

## SPEECH AND LANGUAGE THERAPY SIMULATION: EXPLORING SAFETY LEARNING

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**Background:** Continued collaboration between Senior Speech and Language Therapists (SLT) and the Simulation Centre at an acute hospital, led to further research into safety learning themes identifying issues with basic dysphagia care on the wards despite ongoing lecture-based training. This was interpreted as training being focussed on one way of learning for medical staff and not providing an equitable training service for those with differentiated learning needs [1]. This led to the SLT team creating a training programme titled 'dysphagia friendly wards'. As part of this, the SLT and Simulation Centre developed a simulation programme which was a hybrid of open theatre forum style and simulation using a bell to increase interaction within the scenarios. We created a realistic ward environment increasing the validity of the scenario with groups of up to four healthcare care assistants and nursing staff from stroke wards.

**Methods:** Three scenarios were designed around the safety learning themes identified in the incident reports such as poor mouth care, incorrect diet textures, and choking hazards which were noted on the ward by the SLT team. This created a realistic and interactive session using a live actor to demonstrate different swallowing difficulties, poor oral hygiene, and the importance of dysphagia management. The live actors are professionally trained and members of the simulation education team.

**Results:** Currently the programme is ongoing and we are due to finish our first ward by the end of March 2023 with the hope of rolling this out hospital-wide. Each ward is estimated to take 2 months to complete. Feedback during and after the sessions has been positive and participants have engaged by asking thoughtful questions and putting information into practice on the wards. Communication issues highlighted our diverse workforce and patients which was found in real time during the simulation. Supporting evidence has been written and available for presentation.

**Conclusion:** Very few SLT teams have used simulation training within their practice and the opportunity to create a programme that is proactive and differentiated for different learners is fantastic, and creates a work force that feels valued alongside giving gold standard care to patients with both communication and dysphagia.

### REFERENCE

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## AS WE LIVE AND BREATHE – THE USE OF SIMULATED EDUCATION IN THE MANAGEMENT OF PATIENTS ON CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) WITH COVID-19 USING BOTH A HIGH-FIDELITY MANIKIN AND A REAL PERSON

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**Background:** Continuous Positive Airway Pressure (CPAP) was being used on patients within designated wards to help reduce pressures on the Intensive Care Unit [1] and the number of

intubated patients. Those patients presenting with COVID-19 associated respiratory failure within 48 hours of diagnosis were placed on CPAP [2]. The aim was to reduce mortality from hypoxaemia and promote patient safety. Those eligible for CPAP showed deterioration in oxygenation on arterial gas sampling or were showing increased work of breathing including an unsustainably high respiratory rate [3]. The simulated education sessions were to upskill registered intermediate care nurses in the use of CPAP, our most advanced airway procedure outside of the intensive care unit, and support redeployed nurses rostered onto the COVID-19 wards from other non-COVID-19 clinical areas. The aim was to empower nurses to feel more confident in the management of patients requiring CPAP and for them to be able to troubleshoot common problems giving patients the best care and chance of survival.

**Methods:** Methods included coordinating exposure for each nurse to a CPAP preloading session following Trust policy, proformas and competency, then ensuring clinicians attended a dedicated two-hour practical simulation-based session using a mixture of high-fidelity manikins and real persons as simulated patients. Scenarios were developed based on issues that had previously happened or could occur in clinical practice. This created both a progressive simulation or shorter sessions followed by a debriefing depending on the experience of the nurse and how they performed on the day. Staff were asked to complete a feedback form about how they found the session and then assessment was made in clinical practice with the signing off of the CPAP clinical competency

**Results:** Within two months the team delivered training to all nurses rostered onto the COVID-19 ward and 95% had the clinical competency signed off. The feedback following the debriefing sessions stated that they felt more confident in managing the CPAP machine and the patient. They felt that the educational processes now in place facilitated patient safety and improved the quality of care delivered.

**Conclusion:** Simulation-based education with the CPAP machine improved not only theoretical but also practical knowledge to help staff feel more empowered and confident when in clinical practice. Using a real person for several of the scenarios instead of the manikins meant staff could experience and respond appropriately to situations as they developed. This not only improved realism but enabled more immersive experiences for all involved.

### REFERENCES

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## RAPID CYCLE DELIBERATE PRACTICE MODEL: CARDIAC ARREST SIMULATION FOR WARD-BASED STAFF

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**Background:** The Simulation Centre, in a largest district general hospital, provides a large portfolio of scenario-based