Background and Purpose: It is recognised that candidates applying for careers in healthcare should come from diverse backgrounds. Currently however, there is under-representation of students from certain ethnic, social and economic circumstances within this setting. 1 Work therefore is still needed to encourage the aspirations of these students and raise awareness of the opportunities available to them. The ultimate goal of recruitment onto healthcare undergraduate courses is to enroll students purely on their own ‘merit, ability and motivation and not because of their social background or the privilege, extent and effectiveness of their social networks.

With this in mind, we have developed a novel widening participation initiative at year 9 students from the local area who, perhaps have not considered potential careers options but, crucially have not yet selected their GCSE subject choices, which could limit their eligibility for certain healthcare courses in the future.

Methodology: A simulated scenario following a patient on their journey from the site of a traumatic incident in the community to hospital is unveiled as the patient is picked up and assessed by paramedics, before being transferred to the emergency department, theatre and then finally to the ward. Along the way a variety of professionals are encountered, with the aim of exposing the students to the array of professional groups involved in patient care.

This has been expanded from 2015 to include a group of 21 students from three different local schools that will be recruited to attend this event.

Results: We would like to show the film of the simulation that was videoed in July 2015.

Conclusion: Simulation is an exciting and novel way of widening participation into healthcare professions. It forms strong links with the local community and will hopefully inspire the next generation of local students into health professions in the NHS.

References:

Developing Clinical Skills Trainers in Nursing Homes (O)
K. Ford, Leeds Beckett University, UK

Following on from a successful peripatetic clinical skills trainer project Registered Nurses in selected Nursing Homes have been developed to become independent clinical skills facilitators. With the increase in the aging population and the demand for complex nursing care beds it is essential that the care home workforce are adequately supported in their training and education. In order for training to be financially sustainable and readily available it is essential that care homes are self-sufficient with some aspects of their training. This small project recruited 5 care homes to develop clinical staff as trainers. The aim was for selected RNs to become clinical skills trainers to their workforce and deliver a range of procedural skills. The trainers were supported by the regional clinical skills advisor, funded with simulated equipment and attended learning and assessment training. All trainers had to comply with, and meet the regional quality framework for clinical skills and simulation standards. Trainers developed peer reviewed training packages and had training on a range of equipment. The trainers formed a support network and met regularly and were able to deliver procedural skills to their colleagues where previously there was none. Their training is continually being evaluated positively and has even been commented favorable by CQC inspection at one of the homes.
A (Work) Force to be Reckoned with……(O)
J. Nicklin, SimSupport, UK

Clinical Skills and Simulation Technicians/Technologists in the UK have come a long way in the last 3 years - numbers are growing, networking is having a greater impact through groups, forums and social media, professional registration is on the horizon, technicians are at last being recognised as faculty and not just part of the facility........

The national scoping exercise in 2013 targeted managers, educators and technicians and focused more on facilities and staffing. It did highlight however, the generic skills that Skills and Simulation Technicians needed to ensure sustainability and future proofing of healthcare learning environments. It also identified a lack of availability or access to relevant, quality training which was impacting on both personal development and career progression. In the last 3 years, some progress has been made towards recognition and promotion of the role with increased engagement and networking of Technicians across the UK and beyond.

This presentation will concentrate on what is now available to technicians and the 2016 follow-up survey, which specifically targeted skills and simulation technicians/technologists, with the intention of updating the 2013 data and highlighting areas of the technician's daily activities that still need support and training to provide quality simulation-based education.

Debriefing and Reflection – A New Tool for Improving the Student/Facilitator Experience (W)
J. England, University of Bedfordshire, UK

The INACSL Standard VI (2013) supports debriefing for all simulation-based learning experiences, which should be aimed at promoting reflection. The Nursing and Midwifery Council (NMC 2015) have announced a revalidation process for all registrants that will require reflective evidence every three years. As part of staff development at the University of Bedfordshire there was discussion around the quality of debriefing. As a result a suggestion was made for increased support for new facilitators of simulation. The elements required for both reflection and revalidation were reviewed and, after discussion with practice staff, the use of SBAR (Situation, Background, Assessment, Recommendation) alongside Driscoll's (2007) reflective model was mooted as a good tool to develop both staff and students in the process of debriefing. The tool has been developed to give a structured and detailed record of the reflective process occurring during the debriefing. It highlights prompts that can be used by facilitators to move the process forward and to ensure that all participants achieve a positive reflective record. The tool is set as an A3 document to facilitate its use in both reflection-in-action and reflection-on-action. The use of empirical knowledge and the referencing of this knowledge during reflection is seen as meeting best practice standards and optimizing the learning and teaching methodology of simulation.

Portsmouth Simulation Faculty Debrief Course (W)
E. Williams & E. Alcock, Portsmouth Hospitals NHS Trust, UK

TEAMS: simulation center have developed a complete debrief course to faculty members. The aim of this is to enhance knowledge of debriefing skills and the debriefing process, to develop faculty knowledge and awareness of adult learning theories, personality styles, human factors and emotional intelligence to recognize individual learner needs and create a safe environment for different debrief methods. The debrief package contained lecture based presentations in the morning on adult learning theories, personality styles, human factors and emotional intelligence in an attempt to highlight the potential issues which may arise during simulation sessions such as candidate learning style, personality, personal issues and your own self-awareness and emotional intelligence as a facilitator.

The afternoon session has a more practical based approach using video and group work which included a faculty demonstration of a good and bad debrief. The group was divided into smaller groups and allocated roles for role play to engage in live debriefing. Three videos were used for this with half an hour each video for debriefing practice with feedback.

The course was successfully evaluated and due to the positive feedback the demand for this course has increased.

Using ECoDEL in Conjunction with HF Mannequin Simulation to Support 3rd Year Mental Health (W)
J. Murray, University of Northumbria, UK

This session will show how a very short and simple simulation can facilitate a huge amount of learning. Delegates will be given a copy of a case study to read, and then a copy of the ECoDEL tool with a brief explanation of how it is completed by the students. They will then be shown some videos of students participating in the simulation. This will be followed by discussion around what the students learn from the session and how they go onto integrate their learning in practice.

