

Experience of setting up Multi-disciplinary Paediatric Simulation in a DGH.

Introduction & AIM

SIM – Simulate , Improve and Motivate.

Positive ripples of Pandemic.

Background

- Paediatric Trainees were redeployed. Tier 1- 22%, 46% Community Paediatrician and 14% career Paediatrician.
- Other specialities such as Anaesthetics and Emergency did not have to face similar issues.
- Paediatric patients are usually seen by various specialities.
- Multi-disciplinary simulation approach is close to real life.
- I had recently set up Paediatric Simulation at Leicester Children Hospital.

Protected Time for Simulation

- Simulation sessions were added to regular teaching rota with pre-identified gaps.
- College Tutors and Consultant involvement from beginning to make the process more aware and juniors allowed to attend.
- Nurse in charge and Matrons involved for junior nurses to be able to attend depending on the work load and acuity.
- Sim flyer was shared among hospital what's app group and QR code in various spots within the hospital.

Standard Simulation Process Modified

Scenario were shared among the team before the simulation via communication board

Junior doctor to attend the scenario along with Nurse from ward as first responders.

Senior team members for further help via phone. Continuous assessment to understand learning need.

Put on SPOT

Emergency scenarios of the simulation were ward based.

Specific issues with training were shared with College tutor for further steps taken to protect trainees.

Performing in front of minimal number of colleagues and concerns dealt and supported.

Timeline



Day
Select a mutually agreed day



Discuss
Communicate regarding the scenario among the team members and get expert opinions



Prepare
Write up the scenario and decide the duration and the team involvement. Launch feedback link.



Simulate
Run the simulation scenario as planned and deliver the HOT debrief at the same time.



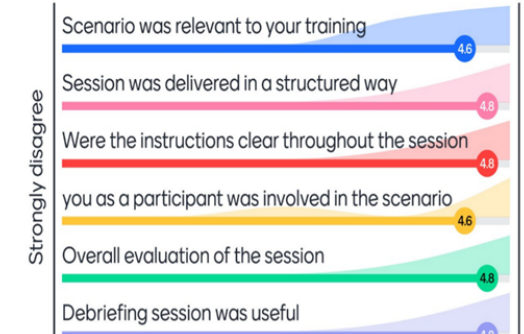
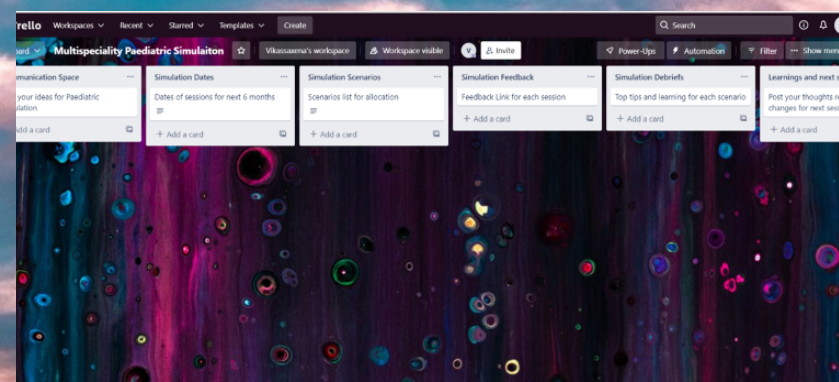
Share
Collate the feedback and formulate the learning outcomes and share among teams.

Post scenario if concerns - airway skills taught at the end of scenario.

HOT Debrief session with Senior trainees and Consultant in-put keeping social distance measures. Pre-booked rooms and or pre planned area for debriefing.

Writing down the learning need and shared on the communication platform for ongoing changes and development of Simulation sessions.

Online feedback link contains link to other resources.



Summary

Simulation is a great learning tool and setting up was equally challenging specially when multiple teams were involved but achievable. We learned and adapted changes from each simulation as coordinators which helped in running the subsequent sessions even better.



vikassaxena@doctors.org.uk

- Dr Afraa Al-Sabbagh - Consultant Paediatrician and Royal College Tutor
- Dr Kate Barkshire – Consultant Anaesthetist with Paediatric Interest.
- Dr Engy Samuel – Senior Anaesthetic