**FEEDBACK SUMMARY**

Below is the collated feedback from the Cardiac Emergencies Simulation Course on 13/4/16.

Each candidate scored the segments below from 1-5 (5 being the most valuable). 11 candidate feedback forms were received.

Lecture 1- Introduction to human factors and non-technical skills

*Average Feedback Score* ***4.5****/5*

Lecture 2- ECG interpretation in the emergency setting

*Average Feedback Score* ***4.5****/5*

Simulation Scenarios

*Average Feedback Score* ***4.8****/5*

Positive Comments Received

“Excellent team”

“Good teaching”

“All scenarios are helpful”

“Great scenarios”

“Quick fire lectures after scenario were good”

“Pacing scenarios and DC cardioversion were very good”

“very good, useful, please carry on good work”

“very well organised”

“brilliant course many thanks”

“excellent session with good scenarios”

“very helpful”

“highly recommended”

“arrhythmias were helpful”

“Intriduction of human skills and atual simulation scenarios were good”

“all were helpful”

“the course was so valuable I don’t think there was anything that needs improvement”

“clinical scenarios were excellent and well organised”

“so helpful as refresher in cardiac emergencies”

“thanks for this excellent course”

“all helpful as very little experience of these scenarios outside ALS renewal”

“found simulation very helpful and feedback very good”

“very good to go through emergency situations in a controlled environment and receive feedback”

“very good scenarios”

“good feedback structure”

“supportive environment”

Other Comments/Suggestions- ***Related Action Points***

“More scenarios”

**Whilst we would like to include more scenarios we have to recognise the balance of introductory talks and practical experience. There does not appear to be enough time to add more scenarios in to one day. We will however review the possibility of extending the course over 2 days and allowing a further 6-7 scenarios”**

“Would benefit from a little more revision on drugs”

**We did include some discussion in specific drug treatment of arrhythmia etc in the post-scenario short lectures but we will review this and try to add further specific details in this regard.**

“Would have been helpful to introduce everyone’s grade at the start (candidates) and pair with people of our own level”

**We recognise that people attending are of slightly different levels and experience. The aim of the course is really to prepare those soon to be registrars and help those who have just become registrar level to manage cardiac emergencies. We could consider refining the advertising of the course to CT2 and above rather than CT1 and above. However many CT1 candidates have found this course at the right level. We aim to be more specific in the course poster for the future about the exact goal of the course in that it is designed to give experience of being a medical registrar level of responsibility in cardiac emergency situations. We will however check the grade/experience of all candidates and may be able to tailor the distribution of scenarios to individuals given that some are perceived more difficult than others.**

“was slightly intimidating that some people were at higher level e.g. in ECG interpretation”

**The comments from the previous statement are relevant here.**

“maybe lead scenarios at our current level rather than everyone trying to be at registrar level”

**The comments from the earlier statement are relevant here.**

Any scenarios you would like to see in future courses- ***Related Action Points***

“Anaphylaxis, intoxication”

**Whilst these are valuable scenarios, they are not specific to cardiology and therefore not within the objectives of our course.**

“Polymorphic VT”

“Acute Heart Failure”

“Mitral valve rupture, post MI complications”

**These are all valuable suggestions and we aim to design scenarios involving these for consideration in the next course. If we extend to a 2 day course then these scenarios would definitely be included.**

“Hyperkalaemia”

**This is not really specific to cardiology despite the associated ECG phenomena. We could however consider integrating this in to a bradycardia scenario.**

“Aortic dissection”

**This is a scenario that has already been designed however it is difficult to run realistically within the constraints of the simulation and mannekin technology. We will investigate ways of making this scenario possible in the future.**

“Murmurs”

**Murmurs were present in certain scenarios and we will endeavor to include them in other designs e.g. post MI complications.**