The theory practice gap is much talked about in the literature (Weller, 2004). Other authors such as Bradley and Postlethwaite (2003) identify simulation and the subsequent debrief as the most appropriate teaching and learning strategy to address this perceived gap between theory and practice. Brackenreng (2004) highlights that reflective models which help to close the
learning loop between the action and learning phases, or theory and practice elements of experiential learning are most likely to support long term behaviour changes. This is supported by Childs and Sepples (2006) and Waxman (2010) who talk about stronger links being made between theory and contemporary practice by higher order thinking skills 9Arwood & Kaakinen, 2009). By engaging students in a cycle of reflective learning, it is hoped that they will be more likely to develop increased self-awareness, motivation and empathy (Sherwood & Freshwater (2005).

The Student Outside the Educator Within - High Fidelity Patient Silicone Simulation (MASK-ED KRS Simulation) Developing Students Confidence in Care Interactions to Enhance Patient Safety (W)
A. Wiseman & M. Miklaucich, University of Surrey, UK

This workshop will present our initial findings from an action research study “Realistic Simulated Practice Encounters using High Fidelity Patient Silicone Simulation (MASK-ED KRS simulation)”. The study engages undergraduate healthcare students to evaluate and develop their encounters with High Fidelity Patient Silicone Simulants for peer students.

Although high fidelity simulation [HFS] addresses the current drive for simulation in healthcare it may also have its limitations. As Dunnington (2013) theorises HFS may cause a disconnection between the student and the simulated patient. Consequently students’ interpretations of essential human interactions may be problematic thereby resulting in mis-education (Waks, 2001). This simulation technique facilitates students’ immersion in their simulation experience, (Frost & Reid-Searl, 2015) addressing the above criticisms, enabling students’ to link theory and practice by developing and refining their interpersonal, professional skills and knowledge.

The presenters will share their experiences creating the characters (the platform for learning), the study and being “masked educators”. Essential to the experience are the realistic characters with their lived health and social care experiences. The workshop will offer participants the opportunity to explore its potential for integration into their learning strategies, meet and develop characters to use as an adjunct to simulated learning experiences.

P.H.O.N.E 999 (Pre-Hospital, Obstetric & Neonatal Emergency) (W)
D. Best & S. Fleming, South Central Ambulance & Royal Berkshire Hospital

The need for combined community midwife and paramedic training became apparent following a number of Root Cause Analysis findings following incidents of both obstetric and neonatal emergencies at home. Re-occurring themes were identified to be poor team work and communication due to a lack of understanding between midwives and paramedics of each other’s roles, responsibilities, skills and limitations. There was a lack of knowledge and confidence in both professions regarding obstetric and neonatal emergencies in the home, and neither profession knew how to safely and effectively continue neonatal resuscitation in the ambulance. The idea of multi-professional training is recommended in the literature stating that teams that work together should train together.

South Central Ambulance Service and the practice development team at the Royal Berkshire Hospital now regularly deliver the P.H.O.N.E 999 study workshops with mixture of lectures, work stations and simulations in SCAS Simbulance. Training is delivered by a multi-professional faculty to an equal mix of midwives, paramedics, maternity support workers and emergency care assistants.

These study workshops have been very well evaluated. The average increase in knowledge and confidence for the community midwives was 31.4% and 51.7% for paramedics. We have also received continued feedback on explanations of how individuals have actually used what they learnt in practice.

Concurrent Session B
11:45 am – 12:45 am

Development of a Hospital-Wide Point-of-Care Simulation Programme (O)
A. McNutt, C. Lobo, D. Turner, D. Freshwater-Turner, R. Williams & A. McIndoe, Bristol Medical Simulation Centre (BMSC), UK

BACKGROUND: Point-of-care simulation training is a form of education technique which trains healthcare teams in their own workplace using equipment and resources which would be available to them clinically. We aimed to develop a point-of-care simulation programme encompassing all acute clinical areas of a busy university hospital.

METHOD: Sessions were delivered with a Laerdal SimMan manikin and monitoring. The primary outcome measure was participant confidence levels in the assessment and management of acutely unwell patients. The secondary outcome measure was an assessment of system competence.

UK SIMULATION IN NURSING EDUCATION CONFERENCE 2016
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RESULTS: In the first 6 months, we managed to start monthly simulation sessions in 13 of 18 acute clinical areas of the hospital. During this time, we delivered simulation teaching sessions to 417 staff members, and received feedback from 47% of these staff members. For the primary outcome, confidence in assessment of the acutely unwell patient increased from 3.4 to 4.2 out of 5 (p<0.0005), while confidence in management of the acutely unwell patient increased from 3.2 to 4.1 out of 5 (p<0.005). For the secondary outcome, we identified 11 latent system errors in various clinical areas, and were able to correct these before any patient harm occurred.

CONCLUSIONS: Point-of-care simulation teaching sessions have been demonstrated to improve confidence in managing acutely unwell patients, and are also an effective way to identify and correct system errors, without exposing patients to harm.

Creating A Vertical Ultrasound Curriculum at Eastern Virginia Medical School (O)
F. Toroeno, B. Knapp, D. Byars & C. Goodmurphy
Eastern Virginia Medical School, USA

In the M1/M2 year students are exposed to Ultrasound from week one in Anatomy course. This includes informal scanning labs and more formal lecture/proctored labs. In the M3 year students share hand-held Ultrasound units in their clerkship rotations and are required to submit certain images per rotation. In the M4 year students gain Ultrasound skills in their elective rotations, which includes an Ultrasound elective. During these rotations students are encouraged to teach and become involved in mentoring the underclass students as a mechanism to improve their own scanning.

Across all four years students are periodically exposed to Ultrasound simulators as a means of enhancing their knowledge of Ultrasound anatomy and techniques as well as presenting a means of reviewing Ultrasound pathology they might not otherwise be exposed to in labs where they either self scan classmates or standardized patients.

EVMS has hired a full-time Director of Ultrasound Education with a sonography and teaching background and created a dedicated scanning lab to provide a 10 - 12 bed scanning area for students.

EVMS has also found instructional and equipment support from their local community college sonography program at Tidewater Community College (TCC). Although few medical schools reach out to local sonography programs, they can be a source of both equipment for newly established programs as well as a source for teaching assistants with a good, solid working knowledge of sonography techniques. An added benefit has been the inter-institutional collaboration that has grown between EVMS and TCC. Examples of benefits include an EVMS physician now serving as medical advisor to the TCC sonography program, an increased awareness of sonographers and their advanced skill set by medical students, as well as the increased sense of confidence the TCC students gain by working with the staff physicians, residents, fellows, and medical students.

The graduating class of 2016 is the first class at EVMS to experience an Ultrasound curriculum across all four years of their education at EVMS. Student comments are overwhelmingly positive with more than 90% of students noting that the exposure to Ultrasound helped them feel and perform well in their residency interviews.


Simulation of Complex Discharge Planning (W)
H. Arnold, L. Davies, C. Hawker, S. Jenkins, S. Manning & C. Munro, Cardiff University, UK

Discharge planning can be a complex activity and can result in failed discharge and increase the risk of hospital re-admission if not well coordinated (Kraft et al 2013). Clinical simulation has been shown to be effective in decision-making and communication (Shin et al 2015 & Ricketts 2011) however, there is limited evidence of the use of simulation in the development of nursing students’ discharge planning skills. A three hour innovative simulation complex discharge planning session was developed for third year undergraduate adult nursing students. The aim of this activity was to develop problem solving and communication skills and to prepare students for the challenges of discharge planning. Students were given a verbal handover of a patient with complex needs and provided with simulated multi-disciplinary documentation. A visual clip from a family member was embedded into the session to simulate a real life scenario. Students worked in small groups to devise and document a discharge plan and rationalize their decisions and priorities through peer feedback and discussion. Students positively evaluated the simulation, stating it to be helpful and relevant to their practice. Future plans would be to enhance the simulation by integrating further visual clips from multi-disciplinary team members and exploring the impact of their discharge planning within the community context.
Using Learning Space to Enhance Translational Learning Through OSCEs (W)
A. Sunderland & A. Martin, Leeds Beckett University, UK

This presentation will focus on how LS has enhanced education for PGDip Advanced Clinical Practice students, allowing them to translate what is learned in the clinical skills suite, into their clinical practice. Historically, OSCE marks have been recorded on paper assessment forms, double checked by the course team in terms of the calculated percentage, and students given generic feedback as well as a copy of their hand written assessment forms. OSCEs were not video recorded meaning the examiner’s word was final. Feedback from simulated patients was often ignored as this did not count towards overall marks, but provided insight on how the “patient” felt during the consultation. Feedback forms were archived with little review by faculty after the event. The use of LS has significantly transformed this process, making the whole method of assessment totally transparent for students. OSCEs are now videoed and following the event, students have access to their consultation. Alongside the video, they can see their completed typed assessment forms from both faculty and simulated patients, view how they performed in relation to others in their cohort and track their progress over time. From a faculty perspective, inter-rater reliability can be checked at the press of a button, as can SP performance. Marks from the entire cohort can be viewed on one screen, offering the opportunity to see where perhaps teaching needs to be strengthened or marking criteria needs adjusting for future use.

Linking the OSCEs with a reflective assignment has allowed students to scrutinise their performance in detail, utilising data from LS to support their critique. This triangulation of student experience, video playback, comprehensive feedback, academic reflection and ranking within the cohort provides a supportive and fertile environment to initiate changes that can be sustained in practice. This has been supported by feedback from clinical managers as well as students. While it is recognised that further research is required in order to quantify the translational learning that has taken place, this is a positive step towards bridging the theory-practice gap.

REFERENCES:
Ali, F. and Manokore, V. Date: 2016 Title: Translation of knowledge and skills from controlled learning environment to clinical practice Other: International Journal of Nursing Education. 8 (1).

Emergency Airway Management of the ICU Patient – Simulation Based Learning for CICU Nurses (W)
S. Sibley & J. Kew, UH Bristol NHS Foundation Trust/ BMSC, UK

This workshop will introduce a simulation based training program designed to address an increase in reported airway complications on a Cardiac ICU. Incidents included patient self-extubation’s, dislodged endotracheal tubes (ETT) and tracheotomies, and failure to recognize misplaced ETT.

AIM: To ensure nurses receive training and achieve competence in airway management of the CICU patient.

LEARNING OBJECTIVES:
1. Recognise signs of airway complications in the ventilated patient.
2. Demonstrate immediate airway management following dislodgment of the ETT or tracheostomy.
3. Undertake appropriate care of a patient with an ETT or tracheostomy to prevent dislodgment.
4. Demonstrate immediate management of tube obstruction for a patient with a tracheostomy.
5. Demonstrate appropriate skills to assist in emergency intubation.

A total of 71 CICU nurses attended the training which included an airway workshop followed by 5 simulated clinical experiences (SCEs). Learner feedback was positive; 98% agreed or strongly agreed it was an effective way to learn. Confidence scores significantly improved following training; confidence managing accidental extubations pre-simulation 58% compared to post simulation 100%; misplaced ETT 61% pre-simulation and 100% post simulation.

Participants in this workshop will have the opportunity to take part in an emergency airway SCE; caring for a ventilated ICU patient.

All Aboard the Simulation Train – How to Get Everybody Onboard (W)
C. Cocking, J. Baker, J. Dursley & S. Gillam Derby Teaching Hospitals NHS Foundation Trust, UK

Derby Teaching Hospitals NHS Trust Resuscitation and Clinical skills department are a multi-disciplinary team, who are passionate about the benefits of inter-professional in-situ simulation. This modality of simulation education provides the additional opportunity to identify potentially unsafe acts and latent threats which exist in the clinical environment by replicating challenging scenarios in the workplace.

The Derby in-situ simulation train set off in 2007. The first clinical simulation in the Children’s Emergency Department met with significant resistance from the nursing staff on duty. In 2012 a formal evaluation of 5 years paediatric multi-professional in-situ simulation responses (137) was undertaken. This information was used to identify and examine themes, inform change and develop the process.

This work formed the basis of the development and structure of the current widely accepted in-situ simulation programme. In 2015, 57 in-situ simulations took place across 7 clinical areas.

