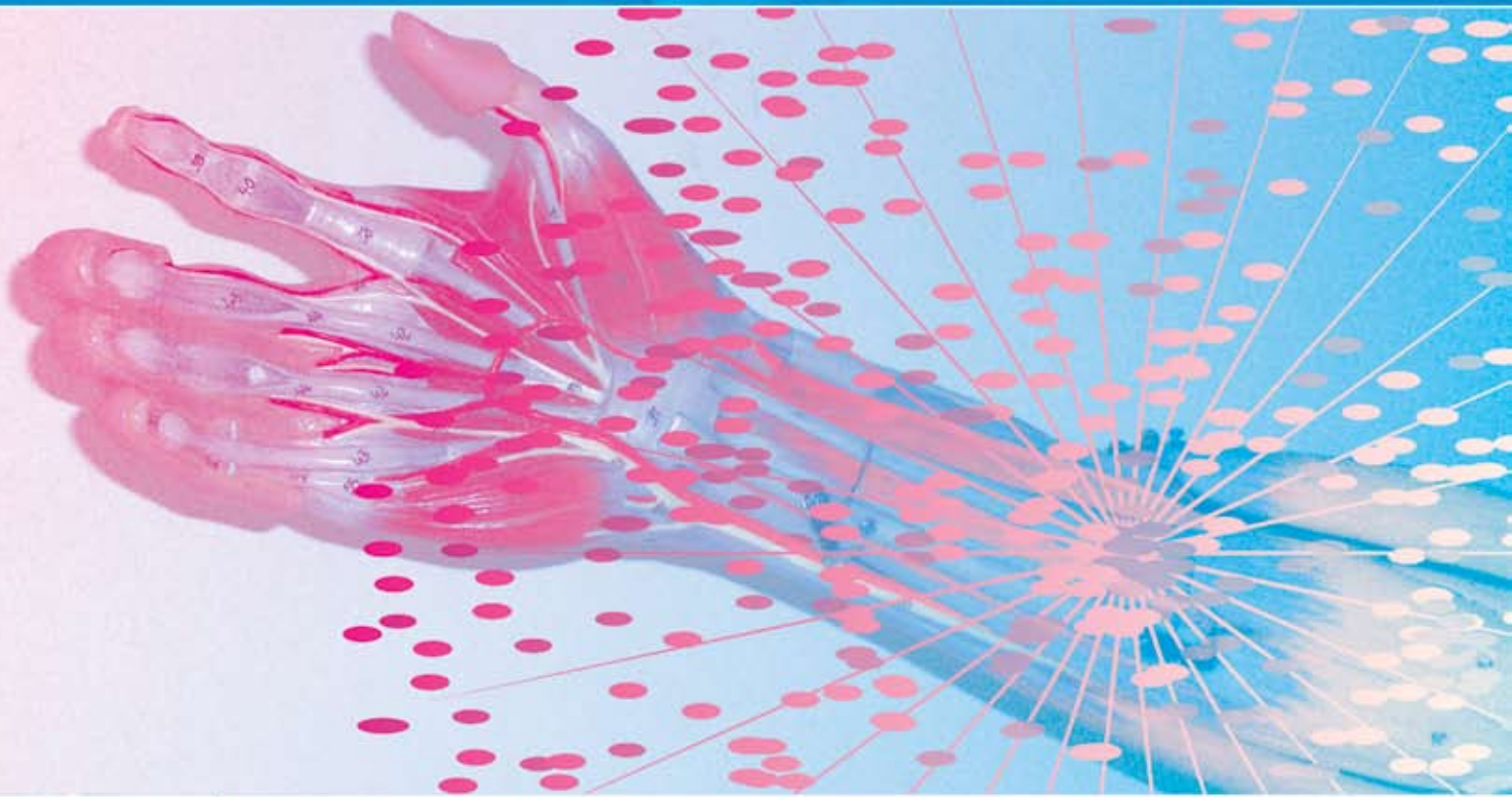




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# INTERNATIONAL JOURNAL OF CLINICAL SKILLS



A Peer Reviewed International Journal for the Advancement of Clinical Skills  
- *'docendo ac discendo'* - *'by teaching and learning'*



**In this issue:**

## **Simulating haemorrhage in medical students**

The i-DREAM Project

Educational leadership: a core clinical teaching skill?

