

- To develop a strategy for managing a return to anaesthesia following a period of absence
- To provide a blended content learning package aiming to ease SAT back into the clinical environment
- To rebuild confidence with/among the peers in a safe simulation environment
- To improve trainees' well-being and patient safety by refamiliarization with anaesthesia guidelines and emergency algorithms

Method/design: It has been agreed that the RTP syllabus must reflect all eight domains of the Irish Medical Council (IMC) domains of Good Professional Practice, as in the following: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork; Management (including Self-Management); Scholarship; Professionalism, and Clinical Skills [2]. This is to be achieved by providing a blended content support package consisting of online refresher lectures in core clinical areas (e.g. perioperative care, paediatric and obstetric anaesthesia, and intensive care medicine), lectures focussed on trainees' well-being and human resources matters, and face-to-face simulation sessions.

Implementation: The lectures have been recorded and embedded in the CAI e-learning platform. A list of simulation scenarios reflecting the most common anaesthesiology emergencies has been selected and tailored towards the needs of the destination training sites and experience level. A first course will take place prior to trainees recommencing their clinical role in July 2021. On successful evaluation, it is aimed to conduct the RTP every 6 months going forward.

REFERENCES

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'BORN TOO SOON' VIRTUAL SIMULATION FOR AMBULANCE SERVICES ON PREMATURE BABIES BORN UNEXPECTEDLY IN THE COMMUNITY

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10.54531/SBGL9631

Background: Premature infants are at risk of death or neurodevelopmental impairment unless prompt effective care is delivered [1]. When born unexpectedly in the community, this risk increases due to limited resources and expertise. In 2020, West Midlands Ambulance Service (WMAS) attended 3594 unplanned births, yet paramedics do not receive specific training for the management of premature infants. Simple and timely measures can significantly improve the outcome of these infants [2].

Aim: The aim of the study was to introduce a recurring virtual simulation workshop for WMAS on optimizing the initial care for vulnerable premature infants born unexpectedly in the community.

Method/design: Our local WMAS lead identified a training need through informal feedback from paramedics about the lack of training and confidence in dealing with premature births. Our workshop, designed to address this need, begins

with an overview of prematurity. A simulation session follows, demonstrating basic Neonatal Life Support skills using equipment available to pre-hospital teams, focussing on thermoregulation. It concludes with a question-and-answer session. To enhance pre-hospital thermal care, we also put forward a successful business case for heated gel mattresses to be introduced across the WMAS and incorporated training for its use in the workshop.

Implementation outline: Two virtual training workshops have been delivered so far. In 2020, seven paramedics attended, and two completed the feedback and found the session valuable. After advertising, a second workshop was delivered in March 2021. Over 330 WMAS personnel registered, 219 attended and 132 gave feedback. There were representatives of various grades from 16 hubs across the region. Before the session, 12.2% of participants reported feeling somewhat confident/confident attending unplanned premature births of infants <32 weeks' gestation. Following the session, this improved to 66.7% of participants. Attendees commented on how 'useful', 'fabulous' and 'fantastic' they found the session. The sharp rise in interest in this virtual workshop confirms the training need whilst the positive feedback highlights the effectiveness of the virtual simulation workshop. With enhanced technical support, we will improve the learning experience of participants in the future. This project also led to the successful introduction of heated gel mattresses which are now carried on every WMAS ambulance. We expect that with increased staff training and confidence, the incidence of babies admitted with hypothermia following an unexpected birth in the community will improve with time. Our vision is to expand this project to other regions to empower pre-hospital staff to support premature infants born unexpectedly in the community and improve outcomes.

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THE ABCDE OF CONVERTING FULL PATIENT SIMULATION TO A VIRTUAL NON-TECHNICAL SKILLS SEMINAR

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10.54531/EXPI7957

Background: Due to the pandemic, our undergraduate programme of Interprofessional (IPE) Full Patient Simulation (FPS) 2020–2021 was converted to a virtual human factors seminar using student case scenario footage and a Non-Technical ABCDE Approach Observational Tool (Seale et al. 2020). The IPE FPS programme involves students (n = 960) from medicine, physiotherapy, nursing (adult, child fields) and midwifery with three strands of scenarios covering acute adult, paediatric and obstetric scenarios. To provide meaningful learning without the use of face-to-face simulation, the principles of active learning and directed observation in simulation were applied to create a live online seminar. Using recorded footage of inter-professional discipline students participating in scenarios and the observational tool provided the resources for students to learn about the non-technical skills (NTS) in clinical practice.