Sharing Care and Compassion with Simulation

CAE Healthcare and the Queen's University, Belfast would like to thank all the healthcare professionals who have submitted abstracts for this year's conference. The breath and diversity of the work is phenomenal and covers simulation education and assessment in many forms.

SESSION CODES: (F) Free paper, 20 minutes (W) Interactive Workshop

CONCURRENT SESSION A

The Practical Application of Human Patient Simulation in Challenging Pre-Hospital Environments (F)

M Ping, NARU, UK

At NARU we use HPS to provide challenging, unique environments for our students to work in. Realism is at the core of our ethos of training and using simulators brings the added absolute real pressure of dealing with a “live” casualty. Our simulators are used in a whole variety of challenging and differing scenarios for example, a casualty who has been shot at a firearms incident that requires immediate use and correct placement of a CAT Tourniquet, or in a house fire and is not breathing or a trapped in a pile of rubble with complex, multi-trauma injuries. Predominately our simulator is used in CBRN exercises to highlight the difficulties in delivering gold standard patient care in heavy, cumbersome PPE. To add to the realism, we have even named our three simulators to give them personalities and faces as opposed to a sand mannequin that does not respond to clinical injects. The use of the HPS provides on the spot feedback and is essential when debriefing the delegates and used as part of their assessments. The presentation will include photos and video footage taken during these demanding scenarios.

SCREAM (Standardised Critical Care Resuscitation & Emergency Airway Management) (F)

M Dillon, C McFall, G Morrison, L Mottram, W Hickland, R McMonagle & M Jasztal, Belfast Health & Social Care Trust, UK

SCREAM (Standardised Critical Care Resuscitation and Emergency Airway Management) is an intensive one-day programme. The programme comprises of three stations. The first is an airway station covering normal intubation protocol, drugs and airway adjuncts, anaphylaxis scenario and “can’t intubate can’t ventilate” algorithm. The second station is a breathing station concentrating on emergency scenarios including a) blocked endotracheal tube/tracheostomy tube, b) dislodged endotracheal/tracheostomy tube c) care of laryngectomy stoma and ventilation of same d) management of the haemorrhagic protocol for massive blood loss. The third station is a circulatory station, covering advanced life support scenarios and bradycardia and tachycardia algorithms. The overall approach of the programme is focused on ABCDE assessment using simulation training incorporating human factors into each scenario.

In 2015 RICU plan to move to a purpose built Critical Care Unit comprising of 32 single isolation rooms split over 2 floors. The layout of the unit, based on the Griffin Model, will present new challenges for staff in relation to patient safety, particularly in regard to emergency airway management and resuscitation. This project was created to equip staff with the necessary skills and knowledge to deal safely with emergency situations using a standardized and evidence-based approach, highlighting the importance of human factors and team work.

The Effect of Using High-Fidelity Simulation Training of New RNs in Caring of a Patient with Chest Pain (F)

S Teeranut, S Ruechai, N Wilaiwan & A Kongtrup, Bumrungrad Training Centre, Thailand

PURPOSE: The purpose of this study was to describe the effect of using high-fidelity simulation training on the performance of new registered nurses in caring for a patient with chest pain.

METHODS: An action research design, based on the Donabedian’s quality framework was used in this study. The purposive sampling consisted of 39 new registered nurses who had the role of caring patient with chest pain in the high-fidelity simulation based training. Instrument used to collect data consisted of knowledge, skill performance and self-efficacy for caring for a patient with chest pain. Descriptive statistic and paired t-tests were used to analyze data.

RESULT: The result illustrates a significant improvement in knowledge and self-efficacy by paired t-test. The post-test results were increased from pretest. The post-test knowledge and self-efficacy were 28.53%, 27.6% respectively and 61.79% of subjects completed the skill performance checklist.

CONCLUSION: Using high-fidelity simulation training could be useful to improve in knowledge and self-efficacy of subjects. This study showed the benefits in simulation training, not only improving clinical knowledge and self-efficacy but also increasing decision-making, self-confidence and critical thinking of subjects.

Utilizing a Simulated Approach to Teach Safeguarding Skills in Pre-registration Nurse Education (F)

P Carson & P Cardwell, Queen’s University Belfast, UK

Within nurse education students have the opportunity to engage in learning activities which develop and enhance their knowledge and skills. An area of practice where pre-registration students...
have limited practical application of skills and knowledge is that of safeguarding children and young people.

Caring for children or young people who have experienced abuse and neglect can be challenging for those charged with providing care to the child and family. If best practice is to be achieved in safeguarding and protecting those most vulnerable in our society then it is imperative that health care professionals are exposed to, and engage in, effective, contemporary and relevant educational opportunities. In addressing this deficit a simulated clinical scenario whereby students are presented with a scenario based on a real situation wherein there are a number of possible safeguarding issues can go some way to addressing this issue. From a teaching perspective it facilitates learning safeguarding skills which link the theory and policies surrounding safeguarding to clinical practice in a safe risk free environment. Furthermore, engaging the students in reflective debriefing following the scenario can also help students who may not encounter such an issue in practice to appreciate the challenges safeguarding presents within clinical practice.

Nasogastric Tube Feeding Initiative Aimed at Increasing the Competency of Nursing Students (F)

F Auld, D Corkin & A Devlin, Queen’s University Belfast, UK

The emerging recognition of nursing fields as a vital interrelated workforce implies a need for a variety of curricula opportunities. This project presents a challenge for healthcare educators to widen student engagement and participation in simulation and peer assessment. (NMC 2010) Creating a shared learning environment whereby student interactions foster the desire to develop situational awareness and competency within skill sets, using the SBAR communication tool. Overall aim of this workshop is to enable students to advance their knowledge and understanding of current best practice.

METHODS: Interactive sessions with 2nd year learning disability and children’s nursing students are being widened to involve other fields of nursing. Each group of 2-3 students focuses on a specific feeding scenario based on a common real-life issue. The student groups are observed by both facilitators and their peers, who provide constructive feedback on aspects of performance including patient safety, decision making skills and an appreciation of their role in managing patient feeding problems.

RESULTS: Ongoing findings suggest that students evaluate this simulated activity very positively and have stated that they value the opportunity to exercise their clinical assessment skills.

CONCLUSIONS: As a group, students engage in this problem-solving exercise, drawing upon their strengths and abilities to learn from each other.

No Catheter, No Catheter Associated Urine Infection (CAUTI) An Inter-professional Simulation Course to Reduce Avoidable Harm In Patients with Catheters (F)

M McDonnell, C Laws-Chapman, A Hopper & G Downing, Guys and St Thomas’ NHS Foundation Trust, UK

CAUTIs are the leading healthcare-associated infection and have a devastating impact on patients (HINSL, No Catheter No CAUTI, 2015). The Health Innovation Network, South London (HINSL) and GSTFT have formed to reduce catheter-associated infections and to improve patient safety and quality of care for this patient group. This novel inter-professional simulation course was proposed to support the roll out of this quality improvement and competence in catheter management.

OBJECTIVES: To design a half-day course providing an overview of the technical and non-technical skills involved in the catheter care bundle for hospital and community healthcare workers. The course objectives are: demonstrate knowledge of the indications and contraindications of inserting a catheter, competently react and display the use of the catheter care bundle and identification of two non-technical skills that can enhance inter-professional working & patient safety.

DESIGN AND METHODOLOGY: Using focus group techniques with specialist staff from community and hospital-based settings, the course objectives and content were devised. Three scenarios were developed and piloted. 8 half day courses have run with healthcare workers from the community and hospital nursing assistants & qualified nurses, pay band 2-7, physiotherapists and doctors up to registrar level.

RESULTS: The overwhelming response from evaluation data showed that delegates gained positive benefits from attending the courses with an increased confidence in management of catheters around the 4 areas of the catheter bundle and 1-2 non-technical skills learnt. Further results/evaluation to follow.

CONCLUSIONS: This course successfully allowed delegates the opportunity to practice competence in using the catheter care bundle through relevant home or hospital scenarios. In addition, safety aspects have been identified through debriefing inter-professionally around non-technical skills.

Sequential Simulation (SqS) Concept & Applications (F)

S Weldon, F Bello & R Kneebone, Imperial College, UK

Sequential Simulation (SqS) is an emerging concept that takes a whole systems approach by simulating a patient's care pathway, or a sequence of healthcare scenarios, rather than just one element of it. This approach is not only multi-professional but also multi-dimensional, ensuring a multitude of healthcare factors
are considered. This presentation describes the concept of SqS and presents a review of the literature and further scoping of the subject in order to locate it within a wider landscape. SqS is an innovative and practical way of presenting current care pathways and health care scenarios in order to create longitudinal elements of simulated care. The concept of 'sequential simulation' speaks to an unmet need in current simulation practices. Although no studies have currently looked at its application and limitations, this presentation will identify similar and useful approaches that could aid in its development and utilisation.

