140 WHAT EFFECT DOES SYSTEMS INTEGRATION SIMULATION HAVE ON THE SENSE OF PREPAREDNESS OF TEAMS MOVING TO A NEW UNIT?

Kathryn Twentyman[1], Katie Howie[1], Nathan Oliver[1,2]; [1]*NHS Lothian, Edinburgh, UK*[2]*MED, Edinburgh, UK*

10.54531/BWLE1794

Background: Testing new healthcare systems, environments and processes using simulation-based methods is a rapidly growing topic in the literature. By testing systems in a safe and controlled environment, simulation for system integration allows operational and safety issues to be flagged up without risking patient care [1]. However, there remains a gap in the literature detailing how these approaches might impact staff experiences of change in healthcare. This research seeks to explore the experience of staff members in the midst of large organizational change, and the use of simulation (using a systems integration approach) to increase confidence and perceived preparedness.

Aim: This study aims to explore the lived experience of change in nurses moving to a new hospital, and the impact of a simulation programme on their sense of preparedness.

Simulation activity outline: The Patient Environment Simulation for Systems Integration (PESSI) programme was developed to test new processes and environments to identify latent safety threats and systems issues prior to staff, patient and community use. A major PESSI project was commissioned to aid the transition of paediatric care in Edinburgh to a new hospital site. Simulation scenarios were developed to mimic an average working morning for each department using staff feedback on processes or factors that might be affected by the change in environment. Staff were invited to participate in departmental simulation days which included orientation in the new environment, a simulation scenario, and a professional debriefing. Following each session, a report was produced detailing key findings.

Method: The research team selected a constructivist phenomenological approach to the enquiry and using Bartunek's et al.'s conceptual framework designed pre- and post-simulation semi-structured interviews (SSIs), and mid-intervention 'headline reflections' [2]. Nurses were chosen as key ward-based staff who could offer a breadth of experience on operational use of the new healthcare environment, and who are not regularly expected to rotate and adapt to new environments like their medical colleagues. Twelve participants were recruited from a range of departments. Data were analysed using a deductive thematic analysis based on Bartunek et al's conceptual framework [2].

Results: Results are currently being analysed following the hospital move in March this year. Early findings suggest 'quality of communication' and 'opportunity for familiarization with the environment' were key themes influencing participant's feelings of preparedness prior to the move. While 'recognition of voice', 'personal impact' and 'good leadership' appear to be factors impacting participants' feelings towards the change in working environment after the move. Early indications suggest that the inclusion of local staff groups as part of this simulation had a positive impact on the perception and preparedness of large-scale change.

Implications for practice: As simulation for system integration becomes more common, it is important that we tailor simulation programmes to best prepare not only the new systems but also the people working there. This can only be done through listening and learning from staff experiences. The research team will seek to publish these findings to help inform future simulation for systems integration programmes.

REFERENCES

1. Colman N, Doughty C, Arnold J, Stone K, Reid J, Dalpiaz A, Hebbar KB. Simulation-based clinical systems testing for healthcare spaces: from intake through implementation. Adv Simul. 2019;4(1). Doi: 10.1186/s41077-019-0108-7
2. Bartunek J, Rousseau D, Rudolph J, Depalma J. On the receiving end sensemaking, emotion, and assessments of an organizational change initiated by others. J Appl Behav Sci. 2006;42(2):182–206.

27 USE OF LIVE PATIENT SIMULATION TO TRAIN PROVIDERS ON SEXUAL ASSAULT RESPONSE

Isle Polonko[1]; [1]*Clinical Practice Resources for Training and Education, Hardwick, USA*

10.54531/KWSH4982

Background: Sexual assault is a worldwide epidemic. According to the World Health Organization (WHO), 35% of women worldwide have experienced sexual violence [1]. Additionally, the Director of Crimes Against Children Center states, 'one in five girls and one in 20 boys is a victim of sexual abuse' [2]. In the USA, SANEs (Sexual Assault Nurse Examiners) and SAFEs (Sexual Assault Forensic Examiners) respond to victims of sexual assault as part of a SART (Sexual Assault Response Team). This victim-centred approach is comprised of three members: Victim's Advocate, Law Enforcement and a SANE/SAFE. Prior to 2014, SANEs and SAFEs obtained certification by practicing on live victims. Once initial studies proved the efficacy of simulation in SANE training, it was recommended that certification be obtained with Gynecologic Teaching Associates (GTAs). Most countries do not have a standard of trauma response for sexual assault victims, and in the USA, there is a misunderstanding of best practices and many SANEs/SAFEs still obtain certification through clinical practice on victims.

Aim: The aim of the work being conducted in the field was to develop an effective protocol for training sexual assault responders that supports goals of trauma-informed care and provides a standardized protocol to obtain certification through simulation.

Simulation activity outline: SANE/SAFE training requires an initial 40-hour didactic with anatomy skills training specific to trauma care. Trainees subsequently practice the sexual assault forensic evidence collection kit on simulated patients. They practice communication skills designed to build rapport with trauma survivors, the specialized urogenital examination techniques involved in sexual assault care and have opportunities for speculum insertions to competency. Additionally, they practice documentation/chain of custody procedures critical to the admissibility of evidence in court. Stations are developed to provide practical experience with the kit and with providing specialized care to patients in a variety of demographics; age, gender (or transgender), socio-economic backgrounds, etc.

