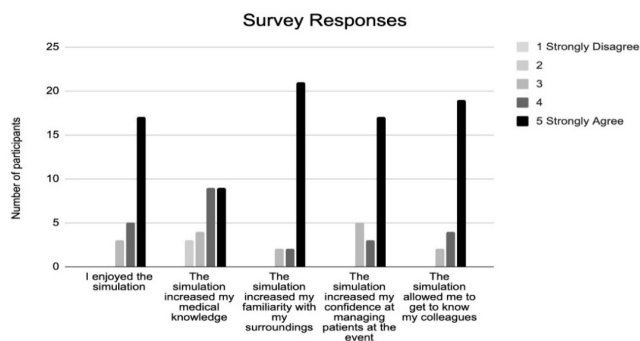


team culture to run skills drills and simulations at all events' suggesting that it has not been the case at other events. It was highlighted that the pre-simulation briefing could be improved.



**Figure 1:** Responses of survey participants

**Conclusion:** In-situ simulation is useful and valued in the sporting event medicine setting. There has been largely positive feedback from participants showing that our simulations should continue (and be improved upon), and invites further study on the impact of simulation in this environment. We suggest that it should be part of the briefing of clinical staff at all sporting events.

## REFERENCES

1. British Medical Association, Board of Science. An information resource for doctors providing medical care at sporting events. January 2014. [https://bma.primo.exlibrisgroup.com/discovery/delivery/44BMA\\_INST:44BMA/1248851970006796](https://bma.primo.exlibrisgroup.com/discovery/delivery/44BMA_INST:44BMA/1248851970006796) [Accessed on 23/08/2022]
2. Patterson MD, Geis GL, Falcone RA, LeMaster T, Wears RL. In situ simulation: detection of safety threats and teamwork training in a high-risk emergency department. *BMJ Quality & Safety*. 2013;22(6):468–477.

## INTRODUCING MELISSA, THE TRAINING AND SIMULATION BUS. USE OF A MOBILE SIMULATION FACILITY TO IMPROVE ACCESS TO CLINICAL SKILLS TRAINING BY BRINGING THE CLASSROOM TO THE WORKPLACE

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10.54531/JRXL3251

**Background:** MELISSA (Mobile Educational Learning, Improving Simulation and Safety Activities) is a refurbished double decker bus which aims to provide equitable access to training, healthcare, and wellbeing promotion for both workforces and the public across the North East of England and North Cumbria [1]. One objective of the MELISSA project is to bring simulation and clinical training opportunities to rural and difficult to reach teams that would otherwise be required to travel long distances to static facilities at one or more main hospital sites.

**Activity:** MELISSA facilitated the delivery of a face-to-face staff development week and over a period of six months (in association with North Cumbria Integrated Care (NCIC)). Six further one day training sessions were carried out at various remote sites across North Cumbria. These training sessions aimed to provide opportunities for staff to acquire sign-off for clinical procedural competences in line with Nursing and Midwifery Council (NMC) standards [2]. The Nursing and

Midwifery Council requires nursing staff to evidence updates to their clinical skills and complete refresher training every three years. The trainers for the sessions are local educators to the NCIC.

**Results:** The training covered practical skills for competency sign off including Blood Transfusion Administration, Verification of Expected Death, Care and Management of Central Venous Access Devices, Venepuncture, Cannulation, and Urethral Catheterisation. During the Staff Development week, 239 competencies were completed. A further 315 signoffs were completed over the course of the six remote site sessions. Positive feedback for the MELISSA project from faculty include increased accessibility for staff to attend essential training and minimising time lost due to travel. In evaluation, attendees also strongly commented on the benefits of not needing to travel significant distances and to multiple educational venues to complete the same training package that can be completed using MELISSA. Other positive feedback includes reduced time needed away from work, minimising impact on their personal lives, time, and travel costs.

**Conclusion:** Utilisation of MELISSA to bring training and practical sessions to staff at their own workplace in rural areas has allowed NCIC to facilitate completing over 500 competencies by staff and provided the refresher training as required by the NMC in a six-month period. Due to the personal benefit to individuals and the success of the format, MELISSA will continue to support NCIC in delivering these training days across North Cumbria going forward at least once per month.

## REFERENCES

1. MELISSA. The NHS Training and Simulation Bus. NE Learning Trust. <https://www.melissabus.co.uk/> [Accessed on 24/06/2022]
2. Nursing & Midwifery Council. The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing & Midwifery Council. 2018.

## #GETONBOARD. DEMONSTRATING THE VERSATILITY OF A MOBILE SIMULATION TRAINING AND PATIENT FOCUSED EDUCATION FACILITY SERVING THE NORTH EAST AND NORTH CUMBRIA

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10.54531/XZVA9439

**Background:** MELISSA (Mobile Educational Learning, Improving Simulation and Safety Activities) is a mobile resource that has been designed to deliver healthcare education and training across the North East and North Cumbria. The double decker bus represents a partnership between the North East Simulation Network, I Can Prevent Delirium, Health Education North East Faculty of Patient Safety (FPS), and the Find Your Place in the North East and North Cumbria campaign. The main aim of the project is to provide equitable access to training, healthcare and wellbeing promotion for both workforces and the public. The facilities on board MELISSA include simulation equipment, a range of manikins, a bespoke audio/visual system including a separate control room, interchangeable display boards, and an expandable classroom space.