There are numerous complex challenges in order to ensure that this modality of simulation is achievable and sustainable.
This workshop will seek to explore these challenges by inviting delegates to participate in the simulation planning process. This will include observation and debrief of a simulation with structured and facilitated discussion focused on implementation in participants’ own local environments.

Concurrent Session C
1:30pm – 2:30pm

Simulation to influence Health Care Assistant’s Skills in the Care of Patients with Dementia (O)
L. Garland, Royal United Hospitals Bath NHS Foundation Trust / BMSC, UK

Simulation based education has been used to support health care assistants gain skills, insight and confidence in care of patients with dementia. As part of the City and Guilds Understanding Mental Health Well-being course, health care assistants attended a number of taught sessions covering many aspects of care of patients with mental health illness within an acute hospital setting. The course included a day of simulation-based education where actors portrayed a real-life scenario, based on actual patient events, involving a patient and his primary career. The scenario was designed to enable those attending to experience a number of key competencies associated with the course and was evaluated highly by both those attending and their mentors. The scenario raised issues around communication with a confused and agitated patient, managing a challenging relative, safeguarding adults at risk along with looking after yourself and colleagues at times of high workload or in demanding situations. Learning from the first cohort, changes were made to the second session to enable more candidate involvement, with post course evaluation (3 months later) showing those attending had increased their skills and confidence, along with expressing a greater understanding of the needs of relatives in these situations.

Integrating Simulation into the Curriculum for Pre Registration Mental Health Nursing Students (O)
J. Murray, University of Northumbria, UK

Simulation embraces many of the constructivist principles of adult learning which underpin the current nursing curricula (Huiit, 2003). It is also frequently identified that the majority of learning takes place in the subsequent post-experience analysis or debriefing (Issenberg et al, 2005). With this in mind, Northumbria University have now integrated a range of simulation sessions throughout the curriculum for pre registration nursing students, using the Emotional and Cognitive Debrief for Enhanced Learning (ECoDEL) tool for effective debrief (CNO, 2012) which was also developed at Northumbria University. This session will illustrate how Northumbria have achieved the current level of integration into the curriculum, the views of the students and how it will be developed in the future. This method of teaching and learning also helps to increase and deepen students ability to critically reflect which is now an essential skill required by all nurses (NMC, 2015).

The session will be interactive using a range of photographs and video to show the students participating in a range of simulation sessions at various stages throughout the programme. This will include mental health risk assessment (standardised patient), holistic assessment of a person with mental ill health (standardised patient using moulage to create a self harm wound), assessment of a deteriorating patient (mannequin) and an admission of an older person with dementia to an assessment ward, including a capacity to consent assessment (standardised patient). Delegates will also get a copy of ECoDEL and have the opportunity to ask questions throughout the presentation.

Huiit, W Date: 2003 Title: Constructivism Other: Educational Psychology Interactive Issenberg, S.B., McGaghie, W.C. & Petrusa, E.R. Date: 2005 Title: Features and uses of high fidelity medical simulations that lead to effective learning: A BEME systematic review Other: Med. Teach 27: 10 - 28


Cluedo – Professor Green in the Bedroom with the Rope (O)
K. Harris, Portsmouth Hospitals NHS Trust, UK

Working in partnership and collaborating with our community colleagues, it was highlighted the need to develop a course for the self-harm patients. Unfortunately, a recent trend in the South of England includes hanging. We have developed a course that hangs a manikin but includes manikin moulage and IT software. In order to simulate a hanging in the community or clinical environment we needed to evaluate the types of equipment and physiology required to ensure clinical accuracy.

The process included interviewing an Emergency Department Consultant who found a patient hanging and discussions with the mental health team on the types of scenarios the employees would benefit from to improve patient safety.

The medical management of a hanging patient was deemed to be essential part of the training requirement. Discover the secret...

Signing up to Safety: Multi-disciplinary Ward-Based Simulation as a Way of Supporting Healthcare Students to Learn about Patient Safety (O)
I. Taylor, Bristol University Medical School, UK, J. Hollamby, Bristol University Medical School, UK, E. Berragan, University of the West of England, UK & D. Taylor, University of Bath, UK

It has been shown that UK health care students can feel unprepared for registered practice and foundation jobs (Whitehead
and Holmes, 2011; Goldacre et al., 2010). A key reason for this is lack of experience in prioritisation, difficulties managing workloads and increased stress levels (Monaghan, 2015; Monrouxe et al., 2014; Boyter and Winn, 2015).

We have piloted a new collaborative programme between the University of the West of England, Bristol University and the University of Bath delivering multi-disciplinary ward based simulation teaching to a cohort of final year nursing, medical and pharmacy students. The programme aimed to improve prioritization skills, awareness of patient safety, delivery of care and inter-disciplinary team work. We delivered this with realistic staffing levels to assess the feasibility of embedding the programme within the undergraduate curricula for future cohorts of health care students.

Nursing students delivered care, assessed patients, referred to the ‘doctor’ and initiated treatment. Medical students worked as the junior doctor on-call; triaging bleeps, undertaking a variety of ward jobs, and managing sick patients. Pharmacy students consulted and advised on medication prescribing and administration and were required to resolve complex pharmaceutical care issues. At several ‘time out’ points during the ward simulation all students gathered to discuss issues that emerged and developed suggestions, solutions and learning points.

Qualitative and quantitative data collected from students and staff overwhelmingly suggested that not only was the multi-disciplinary ward simulation an effective way of improving confidence in prioritisation and assessment skills, it was also a novel method of promoting understanding of the roles of different health care professionals. This had a positive effect on the way that students communicated with one another and encouraged appropriate delegation of tasks. Students also suggested that the learning points from the simulation offered a focused understanding of some common patient safety issues and strategies to address them in a clinical context. This pilot project also showed the effectiveness of students acting as patients in the scenarios, many of them citing increased empathy for patients and improved awareness of the pressures encountered in a busy ward setting. Additional benefits were decreased running costs and creating an enjoyable and accessible learning environment.

We hope to better equip medical, nursing and pharmacy students for the challenges of registered practice. By experiencing the challenges of a realistic ward environment and better understanding co-workers roles, we hope to foster more effective interdisciplinary communication and, most importantly, improve patient safety.


