

Introduction

Returning to practice can be challenging especially after a prolonged period of absence and the Academy of Medical Royal Colleges (AoMRC) had significant concerns in connection with the lack of direction for doctors returning to practice^[1]. Following The Advisory, Conciliation and Arbitration Service, Junior Doctors' Contract Agreement (ACAS)^[2] and Health Education England Enhancing Junior Doctor's Working Lives^[3] it was recommended that Health Education England's local teams should develop and implement training programmes which would ensure a safe and effective return to learning and practice. In February 2018 Health Education England Yorkshire & the Humber in partnership with the Montagu Clinical Simulation Centre, developed the SuppoRTT skills and simulation course which was one of a suite of courses that support trainees to return back into clinical practice, safely and confidently, after a sustained period of absence.

Methods

The one day course utilises a blended approach of presentations, group work and simulation based learning provided within a safe environment. Trainees can have the choice between attending this course alone or in combination with the Human Factors day undertaken at the Montagu Clinical Simulation Centre (MCSC). The day commences with an introduction and orientation to the MCSC. The first session is a presentation of the established A to E process as recommended by the Resuscitation Council (UK)^[4], after which the group is split up into two. The trainees then have the opportunity to practise clinical skills on medical task trainers such as performing cannulation, venepuncture and simple airway management techniques.

A group discussion is then undertaken in connection with the Surviving Sepsis Campaign: Sepsis 6 protocol^[5] and also the National Early Warning Scoring system (NEWS2)^[6]. Upon commencement of the afternoon the trainees are given the opportunity to participate in simulated-based learning scenarios (SBL). According to Rudolph, Simon, Dufresne and Raemer (2007) undertaking a SBL experience enables the participant to reflect, analyse and improve their own practice^[7]. Consideration of the trainees circumstances were taken into account and they were allowed to undertake the simulated-scenarios either as an individual, team approach, group table top exercise or abstain if they so wished. This then allowed the trainees to rehearse and recognise the severity of illness and bridge the gap between theory and practice using SBL.



Results

A total of five SuppoRTT Skills and Simulation Programme days have been delivered, twenty nine trainees reserved places and twenty trainees attended representing a wide range of specialities, experience (core and speciality trainees) and length of absence. The evaluation questionnaire was specifically developed to ascertain the trainees' confidence in using the A-E approach^[4], recognising the severity of illness and managing the sick patient and using the national Early Warning Score^[6] and sepsis 6 screening tool^[5]. Before and after scores were collected using a 10 point Likert Scale (Results see table 1).

1. A to E Assessment			2. Recognising Severity of Illness			3. Managing the Acutely Unwell Patient		
	Before	After		Before	After		Before	After
Range	3-8	7-10	Range	4-8	7-10	Range	2-8	6-10
Mean	5.5	8.3	Mean	6.3	8.3	Mean	5.4	7.9
p-value	p < 0.001		p-value	p < 0.001		p-value	p < 0.001	

Table 1

“Seamless and highly functional scenario enabled enhanced learning.”

We care



The results showed that the candidates reported a significant increase in confidence with the A-E assessment, recognising the severity of illness and managing the acutely unwell patient. Further questions asked the trainees, what did they enjoy about the course, what did they dislike or what would they change and what has been the main learning points from the day and how would they change their practice?

“Significantly increased confidence in my clinical and team working/human factors competencies in great non-judgemental encouraging space”

“It would be good to have more speciality scenarios within the course; I appreciate that depends on number of people and types of specialists attending each course”

“Pace and level was appropriate for returning to work”

“Very helpful to boost confidence and supportive”

“Informal, adapted to our needs, skills set and level”

“Very relevant topics covered with evidence base of cutting edge education evidence”

“Customised the delivery according to the attendees”

“Excellent team with excellent instructors”

“Was nervous about the scenarios.”

Although some of the trainees showed signs of nervousness and anxiety, after initial introductions and discussion of the programme, the data gathered highlighted that the day was informative and helped in refreshing knowledge, skills and confidence. This course was specifically aimed at an introductory level for trainees returning to practice and consideration of their circumstances also had to be taken into account.

Conclusions

The SuppoRTT skills and simulation one day course provides a safe environment for doctors returning to practice to improve their confidence in A to E assessment of the critically unwell patient in a healthcare setting.

Health Education England recognised that postgraduate medical trainees require flexibility within their career pathway and a “step on-step off” approach^[3] is required. Enhancing working lives and building upon this flexible approach supports the trainee both personally and professionally and will hopefully enrich the quality of patient care.

¹ The Academy of Medical Royal Colleges, “Return to Practice Guidance,” June 2017. [Online]. Available: https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revision_0617-2.pdf. [Accessed 9th August 2019].
² ACAS, “https://m.acas.org.uk/media/4587/Junior-doctors-contract-agreement-18-May-2016/pdf/ACAS_FINAL_AGREED_NHS_Emp_BMA_DoH_Package_180516.pdf,” 18th May 2016. [Online]. Available: https://m.acas.org.uk/media/4587/Junior-doctors-contract-agreement-18-May-2016/pdf/ACAS_FINAL_AGREED_NHS_Emp_BMA_DoH_Package_180516.pdf. [Accessed 4th October 2019].
³ Health Education England, “Enhancing Junior Doctors Working Lives,” 2018. [Online]. Available: https://www.hee.nhs.uk/sites/default/files/documents/Enhancing_junior_doctors_working_lives_-_a_progress_report.pdf. [Accessed 9th August 2019].

⁴ Resus Council (UK), “Guidelines and Guidance: The ABCDE Approach,” 2014-2019. [Online]. Available: <https://www.resus.org.uk/resuscitation-guidelines/abcde-approach/>. [Accessed 17 September 2019].
⁵ Dellinger, Levy, Carlet and e. al, “Surviving Sepsis Campaign: International Guidelines for Management of the Severe Sepsis and Septic Shock;” Intensive Care Medicine 34 (1), pp. 17-60, 2008.
⁶ Royal College of Physicians, “National Early Warning Score (NEWS) 2,” Royal College of Physicians, London, 2017.
⁷ Rudolph JW, “Debriefing with good judgement, combining rigorous feedback with genuine inquiry,” 2007. [Online]. Available: <http://search.ebscohost.com.hallam.idm.oclc.org/login.aspx?direct=true&db=ccm&AN=105730964&site=ehost-live>. [Accessed 19 December 2019].