The Role of Simulation Training in Medicine

Abstract:
Greenspan in a recent BMJ report stated that simulation training can help in the establishment of consistent standards by defining how things should be done. She was writing in relation to its role in improving patient outcomes as outlined in the recommendations of the Francis report. Simulation clarifies the specific role of all the care workers at resuscitations and other procedures. All experts in the field of simulation training point out that simulation training allows everybody in the team to have an input and not just hierarchy is set to one side. It is part of the transition from classroom tuition to safe clinical practice. Simulation has gained wider acceptance in mainstream medicine. It has overcome the initial reservations that it would add little to the traditional approach of history taking, clinical examination and management. Atul Gwande points out that the checklist approach has not addressed a disconnect between the imperative to give patients the best possible care and the needs to provide novices with experience. Simulation helps to fill this gap.

One of the important benefits of simulation is that it creates situations that trainees cannot experience in real life. Everybody has their assigned task during the performance of a procedure. The leader of the team oversees that all roles are performed by the trainees to the best of their ability. The role of simulation is to create a situation in which learning can take place without the trainee being actively involved. This allows the trainee to be active rather than passive and not having to face the reality of adverse consequences.

Simulation training does have its limitations. It can’t anticipate patients unpredictable responses to resuscitation measures, medications, or a surgical procedure. It requires personnel and specific time set aside. There must be good instructor trainee arrangements. The differences between communication during simulation and real life critical care situations need to be recognised and addressed. The dialogue between the members of the team must be targeted and effective throughout the resuscitation or procedure. If simulation training or execution is not well conducted they can have the counter effect of making the participants feel uncomfortable and threatened. The process has the potential to be harmful rather than helpful.

Simulation training programmes are now in place in a number of Irish centres. The College of Anaesthetists launched the CAST programme (college of anaesthetists simulation training) in 2010. Crina Burlacu points out that simulation training is already well established in anaesthesia and surgery and is increasingly being utilised in other areas. Simulation helps to develop leadership and decision making as well as technical mastery. The debriefing after the exercise is important. It can be conducted using a format based on the Pendleton framework. Asking the trainee what went well with that? assesses conscious competence. Further discussion led by the trainer brings out areas of competence that the trainee was unaware of unconscious competence. Asking the trainee what he was less pleased about brings out conscious incompetence. Fourthly when the trainer brings up areas he feels the trainee needs to improve he identifies the unconscious incompetence. When time is short the interaction can be reduced in order to concentrate on the areas that need immediate attention.

Simulation training programmes are now in place in a number of Irish centres. The College of Anaesthetists launched the CAST programme (college of anaesthetists simulation training) in 2010. Crina Burlacu points out that simulation training is already well established in anaesthesia and surgery and is increasingly being utilised in other areas. Simulation helps to develop leadership and decision making as well as technical mastery. The debriefing after the exercise is important. It can be conducted using a format based on the Pendleton framework. Asking the trainee what went well with that? assesses conscious competence. Further discussion led by the trainer brings out areas of competence that the trainee was unaware of unconscious competence. Asking the trainee what he was less pleased about brings out conscious incompetence. Fourthly when the trainer brings up areas he feels the trainee needs to improve he identifies the unconscious incompetence. When time is short the interaction can be reduced in order to concentrate on the areas that need immediate attention.

Simulation training programmes are now in place in a number of Irish centres. The College of Anaesthetists launched the CAST programme (college of anaesthetists simulation training) in 2010. Crina Burlacu points out that simulation training is already well established in anaesthesia and surgery and is increasingly being utilised in other areas. Simulation helps to develop leadership and decision making as well as technical mastery. The debriefing after the exercise is important. It can be conducted using a format based on the Pendleton framework. Asking the trainee what went well with that? assesses conscious competence. Further discussion led by the trainer brings out areas of competence that the trainee was unaware of unconscious competence. Asking the trainee what he was less pleased about brings out conscious incompetence. Fourthly when the trainer brings up areas he feels the trainee needs to improve he identifies the unconscious incompetence. When time is short the interaction can be reduced in order to concentrate on the areas that need immediate attention.

Simulation training programmes are now in place in a number of Irish centres. The College of Anaesthetists launched the CAST programme (college of anaesthetists simulation training) in 2010. Crina Burlacu points out that simulation training is already well established in anaesthesia and surgery and is increasingly being utilised in other areas. Simulation helps to develop leadership and decision making as well as technical mastery. The debriefing after the exercise is important. It can be conducted using a format based on the Pendleton framework. Asking the trainee what went well with that? assesses conscious competence. Further discussion led by the trainer brings out areas of competence that the trainee was unaware of unconscious competence. Asking the trainee what he was less pleased about brings out conscious incompetence. Fourthly when the trainer brings up areas he feels the trainee needs to improve he identifies the unconscious incompetence. When time is short the interaction can be reduced in order to concentrate on the areas that need immediate attention.

Comments: