

Abstracts for Podium Presentation

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Simulation in Medical Education-'A neonatal model'

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Introduction- Point of care simulation is a novel approach in medical education allowing multidisciplinary teams to train in clinical environments. Drivers for introducing simulation in education include changes in junior doctors hours, evidence base, and trainee feedback (1),(2).

Method-A team trained at Leicester as simulation instructors conducted monthly sessions involving neonatal scenarios as per RCPCH curriculum (3). They were structured with an introduction, simulation sequence and debrief, run by 2 faculty.

Results- 12 sessions have been organised training 100 staff including trainees, nurses, ANNP's, and midwives. 20 scenarios developed address the neonatal airway, access, respiratory, circulatory, and surgical problems as well as communication. 49 feedback forms received have positive feedback and suggestions for development.

Conclusion-We present a 'model of simulation' in education, which complements our training programme by familiarising trainees with common neonatal conditions, procedural skills and highlights areas of risk. We are working towards a multidisciplinary model.

1. Donaldson L. Safer medical practice: machines, manikins and polomints. London, UK: Department of Health 2008.
2. Templeton J. Time for Training: A review of EWTD on the quality of training. Medical Education England. June 2010.
3. http://www.rcpch.ac.uk/sites/default/files/2010_Level_1_2_and_3_General_Paediatrics.pdf (page 107-111)

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Surgical Simulation in Undergraduate Anatomy Education. An Untapped Resource?

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Background: Postgraduate surgical simulators are rarely used to teach undergraduate anatomy, despite possessing many features that would favour their use in such a discipline.

Aims: We present the first prospective controlled trial to evaluate the use of a validated post-graduate surgical simulator in teaching undergraduate temporal bone anatomy

Method: Near-identical temporal bone anatomy modules were created: one used on a surgical simulator, and one as a self-directed PowerPoint tutorial. 25 undergraduates were assigned to the simulator module (n=14) and PowerPoint module (n=11). Pre-and-Post module knowledge, confidence and satisfaction scores were measured.

Results: The knowledge improvement in the simulator and PowerPoint groups was 34% (p<.001) and 33% (p<.001), respectively. The confidence score improvement was 32% (p<.001) and 28% (p<.001), respectively. There was no difference in satisfaction scores (p=.758).

Conclusions: Simulation-based modules present a useful adjunct for undergraduate anatomy education, but a well-developed non-interactive module can produce similar improvements in knowledge gain.