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SYSTEM

A58 MASTERY BASED SIMULATION APPROACH ENABLING SOCIAL CARE TEAMS TO RAPIDLY ORDER SMALL PIECES OF EQUIPMENT TO A PERSON IN THEIR HOME

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Background and aim: Traditionally small pieces of equipment (e.g. Zimmer frame, commode, toilet frame and raise and walking sticks) required for frail older people in their home environment are ordered by Allied Health Professionals who are highly skilled in ensuring safety and functionality of the chosen item. However, the problem is that this process can sometimes take up to six months due to backlogs in the system. This means the person is living with unacceptable risk within their own home and losing the ability to perform activities of daily living (ADLs). This could also potentially result in falls and hospital admissions with the subsequent increase in morbidity and mortality.

The team working within social care are often the referrers into this service and we wondered if the use of simulation-based mastery learning which has been shown to allow safe successful dissemination of skills in other areas of health and social care could be used to enable home care teams to safely, timeously and appropriately order small pieces of equipment autonomously [1]?

Activity: Using the 7-stage approach to SBML, Checklists allowing the safe acquisition of small pieces of equipment aiding ADLs were developed by our trained mastery learning facilitators (senior AHPs). Sessions were delivered to a wide range home care team members. The training was delivered using mastery-based learning approach.

We believe that this is the only example of the use of SBML in the social care environment and are really excited about the safety benefits and the way SBML enables a person-centred approach to social care [2]. The SBML training and the train the trainers will be continued to be disseminated and we will continue to evaluate the impact both on practitioners, the time it takes to get a piece of equipment and also rates of falls and admissions to hospital.

Findings: The feedback from the sessions reflects the massive benefit perceived from the participants in the way their new ability will transform the way they can support people in their homes:

- We can't believe this is happening it will make such a difference to our practice and the care we can deliver to our clients in their own home
- I never thought the day would come

Conclusion: We will continue to assess impact on home care teams especially whether this added enhanced role aids joy at work.

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.

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QUALITY

A59 MIDLANDS SIMULATION AND IMMERSIVE LEARNING CENSUS 2023: A CROSS-SECTIONAL STUDY TO INFORM REGIONAL TEL STRATEGY

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Background and aim: National Health Service England (NHSE) is committed to providing the highest quality, evidence-based and sustainable Technology Enhanced Learning (TEL) to the workforce of tomorrow [1]. Over the past 20 years, simulation-based education (SBE) facilities have developed across many NHS trusts, universities, and training programmes using different models of delivery and funding to match their local needs. More recently, technological advances and a pandemic-driven need for remote and supplementary training experiences has expanded the remit of TEL.

Our objective was to complete a wide-ranging census to map simulation and immersive learning (SimImm) resources across an entire NHSE region and how these are delivered. Most importantly, we aim to gather stakeholder opinions on the perceived challenges faced by the SimImm community in the coming 3-5 years.

Methods: In December 2022, we launched a multi-phased regional online survey of SimImm providers. Phase one distribution included members of the two regional simulation networks. Phase two was distributed to simulation leads for postgraduate schools, training programmes and higher education institutions. Throughout, other stakeholders in the SimImm community had the opportunity to complete the 'future challenges' section only.

Results: 35 organizations had completed the full census, with a further 47 stakeholders completing the 'future challenges' section. Of the full census, 14 were secondary care simulation centres, 18 training programmes and 3 universities. The most common resources used were High-fidelity simulation (n = 28), simulated patients (n = 21) and advanced part-task simulators (n = 20). 15 organizations were delivering extended reality (XR) resources, with 6 delivering cadaveric simulation. Only 47% reported representation on regional simulation