Evaluation of a week-long simulated placement at level 5 and the impact on student resilience and readiness to complete their final year of study

Eleanor Monaghan

Placement structure

- 5 day placement (37.5 hours)
- Modality focus in keeping with programme learning outcomes at level 5

CT/Trauma

MRI

Ultrasound

Health Promotion

Theatre

Placement structure

Brief Simulation Debrief

Pre-reading in reflective journal

"High fidelity" Sim session x 2/3

Directed study

Time for reflections

Time for pre reading

		9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	
	Group 1								·		Anaphylaxis sim CT scanner			Maj	or Trauma	in X-ray		
	Group 2	Reflectiv	ve Journal	Time / ASYI	NC work on immobilisation/drug safety SDS						Major Trauma in X-ray				Anaphylaxis sim CT scanner			
	Group 3					Major Trauma in X-ray												
	Group 4	Anaphylaxis sim CT scanner				iviajo	or Trauma in	x-ray	Lunch									
	Group 5	Major Trauma in X-ray				Anaphy	laxis sim CT	scanner			Reflective Journal Time / ASYNC work on immobilisation/drug safety SDS							
Tuesday		9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	
	Group 1	Safety Questionaire DW0.28			Journal			MRI Sim X-ray			Safety ASYNC				Claustrophobia in Scanners			
	Group 2	Claustrophobia in Scanners CT			Safety Questionairre DW 0.28			Journal			MRI Sim -Xr			ray	Safety ASYNC			
	Group 3	Safety ASYNC			Claustrophobia in Scanners CT			Safety Questionairre DW 0.28					Journal		MRI Sim -Xray			
	Group 4	MRI Sim X-ray			Safety ASYNC			Claustrophobia in Scanners CT				_	Questionairr					
	Group 5	Journal			MRI Sim X-ray				Safety ASYNC			Claustrophobia in So			CT Safety Questionairre DW 0.2			
Vednesday		9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	
	Group 1	Delivery of Sensitive Info CBA 1.07						Partner Sim CBA 1.077				Reflective Journal			Async prioritisation activity			
	Group 2	U/S Sim Kit Darwin			Delivery of Sensitive Info CBA 1.076				Async prioritisation activity				tner Sim CBA					
	Group 3	Reflective Journal Time							elivery of Sensitive Info CBA 1.07			Async prioritisation activity			Partner Sim CBA 1.077			
	Group 4	Partner Sim CBA 1.077			Reflective Journal Time			U/S Sim Kit Darwin				elivery o	f Sensitive Ir	nfo CBA 1.0	Async prioritisation activity			
	Group 5	Async prioritisation activity			Partner Sim CBA 1.077			Reflective Journal Time			U/:	S Sim Kit E	Darwin		elivery of	Sensitive	Info CBA 1.0	
		9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	
Thursday	Groups 1-5		3.50			creening pro										10100	20,00	
				Break		Lunch					, , , , , , , , , , , , , , , , , , , ,	Break						
		9:00	9:30	10:00	10.00	44-00	11.00	40.00	10.00	12.00	10.00	14:00	44.00	45.00	45.00	15:00	45.00	
Friday	Croup 1				10:30	11:00	11:30	12:00	12:30	13:00	13:30		14:30	15:00	15:30	16:00	16:30	
	Group 2	Ortho theatre case - theatre le cases w. no kit/angry surgeon D			Async FP audit activity Ortho theatre case - theatre				Reflective Journal Time Async FP audit activity				al theatre sir ective Journ					
	Group 2 Group 3	Spinal theatre sim - Xray			le cases w. no kit/angry surgeon D				Ortho theatre case - theatre						Spinal theatre sim - Xray Reflective Journal Time			
	Group 4	Reflective Journal Time			Spinal theatre sim - Xray				cases w. no kit/angry surgeon [Async FP audit activity Ortho theatre case - theatre			Async FP audit activity			
	C.Oup 7	Async FP audit activity			Reflective Journal Time			- 503C3 W.	Spinal theatre sim - Xray			e cases w. no kit/angry surgeon						