Simulation based Communication and Conversational skills for Transitioning Nurses from the European Union (O)

L. Toft & E. Williams, Portsmouth Hospitals NHS Trust, UK

As part of a transition training programme for nurses recruited from the European Union, a bespoke simulation has been developed to embed conversational and communication skills for nurses newly employed to Portsmouth Hospitals NHS Trust. Nurses from Spain, Portugal and Italy attend a half day Simulation training day to undertake scenario based learning for the Acutely Unwell Adult as part of a series of Induction and Preceptorship programme.

The aim of developing a bespoke simulation programme for the transition of nurses from the European Union is to:

- Provide safe and effective patient care in the clinical area.
- Enhance skills of recognizing the deteriorating patient with an emphasis on communication skills during challenging situations
- Embed communication skills for 2nd language learners centering on the application of conversational skills in clinical practice using communication tools such as RSVP during difficult handovers.

Using a variety of teaching methods and aids within simulation, we hope nurses from the EU can gain greater confidence and ability with communication and conversational skills that can be transferable into clinical practice when caring for the acutely unwell adult patient.

Nursing Students as Co-Producers of Simulation (W)

C. Hawker, A. Santos, L. Davies, S. Manning, C. Munro & S. Jenkins, Cardiff University, UK

There is growing emphasis on engaging students as partners in the co-production of higher education (Kay et al 2010, Hill et al 2014). Little attention has been given to the co-production of simulation with nursing students and the impact of this upon learning in comparison to other approaches (Piscotty
2011 Valler-Jones 2014). This paper describes the progress of a pilot project developed to co-produce a simulation with third year adult nursing students. The remit of the simulation was to help consolidate practice and ease the transition from nursing student to qualified nurse. Adult nursing students were approached and invited to volunteer to participate in the pilot project. Students were briefed to ensure they met the learning outcomes for the module and given a structured template to design patient scenarios that would be used as part of a simulated assessment unit shift. Students were asked to design eight complex management scenarios, 4 medical and 4 surgical. The benefits and challenges of co-producing simulation will be discussed. Future plans for evaluation and further research in this area will also be outlined.

Have Your Say on the 2nd Consultation on the "Standards for Simulation Based Education in Healthcare" by ASPIH and NHS Health Education England (W)
J. Nicklin, SimSupport, UK

ASPIH (Association for Simulated Practice in Healthcare) and NHS Health Education England have been working for over a year to develop evidence based best practice for simulation education in all health care setting and for all professions. At last years ASPIH conference in Brighton the first draft was presented and discussed. Following this conference the Standards Group are actively seeking feedback and thoughts on the latest draft. This interactive session will allow time for you to have your say. If you are interested in shaping the future of simulation education in the UK - this is the workshop for you!

Recognising the Deteriorating Woman in the Maternity Setting (W)
L. Acosta & J. Brewster, University of the West of London, UK

This workshop will provide participants with an opportunity to take part in a simulated scenario based on a woman who may become critically ill during pregnancy or shortly afterwards. Clinical illness is relatively uncommon and often unexpected at this time, and signs of deterioration are often masked by physiological changes, further exacerbating the situation. However, deterioration can be rapid and dramatic, and therefore early recognition and timely action is of the essence.

The workshop is valid for those who work within a maternity environment as well as for those who do not, as the recognition of deterioration in clinical practice is relevant across all healthcare disciplines and the structured approaches to managing these situations are universal.

Posters
The two poster walks begin at 1pm, please bring your lunch. Posters P1- P6 is at Screen A, Posters P7 – P13 at Screen B.

P1) Domestic Violence – The Case For Incorporating Teaching into the National Obstetrics and Gynaecology Curriculum
J. Moffat & K. Else, Great Western Hospitals NHS Trust, UK

BACKGROUND:
The Department of Health estimate that women experience 35 episodes of domestic violence (DV) before seeking help. 1 Victims of DV may present via various specialities; emergency departments, GP, psychiatry or obstetrics & gynaecology but 85% of victims see on average five professionals before receiving effective support. 2 It is also recognised that women experiencing domestic abuse are at higher risk during pregnancy 3. Such statistics emphasise the importance of awareness and understanding of management of these cases. However, education on DV is not routinely offered in the medical undergraduate curriculum and is only superficially referred to in the UK Foundation Programme curriculum. 4 A potential solution would be the use of a simulated teaching sessions aimed to equip medical students with the confidence and knowledge necessary for approaching individuals affected by DV.

METHODS: We designed a simulation session on DV in conjunction with Women’s Aid which was run for undergraduate students on their Obstetrics and Gynaecology attachment. Before the session students completed an anonymous questionnaire and asked to rate their knowledge and level of confidence in dealing with DV using a 5 point Likert scale. Following the simulation session students were asked again to rate their knowledge and confidence and the results were compared.

RESULTS: Two cohorts of students (n=16) participated in this pilot study between March and May 2016. The data collected from the questionnaires prior to and after the teaching session will be analysed using a paired T test or Mann-Whitney U test depending on distribution of data.

DISCUSSION: Simulation is increasingly a mainstay of medical education. Raising awareness of DV among healthcare professionals is our aim and we hope that a successful trial of this teaching session may lead to on-going use in medical training.

REFERENCES:
There is plethora of published literature exploring simulation as an effective learning strategy, with some evidence supporting the use of simulation for formal assessment (Ryall et al 2016, Aldridge 2012, Holmboe et al 2011). The use of high-fidelity simulation as a summative assessment method however, remains relatively rare. This poster will present the use of high-fidelity simulation for summative assessment, developing scenarios, the assessment process and share the experiences and challenges faced.


