Improvement in all areas, compared to post simulation data, including the above mentioned conduction rhythms.

Both cycles had poor response rates to the one-month post simulation questionnaire, with a 30% response rate in cycle one and 12.5% rate in cycle 2.

Discussion and conclusion The ongoing increase in the confidence levels of foundation doctors at interpreting ECGs in stressful situations demonstrates that the teaching and learning during the simulation days allowed delegates to self-evaluate how well they were contributing to practice through their efforts. The aim for future works is to increase the power of the results by improving response rates.

REFERENCE

Background The first on-call shift is a scary proposition for a new foundation doctor, and is a task for which many feel unprepared. Simulation training is increasingly used to help prepare final year medical students for working on-call, but often consists of discrete stations instead of a resembling a continuous on-call shift (Wald et al. 2016). This method allows students to practice medical management of acutely unwell patients, but may not provide adequate training in necessary non-technical skills for working on-call such as organisation, prioritisation, responding to pagers, and working under time pressure. We set out to develop an effective simulated on-call training session, which would incorporate these non-technical skills and help prepare medical students for working on call.

Summary of work 5 simulated on-call sessions were run with a total of 18 final year Cardiff medical students. At the start each student received a pager and a brief handover including 2 outstanding tasks. During the session students were paged with details of new tasks to complete, and could receive multiple requests in quick succession requiring prioritisation of tasks. In total each student had to complete 10 simulated tasks situated in different hospital wards at University Hospital of Wales (UHW), UK.

After the simulation the students showed a significantly higher confidence in: responding to pagers (p<0.001), prioritising clinical tasks (p<0.001) and managing common on call situations (p<0.001), when compared to their confidence before the simulation.

The students identified these key factors that contributed to the usefulness of the session: practising prioritising tasks, practising routine F1 tasks, situating the tasks on hospital wards, and use of real pagers.

Discussion and conclusions The students gave very positive feedback regarding the simulation and found the inclusion of non-technical skills to be the most useful aspect. By designing the simulation as a continuous experience we were able to incorporate aspects of working on-call such as task prioritisation which the students had not previously been exposed to and which they valued highly.

Recommendations It is important that on-call training fully incorporates non-technical skills for it to be effective.

On-call simulation training should be designed as a continuous session instead of discrete simulated tasks.

REFERENCES

Background Simulation training is an increasingly utilised tool in medical and nursing student education, leading to demand for skilled faculty to assist in scenarios and run debriefs. At our centre, a large pool of junior doctors are enthusiastic contributors to the faculty of regular training sessions. However, this group frequently has limited experience and training in debriefing, which can impact on both their levels of stress, as well as the nature of the debriefs.

Summary of work The aim of this project was to construct a pro-forma which provides guidance on debriefing for novice facilitators, and a structured format for making notes during the simulation. An initial needs analysis survey of faculty showed 77% had led fewer than 5 debriefs, and a similar number felt somewhat or not-so confident at debriefing. Two thirds were extremely, or very interested in a debriefing pro-forma to assist them.

An iterative design process was established to produce the document. An initial draft was constructed utilising a short synopsis of the Promoting Excellence And Reflective Learning in Simulation (PEARLS) model for debriefing, and a structured area for notes to be written during the scenario. Other features included space for participants names, a summary of learning outcomes, and extra unstructured space for notes.

The form was used and assessed by the target audience, and verbal feedback was sought from a variety of local experts. Feedback from these assessments led to the construction of a second pro-forma with several key changes; alteration of the notes section from chronological- to issues-based, increased unstructured space for note taking, and the addition of The Basic Assumption.

Summary of results A formal survey of the facilitators showed that all respondents found the pro-forma very or extremely useful, and all were likely or very likely to use it again. Further analysis of debriefing quality will be completed including review of feedback from medical and nursing students pre and post the intervention.

Discussion and conclusions The use of a debriefing pro-forma can help junior facilitators in the process of debriefing. Ongoing research is required to formally assess its effect on...