

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

A93

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

Joseph Ziegler¹, [Lisa Stevens](#)¹; ¹Homerton University Hospital, London, United Kingdom

Correspondence: lisa.stevens9@nhs.net

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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.

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DESIGN

A94

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

Ben Hester¹, [Shona Hill](#)¹; Somerset NHS Foundation Trust, Crewkerne, United Kingdom

Correspondence: shona.hill@somersetft.nhs.uk
10.54531/YEEF6910

Background and aim: Simulation Based Education (SBE) is well established across healthcare disciplines. However, the benefits can only be obtained in their entirety if simulation is embedded routinely in the healthcare system [1].

Aim: To create and embed SBE sessions targeted at Nursing and Allied Health Profession students within their placement learning.

Activity: We collaborated with clinicians to create training sessions covering clinical and transferable skills alongside scenarios that are not covered in university teaching. Attendance of the sessions was voluntary, allocating places on a first come, first served basis.

The session format consisted of an initial teaching presentation followed by a simulated scenario, debrief, topic specific activities and a final group discussion.

We collated data from students immediately after the session via anonymous, online feedback forms. We have since sent follow up questionnaires to all students we had contact details for who attended a session in 2022.

Findings: We created and delivered 18 simulation training sessions covering 13 topics, totalling 70 hours of training delivery. A total of 103 students from 6 professional groups participated. The students were in varying stages of their education, belonging to 8 HEIs. We received 74 responses out of the 103 students.

Our results showed 99% of students felt the training session met their learning needs and 62.7% found the simulation and debrief the most beneficial part. Additionally, 87.5% found it beneficial working alongside other students and 81.3% reported the session allowed them to gain better understanding of differing professional roles.

Students' confidence levels relating to their ability to manage the clinical scenario significantly increased post simulation with 64.7% rating 'Somewhat Confident' and 27.5% rating 'Extremely Confident'.

We received 26 responses to the follow up questionnaire. In total 94% reported they have since applied the skills they learnt in practice. Furthermore, 42.9% stated their experience in our sessions had been influential in considering applying for posts in Trust.

Conclusion: Simulation allows NHS students to learn essential clinical skills and collaborative working [2]. Our data proves our sessions are successful in increasing confidence scores, insight into other roles and provided invaluable networking time and peer support.

We have created a catalogue of simulations that are sustainable and can be utilized in future student placements. We can also conclude we are not only developing our student NHS population but directly influencing our future workforce in Somerset.

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TECHNOLOGY

A95

UCLH SIMULATION CENTRE - LET US SHOW YOU AROUND: A DIGITAL HYBRID APPROACH TO SIMULATION ENVIRONMENT FAMILIARIZATION

Luke Nash¹, Rochelle Findley¹, **Daniel Paschoud¹**; ¹*UCLH Foundation Trust, London, United Kingdom*

Correspondence: d.paschoud@nhs.net
10.54531/VTBP2482

Background and aim: It is well established that familiarization with the simulation environment is integral to the pre-brief [1]. This fosters psychological safety and creates optimal learning conditions for participants and faculty. We sought to enrich our visitors' psychological safety by providing a digital preview of our simulated environment, prior to the face-to-face familiarization they receive when attending a course.

Activity: Combining 360 and 2D video production techniques we have produced an online experience hosted on the CenarioVR platform. This gives visitors an opportunity to explore the simulated environment, patient and equipment, in their own time, while introducing aspects of the fiction contract. We believe accessibility is key to the utilization of this resource. So we have ensured it can be used on a range of devices including:

- Virtual Reality Headsets (HTC/Meta)
- Desktops/ Laptops
- Mobiles/ Tablets (enhanced with accelerometer controls)

The content is cloud-based and accessed via an internet browser across all platforms, requiring no additional app. One limitation is that the experience requires a stable internet connection.

Findings: A link to the tour was embedded in our pre-simulation communication to participants and faculty, and its usage and impact was evaluated over a period of 2 months using additional questions in our post-course questionnaire. 50 feedback responses to CenarioVR were received. 24 delegates viewed it 26 did not. Of the 24 that viewed 58.3% agreed virtual tour strengthened their experience, 12.5% strongly agreed, 20.8% neutral, 4.2% disagreed and 4.2% strongly disagreed.

Conclusion: From our data we concluded that over 70% of delegates that viewed the virtual familiarization found it to be beneficial to their simulation experience. With simulation being used more in education it is imperative that those with less experience in this setting are provided with resources they need to feel psychologically safe.

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