challenging. With a significant reduction in healthcare education and little face to face learning for students to either observe or participate in, alternative strategies were identified. The validity of observation of pre-recorded teaching material has been shown to be an effective method for education outside of the healthcare sector [1]. Examples within healthcare include the latest edition of the Advanced Trauma Life Support course which uses a facilitated debriefing of a video of a simulated trauma team [2]. In addition to providing examples of how to teach, we also wanted to provide material for students to evaluate the techniques used, engagement with learners, and the extent to which equality, diversity, and inclusivity were considered.

Methods: Funding was obtained to support filming of a multi-professional simulation, the debriefing, and subsequent interview with participants and faculty. In addition, films were produced of a small group teaching tutorial and an interview with an experienced medical educator. The recordings were used to support programme delivery, either as provocations, teaching points, or as part of assessments.

Results: The materials proved invaluable to, for example, interrogate with the students, best practice in teaching approaches, unpick the subtly of debriefing skills, hear and understand the lived experiences of different professional groups, and have the opportunity to then revisit this material at ever deeper levels.

Following observations made by students of the education interventions they observed, later sessions in the programme were adapted to specifically address tensions that were identified about interprofessional conflict.

Conclusion: Use of pre-recorded educational interventions provided stimulating, relevant, and thought-provoking material to initiate conversations about methods of delivering medical education, explore underlying pedagogy, and reflect on the effectiveness from the perspective of the learners. We believe to have achieved maximal benefit from the recorded material. Review with students in the presence of an experienced educator allows more in-depth integration of the material. Whilst provocations can be provided with an online offering, face to face facilitation allows more exploration of the subsequent discussion that ensues.

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BRIDGING THE GAP: UNIVERSITY ENGAGEMENT WITH AN NHS DISTRICT GENERAL HOSPITAL TO IMPROVE PATIENT SAFETY THROUGH SIMULATION

Emily Browne[1], Sarahjane Jones[1], Huda Mahmoud[2]; *[1]Staffordshire University, Shrewsbury, United Kingdom, [2]Walsall Healthcare NHS Trust, Walsall, United Kingdom*

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Background: The relationship between Trusts and Higher Education Institutions has long been a transactional one. One Trust and one Higher Educational Institution have come together to collaborate on a simulation project that will utilise simulation as a method for improving safety learning through a novel application to simulate incidents that have happened and incorporate them into the incident investigation process training individuals using a systems approach. In safety critical industries such as rail, aviation and marine, simulations are used as part of the incident investigation process, to explore potential causes of accidents, embed learning from investigations amongst the workforce, or to establish the necessary technical and non-technical skills required for effective investigation. A move away from the historically embedded root cause analysis process, which unhelpfully promotes a simplistic incident review often resulting in a single cause outcome, our systems approach is a more holistic method of investigation.

Through a co-production process, the research aims to design and pilot a programme of interventions that will use simulation as an education tool:

1. Training individuals in a systems approach to incident investigation
2. Learning from incidents that have happened applying simulation
3. Training individuals in the delivery of simulation that meets ASPiH standards [1,2]

Methods: The collaboration between the HEI and the District General Trust allowed for a bid for matched funding to support a project that allows for building academic and research development, leading to a potentially nationally scalable project. Initially delivered as a pilot study, it utilises simulation as method for improving safety learning through its novel application. Scenarios will be based on serious incidents to understand how and why they occurred, generating recommendations that consider systems and human factors. We are collating data and feedback on the interventions and will report these as they emerge.

Results: This is an ongoing project that is in the implementation phase. To date the training of the simulation faculty has been undertaken in readiness for them to develop the critical incident simulations.

Conclusion: The use of simulations for incidents will simultaneously form part of the incident investigation process. Running these scenarios later will test whether they are working effectively and allow for feedback to the staff involved in the scenarios or those watching the recordings as well as identify errors that need a system level response.

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STUDENT NURSES' PERCEPTIONS AND EXPERIENCES OF SIMULATED PRACTICE PLACEMENTS

Susanne Lewis[1], Julie McLaren, Louise Johnston, Suzanne Bain, Nicola Rowley; *[1]University of the West of Scotland (UWS), United Kingdom*

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Background: COVID-19 continues to impact the availability of student nurse clinical placements and the achievement of necessary clinical hours. The Nursing and Midwifery Council's COVID-19 recovery standards has permitted approved universities to credit their students with up to 300 hours of practice learning through the use of alternative means, in

particular, clinical simulation [1]. There is a growing body of evidence which supports the theory that clinical simulation can be used as an efficient method of teaching [2]. As a result, a small cohort of approximately 43 HNC students articulating into year 2 of their BSc (Hons) Adult and Mental Health nursing degree were required to undertake a week of simulated practice placement accruing 40 clinical hours during July and August 2022. The clinical simulation involved students coming together in small groups undertaking a 'day in the life' of a student nurse on a medical, surgical, and community placement. This involved participating in a number of clinical and patient related activities based on practice validated scenarios [3]. We aimed to explore students' perceptions and experiences of clinical simulation linked to self-confidence, simulation design and educational best practices and to explore stakeholder perceptions and experiences of clinical simulation and its use as a healthcare education tool.

Methods: A mixed methods approach with questionnaires [Table 1] and focus groups being designed to elicit responses, thoughts, and feelings after participating in the clinical simulation. A pragmatic approach will be applied which will utilise a sequential mixed method of research with an initial phase of quantitative data collection and analysis and a subsequent qualitative phase undertaken thereafter. An additional opportunity for data collection through focus groups has been identified with key stakeholders who have contributed in the clinical simulation experience including, the university simulation team, college partners, practice learning staff and university staff.

Results: Data collection is underway with early indications from the quantitative data that the simulation was well received by the students. Focus groups are planned to take place in September 2022 followed by analysis and dissemination of synthesised results.

Conclusion: This is the first time UWS has facilitated the use of clinical simulation in place of practice hours which presents a unique opportunity to research and explore the impact of this method of learning on students' confidence, self-efficacy, safe practice, and knowledge base. Furthermore, this research will inform the future utilisation of this pedagogical strategy in place of practice learning hours.

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ACCIDENTAL AWARENESS UNDER GENERAL ANAESTHESIA: A PATIENT-INFORMED SIMULATION RESPONSE TO A SIGNIFICANT PATIENT SAFETY EVENT

Dana Kelly[1], Simon Tunstill[1], Amy Parekh[1]; [1]*Royal Berkshire NHS Foundation Trust, Reading, United Kingdom*

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Background: A 73-year-old patient underwent an anterior cervical discectomy and fusion (ACDF) procedure at our Trust. During the procedure, the patient unfortunately experienced three discreet episodes of accidental awareness under general anaesthesia. The patient subsequently experienced significant psychological morbidity in the form of post-traumatic stress disorder. Accidental awareness under general anaesthesia has an estimated incidence of approximately 1:19,000 anaesthetics. Longer-term psychological effects have been shown to affect approximately half of all patients reporting accidental awareness [1]. In this case, the affected patient felt strongly that they wanted their experience to be utilised to support learning activities for anaesthetic practitioners, with the clear aim of preventing further patient harm. They therefore gave permission for their precise encounter and recollections to inform realistic simulation-based educational exercises, particularly to enable powerful informed debriefing.

Methods: Using qualitative data gathered during interviews undertaken by the Recovery from Critical Illness team, who include psychological support services, we have developed a dual simulation-based educational session aimed at anaesthetists in training and student operating department practitioners. The first scenario aims to increase practitioner recognition of this potential complication of anaesthesia by realistically simulating intraoperative manifestations of awareness. The second scenario aims to improve immediate follow up and support for an affected patient, informed by our patient's lived experience and powerful recollections of this disastrous event. We have combined these simulations with structured training on Total Intravenous Anaesthesia (TIVA), with particular focus on the 2019 Association of Anaesthetists guidelines [2]. In doing so, we aim to ensure participants were equipped with knowledge and skills relating to local equipment and monitoring options, with the intention of minimising the risk of accidental awareness for future patients.

Findings: The affected patient has endorsed the simulation exercise and has expressed their hopes that their case can be used effectively to improve practitioner cognizance, particularly relating to the psychological impact of accidental awareness. We plan to share details of this simulation exercise with other hospitals within the Deanery via our simulation network, using participant feedback to refine the session content and format of delivery.

Conclusion: Using a patient's lived experience to inform simulation exercises can add a powerful dimension to improve realism within simulation-based education, and to optimise informed and accurate debriefing. This is particularly important when reflecting the psychological impact of patient safety incidents on affected individuals.

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