An Evaluation of the Hearing Voices Educational Mobile App (F)

H Mairs, Collins, Dulson, Kelly, Knight, Bullimore & Crawford, University of Manchester, UK

Despite prevalence levels of up to 15% in many western cultures, voice hearing is considered a taboo experience (Longden et al, 2012). Indeed Ando et al (2011) have suggested that hearing voices is one of the most stigmatized experiences in psychiatry. Thus there is a pressing need to equip healthcare professionals to provide empathetic and empowering care for people who hear voices. To do so it is imperative that professionals appreciate the devastating impact voice hearing can have on an individual.

The Hearing Voices App was developed by a group of healthcare professionals, learners and voice hearers as a comprehensive educational package to support and promote an understanding of voice hearing. Simulation is central to the pedagogy of the app and presents a review of the literature and further scoping of the subject in order to locate it within a wider landscape. SqS is an innovative and practical way of presenting current care pathways and health care scenarios in order to create longitudinal elements of simulated care. The concept of 'sequential simulation' speaks to an unmet need in current simulation practices. Although no studies have currently looked at its application and limitations, this presentation will identify similar and useful approaches that could aid in its development and utilisation.

SP Feedback as a Tool to Assess Student's Skills (W)

K Lewis, George Washington University, USA & Carine Layat Burn, HE-ARC University of Applied Sciences of Western Switzerland

Standardized/Simulated Patients (SPs) are usually thought of as individuals who are trained to portray a patient with a specific condition in a realistic, standardized and repeatable way (where portrayal/presentation varies based only on learner performance). However, this is only one facet of the methodology. One of their most important roles is to teach learners through feedback. In fact, one of the greatest advantages of SP methodology over other simulation methodologies is that SPs can extend a learner’s understanding of the patient’s experience.

Giving feedback effectively is complex and requires specific skills. And like all skills, it takes practice to build confidence and improve performance. Training SPs in giving feedback must be methodical and based in a well-defined system that applies feedback principles.

Using a combination of short didactics and small group practice, the workshop leaders will provide the participants with the tools to:

• Set up an effective feedback interaction
• Select methods of training SPs to give verbal feedback
• Incorporate SPs as participants in a debriefing session

The workshop will conclude with a participant discussion about how to incorporate SP feedback into simulation sessions in their institutions.

Teaching End of Life Care to Undergraduate Nursing and Medical Students: the Use of Simulation and Inter-professional Education (W)

C Lewis, J Reid, R McLernon, R Ingham, & M Traynor Queen’s University Belfast, UK

Providing end of life (EoL) care to patients and their families is a recognised concern for many nursing and medical students. Many have reported feelings of anxiety, powerlessness and emotional distress when providing care for people who are dying.

Traditional didactic teaching approaches are thought to be less suited to the delivery of EoL education as students get less opportunity to engage with their learning and reflect on their experiences. Rather, students should engage in teaching activities which promote active and experiential learning. There has subsequently been increased attention on the use of simulation to deliver EoL care education in undergraduate curricula. This interactive workshop will focus on the use of simulation to deliver EoL education. It will have three components:

• Incorporate SPs as participants in a debriefing session
• Select methods of training SPs to give verbal feedback
• Incorporate SPs as participants in a debriefing session
1) An initial introduction and overview of the use of simulation to deliver EoL care education, with a focus on the inter-professional approach. We will share our experience of conducting a pilot study using simulation to teach EoL care to undergraduate nursing and medical students.

2) A demonstration of an EoL simulated clinical experience. Participants will get the opportunity to watch a simulated, end of life care scenario using a high-fidelity computerised manikin.

3) Feedback and final discussions.

