

neonatal unit nurses to the course affected the postgraduate doctors in training feedback (which has always been consistently positive); and to assess if the nurses felt it was beneficial for their training.

Methods: We invited four nurses to SHINE who were about to complete their Neonatal Qualified in Specialty (QIS) Course. They took the nursing role in the scenarios either caring for the baby (a manikin) in the neonatal unit or carrying the labour ward delivery nursing bleep. We evaluated the relevance, confidence levels, and the learning environment for both the doctors and nurses attending the course via a written anonymous survey.

Results: The doctor's feedback was very positive and comparable to previous courses ran with all of them recommending the course to their colleagues, and they felt they had enough opportunity to interact. The nurses felt sessions were very relevant to their current practice and all of them improved their level of confidence. They felt there was the correct number of scenarios and workshops; that the debriefings were well structured and educational; the learning environment was safe and supportive; and all would recommend the course to a colleague. Comments included 'Really enjoyed the day and it has definitely helped me to feel more confident – especially as I've only just started holding the bleep.'

Conclusion: SHINE is a well-established sought-after course shown to be effective and highly valued by paediatric postgraduate doctors in training. Given the positive feedback, we will be inviting four nurses to each SHINE course and integrating it in to Qualified in Specialty training.

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TESTING THE SYSTEM: INFANT 'ABDUCTION'

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10.54531/FSVP7999

Background: Infant abductions from hospital are rare events but make headline news. A US study examined 247 infant abductions between 1983–2006 and found nearly half were abducted from healthcare settings [1]. Abduction risk reduction strategies are also considered during the Care Quality Commission's inspection of each maternity unit [2]. The baby tagging system was updated in our hospital in April 2020, training undertaken and subsequently reinforced with e-learning. In our hospital, many families have safeguarding concerns. These are considered the highest potential risk for infant abduction so it is essential the system and processes provide protection. The aim of this simulation was to test the processes currently in place for a tagged baby abduction from an inpatient ward to highlight good practices and identify system failures.

Methods: An activated tag was assigned to a manikin on the transitional care unit. The manikin was removed, in a carrier bag, by a faculty member ('the abductor') tailgating a leaving staff member thus preventing the ward doors from automatically locking when the tag is near the sensor. The 'abductor' took the lift to the ground floor and walked out of the main entrance within three minutes. Faculty members

were placed in transitional care (TC), the main entrance, and another tracking the tag's location. A timeline of events was recorded and analysed. Simulation participants were debriefed, including staff directly involved, parents on TC, front of house staff, and senior managers.

Results: It was evident from the debriefing that this caused significant distress to some staff members who felt helpless and uncertain when faced with this scenario. It highlighted how quick and easy it is to leave the hospital with a baby. Important human factors were identified including discrepancies between emergency call requests and responses, and poor knowledge about the abduction of baby policy. System problems were found: hospital 'lockdown' locked internal doors preventing responder actions but not all external doors; and the tagging system did not respond as expected – locking the doors to the ward and an inaccurate final tag location.

Conclusion: Multiple deficiencies in the system were found so an action plan has subsequently commenced. New external doors have been added to automatic lockdown and a new main entrance door system proposed. Tagging engineers are addressing the automatic locking of internal doors and tag location, switchboard calls are to be standardised, and the standard operating procedure is being reviewed and recirculated.

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THE IMPORTANCE OF SIMULATION TECHNICIANS' INVOLVEMENT IN EDUCATORS' CONFERENCES AND EDUCATIONAL EVENTS

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10.54531/SKWE7977

Background: Simulation technicians are a vital part of simulation teams and facilitating simulation sessions. Additionally, they help to materialize the educators' vision [1]. There is a gap between what educators expect from technicians and how well technical staff perform based on the instructions given. To support simulation-based education understanding of the educational philosophy underpinning simulation processes used by educators would improve and enhance the abilities of the technician. A survey-based review recommended exploring opportunities that simulation technicians have and to create more opportunities for technicians to get involved [2]. Not having sufficient knowledge and understanding can impact on the overall preparation and requirements from the technician. Full understanding between instructional and educational principles will close the gap and allow simulation technicians to have a deeper role and active part of simulation-based education. This allows simulation technicians to go beyond the technical skills and technical terminology especially for those whose background is non-clinical. The overall aim is to explore what opportunities simulation technicians have to participate in educational simulation events to enhance their knowledge, skills, and effectiveness of their role.