

and allied health professionals. Anonymous feedback was collected at the end of each session, with 84.62% ($n = 13$) of respondents reporting their confidence in assessing mental capacity had increased. This led to gaining funding to continue delivering more sessions in 2023.

Conclusion: Studies have shown that healthcare professionals' confidence in applying the mental capacity act can vary [2]. Solely focusing on traditional forms of education might not be enough to prepare our workforce, in this case simulation-based training has provided a valuable tool to enhance participant's abilities in relation to the mental capacity act and its application in healthcare practice.

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, SYSTEM

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LESSONS LEARNED FROM HYPERKALAEMIA SIMULATION: IMPROVING POLICY & PRACTICE

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Background and aim: Following an investigation where ten times the amount of prescribed insulin was given to a patient during the administration of treatment for hyperkalaemia, learning needs were identified. It was from this incident outcome that the aim for this project arose.

Aim: Create a hypokalaemia simulation that can be delivered trust wide with only one facilitator.

Activity: The simulation was run on the medical wards that the staff were familiar with to allow us to identify policies and process gaps as well as learning needs.

The simulation only required two registered nurses and with the debriefing session usually took around 40 minutes. This limits the impact on busy wards allowing for safe staffing levels to be maintained. Simulation incident forms were completed for each session to highlight and raise awareness of identified learning points to both ward managers and local governance leads.

Findings: The first error that impacted the simulation was the spelling affecting the access to treatment guidelines contained within a Trust policy. The Trust we work for is proud to be multinational, and we found that the majority of our colleagues that have received education overseas used the more widely recognized spelling in Europe of hyperkalemia. This was escalated and the second spelling was added as a keyword, after this change the problem was not repeated in

subsequent simulations. It led to further reviews of Trust policies and has driven a change in keywords within the policy portfolio.

The second and third errors were around lack policy and treatment flowchart awareness and poor knowledge on how to navigate the intranet to find policies. Although the participants in the simulation left with a good awareness of the policy and practices accessing the policy and flowchart during the session, it had become apparent that this was a wider Trust issue. Therefore, communication posters were made to highlight the policy and treatment flowchart for hyperkalaemia. Using a QR code staff could play a short video showing how to access the Trust policies from the intranet page after the sessions.

Conclusion: Future plans include collaboratively using simulation to test systems and highlight learning points for other incidents or errors that arise throughout the Trust. Also, we look to utilize Dynamic QR codes [1] that allow for the content connect to the QR code to be updated without the poster having to be reprinted and laminated allowing for a live document.

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DESIGN

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DESIGNING AND IMPLEMENTING E-NOTING FOR USE IN SIMULATION SCENARIOS FOR SUSTAINABILITY AND REALISM

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Background and aim: Due to the nature of simulation-based education, large amounts of blank paperwork are used and disposed of in any given scenario. As many trusts are now moving towards e-noting, including e-obs and e-prescribing, the use of these in simulation can be extremely beneficial for the learners. These were highlighted by the author as areas for sustainability and increased realism throughout the simulation sessions run by the team at Dartford and Gravesham NHS Trust [1].

Activity: This initiative was developed to cut down on the amount of paper waste used during scenarios and increase the realism for the learners taking part. E-obs, e-prescribing and e-noting templates were created using Microsoft Excel and Microsoft Word that mirrored the programmes used throughout the trust, and were made readily available for the learners taking part in the simulation scenarios. These were then saved as templates, and a new version created for each existing patient throughout the scenarios. On top of this, each new scenario created also required a new set