

# Simulated On-Call

# Developing the non-technical skills required for Junior Doctors' out-of-hours working

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## **Background:**

Out-of-hours working is a substantial part of the role of junior doctors in the Foundation Training Programme in the UK. During these shifts doctors often must work as an independent clinician within a multidisciplinary team, necessitating: prioritisation of tasks; effective communication with members of the MDT team; and appropriate escalation to seniors and specialists. Despite this aspect of the role, the majority of students' clinical exposure is facilitated during normal working hours<sup>1</sup>.

### Rationale:

There is a phenomenon of increased patient morbidity and mortality when new F1 doctors start in August. The reasons for this are believed to be multifactorial, but include poor prioritisation of tasks and ineffective communication between staff<sup>2,3</sup>. The Simulated On-Call (SOC) project has been designed to deliver high-fidelity simulation, targeted towards the development of non-technical skills required in out-of-hours work. The project requires students to carry bleeps and work independently, using patient notes and documentation to develop differentials and escalation plans that are appropriate for the patients they assess. Participants must: deliver and receive effective clinical handovers; maintain jobs lists; communicate with a simulated multi-disciplinary team; and prioritise tasks effectively.

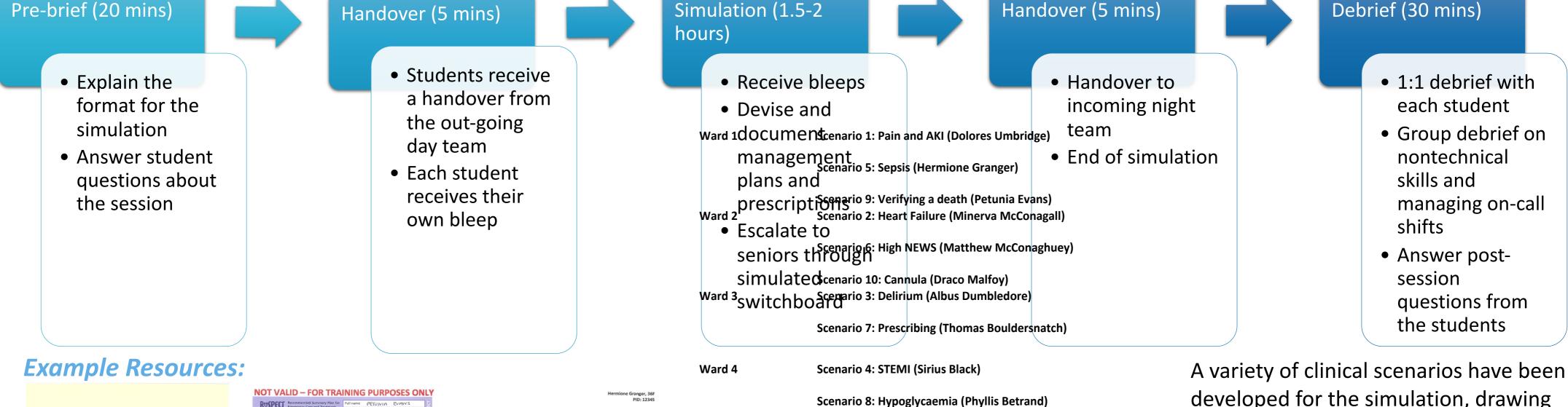
# Aims:

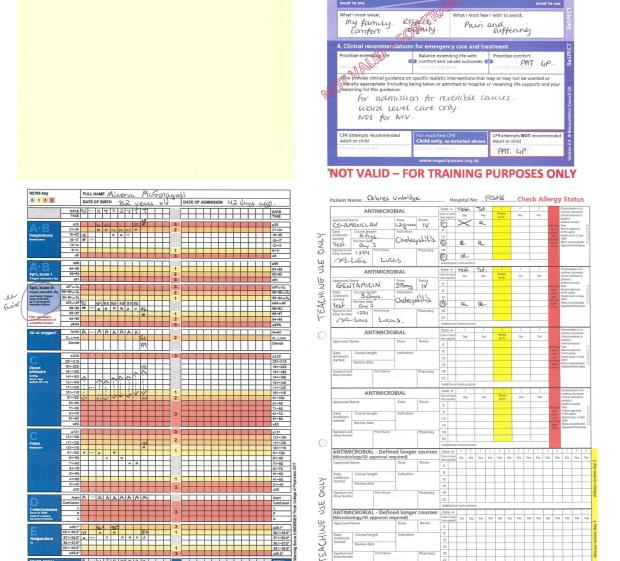
- Facilitate the development of an additional skill-set prior to starting work as Foundation Year 1 doctors
- Provide opportunity for simulated independent working
- Enhance final year medical students' confidence and competence in out-of-hours working

