UNEXPECTED DISCUSSIONS: REPLICATING CONVERSATIONS REGARDING CONDITIONAL AND DIRECTED DECEASED ORGAN DONATION USING IN-SITU SIMULATION

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Background: Conversations regarding deceased organ donation are complex and ideally are held with support from specialist nurses [1]. However, unplanned situations where this topic is raised are encountered in clinical practice. These discussions can involve unexpected elements and views, without immediate support available from specialist teams. Conditional or directed organ donation involves the caveat that an organ is or is not donated to a specific individual or demographic. In 1998 a deceased organ donation was accepted in Sheffield with the condition it only be transplanted into a white patient [2]. This sparked an ethical debate and government review. The subsequent report identified this practice as unacceptable and fundamentally against the altruistic nature of organ donation [3]. We aimed to increase candidate familiarity with the process of deceased organ donation, ensuring future discussions are held at an appropriate time involving essential members of the multidisciplinary team.

Methods: We simulated a complex discussion regarding organ donation where conditional and directed viewpoints were addressed. This scenario also highlighted elements of inclusivity and discrimination that may be encountered in clinical practice. A scenario was designed following input from senior members of the emergency department, intensive care, and specialist nurses for organ donation. The simulation was discussed at a meeting of our Trust clinical Ethics Committee. Consent was electronically obtained prior to participation, and data regarding candidate familiarity with deceased organ donation was anonymously recorded utilising a Likert scale before and after completion of the simulation. These results were used to assess the effectiveness of the scenario against the desired aims utilising the Kirkpatrick model of learning.

Results: Ten sessions were held recruiting 30 participants. Following completion of the simulation session, our results demonstrate junior clinicians in the emergency department developed increased familiarity regarding the process and timelines surrounding deceased organ donation, and improved confidence tackling complex conversations containing controversial viewpoints.

Conclusion: We are intending to utilise data gathered from this scenario to assist in development of a toolkit for the emergency department regarding unanticipated organ donation discussions. We are also hoping to expand the simulation to cover other departments where similar conversations may be encountered.

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DEVELOPMENT AND EVALUATION OF A REGIONAL ONLINE CARDIOLOGY SIMULATION COURSE FOR INTERNAL MEDICINE TRAINEES

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Background: During the COVID-19 pandemic, remote consultations have replaced face-to-face appointments in many settings [1]. Over the past few decades simulation-based education (SBE), particularly standardised patients (SP) are being increasingly utilised to assess competency in patient care, especially regarding communication skills [2]. SBE with particular emphasis on human factors is now a mandatory part of medical training as per the new Internal Medicine Training (IMT) stage 1 curriculum which was introduced in 2019 [3]. This regional cardiology simulation and study day was designed with the aim of providing IMT trainees the necessary skill set to manage video consultations using simulated patient-care scenarios using SP as a simulation modality.

Methods: A one-day cardiology online course was created and delivered via an online platform (Zoom), comprising of a morning study session of frequented cardiology presentations tailored to IMT training curriculum followed by an afternoon session where each trainee got the opportunity to participate in two simulated video consultation scenarios. The theme of the scenarios included commonly encountered cardiology presentations in clinic setting such as heart failure, atrial fibrillation, ischemic heart disease, and syncope with particular emphasis on non-clinical skills surrounding effective communication, medico-legal challenges, and shared decision-making. Scenarios were delivered via SPs who were prebriefed with detailed scripts and guidance on specific areas of challenges to focus. In addition to group debriefing, all participants received individual written feedback from respective SPs after the course.

Results: After the successful run of a pilot course in palliative care and cardiology during the COVID-19 pandemic, four courses were run during the current academic year, involving a total of 32 participants. Feedback demonstrated that all trainees were satisfied with the overall content of the course (Figure 1). 100% of trainees felt the course content improved their clinical capabilities with over 62% making major improvement in practice. Over 96% of candidates felt more confidence in dealing with the clinical scenarios in future. Mean grading of course satisfaction was 4.9/5.

Conclusion: The regional online cardiology study day and simulation course has been successfully in improving

Figure: Trainee feedback comments