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EDUCATION

A65

DEVELOPMENT AND IMPACT OF A SIMULATION COMMUNITY OF PRACTICE ACROSS NURSING AND ALLIED HEALTH PROFESSIONS IN A HIGHER EDUCATION INSTITUTION

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Background and aim: The Nursing and Allied Health Professions (AHP) Departments of one of the largest providers of health and social care education in the UK, have implemented simulated practice-based learning placements across a range of their pre-registration healthcare courses. These simulated placements aim to improve students' preparedness to practice, enhance the student experience and increase placement capacity. The simulation leads from each department identified that there was no cross-department collaboration around these new innovations. They developed and introduced a Simulation Community of Practice (CoP) across the three nursing fields and eight AHP professions. The aims were to share knowledge and best practice, enhance skills, creation of new knowledge and improve practice. A CoP is defined as a 'group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis' [1].

Activity: The development of the CoP was led by the nursing and AHP simulation leads and was based on Wenger's (2002) CoP framework [1]. Support was gained from senior management to ensure commitment and resources. Terms of reference for the group were developed with clear aims and objectives. Relevant staff across all professions were identified and invited to join. Meetings occur every two months for a duration of two hours, initially online and more recently face to face or hybrid format. Agenda items include sharing and reflections of practice, challenges and solutions; demonstrations of simulated scenarios, online learning packages and virtual reality. Guest speakers are invited to share simulation expertise and research. A Teams site is used to house information, share new developments and opportunities and to allow staff to ask questions and maintain communication between meetings.

Findings: Staff have gained valuable professional development by learning from others, sharing designs and experiences of simulated placements and learning about best practice. They have enjoyed networking and connecting with others from different professions. They have valued seeing examples of simulated scenarios and innovations and having dedicated time to reflect and discuss innovations and research opportunities. They have found it a supportive

environment and a creative space. 100% of staff involved would recommend the CoP to others.

Conclusion: The successful introduction of a multidisciplinary Simulation CoP has enabled collaboration and development of knowledge and skills around simulated practice-based learning, including the underpinning pedagogies of simulation design and debriefing.

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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EDUCATION

A66

STANDARDIZING DEBRIEFING IN WALES: THE TRIANGULAR APPROACH

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Background and aim: Debriefing after simulation practice offers a crucial opportunity for guided reflection and learning. However, there are many structures and models available [1]. Health Education and Improvement Wales (HEIW) holds regular simulation webinars, workshops and conferences. During these events, the simulation community in Wales expressed their willingness to standardize debriefing in order to facilitate faculty sharing and to support interprofessional simulation.

Activity: National debriefing experts carried out a review of the relevant literature and devised the Triangular Approach to Debriefing, incorporating agreed debriefing principles, a simple structure and recommended strategies with links to relevant key articles.

This approach was shared and piloted by simulation faculty at a national workshop in September 2022. The feedback received was excellent. Comments received guided a document review. The final version was incorporated in the Essential Faculty Development Course and is currently in available in Welsh and English.

Findings: The triangular approach embraces a set of collaboratively identified principles, an easy to use structure and a summary of well referenced strategies:

- Principles adopted include facilitating safe and constructive discussions, with Inclusion of all participants and respect for different learner needs, aiming to guide reflective practice and sharing of mental models with the highest level of facilitation possible.
- A four-step structure (see [Figure 1-A66](#)) guides the debriefer to introduce the debriefing and facilitate a chronological review with intercalated description – analysis – application (DAA) cycles. Then the learners are invited to share their new insights and the facilitator offers opportunities for questions and summarizes