Designing a clinical skills programme...

Learning to talk with patients

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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# Foreword

## Globalisation and Clinical Skills

The International Journal of Clinical Skills (IJOCS) – the new road to new skills? Maybe – but it has certainly opened a platform for the globalisation of clinical skills. The World Health Organisation's (WHO) programme on globalisation targets public health risks, security and outcomes. Driven by the concept of “global public goods” and cross-border health risks, the underpinning issue is to promote health for the poor by way of achieving national health targets. As with the IJOCS, the WHO strategy seeks new technologies in the clinical arena to provide investigative tests – with the WHO being particularly interested in those tests which are suitable for developing countries along with new drugs for endemic diseases. The aims are indeed noble. Investigative and therapeutic technologies create a vacuum for the dissemination, sharing and globalisation of clinical skills, which remain the main asset and commodity which clinicians of poorer nations exercise, promote and share. The IJOCS has released a bolt for health professionals to do just that – share knowledge.

The provisions of the healthcare industry in developed countries by sheer volume and demand, streamlines clinical skills into sub-specialised areas. Clinicians (medical, paramedical and nursing) in these areas gain clinical expertise that are unique to their field and emerge from rich patient-clinician interactions. The clinical skills of dealing with children with disabilities, rehabilitation medicine and terminal care are mere examples that are deficient in the poorer health economies that spend the best part of their human resources to combat diseases of malnutrition and poor sanitation.

The IJOCS provides a global resource centre for sharing and promoting clinical skills between clinicians and health professionals. Senior clinicians, who practiced medicine during the last four decades, will have recognised a gradual and progressive pattern of dependence on technologies with less reliance on clinical skills. The IJOCS provides a platform for sharing and debating the inter-phase and interactions between new technologies and clinical skills. It promotes the development of a new layer of clinical expertise that will emerge from the interpretation, application and/or exclusion of new technologies, for the benefit of clinical care.

I trust that clinicians practicing in poorer health economies will enhance the Journal by sharing their clinical skills and knowledge. Their special expertise of managing clinical needs, within restricted resources, expectedly stimulates the human ingenuity and creativity, leading to the development of clinical skills suitable for each unique circumstance. I, for one, will be actively supporting the IJOCS innovative approach to collaboration of skills. The IJOCS will provide a vehicle for the transmission of these skills across the globe for sharing expertise between different health economies to enrich the overall clinical skills arena.

Hippocrates recognised the professional responsibility of the individual clinician by stating that physicians “must have a wealthy ...medical knowledge, clinical skills, medical ethics, interpersonal skills,...”. The IJOCS improves the physician's opportunity to enhance his/her clinical skills “by teaching and learning”.



**Dr Atef R Markos FRCOG FRCP**

# The evaluation of a ward simulation exercise to support hospital at night practitioners develop safe practice

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### **KEYWORDS:**

Clinical simulation  
Experiential learning  
Hospital at Night

### **Abstract**

The University of Dundee Clinical Skills Centre developed and facilitated a generic skills course for the emergency assessment of patients as part of the Introductory Hospital at Night (H@N) Programme within the local NHS Trust. As part of the course a Ward Simulation Exercise (WSE) was developed to provide an effective means of providing individual practitioners with feedback on performance. The University of Dundee School of Nursing and Midwifery has also developed a Masters in Advanced Practice (Nursing) with key modules to address the learning needs of H@N practitioners including modules in Clinical Assessment and Diagnosis, Clinical Sciences for Advanced Practice and the Principles of Acute and Critical Care. This paper describes how the WSE was developed, implemented and evaluated.

### **Introduction**

Changes to the working patterns of junior doctors introduced to reduce working time, improve training and enhance patient care (European Working Time Directive - EWTD) have had an impact on other members of the healthcare team. In order to comply with the EWTD, the National Health Service (NHS) within the United Kingdom has had to rethink and reorganise service provision during the 'out of hours' and night periods (Department of Health, 2005) [1]. Safe systems to minimise patient risk are essential and the care delivery for patients at night is now no longer considered to be the remit of one health care profession, but rather a combination of skills by an appropriately trained team. This team approach has seen the need to develop the role of nurses with enhanced skills, to assume the new role of Hospital at Night (H@N) Practitioner.

