



Simulation at work

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Simulation is a well-established tool within medical education, but in situ simulation (occurring within the learner's normal working environment) is less well investigated. This research team from Israel evaluated the impact of a combined intervention (simulation centre-based training and in situ simulated scenarios) on an emergency department team's management of trauma cases. They showed that simulation (including in situ training) improved a number of facets of patient management; the greatest gains identified were in behavioural domains such as teamwork and communication.

Amiel I, Simon D, Merin O, Ziv A. Mobile in situ simulation as a tool for evaluation and improvement of trauma treatment in the emergency department. *J Surg Educ* 2016;**73**:121–128.

This paper highlights the utility of in situ simulation to identify latent safety threats and knowledge gaps, as well as to assess team performance in high-risk situations. The authors use the technique to compare adherence to paediatric sepsis guidelines across a number of emergency departments in the USA. They conclude that the overriding factor affecting performance is

composite team experience. They also highlight that in situ simulation is a feasible tool for measurement of team performance and for comparative assessment.

Kessler DO, Walsh B, Whitfill T, Gangadharan S, Gawel M, Brown L, Auerbach M, for the INSPIRE ImPACTS investigators. Disparities in adherence to pediatric sepsis guidelines across a spectrum of emergency departments: a multicenter, cross-sectional observational in situ simulation study. *J Emerg Med* 2015. doi: 10.1016/j.jemermed.2015.08.004.

It is generally perceived that in situ simulation has a higher level of fidelity than centre-based simulation; this paper investigated any effects that this may have on learner outcomes. Obstetric teams were randomised to in situ simulation or off-site simulation for the management of two obstetric emergencies. No differences between groups were found in learner or team outcomes, but the in situ simulation teams identified more suggestions for organisational changes. The authors suggest that the location of the simulation is not a key factor driving knowledge or skill acquisition.

Sørensen JL, van der Vleuten C, Rosthøj S, Østergaard D, LeBlanc V, Johansen M, Ekelund K, Starkopf L, Lindschou J,

Glued C, Weikop P, Ottesen B. Simulation-based multiprofessional obstetric anaesthesia training conducted in situ versus off-site leads to similar individual and team outcomes: a randomised educational trial. *BMJ Open* 2015;**5**:e008344.

This blog article discusses the nature of 'common sense' amongst learners and asks how we can help them to further develop it. It makes reference to two articles that used simulation (an empty patient bed space and a simulated ward round) to enhance the gathering and interpretation of information, and to help learners develop techniques to manage distractions and stress in the workplace. The blog author concludes that perhaps common sense 'isn't so common' and that novel educational techniques may help learners to foster its evolution.

Haines C. Conversation kickstarter #ClinTeach: just what is common sense? How do we help our students to develop it? *Conversations in Medical Education*. 2015. Available at <http://www.med-educonversations.com/2015/10/29/conversation-kickstarter-clinteach-just-what-is-common-sense-how-do-we-help-our-students-to-develop-it/>. Accessed on 5 January 2016.

doi: 10.1111/tct.12529