and difficult airway' followed by 'vascular access'. We used interactive lectures and pre-recorded demonstrations. A full-day course was then organized for new trainees in March 2021. We included additional sessions on 'Newborn Infant Physical Examination' (NIPE), 'chest drain insertion' and 'journal club', including sign posting to the Critical Appraisal Skills Programme (CASP). Interaction was encouraged to facilitate peer bonding. A Paediatric Trainee Committee representative also joined to outline the support available for trainees. We followed a similar structure to the first course but added live simulation demonstrations of equipment and techniques.

Results: Seventeen trainees attended the full-day course. A number of candidates rating the sessions as extremely useful were 16 for 'Stabilization of the premature infant' and 'intubation and difficult airway', 14 for 'Human Factors' and 'NIPE', 12 for 'vascular access' and 'chest drain insertion' and 11 for Journal club. Trainees commented positively on the videos, equipment demonstration, level of interactivity and overall usefulness of the course. Nine trainees commented on desire for additional face-to-face training.

Implications for practice: After balancing the safety and learning needs of trainees, we adapted an established face-to-face skills day for virtual delivery during the COVID-19 pandemic. Whilst we recognize that virtual training is not a substitute for doing, we were able to maintain essential education during highly pressured times. Feedback demonstrates that our virtual teaching programme was well received and useful. It also emphasizes the value of actual practice and the urgency to restore hands-on training as soon as possible.

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57 USING *IN SITU* SIMULATION TO RESPOND TO CRITICAL INCIDENTS IN EMERGENCY MEDICINE

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10.54531/XAZQ2961

Background: *In situ* simulation (ISS) has been shown to be an effective tool in delivering education to the inter-professional team in the Emergency Department (ED) [1]. ISS has also been utilized to drive quality improvement [2]. Using our local ISS programme, we provided a response to critical incidents involving patients within the ED. This has allowed identification and improvement of individual, team and system failures and has led to enhanced learning and departmental improvements to reduce risks of further incidents.

Aim: The aim of the study was o describe how simulation has improved learning and development from critical incidents.

Method: A simulated case is built around specific clinical incidents. Four were identified having occurred within the timeframe: missed abdominal aortic aneurysm, ischaemic limb, digoxin toxicity and ruptured ectopic pregnancy. The aim is to use ISS as a tool to educate colleagues about these presentations and as a way of checking that there are no system issues in managing such cases. Our ISS process involves either an 'actor' or a low-fidelity manikin with an 'app' providing a monitor. All equipment is sought and used in real time to attempt to simulate as close to real life as possible. The scenario utilizes junior doctors, nurses, healthcare assistants, trainee nurse associates and students. A senior team member is included if required. The participants are both briefed and debriefed, and learning points are disseminated via email placed on the 'MYED' Facebook group as well as the 'MYEDSim' 'padlet' page.

Results: The ISS was run between October 2020 and May 2021. A total of 23 participants answered the nine questions on the post-ISS feedback form from the four incidents. Results are summarized in Figure 1. The participants were asked to record learning points from the sessions and suggestions for improvement. Key themes appear to be communication, team working and location of equipment in the department.

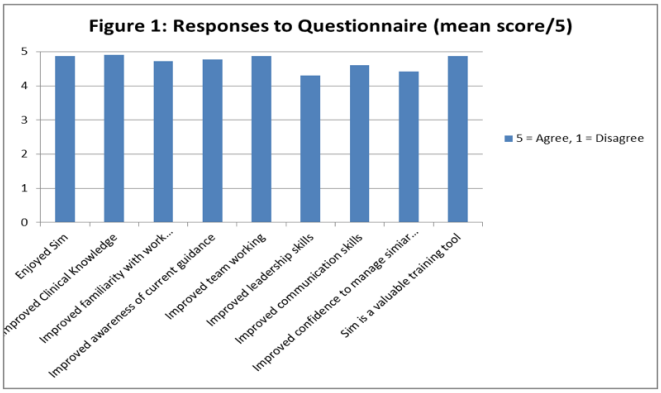

Figure 1:

Implications for practice: By running simulations of critical incidents, we have identified deficiencies in areas within individual's knowledge, factors shaping inter-professional team working and system failings from the wider trust which contribute to these events. This has led to wide dissemination of learning and knowledge sharing on various departmental social media/communication platforms and has allowed development and modification of clinical guidance and pathways within Mid-Yorkshire NHS Trust to reduce risks of further incidents occurring.

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52 VIRTUAL SHINE (SIMULATION TO HELP IN NEONATAL EMERGENCIES): ADAPTING SIMULATION THROUGH THE COVID-19 PANDEMIC

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10.54531/LPSB7944

Background: It is well established that simulation can help individuals and teams improve their clinical skills and confidence in managing medical emergencies [1]. In our region, a full-day simulation course on common neonatal emergencies was established in 2018 for paediatric trainees. It consists of four scenarios and two workshops. It is designed for eight candidates who are split into two groups so that each has an opportunity to 'lead' a simulation. The Diamond Model is used for debriefing. The course has been running 3–4 times per year and receives consistently excellent feedback. During the COVID-19 pandemic, the course was suspended.