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 Other issues which emerged included challenging building access, outdated equipment, and lack of policy to manage other inpatients during an emergency response.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 Coroners 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**


**SC26** **CHANGING FROM CONVENTIONAL NEEDLES TO ATRAUMATIC NEEDLES TO REDUCE THE RATE OF REATTENDANCES WITH POST-LUMBAR PUNCTURE HEADACHES IN A CLINICAL ASSESSMENT UNIT – A QUALITY IMPROVEMENT PROJECT**

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**Background** Among patients who have lumbar punctures, atraumatic (Whitacre, pencil point) needles are associated with a reduced incidence of post-lumbar puncture headache and a reduced rate of readmission to hospital for additional treatment, while having similar efficacy to conventional (Quincke) needles.¹ We aimed to change practice in one ward of our hospital from using conventional needles for lumbar puncture to using atraumatic needles in order to reduce readmissions with post-lumbar puncture headache.

**Summary of project** Current practice in our hospital is that most lumbar punctures for acute medical admissions are performed in the Clinical Assessment Unit (CAU) by junior doctors using conventional needles. We performed a baseline audit of the rate of readmissions with headache within 7 days of lumbar puncture in the CAU over the previous 24 months. We now intend to hold a simulation session run by senior anaesthetics doctors to teach the CAU doctors how to use atraumatic needles, then prospectively measure the rate of readmissions with headache following lumbar puncture once atraumatic needles are being used.

**Summary of results** Results of baseline audit and prospective data are awaited.

**Discussions, conclusions and recommendations** We hope to show through this project that a change from using conventional needles to using atraumatic needles can result in a lower rate of readmissions with post-lumbar puncture headache. If successful, we would aim to expand the project to other areas of our hospital and health trust.

**REFERENCES**