The Clinical Skills Centre within the University of Dundee developed a five day generic skills course on the emergency assessment of patients by H@N practitioners in response to a request from NHS Tayside. The course was part of the induction for H@N practitioners and was very much focused on ensuring a safe, systematic approach to the acute situation. Using the recognised ABCDE approach ensured that a safe and standardised approach was taken to the initial assessment and management of patients at night.

Whilst no formal assessment of the practitioners was undertaken by the clinical skills staff, the Ward Simulation Exercise was an ideal situation to provide effective feedback. This paper describes the development, implementation and evaluation of the exercise.

### **Ward Simulation Exercises (WSE)**

The Clinical Skills Centre at the University of Dundee Medical School is a multiprofessional facility which has extensive experience in the use of Ward Simulation Exercises [2-3] for various disciplines and purposes. The centre provides resources to the Faculty of Medicine, Dentistry and Nursing and is mainly focused on hospital nursing and medicine. The Ward area consists of 7 bed spaces in 2 adjacent bays with accompanying facilities including clean preparation area, disposal room, office area, patient showers and toilets.

Clinical simulation and ward simulation exercises are deliberately used to enable experiential learning [4-6] and allow the student to practice skills in a safe and realistic environment. This ward simulation exercise was developed to support the Clinical Skills component of the Hospital @ Night Generic Skills Course run in collaboration with NHS Tayside. The exercise was based on work already undertaken across a wide range of ward simulation exercises which the Clinical Skills Centre facilitates.

#### Aim of the Exercise

The aim of the exercise was to allow the Hospital @ Night Practitioner to practice, in a simulated environment, the emergency assessment skills learned during the five day introductory course and to provide an opportunity for effective positive feedback on performance in the simulated environment.

#### Outcomes of the Exercise

At the end of the exercise the H@N Practitioner would, in a simulated environment:

- Be able to demonstrate effective use of SBAR (Situation, Background, Assessment, Recommendation).
- Identify the most appropriate member of the H@N team to assess a patient.
- Prioritise the emergency assessment of patients at night.
- Demonstrate a primary patient survey using the ABCDE framework.
- Recognise their own professional role in the emergency assessment of patients.
- Demonstrate effective use of the H@N documentation.

#### Context of the Exercise

The Ward Simulation Exercise was based in Wards; two simulated medical and surgical admissions wards. The wards are a mixed speciality unit and accept both medical and surgical patients dependent on need and availability of beds within the rest of the hospital. Another virtual ward (Ward 76) is included in the exercise for the purpose of telephone interruptions and prioritisation.

The Hospital @ Night team is composed of:

- A Senior Staff Nurse
- Two H@N Nurse Practitioners,
- Specialist Registrar on call for the Hospital.

#### Overview of Exercise

Each practitioner took part in one exercise which was video recorded for review and feedback purposes. The practitioner will be able to use the video as evidence for their personal development planning. Feedback was given by peers and a clinical skills tutor based on a predetermined feedback checklist (see appendix 1). The course development team took the deliberate decision not to give video feedback immediately after the course but at a later date once the practitioner had been in post. Each exercise lasted for 20 minutes with 40 minutes allocated to feedback.

The exercise started with a handover and timing began with either a telephone call/page to the practitioner or a visit to Ward 76 based on the team handover. During the exercise the wards were staffed by a Senior Staff Nurse covering night duty. There were four exercises and each one featured two Simulated Patients (SPs) and SimMan. The content of the exercises was

based on the ten common calls used during the five day course, which were:

1. Chest Pain
2. Shortness of breath
3. Hypotension
4. Poor urine output
5. Abdominal pain
6. Nausea and vomiting
7. Altered consciousness
8. Falls
9. Clinical review
10. Pyrexia

These were based on an audit undertaken in the wards of NHS Tayside during the planning and initial introduction of the Hospital at Night Project.

