Background Simulated participants (SPs) play an increasing role in Health Professions Education (HPE) in simulated learning environments. Whilst some are actively involved in teaching intimate examinations in some parts of the world, most SPs are involved in more ‘mundane’ or everyday simulated examinations. We argue that even these ‘mundane’ examinations, such as a chest examination in a female patient, may also be perceived as intrusive and involve unacknowledged sexual undertones. We were interested in power dynamics in such simulated encounters which, unlike in clinical contexts with patients, are less well known. This research looked at SPs’ perceptions of boundary crossing in all examinations on the intimacy continuum, particularly where power dynamics led to subjugation of SPs to clinical tools.

Methods Data was collected from 22 SPs in five focus groups and analysed using thematic analysis, sensitised by Foucault’s concept of the clinical gaze. Data collection and analysis continued iteratively under themes were fully developed, with input from the research team.

Results As students and SPs navigated boundary crossing in simulated examinations, issues of power were apparent. The simulated learning environment permitted SPs themselves, perhaps unintentionally, to further propagate the clinical gaze. Discourses of sexuality were prominent, exemplified by the strong sexual metaphors that the SPs often called on to reflect their feelings of subjugation and even, at times, violation.

Discussion and conclusion In simulated learning environments, the clinical gaze and power dynamics are very important with potentially detrimental consequences. Any simulated examination, however mundane, can be considered ‘intimate’; underpinned by discourses of sexuality, SPs have an important role in guiding students to reflectively navigate the blurred lines between contact that is caring and contact that is sexual, and to acknowledge power relations in such encounters. Simulated learning spaces must no longer permit enactment of the clinical gaze.

REFERENCES

Introduction Undergraduate critical care training is often sub-optimal. Poor recognition combined with lack of knowledge, failure to appreciate clinical urgency or seek advice and poor communication have been identified as contributory factors. In a recent Year 4 student evaluation conducted by Trinity College Dublin (TCD), only 23% stated that current undergraduate training would prepare them adequately to care for acutely ill patients. To address this, a 2-hour simulation training session on critical care in Obstetrics and Gynaecology was designed.

Methods Observational study comparing student performance managing a critical care scenario before and following a new critical care simulation training session. This applied a systematic ABCDE approach with an Assess, Intervene and Review (AIR) strategy. Students then applied this in simulated cases.

Ethics approval obtained through TCD Ethics Committee. Participation was voluntary and assurance that this study would not impact final examination results. Students within the last rotation of the academic year were invited. They then at the end of rotation/post-simulation. Clinical scenarios were marked against a standardised proforma by trained TCD staff. Statistical analysis was performed via 2 tailed T-test.

Results 27 students took part. On pre-simulation questionnaires, 37% felt unconfident that current training prepared them for caring for critically ill patients. However, following the simulation training, student confidence levels rose in all areas and achieved statistical significance.

- ABCDE assessment: t-value 5.23273 p-value <0.00001.
- Airway: t-value is 3.64701, p-value 0.000316.
- Breathing: t-value is 5.20154, p-value <0.00001.
- Circulation: t-value 6.65139, p-value <0.00001.
- Disability: t-value 9.17396, p-value <0.00001.
- Exposure: t-value is 8.28241, p-value <0.00001.

100% wanted more simulation in the undergraduate curriculum.

Objectively students showed statically significant improvement in their OSCE scores and their global assessments. On comparison of the two assessments: t-value 6.37027, p-value <0.00001.