

60% Doctors did not know where to find mechanical-CPR device (LUCAS). 81% of the Senior House Officers did not know where to find end-tidal CO<sub>2</sub> monitors. Qualitative data revealed additional important insights into the risks of lack of familiarity: 'It's been 2 days since I started (and) I don't know where the equipment or the drugs are stored.' 'A simple task such as catheterisation takes a lot of time – trying to get access to the equipment room, access to drug cupboard etc.'

**Conclusion:** We have identified familiarity with workplace and resuscitation equipment as a key learning need. The data from Phase 1 of the project have informed the development of scenarios for new induction processes in phase 2. Simulation is an important tool for education but also for induction and analysis of systems and pathways [2]. Phase 2 will also use novel technologies including 360° videos to allow staff new to the department to access ED environments and equipment virtually and at their convenience. Future work will involve monitoring the success of the interventions in phase 2.

## REFERENCES

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## STEP UP TO ST3 EMERGENCY MEDICINE SIMULATION COURSE

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10.54531/HEZB3336

**Background:** The UK Emergency Medicine training pathway has three phases; Core (CT1-2), Intermediate (ST3), and Higher (ST4-6) [1]. The transition from Core to ST3 can be daunting – whilst not 'registrars', ST3s are often on 'middle grade' rotas. Trainees are expected to manage complex adult and paediatric cases with new portfolio requirements to demonstrate these competencies. They further develop leadership skills when supporting junior doctors and managing the department [2]. An 'Introduction to ST3' course was developed initially in the North West Deanery to address this transition. Using the original concepts, course content and format were adjusted for a Merseyside step up course.

**Activity:** The redesigned three-day course contained workshops including ST3 challenges, paediatrics, night shifts, and wellbeing. 12 scenarios were organised into 'leadership' (sick medical and trauma patients), paediatrics (including major trauma and safeguarding), and 'challenges' (e.g. behavioural disturbance, burns, managing conflict with colleagues and supporting juniors). They took place in a simulation suite with either manikins or simulated patients. Data were analysed pre-course, post-course, and at one to two years post-course with thematic analysis used for free-text responses.

**Results:** 47 candidates took part in 2019–2021. Pre-course questionnaires showed a key concern was caring for paediatric patients. Other themes were supporting juniors, management skills, being an isolated leader, and confidence. Contemporaneous feedback showed the simulations and talks were rated positively throughout. Simulations were challenging and rated as a useful aspect. The highest rated

talks have been night shift work (9.78/10, n=18), supervising others (9.67/10, n=12), and paediatrics (9.67/10, n=12). Improved confidence particularly in challenging situations has been a common theme. Lower rated talks from 2019 were replaced subsequently, and the course remains receptive to feedback. In 2021, 'The Floor' game [3] was incorporated for departmental management skills and participants found this particularly useful. One to two years later, candidates reiterated the importance of the course in their transition, particularly regarding paediatric cases. They highlighted the benefit of discussing portfolio requirements and the value of networking with peers.

**Conclusion:** The step up course has been an important aid when transitioning to ST3 with feedback consistently positive at the time of the course and subsequently. Analysis of this feedback has informed improvements for the 2022 iteration happening shortly, and reinforced aspects including 'The Floor', to provide a supportive transition for trainees. As one trainee reported, the course 'made me excited for ST3, [a] reminder why I'm an ED trainee'.

## REFERENCES

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## INNOVATIVE FORUM THEATRE ON DEMENTIA IN A CARE HOME SETTING

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10.54531/DKGW9090

**Background:** With the ageing population in the UK, we have found a rising number of our patients are being diagnosed with dementia [1] and a significant proportion live in care homes. Education to care home staff to help support these residents has been inconsistent despite a need to continue to improve skills managing residents with dementia [2].

**Methods:** We developed an interactive training event, 'Communication in Dementia', based on the learning needs from a local care home. We opted to use Forum Theatre as a tool to deliver this training. Forum Theatre is where a challenging real-life scenario is dramatised by actors using a pre-written script in front of a group of participants. The group is then facilitated to reflect on what they have observed and explore solutions in a safe environment. This method has been applied successfully in teaching of healthcare professionals such as in nurse education, but its use in the care home setting is uncommon [3]. Despite offering and confirming places to twelve care workers for a two-hour in-person session, only four were able to attend the session on the day. We collected pre- and post-session qualitative and quantitative feedback from the care workers and a written ethnographic reflection of the session.

**Results:** Prior to this session, none of the care workers had experience of Forum Theatre. After the session, the feedback received was positive, particularly about the interactive element of the session, demonstrating how the