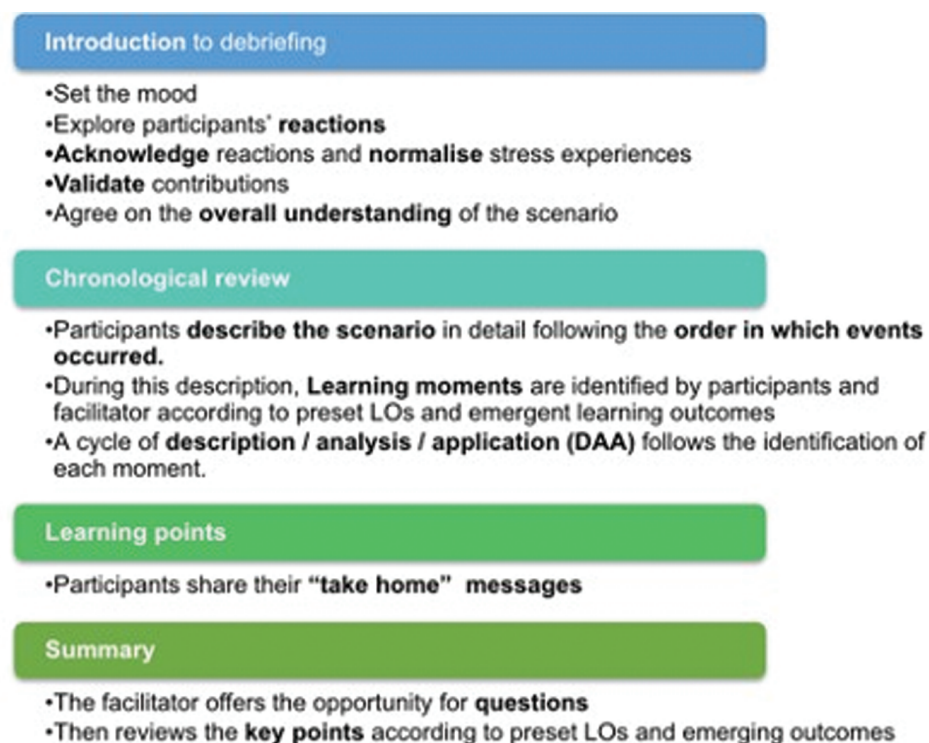


Figure 1-A66: Debriefing structure in the Triangular Approach to debriefing

the discussion. The supporting cognitive aid includes examples of phrases that might be useful in each step.

- Recommended strategies cover psychological safety (such as ground rules, time management, authenticity and validation of contributions), how to focus the discussion, facilitation techniques, closing and meta-debriefing.

Conclusion: The Triangular Approach to debriefing has been welcomed by the simulation community in Wales. It is not expected to be the only way that facilitators debrief, but a gateway into good quality debriefing for new faculty, supporting the development of national expertise and encouraging to explore other available models as well as key debriefing literature.

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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DESIGN

A67

ADVANCED CARDIOTHORACIC SIMULATION -HOW TO DO IT AND WHO IS IT FOR?

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Background and aim: There is a large backlog in surgery due to covid as well as surgical training [1]. We explored

the feasibility of a dry lab simulation environment to teach advanced surgical specialty skills to learners with different levels of experience.

Activity: Session description: We ran 5 cardiothoracic surgical simulation courses over 2021-2022 with a total of 61 delegates. We covered coronary anastomosis, aortic valve replacement, video-assisted-thoracoscopic-surgery (VATS) lung wedge resection and pulmonary vessel dissection. Each skill station ran for 40 minutes including a 15-minute description and real-time demo.

Target audience: Participants included 36 medical students, 14 specialty doctors and 11 foundation doctors.

Resources: We used synthetic plastinated and resin printed models with modular metal frames to help with retraction and suspension of the area of interest for the cardiac models. For the VATS models a laptop with connected angled endoscopic camera was utilized. The lung models were 3D printed.

Findings: 88% of all participants were able to complete all procedures successfully under supervision. 96% of all participants increased in confidence with the procedure following simulation compared to before. Interestingly only 44% of specialty trainees described themselves as confident in some procedures prior to simulation. Of the medical student cohort 95% had not had any previous simulation or surgical experience prior.

Conclusion: We have demonstrated the feasibility of a dry lab simulation programme for candidates of all experiences in cardiothoracic surgery. Confidence in surgical technique is low during the COVID era. Simulation improved confidence in surgical technique and must be offered more widely to enhance training experiences. No experience is necessary for successful simulation.

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