the video remotely on their smartphones using Google Cardboard TM with dedicated virtual reality headsets also available on site.

Students will complete a survey pre and post intervention. The survey will focus on questions regarding self-reported confidence and knowledge prior to the intervention. The post-intervention survey will contain additional questions regarding the video content, ease of use, tolerability and global value. Furthermore, qualitative answers will be sought in terms of free-text feedback.

Summary of results Work in Progress

Discussion, conclusion and recommendations

We have created the standard 360° VR through storyboard planning and script writing. We filmed scenes using associate simulation fellows, simulation department staff and actors. We will film the interactive 360° VR with on-screen options throughout the video to allow knowledge assessment and interactivity. Our hypothesis is that increased interactivity and audience participation will help solidify learning amongst medical undergraduates.

REFERENCES


THE CHALLENGES OF SETTING UP A REGIONAL SIMULATION ORIENTATED TEACHING FELLOW NETWORK – A REVIEW OF THE NORTH EAST SIMULATION TEACHING FELLOW INTEREST GROUP (NESTFIG)

Christopher Taylor*. North Tees University Hospital, Hardwick Road, UK

Background Across the North East of England, there a several centres delivering simulation-based education, and while they are aligned under the North East Simulation Network, there are few opportunities for simulation-oriented teaching fellows in each centre to meet, liaise and collaborate with others across the region. During these annual posts, individuals develop from novices to relatively experienced simulation faculty; the high turnover & thus ongoing training need of new fellows limits the continuing development of the region. By sharing experiences, both positive and challenging, the fellow interest group will allow members to develop their skills quicker, and continue to support their departments more efficiently, to help the region to develop.

Programme NESTFIG allows simulation fellows to network across the region using a variety of applications to promote communication and troubleshooting support. The group has developed a programme of activities to support simulation fellow self-directed development with guidance around how each centre can facilitate their development, in alignment with ASPIH standards.

Summary of results Having run for the last 18 months, the groups primary objective was to contact and support as many active simulation fellows across the region and has contacted all. The programme has provided support, in terms of late faculty calls, educational support and networking. The programme is continuing to develop and will be introducing an e-learning journal club style education programme to be completed early in the academic year. A regional support training course is also run within the first weeks of starting to quickly upskill fellows in scenario design and debriefing. Survey feedback is supportive of the project and identifies ongoing challenges simulation fellows face while in post and highlights the dynamic nature of the role.

Discussion While success of the project is difficult to measure due to its multifactorial approach to support; it has enabled a new platform for communication and networking which did not previously exist for simulation fellows across a geographically large region. Based on feedback from the current cohort, the group is expanding and developing novel support strategies to meet demands.

Conclusion and recommendations NESTFIG may provide a framework for other regions to establish their own simulation fellow support groups, which could work with the DESPIH SIG national network.

Wednesday 6th November, 10.00–11.00

SC24 IMPROVING CARDIAC ARREST RESPONSE SYSTEMS IN A MENTAL HEALTH UNIT USING LARGE-SCALE IN-SITU SIMULATION

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Background A new Acute Adult Mental Health Unit (AAMHU) recently opened in Galway University Hospital, remote from the main hospital building and replacing the previously co-located unit. Due to infrequency of on-site medical emergencies, and the lack of familiarity of the cardiac arrest team with the location and layout of the AAMHU, concerns were raised with regards response to and management of medical emergencies on-site. In light of this, a large-scale in situ ‘mock-code’ simulation event was implemented to test the existing cardiac arrest response system, and from that develop recommendations to improve patient safety and quality of care.

Summary of project A multidisciplinary team of physicians, nurses, emergency response staff, a resuscitation officer, security and simulationists collaborated to plan the simulation event. Two mock cardiac arrests were simulated on the top and bottom floor of the unit. The exercise was audio recorded, and observers positioned throughout the AAMHU took field notes on the response of each participating discipline making note of barriers to the delivery of effective care. A multidisciplinary debrief was conducted after each mock code. Data collected were analysed using a thematic content analysis.

The findings from the event were compiled as a report for hospital management, with recommendations to improve process and policy regarding emergency response in the AAMHU. The mock cardiac arrests were repeated eight months later to test implementation of recommendations and to assess for improvement in cardiac arrest response.