and communication skills with only one paper mentioning this. Frequently simulation focuses on the acquisition of individual procedures and skill acquisition. Alongside this simulation is also reported to be used to test responses to rare or complicated cases or high-pressured scenarios such as resuscitation.

Conclusion: This scoping review reveals that the extent to which simulation is used within PEM is largely unknown and requires further investigation.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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IN PRACTICE

QUALITY

A23 WRAPPING A GASTROSCHISIS BABY: AN MDT SIMULATION PROGRAMME

Sarah Berry[1], Mohamed Ahmed[1], Collette Donnelly[1]; [1]*Bhsct, Belfast, United Kingdom*

Correspondence: s.berry@doctors.org.uk

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Background and aim: Gastroschisis is a congenital defect of the anterior abdominal wall characterized by the herniation of abdominal contents through a defect usually located to the right-side of the umbilical cord [1]. Team-working, collaboration and clear communication between the obstetric, neonatal, and paediatric surgical teams are critical to achieving optimal outcomes in gastrochisis [2]. A national cohort study of all surgical units in the UK and Ireland identified primary closure as the optimal surgical management for antenatally detected cases of simple gastroschisis [3].

A local retrospective audit in RBHSC identified a higher rate of staged gastroschisis repair in the last 10 years with 66% of patients requiring initial silo placement, when compared to 45% national average. Data also demonstrated that patient with silo placement took longer to achieve full feeds, prolonged TPN, delayed discharge, and increased complications rates.

Aims: To create an interprofessional simulation programme for the preparation and management of a gastroschisis delivery, resuscitation, and initial stabilization. Aims of this project are to improve awareness of optimal stabilization management, efficiency of bowel wrapping and clear communication amongst the MDT with the overall goal of improving the rate of primary closure and outcomes in our unit.

Methods: A gastroschisis simulation model was created using vegan-sausage casings, jelly, and food colouring to create the bowel. The simulation programme focused on; team education of optimal gastroschisis management, team and delivery room preparation, primary resuscitation and bowel wrapping with clingfilm. Following a lecture of gastroschisis management and demonstration of delivery room stabilization participants were divided into teams of five, given a scenario, asked to prepare equipment, allocate roles and work in sync to achieve effective resuscitation and stabilization of the new-born. Pre and Post simulation feedback was collected and course adapted using a PDSA cycle. For continued learning a post-course video for delivery room management of gastroschisis was created and available for everyone to reference at any time in any location.

Results: Pre-simulation: 56% of participants had no previous training or clinical experience of the management of gastroschisis and 78% didn't feel confident in providing delivery suite management and stabilization. 100% of attendees felt the simulation training improved their confidence of initial management and stabilization of gastroschisis and all would recommend this course to their peers.

Conclusion: Simulation-based interdisciplinary team training can serve as a channel for the acquisition and maintenance of clinical skills. It is crucial to improving the management of complex neonatal conditions.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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SYSTEM

A24 CALCULATING THE COST OF SIMULATION BASED EDUCATION. WHAT TO INCLUDE?

Dara Byrne[1], Laura Fitzgerald[1], Angela O'Dea[1]; [1]*The Irish Centre for Applied Patient Safety and Simulation, University of Galway, Ireland*

Correspondence: dara.byrne@universityofgalway.ie

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Background and aim: The cost of developing simulation-based education (SBE) facilities is high. However, the cost of sustaining SBE activities is often not considered in the initial outlay and facilities and centres can find themselves in financial difficulty early on. In addition to the cost of the initial capital and technology costs, there are many other costs incurred when running and sustaining SBE programmes. These are often not apparent or considered by simulationists when establishing new programmes. Research to date has focused on cost effectiveness and a return on investment [1]. However, the sustainability of a SBE programme is related to the ability to meet these costs. The aim of this work is to develop a simulation cost calculator that considered all costs incurred in skills programme development.

Methods: Following consultation with experienced simulation faculty, the finance office, human resources and