hospital, who were able to share real-life experiences and offer peer support. This helped influence the development of this course to shape it into an innovative multi-disciplinary training. The training course was developed reactively to meet the developing need of students to prepare for redeployment by April of 2020 and since then has grown and developed into the half-day simulation training that is outlined above. It has now been incorporated into the in-hospital clinical skills curriculum for third-year medical students passing through the trust on the understanding that, this course has helped medical students to better understand the role of other professionals and will enable closer multi-disciplinary working in future. Anecdotally, it is obvious from interacting with students that there is a need to incorporate training in basic care into the medical curriculum to prepare students for task-sharing in the future as well as to better understand the caring professions and improve multi-disciplinary working. However, there is not enough post-course data to establish a true effect from this course at present. We continue to run this training course as part of the year 3 undergraduate clinical skills programme and aim to collect more survey data to evaluate and adapt it.

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143 THE USE OF AN AUDIO-VISUAL STREAMING SOLUTION TO DELIVER PORTABLE COVID COMPLIANT *IN SITU* SIMULATION TRAINING

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10.54531/OTTO2012

Background: Safe training in the current clinical workplace requires careful participant proximity management. Delivering simulation in a confined clinical environment can impact scenario fidelity and affect psychological safety [1]. A portable audio-visual (AV) streaming system enables audiences to observe and contribute to debriefing without compromising simulation fidelity.
Aim: The aim of the study was to assess the practical efficacy of a portable AV streaming solution to enable real-time *in situ* simulation, including to a dispersed audience.
Methods/design: The Scotia Medical Observation and Training System (smots™) offers a portable AV solution with flexibility, through the addition of cameras and microphones as required, to create bespoke simulation viewing. Smots™ was incorporated into the *in situ* simulation educational programme within an acute trust at least weekly over a 10-month period. It was concurrently deployed at our partner Nightingale facility to run simulation as part of an induction programme for new staff. Feedback from delivery users and scenario participants was collated and analysed.
Implementation outline: Smots™ was an effective platform to meet our aims. Delivery users reported smots™ to be reliable in streaming the AV footage to a target audience in a remote debriefing room. The system was compact, easily transportable and had a low burden of training to achieve user competence. Participant feedback was positive, in that the system provided good AV clarity and narration, thereby enabling a successful training evolution. Smots™ offers a reliable capability to stream simulation scenarios to an alternative viewing area with the ability to be relocated as needed. Local wireless broadcasting range is finite and may limit users' ability to stream information to discrete departments within a larger trust. Mitigation is possible using a secondary streaming platform or integrating it into a secure internal Wi-Fi or ethernet network. Assistance from trust information technology departments is recommended and this capability is something our team will consider as a future option. Expanding connectivity is an effect multiplier, offering distanced, streamed training across trusts and regions, as well as the inclusion of participants working from home. The portable nature of this smots™ solution offers flexibility for rapid deployment to areas of novel clinical capability and community partnerships. This system has proved exceptionally useful during a prolonged period of social distancing, enabling ongoing high-efficacy *in situ* simulation training to a larger target audience within a robust, safe educational environment.

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38 USING SIMULATION TO IMPROVE AND TEST A NOVEL ENHANCED CARE DRUG TROLLEY

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Background: The Royal College of Physicians Acute Medicine Taskforce [1] recommended the establishment of Enhanced Care areas as distinct from Critical We designed a novel purpose orientated Enhanced Care Drug trolley for our Trust's Acute Medical Unit (AMU), where we have designated Enhanced Care beds. The Enhanced Care Drug trolley was designed to improve the time-critical management of patients experiencing hypoglycaemia, status epilepticus, hyperkalaemia, diabetic ketoacidosis (DKA) and anaphylaxis. Human factors relating to equipment can impact clinical performance in different clinical settings and minimizing this proportionally improves clinical safety.
Aim: The aim of the study was to optimize the management of life-threatening medical conditions, requiring enhanced care, whilst minimizing the time taken for commencement of drug interventions and staff using a novel Enhanced Care drug trolley.
Method/design: A drawer on a sealable procedure trolley was designated for each emergency and the following items were included:

- Treatment algorithm
- Prescription charts
- Monitoring charts (where applicable)
- Medications and their diluents
- Sundries (needles, flushes, sanicloths etc.)
- Blood forms, bottles and blood gas kits (where applicable)
- Cannulation kits
- Airways (where applicable)
- Oxygen mask (where applicable)

A Standard Operating Procedure (SOP) was produced detailing the responsibilities of the ward manager, pharmacy team and nursing staff. Weekly and daily checklists were produced,