

scenario by multiple characters. The scenario also unravels around the participant and allows, in some cases, actors to speak or appeal directly to the viewer. Maudsley Learning's work with Kings College London on the Tackling Inequalities and Discrimination Experiences in health Services (TIDES) videos implements these ideas. The role of the debriefing is comparable to the role of a theatre audience where powerful experiences shown allow you to process, before giving space to replay and re-examine from other viewpoints as we leave the theatre. Themes of Race inequality were shown through the TIDES 360° videos followed by debriefing to enhance the learners' experience.

Results: Users reported being unable to take a step back from the action, which can be applied as bystander training when paired with content around themes such as discrimination and equality. Users reported being left with a feeling of helplessness or desire to intervene. When discussed, participants described feeling exposed, at the centre of the action happening around them. In a real-life scenario, a person would re-position themselves to where they feel more comfortable but are unable to do so with a 360° video.

This, along with the use of ambisonic sound, resembles the theatre in the round, where actors, have their backs to audience members, creating a more intimate and realistic dynamic for staging.

Conclusion: 360° video is an innovative tool that replicates the principles of theatre in the round to immerse learners in scenarios with a range of benefits. Producers encourage users to autonomously choose to follow a path from multiple available storylines, which creates rich debriefing discussions that enhance the learning value.

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EMBEDDING INTERDISCIPLINARY IN-SITU SIMULATION IN CRITICAL CARE: ONSITE INNOVATION, CHALLENGES, AND SOLUTIONS

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10.54531/FHBZ4531

Background: Over the last decade, research has demonstrated the positive impact of providing clinical simulation-based training (SBT) to both undergraduate students and clinical staff [1]. In-situ SBT is useful for skills improvement and team development [1]. We deliver SBT within our Intensive Care Unit (ICU) during clinical shifts. However, there are challenges to providing this education in the busy NHS environment [2]. Our aim was to address these and find solutions.

Methods: An interdisciplinary team was formed to explore clinical simulation within a 20 bedded ICU. Our ICU is within a large inner-city teaching hospital, employing over 100 nurses and 14 consultants.

We deliver scenario-based simulation during clinical shifts with members of the interprofessional team. Scenarios include: unplanned extubation and major haemorrhage [3].

Evaluation of sessions is undertaken through anonymous questionnaires of those involved in the SBT. PDSA (Plan, Do, Study, Act) cycles have been adopted to test the change and improve delivery.

Results: To date, 16 sessions have been carried out (from July 2018) involving a total of 51 members of the interprofessional team. Evaluation response rates are 100% (n= 51). These sessions have proven popular with staff, with feedback such as: 'Learning under stress has helped me focus more, especially as it is a safe environment.' Staff welcomed the opportunity to undertake this training in the 'real' clinical environment.

Challenges included risk of delay in care to our patients, increased unit workload, and establishing and maintaining a circle of trust. However, senior team 'buy in' has enabled sessions, consequently demonstrating the value placed in SBT. The COVID-19 pandemic created significant critical care skills gap. In-situ SBT addressed this by bringing teams together to explore cross-discipline working within the real clinical environment.

Conclusion: We have demonstrated that the delivery of this type of education is safe and effective, and staff found it useful and accessible. Feedback suggests the impact of SBT alongside traditional competency-based teaching is beneficial in achieving different educational goals. In-situ simulation ideally enables a team of experts to become an expert team. Having a simulation champion to promote in-situ within the unit and demonstrate a return in investment to senior managers and participants of effort and time against clear educational goals for critical care.

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MAJOR INCIDENT SIMULATION FOR NURSING STUDENTS: REFLECTIONS ON TEAMWORK, LEADERSHIP SKILLS, AND RISK MANAGEMENT

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10.54531/LDTB1278

Background: COVID-19 enforced change in ways universities design and deliver undergraduate nursing programmes. Students who trained throughout the initial outbreak of COVID-19 had to embrace a different learning experience both in practice and during their theory block [1]. As the UK was reducing their restrictions on COVID-19, universities reviewed their regulatory procedures by allowing students (limited numbers per session) to return face to face on campus. A group of lecturers took this opportunity to design an interactive simulated crisis (major incident) based in secondary care.