Department of health (DH) Date: 2011 Title: A framework for technology enhanced learning Other: London: Department of Health

Holmboe E, Rizzolo M, Sachdeva A, Rosenberg M and Ziv A Date: 2011 Title: Simulation-based assessment and the regulation of healthcare professionals. Other: Simulation in Healthcare. 6(7), S58-62

Ryall T, Judd B and Gordon C Date: 2016 Title: Simulation-based assessments in health professional education: a systematic review Other: Journal of Multidisciplinary Healthcare. 9: 69–82

P3) Inter-Professional Simulation Between 2nd Year Nursing and Pharmacy students

L. Roberts & T. Switzer, University of Lincoln, UK

“Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” CAIPE 2002

The University of Lincoln is committed to furthering it’s inter-professional education profile and as a result has tasked it’s Colleges with identifying opportunities. In November 2015 lecturing staff from the School of Health and Social Care (Nursing) and the School of Pharmacy joined to develop an inter-professional simulation day. A decision was made to base this day around the topic of respiratory disorders and after months of planning 4 days of simulation went head in February 2016 involving 200 adult branch students and 40 pharmacy students (total cohort numbers)

SESSION AIMS AND OBJECTIVES: To give each student the opportunity to take part in a number of complete assessments on simulated respiratory patients and discuss care and treatment options

BY THE END OF THE SESSION THE STUDENT SHOULD BE ABLE TO:

Complete a full patient assessment
Complete a specific respiratory assessment
Identify a range of respiratory problems in simulated patients

Scenarios were developed and appraised for accuracy and evidence base; then piloted by the module team and further reviewed in order to achieve validity and reliability and represent real life situations with the greatest precision. For the assessment, students were briefed with a short patient history and presenting problem then immersed in the situation. Students were expected to respond appropriately as the scenario of a deteriorating or acutely unwell adult (using a high-fidelity manikin) unfolded, applying relevant evidence-based assessment frameworks. In addition students were required to answer viva questions to further assess their underpinning knowledge, management plan and decision making.

A newly developed postgraduate module entitled ‘Care of the Deteriorating or Acutely Unwell Adult’ commenced in September 2015. The module aims to enhance the students’ assessment skills and problem solving, enabling them to recognise and manage deteriorating or acutely unwell patients, exercising both technical and non-technical skills. The summative assessment comprised a simulated scenario with viva.

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Simulated learning has existed in health care education in many forms for a number of decades. As both education and technology have evolved and developed, simulated learning has progressed into a high fidelity format that better mimics situations and events in clinical practice. This innovative teaching and learning strategy has grown in both interest and popularity within health care education (DH 2011). Simulation had been a core pedagogical approach for Critical and Specialist Care post registration programmes at Oxford Brookes University for many years. It is only recently however, that simulation has been used as a summative assessment modality.

The aim of this poster is to share experiences of using high-fidelity simulated scenarios for summative assessment at postgraduate level.

P2 ) High-fidelity Simulation for Postgraduate Summative Assessment: Care of the Deteriorating or Acutely Unwell Adult

C. Butler, Oxford Brookes University, UK

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ABSTRACTS

TRANSFORMING PATIENT SAFETY:
INTEGRATING SIMULATION SOLUTIONS

Identify appropriate treatment, care and educational options for each patient
Identify any cautions or contraindications to the above
All the above will be done in partnership with other professions (nursing/pharmacy)
The poster will highlight the process, the content, images of the simulation, operational challenges, student and student evaluations

REFERENCES:
Centre for the advancement of Inter-professional education Date: 2002 Title: Defining IPE Other: http://caipe.org.uk/resources/defining-ipe
Carilise C, Donovan T and Mercer Dave Date: 2005 Title: Inter-professional education: an agenda for health Care professionals Other.

P4) Student ODP's DaSHing to the Rescue
L. Wilson, O. Farooq, A. Quayle, L. Trowsdale, J. Botfield, & L. Fisher, Northern Lincolnshire and Goole NHS Foundation Trust, UK

Our aim was to introduce simulation to the student Operating Department Practitioner’s (ODP’s). It is suggested that this learning modality is less stressful and helps increase trainees self-confidence.

METHOD: We targeted students in the second year of their training. The simulation was done in a simulation suite, and was set up to look and feel like a theatre environment which increases the student’s chance of believing the simulation is real. We ran two days of sessions, and had eleven student ODP’s.

RESULTS: Feedback is very encouraging. We asked questions on how confident the students felt. The data suggests that the student ODP’s feel more confident in their team work, and managing clinical emergencies. All the students answered that the simulation is likely to improve their skills in managing crises and improving the safety of patients.

CONCLUSION: The students feel more confident in their clinical competencies and speaking up when there is a problem. We have a regular faculty and plans are to run for all students regularly. There is often limited opportunity for students to explore and develop their new knowledge in a clinical setting. DaSH believes simulation can help the students develop with regular sessions.

REFERENCES:


P5) DaSHing to Obstetric Emergencies
L. Wilson, O. Farooq, A. Quayle, L. Trowsdale, V. Forrest & C. Hancock, Northern Lincolnshire and Goole NHS Foundation Trust, UK

INTRODUCTION: Simulation-based training helps in improved learning and development. In collaboration with Yorkshire Maternal Emergency Training (YMET) programme, we conducted in situ simulation (simulation in workplace) based around obstetrics emergencies at Grimsby and Scunthorpe hospitals.

METHOD: We used live monitoring, manikins and role players. Participants completed Pre simulation and post simulation questionnaire. 76 participants have attended 9 sessions delivered by DaSH to date.

RESULTS: Improved participants confidence was demonstrated in all three aspects of emergency care. More than 92% of the staff found feedback as very useful. Majority of participants enjoyed the sessions and were keen to contribute in future sessions.

CONCLUSION: DaSH strives to improve patient safety and quality of care. Simulation in healthcare has shown to enhance the learners’ knowledge. The results suggest improved participant’s confidence and competence using simulation as a teaching tool. DaSH aims to introduce further improvements in the future.

REFERENCES:
NORMAN, G., DORE, K. and GRIERSON, L (2007). The minimal relationship between simulation fidelity and transfer of learning; Medical Education; 46 (7), 636–647.
GORDON, C.J. & BUCKLEY, T (2009). The effect of high-fidelity simulation training on medical-surgical graduate nurses’ perceived ability to respond to patient clinical emergencies.

P6) Mass Casualty Incident Training for Nursing Students Using a Surprise Simulation Experience
N. LeCounte, Nursing College of Coastal Georgia, USA

The purpose of this poster is to display a mass casualty incident (MCI) training simulation presented to nursing students in their final course. It is the hope that through describing the preparation and implementation of the scenario, as well as student response, other faculty and facilities will consider including disaster training as a part of their curriculum. Although the participants of this scenario were undergraduate nursing students, similar scenarios could be adapted to meet the needs of a variety of professions, settings, and experience levels.

