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.

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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.

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

Conclusions

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

**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**

- **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 intermittent confusion.
  - Normally fit and well, no PMH or medications.

- **INVESTIGATION**
  - CCA 3.4mmol/L, PTH 89pg/ml (14 to 65 pg/ml), vitamin D 69nmol/L, creatinine 111 umol/L (45-84nmol/L).

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

**RECOMMENDATIONS/FURTHER INFORMATION REQUIRED**