

# Transcript

## **Elsbeth Boxall**

Hello and welcome to the next in our series of NES Pharmacy podcasts, where we are discussing Simulation training in pharmacy practice. Today we're joined by Euan Davidson who's gonna talk to us about his experience of using simulation throughout his pharmacy training. So welcome Euan, thank you for joining us today.

## **Euan Davidson**

No, thank, thank you for having me. Yeah. So yeah, my name's Euan, my sort of background in pharmacy, I've been qualified just over two years and most of that's been in community pharmacy, normally doing sort of relief work, so variety of different branches with different sort of patient populations and I also do some bank work within hospital as well with my foundation training being in hospital. So, a nice, a nice mix between the two or I think it's a nice mix between the two.

## **Elsbeth Boxall**

Yeah, that's good, Euan. It's great that you're, yeah, you're, you're touching on all aspects of, of pharmacy there and so it'll be really interesting to hear about your simulation training. So how did you first get involved in simulation training? What sparked your interest?

## **Euan Davidson**

Uh, so I think, I think we all do very little bit about, of it in sort of uni, you know, your sort of basic sort of OSCE type stuff. But I think the sort of first proper time I sort of did it was in my foundation training where I was invited to go do, uh, interprofessional training down at a, the Royal College of Physicians and Surgeons down in Glasgow.

So that was quite fun 'cause I was there with some medical students, some nursing students, and then me as a foundation pharmacist. So, it was quite good that we were all kind of together and green and nervous all together, but had a good time doing that sort of thing and I think that was being in it where there's no sort of consequences, I suppose. So, there's, you can't get it wrong. It definitely in a much more laid-back fun environment, definitely something I enjoyed and have been keen to, to do again and to have other simulation experiences.

## **Elsbeth Boxall**

Yeah, that sounds like a really good way to start and also just a really good example of a multidisciplinary setting, like bringing trainees from different disciplines together, which is a really positive thing to do. Um, and how, with your simulation training experiences that you've had Euan how, how do you feel they differ from other teaching methods that you've experienced It....?

**Euan Davidson**

So, I think they vary a bit. I think the cer..., certainly this multidisciplinary one, it was, it was nice being with other professions and being able to do things with them and getting their point of view in certain situations and then this most recent simulation I did, which was, uh, for my post registration training, um, it was an escape room, so that was very different.

Um, but it was, it was, you got yourself into a different mindset because it was an escape room, so you sort of thought about things in a different way that you may maybe wouldn't do in practice 'cause you're on sort of automatic in practice or you're going through kind of your, these are my set questions that I normally ask, which are not bad to have those systems in place. But certainly, having to think things just a bit differently was really helpful. Um, and it's, yeah, that was, that was really good fun. I did enjoy the sort of escape room style simulation with different, just, it's just different and I think you, I personally learned by doing so doing things as opposed to sitting down listening to a lecture or writing reams and reams of, um, of words in, in an essay whatever is something I certainly find easier is, is doing.

**Elsbeth Boxall**

Yeah, it does sound, it sounds really good opportunity just to, yeah, put things in practice and as you said tr.. earlier, trying them out in a safe environment where there's no consequences. That does sound, that sounds really good.

**Euan Davidson**

Um... Oh, for sure. Like, I think that it, it it forces you to be a bit more out your comfort zone without worrying too much about, well what, what, what happens if I do get it dramatically wrong? It's like, well you can't get it dramatically wrong, even though it sometimes feels like that in the moment as part of the simulation.

**Elsbeth Boxall**

Yeah, no, that's, that's good, and um, I mean, in terms of the actual scenarios themselves, Euan, I mean, how, how realistic did they feel? Did, were they realistic enough to prepare you for practice?

**Euan Davidson**

Uh, yeah and I think, I think they varied in their realism. Like talking about the escape room, obviously you're not in an escape room with your patients trying to get outta the consultation room, trying to unlock things with what dosages you're giving them.

But, um, they have their merits of what is realistic and what isn't realistic and how you can take that away. Um, certainly the interprofessional simulation I had, it was a big, I think it was a 12-person ward simulation, which had a mix of real people playing as patients. It had other professionals being other staff on the ward.

Uh, some of the patients were mannequins, which had speakers. So, people spoke to you as the mannequin and the mannequins, like they could go into seizures, which was quite realistic and quite scary at the same time. Suddenly this plastic mannequin shaking in front of you. So that's quite realistic and you get kind of in that mindset kind of going, oh no, I need to deal with this right now, sort of thing.

Um, and then I think also more basic simulations you get where you're just, it's just a consultation. They're generally quite realistic as well. Um, 'cause you are just speaking to someone, well, albeit they're a mock patient or a made-up simulation patient, but they're a person in front of you. It's the conversation you would have in clinic or in your pharmacy or on a ward.

Um, I think sometimes, sometimes you don't always get the setting you'd like. 'cause I've done simulation where you've done this consultation in a big conference room and then there's only the two of you in this giant room, which you wouldn't be used to. But if you're focusing on the sort of consultations itself, you just don't, you don't really notice it. You kind of get into it and it is quite realistic as to what you would do and what you wouldn't do.

Yeah, that's, that's good. You, you've obviously had a, a quite an, a variety of experiences, which is, is really, really helpful. Um, is there a particular scenario that stuck with you from simulation which you feel has really benefited your practice?

### **Euan Davidson**

I think, I think the things that, uh, stick out most for me is actually watching others do simulation. I think, uh, seeing how other people approach the same, um, problem or the same consultation or the same case or the same patient and how they do it differently from you is what stuck with me the most.

Um, I, there was, it was a clinical skills day for my independent prescribing that one of, I was paired with a pharmacist from primary care, which is, uh, area I've not really worked in and it was a question that she used for all of her sort of co., simulation consultations and I, I can't remember a word for word, but it was along the lines of, oh, I've read your notes but I've never met you before. Can you put in your own words what the issue is today? And it was just something, oh, that's a really nice way to get the patient's point of view without getting their back up from being asked for the 10, 20th time, hey, what's your problem sort of thing. 'cause I know you do get patients that get frustrated having to explain what the situation is again and again to different people.

So, it was quite, it was quite good seeing, oh, that's how you get rid of that problem and I, I don't think I would've come up with that, uh, solution to that problem otherwise.

### **Elsbeth Boxall**

Yeah, that's really interesting, isn't it? 'cause it's, you know, um, there's so many aspects to simulation where you can benefit and it, and you know, it very much is learning that's not in a textbook, isn't it? [Yeah]. And that's a perfect example of something that yeah, you, you wouldn't have read in a textbook, but it's really sort of come home and, and sat well with you, so that's, that's really interesting. Um, is there any sort of particular skills do you think Euan, that you learned in simulation, um, that you wouldn't have learned as effectively through any other teaching method?

### **Euan Davidson**

Um, I think, so there's sort of two sort of things here. So, I think, uh, kind of like practical physical exam skills, definitely learned that in simulation type scenarios. But I think the bit in simulation that kind of marries the taking the practical skill and putting it into the flow of a consultation is something that you do have to practice and being able to practice it in a simulation gives you the confidence to be able to do, do a, do a chest examination as well as asking all the sort of questions around that rather than just, oh, this is how you do a consultation, this is how you do a chest exam and then you're kinda like, well, how do I do both at the same time or both with it, with the same patient within that 10 minutes or 15 minutes that you have with them.

Um, it's also, simulation has definitely helped my confidence in making a decision when there isn't an obvious answer. It, it's kind of going back to the you're safe to make mistakes without sort of any big real consequences. It's... you can make the decision without needing to, uh, having to get, to refer someone or having to go to someone with more experience than you. It's something that if you were to happen in your own sort of clinical practice, you go, oh, I'm not sure I need to refer you. Whereas in simulation you can go, oh, I'm not quite sure, but I think it should be this, so I'm just gonna go with it and then making that decision and having the confidence to make the decision in those gray areas.

Um, and I think following on from that, it's then confidence in my own knowledge and what I do know, and you go, oh, actually that thing I wasn't sure of that was the right decision, that was the right sort of thinking I had. Um, and I, I don't necessarily need to double check with someone that that's what I should be doing in this situation. So I think it's a lot of it is confidence and confidence in your own knowledge and how you then bring that to your clinical practice and sort of when you're sort on that edge of your sort of scope of practice or that edge of your sort of, your clinical knowledge is, you can push it in a simulation to then take it back to your actual practice and you've, you've improved upon it, you've built upon it sort of thing. I think that's the sort of the thing I've taken most from it.

### **Elsbeth Boxall**

Yeah, I think I hear what you're saying, Euan. You know, it's just a..., you create that safe space where you can, can test the boundaries a little bit and then I am, I guess moving on probably quite nicely into the next question I was gonna ask you is that then you'll get

feedback on what you've done and, um, how, how did you feel the discussion and feedback helped you? did that help build your confidence?

