Table 1: Numbers of pharmacists trained in simulation (Aug 2022)

Level of Training	Number of Pharmacists
Tier 1	67
Tier 2	21
Tier 3	0

- All pharmacy sectors; Hospital, Primary Care and Community
- 11 out of the 14 NHS Scotland Health Boards
- NES (various pharmacy (E&T) workstreams)

Excellent feedback has been received and captured by post-course questionnaires.

Conclusion: Interest, enthusiasm, and faculty skills in SBE are growing within Scotland's Pharmacy services, with a national and regional educational infrastructure to support pharmacy simulation being developed.

Future plans:

- Implement a Faculty development framework within Pharmacy
- Form specialist working groups to design scenarios to meet requirements in Pharmacy E&T
- Ensure research underpins the development of Faculty and simulation delivery to inform future advancement

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VIRTUAL REALITY CHAMPION DEBRIEFING TRAINING

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Background: The NHS is the largest employer of black and minority ethnic (BAME) people, yet research shows that BAME staff experience greater levels of workplace harassment and discrimination [1]. Phase 2 of the Tackling Inequalities and Discrimination Experiences in Health Services Study (TIDES) focuses on the impact of COVID-19 on inequalities experienced by BAME people working in health and social care. Virtual Reality (VR) training was produced by Maudsley Learning as part of this, and we present the VR champion debriefing train the trainer project.

Methods: A full-day digital debriefing champion training was developed. This incorporated a session on VR technology, background of the TIDES project, and the importance of debriefing in patient safety and outcomes. This was followed by an introduction of a modified TALK debriefing model [2] and essential debriefing skills training. Participants watched a series of VR videos of 3 characters, focusing on discrimination occurrences for BAME staff occurring during the COVID-19 pandemic (e.g. lack of personal protective equipment availability during night shifts). The champions then participated in a demonstration of a modified TALK debriefing model, after which they practiced leading a debriefing of one of the VR videos themselves. After the course, each VR champion agreed to train at least 10 staff within their clinical teams in-situ, using VR headset kits which were provided to them.

Results: To date, we have gathered data from 6 participants from various professions. Participants completed a pre- and post-course survey rating their confidence in the skills of focus of the course, including debriefing skills, building psychological safety, using VR, and delivering training. The findings showed an increase in confidence for all participants, with an average increase of 14% from pre-course (M = 29.67) to post-course (M = 35.33) scores. All participants agreed that the course met their learning needs and would be useful for their practice. Preliminary follow-up data shows that the VR videos have been watched 88 times, implying that the champions are actively training staff in their clinical areas. Initial feedback has been very positive and some champions have a waitlist of staff to be trained.

Conclusion: VR headsets allow viewers to fully immerse themselves in a 360° view of the scene, elicit more emotions, and therefore help to create a richer debriefing discussion. This training has been successful at equipping VR champions with the skills needed to facilitate debriefings in their clinical areas.

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HERE'S THE SCOOP! – DEVELOPMENT OF A LOW-COST SOLUTION TO SIMULATE AIRWAY COMPLICATIONS ARISING POST-THYROIDECTOMY

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Background: Neck haematomas are a recognised complication of thyroid surgery. In the most severe events, the haematoma can compromise the airway resulting in hypoxic brain injury or death. While experienced members of the surgical team may be confident in dealing with these complications, others in the multidisciplinary team may require additional training to familiarise themselves with correct emergency procedures. These complications are relatively infrequent, presenting in 1–2% of thyroid surgery patients [1], meaning there are limited opportunities for less experienced staff to learn from real life examples. A simulation-based teaching session was developed by members of the surgical and simulation teams and showed positive results in multidisciplinary training. The teaching was based around a task-training manikin that could be easily transported allowing for training and demonstrations to be delivered away from the simulation centre.

Methods: The technique for evacuating post-thyroidectomy neck haematomas can be remembered using the mnemonic 'SCOOP':

1. Skin exposure
2. Cut sutures
3. Open skin
4. Open muscles
5. Pack Wound.

To simulate this effectively, we created a silicone wound that simulated skin, strap muscles, and a silicone and jelly haematoma, with attached tubing to simulate venous bleeding. This was attached to an old CPR demonstration and practice manikin at the neck (Figure 1). This manikin was supplemented by a laptop and tablet running simulation software, allowing us to simulate patient observations. We also placed a waterproof Bluetooth speaker inside the manikin, linked to a phone used by the simulation operator, to allow for speech and other sounds.

Figure 1. Image showing the task trainer in use, demonstrating the SCOOP procedure as the candidate cuts the sutures to access the simulated neck haematoma.

Figure 1: Image showing the task trainer in use, demonstrating the SCOOP procedure as the candidate cuts the sutures to access the simulated neck haematoma.

Results: Sessions have taken place in the simulation centre and as an in-situ workstation, reaching 70 participants. Course participants at the simulation centre completed a post-course questionnaire where 21 out of 27 attendees had improved levels of confidence in recognising airway complications and 26 out of 27 had improved confidence managing neck haematoma with compromised airway. Feedback from the in-situ teaching has been very positive.
Conclusion: The delivery of training around SCOOP and complications post-thyroidectomy surgery is now recommended in guidelines from the Difficult Airway Society [2], the British Association of Endocrine, and Thyroid Surgeons and the British Association of Otorhinolaryngology [3]. This relatively low-cost solution allows for the delivery of training for multidisciplinary surgical ward staff in a safe environment that will improve the confidence of the trainees in dealing with the recognition and management of a life-threatening emergency.

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THE SCOOP COURSE: PATIENT SAFETY IMPROVEMENTS THROUGH MULTIDISCIPLINARY SIMULATION AND DISCOURSE

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Background: The SCOOP protocol [1] for emergency management of post-operative neck haematoma was devised in Oxford in 2019 in response to learning from a critical incident [2]. It has now been nationally recognised [1]. Oxford University Hospitals (OUH) NHS Foundation Trust is an acute tertiary centre providing neck surgery at three distinct sites. In 2019, the Oxford Simulation Training and Research (OxSTAR) group devised an innovative multidisciplinary simulation-based educational programme based on the SCOOP protocol for members of the perioperative team caring for patients receiving neck surgery. It aimed to ensure OUH staff were skilled and equipped to respond to this rare, but life-threatening complication in their own work environments.
Activity: The course has four major components (Figure 1):

1. Lecture: anatomy and clinical context.
2. Group discussion: team members discuss their local experience.
3. Part-task trainer: putting theory into practice using a simple, re-usable and easy to construct tool.
4. High-fidelity simulation: multidisciplinary teamwork and structured debriefing navigating the human factors and decision-making process.

Results: 50 OUH team members across 3 sites attended and provided feedback. Attendees have praised the course for its multidisciplinary nature, attracting staff from nursing, medical, and theatre backgrounds. Feedback has shown that team members have particularly appreciated tackling scenarios in their usual clinical teams. 96% strongly agreed that the course helped them understand the required actions for the management of a neck haematoma – numeric rating scale (NRS) score of 9–10/10. 98% strongly agreed that simulation was helpful in their learning experience – (NRS) score 9–10/10. Comments demonstrated the strength of the course format:

- 'Incredibly useful course and importantly gives use the confidence to make that crucial decision to SCOOP'
- 'The practical part of the training was very helpful for me: I feel more confident to do SCOOP and is good to know all the steps and why I have to do it'