





ONLINE MEDICINE WORK EXPERIENCE

VIRTUAL WARD ROUND – SELF-REFLECTION

5 Acute Asthma and Simulation Teaching



This video shows an A-E assessment. Why is this kind of process useful in medicine?





What "non-technical" skills do you see in this scenario? (These are skills which we must demonstrate beyond simply having knowledge of the medical problems).





How does the Registrar show leadership here?





What is the advantage of using Simulation Teaching?





What things can Simulation Training not replicate?





This video shows an A-E assessment. Why is this kind of process useful in medicine?

- A-E. Airway. Breathing. Circulation. Disability. Exposure.
- Simple structure to use in times of stress.
- Aims to deal with the most life-threatening problems in the order of importance.
- Ensures nothing major is missed in the initial assessment by working through systematically.
- Internationally used and therefore all healthcare professionals can work together efficiently.





What "non-technical" skills do you see in this scenario? (These are skills which we must demonstrate beyond simply having knowledge of the medical problems).

- Teamwork Junior Doctor and Nurse working together
- Communication ensuring both patient and staff know what is happening. Able to get a quick history from the patient.
- Leadership Junior Doctor takes the lead and makes medical decisions
- Compassion the staff are empathetic with the patient despite working quickly





How does the Registrar show leadership here?

- Allows the Foundation Doctor to do the assessment and make management decisions but is clearly there in case they need support.
- Takes the initiative to instigate training for the team subsequently.





What is the advantage of using Simulation Teaching?

- Safe-space to learn, try things out and make errors without causing patient harm.
- Practice stressful scenarios without fear of making errors.
- Reduces stress in real-life by having "run the scenario" before.
- Time available for full debriefing.
- Able to record the scenarios and play them back stopping and starting to discuss points as they arise.





What things can Simulation Training not replicate?

- The stress of dealing with real-life acute illness (though it can feel quite realistic).
- Clinical signs are hard to achieve on the manikins though newer ones are getting better and more realistic.



