**Table 1:**

| Categories | Number of LST (89) | Examples |
|---|---|---|
| Facility | 9 | Theatre recovery was too congested to deal with any emergencies involving mother or baby – layout was changed, and equipment rearranged to create more space for essential staff and equipment |
| Workflow | 11 | Patient pathway, in and out of theatre was not compliant with infection control recommendations – pathway was changed, sterile and non-sterile areas were clearly marked to meet strict recommendations |
| Personnel | 5 | Number of anaesthetists on-call was insufficient to cover multiple sites within the hospital – the on-call anaesthetist numbers were increased and working pattern made more efficient |
| Processes | 26 | Blood bank was located far from theatres resulting in significant delays in procuring blood – blood processing and procurement process were modified to reduce delays |
| Equipment | 34 | Multiple items identified as either faulty/incompatible/missing were removed or replaced by new ones |
| Technology | 4 | Paging system was inefficient and emergency calls were missed –existing system scrapped, and new system installed to ensure reliable communication. |

Our experience confirms that simulation can identify Latent Safety Threats (LST) prior to a major move to a new facility [2]; the team identified problems that had not been identified by existing committees. Scenario-based clinical systems testing allowed for pre-emptive process optimization and risk mitigation thereby improving patient safety, quality and staff preparedness.

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| 115 | **ON-CALL BLEEP SIMULATION FOR FINAL-YEAR MEDICAL STUDENTS** |
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Krishan Patel[1], Krupa Badiani[1], Farah Jaffar[1], Joanna Ismail[1];
[1]Hillingdon Hospital, Uxbridge, UK

**Background:** A common concern amongst final-year medical students is the on-call shifts as a Foundation Year 1 (FY1) doctor. With a large focus on knowledge, clinical and communication skills, and practical procedures, there is little in the medical curriculum to cover the non-technical skills required whilst on-call such as prioritization. A novel teaching programme was devised to help develop students' confidence and preparedness for these shifts. This *in situ* simulation allowed the students to fully immerse into the role of an FY1 whilst experiencing the stressors of being on-call in a safe, risk-free environment.

**Aim:** The aim of this course was to prepare final-year medical students for their on-call duties as FY1 doctors. This includes developing confidence with the technical aspects of on-calls such as managing the acutely unwell patient, as well as the non-technical skills expected from bleep-related tasks such as responding, prioritization and escalation.

**Method/design:** A total of five sessions were delivered from September to December 2020 for final-year medical students. Twelve simulated on-call 'activities' were designed mirroring real tasks commonly encountered as an FY1 on-call. These activities were spread across the hospital involving the medical wards as part of the *in situ* training. The training utilized bleeps, simulated patient notes, simulated handover, mannikins for part-task procedures and actors. The students were briefed on how to respond to bleeps and the expectations of the training. Debriefs were carried out following the training facilitating reflections and relevant teaching on the various encountered activities. Students who took part in the training completed a pre- and post- course survey with a Likert-scale questionnaire to evaluate their confidence in the skills required of being on-call.

**Implementation outline:** A total of 17 students completed the on-call bleep simulation. Only a third of the candidates had used a bleep prior to the session. Pre-course, 66.6% of candidates responded feeling not confident about being on-call as an FY1. Encouragingly, following the simulation, 100% felt more confident about being on-call. During the open feedback sessions, students valued the use of hospital wards, practicing procedures under time pressure, and performing handovers. This on-call bleep simulation was very well received and improved students' confidence and preparedness for being on-call as an FY1 from August 2021. Students commented on how invaluable this training was. This on-call bleep simulation will continue to be implemented as part of the final-year teaching provided at the trust.

| 25 | **UNMUTING REGIONAL PAEDIATRIC SIMULATION TRAINING THROUGHOUT THE COVID-19 PANDEMIC** |
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Lucine Nahabedian[1], Annabel Copeman[1], Ashley Holt[1], Ashish Patel[2], Stuart Hamilton[1], Elaine Hamilton[1], Alison Belfitt[3];
[1]Royal Wolverhampton Nhs Trust, Wolverhampton, UK[2]Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK[3]The Shrewsbury and Telford Hospital NHS Trust, Telford, UK

**Background:** The National Health Service endured significant strains during the COVID-19 pandemic to the point where all face-to-face training had to be paused. Our team delivers simulation-based training face to face and offers support for those returning to work, stepping up to senior roles and addressing important aspects of general paediatric care such as acute mental health crises and end of life care.

**Aim:** The aim of the study was to deliver our courses virtually without compromising the quality of content.

**Method/design:** Initially, we reviewed all scenarios to appraise whether they could be delivered online. Scenarios that involved acute clinical decisions were recorded with the faculty acting as the candidates. This also allowed scripting to ensure that key discussion points could be raised within the debrief. Scenarios mainly involving communication skills with standardized patient role player were retained, and briefs were adapted so that the candidates were aware that the scenarios began when the actor appeared on screen.

**Implementation outline:** Participants were recruited using newsletters and subsequently directed to a website to collate email addresses where invites to the virtual meeting space and