

Using simulation to reduce anxiety around surgical on-call shifts in FY1 doctors

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Background

Sickness rates amongst FY1s were noted to be high when covering general surgery on-calls; raising concern regarding doctor well-being and team morale. Survey results suggested doctors felt ill-prepared for the shifts and 44% reported that the thought of the shift filled them with so much anxiety they felt unwell.

Intervention

A half-day simulation programme was designed taking doctors through common surgical ward scenarios (Text 1) and detailed information was given regarding shift patterns and associated responsibilities. This was delivered prior to them commencing the rotation.

Text 1: Examples of scenarios covered:

- Catheter insertion, haematuria management
- Upper GI bleeds (+ major haemorrhage protocol)
- Post-operative sepsis
- Falls assessment
- Unconscious patient (hypoglycaemia in fasting patient)

Feedback and Results

Simulation programme was successfully delivered to 2 rotations of doctors. Doctors reported improved confidence regarding surgical on call shifts in both cycles (Graph 1, Graph 2), with positive feedback (Table 1) and reduced shifts put to locum* (Graph 3)

*awaiting confirmation whether data given were all attributable to sick leave, and not some due to foreseen rota gaps

Graph 1: Cycle 1- 1st Rotation 2023-24

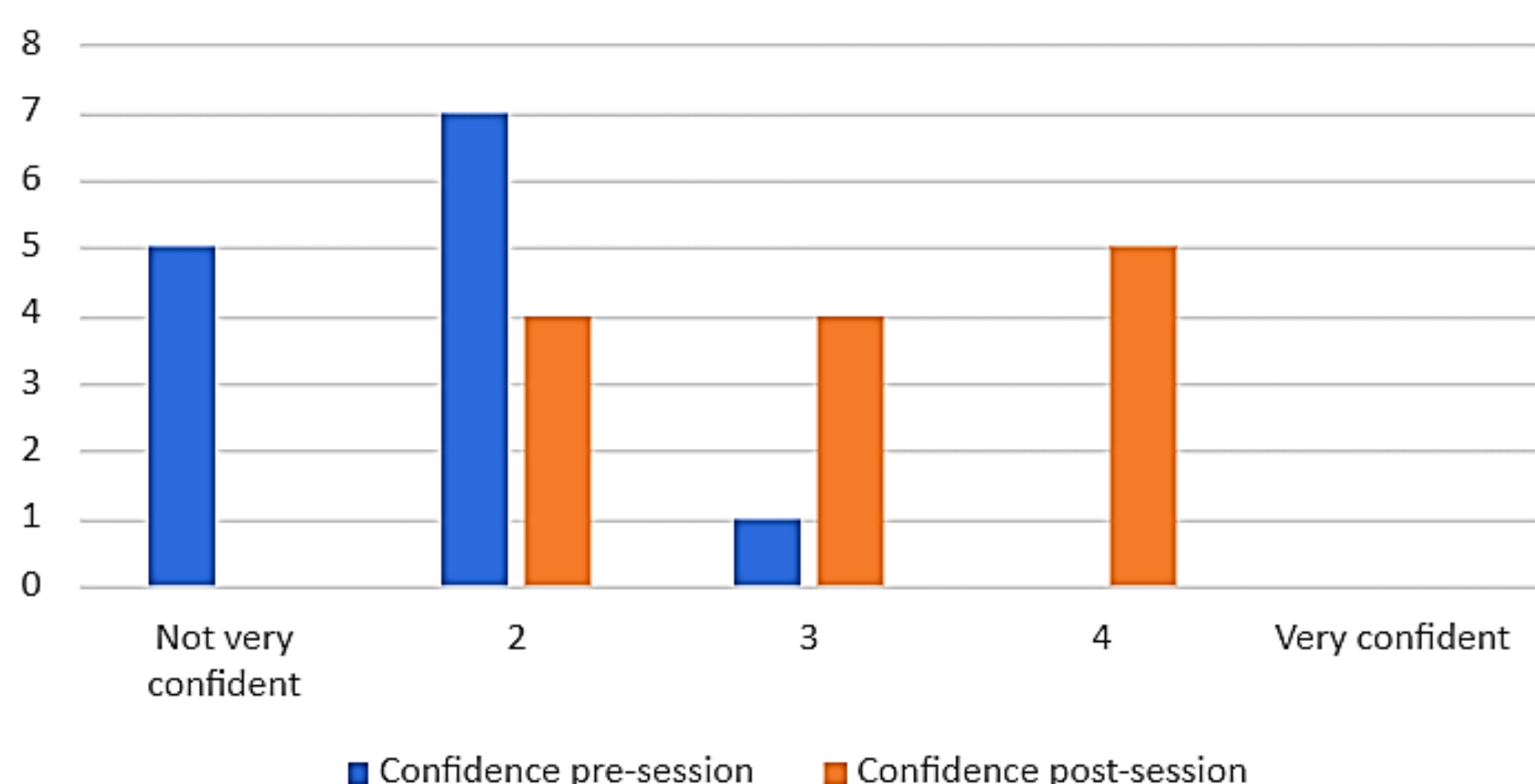
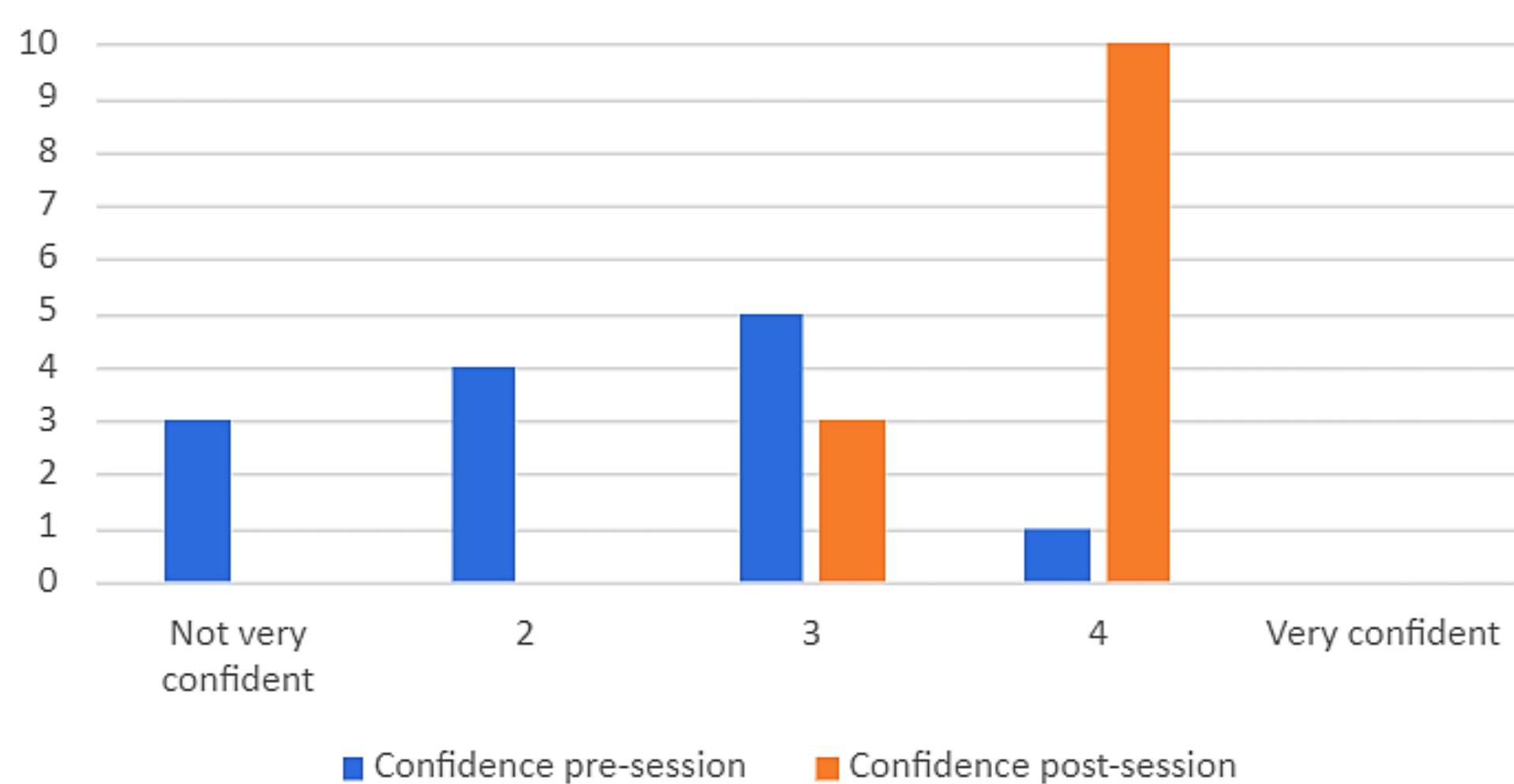
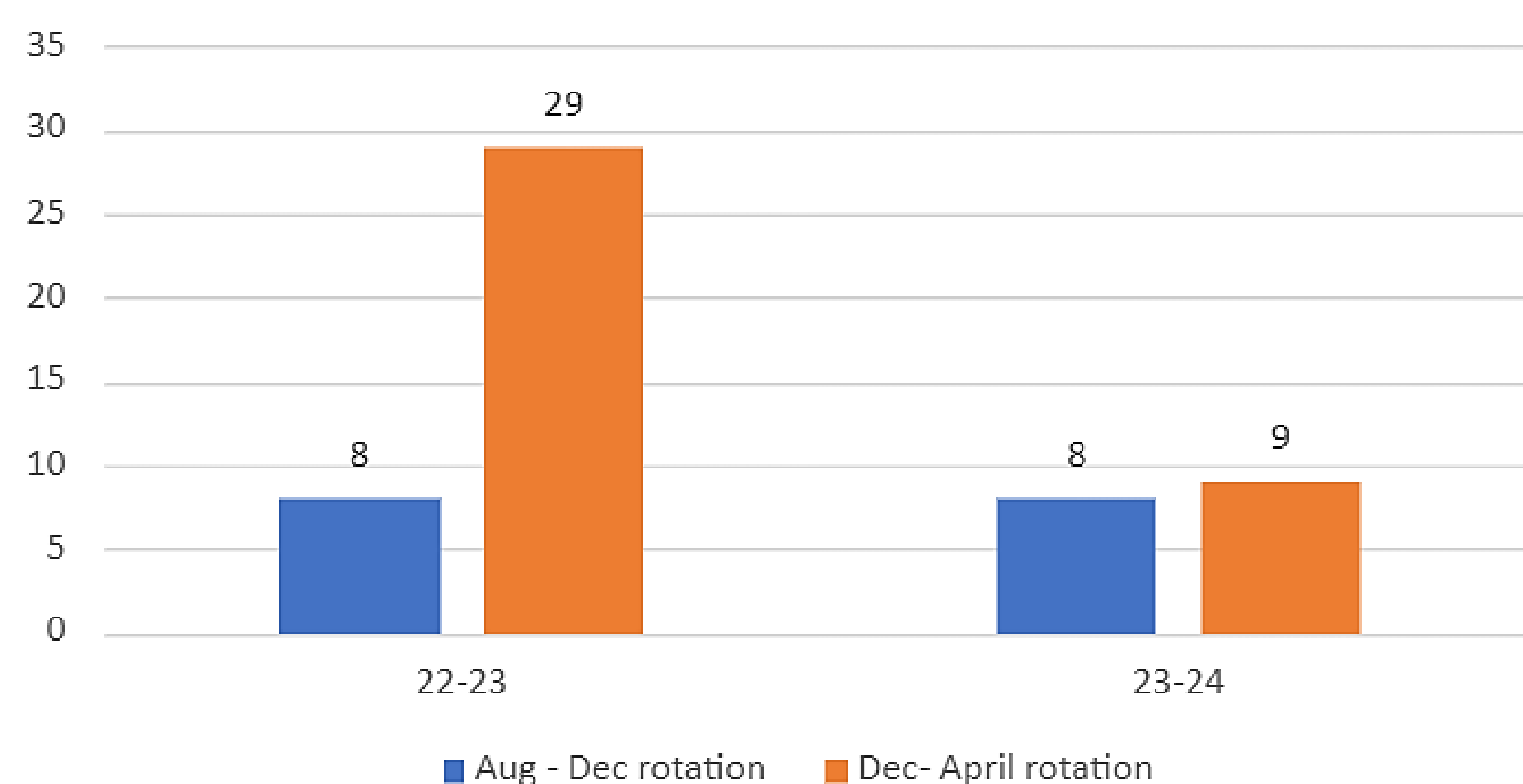


Table 1: Common themes in positive freetext feedback	Cycle 1	Cycle 2
Improved confidence knowing when to escalate	4	1
Improved confidence performing A-E assessment	5	3
Overview of catheters useful	7	7
Overview of management of surgical on call topics useful	4	6
Overview of on calls/tour useful	6	1

Graph 2: Cycle 2- 2nd Rotation 2023-24



Graph 3: Shifts put to locum



Conclusion

Surgical simulation-based inductions improved confidence and associated well-being, with possible reduction in sick leave. As a result, patient safety and on-call team dynamics are likely to have also improved.