**Clinical Competency Assessment in Labor and Delivery: The Integration of Standardized Patient in Nursing Curriculum (W)**

K Schaivone & G Gephardt, University of Maryland, USA

To demonstrate clinical competency a student must have the opportunity to learn and practice critical thinking that includes knowledge, skills and attitude. Undergraduate nursing students also need the opportunity to practice or refine physical exam competencies prior to their first experiences in a clinical setting. Obstetric and Maternal Child Health curriculum in schools of nursing can benefit from integrating Standardized Patients (SPs) to allow students to practice and demonstrate physical exam and interpersonal communication skills. For students who must begin clinical rotations in a setting in which they will be asked to perform sensitive exams this can be stressful. The integration of SPs in to the nursing curriculum allows students to perform this exam prior to their first clinical rotation. The SPs portraying the mother are well trained for this project and can assess students’ competency. After the encounter the SP provides feedback reviewing clinical and communication checklist items and engages the student in a discussion of the nurse-patient interaction. Students who have the opportunity to practice a complete a postpartum exam and receive SP feedback, show an increased confidence level when they begin their clinical rotation in labor and delivery.

**Low-Fidelity Simulation as a Mechanism to Enhance Midwifery Students’ Confidence in Relation to Emergency Obstetric Training (W)**

C Hughes, G Anderson & D Patterson, Queen’s University Belfast, UK

Simulation is recognised to increase students’ confidence in their ability to make critical decisions procedures without exposure and risk of harm to real patients (Partin et al, 2011). Within Queen’s University Belfast, simulation for obstetric emergency training based on the ethos of ‘Practical Obstetric Multi-Professional Training [PROMPT]’ (Draycott et al, 2008) has been developed for midwifery students and is now embedded within the pre-registration curriculum. An important aspect of PROMPT training is the use of low-fidelity simulation as opposed to high-fidelity simulation can be an effective tool for promoting student confidence (Tosterud, 2013; Hughes et al, 2013). Students experience simulated obstetric emergencies within a safe environment and evaluation has indicated that students feel safe and have an increase in confidence and self-efficacy (Hughes et al, 2013). The immediacy of the feedback offered by simulated situations encourages an exploration of beliefs and attitudes, particularly with peers, promoting a deeper sense of learning (Stoneham and Feltham, 2009). This workshop will demonstrate examples of low-fidelity simulation and discuss how feedback mechanisms can enhance the student experience. (McCaughey and Traynor, 2010).

**Using METIman in a High-Stakes OSCE (W)**

M Quick, S Houghton & A Snarr, General Medical Council, UK

Doctors working in the UK are required to be registered with the General Medical Council (GMC). The most common route to registration for International Medical Graduates (IMGs) is successful completion of the GMC’s Professional Linguistics Assessment Board (PLAB) test. The second part of this two-part test is an Objective Structured Clinical Examination (OSCE) which comprises of 16 five-minute clinical scenarios. Since 2011 a high-fidelity patient simulator, the METIman prehospital model, has been used in the PLAB part 2 exam. This allows the testing of a broader range of skills to an extent that was not possible using part-task trainer manikins or standardised patients (role players). There have been many advantages but also some limitations in using a high-fidelity patient simulator in an OSCE environment. With careful training, piloting and the use of innovation, METIman has become a valuable asset to the PLAB part 2 exam. As PLAB develops and stations become longer, we will be using METIman in increasingly complex ways, such as more transitional stations, which we will be demonstrating today.

**Nursing Simulation: A Community Experience (F)**

N Oozeageer Gunowa, M McBride & K Elliott, Kingston University & St Georges University, UK

The education sector faces major challenges in providing learning experiences so that newly qualified nurses feel adequately prepared to work in a community setting. With this in mind, HEIs need to develop more innovative ways to deliver the community nurse experience to student nurses.

Simulation provides an opportunity for educators to evaluate student performance in an environment that models a complete
Sharing Care and Compassion with Simulation

In 2012 the SHSCT revolutionised the simulations to complement the students’ practicum. Nursing, and the development and implementation of further within the mental health and the learning disability fields of nursing. This study was guided by the NMC (circular 5/2010) who recognised the validity of the simulated supervised sign off, enabling exposure to the experience whilst demonstrating and testing the required skills with an existing sign off mentor.

METHODS: Medical and children’s nursing students participate in a simulated scenario. The student groups are observed by both facilitators and peers, who provide feedback on performance.

RESULTS: Students complete a validated questionnaire composed of Likert-scales. Results suggest that students evaluate this learning activity very positively. They have stated that they value the opportunity to exercise clinical judgment without endangering the child.

A recent evaluation revealed that 94% of paediatric trainees who helped facilitate at SimBaby felt it had improved their teaching skills, whilst 82% stated it had enhanced their ability to provide feedback.

