

Interim assessment 1

Q2: What kind of training do peer teachers in Maribor get?

- educational weekend training
- theoretical and practical
- teaching approach
- organisational issues
- repeat after the 1st semester

Q4: Which levels in the Miller's pyramid get covered in simulated clinical scenarios?

- the highest two levels
- especially the shows how

Q6: What do you think are the main aims with medical simulation?

- to create safe environment for practice and learning
- reducing mistakes in reality
- practice communication and teamwork
- to represent reality as much as possible
- to improve the quality of patient care
- improve medical education

Q8: Is it a benefit having been a student tutor for your future?

- yes
- great experience in protocols
- gain a lot of in terms of own knowledge and skills
- learn teaching skills
- possible research
- extra benefits for future career and residency

Q10: How many times do you think you have to repeat a venipuncture in a simulated setting before being able to do it in the clinic?

- the real first time is in the clinic
- simulation practice helps with basic mistakes
- to reach confidence and professional approach
- number of repetitions might vary between the students

Q12: Should peer teachers be reeducated and in that case how often?

- after every semester when we know the results and feedback from the previous course

Q14: Name a few limitations when acting other professional roles.

- medical students as nurses: do not have the same knowledge, do not know their roles
- hindering by overstepping your role
- Untitled you might not fit in the role and cause confusion

Q16: What are the biggest differences between practising on a patient compared to a simulator?

- patient can be nervous, aggressive
- the simulator is not as real
- problems with real patients: e.g. dementia, immobility

Q1: What is the 4 step approach from the university of Rijeka?

- learning by doing
- it is actually a cyclical approach as you are supposed to reach what is demonstrated at step 1
- 1. demonstration, 2. detailed explanation along demonstration 3. performance under command of learners 4. practice by trial and error

Q3: How do you recognise your limitation in a simulation scenario?

- in debriefing you identify areas of strength and weaknesses; e.g. by looking at the tape
- the additional training should follow to address the issues raised

Q5: Can you give us one example or two on improvisation in ITLS?

- using home-made equipment or objects at hand (e.g. umbrella for immobilisation, doors etc.)

Q7: Can you give an example of how you structure the briefing of a patient?

- SBAR (Situation, background info, actual problem, recommendation)

Q9: How will you manage to get an anamnesis with an unconscious patient?

- heteroanamnesis - bystanders
- family
- hospital documentation
- prehospital staff
- check the wallet

Q11: Can you give an example of a way of getting good information from prehospital personnel?

- be quiet and listen
- read the written report
- ask questions for clarification
- ask if they did ECG and some further test in the ambulance

Q13: Give pros and cons of introducing higher levels of learning (Miller) early in the curriculum.

- pros: understanding of future roles, improved motivation for studies
- cons: learning skills without backgroundknowledge (e.g. indications), overconfident, too much too early

Q15: What kind of scenarios are best suited for having medical students act other professions?

- emergency and acute scenarios
- when you have to act quickly