GIMME Sim Learnin'

A novel simulation course for GIM (General Internal Medicine) registrars, which fulfils the new GIM stage 2 curriculum simulation

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Introduction

In response to the new requirement for 12 hours of simulation training in the GIM (General Internal Medicine) stage 2 curriculum, GIMME (General Internal Medicine Medical Emergencies) is a novel simulation course for GIM registrars [1]. Whilst managing acutely unwell patients, GIM registrars are also expected to co-ordinate and supervise other junior doctors, offer advice to other specialities, and deal with bed states. This course covers these more nuanced aspects of the role and improves confidence in what is the most daunting and unsupervised part of the job.

Methods

Upon identifying a window for achievement of curriculum competencies, the course designers (comprising an acute medicine consultant and senior registrar) developed an eight hour high-fidelity suite-based simulation course. Rather than a traditional simulation course with discrete and separate scenarios, the course is set as a continuous night shift in a district general hospital in order to provide the candidates with the best opportunity for clinical independence.

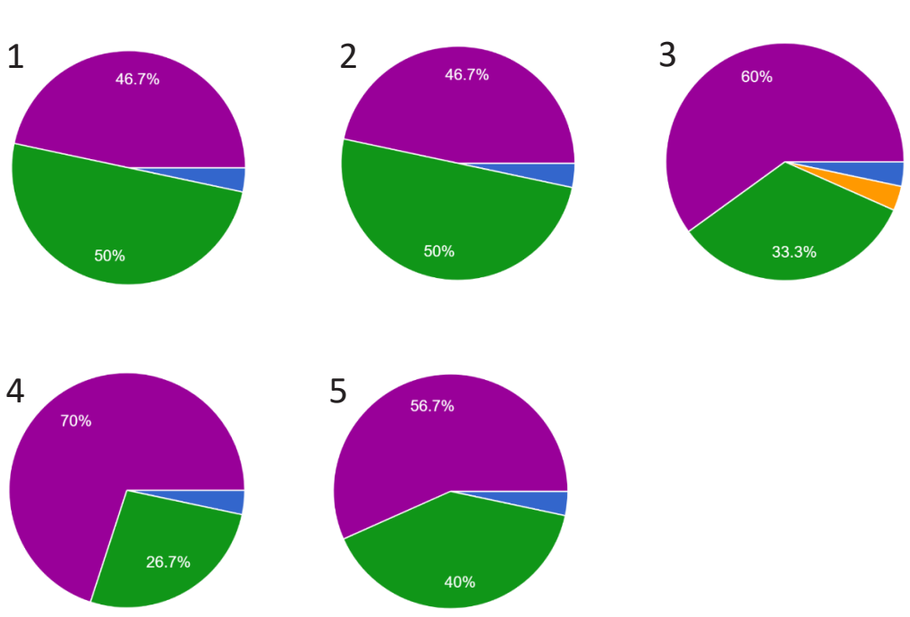
Six trainees are given the opportunity to go into the simulation suite alone, picking up the medical registrar baton from the previous learner. During the scenarios the learners are supported by faculty who include not only clinical educators, actors and acute medics, but also allied specialties including emergency medicine and anaesthetics, adding to semantic fidelity (2) and credibility. Available resources are finite therefore decisions such as critical care involvement and bed management choices made by previous learners impact the subsequent scenarios.

The designers recognise that the demands of a medical registrar exceed merely the management of one single unwell patient but also to simultaneously contribute to decisions regarding flow, bed management, provide clinical advice to other specialties and consider resource management of their own team. Including these "distractors" during scenarios not only adds cognitive load but helps to pull the simulation back from the sterile hyperreal environment to the real (3).

Following each scenario there is an informal debriefing with all of the candidates, faculty and actors.

In response to feedback from previous courses and the pilot the level of case complexity has been modified to include pregnant patients, poisoning, end of life decisions and transfer of patients.

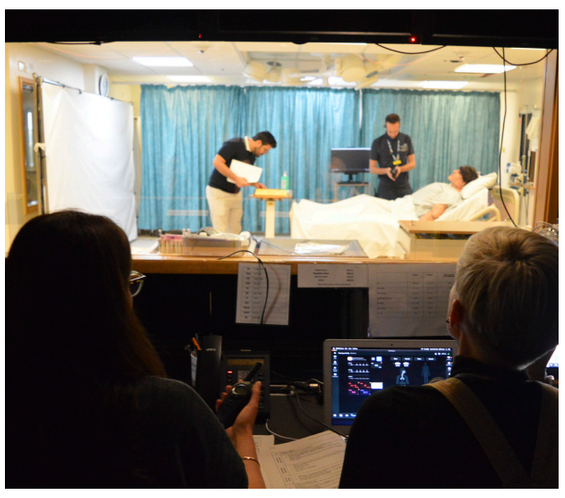
The course has been run for 14 months and contemporaneous feedback obtained in the form of a likert scale as well as free text.



Results

1. I feel more confident managing the acutely unwell patient after the GIMME course
2. I feel more confident in risk assessments and prioritisation
3. I feel more confident with medical leadership
4. I have a better understanding of human factors after the course
5. I think the course will improve patient safety

*The authors believe one learner incorrectly answered every questions with "strongly disagree" as the learner's comments were positive overall.



Results

There was a similar trend from trainees strongly agreeing with the statements that they enjoyed the course, learned something from the course, would recommend the course and that it was relevant to their level of training.

Some examples of comments made:

"Different scenarios from most simulation courses, very relevant, great chance to debrief in a safe environment"

"Very realistic and difficult scenarios, which would help me in managing emergency patients. Very friendly, non judgemental approach by mentors."

Discussion

The course designers acknowledge that with the current limited access for senior trainees to face-to-face teaching of this style there will be a tendency for the trainees to consider any and all training to be valuable and recorded positively on a likert scale. The free text allows further insight into trainees values and individual experiences.

Engaging in simulation as a senior clinician can be daunting as learners fear their credibility is at stake. Acknowledging the effect of seniority on psychological safety was felt essential during prebrief in order to maintain the safe-container (4). Feedback indicates that learners felt we created a safe, non-judgemental environment.

The nature of the debriefing and discussions with more senior learners was of most interest for the faculty. As senior trainees in a vast range of medical specialties, each learner is able to bring a their relative expertise from the perspective of their specialty leading to fascinating discussions between learners with little or no requirement for teaching from the faculty. This allowed the faculty to truly adopt a stance of genuine inquiry (5) during debrief resulting in learners debriefing themselves with the faculty as a guide for consensus opinion and in order to direct the discussion.

Reacting to learner feedback and from faculty observation, the course has been adapted since being introduced, with scenarios updated to offer candidates more authentic situations requiring extensive medical registrar input, rather than those requiring medical input as a bridge to critical care management. Inclusion of faculty members from different specialties, such as emergency medicine and anaesthetics has further augmented the debriefings.

The inclusion of this level of faculty expertise and involvement comes with undeniable expense. There is a significant financial cost for including the two course designers (particularly as the registrar enters consultancy) which has had to be worked into the costing for the course. Additionally the time of the allied specialty faculty members is currently offered on a goodwill basis which raises the age-old question in education of sustainability. This goodwill appears to be sustainable in the medium term.

The development and delivery of the scenarios alongside the dynamic debriefing style that has had to be learned by the course designers may limit the transferability of this course to other centres and trainers.

Overall, GIMME provides an exciting example for how a high fidelity simulation suite can be manipulated to suit the learning needs of even the most senior medical trainees.

References

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