intensive care unit. Learning for staff covers both the clinical topic of the emergencies, as well as human factors. Future initiatives will aim to improve patient safety further by acting on latent threats identified during simulations, developing scenarios in response to safety incidents reported locally and nationally, and identifying risks associated with the physical structure of the area.

REFERENCES

Wednesday 6th November, 11.30–12.30

SC28 ‘SIMDAVER’ – A BLENDED-LEARNING PROGRAMME USING SIMULATION-BASED EDUCATION WITH CADAVERIC DISSECTION TO CONTEXTUALISE ANATOMY FOR FIRST YEAR MEDICAL STUDENTS
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Background Cadaveric dissections are used to teach anatomy in the early phase of the undergraduate medical curriculum, while the learning of procedural skills is part of the later phase of the curriculum. However, the lack of clinical exposure in early phase, limits students’ ability to understand the significance of anatomical structures. Research has identified challenges in the delivery of anatomy teaching, with recommendations made to tailor learning to increase students’ preparedness to function effectively in a clinical role.1 Simulation-Based Education (SBE) may offer a solution in providing opportunities for early phase learners to perform procedural skills in a safe environment and apply anatomical knowledge in a clinical context.

Summary of educational programme or project ‘Simdaver’– a 12-week Special Study Module (SSM) was designed by a team of simulationists, anatomists and doctors from ICAPSS. A blended-learning approach was employed which focused on contextualising what was being taught in anatomy by using SBE to teach core procedural skills. The teaching of each skill involved three elements:
1. ‘Dissecting the Skill’: a brief lecture explained the relevant indications, complications and equipment considerations.
2. Both prostate and dissection were used on a soft-fix cadaver to identify anatomical structures of significance. Students performed elements of the skill on the cadaver with equipment used in clinical practice.
3. Technical skills practice: Repeated practice of the skill took place in the simulation laboratory where students applied their anatomical knowledge of structures to performing the learned core skills on a simulator. They received feedback on performance.

Students completed an assessment, a written reflection and a post-SSM evaluation survey.

Summary of results All students (n=6) agreed that their learning was greater with this blended-learning approach and that using simulation helped improve their understanding of anatomy. Students’ written reflections identified that the module helped provide insight into the clinical significance of anatomy and motivated them to learn. There was a demand for increased simulation in the early years of the undergraduate curriculum and awareness of the importance of a safe learning environment for both students and patients. Students also reflected that the module allowed them to build confidence and work on non-technical skills in a team-based setting.

Discussion, conclusions and recommendations: SBE is an effective means of improving delivery of, and providing a clinical context to, cadaveric anatomy in undergraduate medicine.

REFERENCES

SC29 SIMULATION IN NURSING COMMUNICATION (SINC)
Sini John*, Kathryn Killcoate*, Jacqueline Driscoll, Valerie Dimmock. Homerton University Hospital Nhs Trust, London, UK

Background A Trust survey in 2017 showed a concerning decline of patient confidence and trust in nursing staff, and this coincided with a drop in nursing recruitment and retention. To investigate, a telephone survey gained a more detailed account of what negatively impacted patient experience, and what could help improve the nursing relationship.

Patients regard nurses as emotional support during an unstable period of their lives. They reported feeling more assured about their illness when they were able to interact positively with their nurse, and had a better experience of the healthcare system overall.

Therefore, the simulation department was tasked by Trust executives to design a course to improve nurse communication skills. A scoping exercise revealed the main challenges faced were; dealing with angry patients and relatives, duty of candour, challenging hierarchy, safeguarding, delirium and end of life care.

Programme A course consisting of forum theatre and five challenging communication scenarios using simulated patients was designed. The course starts with forum theatre to create a non-judgemental learning environment and encourage group interaction. This is followed by immersive scenarios exploring themes from the survey and scoping exercise.

Results Since March 2018, over 100 nurses have been trained. Every participant strongly agreed that the course helped boost their confidence in communicating and they also strongly agreed that simulation is a good environment for this type of learning.

Discussion There is recent evidence of increased recruitment and retention within nursing at the Trust and this course could be one of the positive driving elements. Quantitative research is being undertaken on the lasting changes to