To-date this SimBaby project has achieved two prestigious prizes, a University Teaching Award in 2008 and a Research award (2009).

CONCLUSIONS: SimBaby is an important initiative providing a highly valued learning opportunity for students and those healthcare professionals involved in facilitating the sessions.

Sharing care and compassion with simulation provides an integrated approach to learning highlighting the importance of inter-professional teamwork. It also assists students in developing the fundamental knowledge and skills required to manage paediatric emergencies and enables them to become familiar with clinical tools such as the SBAR framework for communication.

METHODS: Medical and children’s nursing students participate in a simulated scenario. The student groups are observed by both facilitators and peers, who provide feedback on performance.

RESULTS: Students complete a validated questionnaire composed of Likert-scales. Results suggest that students evaluate this learning activity very positively. They have stated that they value the opportunity to exercise clinical judgment without endangering the child.

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Simulation in Nursing Education, Development of Sign-Off Mentors (F)

E Kane, Southern Health & Social Care Trust, UK

LEARNING OBJECTIVES: In 2012 the SHSCT revolutionised the development of sign-off mentors utilising simulation education. The ‘Progression to Sign-Off Mentor Programme’ with regionally agreed principles was locally developed enabling assessment of NMC criteria through role play. The purpose of the simulation was guided by the NMC (circular 5/2010) who recognised the validity of the simulated supervised sign off, enabling exposure to the experience whilst demonstrating and testing the required skills with an existing sign off mentor.

DESIGN: The programme coincided with final placement pre and post registration nursing students to facilitate signing off proficiency under supervision with an ‘actual’ student at the end of a programme (NMC 2008). Two workshops involving both the supervising and progressing sign-off mentor used role play to test the skills required in assessing and signing off proficiency.
An opportunity for reflection and feedback between supervising and progressing sign off mentors identified areas for development.

OUTCOMES: Formal evaluation of the programme supports simulation as the most beneficial attribute (92%), indicated by an increased awareness of roles, responsibilities, and accountability taking cognisance of failing to fail. To date, approximately fifty mentors have completed the programme with growing acclaim in its design and delivery.

**Student Evaluation of the OSCE as a Method of Assessment in a Post-Registration Nursing Module on ‘Health Assessment’ (F)**

M Scallon & D Martin, Queen’s University Belfast, UK

Practitioners from a range of clinical areas are increasingly being required to develop their knowledge and skills in health assessment, and modules focusing on advanced assessment skills are offered by many nursing departments. The Objective Structured Clinical Examination (OSCE) is frequently used as a method of assessing competence in health assessment and was used alongside a written assignment as the assessment strategy for a module entitled ‘Health Assessment’. We were keen to ascertain the students’ views on the current method of assessment for the module and in particular, to gain insight into their experience of the OSCE.

Students were surveyed following completion of the module and OSCE. Overall they held positive views of the assessment process and were in favour of retaining the OSCE as a valuable learning and assessment tool. Despite the stress incurred during the process, it helped focus their learning and they felt it validated their knowledge and skills. As a result they reported feeling more confident to utilize clinical examination skills in practice and many hoped to develop their role to enhance the patient experience.

**The Evaluation of Labtutor in an Undergraduate Nursing Programme (W)**

J McMullan, Queen’s University Belfast, UK

INTRODUCTION: Technology Enhanced Learning (TEL) describes circumstances where technology plays a role in making learning more effective. One such TEL is Labtutor.

AIM AND OBJECTIVES: To evaluate how Labtutor can contribute to teaching in an undergraduate nursing programme:

Ascertain level of student engagement with material in online learning:

- Gauge participation and levels of interactivity:
- Determine enhancement of learning and
- Determine the usefulness of formative assessment facilitated by using the system.

METHODOLOGY: First year nursing students (n= 115) were the convenient sample. Labtutor software was incorporated into Enquiry Based Learning/ small group and large group settings. Students were able to conduct experiments relating to aspects of life science.

Students were invited to complete a 32-item questionnaire. To facilitate such a large group, ensure confidentiality, ease of collation of data and time the Personal Response System was used for data collection.

FINDINGS/CONCLUSION: Participants reported overall that they enjoyed using the system and found it beneficial to their learning by:

(a) Increased engagement with material
(b) Increased participation/ interactivity
(c) Enhancement of learning and
(d) Usefulness of formative assessment.

