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Sudden Unexpected Death in Infancy and Childhood

Simulation training to improve confidence and understanding of the SUDIC investigation



Belfitt A¹, Holt AD¹, Copeman A¹

¹ New Cross Hospital, Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom

Introduction

- Paediatricians play a vital role in managing the multi-agency investigative process following a sudden unexpected death in infancy or childhood (SUDIC)
- Inadequate investigation has devastating consequences for families and professionals
- Low incidence of SUDIC and shortened training time result in reduced exposure
- The Kennedy Report highlighted the need for improvement of training
- Despite these recommendations a lack of experience and awareness of the multi-professional roles exists amongst senior trainees.
- In a recent survey no senior trainees had observed the whole SUDIC process, and several had not been exposed to any cases so far
- Simulation-based education has been used effectively to bridge the gap between knowledge and clinical experience
- We developed a one day course for senior paediatric trainees and consultants using high fidelity simulation and experiential learning

Significant improvement was seen between pre- and post-course Likert scores for confidence and skills in all key aspects (see table below)

Self-evaluated confidence/skills	Pre-course	Post Course
Leading cardiac arrest	78.6%	84.8%
Explaining child death process to parents	14.3%	90.9%
Implementing the SUDIC protocol	7.1%	100%
Examination of body after death	14.3%	90.9%
Performing SUDIC investigations	10.7%	81.8%
Performing femoral puncture	60.7%	75.8%
Performing cardiac puncture	28.6%	72.7%
Performing skin biopsy	17.9%	87.9%
Taking a SUDIC history	10.7%	72.7%
Know how to examine the scene of death	0%	63.6%
Undertaking death scene examination	0%	42.4%
How to lead a SUDIC investigation professional meeting	0%	60.6%
Understanding of Paediatrician role in SUDIC management	14.3%	87.9%

Methods



Figure 1: Key events of a SUDIC case and investigation simulated and taught during the course

- Content and scenarios were mapped to the Postgraduate RCPCH Curriculum for General Paediatrics and Community Child Health
- Course delivered by SUDIC specialists within paediatrics and police
- Outcomes assessed included qualitative pre- and post-course confidence and self-reported skills performing key aspects of SUDIC management

Table 1: Participants pre- and post-course self-reported confidence and procedural skills

- 100% felt the course met their own learning objectives
- 100% reported that attending would change their future practice
- Free text feedback comments were overwhelmingly positive:

“clarifying my role in the process”
“understanding ... the police perspective”
“developing ... a ‘communication toolbox’”
“very powerful”

Free-text comments from candidate feedback

Conclusion

- Simulation training improved confidence and perceived ability to manage key aspects of SUDIC – an area where self-reported confidence and skills are low due to little clinical exposure
- This may ultimately improve the quality of SUDIC investigations and experiences for families
- This course is funded for all trainees within our deanery
- It has the potential to be delivered nationally
- It could be adopted for multi-professional SUDIC training for health, social care and police
- Follow up work could assess retention of improved confidence

Results

- Seven SUDIC simulation courses have been delivered to date (2015-2017), with 8-15 candidates in each
- Course continues to be run three times a year
- Range of healthcare professionals attend course

References

- Kennedy Report. *Sudden unexpected death in infancy. A multi-agency protocol for care and investigation*. London: The Royal College of Pathologists and the Royal College of Paediatrics and Child Health, 2004.
- Belfitt A, Copeman A. Sudden unexpected death in infancy and childhood – simulation training to understand the paediatrician’s duties and multiagency investigation and care. *BMJ Simulation and Technology Enhanced Learning* 2015, Volume 1, pp. A35-A36.



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