

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.

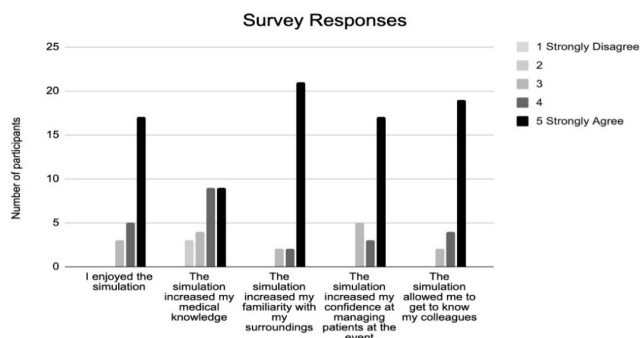


Figure 1: Responses of survey participants

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.

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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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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.

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#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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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.

Activity: The MELISSA project team works with multiple organisations supporting various workstreams in alignment with the FPS strategy. The scope of work includes on location training for multidisciplinary NHS staff, social care, non-professional carers [1], clinical delivery such as COVID-19 vaccination programme work [2], health and welfare checks for the homeless, healthcare conferences, career events and public engagement events supporting organisations such as Diabetes UK, Citizens Advice, and Healthworks.

Results: From 2021 to June 2022, MELISSA supported more than 120 events, engaged with more than 15 organisations inclusive of Care Commissioning Groups, Foundation Trusts, Colleges, Councils, and Housing Associations. It facilitated delivery of 23 clinical training events and achieved over 600 clinical competency sign-offs, 10 public engagement events with 172 members of the public in attendance and providing support around health and wellbeing. The homeless welfare checks involved serious blood borne illness screening and subsequent referral to services for those individuals involved. During the pandemic, whilst training was restricted, MELISSA flexed her role to provide 68 clinics delivering over 13,750 vaccinations, including vulnerable patient groups. The flexibility of locations that MELISSA has visited included rural and remote medical centres, community hospitals, care homes, schools [3], town centres, and supermarket car parks.

Conclusion: Through the initial waves of the COVID-19 pandemic, MELISSA provided a significant role in the delivery of the vaccination programme, particularly to areas in the North East with reduced uptake. With restrictions easing, the number of face-to-face clinical training sessions has quadrupled and reach within our region dramatically widened. MELISSA is a well utilised resource within the region with patient safety and public wellbeing being a priority.

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RESTARTING FOUNDATION SIMULATION TEACHING IN THE WAKE OF THE COVID-19 PANDEMIC: ADDRESSING A SIGNIFICANT DROP IN ATTENDANCE

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Background: With reducing rates of COVID-19 transmission, Health Education England (HEE) recognises the importance of re-establishing simulation-based education programmes that halted during the early phase of the COVID-19 pandemic [1]. After a 17-month hiatus, the Foundation Doctor's simulation programme is one of several to re-start in a face-to-face format at the Royal Cornwall Hospital (RCH). However, during the first four months since restarting, attendance rates amongst doctors were noted to be significantly reduced

at 19% (9 of 48) compared with 77% in the four months prior to the pandemic (34 of 44). The authors sought to establish any logistical or cultural changes that explained this.

Methods: A four-month period of attendance to foundation simulation teaching was reviewed retrospectively. For every absence noted, a survey was sent to the absentee requesting an explanation for this. After subsequent implementation of a new online system for self-booking onto sessions, comparison of attendance rates was made for a further four-month period.

Results: Over 6 teaching sessions delivered during the initial four-month period, there were 39 absences, for which 27 survey responses were received. In explanation of a given absence: 7 (25.9%) reported having been on a scheduled off-day or post-night rest-day, 4 (14.8%) had been working a night shift, 1 (3.7%) had been on annual leave, 11 (40.7%) had been unable to leave their clinical area due to poor staffing levels or high clinical workload, 1 (3.7%) had an alternate teaching commitment, and 3 (11.1%) had been unaware the teaching was taking place. None had attributed their absence to feelings of anxiety, concern over the transmission of COVID-19, or perceived lack of benefit in the teaching. After subsequent implementation of the new self-booking system, attendance rates improved to 69% (18 of 26).

Conclusion: Poor planning and failure to coordinate with working rotas provides an explanation for a large proportion of absences initially seen. The newly implemented system enables doctors to self-allocate sessions at short notice to work around their rotas. Although this has improved overall attendance rates, the absolute number of attendees still remains relatively low compared to pre-pandemic levels. Concern remains around the 40.7% of absences that arose as a result of doctors feeling unable to leave their clinical areas to attend teaching. Ongoing efforts are therefore being made to improve local cultures in relation to releasing staff for mandatory training and ensuring staffing levels are bolstered to account for this.

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THE POWER AND INFLUENCE OF THE THEATRE ON IMMERSIVE 360° VIDEOS

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Background: Three hundred and sixty-degree (360°) videos are becoming increasingly popular [1], allowing for an immersive viewing experience with high levels of fidelity, accessible via a range of devices. This is important for ease of use for training NHS staff. The videos often utilise a camera as a character of its own, the viewers seeing the narrative in first person rather than a passive third person perspective [2]. 360° video, in many ways, resembles a technological take on theatre in the round with its design being similarly based on audio amplification and the feeling of having nowhere to hide [3].

Methods: Viewers can choose which character to follow through a scenario. When paired with debriefing or training, users can observe alternative outlooks on the exact same