

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.

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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.

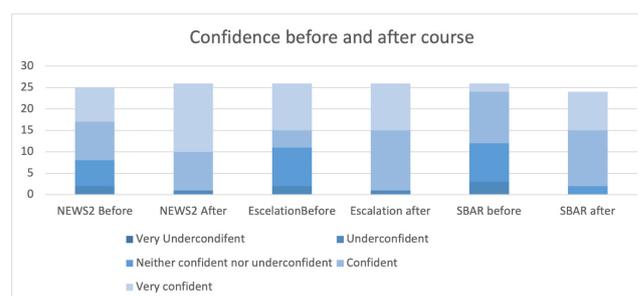


Figure 1: Confidence of the participating nurses before and after the course.

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.

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

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Background: Lifestyle factors are a significant cause of mortality and morbidity in England [1]. Physiotherapists are well placed to help people to make healthy lifestyle choices, however junior physiotherapists do not feel well equipped to have these conversations [2]. An innovative teaching session was carried out with physiotherapy students to 1) increase their confidence in addressing lifestyle choices and 2) equip them with communication skills to decrease fear of these difficult conversations. The session was grounded in the theory of motivational interviewing [3].

Activity: Teaching staff created role play scenarios. These were reviewed by service users for authenticity. The scenarios included a teenager with cystic fibrosis who was not compliant with chest clearance exercises and a person suffering falls secondary to alcohol misuse. The final scenario involved a discussion about smoking with a person recently diagnosed with a chronic lung condition and their partner. In a face-to-face immersive fishbowl setting, students took part in the scenarios with experienced actors as service users. The session was collaborative, where students could 'time out' to seek guidance from their peers. The actors adapted their communication depending on how they felt in the conversation. After each scenario the actors provided feedback from the service user perspective.

Results: There was excellent engagement in the session. Students found the final scenario the most challenging as they struggled to gain a rapport with the patient actor due to the partner frequently interrupting. The cohort expressed different ideas of how to manage this situation. Feedback from the actors helped the students to consider the perspective of the partner and how their interference was due to worry. Pre- and post-session data on a five-point Likert scale demonstrated improved knowledge of motivational interviewing and improved confidence to have lifestyle change conversations (Figure 1). Importantly, all students (n=12) felt empowered by the session and wanted to make changes to their communication style. Subjective data collected from the students was uniformly positive. Students commented that the role play felt 'real', demonstrated by this quote 'Amazing! Very realistic and made me think further and delve deeper'.

Figure 1 to accompany Meaningful simulation: service user and academic collaboration supporting physiotherapy students with healthy conversations

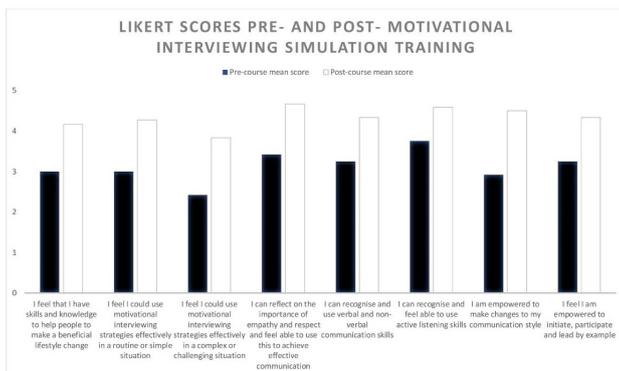


Figure 1: Likert scores to the pre- and post-motivational interviewing simulation training

Conclusion: The immersive simulation experience motivated and empowered the physiotherapy students to talk about lifestyle change with service users. The participative forum felt 'real' and students left the session better equipped to have lifestyle change conversations with service users. This

should help to create future physiotherapists who can help people to live healthy lives.

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CUSTOMISED RETURN TO TRAINING: SUPPORTING TRAINERS AND TRAINEES WITH BESPOKE SIMULATION COURSES

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Background: 10% of 50,000 doctors in postgraduate training programmes in England are taking approved time out of training at any time [1]. The NHS People Plan [2] aims to welcome back colleagues who want to return, which can be a stressful experience for trainees. It is our duty as educators to provide support. Health Education England offer SuppoRTT funding to create opportunities for trainee development. Despite regional courses, returning trainees felt their individual needs were not met. We aimed to provide additional, bespoke 1:1 training within a psychologically safe environment to paediatric trainees in our hospital before their return to training.

Methods: Trainee participants had email and phone correspondence with a consultant paediatrician prior to their return date. A half-day bespoke simulation course was co-designed with the participant at a mutually convenient date. Teaching was delivered by a consultant or senior registrar trained in simulation and debriefing. The bespoke course included a variety of activities to meet personal goals, including basic procedures, scenarios in the simulation centre, and if ready, a short in-situ simulation with multidisciplinary staff (if available). In addition, trainees were signposted to existing courses and resources. The simulation centre also offered support to the Educational Supervisor in completing SuppoRTT Funding applications. Afterwards, returning trainees were asked to provide feedback via email. This experience has led us to develop a framework for future learners from different specialities and the wider multidisciplinary team; the CUSTOM framework, Creating Unique Support for Trainees and Others with the Multidisciplinary team.

Results: In three years, we provided bespoke training to six paediatric doctors, four of whom were returning after maternity leave and two from research. Five trainees had bespoke sessions, one trainee chose to attend a simulation course with additional support and feedback rather than requesting an individualised course which would have had to be created. Themes from feedback included a positive learning environment, appreciation for bespoke training opportunities, increasing trainee confidence and appreciation for general support (Table 1). One trainee who returned after their second maternity leave said 'it was noticeable how much quicker I returned to feeling comfortable after this second leave.'