THE GOOD, THE BAD AND THE UGLY

A scoping exercise and evaluation of integrating interprofessional working within undergraduate simulation.



Aim: Interprofessional education involving midwifery and medical students at the undergraduate level is uncommon in Scotland. Therefore, an initiative was devised to integrate midwifery students into the NHSGGC PaSSGO programme to evaluate the feasibility of adapting the course for interprofessional learning and to evaluate students' experiences.

Methods: A flyer was designed and distributed through the Association for Student Midwives to attract volunteers for a high-fidelity, multi-scenario, in-patient acute simulation program alongside 4th and 5th-year medical students. The day's plan and the benefits of simulation were included in the pre-brief to help enhance the psychological safety of student midwives, who are often unfamiliar with simulation. The storyboards were adapted to integrate the new learners into the existing scenarios without compromising the medical students' experience and learning. Microteaches and structured debriefs were delivered by experienced faculty following each scenario.

Outcome/Results: Post-programme evaluations demonstrated that undergraduate interprofessional simulation is feasible, and participants found the course valuable and beneficial.

References: Original PaSSGO submission: Kumar P, et al., PaSS GO: Embedding simulation into the undergraduate curriculum. SESAM, 2021.

INTERPROFESSIONAL UNDERGRADUATE SIMULATION FOR STUDENT MIDWIVES AND DOCTORS!

GOOD

Optimal healthcare depends on effective interprofessional teamwork. However, since no Scottish university offers both undergraduate medicine and midwifery courses, an initiative was launched to integrate students from these two groups within the NHSGGC course.

BAD BEGINNINGS Adherence to the university and professional body regulations, along with fixed medical student dates, created inflexibile challenges. Resulting in midwifery students volunteering in their own time, outside of their academic and placement commitments.

UGLY
RESOURCING
& CHANGES

Course adaption could not compromise medical student learning whilst providing meaningful learning for midwifery students. Additionally, faculty required prepping and extra resources sourced, such as fetal heart monitoring and simulated medication, to enhance simulation fidelity.

GOOD

n=32 (72% Medical, 28% Midwifery)

100% felt this was a valuable learning opportunity
94% were provided with enough information prior to the simulation
91% were very likely to recommend this course to fellow students

For future courses what should we,

ADD: More midwifery students (x12), more scenarios (x4), clarifying midwifery role (x4), more teaching (x4)

STOP: Nothing (x23), Improved sounds (x1), Slightly shorter debrief (x1),

KEEP: Midwifery integration (x9), Micro Teaches (x9), Range of scenarios (x5),

Debrief (x5), whole course (x3) and biscuits (x1)

BAD

Placement and study commitments led to a high dropout rate among voluntary midwifery students, with participation dropping from 25 sign-ups to just 9 participating.

UGLY SUSTAINABILITY OUESTIONS Undergraduate interprofessional simulation requires additional funding, developing faculty, and potentially transitioning from voluntary to mandatory participation with university support.

Feedback from student evaluations:

"Thanks for providing midwifery students with this opportunity."

"I think collaborative training is so important and feel this would be incredibly beneficial for our practice as qualified professionals."

"I really enjoyed this course and massively benefitted from partaking." Very interesting to see the differences between midwifery and medical training, & what our differing objectives are... managing an obstetric emergency

"I would love to see more of this in future."

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