Methods: Lecturers created a 'snapshot' of a major incident and created a table top interactive activity. Students had the opportunity to work as a team and take on leadership roles to solve problems and manage risk in prioritising patient

care. The table top activity comprised of three rooms running simultaneously, each with its global learning outcomes using a chain of command to communicate. Students completed a post-evaluation survey and staff who participated in facilitation provided feedback on preparedness for facilitating delivery and observations of how they felt the simulation ran. **Results:** 25/97 students and 7 lecturers responded. The results were analysed and are presented in a summary of findings. Findings included that simulation was a great opportunity for students to learn through a different medium, promoting teamwork to solve problems within a safe environment, and encouraging students to reflect on their and others' performance critically [2]. The feedback provided an important critique for developing further opportunities to improve students' and staff experience in getting more out of the day's activities.

Conclusion: Major incident simulation is perceived by both nursing students and academics as an opportunity to practise leadership, risk management, and teamwork under pressure but within a safe environment.

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USING A SIMULATED, SINGLE PATIENT JOURNEY TO ILLUSTRATE THE BENEFITS OF MULTI-PROFESSIONAL LEARNING IN BOTH COMMUNITY AND ACUTE HOSPITAL SETTINGS

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10.54531/NECY1899

Background: The benefits of multidisciplinary teamwork in healthcare are well documented [1] and there is growing support for simulation as a vital teaching approach for healthcare professionals [2]. Our aim was to investigate whether a novel multi-professional simulation improves the understanding of nursing and medical students regarding their respective roles, and the role of others, in a multidisciplinary team in community and acute hospital settings. Key learning objectives included understanding of roles within a healthcare team and communication skills, both with the patient and other healthcare professionals.

Methods: We developed a novel, 4-hour simulation session comprised of three distinct scenarios to run in Summer 2022. A single older person's patient journey was followed from being found by district nurses after a fall at home, to an acute deterioration within a hospital setting and then the development of delirium in a community rehabilitation hospital. Whilst developing these scenarios, guidance and input was sought from service user focus groups, hospital medical and nursing staff, and community practitioners. 5th year medical students and 2nd year nursing students participated in mixed groups, with a maximum of 6 students. A trained actor was used as a simulated patient to maximise the fidelity of the scenarios, with computer-controlled monitoring displaying patient observations relevant to the scenario when necessary. Those not participating in the scenario viewed their colleagues in real-time. Multiple camera angles and microphones meant

they could critically appraise and evaluate their colleagues' simulation to maximise their learning. Following each scenario, there was a student-focused debriefing using the diamond [3] tool facilitated by nursing and medical faculty. The simulated patient also gave non-medical feedback from a patients' perspective. Students then completed a questionnaire focusing on areas such as understanding their role within the multidisciplinary team and communication with the patient and other healthcare professionals: this was used to quantify the students' self-reported learning.

Results: Data analysis focused on the students' self-reported confidence in understanding the roles of different members of the multidisciplinary team and the effectiveness of their communication in a high-fidelity simulation.

Conclusion: Interprofessional learning is a valuable tool for teaching medical and nursing students the roles of professionals within a healthcare team. A simulation comprising of community care, acute hospital medicine, and community rehabilitation allows the students to develop an array of skills, from clinical prioritisation and diagnostic medicine to communication skills in a high-fidelity environment.

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SYSTEM TESTING USING SIMULATION: THE EARLIER THE BETTER

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10.54531/CYVP2809

Background: The Southwest Ambulatory Orthopaedic Centre (SWAOC) is a novel, collaborative, regional provision for elective day-case joint arthroplasty, with facilities for exceptional overnight stay. Reorientation of existing infrastructure, combined with the logistics of resource allocation, forced a small window for process assurance prior to the arrival of the first cohort of surgical patients. System testing is usually performed once equipment is finalised and in place [1], however, an early targeted opportunity to deliver simulation was offered to intelligently support the commissioning process within a dynamic timeframe. We aimed to undertake an early prospective assessment of the working environment at a novel orthopaedic centre using high-fidelity simulation.

Methods: Driven by project timeline requirements, early in-situ high-fidelity simulation was delivered concurrent to infrastructure finalisation. Multidisciplinary team simulation was undertaken in multiple locations including theatres, wards, and ancillary areas. Critical incidents and common clinical scenarios were 'drilled' in real time, debriefed, and re-run with real-time evaluation to identify safety concerns and explore quality improvement opportunities. Overseeing the commissioning, SWAOC stakeholders (n=6) consisted of anaesthetic and surgical consultants, clinical theatre managers, and a business manager. Stakeholders were surveyed for feedback throughout this evolution.