### **Euan Davidson**

Oh, absolutely. I think it's probably the most important part of a simulation is a sort of feedback debrief, um, discussion that you have at the end. Um, the, going to the most recent simulation I did for my post-reg training, um, we, there was four of us that were there on the day, but there was only two simulated patients for consultation and I, so I wasn't doing the consultations either of them, but I was watching and seeing what they were doing, and it's that discussion afterwards.

It's like, oh, let's talk about what we're doing, let's talk about how you've done it. And I think as a pharmacist, as a profession, we are generally quite lone workers. We are not very often that we're with another pharmacist. So, in community you're nine times out of 10, you're the only pharmacist there. It, and even in hospital, while you're with doctors and nurses or there's other pharmacists in the hospital, you're the only pharmacist on the ward.

So, nobody else has the same point of view as you. So having a discussion and feedback and actually going, yeah, you did that really well, or oh, that's not how I would do it, this is how I would do it and then discussing with, what you've done or what someone else has done and going, actually, let's come up with this thing and this idea that somewhere in the middle of the two of..., somewhere between the two ways that we both approach this situation and actually that's probably the best one.

Um, and I think it's, it, it shows growth, and it help, like I say, it, it helps with the feedback. I think it, sorry, I'm rambling on now, but I do think it is the most important thing. 'cause you do get that different, a different point of view and it does make you think about why am I doing something? Why is that person doing something? And what can we learn from that?

### **Elsbeth Boxall**

Yeah, no, I think, no, I don't think you were rambling at all. You, and I think that was, it was really, it is really important and it's really important to get that point across, isn't it? That it's not, it's different, different from just, you know, having a practice at doing some consultation skills. It's so much more than that, isn't there?

And, and as you said, it's such an opportunity to work with your peers, uh, in, in a group situation and just reflect on practice and yeah, and I think it's really great that you highlighted that as, yeah, as pharmacists, we are quite often, you know, isolated and to have the opportunity to do that in simulation is, is really important and really unique. So, no, I think that was, uh, a really good explanation and highlighted a really important point, so thank you.

Um, I mean you've obviously, like, you've really enjoyed your, your simulation experiences. I can tell that from speaking to you and, um, what advice would you give to others who want to get involved in simulation training?

### **Euan Davidson**

I would say just say yes and get stuck in. I think it, it, it's, there's the, what I would say is sort the, fun part, which is kinda like the simulation itself, like doing the escape room, looking at all the sort of different things and thinking about what you're doing with your team and trying to get the right answers to unlock the code and all this sort of stuff, which is obviously the fun, exciting bit.

But I do think, like we were just talking about the discussion and the feedback afterwards is just so important and so, uh, vital to help growing your own clinical practice that it's, I there I don't see any, um..., it's all benefits. There's no sort of, I.. I've never had a negative experience with simulation or I've never ha... I've never come out of a simulation scenario where I've gone, oh, I knew all that. Like, I've not learned anything new. There's always something that you've learned. There's always something new. There's always something that you can take home or take to your clinical practice and work upon.

### **Elsbeth Boxall**

Yeah, absolutely and, um, I think it's, it's just probably becoming, people are becoming a bit more aware of simulation now, so hopefully, you know, people will see the opportunities and having listened to your experience that will hopefully give people the confidence to, to go and give it a try. So, um, thank you very much. Euan, and that's been really, really helpful. Um, it's been great to hear your enthusiasm and your positive experiences with simulation, so thank you very much for taking the time to talk, talk today.

### **Euan Davidson**

You're welcome. No, thank you for having me.

### **Elsbeth Boxall**

Um, and we will put the links to the, um, Turas page for Simulation in the podcast notes so people can have a look and start to, to look at what they could get involved in with simulation like you. Thank you so much. Thanks for listening.

A transcript of this resource may be made available in full or in summary form, in alternative formats in community languages. Please email us at [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk) to discuss how we can best meet your requirements, NHS Education for Scotland, Westport, 102 Westport, Edinburgh, EH3 9DN, [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk), copyright NHS Education for Scotland 2025. You can copy or reproduce the information in this resource for use within NHS Scotland and for non-commercial educational purposes under Creative Commons CC by NC 4.0 deed attribution non-commercial 4.0 International Creative Commons. Use of this document for commercial purposes is permitted only with the written permission of NES.