

Start where you stand: obstetric staff improvisation in simulated conflict scenarios for training video purposes

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Background

Videos using simulation are an established tool to teach communication skills and conflict management. Professionally produced videos using scripts and actors are beyond the budget of most hospitals, limiting the use of this important tool. We created a series of videos around the themes of conflict and bullying, using volunteer medical staff in our hospital. The videos were unscripted and unrehearsed; participants were asked to improvise dialogue based on their own experiences. We surveyed the participants to discover their experience and opinions on this method of producing training videos.

Methods

An online survey was created using Survey Monkey. The survey consisted of a series of 10 questions, to which the answers were on a Likert scale.

The link was sent to 10 doctors who had participated as actors. This included consultants, registrars and resident medical officers at King Edward Memorial Hospital. All responses were anonymised.

Question:

I found the experience of acting in a training video difficult.

90%

Disagree or strongly disagree

100%

Agree or strongly agree

Question:

I felt that the use of training videos was useful for stimulating group discussion about the topic of work conflict

100%

Agree

Question:

I would find it useful to have more training videos as part of clinical teaching sessions.



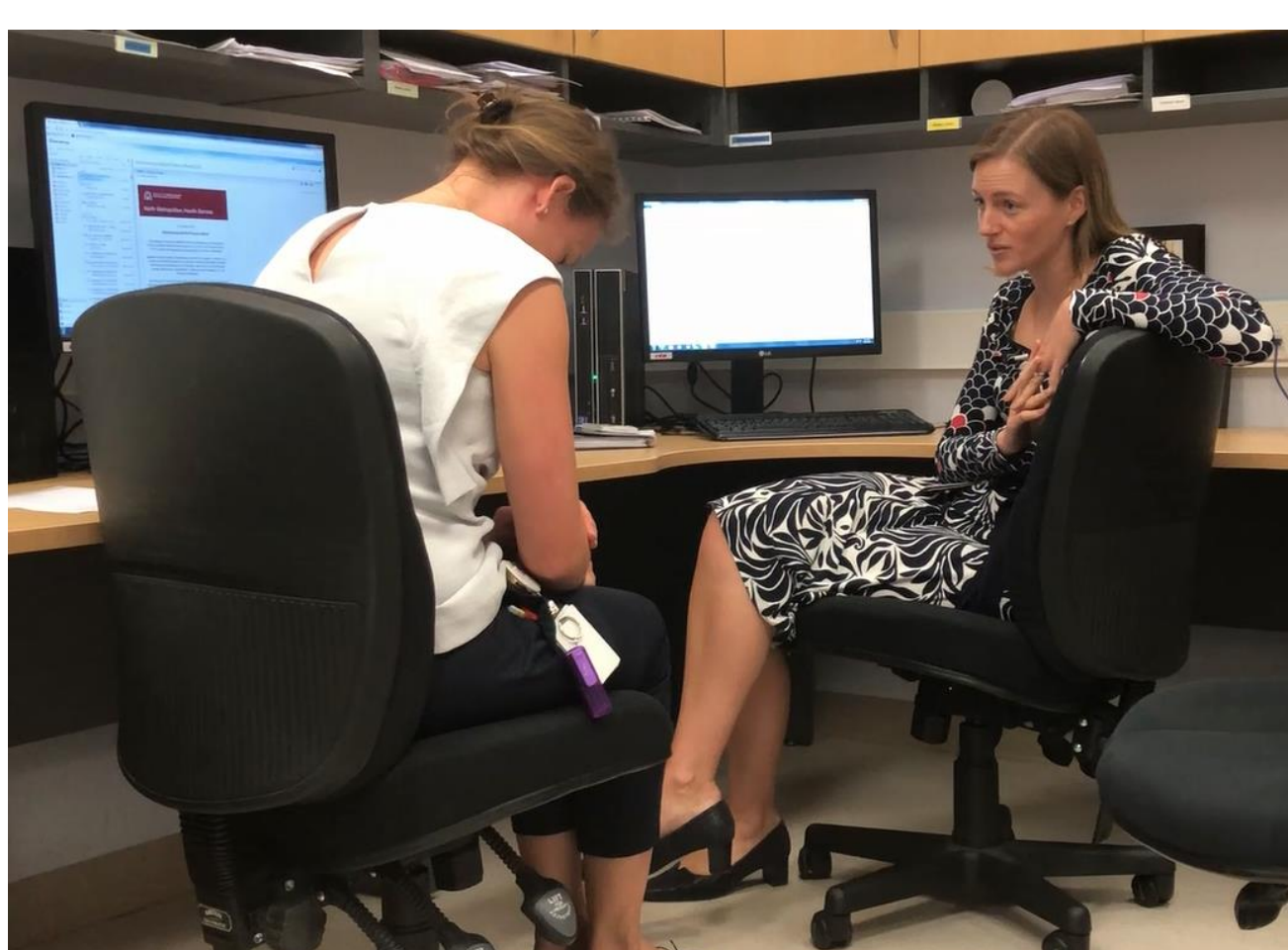
Image 1: A simulated conflict between surgical and anaesthetic staff in theatre.

Results

The response rate was 100%. 80% of survey respondents agreed or strongly agreed with the statement 'I enjoyed participating in a training video'. 10% of respondents agreed 'I found the experience of acting in a training video difficult'. 10% of respondents agreed 'I would have preferred a formal script and some time to rehearse'.

100% of respondents agreed that the videos were useful for stimulating discussion about the topic of work conflict.

None of the respondents thought training videos would be more useful if they were made by senior clinicians or professional actors only.



Images 3,4, A simulated scenario of unfair criticism and bullying



Image 4, Reassurance at completion of the video

Discussion

In our survey all respondents recognised the value of clinical staff participating in training videos and recognised the usefulness of this simulation modality for teaching conflict resolution.

Care should be taken to ensure participants in training videos feel comfortable, as some individuals may benefit from training and preparation before being asked to participate in filmed scenarios.

The use of in-house training videos should be considered as an acceptable modality to medical staff that may have further applications across medical education.

References

Health Workforce Australia Simulated Learning Environments Medical Curriculum Report, 2010. Available from URL: www.hwa.gov.au/sites/uploads/simulated-learning-environmentsmedical-curriculum-report-201108.pdf.

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