



Simulation on ED - Induction for FY2 doctors

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Aims and Objectives

- ▶ Brief summary of induction to ED
- ▶ Explore how simulation was used in this setting
- ▶ Explore scenarios used in simulation in the ED
- ▶ Present results of survey including feedback and views towards simulation



Induction for FY2 Doctors



- ▶ All participants are FY2 doctors
 - ▶ Little or no exposure to working in the emergency department
 - ▶ Full day of activities including talks, admin, simulation
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SAIL CENTRE: WARD



Simulation on ED - setting

- ▶ Groups of 5
- ▶ SAIL
- ▶ Trolleys with equipment
- ▶ Human patient simulator (HPS), actors, plants
- ▶ Real-time observations



Simulation on ED – Scenarios



- ▶ Scenario 1 – IECOPD
- ▶ Scenario 2 – Chest pain
- ▶ Scenario 3 – Intoxicated patient with head injury
- ▶ Scenario 4 – Overdose



Emergency Department (ED) Doctors Induction Simulation Day

Scenario 3 – Alcoholic Head Injury with Over-Sedation

Course lead	Savvas Papasavvas	Faculty	Shum Dev
Course	ED Doctors Induction	Delegates	ED Doctors
Scenario name	Alcoholic head injury – potential c-spine injury	Group Size	8

Patients Name: Unknown		
Patients Age / DOB: in his fifties		
Major Problem	Medical HI, ETOH excess, possible c-spine injury	Suggested NTS / Technical When to call for help Situational awareness
Learning Goal	Medical Head injury NICE guidelines C-spine imaging guidelines	Teamwork: Critically ill pt should be managed by a team of medical and nursing staff Decision making Communication
Narrative Description	Patient found in the street, strongly smelling of alcohol and combative, appeared to have attempted to cycle home after night out Bleeding from head wound Multiple old scars on head PMHx / DHx / Allergies unknown	
Staffing	Faculty Control Room: 1 x technician 1 x patient voice Faculty Role Players: 1 x Nurse	Participants A&E Dr A&E nurse

	1 x Anaesthetic Reg	
Case Briefing	To All Participants	To Role Players
Manikin preparation	Patient attached to NIBP and O2 sats. IV access.	
Room set up	A&E resus set-up. Senior nurse available to help.	
Simulator operation		
Props needed	c-spine collar	

Observations:

Initial:

		Par score
HR	96, Sinus	0
O2 sats	95%	1
BP	110 / 70	0
Temp	35.3	1
RR	10	0
GCS	E=2 V=3 M=5 Total 10/15	1-2
Total Par Score		3 - 4

Resus Nurse Role (embedded practitioner)

Scenario

Unknown male in resus.

Pt is confused and has some upper limb paresthesias

Underlying diagnosis

Alcoholic head injury, c-spine injury

Instructions

You are an experienced nurse who can contact anyone and find anything in your department.

You are able to make appropriate suggestions including getting help if needed.

You notice: He smells strongly of alcohol

He has nicotine stained fingers

He has evidence of previous head injuries

Patient Role

Scenario

Unknown male in resus.

Pt is confused and aggressive, intoxicated, complains

Underlying diagnosis

Alcoholic head injury, potential c-spine injury

Patient Instructions

You are a 54 year old male strongly under the influence of alcohol and have had a Head injury. You attempted to cycle home after a night out, and hit a kerb and fell over.

You were not wearing a helmet.

You are acutely confused and aggressive.

You know WHO you are

but not where you are, what year it is and why you are in hospital.

If you say anything it is peppered with expletives and focused around having a cigarette.


Your hands feel tingly and you don't like it. Your neck is also painful.


You need to use the toilet.

You are unable to give any medical history / DHx / Allergies

You are uncooperative generally when they try to put a hard collar on. You insist on needing the toilet. You eventually agree to lie still for a scan of your head and neck if explained appropriately.

Simulation on ED – Learning points



- ▶ ABCDE approach
 - ▶ Situational awareness (safety, available resources, Senior support)
 - ▶ EBM management (Trust Protocols, ALN, Homeless Team)
 - ▶ Safe Discharge
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Simulation on ED - Survey

- ▶ Survey completed by 44 FY2 trainees
- ▶ 90% Apprehensive about starting work in ED
- ▶ 100% Sim Induction made me feel more at ease
- ▶ 88% Simulation helped me develop non-technical skills
- ▶ 95% vs 62.5% Simulation should be expanded to all departmental inductions



Conclusions



- ▶ Simulation is an integral part of ED induction at St Thomas' Hospital
- ▶ Simulation is considered a useful tool in FY2 ED induction
- ▶ Simulation puts trainees at ease and helps develop non technical skills
- ▶ The perceived benefit of simulation is high amongst trainees and there is scope to expand to other departments

Questions

