which recommends in-situ simulation in obstetric units to promote safety [2]. With the recent change of speciality training curricula, especially in anaesthetics, there has been an increased requirement for simulation-based training. However, the COVID-19 pandemic has had a significant negative impact on medical training, both in terms of clinical breadth and opportunities for educational activities [3]. In order to tackle all these requirements, we developed an in-situ multidisciplinary obstetric simulation programme.

Methods: This was supported by the anaesthetic simulation fellow, obstetric anaesthetic lead and fellow and obstetric safety fellow, together with senior midwifery input. This allowed simulation development, running and debriefing to benefit from the skill and experience of a multidisciplinary team. The local simulation centre provided technical support which allowed us to take the simulation to multiple locations on the labour ward. Learners were from anaesthetic, midwifery, theatre, and operating department practitioner backgrounds and we conducted this simulation programme as three-monthly sessions corresponding with trainees' rotations. The scenarios were based around previous critical incidents while ensuring the psychological safety of the candidates. This demonstrates an open learning culture where lessons learnt can be shared and patient safety prioritised. It was also be useful in applying a systems approach to understanding how errors occurred.

Results: Feedback confirmed the in-situ aspect of this session provided experiential learning and improved familiarity of the environment. This was especially pertinent as the sessions were conducted with trainees new to the department. It also allowed midwifery and theatre staff to take part in the session who otherwise may not have. A multidisciplinary approach allowed flattening of team hierarchy as shown by feedback. We ensured challenges associated with in-situ simulation were met with the team ready to respond to clinical needs in the department. No simulated equipment or medication was used and all documentation was labelled appropriately.

Conclusion: Obstetric emergencies can be life changing and can significantly affect those involved. This simulation session addressed several learning needs while rising to the challenges of in-situ simulations. We hope to continue developing this programme with more specialities represented and integrating learning from critical incidents while ensuring psychological safety.

REFERENCES

1. Higham H, Baxendale B. To err is human: use of simulation to enhance training and patient safety in anaesthesia. BJA: British Journal of Anaesthesia. 2017;119(suppl_1):i106–14.
2. Ockenden D. Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. House of Commons. 2020 Dec 10.
3. Seifman MA, Fuzzard SK, To H, Nestel D. COVID-19 impact on junior doctor education and training: a scoping review. Postgraduate medical journal. 2022;98(1160):466–76.

RESPIRATORY EMERGENCY SIMULATION TEACHING (REST) IN A MULTIDISCIPLINARY TEAM (MDT)

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Background: During the COVID-19 pandemic our respiratory high dependency unit (RHDU) increased bed capacity by 200%, recruited new staff to provide high flow nasal oxygen (HFNO) and continuous positive airway pressure (CPAP) support, and was relocated within the hospital. This created the need to upskill new staff to provide level 2 care to sick patients in a new environment [1]. We aimed to provide training to nurses, healthcare assistants (HCA), and junior doctors on RHDU via a multidisciplinary (MDT) simulation programmed to manage deteriorating respiratory patients. We also aimed to identify gaps in learning, policy, and procedures due to the relocation of RHDU.

Methods: The pilot included 22 sessions of in-situ simulation, run weekly by a core faculty including a respiratory consultant, ward sister, senior HCA, and clinical educator. All scenarios focused on MDT working with effective assessments and handovers.

Results: All staff members on the ward wore the same scrubs making it challenging to identify the job role or seniority of staff, and this was noticeable during the simulations. Coloured lanyards identifying job role were purchased and are now worn by all RHDU staff. An anaphylaxis simulation identified a time delay in finding the key to access emergency medication. A key safe has been purchased by the ward to house this key, ensuring it is always available in an emergency. The themes identified were: an increase in the confidence, competence, and knowledge of the MDT in recognising, responding, and treating medical emergencies. It also developed the working relationships between MDT members by highlighting the skill set of different professions, allowing for an exchange of knowledge across all working levels.

Conclusion: Simulation is an excellent resource in problem solving and teaching. It provides a safe place to practise new skills and breaks down the barriers to effective communication within the MDT by creating a cohesive learning environment. Simulation must be an ongoing development for staff to ensure that skills are honed resulting in the best outcomes for our patients in an acute emergency. A monthly training programme has been developed consisting of four hours of simulation-based training using different levels of fidelity. We will continue to employ the use of MDT working to reflect real life working conditions based on the success of this pilot.

REFERENCE

1. Almomani E, Sullivan J, Hajjieh M, Leighton K. Simulation-based education programme for upskilling non-critical care nurses for COVID-19 deployment. BMJ Simulation & Technology Enhanced Learning. 2020;7(5): 319–322.

SIMULATION FOR PRECEPTEE PHYSIOTHERAPISTS READINESS TO PRACTISE

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Background: The COVID-19 pandemic has significantly impacted the clinical placement experiences of undergraduate Physiotherapists [1], many of whom started working as preceptee Physiotherapists shortly after qualifying in 2021. Consequently, it was important to provide training in the key skills required to work within an acute inpatient setting to preceptee Physiotherapists starting at an acute NHS Trust in 2021.