particular, clinical simulation [1]. There is a growing body of evidence which supports the theory that clinical simulation can be used as an efficient method of teaching [2]. As a result, a small cohort of approximately 43 HNC students articulating into year 2 of their BSc (Hons) Adult and Mental Health nursing degree were required to undertake a week of simulated practice placement accruing 40 clinical hours during July and August 2022. The clinical simulation involved students coming together in small groups undertaking a 'day in the life' of a student nurse on a medical, surgical, and community placement. This involved participating in a number of clinical and patient related activities based on practice validated scenarios [3]. We aimed to explore students' perceptions and experiences of clinical simulation linked to self-confidence, simulation design and educational best practices and to explore stakeholder perceptions and experiences of clinical simulation and its use as a healthcare education tool.

Methods: A mixed methods approach with questionnaires [Table 1] and focus groups being designed to elicit responses, thoughts, and feelings after participating in the clinical simulation. A pragmatic approach will be applied which will utilise a sequential mixed method of research with an initial phase of quantitative data collection and analysis and a subsequent qualitative phase undertaken thereafter. An additional opportunity for data collection through focus groups has been identified with key stakeholders who have contributed in the clinical simulation experience including, the university simulation team, college partners, practice learning staff and university staff.

Results: Data collection is underway with early indications from the quantitative data that the simulation was well received by the students. Focus groups are planned to take place in September 2022 followed by analysis and dissemination of synthesised results.

Conclusion: This is the first time UWS has facilitated the use of clinical simulation in place of practice hours which presents a unique opportunity to research and explore the impact of this method of learning on students' confidence, self-efficacy, safe practice, and knowledge base. Furthermore, this research will inform the future utilisation of this pedagogical strategy in place of practice learning hours.

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ACCIDENTAL AWARENESS UNDER GENERAL ANAESTHESIA: A PATIENT-INFORMED SIMULATION RESPONSE TO A SIGNIFICANT PATIENT SAFETY EVENT

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10.54531/QPGV7492

Background: A 73-year-old patient underwent an anterior cervical discectomy and fusion (ACDF) procedure at our Trust. During the procedure, the patient unfortunately experienced three discreet episodes of accidental awareness under general anaesthesia. The patient subsequently experienced significant psychological morbidity in the form of post-traumatic stress disorder. Accidental awareness under general anaesthesia has an estimated incidence of approximately 1:19,000 anaesthetics. Longer-term psychological effects have been shown to affect approximately half of all patients reporting accidental awareness [1]. In this case, the affected patient felt strongly that they wanted their experience to be utilised to support learning activities for anaesthetic practitioners, with the clear aim of preventing further patient harm. They therefore gave permission for their precise encounter and recollections to inform realistic simulation-based educational exercises, particularly to enable powerful informed debriefing.

Methods: Using qualitative data gathered during interviews undertaken by the Recovery from Critical Illness team, who include psychological support services, we have developed a dual simulation-based educational session aimed at anaesthetists in training and student operating department practitioners. The first scenario aims to increase practitioner recognition of this potential complication of anaesthesia by realistically simulating intraoperative manifestations of awareness. The second scenario aims to improve immediate follow up and support for an affected patient, informed by our patient's lived experience and powerful recollections of this disastrous event. We have combined these simulations with structured training on Total Intravenous Anaesthesia (TIVA), with particular focus on the 2019 Association of Anaesthetists guidelines [2]. In doing so, we aim to ensure participants were equipped with knowledge and skills relating to local equipment and monitoring options, with the intention of minimising the risk of accidental awareness for future patients.

Findings: The affected patient has endorsed the simulation exercise and has expressed their hopes that their case can be used effectively to improve practitioner cognizance, particularly relating to the psychological impact of accidental awareness. We plan to share details of this simulation exercise with other hospitals within the Deanery via our simulation network, using participant feedback to refine the session content and format of delivery.

Conclusion: Using a patient's lived experience to inform simulation exercises can add a powerful dimension to improve realism within simulation-based education, and to optimise informed and accurate debriefing. This is particularly important when reflecting the psychological impact of patient safety incidents on affected individuals.

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