'Make me a med reg'; a simulation course to equip internal medical trainees with the skills to perform the medical registrar role

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Table 1. Preparedness and confidence scores pre- and post-course

Skill	Preparedness mean score pre-course (n=9)	Preparedness mean score post-course (n=8)	Confidence mean score pre-course (n=9)	Confidence mean score post-course (n=8)
Running the medical take	2.33	4.00	2.22	4.25
Bed management	2.00	4.38	2.11	4.00
Running a ward round	4.00	4.63	3.89	4.63
Seeing clinic patients	3.00	4.13	3.11	4.00
Managing difficult patients/relatives	3.67	4.75	3.67	4.25
Managing junior staff	3.56	4.63	3.89	4.38
Setting ceilings of care	3.89	4.63	3.67	4.38
Referrals to ITU	3.44	4.38	3.44	4.25

Introduction

The transition from internal medical trainee (IMT) to medical registrar is often seen as somewhat daunting and the role perceived as challenging and requiring a broad range of skills.[1] Previous work has identified that many feel training has not adequately equipped them with the skills required to perform this role.[2]

Despite extended training to include a supervised general medical registrar year in IMT3, informal feedback from our cohort suggested there remained a high level of anxiety surrounding this transition.

Our aim was to identify which skills our IMTs felt least confident about and design a simulation course, tailored to their needs, to address these.

Materials and methods

All (n=9) of our IMTs had attended medical registrar simulation courses before, only one of which was run by medical registrars. Eighty-nine per cent stated that these focused on management of unwell patients and didn't cover many of the other skills required.

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Open questions collected via questionnaire allowed us to: identify eight skills domains trainees felt they would need to perform the medical registrar role effectively; and identify factors that enhanced and reduced fidelity and the learning experience to ensure the course was designed to meet their educational demands.

To enhance fidelity, all faculty were medical registrars themselves who created realistic scenarios that were both common and challenging.

Scenario design was also altered from traditional simulation. All scenarios focused on decision making, organisation and people management rather than simply an 'ABCDE' approach. Settings varied between ward, clinic and emergency department. Simulations were longer and run 'real-time' and 'real-life'. For example, upon asking a nurse to run an ABG they would leave and not return for around 10 minutes. All information that would be available in a real-life setting was created, including old notes, discharge summaries and imaging. Candidates took part in two scenarios in order to practice skills learnt in the first.

Debriefs were semi-structured to ensure learning points were covered but also allow attendees to ask questions of the experienced registrar faculty. Following discussion, there was an activity based on the skills learnt during each simulation to consolidate learning. For example, we designed a 'bed management' game to practice the all-too-common need now

to work with site managers to facilitate the safe movement of patients throughout the hospital.

Results and discussion

Feedback via questionnaire was overwhelmingly positive; confidence and preparedness scores, measured on a Likert scale, increased post-course in all eight skills domains (Table 1).

Additionally, in open ended verbal feedback, all IMTs identified a course run by medical registrars was helpful as they were able to 'draw on real-life experience and ask the difficult questions' via 'positive role model[ing]'. The latter being essential when recruitment to general medicine is reducing annually.[3] This was also reflected in an increase of 22% to 87.5% of IMTs feeling positive about being a medical registrar.

Conclusion

By providing a course tailored to the needs of our future medical registrars, we were able to demonstrate improved confidence and preparedness as well as a more positive outlook on their upcoming role. ■

References

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