

# Building Bridges: Using simulation to teach transitions between primary and secondary care

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## 1. Introduction

- University of Aberdeen final year medical students are provided with clinical placements in General Practice (GP) or Psychiatry.
- Within undergraduate placements, exposure to emergency psychiatry can vary and simulation can be a useful tool (1).
- Human factors play a significant role in the safe and effective management of transitions of care, such as discharges (2).
- A simulated patient journey was designed to focus on practical and legal issues in patient management, through transitions in care across primary care and secondary psychiatric care.

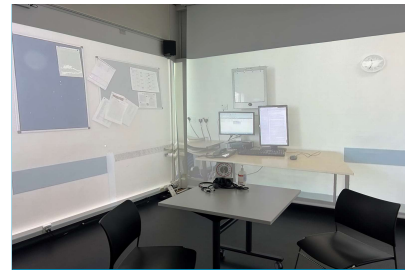
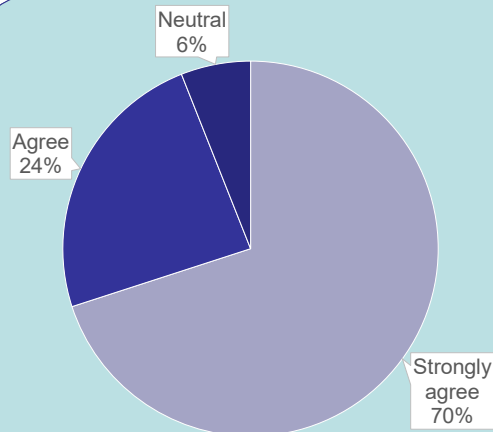


Figure 1: Immersive Simulation Room

## 2. Methodology

- Teaching delivered to 224, final year medical students.
- Patient partners role-played a simulated patient and their relative at 2 points of the journey- Emergency admission and discharge from hospital.
- Immersive simulation technology and props were used to increase the fidelity of the simulation environment. See Figure 1.
- Learning conversations were held after each scenario co-facilitated by simulation and clinical faculty.
- Students were asked to evaluate the session via an MS forms questionnaire
- 68.3% of students responded

## 3. Results



The learning objectives for this session were met

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“Very useful for the block, approached often difficult topics and taught us how to manage them and practice before putting into real practice.”

“Useful to see the interface between psych and GP”

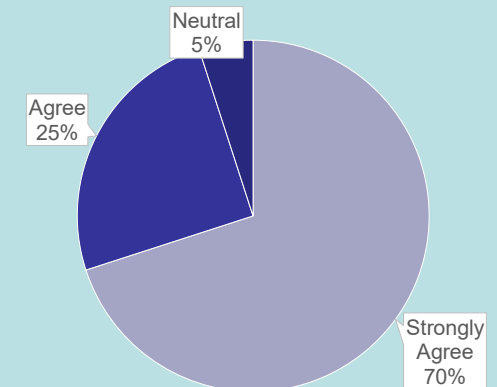
“It was good as it implemented what I learn previously and how to use it in real life ”

“Useful to see the interface between psych and GP”

Top 3 words used to describe the session informative, challenging, engaging

Students Said

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The active simulation I participated in was challenging enough to stretch me but not to overwhelm me

## 4. Discussion and next steps

- Majority of students had positive experiences and did not feel overwhelmed during active simulation of psychiatric emergency in the community setting.
- Simulation format allowed undergraduate learners to develop skills in dealing with complex consultations with a supported debrief, which allowed for in depth conversations which perhaps are less available on busy clinical settings.
- Further evaluation is required to understand longer term impact on knowledge, clinical skills, and professional behaviours within clinical practice.

## References

1. Piot MA, Dechartres A, Attoe C, Jollant F, Lemogne C, Layat Burn C, Rethans JJ, Michelet D, Cross S, Billon G, Guerrier G, Tesniere A, Falissard B. (2020) 'Simulation in psychiatry for medical doctors: A systematic review and meta-analysis,' *Medical Education*, 54(8), pp. 696–708. <https://doi.org/10.1111/medu.14166>.
2. Sizemore J, Bailey A, Sankineni S, Clark K, Manivannan S, Kolar M, Warden M, Sofkar, S. Training to transition: Using Simulation-Based training to improve resident physician confidence in hospital discharges. MedEdPORTAL [Internet]. 2023 Sep 15; Available from: [https://doi.org/10.15766/mep\\_2374-8265.11348](https://doi.org/10.15766/mep_2374-8265.11348)

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