

involving trainees working with Foundation Year Doctors over 5 scenarios where they are escalated to as the senior on call. The focus is developing skills such as prioritisation, leadership and communication. All candidates take part in the debriefing. The IMT3B course is a day of 5 extremely challenging scenarios in difficult settings such as out of hours or with limited senior presence. These scenarios are devised to push the IMT3 candidates in order to help prepare them for working under pressure. Scenarios include difficult ethical decision-making, litigation issues, and complex patients (e.g. pregnancy).

Results: The sessions were positively evaluated by the IMT who expressed how they will help change their practice and enhance patient safety (see Table 1). All aspects of the course are devised to help and progress with the trainee introducing best practice and quality assurance. Debriefings are effective with discussions between peers being both positive as well as informative. We have kept class sizes to 6 participants as we have found this gives the right amount of support without being too overwhelming.

Table 1: Feedback from the internal medical trainees

Course	Learner Feedback (what did you appreciate?)
Internal Medical Trainee Year 1	Proper communication and debriefing. Feedback with learning objectives discussed. Great faculty. Very good scenarios. The training staff was very cooperative and it was a wonderful learning experience for me.
Internal Medical Trainee Year 2	Strenuous scenarios – clinically stretching and very helpful to reflect on. Engaging and active participation. A lot of thinkings and reflections for not just the scenarios I have directly involved, but also in colleagues' scenarios. Technical skills – Brady/tachycardia, ALS, pacing.
Internal Medical Trainee Year 3	Multiple different scenarios, structure of the scenarios meaning I was realistically called in without prior knowledge of the situation. Put in stressful but safe situations where I was the most senior person, having to make decisions and delegate – very true to life. Constructive feedback in a safe environment with opportunity to lead adult emergency call and response to referrals from junior member of the team.

Conclusion: We feel that as the IMT work through the programme prepares them for what is a difficult transition. Over their IMT simulation training they will take part in 18 scenarios either as a candidate or in the debriefing. It has given the IMT the chance to have high quality training in a high-fidelity environment thus promoting enhanced care and patient safety.

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ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) TRAINING SESSIONS ON EX-VIVO PORCINE MODELS

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Background: Endoscopic Submucosal Dissection (ESD) is a technique for removing lesions in the gastro-intestinal tract. It involves precise cutting into the submucosal layer, allowing

for the lesion to be removed in one piece, and has been shown to have a high curative resection rate [1]. It is a technically challenging endoscopy technique that requires experience and practice. As one of the common complications from ESD is perforation [2], training on ex-vivo models is becoming popular with 84% of surveyed centres in the UK requiring Endoscopists to complete a number of ESDs on animal models before progressing to train on patients [3]. While training was accessible at other centres, this was infrequent and less accessible.

Methods: Sessions were created at the hospital training centre. This was done using decommissioned endoscopy stacks and endoscopes, so that these were always available and designated for ex-vivo use only. The animal model was a porcine oesophagus, stomach, and start of duodenum prepared in a box with a hole for endoscope insertion. The duodenum was clamped to ensure inflation would be possible. The days ran from 0830-1530 with a drop-in option. After 7 sessions were run over 5 months, a survey was sent out to the 8 people that had participated to assess the benefits of the service (including faculty doing the training and trainees).

Results: 8 responses (100%) were collected. 62% (n=5) of responders had used ex-vivo models before. 83.3% of trainees (n=5) said they had come to our hospital specifically to train in ESD technique. Responders attended between 1 and 10 sessions at our centre. All trainees and faculty said they found the training extremely beneficial and that they thought the ex-vivo model work well the way it was set up. All responders said they would recommend the sessions to a colleague. All trainees said that training with an experienced Endoscopist was more beneficial than training alone. Suggestions for improvement included a more consistent timetable of when they could access sessions, more accessibility and wider range of endoscopy kit, and involving the wider nursing team in the sessions.

Conclusion: The ex-vivo ESD training sessions were well received by both faculty and trainees and were said to be very beneficial to their training. We will therefore be putting on more of these sessions, taking into account the suggestion for a regular accessible timetable.

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USING SIMULATION TO SUPPORT A NEW THEATRE SETUP

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Background: Following the redevelopment of the day case theatre complex at Chorley District General Hospital it was identified that new ways of working were required, and changes to patient processes would need to be made. Some of these were normal, expected, adaptations to be made when moving to a new working environment, such as the location and storage of equipment.