

Training teams: A referrals bleep simulation

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A Need for Change

Simulation-based education provides a safe environment for **experiential learning** of technical and non-technical skills and also supports ongoing self-regulated learning.

The **referrals bleep simulation** was intended to mimic a time-pressured situation of referrals triaging and provision of advice to encourage development of prioritisation and time management skills.

Evaluation and Feedback

13 trainees attended and 10 answered pre and post session questionnaire. The trainee day was rated using a Likert scale (poor (1) to excellent (5)) with a mean score of 4.7 ± 0.64 .

Qualitative feedback: Trainees enjoyed the 'interactive sessions' with 'problem solving aspects' and an 'abundance of educators'.

The Innovation and Implementation

Trainees were divided into **groups of 3-4** and the session lasted 45 minutes. A list of **6 referrals** were provided derived from real clinical practice including a description of the problems and question from the referrer (see example referral below).

The trainees had to **prioritise the referrals** in order of urgency and suggest the **diagnosis and investigation/management plan**.

A **group discussion** followed, facilitated by a consultant.

Skill	Difference in pre and post session scores (Likert scale 1= strongly disagree to 5 = strongly agree)
Responding to common endocrinology inpatient referrals	3.64±0.98 to 4.25±0.83
Prioritising endocrinology referrals by order of clinical urgency	3.73±0.75 to 4.13±0.93
Arranging appropriate follow up for endocrinology referrals	3.91±0.67 to 4.13±0.78

Referrals

Anaesthetist in theatre regarding a hypertensive patient with possible paraganglioma

GP asking for advice on the management of Graves disease in pregnancy

A&E referring a probable pituitary apoplexy

Ward SHO asking for input on a patient with hyponatraemia

ITU doctor requesting input on a patient with diabetes insipidus

Medical SHO referring a patient with an incidental adrenal mass

ENDOCRINOLOGY INPATIENT REFERRALS

AIMS:

- To be able to respond to common inpatient referrals
- To be able to prioritise by order of clinical urgency
- To arrange/suggest appropriate follow up

SCENARIO 7

INITIAL INFORMATION

- **Call from:** Ambulatory SHO regarding a 59-year-old woman who was referred from her GP due to hypercalcaemia. Symptoms of fatigue, polyuria, thirst and constipation. Recent weight loss. Husband reports intermitted confusion.
- Normally fit and well, no PMH or medications.

INVESTIGATIONS

- CCa 3.4mmol/L, PTH 8pg/ml (14 to 65 pg/ml), vitamin D 69nmol/L, creatinine 111 umol/L (45-84umol/L)

Question: Do they need to be admitted? What should I do next?

RECOMMENDATIONS/FURTHER INFORMATION REQUIRED

Conclusions

Simulating a specialty referrals bleep in small groups is an effective method of **improving confidence in prioritisation and responding to common inpatient referrals**.