#### Simulated Patients

The Simulated Patients (SPs) used in the University of Dundee, are individuals who have volunteered to recreate healthcare scenarios in order to assist the faculty to train and assess undergraduate and post graduate students particularly in areas of communication, history taking, examination and procedural skills.

Barrows [4] defined SP's as individuals who are trained to present the signs and symptoms of a disease process as they exhibit in real patients but SP's can also simulate a variety of clinical situations including a patient's affect, communication style, social and medical history and to a certain degree physical findings.

Simulation is a well recognised tool which is increasingly being used to prepare healthcare professionals for practice, in a safe protected environment, by using a programme of deliberate rehearsal and feedback from educators as well as Simulated Patients [6-7].

Whilst it is clear that simulated patients can never replace the real life interaction between healthcare professionals and real patients, studies such as that by Edinger et al (1999) [8] demonstrated that SPs can add to the learning experience. Participating in these scenarios can help prepare students for future real career experiences.

The SPs, who were participating in the simulation, were supplied with scripts and the scenario to learn in order for them to be as accurate as possible during the exercise. Training of SPs involves practising the specific verbal responses and actions appropriate to the roles they are assigned, with the ultimate aim to be realistic and consistent when portraying their specific patient role in the exercise.

It can be a complex task, as well as simulating their role, they also have to remember what is happening during the scenario in order to point out any difficulties and strengths of the learners when asked to give feedback to them on "how you felt as the patient" after the simulation.

#### SimMan™

Using SPs encounters solely during the exercise would have had its limitations, for example demonstrating abnormal physiology. Therefore in order for the participants to experience more

complex patient problems, where scenarios involved deviation from normal physiological parameters, SimMan™ was utilised during the exercise. SimMan™ is a life-sized, intubatable manikin-based simulator with a computerised user interface that can be used effectively to teach clinical and decision making skills during realistic patient scenarios [9].

The advantages of this type of clinical simulator as an educational tool are well researched [10] as it allows safety, flexibility, reproducibility and realism and it can be adapted to the learning outcomes of the student both in terms of clinical scenario and degree of difficulty.

**Timed interruptions**

Interruptions were scheduled throughout each exercise (see table 1) to add to the realism of the simulated exercise. The exercise was designed to overload the practitioner with interruptions and workload to prevent them from completing all tasks within the 20 minutes exercise. The interruptions were designed in this way to enable observation of the practitioners' ability to prioritise their workload. Practitioners were reminded of the purpose of the exercise during the pre-exercise brief.

Each exercise included emergency interruptions, task orientated requests, interruptions requiring no action, phone calls from other departments and direct interruptions on the wards from the simulated patients. Examples of each are below:-

**Emergency interruptions** – phone call from nurse on ward to say a post-operative patient's blood pressure had dropped significantly.

**Task orientated requests** – calls to the ward for venous cannulation.

**Interruptions requiring no action** – call from the ward informing the H&N practitioner that the patient has normal blood glucose.

**Phone calls from other departments** – call from laboratory with Arterial Blood Gas results.

**Direct Interruptions from simulated patients** – Patient interrupts practitioner on the ward to seek reassurance regarding their diagnosis and prognosis.

These interruptions were devised from the results of an observational audit of junior doctors' activities in hospital at night. The interruptions require practitioners to demonstrate appropriate cognitive, behavioural and psychomotor skills. These activities allow the faculty to provide feedback on the practitioners' decision-making, clinical knowledge and skills, as well as professional behaviour.

From the participants evaluation 10 out of 13 participants reported that they found the exercise stressful. Although creating a challenging environment may invoke feelings of stress, this perhaps assists with the realism of practising in context.

