

steps include establishing a curriculum, observing an established GTA/MUTA programme session to assess the format, and recruitment and training of GTAs and MUTAs. Once the programme is established, a clinical skills training day may be implemented. Implementing such a programme improves the learners' experience and provides them with an increased understanding of sound technique that will benefit their patients in the long term.

REFERENCES

1. Theroux R, Pearce C. Graduate students' experiences with standardized patients as adjuncts for teaching pelvic examinations. *Journal of the American Academy of Nurse Practitioners*. 2006;18(9):429–35.
2. Kretzschmar RM. Evolution of the Gynecology Teaching Associate: an education specialist. *American Journal of obstetrics and gynecology*. 1978;131(4):367–73.
3. Underman K. *Feeling Medicine: How the Pelvic Exam Shapes Medical Training*. New York, New York University Press; 2020.

TESTING THE ROBUSTNESS OF EMERGENCY DEPARTMENT PROCESS PATHWAYS USING MULTIDISCIPLINARY TEAM IN-SITU SIMULATION

Victoria Christian, Andy Foot¹, Steven Webb, Olawale Oduntan, Pooja Siddhi, Huda Mahmoud; ¹*Walsall Healthcare NHS Trust, Walsall, United Kingdom*

10.54531/YNSX6090

Background: Delivering safe and best practice is dependent on robust structural processes and optimal acquisition of skills and knowledge across disciplines [1]. An in-situ simulation-based education model was implemented to optimise the provision of best practice in emergency medicine [2].

Methods: In-situ simulation cases were developed based on critical incidents, complaints, and interesting cases. These simulations were designed to be complex cases, aimed at high-level multi-specialty working. Maintaining the real-life integrity of the simulation cases was paramount. The simulations were run in a busy Emergency Department (ED), during the working day while the normal service continued. Participants were instructed to make-up medication, collect blood products, and contact specialities in real time. Debriefing initially included identifying communication, human factor and process issues, and concluded with medical teaching on the topic covered, and included the speciality perspective on optimal medical management. Logistical support was provided by the simulation faculty. Data from feedback forms was collected.

Results: Over 12 months, 20 simulation cases were conducted in the resuscitation area of the ED. Simulations involved multidisciplinary, multi-speciality workforce covering the management of acute bronchitis in an infant, an episode of acute psychosis, upper gastrointestinal bleed requiring major haemorrhage protocol activation, and many other emergencies covering the full spectrum of specialities. All feedback strongly agreed/agreed that the simulation exercises were beneficial and would lead to an improvement in the participants' clinical practice. The multidisciplinary approach was key to the discovery of system weaknesses and risk-factors. These were then addressed and improvements in system learning, and processes were proven by the re-running of similar scenarios. The learning points were communicated via the hospital ED guideline application (AskEarl) and departmental communication channels. Changes have included updating standard operating

procedures, guidelines, and the application of a business case for a blood fridge located in ED to reduce blood administration length of time.

Conclusion: These detailed simulations successfully tested the current hospital processes and resulted in significant improvements to the daily structural delivery of best practise. Additionally, the SBE model decreased clinician teaching preparation burden and increased simulation efficiency and effectiveness. After the success of this model, it is being rolled out to other specialities.

Acknowledgement: We would like to acknowledge and thank the Dinwoodie Charitable Company for their support.

REFERENCES

1. Gressgård LJ. Knowledge management and safety compliance in a high-risk distributed organizational system. *Safety and health at work*. 2014;5(2):53–59.
2. Petrosniak A, Auerbach M, Wong AH, Hicks CM. In situ simulation in emergency medicine: moving beyond the simulation lab. *Emergency Medicine Australasia*. 2017;29(1):83–88.

999 'EMERGENCY' – THE IMMERSION OF STUDENT HEALTH CARE PROFESSIONALS WITHIN THE THE SIMEX SERIES DISASTER AND EMERGENCY RESPONSE EXERCISE (2022)

Melanie Tanner¹, Laura Knight¹, Lucy Dobson¹, Sarah Herbert²; ¹*University of Portsmouth, Southampton, United Kingdom*, ²*Portsmouth Hospital NHS Trust, Portsmouth, United Kingdom*

10.54531/EIEF9234

Background: As part of the SIMEX Series exercise [1] the University hosted a simulated mass casualty incident where Nursing/Allied Health students were joined by colleagues from the local Hospital Trust to treat simulated patients with a variety of presentations. The exercise was an educational activity and at key points in the simulation, action was paused to enable everyone to learn from significant injuries. The students involved were able to assist the emergency team to test disaster event response and build vital skills including interpersonal communication, supporting distressed patients, de-escalation techniques, and recognition of deteriorating patients.

Methods: Nursing students assumed the roles of Band 5 Nurses and were allocated a shift. Also participating were Radiographer and Operating Department Practitioners students. Each student was designated an area (e.g. minors, majors) and was linked with a Nurse from the Acute Trust who coordinated care. The exercise used 43 simulated casualties, consisting of drama and healthcare students. Professional actors helped to support the authenticity of the event, especially around some of the more complex injuries such as a lady who required a Perimortem C Section and a patient presenting with schizophrenia. An amputee actor played the role of a person who required an amputation as a result of the simulated emergency. He was able to draw upon his own experience adding depth to the role. Simulations were designed in coordination with the hospital team to rehearse treatment of uncommon presentations. Further scenarios were developed to enable the students to achieve their proficiencies and to display the professional values required to support patients in challenging situations.

