

Figure 1: Illustration of the knockout tournament in three rounds.

Results: Round 1 scores for the 8 participants ranged from 0 to 94 out of 100, and the top 4 scorers who qualified for the next round scored 94, 94, 94, and 90 in their highest scoring attempt. The mean time taken per task in round 1 was 2 min 24 sec. Round 2 highest scores were 89, 86, 79, and 74, and the mean time taken was 2 min 18 sec. Final round 3 scores were 69 and 65, and a champion was declared. The whole event took 3 hours and successfully generated sportsmanship spirit and significant interest in surgical simulation. Furthermore, the simulator noted a total injured corneal area of 18.78 mm² and capsular damage of 4.7 mm.

Conclusion: The design of the tournament not only ensured excitement amongst all participants but also encouraged participants to excel in the tasks in the provided course by bringing sportsman spirit, boosting the confidence of performing live surgery in front of an audience, and by collecting and analyzing their cumulative data. Gamification of surgical simulation allows residents to compete in a safe learning environment. We recommend this exercise to all centers equipped with surgical simulators. In the future, different surgical themes and future international tournaments may be explored.

REFERENCES

- Ahmed TM, Hussain B, Siddiqui MAR. Can simulators be applied to improve cataract surgery training: a systematic review. *BMJ Open Ophthalmology*. 2020;5(1):e000488.
- van Gaalen AEJ, Brouwer J, Schönrock-Adema J, Bouwkamp-Timmer T, Jaarsma ADC, Georgiadis JR. Gamification of health professions education: a systematic review. *Advances in Health Sciences Education*. 2021;26(2):683-711.
- Aga Khan University. EyeSurg Tournament. https://www.aku.edu/news/pages/News_Details.aspx?nid=NEWS-002602 [Accessed on 19/06/2022]

USING SIMULATION TO IMPROVE CONFIDENCE IN THE ESCALATION OF PATIENTS WITH LEARNING DISABILITIES BY NURSES IN THE ACUTE CARE SETTING

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Background: The National Early Warning Score (NEWS) is used to collate measurements of patients' vital functions, identifying patients who require management to prevent deterioration [1]. Not following NEWS escalation protocols is linked to adverse events and may occur due to prioritising clinical judgement over scores and communication failures [2]. Patients with learning disabilities are even more at risk of avoidable adverse events in hospital, but education to improve the understanding of the needs of these patients may be a protection against this [3]. This research assessed the improved confidence of nurses in escalation following a simulation-based course focused on escalating an unwell patient with learning difficulties.

Methods: The course started with an interactive talk on how to measure NEWS by a nurse educator. A simulation-based video we created of a mismanaged scenario involving a patient with learning disabilities was shown, followed by a discussion about handover using the SBAR structure. The simulation required the attendee accurately calculating a NEWS score of an actor connected to a monitor we could control and escalate to a doctor over the phone. This simulation was shown in real time to the other attendees, and the debriefing was facilitated by a doctor trained in debriefing. Pre- and post-course questionnaires were completed by attendees to assess their nursing experience, confidence in assessing NEWS, and escalation rated on a scale of 0 (very unconfident) to 5 (very confident).

Results: The course was run 6 times for a total of 26 nurses. The median length of nursing experience was 17 months (range 1-249 months). More attendees were confident (defined as 4 or 5 out of 5 in the confidence scale) in assessing NEWS, escalating to the medical team, and using SBAR post-course (96%, 96%, and 93% respectively) compared to pre-course (68%, 57%, and 54% respectively), which can be seen in figure 1. Improvements were seen in calculation of NEWS and the use of SBAR in freeform written handovers between pre- and post-course questionnaires. Five respondents suggested involving doctors or other members of the multidisciplinary team in the course.

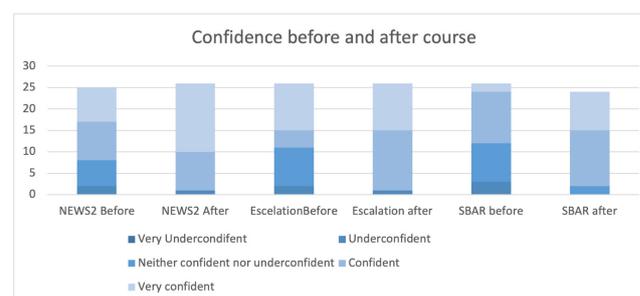


Figure 1: Confidence of the participating nurses before and after the course.

Conclusion: This simulation-based course focusing on care of a patient with learning disabilities has improved confidence in assessing NEWS and escalation with a structured handover to the medical team. Further research should be focused on multidisciplinary simulation on escalation in the acute care setting, and how including cases involving learning disabilities improves outcomes in this at-risk group.

REFERENCES

- Royal College of Physicians. National Early Warning Score (NEWS) 2 Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: 2017. www.rcplondon.ac.uk
- Ede J, Jeffs E, Volland S, Watkinson P. A qualitative exploration of escalation of care in the acute ward setting. *Nursing in Critical Care*. 2020;25:171-178.
- Louch G, Albutt A, Harlow-Trigg J, Moore S, Smyth K, Ramsey L, O'Hara JK. Exploring patient safety outcomes for people with learning disabilities in acute hospital settings: a scoping review. *BMJ Open* 2021;11:47102.

MEANINGFUL SIMULATION: SERVICE USER AND ACADEMIC COLLABORATION SUPPORTING PHYSIOTHERAPY STUDENTS WITH HEALTHY CONVERSATIONS

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