Structure of session

A brief didactic introduction will be used to introduce the context and content of the session, before making way for a group discussion, including brainstorming of the various uses and benefits of standardised patients. There will then be the opportunity, through small group activities, to experiment with how details in scenario design specific to standardised patients can influence learning outcomes and fidelity.

The workshop will move on to explore important considerations to take when directing the portrayal of characters, thinking in particular about techniques to ensure emotional resonance and realism, through the use of videos and exercises.

Towards the end of the session, participants will regroup, to share ideas generated and develop take away actions.

Educational methods

The session will be delivered through a variety of different teaching modalities including didactic presentations, group discussion to generate ideas, simulation videos to share technique and group work to demonstrate principals and stimulate creativity.

Facilitators will be used to introduce topics and guide discussion.

Who Should Attend: Introductory and Intermediate

Background

Do you find it difficult to teach those uncommon but essential skills? Is your education budget overstretched? Join the EM3 FOAMed Team as they show you how to spin your time to create!

Within emergency medicine (EM) time is critical where seconds can matter. Some emergencies are uncommon or rare, and practicing for these is crucial. Stressful events are known to decrease working memory (cognitive bandwidth), attentional narrowing and psychomotor preservation.1 2 Strategic adaptation is systemic cognitive behavioural modification to deal with these stressful situations.1 2 To help this Emergency Reflex Action Drills (ERADs) are specifically designed action sequences intended to execute clinical interventions with minimal cognitive load in the setting of marked time pressure.2 These are for situations which happen quickly, are not common, and need a time-critical response.

We created a series of 6 resus drills to be run in-situ within the emergency department (ED). The 6 drills were, lateral canthotomy, thoracotomy for trauma, perimortem c-section, premature delivery and massive gastrointestinal bleed and facial trauma. We want to share some of our experience, to help others deliver low cost simulation in time pressured areas.

Intended learning outcomes

1. To be able to deliver your own resus Drill
2. To have ideas around how to create your own resus drill
3. To take away your own low–cost simulation model
4. To have ideas about how to create low cost simulation models for different skills

Structure of workshop

Short 10-minute talk around what Resus Drills are, and ideas around how these skills ideas could be adapted to other areas/skills

35 minutes for the audience to create their own low-cost simulation model (adapted to numbers in workshop)

10 minutes to discuss and see other ideas to develop your own models

5 minutes for close of workshop

Educational Methods

Used Lecture based
Interactive with the audience
Small group work

REFERENCES


1Gerry Gormley*, 1Linda Ni Chianain*, 1Paul Murphy, 2Debra Nestel. 1Queen’s University Belfast, Belfast, UK; 2Faculty of Medicine, Nursing and Health Sciences Monash University, Melbourne, Australia

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