Prior to this simulation, nursing curriculum consisted of a lecture on emergency nursing that included a component describing the triage process of MCI victims, but did not give students the
After a survey of potential disasters in the area, faculty decided to simulate a factory explosion. “Victims” included factory workers and children who were exploring the factory as part of a field trip. 20 live volunteers from a lower class of students were moulaged and dressed to convey a variety of injuries, and were briefed on their roles. A scene was set within a lab to convey the sights and sounds at a mass casualty incidence. Students came into the classroom setting expecting a continuance of the emergency lecture that was started in the prior week. Instead, a phone call was made into the room and a description of the incidence was played on the intercom. Students were broken into groups, briefed on the purpose of the exercise, and given verbal and written instructions to remind them of how to triage and treat in the field. They were given supplies, including a tool box containing various medical equipment. Groups were rotated into the scenario and were allowed to search, tag, and assist “victims” as appropriate. Groups not actively participating in the disaster scenario were provided with lists of patients in the “hospital” and worked on deciding who would be discharged in order to make room for disaster victims.

Once all groups completed the scenario, debriefing took place. Students discussed their reasoning for triaging each victim and the type of treatment they provided. They also discussed how it felt to triage and leave people who could not be helped in order to assist others who had a better chance for survival. Students who volunteered in the scenario were also given an opportunity to debrief.

Student responses to the scenario were recorded and were generally positive. Students reported having a better understanding of rapid assessment techniques and field care. Students also reported feeling better prepared for the psychological aspect of a mass casualty incident, and reported coping techniques that could be used on an off the field.

REFERENCES:
Fletcher, L., Justice, S., & Rohrig, L. Date: 2015 Title: Designing a Disaster Other: DOI: 10.1097/JTN.0000000000000098
Castle, N. Date: 2006 Title: Triage and Transport Decisions after Mass Casualty Incidents Other: Emergency Nurse, 14(1)
Shannon, C. Date: 2015 Title: Using a Simulated Mass Casualty Incident to Teach Response Readiness: A Case Study Other: DOI: 10.3928/01484834-20150318-05
ABSTRACTS

- Enhances motivation
- Promotes a relaxed in the learning environment
- Adds entertainment

DISADVANTAGES:
- Creates stress and embarrassment when incorrect answers given
- Can hinder evaluative learning
- Competition can be seen as threatening
- Cost
- Increases difficulty in assessing individual competencies when teams are involved
- Requires special preparation which can be time consuming
- Requires instruction, and background reading outside of the game to provide a successful technique

REFERENCES:

Ozbay Y, Ilhan T Date: 2013 Title: Quality Of Life And Coping Among Children With Chronic Illness: A Quasi Experimental Study Other: International Journal of Social Science, 6(8), 945-962.

P8) Benner's Theory of Novice to Expert: Explicating the Effectiveness of Virtual Clinical Simulation Education In Enhancing the Competence of Undergraduate Nursing Students
T. Brown, Georgian Court University, USA

INTRODUCTION/ABSTRACT: Benner's Theory of Novice to Expert has yet to be used in application to Virtual Reality Clinical Education. Little evidence is available that discusses the benefits of Virtual Clinical Education to undergraduate students. This presentation will describe the benefits of Virtual Clinical Education through the application of Benner's Novice to Expert theory in relating how theoretically such a learning activity may enhance the clinical performance and level of skill acquisition of undergraduate nursing students.

OBJECTIVES: After scrupulously examining Benner's theory of Novice to Expert, research must be conducted in how virtual clinical simulation enhances the performance of undergraduate students. Therefore, the research questions based on this theory are as follows: In undergraduate nursing students enrolled in the domain of medical surgical nursing courses, how does participation in virtual clinical education affect such students’ perception of their ability to recognize aspects and attributes of a clinical situation, as well as, maxims and salient parts of such situations? Does participation in virtual clinical education develop perceived of competency and experience? Does student engagement in virtual clinical excursions as a learning activity allow them to perceive themselves as having reached the advanced beginner, competent, or proficient level of medical surgical nursing performance? This study will aim to describe the medical surgical student nurse’s conscious experience of virtual clinical education by exploring the aforementioned research questions. The meaning, structure, and essence of the lived experience of taking on the role of a nurse avatar during a virtual clinical excursion will be explored. The goal of the researcher is to gain access to the student nurse’s life or inner world and subjective experience.

RESULTS: Most students perceived themselves to be an advanced beginner as a result of the VCS experiences. The highest levels of medical surgical nursing performance perceived were competent and proficient in two separate students. Students found the virtual environmental features of patient charts, patient avatars, medication administration records, and electronic health records to assist them in learning how to implement nursing care. It is said to supplement lectures in a dynamic case study format that is “more interesting than just reading information”. Students perceived it prepared them better for clinical experiences. Students are enabled to study the patient thoroughly and in a non-intimidating environment. An unexpected finding was that students reported they felt they would be better able to navigate patient charts and electronic health records as a result of the VCE experiences.

Students explained that the virtual clinical education experience would be useful if provided to students from the beginning of the semester so that they can integrate their experiences into true clinical practice. Virtual clinical education also is perceived to cause more effective transfer of knowledge in relation to critical thinking. Students perceive the simulated virtual clinical environment to induce less anxiety so they were provided “more time to think” so as to identify salient points of patient conditions. Students find the environment to be realistic possessing “all the aspects of the clinical experience minus the live bodies and interactions with patient, families, and the clinical team”.

