

## Background



The transition from medical student to doctor on-call can cause significant anxiety, impacting both the well-being of newly qualified doctors and potentially patient care. To address this, a simulated on-call session was incorporated into the FY1 induction at Kingston Hospital to improve preparedness and confidence in independent clinical decision making.

## Methods



16 FY1 doctors participated in a 60-minute simulated on-call exercise, after providing verbal consent. Participants carried a bleep and responded to clinical scenarios, (eg managing deteriorating patients, prescribing, and handovers) in a structured environment reflecting real on-call shifts. Each scenario required decision-making based on simulated patient notes and interaction with the paired senior who role-played other healthcare professionals, escalating tasks at set intervals. The session ended with a debrief discussion.

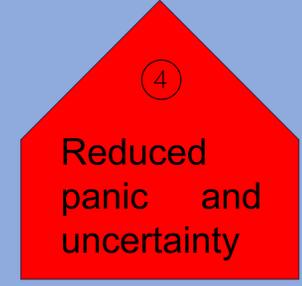
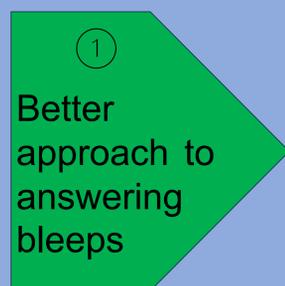
A pre/post-task survey assessed confidence in five areas using a 5-point Likert scale: holding a bleep, answering bleeps, managing deteriorating patients, prioritisation, and calling for help.

A paired t-test was used to assess statistical significance. Two focus groups (n=6 for those who completed the simulation, n=7 for those who did not) were also conducted, with qualitative data analysed using inductive thematic analysis.

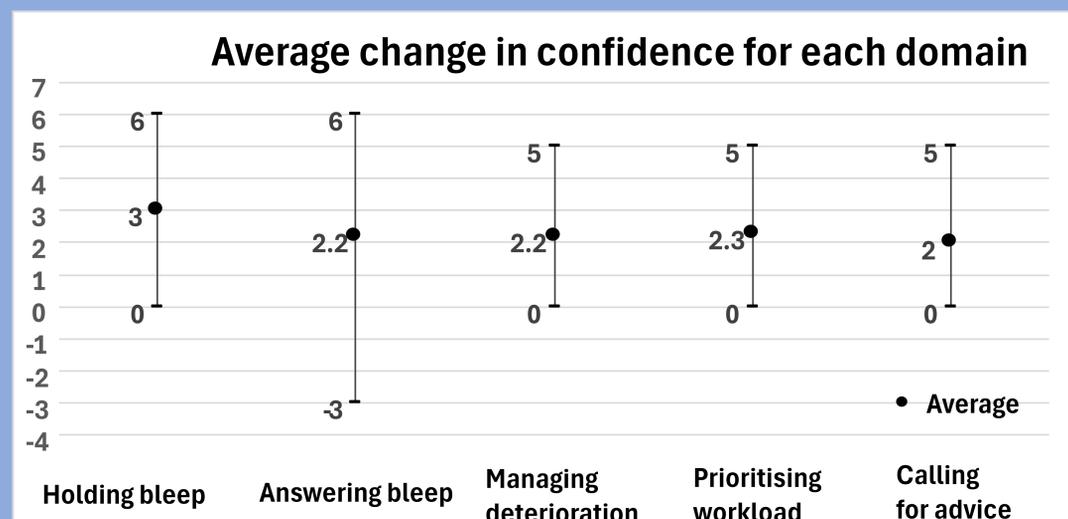
## Results



Confidence significantly improved across all measured domains ( $p < 0.005$ ), with the greatest gains in holding a bleep ( $p < 0.00001$ ) and prioritisation ( $p < 0.00001$ ). Qualitative analysis revealed not just increased confidence but also **tangible behavioural changes** in those who had undertaken the training such as:



Doctors who completed the simulation felt **more in control, structured in their thinking, and better at escalation.**



## Discussion



This project underscores the value of simulation-based on-call training, supporting existing evidence that it enhances both **cognitive and procedural skills**. Some attendees scored no change in some domains – not all incoming FY1s were trained in the UK, and thus may have had an alternative experience of being on-call.

Future iterations should incorporate structured feedback, increased complexity, and behavioural outcome measures. The findings suggest that **prior exposure to simulated on-call scenarios can better prepare** newly qualified doctors, reduce uncertainty and enhance decision-making during real on-call shifts.

## References



1. Kneebone R. Simulation in surgical training: educational issues and practical implications. *Med Educ.* 2003;37(3):267-277.

2. Motola I, Devine LA, Chung HS, Sullivan JE, Issenberg SB. Simulation in healthcare education: a best evidence practical guide. *Med Teach.* 2013;35(10):e1511-e1530.