

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.

REFERENCES

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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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10.54531/UDYM3692

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.

REFERENCE

1. Health Education England. COVID-19: National guidance on the safe delivery of simulation-based education. 2022.

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

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10.54531/CRTF6001

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