The Labtutor system and other TEL packages which can help deliver the curriculum in a novel way and can enhance learning.

**Diamond Debriefing! – A Jewel in the Debrief Crown (W)**

C Laws – Chapman, L Thomas & P Jaye, Guys and St Thomas’ NHS Foundation Trust, UK

LEARNING OBJECTIVES:

1. To gain an understanding of the different elements of the diamond debrief.
2. To explore why it might help facilitate debriefing in your own environment.
3. To think about how it could be used for faculty development and standardisation of post simulation debrief in your centre.

Diamond Debriefing! – A jewel in the debrief crown

‘The SaIL Diamond’ is a tool for facilitated debrief following simulated scenarios, and is based on Steinwachs2 three-part process to debrief: description, analysis and application.

The diamond is structured to facilitate a student centred debrief in a non-threatening format, exploring both the elements of technical and non-technical elements of the simulated experience. Its design is set up to have a focus on learner led clinical aspects, then moves on to focus upon human factors. It can also be used outside the simulation environment to facilitate clinical debriefs and is also being trialed for improving clinical handovers. The Diamond visually represents the process of opening out a discussion with the learners that explores their feelings and beliefs
before bringing the learning into focus and applying it to their own environments.

The Diamond contains a “scaffold” of questions around which a facilitated debrief can be built. This structure has three distinct advantages.

- It is designed to be used quite rigidly by beginner faculty as they learn the process of debrief, the advantage being it provides a clear structure for novice debriefers.
- The established structure assists the process of debrief between paired debriefers who have not worked together previously by laying out a framework they can both follow.
- Lastly, it becomes a structure that the learners understand and feel comfortable with and thus it can facilitate developing their competency as a debriefer.

How Real is it – Increasing Real Reactions in Hybrid Simulations (W)

L Lyman & G Glivia-McConvey, Eastern Virginia Medical School, USA

One of the major goals in simulation is to achieve the level of realism to allow the learner to carry out the required tasks, perform to their highest ability and to be fully engaged. In designing a hybrid simulation experience the addition of trained confederates, simulated patients, family members, team members (or any simulated role) may be needed to meet the educational objectives.

Realism and reproducibility is an important feature to maintain the integrity of the total simulation. Therefore, a well-designed scenario with quality materials for training the simulated role(s) will have immediate and specific impact on the fidelity of the simulation and the outcome of the experience for the learners. It is essential all simulated participants have the proper materials to be accurately prepared and trained.

Core techniques from the well-established SP Methodology are presented for preparing Hybrid scenarios with the associated simulated roles.

Workshop leaders will provide the participants with the tools to:

- Develop and implement hybrid simulations with realistic and reproducible standardized roles/patients into simulations
- Develop materials required to train quality simulated roles used in healthcare simulations.

Method of workshop instruction: Combined short didactics, interactive discussions and small group practice.

The Septic Patient–Recognition, Management and Treatment - A Simulated Workshop (W)

F Auld, B Rice & M Traynor, Queen’s University Belfast, UK

There is a significant morbidity and mortality associated with sepsis. Clinical staff should be familiar with the signs and symptoms, be able to recognise sepsis early and initiate resuscitation and treatment (UKST 2014).

It is important clear guidance for the management of sepsis and septic shock exists. Simulation offers an opportunity to facilitate this awareness. Simulation refers to the recreation of an event that is as close to reality as possible. High-fidelity simulation enables recreation of “real” clinical situations in a safe learning environment (Smith 2013). In addition to this participants must integrate a full range of knowledge attitudes and skills to respond effectively (Baker et al 2008).
Bearing this in mind the simulation team proposed to carry out a simulated workshop using an adapted example of a patient who presented to A & E with sepsis. It is proposed that participants at the workshop will volunteer to role play the assessing nurse. The simulation team will assume the role of the patient and role play members of the MDT as required. It is recognised that interactions within simulation can be nerve wracking for the individual. (Mc Caughey and Traynor 2011) Bearing this in mind facilitators will aim to encourage participation in a relaxed non threatening environment. A debriefing session will follow the scenario.

Consolidation of the workshop will emphasize the key learning points in relation to sepsis. Hopefully participants will find transference of skills and knowledge from the simulated experience to the clinical setting (Stirling et al 2012).