

steps include establishing a curriculum, observing an established GTA/MUTA programme session to assess the format, and recruitment and training of GTAs and MUTAs. Once the programme is established, a clinical skills training day may be implemented. Implementing such a programme improves the learners' experience and provides them with an increased understanding of sound technique that will benefit their patients in the long term.

REFERENCES

1. Theroux R, Pearce C. Graduate students' experiences with standardized patients as adjuncts for teaching pelvic examinations. *Journal of the American Academy of Nurse Practitioners*. 2006;18(9):429–35.
2. Kretzschmar RM. Evolution of the Gynecology Teaching Associate: an education specialist. *American Journal of obstetrics and gynecology*. 1978;131(4):367–73.
3. Underman K. *Feeling Medicine: How the Pelvic Exam Shapes Medical Training*. New York, New York University Press; 2020.

TESTING THE ROBUSTNESS OF EMERGENCY DEPARTMENT PROCESS PATHWAYS USING MULTIDISCIPLINARY TEAM IN-SITU SIMULATION

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Background: Delivering safe and best practice is dependent on robust structural processes and optimal acquisition of skills and knowledge across disciplines [1]. An in-situ simulation-based education model was implemented to optimise the provision of best practice in emergency medicine [2].

Methods: In-situ simulation cases were developed based on critical incidents, complaints, and interesting cases. These simulations were designed to be complex cases, aimed at high-level multi-specialty working. Maintaining the real-life integrity of the simulation cases was paramount. The simulations were run in a busy Emergency Department (ED), during the working day while the normal service continued. Participants were instructed to make-up medication, collect blood products, and contact specialities in real time. Debriefing initially included identifying communication, human factor and process issues, and concluded with medical teaching on the topic covered, and included the speciality perspective on optimal medical management. Logistical support was provided by the simulation faculty. Data from feedback forms was collected.

Results: Over 12 months, 20 simulation cases were conducted in the resuscitation area of the ED. Simulations involved multidisciplinary, multi-speciality workforce covering the management of acute bronchitis in an infant, an episode of acute psychosis, upper gastrointestinal bleed requiring major haemorrhage protocol activation, and many other emergencies covering the full spectrum of specialities. All feedback strongly agreed/agreed that the simulation exercises were beneficial and would lead to an improvement in the participants' clinical practice. The multidisciplinary approach was key to the discovery of system weaknesses and risk-factors. These were then addressed and improvements in system learning, and processes were proven by the re-running of similar scenarios. The learning points were communicated via the hospital ED guideline application (AskEarl) and departmental communication channels. Changes have included updating standard operating

procedures, guidelines, and the application of a business case for a blood fridge located in ED to reduce blood administration length of time.

Conclusion: These detailed simulations successfully tested the current hospital processes and resulted in significant improvements to the daily structural delivery of best practise. Additionally, the SBE model decreased clinician teaching preparation burden and increased simulation efficiency and effectiveness. After the success of this model, it is being rolled out to other specialities.

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REFERENCES

1. Gressgård LJ. Knowledge management and safety compliance in a high-risk distributed organizational system. *Safety and health at work*. 2014;5(2):53–59.
2. Petrosniak A, Auerbach M, Wong AH, Hicks CM. In situ simulation in emergency medicine: moving beyond the simulation lab. *Emergency Medicine Australasia*. 2017;29(1):83–88.

999 'EMERGENCY' – THE IMMERSION OF STUDENT HEALTH CARE PROFESSIONALS WITHIN THE THE SIMEX SERIES DISASTER AND EMERGENCY RESPONSE EXERCISE (2022)

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Background: As part of the SIMEX Series exercise [1] the University hosted a simulated mass casualty incident where Nursing/Allied Health students were joined by colleagues from the local Hospital Trust to treat simulated patients with a variety of presentations. The exercise was an educational activity and at key points in the simulation, action was paused to enable everyone to learn from significant injuries. The students involved were able to assist the emergency team to test disaster event response and build vital skills including interpersonal communication, supporting distressed patients, de-escalation techniques, and recognition of deteriorating patients.

Methods: Nursing students assumed the roles of Band 5 Nurses and were allocated a shift. Also participating were Radiographer and Operating Department Practitioners students. Each student was designated an area (e.g. minors, majors) and was linked with a Nurse from the Acute Trust who coordinated care. The exercise used 43 simulated casualties, consisting of drama and healthcare students. Professional actors helped to support the authenticity of the event, especially around some of the more complex injuries such as a lady who required a Perimortem C Section and a patient presenting with schizophrenia. An amputee actor played the role of a person who required an amputation as a result of the simulated emergency. He was able to draw upon his own experience adding depth to the role. Simulations were designed in coordination with the hospital team to rehearse treatment of uncommon presentations. Further scenarios were developed to enable the students to achieve their proficiencies and to display the professional values required to support patients in challenging situations.

Results: Initial feedback has been very positive, highlighting how the event has helped the students build upon and