

Methods: Interestingly the Society in Europe for Simulation Applied to Medicine (SESAM) 2022 conference was attended by 607 delegates from 51 countries with only 36 simulation technicians attending. This meant that only 6% of the delegates were Simulation Technicians compared to other professionals, which is a small number. This data was never previously collected by SESAM so we do not know if this number has changed over the years [3].

Results: The study is presently being submitted for ethical approval. It is the expectation that the data will be collected and analysed upon receiving the ethical approval.

Conclusion: We will gain new understanding from the technicians' perspective on the attendance at simulation-based educational events from the Simulation Technicians network across the United Kingdom. It will help us identify how often simulation technicians attend and what benefits there were to this continual professional development opportunity. Simulation technicians should have more opportunities to participate in conferences and educational events. This will close the technicians-educators' educational gap and allow them to have a more meaningful part within the simulation community, resulting in more equity, parity, and diversity.

REFERENCES

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HUMAN FACTORS SIMULATION TAKES FLIGHT: COLLABORATIVE WORKING WITH THE AVIATION INDUSTRY TO IMPROVE THE 'HOW' DURING EMERGENCY DEPARTMENT IN-SITU SIMULATIONS

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Background: Working in Emergency Departments (ED) can, at times, be challenging for staff who are expected to work as a team, manage a wide range of conditions, and respond rapidly in a changeable environment [1]. Simulation has been proven to be a psychologically safe approach allowing staff to practise and explore Human Factors (HF) skills [2]. WingFactors, HF trained pilots, joined the faculty to collaborate and run in-situ simulation [3]. Our aim was to integrate HF-focused simulation with application into clinical practice, utilising the novel and fresh aviation perspective.

Methods: Simulations were designed by clinicians with both technical and non-technical learning outcomes. Patients were played with either a manikin, a pre-briefed actor, or both. The participants were mainly doctors and nurses but have included the wider multidisciplinary team. Senior doctors were embedded and briefed to be able to offer support as part of a staggered entry. After debriefing, each participant completed a feedback form evaluating their experience, confidence levels, and take-home messages.

Results: Seven different scenarios were run gathering 65 responses. Participants' agreement with five questions using 5-point Likert scales and free text thematic analysis allowed evaluation of the simulation experience. They were asked to consider the usefulness, understanding, and relevance of topics, as well as confidence gained. In addition, participants were asked how they felt the experience would change or enhance their clinical practice. High satisfaction and clinical relevance of the simulations were reported with a mean score of 4.85 across all domains (Table 1). Qualitative feedback showed participants had learnt both technical and specific non-technical learning objectives. Thematic analysis demonstrated that participants had gained skills such as improved emotional intelligence and confidence, ability to challenge authority gradients safely, team motivation, and shared decision-making. Some of the key themes from the feedback offered by the pilots include the importance of 'read-back' communication, pressure testing decision-making, and the power of pre-briefing.

Table 1: Scenarios with participant numbers and average scores/5

Scenario / HF Focus	Participants	Average score/5
1 – Cold sepsis / decision making / communication	6	4.8
2 – Agitated patient / capacity assessment / working with the MDT	13	4.16
3 – Fractured femur / challenging extrication outside the ED / anticipation of clinical course	9	4.9
4 – Paediatric cardiac arrest / managing a parent who wouldn't leave	7	4.76
5 – Adult cardiac arrest / non verbal communication skills	7	4.76
6 – Toxicology / active management of distractions	5	4.88
7 – Silver trauma / challenging upwards	18	4.84

Conclusion: The involvement of the pilots added value to the teaching by bringing a new perspective, experience, and application of HF. Individuals have walked away with a better understanding of they can practically implement HF skills into everyday clinical practice, improve patient care and mitigate risk. We hope to progress this collaboration, trialling new HF concepts (e.g. managing error) involving more members, not only the multidisciplinary team, but service users as well and to explore the potential learning in offering more clinicians the patient's perspective.

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