### References:

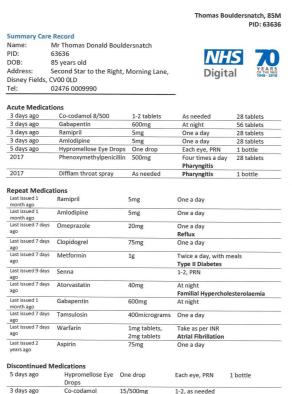
- 1. Vance G, Jandial S, Scott J, Burford B. What are junior doctors for? The work of Foundation doctors in the UK: a mixed methods study. BMJ Open. 2019;9(4):e027522.
- 2. Blakey JD, Fearn A, Shaw DE. What drives the 'August effect'? A observational study of the effect of junior doctor changeover on out of hours work. JRSM Short Reports. 2013;4(8):2042533313489823.
- 3. Brady A-M, Byrne G, Quirke MB, Lynch A, Ennis S, Bhangu J, et al. Barriers to effective, safe communication and workflow between nurses and non-consultant hospital doctors during out-of-hours. International Journal for Quality in Health Care. 2017;29(7):929-34.

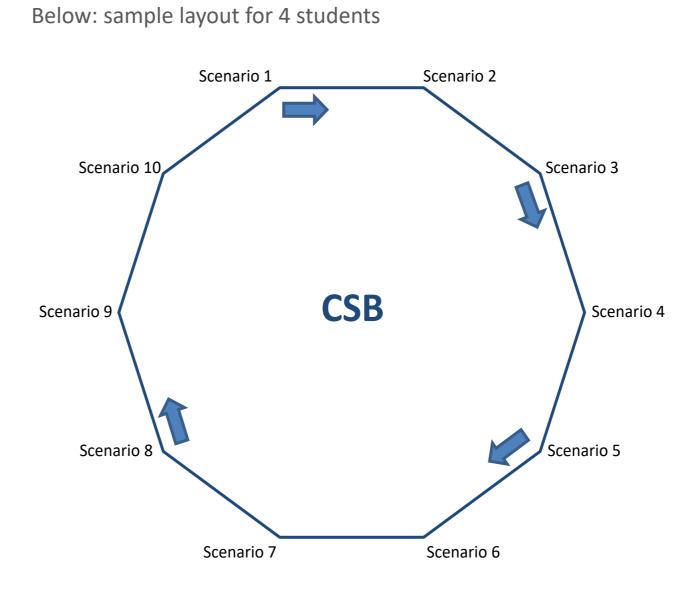
### **Innovation:**











A variety of clinical scenarios have been developed for the simulation, drawing on multiple areas of the Warwick Medical School curriculum.

Each scenario has been mapped to the curriculum to ensure it is relevant and applicable for the students.

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Ward 1	Scenario 1	Pain and AKI
	Scenario 5	Sepsis
	Scenario 9	Verifying a death
Ward 2	Scenario 2	Heart Failure
	Scenario 6	High NEWS
	Scenario 10	Cannula
Ward 3	Scenario 3	Delirium
	Scenario 7	Prescribing
Ward 4	Scenario 4	STEMI
	Scenario 8	Hypoglycaemia

# Outcomes:

- Early feedback from students suggests they have found the experience useful and relevant to their medical education.
- 24% of surveyed students volunteered that they would want the simulation to be run more frequently.

# How valuable do you feel this session is as part of your medical education? 25 responses Very valuable 21 (84%) Not valuable 0 (0%) 1 (4%) 1 (4%) 2 (8%) 1 (4%) 5

# **Next Steps:**

- Developing further clinical scenarios
- Building the Simulated On-Call into the WMS Curriculum
- Research into the potential benefits of the Simulated On-Call

