Training teams: a referrals bleep simulation

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Introduction

Postgraduate training aims to equip physicians with the competencies required to deliver safe and effective patient care. Simulation-based education provides a safe environment for experiential learning of technical and non-technical skills and also supports ongoing self-regulated learning. Simulation aims to provide training at Kirkpatrick level 2/3 (learning/behaviour) and the higher tiers of Miller's pyramid (shows how/does) during assessments. Changes to working schedules and the COVID-19 pandemic has disrupted training with reduction in opportunities for experiential learning and reflection. We hosted a training day and aimed to simulate scenarios akin to those seen on a standard working day for diabetes and endocrinology specialist trainees, eg holding a referrals bleep, assessing a patient in clinic, and discussing cases in a multidisciplinary team (MDT) meeting. The referrals bleep simulation was intended to mimic a time-pressured situation of referrals triaging and provision of advice to encourage development of prioritisation and time management skills.

Materials and methods

Trainees were divided into groups of 3–4, with those of similar seniority grouped together. During the referrals bleep scenario trainees were given a list of referrals derived from real clinical practice, including a brief description of the problem and question posed by the referrer. They were asked to prioritise these in order of urgency, make an initial assessment/diagnosis and investigation/management plan. They were asked to make these decisions as though they were in a time-pressured situation, towards the end of a day, with minimal staffing. The groups had 45 minutes to make their way through six referrals. A group discussion followed, facilitated by a consultant. Online feedback forms were sent to all trainees after the event.

Results and discussion

Thirteen specialist endocrinology and diabetes registrars attended the session, 10 (77%) answered the pre- and post-session questionnaire. Six (60%) were from ST3–4 and four (40%) were from ST5–7. The training day was rated using a Likert scale (poor (1) to excellent (5)) with a mean score of 4.7±0.64. The qualitative feedback included trainees enjoying the 'interactive sessions' with 'problem solving aspects', 'MDT approach' and an 'abundance of educators'. Scores (Likert scale 1=strongly disagree to 5=strongly agree) of skills increased after the session compared with pre-course scores in 'Responding to common endocrinology inpatient referrals' (3.64±0.98 to 4.25±0.83), 'Prioritising endocrinology referrals by order of clinical urgency' (3.73±0.75 to 4.13±0.93) and 'Arranging appropriate follow up for endocrinology referrals' (3.91±0.67 to 4.13±0.78).

Conclusion

Simulating a specialty referrals bleep in small group learning can enhance clinical skills, encourage collaborative learning and help improve management of cases and how to prioritise effectively. The debrief session that followed, facilitated by a consultant, enabled trainees to reflect on their decisions and how to approach the scenario in a real-life setting. The feedback from trainees highlights this as an effective method of improving confidence in prioritisation and qualitative feedback suggests trainees enjoy problem solving in an interactive setting. ■

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