Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. Secker J, Pidd F, Parham A. Mental health training needs of primary health care nurses. Journal of Clinical Nursing. 1999 Nov;8(6):643–52.
2. Payne F, Harvey K, Jessopp L, Plummer S, Tylee A, Gournay K. Knowledge, confidence and attitudes towards mental health of nurses working in NHS Direct and the effects of training. Journal of Advanced Nursing. 2002 Dec;40(5):549–59.
3. Derkx HP, Rethans JJ. E, Muijtjens AM, Maiburg BH, Winkens R, van Rooij HG, et al. Quality of clinical aspects of call handling at Dutch out of hours centres: cross sectional national study. BMJ. 2008 Sep 12;337(sep12 1):a1264–4.

CONTENT, DESIGN, EDUCATION, QUALITY

A29 SIMULATION INTEGRATION: A MULTISPECIALTY PROGRAMME EMBEDDING SIMULATION WITHIN DEPARTMENTAL TEACHING PROGRAMMES IN TWO CARDIOTHORACIC CENTRES

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Background and aim: UK-based doctors in training have faced major disruption, loss of training opportunities and increased risk of burnout due to covid-19 [1,2]. Furthermore, the intensified post-covid strain on services continues to hamper efforts to restore training. A bottom-up review across departments at both of our sites revealed demand across specialties and grades for increased simulated training opportunities. Further highlighting the need for additional simulation programmes, simulated training has recently been demonstrated to reduce risk of burnout [3]. To restore lost learning opportunities, improve morale and promote team cohesion, we began a project to embed simulated training at a departmental level. A key aim of this project was to give departments ownership of their simulation programmes, to promote autonomy, tutor upskilling and sustainability.

Methods: We systematically reviewed the curricula for all specialties with doctors-in-training across our two sites in order to establish how training needs could be met with simulation. Consultant 'simulation lead' positions were offered to consultants in each department. Following this, we met with each assigned simulation lead to perform a scoping exercise - thus establishing specific training needs and opportunities within each department. The medical education team used this information to support each department to develop its own simulated training programme and support its delivery.

Crucially, unlike many simulated training opportunities, our programme is not tied to a particular training scheme nor does it incur any fees. This allows equal access to the programme for both locally employed doctors and Health Education England trainees.

Results: We worked with 13 departments in developing simulation-based training programmes. Eight departments had a single lead identified, three shared lead positions and in two departments no consultants assumed the position of lead.

Experience and enthusiasm varied by department. In departments where a simulation lead was not identified, the education department has supported other team members such as Clinical Nurse Specialists and specialty registrars to devise and deliver sim-based training.

Anonymized Microsoft Forms based post-course questionnaire responses completed by 42 participants to date have been overwhelmingly positive (outlined in Figure 1-A29). Notably, learners have found the sessions improved both technical and non-technical skills, as well as providing learning not replicated elsewhere.

Conclusion: Our scheme has led to embedding of effective simulated training programmes across specialties at our sites, leading to sustainably improved training opportunities for post graduate doctors in the post covid era.

Fig 1-A29: Percentage of attendees rating the following areas as 'agree' or 'strongly agree'

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REFERENCES

1. General Medical Council. National Training Survey 2022: Results. United Kingdom: General Medical Council: July 2022. [Available at: https://www.gmc-uk.org/-/media/documents/national-training-survey-summary-report-2022-final_pdf-91826501.pdf]
2. Seifman M, Juzzard S, To H, Nestel D. Covid-19 impact on junior doctor education and training: a scoping review. Postgraduate Medical Journal 2022: 98(1160): 466-476.
3. Couarraze S, Saint Jean M, Decormeille G, Houze Cerfon C, Minville V, Fourcade O et al. Short term effects of simulation training on stress, anxiety and burnout in critical care health professionals: before and after study. Clinical Simulation in Nursing 2023: 75: 25-32.

QUALITY

A30 SAFE INTERDEPARTMENTAL LEARNING FROM CLINICAL INCIDENTS USING A QUALITY IMPROVEMENT FRAMEWORK

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Background and aim: Mistakes are an inherent learning opportunity within healthcare that can be used to prevent future loss of lives and reduce suffering. We aim to create a safe learning space within our organization that can be embedded within our quality improvement (QI) process.

