients	4.00	0.62
3	**did NOT improve** my ability to recognise unwell patients	1.91	0.53
4	has improved my ability to communicate effectively during clinical emergencies	4.00	0.53

5	has improved my clinical decision making ability during clinical emergencies	4.09	0.61
6	has improved my confidence in communicating with my seniors during clinical emergencies	4.18	0.66
7	I think simulation based training is a useful addition to learning from real patients	4.70	0.50

Discussion:

Our results indicate that medium-fidelity simulation can be adequate for training non-technical skills amongst junior doctors with continued perceived benefit weeks/months after the training session has been completed. This may have significant impact on the ability of smaller simulation centres to provide high quality training.

Conclusion:

Our study shows continued trainee perceived educational value from a medium-fidelity simulation training environment.

Reference:

1. Okuda Y, Bond W, Bonfante G et al. National growth in simulation training within emergency medicine residency programs, 2003-2008. AcadEmerg Med 2008 15;11:1113-6

2. Issenberg SB, McGaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. Med Teach. 2005 Jan;27(1):10-28.