**Table 1: Examples of timed interruptions**

[A] Simulated Patient – Name: David Richards, DOB: 23.05.84, Hospital Number: 0117

Emergency admission – Shortness of breath & Right sided chest pain

|   |   |
|---|---|
| S | Hello this is Senior Staff Nurse..... in Ward 76. I am phoning about a patient – Mr David Richards, DoB: 23.05.84. I feel he is deteriorating since I came on duty.   |
| B | Mr Richards was admitted with shortness of breath and right sided chest pain. He had flu like symptoms for about a week prior to being admitted. He is being treated for a right lobar pneumonia and is on IV Augmentin and Clarithromycin. |
| A | He is becoming more breathless with a respiratory rate of 24, his pulse is 104 and BP 155/90. His SPO2 is currently 94% on air and he is sweaty and clammy. He is also complaining of increasing pain.                                      |
| R | I would like you to come and review him as soon as you can.   |

[B] SimMan – Name: Colin Watt, DOB: 18.09.31, Hospital Number: 0176

Emergency admission – Exacerbation of COPD - ? Pneumonia

|   |  |
|---|--|
| S | Hello this is Senior Staff Nurse..... in Ward 76. I am phoning about a patient – Mr Colin Watt, DoB: 18.09.31. I am concerned about his increasing breathlessness.         |
| B | Mr Watt was admitted earlier this morning from home with an exacerbation of longstanding COPD which is being queried as an infection. He also has IHD and is hypertensive. |
| A | He is currently very breathless with a respiratory rate of 28. His BP is 110/50, pulse 135, temp 38.9C. He is becoming agitated.   |
| R | I would like you to come and see him as soon as you can.   |

**Developing an effective feedback tool**

In order to provide participants with effective and positive feedback on their performance during the WSE a tool was devised by the organisers based on previous work [2].

The criterion based checklist considers three areas of the practitioners role:

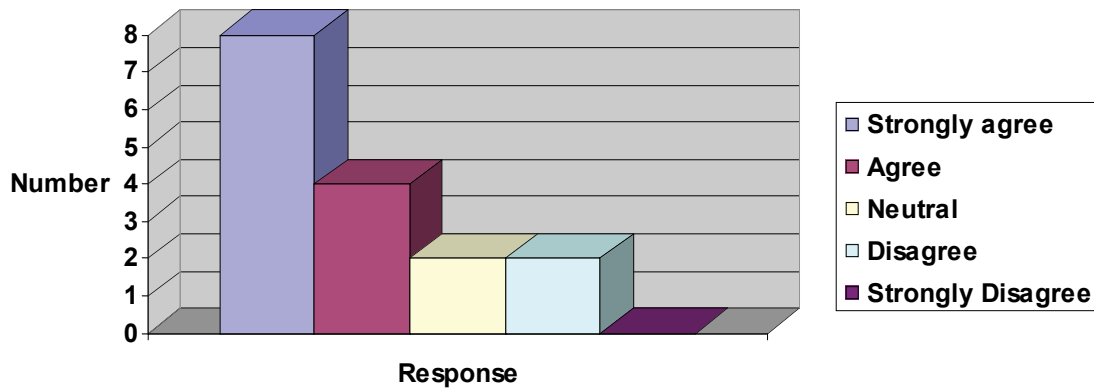
1. Good clinical care
2. Effective communication
3. Professional role as a H@N Practitioner.

During the practitioners WSE, observers followed the exercise on closed circuit television from another room and used the checklist to provide feedback on observed performance. Immediately after the WSE, participants were given feedback based on how well they thought they had done during the WSE and then received positive initial feedback from the assessors and the ward nurses. Three months after the WSE participants reviewed their personal copy of the video with a clinical skills tutor and discussed the positive aspects of practice as well as areas that had, or could be changed.

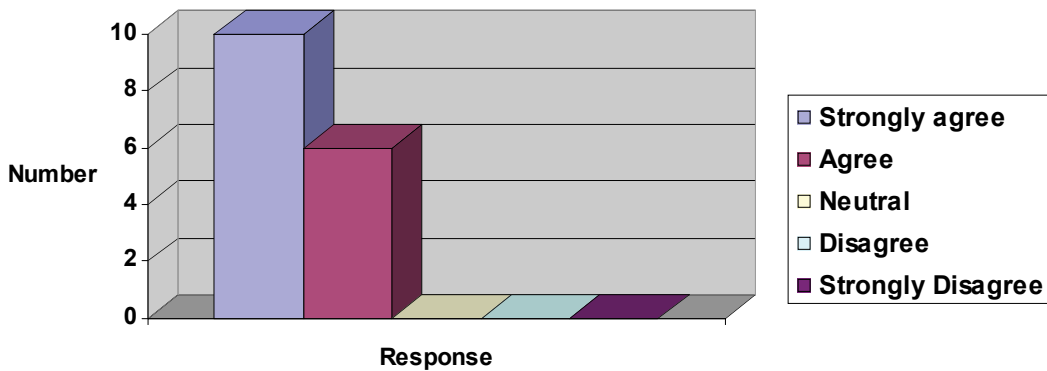
**Evaluations from participants**

Evaluations were received from all 16 participants in the exercise. Participants were asked to evaluate the WSE using an online questionnaire. They were asked to respond to five statements on a scale of 5 (strongly agree) to 1 (strongly disagree).

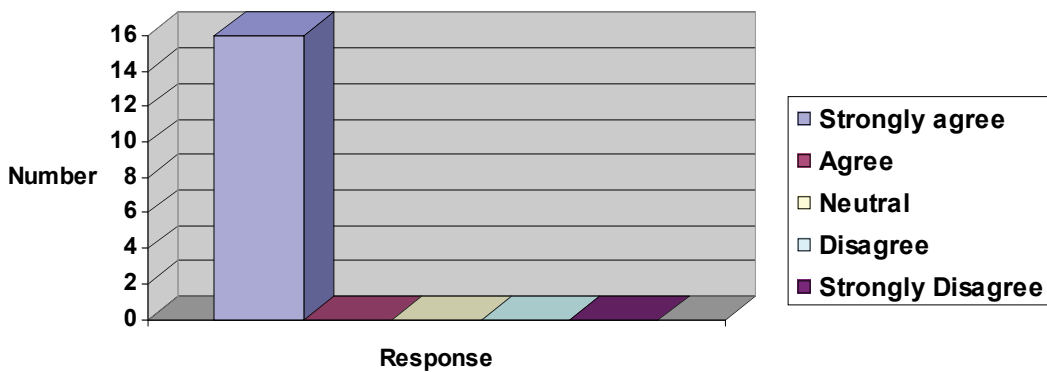
Statement 1: The length of time was about right



