

Millennial learners – a blended approach to simulation for sepsis

Authors: Rachel Ventre,^A Cleone Pardoe^A and David Cripps^A

Introduction

The UK Foundation Programme curriculum highlights the need for competency in the identification, assessment and immediate management of the acutely unwell patient.¹ With the introduction of NEWS2 and the 'Surviving Sepsis' campaign, we identified a requirement to update our trust induction. The aim of this was to ensure the induction aligned with national updates and provided an educational tool for employees on early identification of unwell patients, including recognising and managing sepsis.^{2,3}

Technology has transformed healthcare and learning preferences, bringing diversity through e-books, podcasts, social media and videos.^{4,5} Teaching can harness technology to reflect this.⁶ Millennial learners prefer interactive and innovative teaching, and pedagogy needs to reflect their learning styles and needs.⁴ Interestingly, students feel this is more important than content, a concern of most educators.⁴ Learning facilitated by a blended approach, combining knowledge and skill acquisition may be acceptable to both educators and our modern-day learners.^{4,7} Simulated videos are interactive resources which enhance engagement with an added education value.⁸

Iorio-Morin *et al* applied Mayer's cognitive theory and recommended four interventions to optimise video learning: content, voiceover, visuals and planning.⁹ Literature suggests that videos of 8–10 minutes improve engagement.⁸

Materials and methods

Clinical teaching fellows and the Simulation department developed a video (8mins 42secs) demonstrating early identification, escalation and assessment of an acutely unwell patient in a simulated environment. The aim was to provide up-to-date information about sepsis in a succinct, relatable and engaging format, with the ability to revisit information if required. The video content was aimed to be beneficial for all grades of healthcare workers who would be involved in patient care within our acute trust.

To reinforce learning, written keywords highlighted important aspects of the A–E assessment. Using screen-capture technology we were able to incorporate a demonstration of how to access

Sepsis Trust UK guidelines, local antibiotic guidelines and trust sepsis bundles from both computers and mobile applications. These demonstrations aimed to encourage uptake and use of these evidence-based resources and supports a need to develop training packages to reflect the availability of such technologies, particularly favoured by next generation employees.

We collected excellent feedback and support from stakeholders within the 'Deteriorating Patient' management group. A pilot was run during FY1 teaching, feedback considered engagement with the simulated video and self-assessed knowledge, confidence and learning preferences after this blended learning activity.

Results and discussion

Verbal feedback was positive. Learners' confidence of sepsis identification, assessment and management increased. Qualitative feedback commended the interactivity, good use of technology and high-quality teaching. Learners appreciated the tool as a reference source, particularly by incorporating guidelines, and transformation to an e-learning resource would be beneficial to allow access in their own time.

Conclusion

This pilot study has demonstrated benefit of blended teaching using video technology. Further analysis of the program and variables affecting this intervention is required. Evidence supports the production of an e-learning induction program to standardise training and development of other video packages for core topics. ■

Conflicts of interest

None declared.

References

- 1 Health Education England. *The UK Foundation Programme curriculum*. London: HEE, 2016. [www.foundationprogramme.nhs.uk/sites/default/files/2018-07/FP_Curriculum_2016_V2%20\(1\)_0.pdf](http://www.foundationprogramme.nhs.uk/sites/default/files/2018-07/FP_Curriculum_2016_V2%20(1)_0.pdf)
- 2 Royal College of Physicians. *National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party*. London: RCP, 2017.
- 3 De Backer D, Dorman T. Surviving sepsis guidelines: a continuous move toward better care of patients with sepsis. *JAMA* 2017; 317:807–8.

Authors: ^ASouth Warwickshire NHS Foundation Trust, UK

- 4 Hopkins L, Hampton BS, Abbott JF *et al*. To the point: medical education, technology, and the millennial learner. *Am J Obst Gynecol* 2018;218:188–92.
- 5 Waljee JF, Chopra V, Saint S. Mentoring millennials. *JAMA* 2018;319:1547–8.
- 6 Roberts DH, Newman LR, Schwartzstein RM. Twelve tips for facilitating Millennials' learning. *Med Teach* 2012;34:274–8.
- 7 Forbes H, Oprescu FI, Downer T *et al*. Use of videos to support teaching and learning of clinical skills in nursing education: A review. *Nurse Educ Today* 2016;42:53–6.
- 8 Coyne E, Frommolt V, Rands H, Kain V, Mitchell M. Simulation videos presented in a blended learning platform to improve Australian nursing students' knowledge of family assessment. *Nurse Educ Today* 2018;66:96–102.
- 9 Iorio-Morin C, Brisebois S, Becotte A, Mior F. Improving the pedagogical effectiveness of medical videos. *Journal of Visual Communication in Medicine* 2017;40:96–100.