

department, with no previous experience of attending or facilitating any of the courses.

Results: Five undergraduate and four postgraduate courses were evaluated. Seven courses met or exceeded departmental standards in all seven domains, whilst the other two courses met or exceeded standards in six of the seven domains.

All courses had robust purposes, organization and resources at their disposal, which exceeded departmental expectations with their consistent focus on how human factors affect patient safety, and sound adherence to the relevant curricula and learning objectives. Scenario designs also incorporated a range of human and technological resources and moulage. Despite an array of technology at the Trust's disposal, its functioning did not always meet the departmental standards, with recurring audio difficulties and occasional software tethering issues. In response, microphone positions were changed, and the department's Digital Innovation team consulted specialists to facilitate further improvements.

In the courses observed, debriefs were conducted in a holistic manner and candidate evaluation was always discussed. However, many courses lacked enough faculty members resulting in Objective Structured Assessments of Debriefing (OSADs) being performed infrequently. Swift changes were made, with a tightening of procedural behaviours within the courses, and a decision was taken for postgraduate courses to run with a minimum of four faculty members.

Conclusion: This comprehensive QA process demonstrated that high-fidelity simulation courses at UHB are predominantly being delivered at a good standard. Some recommended changes have already been implemented for aspects found to be substandard, with implementation of additional changes planned at annual course reviews. Annual QA must then take place to guarantee maintenance of high standards and to provide a solid foundation for appraising novel simulation courses throughout the Trust.

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, QUALITY, SYSTEM

A77

TRANSLATIONAL SIMULATION IN PRACTICE: AN ENHANCED ORTHOPAEDIC INDUCTION FOR NEW TRAINEES

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Background and aim: The gap between imagined and realized healthcare practice is indisputable. For trainees who rotate between departments, the challenges of navigating complex healthcare systems are unmet by standard induction programmes [1,2]. Our simulation centre and orthopaedic department collaborated to create an enhanced departmental induction using immersive simulation.

Activity: Following a thorough needs assessment for new trainees rotating to trauma and orthopaedics. We looked at previous trainee feedback, adverse event data from our safeguarding reporting system, and expert opinion from orthopaedic staff. It became clear that at times of transition, the process of accessing timely and appropriate support was challenging. Furthermore, there were a myriad of clinical duties and patient cohorts covered by the trauma team. Working within this dynamic and complex structure was difficult for new trainees. We used team-informed process mapping to define the escalation systems in place, and the distinct roles within the team.

We identified key learning objectives for a simulation induction session. We used a case vignette of an unwell trauma patient and aligned the scenario design to the required learning objectives on clear escalation pathways and whole team working within a complex environment.

Findings: Following a successful pilot run, this enhanced induction is routinely delivered four monthly for junior doctors rotating to the orthopaedic department. Current trainees, orthopaedic consultants, and senior managers also attend this trainee induction as an open forum for dialogue on service improvements. All participants have rated these sessions as good or excellent; they value the whole team approach and repeatedly ask for further simulation sessions. Feedback from other members of the trauma team following these sessions commented on increased connection within the team, which included junior trainees attending departmental meetings. The orthopaedic team also felt that, following the induction programme, new trainees had demonstrated improved handover skills when escalating unwell patients.

Conclusion: This whole team simulation-enhanced approach to orthopaedic induction is novel, and in contrast to the majority of standardized induction programmes [3]. This work provides a template that can be applied to different healthcare systems. By delivering constructively aligned simulation sessions, we can improve team training and enable new trainees to flourish during periods of transition.

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

A78

STEPS: DEVELOPMENT OF A COMMUNICATION SKILLS FRAMEWORK FOR USE IN A BROAD RANGE OF SIMULATION-BASED EDUCATION

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Background and aim: Effective communication is a vital skill in healthcare, whether discussing sensitive or challenging topics, explaining decisions, supporting