staff already rostered onto non-clinical days, once established, the resource requirements were minimal.

**Discussion, conclusions and recommendations** ‘Tea trolley’ training is a feasible method of improving confidence in the management of tracheostomy emergencies in the ICU. Further research is required to analyse the comparative benefits and costs between low-fidelity ‘tea trolley’ training and high-fidelity simulation.

**REFERENCES**

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**Tuesday 5th November, 16.00–17.20**

**SC19**  **WORK TOGETHER, LEARN TOGETHER: THE BENEFITS OF INITIATING IN-SITU SIMULATION IN AN ACUTE MEDICINE DEPARTMENT**

Stephanie Oade*, Kimberly Schoen*, James Storey, Charlotte Timme. Leeds Teaching Hospitals’ Trust, Leeds, UK

10.1136/bmjstel-2019-aspihconf.52

**Background** Simulation teaching in the Leeds Teaching Hospitals’ Trust Acute Medicine department began as sessions in a dedicated, non-clinical, sim suite however we quickly recognised limitations with authenticity and attendance, with people often struggling to leave their respective wards. The concept of the teaching was well received, which spurred our desire to develop the programme. Following reconfiguration of an acute medicine ward to include a High Observation Area, we seized the opportunity to trial in-situ simulation in a clinical space. A significant barrier to overcome was the constant bed pressures of an acute admissions ward - something that has always been a limitation to simulation in Acute Medicine previously. This was achieved by clinical leaders and patient flow coordinators agreeing with the importance of a protected space and recognising the potential to reduce team anxiety when caring for higher acuity patients.

**Summary of education programme** Our in-situ SIM programme is a once weekly afternoon session involving medics (predominantly Core Medical Trainees), nursing staff and allied health care professionals. It follows a format of pre-brief, handover and real time clinical practice. The session is completed with a detailed debrief, focussing on areas of good practice and human factors education.

**Summary of result** The programme is in the early stages of development, however initial results are promising, particularly relating to MDT involvement. There is a greater feeling of empowerment to voice concerns and ideas in real time, improved communication amongst team members, with better understanding of each others’ skill sets and limitations to practice. This results in a more collaborative approach to enhance patient care. Additionally, all participants have reported feeling more confident in managing a wider range of medical emergencies, and trainee clinicians describe feeling more prepared for the transition into a leadership role in high acuity circumstances.

**Recommendation** Future development includes enhancing realism to improve immersion in the clinical scenario. We hope to instigate this by removing observing delegates and faculty and live streaming the session to a neighbouring room. We believe this will help to alleviate anxieties of the active participants and thereby decrease the cognitive load to achieve better learning outcomes.

**Conclusion** To date, moving simulation teaching to an in-situ setting has been well received, allowing a more realistic teaching platform for all healthcare professionals. It has promoted an attitude of ‘work together, learn together’ and created a greater sense of team in a fast-paced, high-stress environment.

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**SC20**  **THE INTRODUCTION OF A WEEKLY SIMULATED SKILLS PROGRAMME TO INCREASE CONFIDENCE OF 3RD YEAR MEDICAL STUDENTS IN THE CLINICAL SETTING**

Abigail Nelson*, Kathy McCann, Anand Gidwani. Altnagelvin Hospital, Western Health and Social Care Trust, Derry/Londonderry

10.1136/bmjstel-2019-aspihconf.53

**Background** Not all clinical skills are easy for medical students to practice during hospital attachments, especially those requiring specialist equipment. However it is crucial that the next generation of doctors are trained in a manner that gives them confidence in the clinical setting.

Our aim was to increase student confidence in clinical skills during their 3rd year General Surgery attachment in Altnagelvin Area Hospital, a Northern Irish DGH.

**Summary of education programme/project** A 5 week clinical skills simulation programme was developed, beginning in October 2018. Each session took place in the virtual ward at the Clinical Education Centre and comprised 4-5 OSCE style stations mirroring common scenarios faced by junior doctors.

Each week was themed around a different skill – history taking, examination, communication and procedures. The final session included elements from each of the four domains.

A team of surgical doctors participated each week, taking the role of simulated patient, assessor and/or assistant. Simulator equipment was used as appropriate, and resources such as observation charts and prescription charts promoted realistic clinical scenarios. Both individual and group feedback was provided to course participants.

Students rated their overall confidence with regard to their OSCE examinations using a Likert type scale from 1 – 5 (table 1). Students were asked to answer this question after each session, allowing average confidence changes to be assessed weekly.

All students were also asked to provide scores pre and post programme regarding confidence in each of the 4 broad skill area the course covered.

**Summary of results** Data was collected from the first two groups who participated in the course. (n = 14). Primary measured outcome was self-rated confidence with regard to

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**Abstract SC20 Table 1**

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<th>3</th>
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<th>5</th>
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<tbody>
<tr>
<td>Not at all confident</td>
<td>Very confident</td>
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With regard to 3rd year OSCE examinations, I would rank my overall confidence: