Can simulation help to bridge a potential perceived gap in clinical experience? Sharing good practice.

#SAMSim
Nick Murch & Nadia Stock
Introductions
Aims

• 1. To establish what simulation courses and facilities AIM trainees around the country currently have access to.

• 2. To explore which areas of the AIM curriculum are being covered by simulation currently and how sim based assessments are being used (and recognised) by ARCP panels.

• 3. To note any areas of good simulation practice around the country and explore any ways of sharing resources

• 4. To discuss what standards are (or should be) imposed/available for AIM sim training
Courses & Facilities
Curriculum areas

- Procedural
- Specific presentations
- Human factors/non-technical

- Teamwork/leadership/communication/conflict
  - Sengstaken/Chest drains/pacing
  - Sepsis/NIV/anaphylaxis
ARCP panels

• Acceptable for some procedures as per curriculum;
  • “skills lab competent with certification”
• Others?
Resources

• Currently all regional – and non AIM specific

• Sharing resources on SAM website?
• National courses?
Standards

Eg - Emergency Medicine
• regional “simulation leads” –
• CT3 course (high fidelity, case scenarios)
• “Higher EM” course – non-technical skills
• Sim specific WBAs?
• Compulsory vs non compulsory components?
Other issues

• Funding?
• Faculty?
Action plan?

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."