

Aim: The aims of the study were to establish the efficacy of translation of a large-scale inter-professional malpractice Mock Trial simulation to the virtual platform and to determine whether this will be a useful modality once social distancing restrictions ease.

Method: The virtual simulation was structured using the brief-simulation-debrief model. Students participated as jury members via Zoom. A simulated courtroom held 11 participants of the trial (one judge, four law students [two defence, two prosecutions], five witnesses and one administrator) and was broadcast in real time to students. The learners first heard the case (opening statements, Plaintiff's case, Defendant's case, closing statements and jury instructions) before moving to IP jury break-out rooms with facilitator supervision to deliberate a verdict. Verdicts were delivered in the main room, followed by a debriefing. All students completed a pre-/post-questionnaire, including the Interprofessional Collaborative Competency Attainment Survey (ICCAS) and evaluation of simulation methodology, Mock Trial structure/content and overall impression. To assess efficacy, we compared student evaluations from 2018 and 2019 (in-person events) to those from 2021 (virtual).

Results: A total of 179 learners participated in three in-person Mock Trials; 143 attended the virtual offering. The virtual event included learners from 19 professions from 4 institutions and 12 facilitators. Evaluations assessed IPEC competencies. For the virtual Mock Trial, learners (96%) strongly agreed/agreed that 'this activity demonstrated the value of IP collaborative practice to prevent malpractice lawsuits' and 97% felt that this was a valuable educational activity. Representative qualitative data include: 'as a law student it was interesting to see what laypeople take away from evidence...'; 'watching the process provided insight into the litigation process'; 'the most valuable experience is hearing other people's perspective'.

Implications for practice: Large-scale virtual simulation events such as a Mock Trial are feasible and provide a valuable inter-professional learning experience. Student feedback demonstrates that gaining insight from different perspectives is a meaningful part of the experience. Incorporation of large-scale simulation events post-pandemic can increase accessibility to foster IP learning on a wider scale.

REFERENCE

1. Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

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IMPROVING TECHNICAL AND HUMAN FACTORS SKILLS ON THE OLDER PERSON UNIT: AN *IN SITU* FRAILTY SIMULATION PROGRAMME

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Background: Awareness of symptoms associated with frailty is uneven across acute hospital staff ^[1]. Frail patients are more likely to suffer adverse outcomes; managing frailty requires an inter-professional, multi-disciplinary approach – for which simulation has been identified as beneficial in delivering education ^[2]. Given this, in addition to multiple incidents on wards highlighting a deficiency in both technical

and human factors skills, an *in situ* frailty simulation project was undertaken at a London teaching hospital.

Aim: The aim of the study was to evaluate the efficacy of *in situ* frailty simulation in improving both technical and human factors skills for ward staff.

Method: *In situ* simulation was selected to increase accessibility for staff and promote ward team learning. Sessions started in October 2020 on one ward, before moving across other wards. These 1-hour sessions have been delivered weekly with a hiatus due to the second wave of the COVID-19 pandemic. A bank of frailty-based scenarios has been created, ranging from acutely unwell patients to communication with families. Participants have been from across the multi-disciplinary team. Data were collected using pre- and post-session questionnaires – containing the Human Factors Skills for Healthcare Instrument (HuFSHI) and frailty-based knowledge questions with Likert scales. Learning has been disseminated through the department via newsletters.

Results: Thirteen sessions have been delivered with 59 participants (23 nurses, 20 doctors, 9 physiotherapists, 6 nursing assistants, 1 occupational therapist). Forty-nine surveys were completed – 100% of participants found the sessions useful. Post-training, staff demonstrated improvement of self-efficacy in 11/12 HuFSHI questions and all frailty questions (Table 1). The most common learning themes were communication (51%), teamwork (43%) and escalation (24%), as well as management of frail patients (35%). Working with the team (47%), the scenarios (18%) and debriefing (12%) were aspects learners most liked about the sessions.

Implications for practice: An *in situ* frailty simulation programme has been successfully implemented, leading to improved learner self-efficacy in both technical and human factors skills when managing frail patients. This has been well received amongst staff. In particular, the sessions have promoted interaction and teamwork within the multi-disciplinary team, which was liked by participants. The *in situ* delivery has allowed learning to occur without the need for staff release, widening access. Latent threats – such as missing airway equipment – have been identified during sessions and addressed. Moving forwards, funding has been secured for a departmental manikin alongside expanding our multi-disciplinary faculty.

REFERENCES

1. National Institute for Health Research. Comprehensive care older people living with frailty in hospitals. England: National Health Service. 2017.
2. Palaganas J, Epps C, Raemer D. A history of simulation-enhanced interprofessional education. *J Interprofessional Care*. 2014;28(2):110–115.

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ESTABLISHING AN INTER-PROFESSIONAL *IN SITU* SIMULATION (ISS) PROGRAMME IN DISTRICT GENERAL HOSPITAL EMERGENCY DEPARTMENTS (EDS)

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Background: *In situ* simulation (ISS) is an effective educational tool that improves patient safety outcomes ^[1]. It has been trialled previously in this trust but not regularly and many staff members had never participated. Anticipated challenges included freeing staff from clinical duties, scepticism about simulation training and technical issues.