

independently manage a chest drain. Every attendee reported an increase in confidence because of the session (Table 1).

Table 1:

How confident are you to.....	Pre-session, %	Post-session, %
Monitor vital signs	95	100
Assess chest drain function	60	90
Recognize/monitor swinging drain	60	90
Patient mobilizing with drain	55	90
Recognizing when/why/if to clamp	25	80
Clamp a chest drain	50	80
Wound management post-removal	35	75
Change chest drain bottle	25	65
Remove chest drain	25	55

Implications for practice: As a result of this session, the ward areas created a 'chest drain box' which had everything needed to manage and replace a chest drain included as locating where kit was kept was identified as an issue. This box will be at the side of the patient being managed with the chest drain and will be checked for completeness regularly. This workshop would be useful to repeat because 50% of junior doctors have now rotated placements and many of the ward staff have been re-deployed to other areas.

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MEDICAL EMERGENCY *IN SITU* SIMULATION TRAINING FOR DENTAL HYGIENE THERAPISTS

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Background: *In situ* simulation, in the clinical environment, can help detect any issues with the systems, policies and practices within an organization that may not work. Many system errors go unnoticed until there is a real incident. Conducting simulation *in situ* is an innovative way of picking up these embedded problems^[1]. Experiential learning theory suggests that, to truly understand a concept, you must experience it first-hand by doing it. Deliberate practice^[2] recognizes that to gain expertise you must keep practicing a skill. Practicing tasks in a simulation environment helps to build performance levels and thus improves patient care and safety.

Aims: This simulation exercise is designed to develop the skillset of foundation dental therapists in respect of Medical Emergency recognition and management in their own working environment. The parameters for assessment included teamwork, knowledge, communication, effectiveness of actions and situational awareness.

Methods: Research methods for this project included a learning needs analysis, surveying and interviewing previous cohorts of hygiene therapists. The conclusions of which highlighted the need for further training in managing medical emergencies. The learning needs identified from stakeholders relating to this course have been used to develop the learning outcomes using Blooms' taxonomy^[3]. The faculty delivered a medical emergency *in situ* simulation training session for Dental Foundation Therapists across the Midlands and East region. The therapist and dental nurse were given information on the 'patient' before the interactive mannikin was

positioned. Facilitators used an adjacent room from which to control the mannikin, including its vital signs and voice. A 360-degree camera along with iPads were used to monitor and record the session for safety and debrief purposes. The therapist worked with their dental nurse to react and respond to the emergency unfolding before them. They then watched back their performance, reflected and provided feedback.

Results: Using GIBBs model of reflection, the 2021 delegates recognized personal learning needs including improvement in leadership and management skills, delivery of chest compressions and teamwork. Changes to practice were also recognized, for example, placing their emergency drugs in a more appropriate location. Using video, a 'Hot Debrief' method of evaluation was carried out whilst the experience was fresh. This proved to be powerful and enhanced personal reflection to support future learning and development. Later, an evaluation method in the form of a survey took place. Results of which showed that 50% of delegates had never partaken in simulation-based education before and 100% gave an excellent rating on the benefits to team and individual. One participant stated 'this was such a good, real-life experience! I hope this can either be introduced into undergraduate training or as part of the practice annual BLS CPD!!'.

Implications for practice: A successful session needed prior communications with the practice staff to free up a surgery for use, inform present patients of the activity and understand where the emergency equipment was during the session for patient safety. The benefits of conducting *in situ* simulation were staggering, the delegates reviewed their current practices and made changes as appropriate.

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CONTINUING ESSENTIAL EDUCATION DURING THE COVID-19 PANDEMIC: VIRTUAL NEONATAL SKILLS TRAINING

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Background: Practical procedures are integral to neonatal care. All first-year paediatric specialist trainees (ST1s) are expected to develop essential skills from their first neonatal placement. However, many trainees join the speciality with minimal prior exposure. With recent changes in junior doctors' contracts, reduced working hours and evolving clinical practices, trainees may not get enough clinical exposure to acquire required skills. Simulation is recognized as essential to bridge this training gap^[1]. A practical skills course developed in 2018 has been running with consistently good feedback. However, during the COVID-19 pandemic, it was suspended.

Aim: The aim of the study was to adapt neonatal skills training to virtual delivery.

Methods: In September 2020, we trialled a half-day virtual training course for new trainees on core topics. The first part included 'Human Factors' followed by 'Stabilization of the premature infant' using a pre-recorded simulation followed by a live debrief. The second part covered 'intubation