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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.

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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TECHNOLOGY

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

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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.

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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SYSTEM

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WHOLE SYSTEM TRANSFORMED: MAKING DISCHARGE EVERYONE'S BUSINESS

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Background and aim: Delayed discharges are a challenge in every hospital. The Scottish Government are 'committed to significantly reducing the number of people who are waiting to move from hospital wards to more appropriate settings [1]. This transformative simulation has been designed for all multidisciplinary team members involved in a patient's care to engage in discharge planning; and to 'respond to health service needs [2]. This simulation was created to break down barriers between acute and community care, reduce silo mentality and share the decision-making and risk around discharge.

- **Aims:** Empower any member of staff to have discharge conversations.
- Emphasis on early discharge conversations.
- Join up acute and community staff involved in the discharge process.

Activity: The simulation involves a three-hour session with three scenarios. The session has run in both acute and community hospitals. Participants are multidisciplinary, and have included doctors, nurses, allied-health professionals (AHP), flow team, carers representatives, social workers, social care staff, home care staff and NHS Education for Scotland (NES) staff. The participants, in pairs, have a simulated conversation with a patient's relative about discharge. The learning objectives from the scenarios are around realistic medicine, managing risk and dealing with anxious families. To assess the immediate impact of the simulation, participants complete a pre-simulation questionnaire on arrival and a post-simulation questionnaire at the end of the session.

Findings: The results were from the pilot session pre and post simulation questionnaires in March 2023. Participants ($n = 10$) were asked 'How would you rate your willingness to have discharge conversations with patients/family members?' before the simulation the mean rating was 3.8 out of 5. Following the simulation, the participants were asked 'To what extent does this training empower you to have discharge conversations?' and the mean rating was 4.7 out of 5. This demonstrates that the simulation increased willingness and empowerment to have discharge conversations.

Prior to the simulation participants were asked 'What makes it difficult to have these conversations?' Themes from the qualitative answers were family expectations and managing uncertainty, both of which were learning objectives in the scenarios.

Conclusion: Our participant feedback has shown that this Discharge without Delay Simulation has 'made discharge everyone's business.' This simulation can provide transformative change to help healthcare professionals have early discharge conversations. This provides better patient-centred care by returning the patient to a homely

environment, to reduce delayed discharges and increase patient safety.

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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CONTENT

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APPLYING THE MENTAL CAPACITY ACT THROUGH MULTI-DISCIPLINARY SIMULATION - A SUCCESSFUL PILOT

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10.54531/ZHOJ1979

Background and aim: An assessment of mental capacity involves determining if a person can make a decision, or whether this needs to be done in their best interests [1]. The Mental Capacity Act (MCA) 2005, provides a legal framework that protects people who might not be able to make decisions for themselves and guides professionals during their practice. Research has shown inconsistencies on how the Mental Capacity Act is applied in health and social care settings [2], therefore ensuring that professionals have are provided with the right support to confidently apply the act should be a priority. Simulation has been effectively used in healthcare education [3] and could also be implemented to support this area of practice. The Homerton Healthcare NHS Foundation Trust's Simulation Team and Adult Safeguarding Team, jointly worked in developing a simulation-based session which focused on mental capacity assessments in different situations. The aim of these sessions was to increase participants' confidence to assess mental capacity and to manage challenging conversations during assessment.

Activity: Scenarios were designed for hospital and community settings, the topics covered included consent to treatment, self-discharge, compliance with treatment, substance misuse, mental health problems, dementia and learning disability. The target audience was senior healthcare professionals that are regularly involved in making decisions related to mental capacity. Scenarios were designed to be flexible and adaptable according to the attendants' needs, for example the learning disability scenarios involved the use of easy read information that was specifically provided or created. Actors were used for the role of patients or relatives, and members of the adult safeguarding team were part of the faculty to support or lead the debrief process.

Findings: Between January 2023 and February 2023, the faculty delivered 3 sessions, with a total of 20 participants from different professional groups including doctors, nurses