

# Virtual Paediatric Communication Simulation for Medical Students



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#### Introduction

- Undergraduate students returning to our district general hospital paediatric department for the 2020-21 academic year were offered a blended approach to learning, with in person and virtual sessions
- We sought to develop students' communication skills by offering a virtual simulation programme.

### Methods

- Three one hour online sessions were designed with each session following a simulated patient with common paediatric problems:
  - Coeliac disease and failure to thrive
  - Preschool wheeze
  - Pyloric stenosis
- Each session followed the same structure:

# Introduction Simulation activity 1: History

Debrief

Simulation activity 2:

Presentation of patient to doctor

Debrief

Discussion including further information (examination and investigations)

Simulation activity 3:

Presentation of patient to doctor

Debrief

Simulation activity 4: Explanation to family

Debrief

Close

- All sessions were facilitated by a paediatric registrar (who doubled as an actor)
- Sessions were delivered to **small groups** of medical students (maximum 6 students), with each student actively participating in turn. All students participated in debrief
- Information from feedback forms and focus group were collated and analysed using a thematic analysis approach

#### Results

- Students gave overwhelmingly positive feedback.
- The following themes emerged:
  - 1. Praising the small group environment
  - 2. Each session's structure
  - 3. Opportunities to practice handovers,
  - 4. Comparison with face to face sessions
- When asked on ways to improve the programme, students suggested consolidating learning with bedside teaching

## 1. The small group environment

"bigger groups were bit uncomfortable as there were 30 in a call. With smaller groups it's more personable" 2. The sesson's structured approach

"Working through history then SBAR then talking about the condition and then explanation was helpful"

## 3. Opportunities to practice handover

"I found the handovers
really helpful. We get lots
of practice in histories,
but we don't get
opportunities to talk to
colleagues or talk to
families."

**Key Themes** 

4. Comparison with face-to-face teaching

"It is not a replacement for bedside teaching, but it adds something different"

"Can it be matched up to real patients with bedside teaching? Or short videos of signs and symptoms?"

How to improve?

"It would be good to do some bedside teaching to follow up for to follow up for example see a vomiting baby after vomiting baby session"

## Conclusions

- Our novel virtual communication simulation programme was a welcome addition to our undergraduate education provision.
- It is important that such techniques are used in conjunction with, not a replacement for, learning opportunities with patients.