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CONTENT, DESIGN, EDUCATION, QUALITY, SYSTEM, TECHNOLOGY

A113 A PILOT COURSE AMALGAMATING THE BENEFITS OF PSYCHOLOGICAL SAFETY, CIVILITY, AND HUMAN FACTORS IN A STRUCTURED DEBRIEFING MODEL IN SIMULATION-BASED EDUCATION

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Background and aim: Simulation-based education (SBE) is one of the leading teaching methods in healthcare. Debriefing is the cornerstone of effective simulation-based medical education. Debriefing is considered vital part to learning from simulation, and for the transfer of learning so that it can be applied to other situations [1]. Feedback from four simulation faculty development days identified that debriefers lacked the confidence to address conflict or use the principles of civility to enhance their debriefs. Teaching which has structured debrief covering civility and human factors are the cornerstone to deliver sessions that instil confidence and patient safety within the organization [2]. Human factor principles that employ psychological safety were introduced in the debriefing course with the purpose of upskilling the debriefers.

Activity: There are various models of debriefing however, the focus was to provide the three-phase conversation structure. The course covered human factor principles alongside debriefing techniques using the three-phase conversation structure and interactive workshops. We enlisted the services of a specialist human factor/civility lecturer, simulation lead and a simulation lecturer to deliver the course. At the end of the course, the participants had to undertake a debrief to consolidate their learning in a supportive environment and immediate evaluation was obtained using a structured questionnaire (see Table 1-A113).

Additionally, a pilot study of five participants who had attended the course were randomly selected for a face-to-face interview twenty-four hours after the course. Three open-ended questions were asked. These focussed on whether the application of psychological safety and human factors enhanced their debriefing skills and suggestions for further course development.

Findings: The results highlighted the value of the inclusion of human factor principles. Both evaluation methods were positive. Attendees commented on the value-added to their simulation training and wanted these principles to be adapted as a structured course. Acknowledging the fact that the sample recruited was small and may not be statistically significant, a future study will include a bigger sample size.

Conclusion: Currently, this is the only organization within the North-East of England that offers standalone debriefing course. There was an overwhelming demand for a course aimed at educators who are engaged in SBE with emphasis on debriefing to consolidate learners' experience. This course is intended to be delivered to all educators across the North-East region and beyond.

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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Table 1-A113: Evaluation themed responses

Themes emerged from the immediate evaluation feedback.	Well structured, relevant information. Lovely supportive facilitators. Human factors session was very insightful thank you. The flexibility to explore different approaches to feedback and practice. Learning about different debriefing formats.
Main themes from interviews	More scenarios to debrief during the session. Felt prepared to deal with challenges from seniors and learners. Definitely prepared me better from the faculty development course as this is more in depth of how to debrief.

DESIGN

A114 MULTIPLE TRAUMA SIMULATION - AN INTRODUCTION FOR MEDICAL AND NURSING STUDENTS

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10.54531/VEAI3540

Background and aim: In a number of medical schools, students often feel unprepared to manage acutely unwell trauma patients, with a majority of students reporting they had received less than five hours of trauma-based teaching and clinical skills exposure [1]. Despite the lack of previous training, newly graduated doctors are often one of the first professionals to initiate assessment and management of trauma patients on arrival to hospital [2].

Our scenario design aims to help both medical and nursing students gain experience of multiple trauma patients in a simulated environment. We wished to incorporate the skills of prioritization, leadership, role allocation and delegation whilst also covering some technical skills of trauma management. This scenario aims to simulate a high-pressure, busy clinical environment where students can practise

the management of patients requiring immediate care in a resuscitation room setting.

Activity: The students were briefed collectively for the multiple trauma simulation, as if there were a 'stand-by call' as a pre-alert from the ambulance crew. The students were informed that there was a nearby road traffic accident and there would be three casualties arriving: a patient with a head injury who was on an anticoagulant, a patient who had a chest wall injury and a patient who had suffered burns at the scene. They were allocated 5-10 minutes to assist with assigning roles and identifying how they planned to divide up tasks before starting the simulation. The initial assessment and management plans were commenced by the students, and a member of the faculty team would come in around half-way through as a 'senior emergency physician', who could offer advice and guidance.

Findings: Verbal and written feedback collected from both medical and nursing students was positive, with many stating that they felt their teamwork and leadership abilities had been enhanced. Multiple people commented on the impact of clear communication, task delegation and leadership on the outcome of the scenario. Several students also commented on the positive impact of multidisciplinary working by combining both medical and nursing students for simulation training, and felt they had a greater appreciation and understanding of each other's roles.

Conclusion: Students felt that their confidence in both technical and non-technical skills had improved as a result of participating in the scenario, and many felt they had learnt valuable leadership and teamwork abilities.

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

A115 DEVELOPING A SIMULATION COURSE FOR ADVANCED CLINICAL PRACTICE-CHALLENGES OF DESIGNING FOR A DIVERSE INTERPROFESSIONAL GROUP

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Background and aim: There is increased availability and development of the advanced clinical practitioner (ACP) course to upskill allied health professionals in clinical, leadership and supervision areas [1]. Locally, ACPs and ACPs in training have not previously had simulation integrated into their training for this role despite this being considered an effective learning method for communication skills [2]. The simulation department was approached with funding to develop a course to add variation to their development programme and enhance learning in areas better targeted through simulation.

Activity: A survey was sent to the ACP cohort to ascertain their desired learning objectives from simulation training. Then the team met a focus group of ACP trainees to further explore their varied roles and the expected changes moving to the ACP role. From this research, a 1-day course was developed to include scenarios with themes felt to be widely applicable across the umbrella of 'advanced clinical practice'. Examples included; managing patient expectations, challenging hierarchy, safeguarding, learning disability, mental capacity assessment, difficult supervision. Two courses have been completed with a mix of ACP roles, and scenarios adapted to apply to the specific participants. The debriefs explored how the scenario theme could be applied cross discipline and gave an opportunity for these senior healthcare professionals to share experiences and their individual management strategies.

Findings: This was a stimulating but challenging course to develop given the seniority and multidisciplinary background of the target group. This required significant creativity and adaptability from the organizing team and multiple scenarios to be designed for participants. The courses generated valuable discussion and all candidates reported the day to be a useful experience with specific learning and development taken from the day. Limitations included some allocated scenarios were felt to be outside the usual job remit of the allocated participant, which could impact on the authenticity and psychological safety of the scenario for that candidate. Despite this, useful discussion of the intended themes was still possible, and this was reinforced by the experience brought from the candidates present.

Conclusion: Even though ACPs may have similar more complex learning needs in line with their required capabilities, this is challenging to translate into a transferable and valuable simulation course when targeting multiple disciplines with varying amounts of senior experience. We reflect on ways to approach this in the future and would be open to opinions from our esteemed education colleagues.

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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