Methods: We have designed a bespoke framework (Figure 1-A30) to integrate our organizational QI process [1] with a 6-month iterative simulation programme. This utilizes multidisciplinary co-creation, embedded faculty development, and reflective practice to facilitate learning from each other.

Our tertiary hospital clinical governance team in collaboration with the multi-professional education, simulation, and patient safety departments has identified 5 topics based on the root cause analysis of serious clinical incidents. This description from our recent cohort involves the recruitment of 5 different specialty teams, each consisting of 1 experienced consultant faculty and 3 other facilitating clinicians with different levels of experience in healthcare simulation.

The teams prepared and designed the most suitable clinical scenario progression to address the learning objectives based on their allocated topics. Learner and peer feedback along with reflections on the session, highlighted possible change ideas to modify the subsequent scenario running. Over a period of 6 months, different learner sets were involved in the same simulation exercise with 2 further iterative modifications.

Results: The 5 teams have generated a total of 15 hours of simulation sessions using standard pre-briefing, debriefing, and evidence-based simulation techniques. The level of independent facilitation and mentoring by more advanced debriefers has been adjusted to fit the individual pace of experiential learning. To further enhance the embedded faculty development a total of 270 minutes of online discussion, reflections, and 15 topics

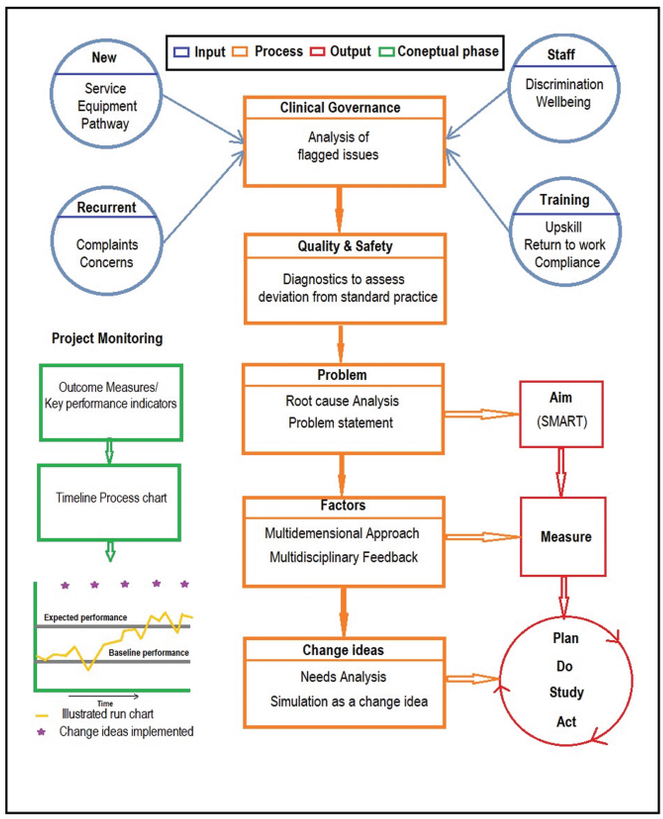

Figure 1-A30: Safe Interdepartmental Learning with a Quality Improvement Framework

were presented by the facilitators to create a multi-professional learning experience. The content was structured to reflect the national outcome's framework for faculty development and the ASPIH standards guidance for simulation-based education. The recorded simulation sessions, debriefing, and topic discussions have generated a useful asynchronous online reference for the current and future cohorts.

Conclusion: The feasibility of implementing this simulation programme integrated with a QI framework is a major step for our future prospective evaluation of the impact of translational simulation as theorized in the current literature [2] on patient outcomes and healthcare performance indicators.

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REFERENCES

1. Gerald J. L, Ronald D. M, Kevin M. N., et al. The Improvement Guide: A practical approach to enhancing organizational performance. 2nd ed.: Wiley; 2009.
2. Nickson, C.P., Petrosoniak, A., Barwick, S. et al. Translational simulation: from description to action. Adv Simul 2021 March;6(6).

DESIGN

A31 SKILLS2U – USING WARD-BASED TOOLKIT TRAINING TO ADDRESS FREQUENTLY IDENTIFIED TECHNICAL SKILLS PERFORMANCE ERRORS DURING *IN SITU* SIMULATION

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