Results: Initial feedback has been very positive, highlighting how the event has helped the students build upon and

consolidate the fundamental skills required to be confident and competent in their future roles [2].

We are currently awaiting formalised evaluation from a partnering university who undertook pre- and post-evaluation from all 'players'. Immediate feedback included the students using language such as 'empowered', 'empathy', 'unity', and 'team spirit' to describe their experiences. Furthermore, the students identified that the exercise had high-fidelity and enabled them to embark on interprofessional learning to test not only their physical skills but also their emotional intelligence.

Conclusion: Following the success of SIMEX 2022, discussions surrounding SIMEX 2023 have commenced and it is hoped the event will expand to a larger number of students across the Faculty, in line with Nursing and Midwifery Council Standards [3].

REFERENCES

1. The Simex Series Disaster & Emergency Response Exercise. <https://thesimexseries.org/> [Accessed on 19/06/2022]
2. Nursing and Midwifery Council (2018) Standards of proficiency for registered nurses. <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>
3. Nursing and Midwifery.(2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing. associates <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [Accessed on 1/06/2022]

USING EXPERIENTIAL-BASED SIMULATION LEARNING TO DEVELOP ADULT NURSING STUDENTS' COMMUNICATION SKILLS TO SUPPORT PRACTICE

Ursula Rolfe¹, Carrie Hamilton², Anna Thame², Sara White¹, Nikki Glendenning¹; ¹Bournemouth University, Bournemouth, United Kingdom, ²SimComm Academy Ltd, Southampton, England

10.54531/KAJD6909

Background: In the light of the practice placement limitations due to COVID-19, the Faculty Practice Simulation Group at a University in South West England, commissioned a pilot programme of simulated practice components for 200 second year adult nursing students over five consecutive days. The aim was to support the development of communication skills required by the Nursing and Midwifery Council Standards [1].

Methods: In partnership with an external communication skills organisation, the University provided each student with 37 hours of simulated practice placement, focused on communication skills through participative simulation with simulated patients (SPs) in bespoke, authentic scenarios. This included facilitated participation, structured live feedback from SPs, discussion with students, debriefing and reflection according to ASPIH guidelines for best practice in simulation [2]. Scenarios were designed to challenge and explore the range of skills required in Annex A of the Standards [1], at a level expected of first year students. Learning outcomes included the development of caring conversation techniques, patient management and colleague communication in multiple, varied situations. Students interacted with SPs and relatives who reflected diverse characteristics and ages, and a range of physical and mental health challenges. Students also interacted with simulated colleagues in a variety of professional situations. 106 students completed feedback questionnaires consisting of 41 5-point Likert items, before and after their sessions.

Results: Facilitators noted that students described the simulation as a meaningful learning opportunity which allowed them to explore and develop their communication skills and better prepared them for the practice element of their degree. They also noted that students said they preferred simulation as it gave them time to stop and think and to get advice and ideas from their colleagues. This was particularly so in 'breaking bad news' scenarios as most had never had to approach this and appreciated the opportunity to consider and practise their response. Consequently, students stated that simulation would have been even more beneficial had it been timed prior to attending practice placement. Facilitators observed the improvement in communication skills was in student's confidence and their awareness and sensitivity, particularly in complex multi-factorial situations. Evaluations for the programme have yet to be analysed.

Conclusion: Experiential learning through simulation-based education with SPs provides a powerful approach, offering a safe and supportive environment, which avoids unsafe situations and enables students to effectively practise and prepare for real world experiences.

REFERENCES

1. Nursing and Midwifery Council, Standards of Proficiency for registered nurses. <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/> [Accessed on 21/06/2022]
2. Simulation-Based Education in Healthcare. 2016. Standards Framework and Guidance. Association for simulated practice in healthcare (ASPIH) standards for simulation-based education. <https://aspih.org.uk/standards-framework-for-sbe/> [Accessed on 21/06/2022]

TRUE DISTANCE LEARNING – AN EVALUATION OF A VIRTUAL SIMULATED PLACEMENT (VSP) FOR INDONESIAN NURSING STUDENTS

Abigail Green¹, Andy Winter¹, Natasha Taylor¹; ¹Coventry University, Coventry, United Kingdom

10.54531/ILMV1269

Background: VSP uses browser-based virtual environments to simulate life-like and challenging clinical scenarios. They are an innovative and creative way to develop proficiency capabilities of healthcare professionals as an adjunct to their studies and practice placement. Evidence suggests that a simulated environment can better equip nursing and allied health professional students for practice [1–3]. The concept of VSP may have been brought forward by the COVID-19 pandemic but was inevitable with the increasing access to technology-enhanced learning and the emerging evidence of its benefit.

Methods: This VSP was a collaboration between UK simulationists and Indonesian academics with a two-month deadline. Work was completed online using videoconferencing and translation services, the evaluation (with ethical approval) was completed using a JISC online survey in March 2022. The Indonesia VSP consists of four patient scenarios, one scenario from each of the fields of children and young people, adult, mental health and learning disability nursing and is set within the emergency department and is aimed at learners in their final year of a nursing programme in Indonesia. The Indonesia VSP scenarios were designed in line with the UK Nursing and Midwifery Council (NMC) proficiencies and the Indonesian equivalents and were designed based on clinical scenarios that are not commonly seen in clinical practice or may be particularly challenging to enhance learners' skills