Inserting Rapid Response into a Simulation Clerkship: An Opportunity for Improving Student Education - Students’ Perspective
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Introduction

This poster addresses the use of rapid response simulation during a simulation month rotation as a way for students to acquire additional exposure and skills to recognize and initiate appropriate medical interventions in an adult patient requiring intervention by a rapid response team.

Objective

To assess the impact on learning by including a Rapid Response patient simulation in a simulation clerkship. Evaluate the learners' perception of their ability to identify and treat an adult patient with early airway compromise. Evaluate the learners ability to initiate appropriate antibiotic therapy related to aspiration pneumonia in a hospitalized patient.

Student Learning Outcomes

The Student:
1. Initiates appropriate interventions
2. Orders appropriate laboratory or radiographic testing
3. Appropriately interprets tests that have been ordered
4. Recognizes after intervention has been completed
5. Provides attending physician with verbal report
6. Communicates treatment plan with patient and family

Methods

- One hundred fifty-six third year medical students participated in an adult patient simulation encounter prior to clerkship rotations.
- The Simulation was performed using the Laerdal SimMan3G Simulator. Laerdel simulation case From Simulation in Nursing Education – Adult Scenario, Cerebral Vascular Accident (CVA) - Aspiration, National League for Nursing, Product Number SMS2859 (Version 3) was modified to meet objectives of the encounter.
- Prior to participation each student completed a pre-assessment survey which included three Likert Scale questions. Two questions revolved around general treatment concepts and the third question that was content specific;
- Students were assigned roles in teams of five and completed an eighteen minute simulation encounter followed by a twenty minute debrief with a facilitator.
- Students then completed a post-assessment with the same three Likert Scale questions and two additional short answer questions which allowed for comments.

Discussion and Conclusion

Student understanding of early identification and treatment of airway compromise was improved having integrated rapid response simulation within the SIM month rotation. Self-reported understanding of appropriate antibiotic use in a patient with aspiration pneumonia was markedly improved for this cohort.

Medical students' knowledge and application skills improved though the rapid response simulation.

The components of simulation enhanced the student learning experience and provided faculty the opportunity for assessment of the MS1 and MS2 clinical skills curriculum.

Simulation exercises with adult medical problems might allow growth of application activities and support general medicine didactic curriculum.

Medical students’ development of critical thinking and problem-solving skills through the application of case studies, guided group discussions, and simulations should be an integral component of medical school education.

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Assessment and Results

Figure 1: 61% improvement demonstrated between the poor, fair and good categories.

Conclusion

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