

**Methods:** The Resuscitation and Simulation Team, led by the associate Clinical Lead for Simulation, modelled the theatre list for the first day using simulated patients and in line with the ASPIH standards [1]. This gave the theatre staff the opportunity to run through cases in real time and gauge when patients needed to be sent for, how long was needed for setting up, and at what time they could safely call for the next patient without causing unnecessary delays or having patients waiting in corridors. Each step in the process was followed by a debriefing so that the actions could be discussed and any changes made.

**Results:** The feedback was positive and team members found it extremely useful to simulate their upcoming lists. As expected, there were several patient flow related issues raised, mainly around timings and logistics (Table 1). The day also allowed teams to anticipate other minor issues such as kit storage, stocking and availability to ensure the theatre lists ran smoothly on the day.

**Table 1:** Issues identified following simulation of a theatre list

Problem	Effect	Solution
Lack of anaesthetic room meaning that patients needed to be anaesthetised in the theatre.	The theatre must be set up and ready to go prior to the patient arriving as the noise during induction must be minimal.	Times were mapped out from sending for the patient, pre-op checklist, to arrival in theatre so that staff could plan set-up accordingly.
During joint replacement operations the doors cannot be opened due to infection risk.	All equipment must be inside the theatre prior to the patient arriving.	A simulated 'walk through' of the theatre list allowed staff to collate a list of all possible equipment that may be needed so it could be inside the theatre.

**Conclusion:** Simulation of normal business can be successfully used to improve patient safety and the confidence of clinical staff when developing new clinical areas.

## REFERENCE

1. Association for Simulated Practice in Healthcare. Simulation-Based Education in Healthcare. 2016. Standards Framework and Guidance. Association for simulated practice in healthcare (ASPIH) standards for simulation-based education. <https://aspih.org.uk/standards-framework-for-sbe/> [Accessed on 26/06/2022]

## DEVELOPING A NEW SIMULATION-BASED DECISION-MAKING AND TEAM-WORKING COURSE FOR ADVANCED CLINICAL PRACTITIONERS

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**Background:** The development of the Advanced Clinical Practitioner (ACP) framework at Lancashire Teaching Hospitals began in 2017. There are now 13 non-medical consultants, 73 Qualified Advanced and Specialist Clinical Practitioners, and 25 trainee ACP's across the organisation. Part of the competency framework included the ability to manage common medical emergencies that are not necessarily a routine part of that ACP's case load, for example managing a patient with chest pain on a surgical ward or assessing a ward patient following a fall.

**Methods:** A one-day simulation-based course was developed to allow ACP's to manage patients with these conditions in a safe and supportive environment. The day includes a

lecture introducing human factors and decision-making theories, followed by six scenarios with debriefing facilitated by senior faculty to discuss learning points with the group. Scenarios were designed in line with ASPIH standards [1] to include clinical competencies which are not commonplace in the trainee's current working environments, giving them a chance to undertake the management of these rarer occurrences in a safe and controlled environment.

**Results:** Feedback was collected using anonymous self-scoring feedback forms and was overwhelmingly positive, with candidates feeling more confident in managing these clinical scenarios in practice. All candidates felt the scenarios were pitched to the correct level. Written feedback also highlighted how beneficial it was to get together as a group for shared learning across different directorates.

**Conclusion:** Simulation-based learning can improve the confidence of ACP's in managing unfamiliar clinical emergencies. In future courses will be advertised and opened to ACP's from other Trust's to allow further discussion.

## REFERENCE

1. Association for Simulated Practice in Healthcare. Simulation-Based Education in Healthcare. 2016. Standards Framework and Guidance. Association for simulated practice in healthcare (ASPIH) standards for simulation-based education. <https://aspih.org.uk/standards-framework-for-sbe/> [Accessed on 26/06/2022]

## BRIDGING THE REALISM GAP: USING 'LOW-FIDELITY' SIMULATION FOR HIGH QUALITY TRAINING

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**Background:** The Royal College of Anaesthetists recommends use of simulation-based-education (SBE) during the initial 12-week novice placement for new anaesthetic trainees [1]. For many UK anaesthetic departments, the complexity and cost of patient simulators [2] may reduce opportunities for SBE during novice training. However, avoiding the physical fidelity trap [3] and utilising both conceptual and psychological fidelity to good effect might mitigate this issue. As novice trainees are already familiar with the theatre environment from day-to-day clinical practice, the learning outcomes from SBE generally cover rarer emergencies which can still be covered during SBE outside of the theatre environment. We aimed to assess the feasibility of running weekly low physical fidelity SBE across the entire 12-week novice period instead of the smaller number of ad-hoc sessions delivered previously.

**Methods:** Our new SBE programme consisted of 30-minute sessions held in the anaesthetic department conference room to minimise impact on stretched theatre capacity and educator availability. To further maximise efficiency, we created a portable simulation set-up using a basic resuscitation manikin on a patient trolley, a disused anaesthetic machine, and a tablet device with a simulated monitor application. This could all be set-up and stored away in under 5 minutes. Our focus on conceptual and psychological fidelity led to the creation of a new scenario bank which identified common issues encountered by new anaesthetic trainees, rather than emergencies rarely encountered by even an experienced anaesthetist. Scenarios needed to be highly plausible and solvable by the novice trainee. Learners were then asked to complete a feedback survey after each session.