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 ORIENTED TEACHING FELLOW NETWORK – A REVIEW OF THE NORTH EAST SIMULATION TEACHING FELLOW INTEREST GROUP (NESTFIG)

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

10.1136/bmjstel-2019-aspihconf.56

Background Across the North East of England, there is a scattered 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 group’s 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.

Abstracts
Summary of results Analysis identified weaknesses in core patient safety themes, namely exchanging information and the need for leadership. Other issues which emerged included challenging building access, outdated equipment, and lack of policy to manage other inpatients during an emergency response. Following implementation of the recommendations, improvement was noted in cardiac arrest response processes during the repeat mock codes.

Discussion, conclusions and recommendations In situ high-fidelity simulation is an acceptable method for evaluating the effectiveness of cardiac arrest response systems. Simulation can have a role in ensuring that facilities are fit for purpose, and in improving emergency responses in new hospital units.

SC25 IMPROVING SAFETY AND QUALITY OF CARE IN NURSING EDUCATION FOR THE ‘FUTURE NURSE’
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Background The University of Portsmouth vision for the ‘Future Nurse’ curriculum (NMC 2018), builds on existing opportunities for simulation based education (SBE). In particular, the course philosophy is specifically designed to integrate the use of SBE to improve patient safety and the quality of care, whilst maintaining a safe learning environment. New entrants to university may have unrealistic expectations of higher education, exacerbated by a less well developed ability to communicate effectively in complex unfamiliar situations.

Summary of work The Universities learning and teaching strategy for pre-registration nursing is designed for diverse learners that typically commence nursing courses. We have systematically woven the key themes in the standards of proficiency (NMC 2018) throughout the undergraduate nursing curriculum, linking these elements to SBE and embedding the use of simulated patients (SPs) within evidence informed scenarios.

Summary of results Our strategy includes a three-tiered, progressive approach to SBE. The acquisition of fundamental skills (physical and psychosocial) through SBE, supports the new learner to develop confidence and competence, prior to commencing placements. The introduction of SPs in evidence informed scenarios focusing on patient safety, challenges further, with learners practicing skills in a simulated environment and receiving feedback directly from the perspective of the patient, through SPs. In the final year, the scenarios, originating from errors and near misses in practice, capture the potential complexity and reflect the reality of healthcare in the 21st century, where serious untoward events may progress to the Coroner’s Court or NMC tribunal.

Discussion Significant challenges are posed in placement based learning (PBL), where the population is becoming sicker and frailer and there is a clear policy for hospital avoidance (NHS 2019). Therefore, developing the learners’ ability to make informed decisions and to have caring conversations with the patient, is of increasing importance.

Conclusion and recommendations SBE and engagement with SPs, as advocates for real patients and carers, offers opportunities to enrich the nursing curriculum and students’ experience. By embedding simulation in a systematic way, our curriculum supplements PBL and provides a series of inclusive opportunities to develop the knowledge, skills, attitudes and values required for the ‘Future Nurse’. The iterative approach to increasing complexity within scenario development and subject enhances learners’ skills in problem solving, relationship-building, communication and collaboration, whilst keeping people at the centre of care. Objective evaluation of these approaches is essential, in order to ensure that it is cost-appropriate, whilst remaining real and relevant.

REFERENCES