



Figure 1:

Results: This programme of multiple interlinked simulation modalities allowed the creation of a coherent, comprehensive and practical protocol for the management of COVID patients in obstetric theatres in advance of encountering such patients in reality. This protocol was found to be satisfactory to a group of local subject matter experts prior to the arrival of the pandemic. As management of COVID obstetric patients became more familiar, this protocol was reviewed. It was found that no significant alterations were required, indicating that, despite utilizing only a single, high-fidelity simulation session, the original programme of development had pre-empted many of the practical issues that would otherwise only have been discovered later through real-world practice. Individual learning is more challenging to define, but feedback suggested both a greater familiarity with guidelines by individual learners and was able to identify targets for more specific training (e.g. donning/doffing, definitions of aerosol-generating procedures).

Implications for practice: High-fidelity is often viewed as the highest form of simulation for effective learning. However, its undertaking has a high resource cost. Our experience demonstrated that low-fidelity, less resource-demanding modalities provide significant benefits to both individual and institutional learning.

INNOVATIONS

58 NEONATAL CRITICAL CARE COMMUNICATION TRAINING THROUGH SIMULATION: A NOVEL REGIONAL COURSE FOR NEONATAL TRAINEES

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Background: Challenging conversations occur frequently within neonatology^[1]. Effective communication enhances outcomes, satisfaction, incidence of complaints, adverse events and conflict resolution^[2]. We identified that within our region there was no formal programme of neonatal communication skills training.

Aim: The aim of the study was to design a communication skill simulation course for neonatal trainees.

Method/design: We collected feedback from 10 neonatal trainees and 15 consultants regionally. 53% of consultants and no trainees had received formal communication skills

training. Lack of confidence was the highest discussing end of life, post-mortem consent, breaking bad news and conflict resolution. Further feedback from 21 parents and 45 staff locally highlighted lack of privacy, sensitivity, clarity, consistency and empathy as areas to develop. We first trialled a virtual simulation workshop on antenatal counselling during the COVID-19 pandemic. A pre-recorded scenario was played and debriefed live. Two candidates then took part in a scenario, in break-out rooms, followed by a smaller group debrief. A face-to-face course was then developed. The day, designed for eight candidates, began with an introduction session focussed on psychological safety followed by 'trauma-informed communication' by a clinical psychologist. The candidates were then split into two groups for scenarios. Each had the opportunity to lead a scenario. Faculty utilized role play with a standardized faculty 'parent' and block simulation with an actor. The Diamond Model was used for debrief. A workshop on 'post-mortem consent' and a talk from a parent about their neonatal journey were also included.

Implementation outline: Ten trainees attended the virtual workshop. Nine strongly agreed that the pre-recorded and 10 that the live sessions were useful. All strongly agreed/agreed that the virtual learning environment worked well, was safe and comfortable, the debriefs were structured and educational, and that attendees' confidence in antenatal counselling had improved. Seven candidates attended the face-to-face course. All strongly agreed/agreed that the sessions were relevant to their practice and skills learnt were transferrable. Self-rated confidence improved in all communication themes. All candidates strongly agreed that the learning environment was safe and supportive. Candidates found both methods of simulation valuable, four preferred block simulation. All would recommend the course to their colleagues. We addressed a training gap by developing this course. Despite using different styles of teaching and adapting to virtual training during the COVID-19 pandemic, feedback was consistently positive suggesting that flexibility enhances learning. A similar course could be developed in other regions to continue to strengthen communication skills training.

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169 MANAGING THE ACUTELY UNWELL PATIENT: AN INTERACTIVE AND GAMIFIED APPROACH TO ONLINE SIMULATION DURING THE COVID-19 PANDEMIC

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Background: The COVID-19 pandemic has necessitated a transition from traditional face-to-face teaching to virtual equivalents, sometimes at the expense of teaching quality and student engagement^[1]. Knowledge and a practical understanding of the management of an acutely unwell patient are essential for safe and effective clinical practice. This involves problem-solving, situational awareness and the ability to deal with uncertainty. To demonstrate these skills