for compression rate, chest recoil, hand placement, and for instances of applying too much pressure.

When the final prototype was complete, it was presented to the Simulation team and positive and constructive feedback was given. It was highlighted that the next BLS course in the centre would be taking place in September and that the device would be brought along to be trialled by a certified provider.

REFERENCES

SC53 USING SIMULATION-BASED EDUCATION TO SUPPORT RETURN TO WORK IN PEDIATRICS

Ashish Patel*, Ashley Holt, Annabel Copeman, Alison Belfitt. *The Royal Wolverhampton NHS Trust, Wolverhampton, UK; †Sandwell and West Birmingham Hospital NHS Trust, Birmingham, UK

Background Time out of training is common for paediatric trainees. When returning back to work, trainees often feel anxious and lack confidence. As well as feeling de-skilled, there is also the emotional aspects of dealing with sick children, particularly following maternity leave. Given the recent Bawa-Garba case, anxiety amongst paediatric trainees returning to work is even greater.

The Royal College of Paediatrics and Child Health (RCPCH) indicates that returning paediatricians should be supported with a formal return to work programme. Thus, a Paediatric Return to Work Simulation Course was developed within our region to facilitate this requirement.

Summary of Education Programme All out of programme trainees are invited to attend a one-day course of high fidelity simulation, at the simulation centre at The Royal Wolverhampton NHS Trust. The course runs four times a year and is fully funded by Health Education England.

The scenarios are mapped to the RCPCH Curriculum, covering key aspects and skills of paediatric training including safeguarding, emergency management of acutely unwell children, leadership, communication and human factors.

Summary of results To date a total of 68 candidates have attended our return to work simulation course. Some trainees have attended more than one course having had more than one break in training. The course was evaluated using a questionnaire, which includes a mixture of Likert scales and free text questions. The results of the feedback was as follows:

- 100% of trainees felt the course met their learning needs and the content was appropriate for their level of training
- 100% of participants evaluated the course would change their clinical practice with nearly 60% saying it would alter their practice a great deal.

The free text comments were overwhelmingly positive with participants liking the range of scenarios, particularly the stressful situations like resuscitation, cardiac arrest and sudden infant death syndrome (SIDS). Confidence and clinical knowledge of trainees improved.

Discussions, conclusions recommendations Return to work is an anxious time for trainees. Organisations need to have a clear programme in place to facilitate the return to training. Our course highlights that simulation can be used successfully to aid trainees to return to work. The results show that the confidence and skills of trainees improved prior to returning to work. Returning candidates clearly have felt proven benefit, attending multiple courses.

Using our programme, our recommendation is that simulation can be adapted to other specialities to ensure safe return to work nationally.

REFERENCES

SC59 CRITICAL OF CARE: IS THE INTENSIVE CARE UNIT APPROPRIATE FOR IN-SITU SIMULATION?

Steffen Glaze*, Alexandra Edwards, Krishna Navaneetham, Andrew Whitehead, Andrew Jacques*. Intensive Care Unit, Royal Berkshire NHS Foundation Trust, Reading, UK

Background The Intensive Care Unit of the Royal Berkshire Hospital, Reading, is a 17-bedded general critical care unit with over 1000 admissions per year. Since 2015, multidisciplinary in-situ simulation has been delivered approximately twice per month and is now a well-established part of the unit’s education programme. In-situ simulation continues to develop as an educational tool (Rosen et al, 2012), and has been shown to be effective in the critical care setting (Theilen et al 2017).

Summary of work In-situ simulation forms part of a weekly teaching programme on the Intensive Care Unit. Scenarios are led by a consultant intensive care physician with experience in delivering simulation education. They are supported by a member of junior medical staff working in a clinical fellow post with an emphasis on simulation and education. Doctors and nurses participate in each session, occasionally with allied health professionals. Simulation is delivered using a mannequin with monitoring in an empty clinical bed space. Participants use actual equipment and medications (with the exception of controlled drugs). Scenarios cover a broad range of topics, from high frequency events to infrequent medical emergencies (e.g. intubation of a septic patient with pneumonia, obstructed and/or displaced tracheostomy). The debrief covers the clinical aspects with a strong focus on the human factors, team working and practical issues. Participants and observers are invited to provide feedback following the sessions.

Summary of results Over 70 feedback responses have been collected over the course of the programme to date. Respondents are consistently positive, agreeing that the scenarios are relevant, useful for learning and improve confidence. Free-text responses frequently referred to realism, learning about team work and the benefit of practicing infrequent emergencies. Improvements suggested included removing observers from the bed space to avoid confusion, clarity of what equipment can be used and the opportunity to improve fidelity with mock patients on the electronic patient record.

Discussion, conclusions and recommendations In-situ simulation is an acceptable and useful format for teaching in the