practice, care and interactions following attendance. Findings will be reported in summer 2019. Additionally, during delivery of this course, deep rooted cultural issues were identified around end of life care and challenging hierarchy. Consequently, further work has been undertaken in the Trust to address it.

Conclusion Seeing the benefits of this course, the nursing strategy group has made it mandatory for all nurses and provided funding. Peer reviews have been conducted with excellent feedback and other professional groups are in the process of designing similar courses. We found that uni-professional learning of this kind encourages participation and may provide grounding for more valuable participation in a multidisciplinary course as a second stage to further their development. To close the loop, we will review patient survey data in the coming year to assess impact on the patient-nurse relationship.

**SC30** SIMULATION BASED WORKSHOP IN OBSTETRIC ANAESTHESIA (SWAN): A VENTURE INTO SIMULATION BASED LEARNING IN SRI LANKA – WILL THE SWAN FLY?

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**Background** Integration of Simulated Based Education (SBE) into postgraduate curricula and practice is not uncommon however it appears less widespread in the developing countries of Asia (Divekar, 2009). The Simulation Team from Kingston Hospital NHS Foundation Trust was invited by the College of Anaesthesiologists and Intensivists of Sri Lanka to run a one-day, post-Congress workshop in obstetric anaesthesia at their 36th Annual Academic Congress in January 2019.

Our aim for the workshop: can we use SBE to positively impact obstetric anaesthetic practice among anaesthetists in Sri Lanka?

**Summary of work** To achieve our aim we set out to understand the attitudes and practices underpinning obstetric anaesthesia in Sri Lanka. To facilitate this we visited two inner-city hospitals with varying infrastructure and anaesthetic facilities. We observed the delivery of care, met and interviewed clinicians. This included exploring local systems of work, reviewing documentation, guidelines and equipment. Following this the authors developed four simulated obstetric anaesthetic emergencies for junior and senior registrars. The scenarios placed emphasis on the importance of non-technical skills in dynamic, high-stress situations. Use of a medium-fidelity simulation facility together with volunteers from the local clinical workforce enabled good quality reproduction of real-life scenarios. The debrief sessions were very interactive highlighting the importance of organisational constraints, equipment issues, technical and non-technical skills influencing practice and impacting patient safety.

**Summary of results** Based on the participants’ feedback it would appear the workshop positively impacted on obstetric anaesthetic practice. The debrief sessions highlighted awareness of patient safety principles amongst trainees and the desire to implement these in their work-places. Participants overwhelmingly reported the significance of non-technical skills in managing emergencies and the value of simulation in exploring human error in clinical practice. Numerous participants reported the importance of SBE as a learning tool and a desire for regular simulated practice.

**Discussion** SBE is an effective teaching tool to positively influence anaesthetic practice amongst trainees in Sri Lanka. It appears beneficial in conveying contemporary concepts of non-technical skills and human error including patient safety.

**Recommendations** SBE appears to have universal appeal in learning complex concepts in healthcare delivery. Effective SBE requires understanding local practices and tailoring scenarios accordingly.

**REFERENCE**