realism 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

SC11 THE IMPACT OF VIDEO VS ORAL DEBRIEF ON EXPERIENTIAL LEARNING AND SKILLS TRANSFERENCE; AN ACTION RESEARCH STUDY
Lisa Toft*, Portsmouth Hospitals Nhs Trust, Cosham, Portsmouth, UK
10.1136/bmjstel-2019-aspihconf.44

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 The use of video debriefing compared with oral found minimal evidence to support either method was superior. A study by 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

SC12 MENTAL HEALTH DETENTION IN THE COMMUNITY: DEVELOPING A MEANINGFUL SIMULATION-BASED EDUCATIONAL INTERVENTION
Paula Houton*, Helen Reid, Gerry Gormley, Queens University Belfast, Belfast, UK
10.1136/bmjstel-2019-aspihconf.45

Background Simulation-based education in the area of mental health is under-utilized. One of the most challenging tasks a doctor can be faced with is deciding whether or not an unwell 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.

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 PEDIATRIC RESPIRATORY PATIENTS


Background Simulation is now seen as integral to the patient safety movement. At our Trust, the simulation team sit on the patient safety committee to identify situations whereby simulation may be a suitable response to error. A recent serious incident (SI) at the hospital identified a lack of competence and confidence amongst the acute adult on call physiotherapy team in managing children and adolescents admitted with respiratory disease. There is no dedicated paediatric respiratory physiotherapist at the Trust despite children with increased complexity now being deemed suitable for admission to the short stay children’s unit.

Project description After engagement with all relevant stakeholders, a one day simulation course covering the five most common and daunting respiratory conditions in children was devised including bronchiolitis, pneumonia in the well neonate, post-op atelectasis, respiratory distress in the context of cerebral palsy and pneumonia in the child with complex needs. These simulations were complemented with lectures and skills sessions on non-invasive ventilation. Faculty were drawn from the hospital and community physiotherapy team, the paediatric department and simulation faculty.

A workbook and quiz were completed prior to the course. Assessment was via a knowledge and skills questionnaire that had extrapolated items from the association of charted physiotherapists in respiratory care which has been proven as a valid tool for measuring competence. There was an added self-efficacy score measuring confidence and readiness for situations that could be encountered on call. The knowledge and skill items were rated from 1–5 and with an aim that participants would achieve a score of 3 or more which equals ‘practical experience and ability to work alone.’

Results 80% of participants passed the quiz pre course. Participant’s scores improved in all areas as measured by the pre and post knowledge and skills questionnaire with the exception of risk assessment. Participants were above the minimum score of 3 in all areas except for risk assessment also. Self-efficacy scores measuring confidence also improved across all parameters between the pre and post course assessment.

Conclusions Changes regarding teaching on risk assessment (e.g.: risk of aspiration with some therapies) needs to be incorporated into subsequent courses. The course continues to be rolled out to all physiotherapists participating in the acute on call rota and thus far 21 physiotherapists have completed the training. Future directions include extending the training to paediatric nursing and medical staff at the trust.

REFERENCES
