

simultaneously tackling difficult conversations with a live actor and managing interruptions from a bleep. Participants also had the opportunity to lead simulated cardiac arrests with peers forming the cardiac arrest team.

Debrief and teaching continued to be provided by a qualified simulation facilitator alongside a specialist registrar or consultant. Feedback provision was moved to an online format and accessed via a QR code to be more environmentally conscious and to readily allow analysis and storage for future comparison. In order to assess sustained quality, the same five aspects of the day were assessed by participants on a ten-point Likert scale: relevance, pitch, clarity, usefulness and overall quality. Scores of 1 reflected strong disagreement and 10 of strong agreement. Free text feedback allowed candidates to suggest topics for future sessions or identify valuable learning points.

Findings: Thirteen IMT3 or equivalent doctors participated in this round of 'Step-Up' simulation with 100% feedback rate. As in previous rounds median and modal scores were 10 in all 5 domains, ranging from 7 to 10. Free text feedback recorded multiple requests for further simulation sessions.

Conclusion: 'Step-Up' simulation was demonstrated previously to be a useful tool in progression to IMT3. Overall quality and usefulness were sustained year-on-year and simulated challenging discussions were highly valued by participants. Therefore, this programme will continue for future cohorts, with ongoing monitoring of sustained quality and development of new scenarios to provide increased frequency of simulation training.

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

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ADDRESSING PATIENT-SAFETY THEMES AND FOSTERING COHESIVE TEAMWORK THROUGH WEEKLY MULTIDISCIPLINARY IN-SITU SIMULATION IN AN ACUTE CARE UNIT

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Background and aim: The Acute Care Unit (ACU) is the busy admissions ward at the trust. Many junior doctors rotate through the ACU for their acute medicine training and the department frequently welcomes newly-qualified nurses or nurses new to the NHS. All staff are involved in managing acutely unwell admissions with a range of presentations.

In this dynamic environment, ensuring time is dedicated to teaching is an important part of staff development. In addition, it is important to create opportunities for team-building between disciplines, and evidence shows that this improves outcomes for patients [1].

Teaching for different professional disciplines is often delivered separately. Whilst sometimes preferable, we recognized the department could benefit from simulation sessions involving all members of the clinical team to represent realistic clinical practice. The aims were to:

- Address recent clinical incidents
- Practice managing common medical emergencies as a multidisciplinary team
- Build a greater sense of team between the ACU staff.

Activity: We designed and implemented a programme of weekly multidisciplinary in-situ simulation on ACU. Sessions involve a range of nursing and medical staff and students and are delivered in an empty bed space on the ACU. Simulations focus on clinical scenarios that might reasonably arise in the department. We use iSimulate technology and re-use the simulation suite's equipment to reduce resource burden and maintain sustainability.

Feedback is collected after each session to quality assure and improve the sessions, and 2 further quality improvement reviews completed to explore how to maximize engagement and learning. This has led to coordination of scenarios with the established weekly seminar-based departmental teaching, to consolidate learning across settings and this is reinforced with a 'learning point of the week'.

Findings: Sessions have been successfully delivered on a near-weekly basis throughout the year, despite significant clinical pressures. This has been achieved through coordinated efforts from the simulation team, ACU fellows and registrars, charge nurses and Practice Development Nurse.

We estimate to have reached more than 50 colleagues, with typically 4-8 attendees per session. We have rotated through 15 different scenarios and counting, covering key topics including various medical emergencies, violence and aggression, and 'soft signs' of deterioration.

The programme has been well received, and feedback has specifically commented on the benefit of simulation in a multidisciplinary and in-situ setting.

Conclusion: We demonstrate it is possible to maintain an effective regular simulation programme in the department to support patient safety initiatives and team working.

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

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STARTING FROM SCRATCH, CREATING A SUSTAINABLE MULTI-PROFESSIONAL STUDENT SIMULATION PROGRAMME

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