



Journal Club Summary July 2020

**“How to include medical students
in your healthcare simulation centre workforce”**



Expert Opinions :

Ms Shristhi Ranjith & Ms Brioney Keats

“We learn best by teaching others”

The Article :

[Viggers, S., Østergaard, D. and Dieckmann, P., 2020. How to include medical students in your healthcare simulation centre workforce. *Advances in Simulation*, 5\(1\).](#)

Case & Summary Author :

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Expert Commenter :

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Simulcast Journal Club is a monthly/ series that aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

The Case :

Hiro internally sighed as he walked into the emergency department and noted an impeccably dressed young woman sitting meekly in the corner of the department. Her body language and facial expression combined to imply she was attempting to fade into the background through sheer force of will. It was a look he recognised with resigned familiarity. He'd forgotten it was the start of the new med student term.

It wasn't that he disliked teaching. He loved teaching. But there were patients that needed reviewing, residents needed to present their cases and this morning's handover had suggested some particularly challenging conflicts awaited him in short stay.

Until someone provided him with a resource to achieve those things, teaching would have to wait.

Discussion :

Service provision vs teaching time is not an infrequent dilemma for bedside educators and healthcare professions in time and resource limited settings. While many of us may be tempted like Hiro to avoid interaction in the pursuit of perceived 'higher duties', we are making a decision that comes with significant opportunity cost.

In this month's open access paper from advances in simulation, Viggers et al explore their experiences incorporating med students into the healthcare simulation workforce.

We look forward to your perspectives on the article, and on the challenges and benefits from working with students of all professional domains within your simulation service.

Article Summary :

The paper this month presents ideas about the integration of medical students into a simulation workforce based on the experiences of the Copenhagen Academy for Medical Education and Simulation.

The article covers the ethical recruitment of medical students for work within the service and consideration of their salary and work conditions, as well as balancing their curricular obligations. It prescribes some broad ideas about how students with specific subspecialty goals may be drawn to different simulation methodologies, and categorises a useful table of potential roles for students into 3 main subheadings : Helper [admin, prep, operator) , Teacher, [co-debriefer, content expert] Other [curriculum development or research].

The authors describe quite a longitudinal experience for the students at CAMES, and a lovely synthesis of the way their parallel learning in healthcare and sim scaffolds effectively to increase their confidence in both. They describe this as ‘a by-proxy reality and a first encounter with many situations. Seeing these situations played out in different ways by the different teams can assist in fostering adaptive expertise by experiencing that there are many different solutions to a given problem and that there is more than one way to a successful outcome in any situation.”.

Expert Opinions: Ms Shristhi Ranjith and Ms Brioney Keats



Shristhi is a final year medical student in the Doctor of Medicine program at Bond University. She is currently completing a seven-week elective in Simulation Based Education. In addition to her passion for medical education, she is also involved in research. Shristhi also has an interest in the interface between clinical medicine and somatisation and has recently co-authored a research article focusing on somatic symptom disorder (submitted for publication). Outside of her degree, Shristhi enjoys maintaining an appropriate work-life balance with classical dancing and frequenting Gold Coast's popular eateries. She looks forward to starting her career as a doctor with Gold Coast Health in 2021.

Shristhi's expert commentary :

It is certainly rare that medical students are included to be 'expert commentators' on many subjects in the world of medicine, so thank you very much for including me in this month's Simulcast! I am sure that many people who have experienced the clinical years of medical school can relate to feeling similar to a fish out of water. However, now that I am reaching the end of my elective in medical education I do admit that this is one topic I can provide some insight into.

A clear conclusion can be drawn from both articles, and that is the massive hidden curriculum in simulation based education. I have experienced many more met calls as part of the sim team than I have in any of my other placements. As a student, often our experiences in the clinical environment are somewhat fragmented, making it difficult to appreciate certain subtleties. There is no doubt that involving medical students in simulation teams exposes them to a wide variety of clinical scenarios they would have otherwise not participated in. However, it also has the additional benefit of revealing the insights and reflections of experienced health professionals. The makings of good teamwork can take years of experience to truly appreciate and understand. By being involved in the debriefing of a number of ward based simulations, I have been able to see these discussions firsthand. Something, that ordinarily may have taken years for me to be a part of or even consider with as much importance.

Viggers and her team in Copenhagen provide an interesting discussion point regarding how early you can begin to include medical students as part of the sim team, with their institute beginning from second year. In my experience, it is never too early to try and understand the 'hustle and bustle' of the hospital.

Brioney's expert commentary :



Brioney is a final year Aboriginal medical student in the Doctor of Medicine program at Bond University, and is currently completing an elective rotation in Simulation Based Education. Her areas of interest include Global and Indigenous Health, Obstetrics and Gynaecology, Paediatrics and Medical Education. Over her time at university, she has been the president of the Global Health group ("Making a Difference"), volunteered as a student ambassador and attended numerous academic conferences. Brioney is passionate about the provision of excellent and culturally safe healthcare and currently aspires to practice both clinically and within the realm of medical education in her future career.

