

care. The table top activity comprised of three rooms running simultaneously, each with its global learning outcomes using a chain of command to communicate. Students completed a post-evaluation survey and staff who participated in facilitation provided feedback on preparedness for facilitating delivery and observations of how they felt the simulation ran. **Results:** 25/97 students and 7 lecturers responded. The results were analysed and are presented in a summary of findings. Findings included that simulation was a great opportunity for students to learn through a different medium, promoting teamwork to solve problems within a safe environment, and encouraging students to reflect on their and others' performance critically [2]. The feedback provided an important critique for developing further opportunities to improve students' and staff experience in getting more out of the day's activities.

**Conclusion:** Major incident simulation is perceived by both nursing students and academics as an opportunity to practise leadership, risk management, and teamwork under pressure but within a safe environment.

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## USING A SIMULATED, SINGLE PATIENT JOURNEY TO ILLUSTRATE THE BENEFITS OF MULTI-PROFESSIONAL LEARNING IN BOTH COMMUNITY AND ACUTE HOSPITAL SETTINGS

Robert Conway<sup>1</sup>, Lorraine Whatley<sup>1</sup>, Sarah Crocker<sup>1</sup>, Maria Charalambous<sup>1</sup>, David Manning<sup>1</sup>; <sup>1</sup>*Oxford University Hospitals, Oxford, United Kingdom*

10.54531/NECY1899

**Background:** The benefits of multidisciplinary teamwork in healthcare are well documented [1] and there is growing support for simulation as a vital teaching approach for healthcare professionals [2]. Our aim was to investigate whether a novel multi-professional simulation improves the understanding of nursing and medical students regarding their respective roles, and the role of others, in a multidisciplinary team in community and acute hospital settings. Key learning objectives included understanding of roles within a healthcare team and communication skills, both with the patient and other healthcare professionals.

**Methods:** We developed a novel, 4-hour simulation session comprised of three distinct scenarios to run in Summer 2022. A single older person's patient journey was followed from being found by district nurses after a fall at home, to an acute deterioration within a hospital setting and then the development of delirium in a community rehabilitation hospital. Whilst developing these scenarios, guidance and input was sought from service user focus groups, hospital medical and nursing staff, and community practitioners. 5<sup>th</sup> year medical students and 2<sup>nd</sup> year nursing students participated in mixed groups, with a maximum of 6 students. A trained actor was used as a simulated patient to maximise the fidelity of the scenarios, with computer-controlled monitoring displaying patient observations relevant to the scenario when necessary. Those not participating in the scenario viewed their colleagues in real-time. Multiple camera angles and microphones meant

they could critically appraise and evaluate their colleagues' simulation to maximise their learning. Following each scenario, there was a student-focused debriefing using the diamond [3] tool facilitated by nursing and medical faculty. The simulated patient also gave non-medical feedback from a patients' perspective. Students then completed a questionnaire focusing on areas such as understanding their role within the multidisciplinary team and communication with the patient and other healthcare professionals: this was used to quantify the students' self-reported learning.

**Results:** Data analysis focused on the students' self-reported confidence in understanding the roles of different members of the multidisciplinary team and the effectiveness of their communication in a high-fidelity simulation.

**Conclusion:** Interprofessional learning is a valuable tool for teaching medical and nursing students the roles of professionals within a healthcare team. A simulation comprising of community care, acute hospital medicine, and community rehabilitation allows the students to develop an array of skills, from clinical prioritisation and diagnostic medicine to communication skills in a high-fidelity environment.

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## SYSTEM TESTING USING SIMULATION: THE EARLIER THE BETTER

Elizabeth Thompson<sup>1</sup>, Alex Long<sup>1</sup>, Fiona Martin<sup>1</sup>; <sup>1</sup>*Royal Devon University Healthcare NHS Foundation Trust, Exeter, United Kingdom*

10.54531/CYVP2809

**Background:** The Southwest Ambulatory Orthopaedic Centre (SWAOC) is a novel, collaborative, regional provision for elective day-case joint arthroplasty, with facilities for exceptional overnight stay. Reorientation of existing infrastructure, combined with the logistics of resource allocation, forced a small window for process assurance prior to the arrival of the first cohort of surgical patients. System testing is usually performed once equipment is finalised and in place [1], however, an early targeted opportunity to deliver simulation was offered to intelligently support the commissioning process within a dynamic timeframe. We aimed to undertake an early prospective assessment of the working environment at a novel orthopaedic centre using high-fidelity simulation.

**Methods:** Driven by project timeline requirements, early in-situ high-fidelity simulation was delivered concurrent to infrastructure finalisation. Multidisciplinary team simulation was undertaken in multiple locations including theatres, wards, and ancillary areas. Critical incidents and common clinical scenarios were 'drilled' in real time, debriefed, and re-run with real-time evaluation to identify safety concerns and explore quality improvement opportunities. Overseeing the commissioning, SWAOC stakeholders (n=6) consisted of anaesthetic and surgical consultants, clinical theatre managers, and a business manager. Stakeholders were surveyed for feedback throughout this evolution.