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

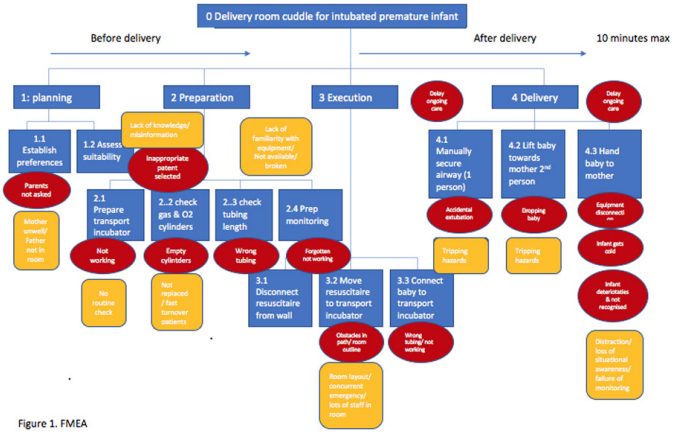

Figure 1: FMEA

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.

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96 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.

142 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:

- 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.

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

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

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10.54531/FXPI7957

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.