Speaking from my experiences as a final year medical student, it feels a rare occasion to be regarded as an expert commentator and someone with experience of note or value, particularly in a world where hierarchical status often determines the inclusivity of your perspective. What a privilege and an honour to be able to share my experiences and thoughts on a topic such as the involvement of medical students in the realm of simulation based education (SBE)!

Whilst I cannot claim to be representative of all medical students, I know that my personal learning is benefited far more by being given autonomy and independence, within the structure of a supportive and empowering working environment, than by rote theoretical learning. I learn well by problem solving and engaging with peers and facilitators to find innovative solutions, as opposed to being asked a question that I am required to answer like the definition from a textbook. This is the powerful nature of SBE in shaping the learning framework for students like myself.

When I began my rotation in SBE, I was excited but still nervous at the prospect of engaging within an educational faculty as a student. My nervousness was soon eased as I realised how approachable and empowering the simulation team were and how they facilitated my learning in an encouraging and open format. The nature of SBE requires innovation, the willingness to see new opportunities for improvement and constant evaluation of communication between team members. This culture enables a learning environment that fosters exploration and engagement with minimal risk, where mistakes are not failures but simply an attempt in learning that is utilised as constructive feedback to build upon our skills as educators! We learn best by teaching others, and what better way to learn this than by assimilating the culture with which we are presented through our engagement within the simulation team.

The more I have experienced, the more I believe that the option for engagement in a facilitative role in SBE should be incorporated far earlier within the medical school curriculum, especially for those with an interest in pursuing medical education in their future career. Not only do students learn skills specific to simulation (e.g. moulage, debriefing, scenario preparation), but also those less tangible skills that shape the kind of clinician they will become. From my involvement in SBE, I know that the culture of openness and responsibility has enabled my confidence and autonomy as a learner and facilitator, especially in contrast to most clinical environments where my position as a student is more often tolerated than embraced.

Not only is involvement in SBE, I believe, hugely beneficial from a student perspective, but Viggers and her team also highlight the substantial human resources required to run simulations, further emphasising the important role medical students can play as part of the facilitating team.

The nature of simulations provides numerous roles that can cater to all levels of experience, meaning the advancement of medical students throughout their degree is only a partial consideration to their capacity for involvement. Whilst a student may begin as a “helper” and work mostly within the administrative arena, they can begin to progress as they develop further knowledge and skills that can be applied within the role of a “teacher.” One of the advantages I see from the team in Copenhagen is the opportunity for regular, long-term engagement with the simulation team, allowing for spaced repetition and thereby the development of expertise within a multitude of areas. This benefits the student, whilst also supporting the simulation team via long-term retention of “staff” and consistency of cultural expectations.

In conclusion, it has been such a privilege to engage in SBE and I would highly recommend it for any students wanting to grow their capacity as students and future clinicians. I am so grateful that I was afforded this opportunity and hope to remain a part of this field in my future career!

Summary of this Month's Journal Club Discussion :

Blog Contributors :

- Melissah Caughley, Warwick Isaacson, Susan Somerville, Ben Symon, Grace Ng

Discussions this month were uniformly positive about the paper and the engagement of students as faculty in healthcare simulation.

Prominent themes were :

- Engaging with simulation services empowered students to hold accountability for their own educational journeys
- There were benefits for students but also for staff
- There are potential risks that need to be accounted for

Engaging with simulation services empowered students to hold accountability for their own educational journeys

Melissah Caughley kindly opened discussion by exploring the impact a rotation through a simulation service had on her experience as a junior doctor. *"The culture and the role modelling from the simulation rotation enabled me to hit my rotations confident that learning and education and teaching were all on me. That all of these facets alongside reflection are key to getting the most out of my day, my learning, my interactions."* In essence, it seemed that for Melissah the impact was not necessarily on learning how to teach, but more importantly how she would continue to learn as she transitioned from student to doctor.

There were benefits for students but also for staff

Much like the paper, Warwick and Susan described the benefits to their service when engaging with med students. Warwick described a group of med students aid in rescuing a simulation experience during a staff shortage, while Susan described that in their faculty development courses students got to explore both their identities as learners and educators as they contributed to design and feedback of new scenarios that they also participated in as representative learners.

There are potential risks that need to be accounted for

Grace Ng highlighted a potential 'dark side' to these endeavours, particularly with regard to the fact that med students working for simulation faculty blurs the line between educator and learner. In doing this, Grace argues there is potential risk secondary to the hierarchy shift that creates for those students : how does one student feel about another one being involved in their assessment? How does one's behaviour in the sim lab affect one's med school performance? Is there an performance advantage in being engaged with the educational faculty in a way others do not?

Grace utilises these hypotheticals to highlight the importance of engaging administrative support when beginning these endeavours to help problem solve those possibilities.

Acknowledgements :

Thank you to Ms Shristhi Ranjith and Ms Brioney Keats for their expert commentaries this month.
Thank you to all commenters this month for sharing your thoughts and allowing us to learn from you.
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References :

- [Viggers, S., Østergaard, D. and Dieckmann, P., 2020. How to include medical students in your healthcare simulation centre workforce. *Advances in Simulation*, 5\(1\).](#)