Statement 2: The feedback was useful

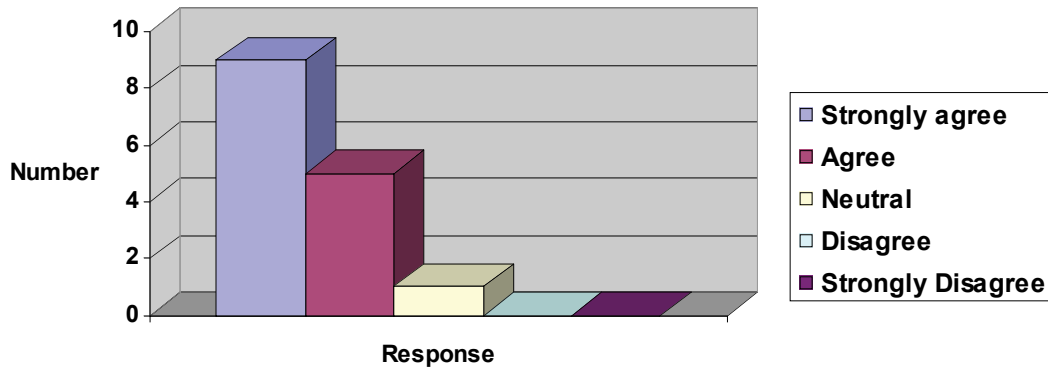


Statement 3: The content was relevant

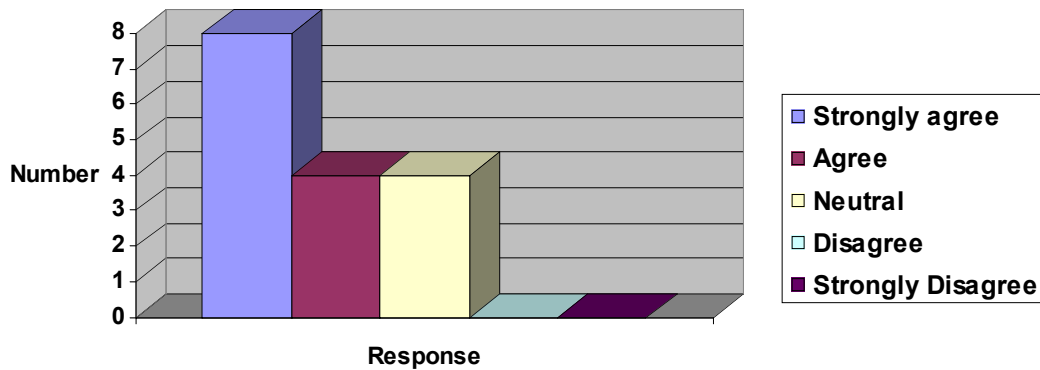




Statement 4: I benefited from watching others performance



Statement 5: It was realistic



The questionnaire was designed to give the course design team immediate feedback on the participants' views following the exercise. Question 1 was about the actual length of time of the exercise. Participants were not told at the start of the exercise what would be included, the tasks they would have to perform or the timing of interruptions, therefore they were unaware that they were not expected to complete all of the tasks. The results above show that 12 of the practitioners thought the time was about right, 2 were neutral and 2 felt that the timing was not right. On questioning after the feedback, the two 'neutral' respondents were reassured. However, the two who disagreed still did so, stating that they felt that they would have preferred to have been given time to complete all of the tasks.

Most of the respondents felt that the feedback had been useful, especially the written feedback from the course team, and being able to observe others during the exercise. All of the respondents felt that the content of the exercise was relevant to their new posts and while 12 thought it was realistic 4 were unsure.

Following a period of 12 weeks in practice, H@N practitioners were invited back to the Clinical Skills Centre to review the video of their WSE with a member of the CSC teaching staff. Practitioners were asked to think about what they saw themselves, to be positive about their performance, and to identify what they had learned since and changed in practice as a result of the introductory course and WSE.

Discussion

All of the practitioners reported positive changes to practice as a result of the WSE and subsequent personal reflection. Many of them found the use of the SBAR communication tool particularly useful and were keen to see it introduced into more widespread use in practice. Some reported that their initial reluctance to leave patients once the acute episode had passed had changed, and that they now involved ward nursing staff early in the intervention. They also reported being more clear when giving ward staff instructions on when to contact them e.g. giving

clear parameters within which to recall the team, rather than ‘if the patient gets worse, phone me’.

## Challenges

The challenges of running and evaluating a WSE of this kind lie mainly in the intensity of preparation, staff commitments and logistics.

In order to ensure realism, medical and nursing documentation must be produced and available for the ‘patients’ in the scenarios. These must be detailed enough for the level of practitioner and contain realistic and relevant information such as medical clerking, medicines prescription etc.

All WSEs are staff intensive, including simulated patients, the H@N WSE requires nursing staff for each of the ward areas, a coordinator, medical registrar, two SPs, a SimMan operator, two assessors and a technician for AV support, as well as the two participant practitioners. Preparing and writing medical notes and documentation requires a significant staff commitment

Logistics require organisation of the ward areas, preparation of notes and documentation, and staff diaries.

## References

1. Department of Health (2005) The implementation and impact of Hospital at Night pilot projects: An evaluation report. HMSO: London.
2. Ker, J.S. Bradley, P. Mole, L. (2003) Early introduction to interprofessional learning: a simulated ward environment. *Medical Education* **37**(3), 248-255.
3. Mole, L. and McLafferty, I. (2003) Evaluating a simulated ward exercise for third year student nurses. *Nurse Education in Practice*, **4**(2) 91-99.
4. Barrows, H.S. (1985) Now to Design a Problem-Based Curriculum for the Preclinical Years. Springer Series on Medical Education. Springer Publishing Company: New York.
5. Cioffi, J. (2001) Clinical simulations: development and validation. *Nurse Education Today*, **21**(6) 477-486.
6. Ker, J.S. and Bradley, P. (2007) Simulation in Medical Education. Understanding Medical Education. ASME: Edinburgh.
7. Howells R.J., H.A. Davies and J.D. Silverman (2006) Teaching and learning consultation skills for paediatric practice. *Archives of Disease in Childhood*, **91**: 367-370.
8. Edinger W, Robertson J, Skeel J, Schoonmaker J. (1999) Using standardized patients to teach clinical ethics *Medical Education Online*; 4,6.
9. Maran, N.J. and Glavin, R.J. (2003) Low to high fidelity simulation – a continuum of medical education. *Medical Education*, **37**(S1): 22-28.
10. Macdowall, J. (2006) The assessment and treatment of the acutely ill patient—the role of the patient simulator as a teaching tool in the undergraduate programme. *Medical Teacher*, **28** (4) 326–9

## Appendix I – Feedback Tool

### Ward Simulation Exercise Structured Feedback Sheet

#### A. Good Clinical Care

|                                  |   |
|----------------------------------|---|
| Receipt of Handover:             | (Efficient; focused questioning; legible, accurate, sufficient documentation; rapport).                         |
| Telephone Assessment:            | (Assessment of severity through SBAR).  |
| Prioritisation:                  | (Appropriate actions; clarity of prioritization, assessment of severity).                                       |
| Assessment of situation on ward: | (ABCDE assessment, focused thinking and assessment; secondary survey and care).                                 |
| Patient:                         |   |
| Ward Staff:                      |   |
| Notes/Charts:                    |   |
| Safety:                          | (Balanced risk assessment; patient safety; systems and protocols; works within own professional boundaries).    |
| Initial Management:              | (Within context of primary and secondary survey within own professional boundaries , include procedural skills) |

#### B. Effective Communication

|  |  |
|--|--|
| With Patient:                          |  |
| With H@N Team members:                 |  |
| With referral to doctor:               |  |
| With other health care practitioners:  |  |
| Accurate use of written documentation: |  |

#### C. Professional Role as H@N Practitioner

|   |  |
|---|--|
| Recognition of own personal and professional limitations: | (Requests help appropriately; re-evaluates ABCDE). |
| Reaction to feedback/Critique:                            | (Reaction to feedback on performance).             |



# Clinical Skills Lab (CSL)



The Clinical Skills Lab database will comprise information on over 200 clinical skills, broadly separated into:

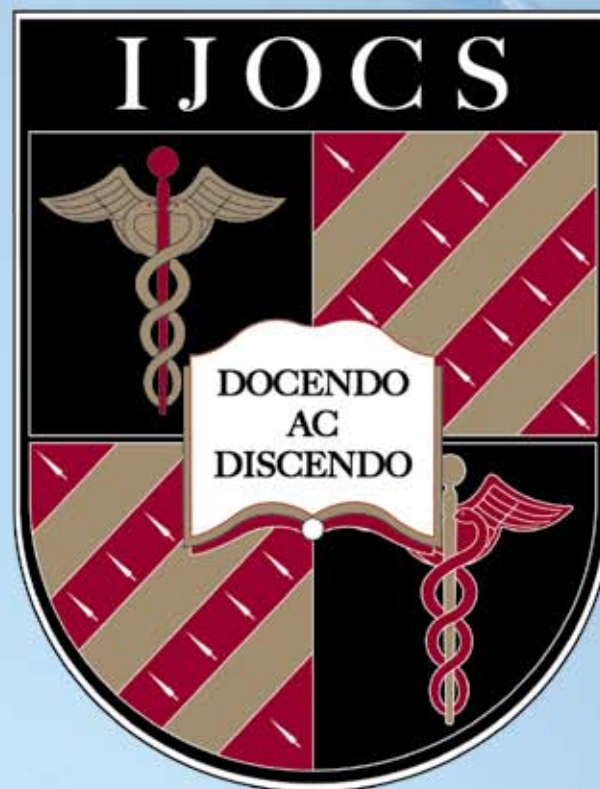
- History taking skills
- Communication skills
- Clinical examination/interpretation skills
- Practical skills

Not only will this valuable resource provide material to students as a learning tool and revision aid, for example, OSCEs, it will also offer educational materials for teachers from all disciplines, allowing some standardisation of practice. The Clinical Skills community will also be encouraged to contribute, making this database interactive.

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