

# F1 simcalls: an *in situ* simulation programme for new doctors

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## Introduction

Doctors starting their first postgraduate posts are particularly vulnerable to stress.<sup>1</sup> Areas of concern include working on call and managing acutely unwell patients. There is evidence that simulation is beneficial for experiencing these aspects in a safe environment.<sup>2,3</sup>

## Materials and methods

Simulation sessions to improve on-call preparedness ran for all foundation year 1 doctors (FY1s) starting at one district general hospital in August 2019. 35 people took part over three evenings. Participants were divided into two groups per evening: one group undertook simulations of the deteriorating patient using SimMan, while participants in the other group took part in an *in situ* ward-based simulation. The ward-based group were provided with a map and a bleep and given two initial handovers, which they had to decide how to prioritise. Plastic wallets containing information about the required tasks were disseminated around the wards for participants to locate, interpret and decide whether to escalate. Once the individuals were on the wards, a team of doctors bleeped participants with additional tasks with one designated person acting as a senior who was available to give advice over the phone. Groups had allocated debriefing slots after both parts of the simulation, and swapped halfway through the evening. Data were collected via pre- and post-event questionnaires. Quantitative measures were integers 1–5.

## Results and discussion

Mean confidence in starting FY1 and being on-call improved from 2.63 to 3.28 (n=32) and 2.00 to 3.16 respectively (n=34). 100% of respondents (n=29) felt this simulation should be offered to everyone commencing FY1. Simulation usefulness was rated a mean of 4.65 (n=34). Qualitative data on participants' concerns were used to provide specific feedback to the cohort.

## Conclusion

Subjective measurements of preparedness for key junior doctor responsibilities increased post-intervention. Participants found

this simulation particularly useful for practising responding to bleeps and managing unwell patients in a safe environment. This session is now mandatory for all new FY1s at the trust and will be run annually, with an aim to incorporate multidisciplinary team learning between nursing students, medical students, nurses and doctors. ■

## Conflicts of interest

None declared.

## References

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- 2 So HY, Chen PP, Wong GKC, Chan TTN. Simulation in medical education. *J R Coll Physicians Edinb* 2019;49:52–7.
- 3 Aggarwal R, Mytton OT, Derbrew M *et al.* Training and simulation for patient safety. *Qual Saf Health Care* 2010;19(Suppl 2):i34–i43.

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