realities and the ‘beneficence’ from the perspective of the SP involved; a well governed programme is an essential element.

REFERENCES


Tuesday 5th November, 14.30–15.30

THE IMPACT OF VIDEO VS ORAL DEBRIEF ON EXPERIENTIAL LEARNING AND SKILLS TRANSFERENCE; AN ACTION RESEARCH STUDY

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Background Portsmouth Hospitals Simulation Centre is located in a busy district general hospital, employing over 7,000 staff. The centre recently upgraded its audio-visual equipment, creating opportunities to introduce video debrief into practice.

Project As part of an on going Master’s Dissertation, a qualitative action research study will be carried out in July and August 2019, exploring the use of video debrief in comparison to oral debrief when applied to a session for newly employed overseas nurses, as part of a transition programme. Literature supporting the use of video debriefing compared with oral found minimal evidence to support either method was superior. A study from Ostovar et al (2018) concluded that although improvements had been seen in specific skills and confidence, there was no evidence that oral verses video debrief was superior over another. Despite the evidence, the exploration of video debrief is available for educators to enhance specific scenarios or courses.

The aim of the study is to:

1. Analyse how video debrief and tradition oral debrief supports the reflection and analysis of events through experiential learning.
2. A Comparison of the exploration of technical and non – technical skills between two different debrief approaches, against the learning objectives.
3. Evaluation of the transference of knowledge and skills learned in simulation to real practice.

The study participants will be separated into 2 control groups; oral and video debrief. Each group will undertake the same 3 scenarios, either as participant or observer during the simulation. All the candidates will complete a semi-structured qualitative questionnaire, reflecting on the key skills taken from the session and experience of debrief. Zigmont et al (2011) describes the use of simulation as a method to allow learners to move from comprehension to application, analysis and synthesis, which can be an indicator of competence in practice. A follow up semi-structures qualitative questionnaire will be sent 4 weeks post training to explore the skills transference to practice, as part of the experiential learning cycle. A thematic analysis will be completed in August 2019, analysing the reflection when compared to each debrief with conclusions and recommendations being drawn.

REFERENCE


MENTAL HEALTH DETENTION IN THE COMMUNITY: DEVELOPING A MEANINGFUL SIMULATION-BASED EDUCATIONAL INTERVENTION

Paula Houton*, Helen Reid, Gerry Gormley. Queens University Belfast, Belfast, UK

Background Simulation-based education in the area of mental health is under-utilized¹ One of the most challenging tasks a doctor can be faced with is deciding whether or not an unwilling patient requires detention for assessment under relevant mental health legislation. This can be a highly emotional and difficult process for all involved before, during and after the event itself. General Practitioners are faced with this medical emergency in the community but despite this they get limited training and exposure to prepare them as they would for other medical emergencies. Other professionals involved also report limited formal training. There is therefore a need for the development of a simulation-based teaching intervention which can bridge this knowledge gap. This is a complex and sensitive clinical encounter and careful consideration must be given to ensure simulation content is authentic and meaningful.²

Summary of project In this research, we are using scoping review methodology to explore mental health detention processes in primary-care settings. We are particularly interested in learning more about unmet training needs and experiences of doctors and key stakeholders involved in this process. We have identified key stakeholders as the patient, the patient’s wider support circle, GPs, social workers, the ambulance team, police-service, community mental health team and secondary care colleagues in psychiatry. Importantly, our scoping approach includes input from and consultation with stakeholder representatives throughout the project.

Summary of results We will present findings from our scoping review. Literature review indicates that there is very limited formal training in this area for any of the professionals involved. Despite this, there is widespread acknowledgment of the challenges associated with these situations in the community and of the potential benefits of interdisciplinary training. It is apparent that there is much we can learn from patients and families who have already been through this process. These findings will be augmented with results of our stakeholder consultation.

Discussion, conclusions and recommendations Our findings will help identify unmet training needs and will also provide key information that should be taken into consideration when developing simulation-based educational interventions to bridge this knowledge gap. It is anticipated that this work will serve as a foundation for the development of multidisciplinary, simulation-based learning activities in this area. Increasing the knowledge and experience of stakeholders will improve patient care and potentially lead to a reduction in associated stress and anxiety for all involved in this complex clinical encounter.
A REPORT ON A NOVEL SIMULATION INTERVENTION TO UP-SKILL ADULT TRAINED PHYSIOTHERAPISTS TO PROVIDE OUT OF HOURS SUPPORT TO PAEDIATRIC RESPIRATORY PATIENTS


REFERENCES


SC13 AN INNOVATIVE SIMULATION-BASED COURSE TO INCENTIVISE AND ATTRACT INTEREST AND RECRUITMENT TO PAEDIATRICS

Seana Molloy*, Peter Mallett, Carol Junk, Christopher Flannigan, Andrew Fitzsimons, Andrew Thompson, Thomas Bourke, Royal Belfast Hospital for Sick Children, Belfast, UK

10.1136/bmjstel-2019-aspihconf.47

Background Paediatrics, like many specialties, is experiencing a decline in applications for specialty training.1 Reasons include perceptions of poor flexibility; arduous training programme and lack of adequate career guidance and support.2 The RCPCH suggest strategies to increase recruitment should include exposure to educational opportunities. 2 In the UK, the transition between foundation level training and specialty training is an uncertain and stressful time. We believe that allowing access to high fidelity simulation training affords a unique opportunity to showcase our specialty.

Summary of project We designed, delivered and evaluated ‘A Foundation in Acute Paediatrics Simulation’ (FAPS) course aimed at offering junior doctors an introduction into the management of common paediatric conditions. This initiative was approved by the Northern Ireland Medical & Dental Training Agency (NIMDTA). A highly experienced interprofessional faculty provide an insight into a career in paediatrics, their own career perspectives and an opportunity for group discussion and tailored personal career advice. Clinically relevant interactive simulation scenarios offer the candidates an opportunity to work alongside colleagues and encounter common paediatric conditions, potentially developing their clinical acumen and enhancing non-technical skills.

Summary of results Since its inception in 2017, 32 Junior doctors (FY1-FY3) have taken part in the annual course. Prior to the course, 22/32 (69%) candidates were unsure whether they would apply to Paediatrics. After the course, all 32 candidates indicated that they were more likely to apply [mean score- 2.7 before vs 3.9 after; 1-very unlikely, 3-undecided, 5-Very likely to apply]. Subsequently, 31/32 candidates (97%) felt more confident in the assessment of the unwell child. All candidates (100%) recommend this course to peers. Qualitative comments included ‘Excellent concept, relevant scenarios and useful course’ and ‘First exposure to Paediatrics since 4th year medical school. Thoroughly enjoyable.’

Discussion This is the first use of high-fidelity simulation to enhance specialty recruitment that has been reported. It has now become an established part of the academic calendar in Northern Ireland and runs on an annual basis each November. It is endorsed by both the Northern Ireland Foundation School & NIMDTA. This course affords an opportunity to gain access to motivated clinicians while experiencing common paediatric conditions in a safe, simulated learning environment. The tailored career advice may be of use for their future specialty direction. This course actively helps in addressing the current plight of low trainee recruitment and retention in Paediatrics and could be easily replicated in other areas.