To simulate this effectively, we created a silicone wound that simulated skin, strap muscles, and a silicone and jelly haematoma, with attached tubing to simulate venous bleeding. This was attached to an old CPR demonstration and practice manikin at the neck (Figure 1). This manikin was supplemented by a laptop and tablet running simulation software, allowing us to simulate patient observations. We also placed a waterproof Bluetooth speaker inside the manikin, linked to a phone used by the simulation operator, to allow for speech and other sounds.

Figure 1. Image showing the task trainer in use, demonstrating the SCOOP procedure as the candidate cuts the sutures to access the simulated neck haematoma.

Figure 1: Image showing the task trainer in use, demonstrating the SCOOP procedure as the candidate cuts the sutures to access the simulated neck haematoma.

Results: Sessions have taken place in the simulation centre and as an in-situ workstation, reaching 70 participants. Course participants at the simulation centre completed a post-course questionnaire where 21 out of 27 attendees had improved levels of confidence in recognising airway complications and 26 out of 27 had improved confidence managing neck haematoma with compromised airway. Feedback from the in-situ teaching has been very positive.
Conclusion: The delivery of training around SCOOP and complications post-thyroidectomy surgery is now recommended in guidelines from the Difficult Airway Society [2], the British Association of Endocrine, and Thyroid Surgeons and the British Association of Otorhinolaryngology [3]. This relatively low-cost solution allows for the delivery of training for multidisciplinary surgical ward staff in a safe environment that will improve the confidence of the trainees in dealing with the recognition and management of a life-threatening emergency.

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THE SCOOP COURSE: PATIENT SAFETY IMPROVEMENTS THROUGH MULTIDISCIPLINARY SIMULATION AND DISCOURSE

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Background: The SCOOP protocol [1] for emergency management of post-operative neck haematoma was devised in Oxford in 2019 in response to learning from a critical incident [2]. It has now been nationally recognised [1]. Oxford University Hospitals (OUH) NHS Foundation Trust is an acute tertiary centre providing neck surgery at three distinct sites. In 2019, the Oxford Simulation Training and Research (OxSTAR) group devised an innovative multidisciplinary simulation-based educational programme based on the SCOOP protocol for members of the perioperative team caring for patients receiving neck surgery. It aimed to ensure OUH staff were skilled and equipped to respond to this rare, but life-threatening complication in their own work environments.
Activity: The course has four major components (Figure 1):

1. Lecture: anatomy and clinical context.
2. Group discussion: team members discuss their local experience.
3. Part-task trainer: putting theory into practice using a simple, re-usable and easy to construct tool.
4. High-fidelity simulation: multidisciplinary teamwork and structured debriefing navigating the human factors and decision-making process.

Results: 50 OUH team members across 3 sites attended and provided feedback. Attendees have praised the course for its multidisciplinary nature, attracting staff from nursing, medical, and theatre backgrounds. Feedback has shown that team members have particularly appreciated tackling scenarios in their usual clinical teams. 96% strongly agreed that the course helped them understand the required actions for the management of a neck haematoma – numeric rating scale (NRS) score of 9–10/10. 98% strongly agreed that simulation was helpful in their learning experience – (NRS) score 9–10/10.
Comments demonstrated the strength of the course format:

- 'Incredibly useful course and importantly gives use the confidence to make that crucial decision to SCOOP'
- 'The practical part of the training was very helpful for me: I feel more confident to do SCOOP and is good to know all the steps and why I have to do it'

Figure 1: Illustration of the SCOOP course

Conclusion: The value of this format is shown in the results above and in the actions of the attendees during/after the course. Group discussions allowed attendees to raise specific departmental or institutional factors impacting SCOOP implementation allowing faculty to raise issues directly to clinical leaders and Trust management. Team leaders attending felt motivated to check their local clinical environments and teach others. The course inspired an attendee to lead tea-trolley for their colleagues who had been unable to attend. This course format could be considered nationally by centres looking to improve patient safety.

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NURSING AND MEDICAL STUDENTS' ASSESSMENT OF TEAMWORKING AND COMMUNICATION DURING AN INTERPROFESSIONAL SIMULATION EDUCATION (IPSE) COLLABORATION

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Background: There is increasing recognition of the importance of interprofessional teamwork for enhancing patient care [1]. Undergraduate programmes of education in medicine and nursing are fundamental to developing these skills and interprofessional simulation education (IPSE) has been found to be an effective way of improving decision-making, team cohesiveness, and collaboration [2]. Two Higher Education Institutions in the Northeast of England collaborated on an IPSE event involving 340 final year nursing and medical students. This research aimed to explore the effectiveness of IPSE in improving teamwork and enhancing communication using peer assessment.

Methods: During a five-day IPSE event in February 2022, each student rotated through four scenarios of acutely deteriorating patients. The students were randomly selected to one of four groups consisting of ~4–6 nursing and 1–2 medical students. Within each scenario 2 nurses and 1 doctor actively participated while the remaining group members observed via live video feed. Across the five days 140 students (41%) completed an amended version of the Performance Assessment for Communication and Teamwork (PACT) novice observer form [3] to rate team functioning on a Likert scale from 1 -5 on five skills domains: Team Structure, Leadership, Situation Monitoring, Mutual Support, and Communication. Pooled individual ratings and scores between professional groups (nursing and medical) were used to perform repeated measure ANOVAs to explore the impact of repeated scenarios.

Results: Pooled individual ratings: A statistically significant progressive increase was found in the five teamworking elements: Team Structure ($F=9.97$, $p<.001$), Leadership ($F=6.71$, $p=<.001$), Situation Monitoring ($F=3.56$, $p=.020$), Mutual Support ($F=9.67$, $p<.001$), Communication ($F=9.85$, $p<.001$). Professional Group (medical and nursing) ratings: A statistically significant progressive increase was also found: Team Structure ($F=9.97$, $p<.001$), Leadership ($F=6.71$, $p<.001$), Situation Monitoring ($F=9.67$, $p<.001$), Mutual Support ($F=9.97$, $P<.001$), Communication ($F=9.85$, $p<.001$).

Conclusion: Using peer assessment to explore team working during IPSE, this study demonstrates a significant increase in scores in the five skills domains. The results suggest that incorporating IPSE into undergraduate medical and nursing curriculums can be an effective way for students to develop and enhance teamworking and communication which is a key component of safe and effective clinical practice and patient care.

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USE OF PRE-RECORDED EDUCATIONAL INTERVENTIONS IN A POSTGRADUATE CERTIFICATE IN HEALTHCARE EDUCATION

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Background: Starting a new hospital and university partnership Postgraduate Certificate in Healthcare Education (first cohort 2020) during a global pandemic has proven