A one-day simulation course was developed to expose preceptees to common scenarios occurring in clinical practice to increase their confidence in managing these situations.

Methods: Six simulation courses were delivered with 22 preceptees each attending a single course. The course started with a group tactical decision exercise to develop caseload management skills. Participants took part in a simulated multidisciplinary team (MDT) ward handover and were provided the opportunity to gather more information from MDT colleagues, simulated medical notes, and admission systems to help them prioritise their simulated caseload. Participants then used this information to make decisions regarding the prioritisation of their simulated workload. The influence of information on participants' decision-making was then discussed. Participants subsequently undertook five high-fidelity scenarios in pairs; examining themes of discharge planning, managing an unwitnessed fall, the acutely unwell patient, conflict resolution, and acute confusion management. Each scenario was followed by a faculty-led debriefing to facilitate learning through discussion and reflection.

Findings: Participants completed a self-rating questionnaire based on the 5-point perceived self-efficacy scale before and after course attendance. It evaluated confidence and competence in aspects of inpatient care. Overall self-rated confidence and competence improved post-course in all question categories.

Significant differences (R>0.5) were seen for self-rated confidence in managing a ward handover (1.2), prioritising daily workload (0.6), communicating with the multidisciplinary team (0.6), communicating with patients and relatives (0.6), and responding to unpredictable workload and environments (1.2).

Significant differences were also seen for self-rated competence in managing a ward handover (0.9), prioritising a daily workload (0.5), and responding to unpredictable workload and environments (0.8).

Free text analysis of participants' course key learning points identified themes surrounding confidence in own abilities, escalation, and communication.

Conclusion: Simulation-based training was effective in enhancing confidence for preceptee Physiotherapists in managing aspects of acute inpatient care. Further work is required to establish its utility in addressing competence. The development of preceptee simulation training for multi-professional groups is also required. For 2022, a joint Physiotherapy and Occupational Therapy preceptee induction simulation course is planned.

REFERENCE

1. Gough S, Orr R, Stirling A, Raikos A, Schram B, Hing W. Health Sciences and Medicine Education in Lockdown: Lessons Learned During the COVID-19 Global Pandemic. In Nestel D, Reedy G, McKenna L, Gough S. Clinical education for the health professions: theory and practice. Springer; 2021.

WHERE DO I START? INTRODUCING SIMULATION IN A HOSPICE ENVIRONMENT

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10.54531/MBIS8891

Background: Simulation is widely recognised as a safe, valuable learning modality [1]. However, it is greatly underutilised in End of Life (EoL) care [2] where the majority of learning has been theoretical. A plethora of challenges exist around introducing a simulation programme in a hospice environment, both organisational and psychological [3], including implementing a new idea at a time when healthcare workers are experiencing unprecedented levels of burnout following a pandemic. As part of a one-year project funded by Health Education England, we sought to create and introduce a comprehensive simulation-based programme for rollout across the Hospice with clear benefits and relevant subject matter that engages our wide range of MDTs as well as non-clinical staff.

Methods: Posters were used to begin to introduce the concept of simulation. A mixture of questionnaires, interviews and online sessions were held to establish current knowledge and views of staff on simulation-based learning. Time was set aside to thoroughly outline the project and its benefits to teams throughout the Hospice, clinical and non-clinical staff.

Results: Questionnaire results from 52 respondents show that 35% of staff had no knowledge of simulation prior to the information given as part of this project. Despite this, when simulation was explained more clearly, all respondents felt that they would be able to gain something positive from introduction of a simulation-based programme as shown in Figure 1. There was very little in the way of negativity towards the introduction of simulation, with only 1.9% of respondents citing that they felt 'disinterested' by the project.

Figure 1

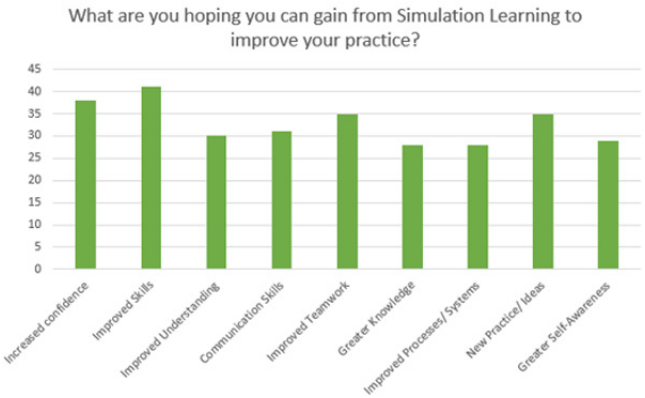

Figure 1: Participants' response to the question: What participants expect simulation-based learning to improve in their practice?

Conclusion: Teams amongst the hospice recognise that simulation provides a valuable learning opportunity. By ensuring understanding of the project, encouraging involvement of all teams, and recognising their unique concerns, thoughts and pressures, it is possible to implement a successful simulation-based programme in the Hospice environment leading to quality improvement in End-of-Life care.

REFERENCES

1. Randall DC. Pragmatic children's nursing: A theory for children and their childhoods. Routledge; 2015.
2. Bassah N, Seymour J, Cox K. A modified systematic review of research evidence about education for pre-registration nurses in palliative care. BMC Palliative Care. 2014;13(1):1–10.
3. Patterson MD, Blike GT, Nadkarni VM. Advances in Patient Safety. Situ Simulation: Challenges and Results. In: Kerm Henriksen, James B. Battles, MA Keyes und ML Grady (Hg.): Advances in Patient Safety. New directions and alternative approaches, 3, p.4. 2008