

carried out using a video simulation and workshops. DRC was formally introduced in April 2021 (Figure 1).

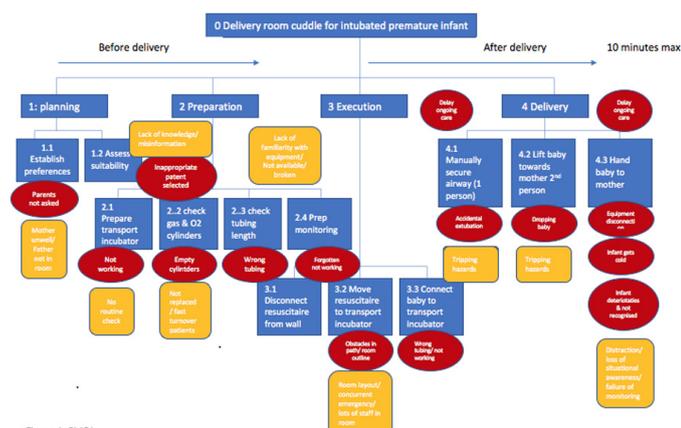


Figure 1. FMEA

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Implementation outline: Before implementation, 54 medical and nursing staff completed the survey, rating statements on confidence from 1 'strongly disagree' to 5 'strongly agree'. Confidence was higher in non-intubated infants 32–34 weeks' gestation (33/54 rated 5) and lowest in intubated infants <27 weeks' gestation (10/54 rated 5). Staff reported anxieties around equipment failure, delaying care and adverse events. Thirty-nine parents completed the questionnaire. Thirty-four babies were born locally. Only five babies had DRC, of which four had no respiratory support. Time to first skin-to-skin contact ranged from 2 hours to 17 days (mean of 5 days). DRC is becoming routine practice in our NICU with no adverse events to date. Anecdotally staff and parents report great satisfaction with DRC, although formal outcome assessment is outstanding. Introducing DRC is feasible with adequate process planning and staff training using video simulation and workshops. DRC is cherished by families, rewarding for staff and sets infants up for a positive start in the neonatal journey. With examples of successful DRC practice and emerging safety outcome data, DRC is likely to become routine practice. Using this model of process design and training, other units will also be able to safely introduce DRC.

REFERENCE

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A VIRTUAL MOCK TRIAL FOR INTER-PROFESSIONAL LEARNING

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Background: As a healthcare professional, participating in a medical negligence trial is an intimidating and stressful prospect, exacerbated by the fact that many have never been in a courtroom. To meet this learning need, our institution runs a Mock Trial inter-professional learning event (IPE) designed to give law students and medical, nursing, pharmacy, public health and other healthcare professions students exposure to a medical negligence trial and the opportunity to learn about, from and with each other as they collaborate as a jury to reach a verdict. To continue to deliver high-quality inter-professional education during the

COVID-19 pandemic, transition to the virtual platform was required. Important lessons learnt from this process can be applied to the effective planning of similar virtual events.

Aim: The aim of the study was to effectively transition a large-scale in-person inter-professional Mock Trial simulation to the virtual platform to increase the accessibility of simulation education during social distancing and beyond.

Methods/design: Subject matter experts from the local law school and a university-affiliated Office of Inter-Professional education (IPE) jointly developed content for the Mock Trial. Students enrolled in the virtual Mock Trial were given pre-course jury instructions, IPE objectives and technical connection information 2 weeks before the trial. Law students, the judge and simulated witnesses received script materials 1 month prior to preparing. Facilitators participated in a virtual 'crash course' training 1 week before and a 15-minute pre-huddle just prior. Jurors (the students) watched the trial via Zoom and then were put into inter-professional breakouts with a facilitator to deliberate. All returned to the main room and verdicts were delivered followed by a debriefing session. Facilitators also debriefed after the event conclusion. Pre- and post-assessments were completed by students.

Implementation outline: The in-person Mock Trial event was conducted in 2018 and 2019, but was cancelled in 2020 due to the pandemic. In the 2021 learning event, 11 individuals were in person in the courtroom with the remaining students (143) participating via zoom. These 11 individuals comprised: one judge, four law students (two defense, two prosecution), five witnesses and one administrator. Social distancing/masking rules were obeyed. One witness participated via Zoom. Student and facilitator evaluation data, including assessment of IPEC competencies, were comparable to previous in-person events. This effective translation of a large-scale simulation event to the virtual platform demonstrates the utility and increased access to learners of this modality and will form a useful part of our simulation education toolkit post-pandemic.

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THE COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND RETURN TO WORK PROGRAMME: AN INNOVATIVE APPROACH TO SUPPORT TRAINEES' WELL-BEING AND PATIENT SAFETY ON RETURN TO WORK

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Background: Within the 6-year Specialist Anaesthesiology Training (SAT) programme overseen by the College of Anaesthesiologists of Ireland (CAI), there is now an option for trainees to take up to 12-month unaccredited professional or personal leave after years 2 and 4. There is also a cohort of trainees taking academic leave, maternity leave or other leave. There is growing recognition in the CAI and among other Training Bodies that returning to work following a period of absence can be daunting. It requires a comprehensive support package to help with the readjustment to the clinical and training environment, and rebuild confidence^[1]. The CAI Committee of Anaesthesiology Trainees (CAT) has also made this recommendation after running a voluntary survey among its members.

Aims: A CAI steering group was convened to design a Return to Programme (RTP) support package, with the following objectives: