

# ASPiH conference abstracts for IJoHS supplement 2021

## PERSPECTIVES

### 163 GO BIG OR GO HOME: THE USE OF LARGE-SCALE SIMULATION

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10.54531/GTXK7794

**What?** In 2019, we carried out our first experimental large-scale simulation exercise with great success. The initial findings of the study were presented at ASPiH 2019. This is an update on our journey using large-scale inter-professional simulation (IPE). From our initial simulation, we identified the following key themes: (1) students' educational expectations; (2) their experience of multi-disciplinary working; (3) the theory to practice gap and (4) gaining experience in a safe environment. From this, we realized that our students needed more of this type of simulation activity and that the hands-off facilitation style that we used helped with learning and preparation for practice. Students responded positively to having to put their leadership skills into practice, learning in a safe environment in a real-time situation, something that, despite great placements, they often felt unable to do in the 'real world'. This real-time simulation-enhanced innovative thinking and emphasized human factor principles. This type of learning experience promoted learning and working together across the multi-disciplinary field with both qualified and pre-registration students. The impact of working with 'qualified' professionals added to the realism of the simulation. We found that the debrief was key in the development of real-time simulation as it was enhanced by good-quality debriefing.

**So what?** Following the initial large-scale simulation, we planned and delivered two more events before COVID-19 prevented us from continuing. Both were large-scale events, but we made adaptations each time to enhance the students' learning experience. What we have managed to achieve over the lockdown period is to plan and prepare for further events and, in hindsight, this has better prepared us. So, what have we done in this period of enforced distancing? We have gone through a period of change management to align all our curriculum to being simulation-based, and have developed and implemented a framework for the integration of skills and simulation. We have sent (nearly) all our lecturing staff from across our courses, nursing, operating department practitioner, midwifery, paramedic, trainee nursing associate and social work on a simulation train the trainer course to understand the pedagogy and discipline that is the backbone of simulation. This has been a great success and has generated a lot of inter-professional conversations and development of simulation. We have designed and developed a large-scale simulation that can be run in a COVID compliant way.

### 12 REMOTE CONTROL: THE VIRTUAL PARTICIPANT DURING SIMULATION

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10.54531/VWPX3275

**What?** At the onset of the COVID-19 pandemic, learner operating department practitioners (ODPs) were withdrawn from their clinical placements, thus removing their learning opportunities. This greatly affected their confidence and key knowledge. Staffordshire University adopted a blended learning approach to education for their Health and Social Care learners. This approach allowed the learners to attend campus for simulation sessions in small groups adhering to COVID-19 guidelines of the University. This approach had some limitations; it identified a disparity in provision for those learners who were unable to attend in person due to isolating, shielding or home-schooling provisions. In response to this, we created a system using available technology to allow learners to actively participate in the simulation virtually. The virtual learners were included within the pre-brief, orientation to the equipment and surroundings, simulated sessions and post-simulation de-brief. The virtual learners were given objectives throughout the simulated session to ensure inclusivity and unity of direction, and were then included within the de-brief, which is arguably the most impactful phase of the simulation<sup>[1]</sup>; they were invited to share their findings so that they became an integral part of the conversation. This was achieved using Microsoft Teams, high-definition remote cameras including Scotia Medical Observation and Training System (SMOTS) and Bluetooth interface for sound control. The room was organized to offer a balanced view for both attendees and virtual learners. Additionally, adaptations were made to the delivery method to integrate both types of learners within the simulation.

**So what?** This project successfully allowed virtual learners who ordinarily would have missed the learning opportunity altogether to participate. Early feedback from the virtual learners proved this adaption successful; virtual learners reported feeling motivated and connected to the class. This approach could be adapted for future simulation sessions to ensure inclusivity for learners who are unable to attend campus.

## REFERENCE

1. Ciceron F, Besch G, Benkhadra M, et al. Individual versus collective debriefing after interprofessional training course simulation: The randomised DEBRIEF-SIM trial. *Anaesth Crit Care Pain Med*. 2021;40(2):100828. <https://doi-org.ezproxy.staffs.ac.uk/10.1016/j.accpm.2021.100828>.

### 193 BALANCING EDUCATION AND PRACTICE: A REFLECTION FROM A SIMULATION EDUCATOR DURING THE COVID-19 PANDEMIC

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**What?** I consider myself privileged to divide my work time between my roles as a clinical simulation educator and as an intensive care nurse in a large teaching hospital. I find that working alternate weeks in educational and clinical roles can be challenging because both demand complementary but different skills. However, I am thrilled to have the opportunity to continue caring for patients alongside supporting and learning with colleagues. Balancing these roles during a pandemic presented me with new challenges and rewards, and reflection on these experiences has given me some fascinating insights. As the COVID-19 pandemic progressed and the number of patients requiring admission to the Critical Care Unit increased, the