## 140 WHAT EFFECT DOES SYSTEMS INTEGRATION SIMULATION HAVE ON THE SENSE OF PREPAREDNESS OF TEAMS MOVING TO A NEW UNIT?

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**Background:** Testing new healthcare systems, environments and processes using simulation-based methods is a rapidly growing topic in the literature. By testing systems in a safe and controlled environment, simulation for system integration allows operational and safety issues to be flagged up without risking patient care [1]. However, there remains a gap in the literature detailing how these approaches might impact staff experiences of change in healthcare. This research seeks to explore the experience of staff members in the midst of large organizational change, and the use of simulation (using a systems integration approach) to increase confidence and perceived preparedness.

**Aim:** This study aims to explore the lived experience of change in nurses moving to a new hospital, and the impact of a simulation programme on their sense of preparedness.

**Simulation activity outline:** The Patient Environment Simulation for Systems Integration (PESSI) programme was developed to test new processes and environments to identify latent safety threats and systems issues prior to staff, patient and community use. A major PESSI project was commissioned to aid the transition of paediatric care in Edinburgh to a new hospital site. Simulation scenarios were developed to mimic an average working morning for each department using staff feedback on processes or factors that might be affected by the change in environment. Staff were invited to participate in departmental simulation days which included orientation in the new environment, a simulation scenario, and a professional debriefing. Following each session, a report was produced detailing key findings.

**Method:** The research team selected a constructivist phenomenological approach to the enquiry and using Bartunek's et al.'s conceptual framework designed pre- and post-simulation semi-structured interviews (SSIs), and mid-intervention 'headline reflections' [2]. Nurses were chosen as key ward-based staff who could offer a breadth of experience on operational use of the new healthcare environment, and who are not regularly expected to rotate and adapt to new environments like their medical colleagues. Twelve participants were recruited from a range of departments. Data were analysed using a deductive thematic analysis based on Bartunek et al's conceptual framework [2].

**Results:** Results are currently being analysed following the hospital move in March this year. Early findings suggest 'quality of communication' and 'opportunity for familiarization with the environment' were key themes influencing participant's feelings of preparedness prior to the move. While 'recognition of voice', 'personal impact' and 'good leadership' appear to be factors impacting participants' feelings towards the change in working environment after the move. Early indications suggest that the inclusion of local staff groups as part of this simulation had a positive impact on the perception and preparedness of large-scale change.

**Implications for practice:** As simulation for system integration becomes more common, it is important that we tailor simulation programmes to best prepare not only the new systems but also the people working there. This can only be done through listening and learning from staff experiences. The research team will seek to publish these findings to help inform future simulation for systems integration programmes.

### REFERENCES

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## 27 USE OF LIVE PATIENT SIMULATION TO TRAIN PROVIDERS ON SEXUAL ASSAULT RESPONSE

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**Background:** Sexual assault is a worldwide epidemic. According to the World Health Organization (WHO), 35% of women worldwide have experienced sexual violence [1]. Additionally, the Director of Crimes Against Children Center states, 'one in five girls and one in 20 boys is a victim of sexual abuse' [2]. In the USA, SANEs (Sexual Assault Nurse Examiners) and SAFEs (Sexual Assault Forensic Examiners) respond to victims of sexual assault as part of a SART (Sexual Assault Response Team). This victim-centred approach is comprised of three members: Victim's Advocate, Law Enforcement and a SANE/SAFE. Prior to 2014, SANEs and SAFEs obtained certification by practicing on live victims. Once initial studies proved the efficacy of simulation in SANE training, it was recommended that certification be obtained with Gynecologic Teaching Associates (GTAs). Most countries do not have a standard of trauma response for sexual assault victims, and in the USA, there is a misunderstanding of best practices and many SANEs/SAFEs still obtain certification through clinical practice on victims.

**Aim:** The aim of the work being conducted in the field was to develop an effective protocol for training sexual assault responders that supports goals of trauma-informed care and provides a standardized protocol to obtain certification through simulation.

**Simulation activity outline:** SANE/SAFE training requires an initial 40-hour didactic with anatomy skills training specific to trauma care. Trainees subsequently practice the sexual assault forensic evidence collection kit on simulated patients. They practice communication skills designed to build rapport with trauma survivors, the specialized urogenital examination techniques involved in sexual assault care and have opportunities for speculum insertions to competency. Additionally, they practice documentation/chain of custody procedures critical to the admissibility of evidence in court. Stations are developed to provide practical experience with the kit and with providing specialized care to patients in a variety of demographics; age, gender (or transgender), socio-economic backgrounds, etc.