Method: This work is based on findings of previous studies that highlight the efficacy of live patient simulation in SANE training to implement safe, effective methods of trauma response via collaboration between SANE/SAFE directors and GTA programming.
Results: GTA methodology is proved to be an effective method for training the well-patient gynaecologic examination. One of the identified benefits is a reduction in learner anxiety. Because GTAs act as both instructor and patient, they can teach trauma examination skills and provide a unique opportunity for feedback from a simulated sexual assault victim's perspective. Developing protocol in the field is crucial as more programmes utilize simulation to train new SANEs. It is critical to meet standards of best practices and to maintain safety and reduce risk.
Implications for practice: This protocol has influenced the way SANEs and SAFEs learn trauma-informed care. The benefits to trauma patients are numerous. The methodology, utilized across the USA, was recently brought to Brazil to train new SANEs. More work must be done internationally to bring this method to areas of the world where no standardized method of sexual assault response exists. Additionally, safety measures and better collaboration are paramount to the continued success of this method.

REFERENCES

1. The World Health Organization. Devastatingly pervasive: 1 in 3 Women globally experience violence [online]. 2021. Available at https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence [Accessed 5 September 2021]
2. Finkelhor D, et al. The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. J Adolescent Health. 2014;55(3):329–333.

172 STUDENT PERCEPTION OF SKILLS AND SIMULATION DELIVERY WITHIN AN UNDERGRADUATE NURSING CURRICULUM: LOOKING AT THE CREATION AND INTRODUCTION OF A SKILLS AND SIMULATION DELIVERY FRAMEWORK

Emily Browne[1], Fiona Cust[1], Ben Woodrow-Hirst[1], Amanda Friend[2]; *[1]Staffordshire University, Shrewsbury, UK[2]Leeds Children's Hospital, Leeds, UK*

10.54531/MCGO1218

Background: When developing our new undergraduate nursing curriculum, we wanted to ensure that it was simulation based; however, we were unable to find frameworks or direction of how to integrate this. Despite a wealth of evidence to support the use of simulation as an effective modality, there is no current literature that describes a system of integrating simulation in a standardized manner. Ferguson [1] concluded that there is a gap in how a simulation strategy becomes effectively implemented and embedded within a curriculum. Before we started to make changes, we first wanted to gain an understanding of how students found the existing delivery of clinical skills and simulation and understand what was working and where improvement could be made.
Aim: The aim of this research was to have both qualitative and quantitative data to support the hypothesis that a framework is needed to integrate skills and simulation with a healthcare education curriculum.
Simulation activity outline: For this study, there was no new addition of simulation; the aim was to look at what was in existence and gather student experience data.
Method: This study took a mixed methodology collecting both qualitative and quantitative data through a questionnaire. The questionnaire was designed to ascertain the student's existing level of experience in skills and simulation, their opinion as to how effective the current method of delivery was. Opinion was also sought on thoughts in relation to changing the delivery of skills and simulation. All first- and second-year pre-registration nursing students were invited to take part. Ethical approval was sought and granted by the university ethics panel.
Results: Three main themes were generated and will be discussed. Communication: many students described their lack of confidence in communicating with senior staff and other members of the multi-disciplinary team (MDT). This was, they felt, linked with a lack of experience and a lack of exposure to working with more senior staff. Confidence within their role: Students felt that simulation did improve their confidence but that there should be much more of it within their curriculum. They discussed the fact that it was a much more powerful resource than 'sitting in a lecture theatre'. Feeling stressed and intimidated: Students reported that although the high-fidelity simulation sessions and scenarios could prepare them for 'real-life' emergency situations they did find them rather stressful and intimidating.
Implications for practice: The results of this initial study demonstrated that students wanted more simulation and that their confidence and competence would be improved from more simulated practice. From the responses given, it was evident that the current delivery of clinical skills and simulation preparation was not effective and student satisfaction was poor. In response to these findings, we have developed a five-stage approach to create a scaffolding of learning bringing simulation into the curriculum from the very start allowing for a gradual cognitive load. The authors expect to find an improvement in the student perceptions of both their competence and confidence in relation to clinical practice.

REFERENCE

1. Ferguson J, Astbury J, Willis S, Silverthorne J, Schafheutle E. Implementing, embedding and sustaining simulation-based education: what helps, what hinders. Med Educ. 2020;54(10):915–924. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.14182. [Accessed 1 October 2020].

165 MEDICAL STUDENTS' LIVED EXPERIENCES OF ONLINE FORUM THEATRE AS A FORM OF LEARNING IN CONSULTING WITH VICTIMS OF DOMESTIC ABUSE

Daire McGrath[1], Gerard Gormley[1], Helen Reid[1], Paul Murphy[1]; *[1]Queens University Belfast, UK*

10.54531/IFJD5167

Introduction: Domestic abuse (DA) is a prevalent problem in today's society; over 2.4 million adults in England and Wales experienced DA in 2019 [1]. DA can have a significant impact on its victims. Healthcare professionals (HCPS) have an important role in the care of DA patients. Therefore, it is important that HCPs are adequately trained in recognizing DA features and supporting victims during/following disclosure. One area that significantly requires improvement is domestic abuse teaching in medical students, as shown in a cross-sectional study carried out across UK medical schools, 52% of medical students who received DA training reported it only