

Aim: This methodology aims to provide hands-on, standardized instruction in an anxiety-free environment where learners safely practice the clinical skills techniques of breast, pelvic and urogenital examinations and have the unique experience of learning these techniques from the patient's perspective.

Method: The GTA/MUTA is both instructor and live simulated patient, using their own bodies as teaching tools, guiding learners through examination techniques and providing instant feedback. With this unique opportunity for skills acquisition, learners receive step-by-step instruction on an actual person in a quality-controlled environment. In addition to correct palpation techniques, this patient-centred form of instruction addresses the emotional reaction patients may have to these examinations. GTA/MUTA instruction also includes patient education and communication and relaxation techniques. The GTA/MUTA patient empowerment methodology is designed to provide an anxiety-free atmosphere for the learner so that the sensitive nature of the genital examination and the embarrassment often accompanying the examination do not become an obstacle to acquiring safe, effective clinical technique.

Results: Decades of research prove that this method lowers learner anxiety and provides exceptional outcomes for learners in a multiplicity of learning criteria, including higher overall scores; superior communication skills; better ability to identify pathology; 'better interpersonal skills than physician trained with lasting effects that can be demonstrated after clinical exposure'^[1]; ability to conduct safe, genital examination techniques on patients after exposure to a GTA/MUTA instructor^[2].

Implications for practice: The methodology has far-reaching implications. The specialized skills of these individuals mean that the teaching method can be brought outside of the well-patient experience; sexual assault providers can practice the trauma examination on live simulated patients; remediation can be provided to practitioners who must relearn techniques to maintain licensure; learners are more empathetic to their patients and more inclined to include their patients in the examination process thus improving patient care. This methodology can be utilized in any setting where invasive examination procedures, patient education and communication must be mastered.

REFERENCES

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ENHANCED RECOVERY AFTER SURGERY: MULTI-DISCIPLINARY HEALTHCARE SIMULATION TRAINING FOR PERIOPERATIVE TEAMS

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Background: Enhanced recovery after surgery (ERAS) is an evidence-based approach in perioperative care allowing patients to recover more quickly after surgery. The ultimate aim of this programme is to optimize organ function pre-operatively

and reduce the stress response from major surgery to aid in early recovery^[1]. The multimodal pathways utilize a wide range of staff from the multi-disciplinary healthcare team. Although medical staff such as senior anaesthetists and surgeons may be confident in implementing ERAS protocols and troubleshooting post-operative problems, this may not be the case for more junior medical, theatre and nursing staff. This is of particular relevance in smaller surgical units across the UK.

Aim: We aimed to provide structured and interactive simulation (SIM) training for staff involved in the management of colorectal surgery patients on the ERAS programme. Staff included operating department practitioners (ODPs), surgical staff nurses and anaesthetics senior house officers (SHOs). This was based at a small district general hospital (DGH) in the West Midlands.

Method: Staff were given hypothetical post-operative scenarios of commonly encountered surgical problems on the ward. These included hypotensive patients and the management of regional analgesic techniques such as epidurals. Sessions were commenced with a brief and targeted outline of relevant physiology, followed by a series of SIM moulages. A longer period of time was made available at the end of each SIM for debrief.

Results: Staff were more confident after SIM sessions in managing the acutely ill ERAS surgical patient. The multi-disciplinary nature of the scenarios was highly commended. Feedback from staff was encouraging, in particular, about how 'real' the scenarios felt. There was also increased awareness about the rationale behind the principles of the ERAS programme and healthcare staff felt it would change their practice. Feedback was measured through a series of pre- and post-SIM questionnaires.

Implications for practice: Through a series of SIM sessions and theatre shadowing, we aim to create an ERAS team and ERAS unit at the hospital. SIM will play a major role in addressing the learning objectives of junior medical staff, ODPs and nurses. The long-term goal is to safely manage these patients on a dedicated unit. We aim to create a safe environment where invasive monitoring can be used, and treatments such as vasopressors prescribed under the supervision of anaesthetists. This will ultimately improve patient care and help fulfil the core objectives of the ERAS approach.

REFERENCE

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EFFICACY OF A VIRTUAL MOCK TRIAL FOR INTER-PROFESSIONAL LEARNING

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Background: A medical negligence trial can be stressful for all involved and may be the first time in a courtroom for many health professionals. To provide students with the opportunity to learn from, with and about each other, the Mock Trial was established as an annual collaborative learning event between a local law school and our university-affiliated Office for IPE (Inter-professional Education). In 2021, Mock Trial was conducted virtually to continue high-quality IPE throughout the COVID-19 pandemic.