Reflective Journals



Reflective writing before and after placement



Reflective questions on specific activities



Pre reading



Directed activities

Learning outcomes

- Reflect upon the factors that inform and affect interactions with patients, carers and members of the multidisciplinary team and modify behaviour to meet individual patient needs.
- Classify verbal and written information and prioritise it appropriately in terms of its relation to patient management and record keeping;
- Plan and implement safe diagnostic imaging in General Radiography, Computed Tomography (CT) Head imaging and Fluoroscopy.
- Differentiate between common diagnoses, pathologies and the effectiveness of different Radiography investigations for diagnosis using simple clinical reasoning skills;
- Appraise own strengths and areas for development and choose the appropriate individuals from whom to seek help;
- Identify and implement the Society of Radiographers Code of Professional Conduct and the Health and Care Professions Council Guidance on Conduct and Ethics for Students within this practice experience.

Evaluation

- Thematic analysis of the reflective journals in progress!
- Pre and post questionnaires relating to the learning outcomes – Likert data
- Post placement evaluation following normal quality processes



Overall placement evaluation: What was good?

Realistic scenarios

Exposure to areas we don't see often in placement

Supportive staff

Simulation is especially helpful for those that struggle to build confidence

The debriefs

Overall placement evaluation: What could be better?

Have the health promotion activity as the last day

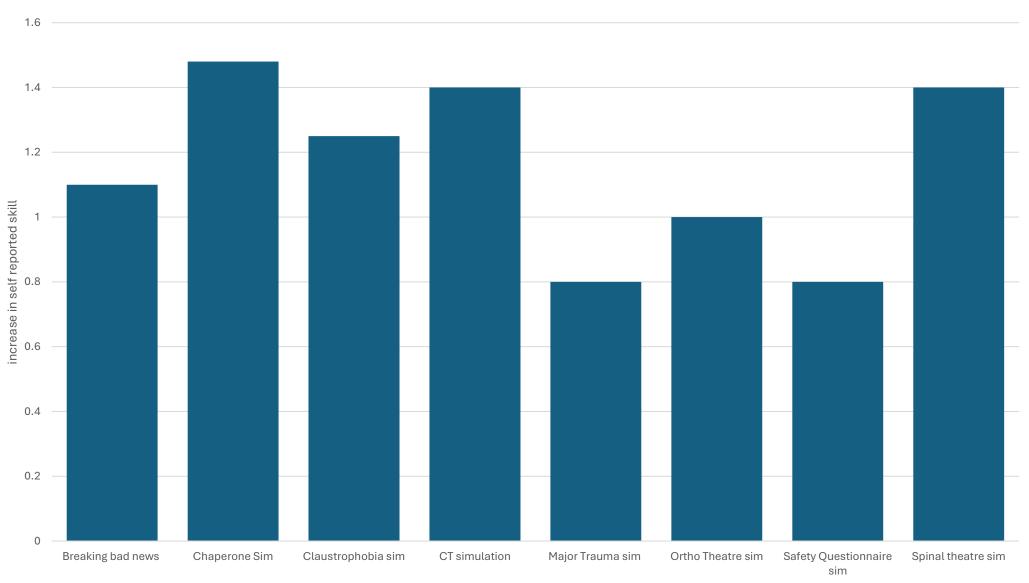
Smaller Groups

More actors

More access to simulation

Balancing volunteers to take on the participant role

Pre and post questionnaires relating to ILOs



Emerging Themes

Technical proficiency

Confidence

Reassurance of skills/self assurance

autonomy

Preparation for level 6 study

Lessons Learned



START HIGH FIDELITY
SIMULATION SESSIONS AT 9:30
OR 10 – FIRST THING IS
UNREALISTIC



CHANGE GROUP SIZE ACCORDING TO ACTIVITY



CONSIDER SUSTAINABILITY IN ALL ACTIVITY PLANNING



CONSIDER ROLES THAT STUDENTS ARE EXPECTED TO TAKE ON



e.monaghan@tees.ac.uk

Any Questions?