STEP BY STEP: A THREE-STEP APPROACH TO FACULTY DEVELOPMENT

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Background: The Clinical Skills and Simulation Centre (CSSC) at Edge Hill University (EHU) was opened in September 2019 to enhance and standardize simulation-based education across all programmes in the Faculty of Health, Social Care and Medicine. Before the CSSC opened, academic staff had not received any formal guidance in using simulation-based education. With the impact of the pandemic, a three-step blended simulation faculty development approach was created to assist and support faculty in their understanding and in the delivery of simulation [1,2].

Aim: The aim of the study was to enhance, encourage and standardize the use of simulation-based education through the delivery of a three-step faculty development programme.

Method: The following are the three-step approach to faculty development:

Step 1: The introduction of simulation sessions is specifically designed and focussed on the newly appointed academic faculty and is embedded in the staff induction programme.

Step 2: Writing simulation scenarios, drop-in sessions are run once a month and are available to all academics from the faculty. They focus on designing and writing simulation scenarios.

Step 3: Shadowing and feedback. At this stage, faculty are offered support during their simulation session. The experienced simulation facilitator leads the first part of the event with the faculty member running the second part supported by the facilitator observing and providing feedback after the session.

The evaluative methods included two approaches, quantitative incorporating Likert questionnaires, for evaluations, and qualitative focus groups, for faculty. Approximately 1700 student and faculty evaluations were obtained, and seven faculty members participated in the focus groups. These were obtained and conducted between June 2020 and August 2021.

Results: Evaluations are obtained from students and from faculty who are involved in the sessions. In addition, ethical approval has been obtained to carry out focus groups to identify the challenges and benefits that faculty have found in delivering simulation. Feedback from the evaluations and the focus groups were very positive. Examples include:

The simulation team have been extremely supportive and always are. It makes my role so much easier and I appreciate all their hard work.

We had 450 students over a fortnight, everyone worked so hard and were very supportive, especially to staff who had not facilitated simulation for some time.

Data from June 2020 to August 2021

The session:

Was beneficial for my learning, 87.74%

Archived the learning outcomes, 91.37%

Did the session meet your expectations? 87.32%

Implications for practice: We will continue to offer a blended approach and, from August 2021, a 1-day simulation facilitation programme will be offered to potential adjunct clinical faculty.

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FAST TRACK SIMULATION-BASED EDUCATION FOR COVID-19 DEPLOYMENT

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Background: COVID-19 created pressure on healthcare institutions to quickly prepare for maximum capacities. To meet the critical care capacity challenges, non-critical care nurses and overseas short-term temporary contracted nurses needed to be urgently deployed to the critical care units. That quick deployment and recruitment process raised concern about competence and patient safety; therefore, the deployed nurses were upskilled using fast track simulation-based education (SBE). SBE is an effective method to manage quick, focussed upskilling training, helping to improve patient care and safety [1].

Aim: The aim of the study was to explore the effectiveness of the COVID-19 SBE upskilling program on perceived satisfaction, confidence and competence of deployed nurses.

Method: Upskilling of 1200 non-critical care nurses was conducted using SBE between 14 March and 1 June 2021 during the country's second wave of COVID-19. Training consisted of completing a mandatory 2-hour online critical care introductory module that included information on COVID-19 (the disease, pathophysiology), the critical care environment, critical care scope of service and infection control strategies. The online module was followed by 4 hours of in-person SBE using a demonstration and return demonstration approach. Considering the urgency of the situation and time constraints, skills were selected and prioritized according to patient safety and included care of the patient receiving mechanical ventilation, invasive line monitoring and care, recognition of deterioration, proning, and assessment of patient response to interventions. Post SBE, a survey was administered to collect data on the perceived satisfaction, confidence and competence of the nurses being deployed.

Results: The majority of the nurses reported confidence in their new skills (97%), while 96% perceived themselves as competent after successful completion of SBEs. The nurses were highly satisfied with the training effectiveness (92%), and 99% believed that they were able to successfully achieve the learning objectives. Specifics about perceived competence and confidence per survey item will be reported in the presentation. The SBE upskilling programme was evaluated as an effective way to learn how to manage critically ill patients.

Implications for practice: Nurses perceived themselves as confident and competent after participating in SBE. However, competence confirmation will be evaluated either in further SBE or through actual competency assessment in the clinical setting by trained competency validators. Nurses