CONCLUSION: Virtual clinical reality simulation is perceived by students to be a useful tool to facilitate their transfer of theoretical knowledge to practical knowledge. Nurse educators can attempt to cultivate the awareness of nursing students by presenting them with complex ill-defined, authentic tasks during virtual simulation scenarios. As a result, there is a shift that occurs so that students are able to retrieve relevant information and clinical reasoning occurs. This enables students to “perform skills in a real world problem solving context” (Onda, 2012, p. 279). Educators must strike a balance between teaching the cognitive base and enabling students with opportunities to put such knowledge to use, as situated learning theory encourages. As a result, clinical reasoning skills will be able to evolve. When virtual clinical simulation is used within nursing clinical education, a shift of nursing education’s paradigm from teaching to learning will truly occur (Onda, 2012).
P9) Development & Implementation of Multidisciplinary Neonatal Simulation Programme in a DGH
S. Bates, J. Hanwell & T. Kelly
Great Western Hospitals NHS Trust, UK

As a Local Neonatal Unit (Level 2 LNU), often the smallest and sickest babies are transferred out for tertiary level neonatal intensive care, which can mean staff can become deskillled in specific intensive care delivery. One Consultant Neonatologist, working with a Clinical Nurse Educator, developed and implemented a Neonatal Simulation Training Programme for all staff-nurses, midwives, medical students, doctors.

The poster describes implementation and delivery of the programme, details of overcoming challenges and lessons learnt. It describes feedback and outcomes from simulation teaching, and some interesting examples of how multidisciplinary neonatal simulation training incorporating other specialities, is changing some aspects of the way we deliver neonatal care in our unit.

P10) All Aboard the Simulation Train – How to Get Everybody Onboard (W)
C. Cocking, J. Baker, J. Dursley & S. Gillam
Derby Teaching Hospitals NHS Foundation Trust, UK

Derby Teaching Hospitals NHS Trust Resuscitation and Clinical skills department are a multi-disciplinary team, who are passionate about the benefits of inter-professional in-situ simulation. This modality of simulation education provides the additional opportunity to identify potentially unsafe acts and latent threats which exist in the clinical environment by replicating challenging scenarios in the workplace.

The Derby in-situ simulation train set off in 2007. The first clinical simulation in the Children’s Emergency Department met with significant resistance from the nursing staff on duty. In 2012 a formal evaluation of 5 years paediatric multi-professional in-situ simulation responses (137) was undertaken. This information was used to identify and examine themes, inform change and develop the process.

This work formed the basis of the development and structure of the current widely accepted in-situ simulation programme. In 2015, 57 in-situ simulations took place across 7 clinical areas.

There are numerous complex challenges in order to ensure that this modality of simulation is achievable and sustainable.

P11) Simulation Based, Multi-Professional, Mental Health Skills Training for Physical Health Staff in the Hospital and Community
J. Sayers & R. Ruddy, East Cheshire NHS Trust

BACKGROUND: Macclesfield Hospital in Cheshire East has a Liaison Psychiatry service providing psychiatry input and wider staff education. Cheshire East has a higher than average number of people with Dementia, a higher than average number of hospital stays for self-harm and a higher than average admission rate for alcohol in those under 18 (Living Well for Longer in Cheshire East, 2013). No Health Without Mental Health (2011) highlights the importance that all NHS staff should have training in mental health, especially as 30% of those with a long term physical health condition also have a mental health problem (Barnett et al. 2012).

AIMS AND HYPOTHESIS: We hypothesised that staff working in a physical health setting supporting patients with co-morbid mental health needs, dementia or alcohol misuse, would have increased knowledge, feel more confident and have increased positive attitudes towards patients with these needs following the training.

METHODS: Initial training needs analysis indicated that we needed to provide training in depression, suicide risk assessment, alcohol misuse and challenging behaviour in dementia.

WE DEVISED AND DELIVERED:
• A compulsory prerequisite e-learning package around basic mental health awareness.
• Multi-professional training days for community and acute hospital based staff • A face to face, mixed method training approach using PowerPoint, video, simulation, roleplay and discussion.
• Staff were surveyed using validated measures: Alzheimer's Disease Knowledge Scale (ADKS), Revised Depression Attitude Questionnaire (R-DAQ) and the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ).

RESULTS: Final results still pending.

CONCLUSIONS: The training is achieving its aims of improving knowledge, skills and attitudes. We are working to ensure that the learning is embedded in systems within the hospital and hope to extend the training Practice Nurses and local authority staff. With NWSEN we hope to partner with other hospitals across the North West to deliver this training more widely.
P12) Portsmouth Simulation Faculty Debrief Course  
E. Williams & E. Allcock,  
Portsmouth Hospitals NHS Trust, UK  

TEAMS: simulation center have developed a complete debrief course to faculty members. The aim of this is to enhance knowledge of debriefing skills and the debriefing process, to develop faculty knowledge and awareness of adult learning theories, personality styles, human factors and emotional intelligence to recognize individual learner needs and create a safe environment for different debrief methods. The debrief package contained lecture based presentations in the morning on adult learning theories, personality styles, human factors and emotional intelligence in an attempt to highlight the potential issues which may arise during simulation sessions such as candidate learning style, personality, personal issues and your own self-awareness/emotional intelligence as a facilitator.

The afternoon session has a more practical based approach using video and group work which included a faculty demonstration of a good and bad debrief. The group was divided into smaller groups and allocated roles for role play to engage in live debriefing. 3 video were used for this with half an hour each video for debriefing practice with feedback.

The course was successfully evaluated and due to the positive feedback the demand for this course has increased.

P13) PRIMED to TIME: Simulation Training from Haemodialysis to High Dependency Unit  

Haemodialysis has unique challenges, including a high-risk of patient instability, and is predominately nurse-led. In 2010, haemodialysis-based in-situ simulation training (PRIMED) was implemented using a high-fidelity manikin. Scenarios were developed to allow medical and nursing staff to practice haemodialysis-related emergencies. PRIMED was evaluated using Likert questionnaires (n=158 over 20 sessions) before, after and 4 weeks after each session. A confidence score was calculated from these questionnaires (max. score = 55) and in all sessions the mean confidence score increased after the sessions (Range of Increase=0.57-9.25). In the first year, 95% of staff felt the training had benefited their practice. This is now mandatory training for all haemodialysis nursing staff every 2 years.

Building on the success of PRIMED, this model was adapted to introduce high-fidelity in-situ simulation to the HDU and renal ward (TIME). Renal ward specific emergency scenarios were developed incorporating both nursing and medical staff. A real-time video link was established to allow additional staff to observe the simulation and participate in the debrief. 3 sessions of TIME have successfully run. Initial feedback indicates TIME is developing knowledge, skills and confidence in attendees, with a particular benefit of sharing learning between nursing and medical staff.