



Figure 1. The SCOOP Course

The SCOOP Course: Patient Safety Improvements Through Multi-Disciplinary Simulation and Discourse

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

challenging. With a significant reduction in healthcare education and little face to face learning for students to either observe or participate in, alternative strategies were identified. The validity of observation of pre-recorded teaching material has been shown to be an effective method for education outside of the healthcare sector [1]. Examples within healthcare include the latest edition of the Advanced Trauma Life Support course which uses a facilitated debriefing of a video of a simulated trauma team [2]. In addition to providing examples of how to teach, we also wanted to provide material for students to evaluate the techniques used, engagement with learners, and the extent to which equality, diversity, and inclusivity were considered.

Methods: Funding was obtained to support filming of a multi-professional simulation, the debriefing, and subsequent interview with participants and faculty. In addition, films were produced of a small group teaching tutorial and an interview with an experienced medical educator. The recordings were used to support programme delivery, either as provocations, teaching points, or as part of assessments.

Results: The materials proved invaluable to, for example, interrogate with the students, best practice in teaching approaches, unpick the subtlety of debriefing skills, hear and understand the lived experiences of different professional groups, and have the opportunity to then revisit this material at ever deeper levels.

Following observations made by students of the education interventions they observed, later sessions in the programme were adapted to specifically address tensions that were identified about interprofessional conflict.

Conclusion: Use of pre-recorded educational interventions provided stimulating, relevant, and thought-provoking material to initiate conversations about methods of delivering medical education, explore underlying pedagogy, and reflect on the effectiveness from the perspective of the learners. We believe to have achieved maximal benefit from the recorded material. Review with students in the presence of an experienced educator allows more in-depth integration of the material. Whilst provocations can be provided with an online offering, face to face facilitation allows more exploration of the subsequent discussion that ensues.

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BRIDGING THE GAP: UNIVERSITY ENGAGEMENT WITH AN NHS DISTRICT GENERAL HOSPITAL TO IMPROVE PATIENT SAFETY THROUGH SIMULATION

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Background: The relationship between Trusts and Higher Education Institutions has long been a transactional one. One Trust and one Higher Educational Institution have come together to collaborate on a simulation project that will utilise simulation as a method for improving safety learning through a novel application to simulate incidents that have happened and incorporate them into the incident

investigation process training individuals using a systems approach. In safety critical industries such as rail, aviation and marine, simulations are used as part of the incident investigation process, to explore potential causes of accidents, embed learning from investigations amongst the workforce, or to establish the necessary technical and non-technical skills required for effective investigation. A move away from the historically embedded root cause analysis process, which unhelpfully promotes a simplistic incident review often resulting in a single cause outcome, our systems approach is a more holistic method of investigation.

Through a co-production process, the research aims to design and pilot a programme of interventions that will use simulation as an education tool:

1. Training individuals in a systems approach to incident investigation
2. Learning from incidents that have happened applying simulation
3. Training individuals in the delivery of simulation that meets ASPIH standards [1,2]

Methods: The collaboration between the HEI and the District General Trust allowed for a bid for matched funding to support a project that allows for building academic and research development, leading to a potentially nationally scalable project. Initially delivered as a pilot study, it utilises simulation as method for improving safety learning through its novel application. Scenarios will be based on serious incidents to understand how and why they occurred, generating recommendations that consider systems and human factors. We are collating data and feedback on the interventions and will report these as they emerge.

Results: This is an ongoing project that is in the implementation phase. To date the training of the simulation faculty has been undertaken in readiness for them to develop the critical incident simulations.

Conclusion: The use of simulations for incidents will simultaneously form part of the incident investigation process. Running these scenarios later will test whether they are working effectively and allow for feedback to the staff involved in the scenarios or those watching the recordings as well as identify errors that need a system level response.

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STUDENT NURSES' PERCEPTIONS AND EXPERIENCES OF SIMULATED PRACTICE PLACEMENTS

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Background: COVID-19 continues to impact the availability of student nurse clinical placements and the achievement of necessary clinical hours. The Nursing and Midwifery Council's COVID-19 recovery standards has permitted approved universities to credit their students with up to 300 hours of practice learning through the use of alternative means, in