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.

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 post-graduate 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


DEVELOPING AN ELECTRONIC ASSESSMENT TOOL FOR UNDERGRADUATE NURSES IN SIMULATION

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Background In 2017, the University of Portsmouth commenced the BN (Hons) Nursing (Adult) degree course. During the first year of nursing students (n=120), we piloted a manual Objective Structured Clinical Examination (OSCE) checklist for the Nursing Assessment Skills (NAS) module. After evaluation of the process, we concluded, the scoring system was cumbersome and time consuming, with potential for human error as calculations of scores and consolidation of comments were manual. Pugh et al (2016) recognised the requirement to have OSCE checklists to improve the capture in performance tests - our aim was to retain the OSCE checklist, but create an electronic version, which could be easily navigated by academic examiners, simulated patient examiners and simulated colleague examiners.

Summary of project description During the second year, the student nurses cover the ‘Acute Care Across Care Settings’ (ACACS) module. This module includes the following areas: mental health support, A-E assessment (acute and long-term conditions), history taking and lifestyle assessment, SBAR telephone handover and recognising the deteriorating patient. We wrote five OSCE stations, covering these areas, created a marking scheme with a google mark sheet for each station, which were divided into eight scored sections. The form included the student’s name, university number, examiners name and number, a comments box and moderation button, for any aspect deemed unsafe. All marks and comments were collated cumulatively at the actual point of OSCE, thereby making it a contemporaneous process. In order to assess functionality, we piloted the process during optional ‘mock’ OSCEs. After revisions were made, we deemed the electronic scoring fit for purpose.

Summary of results The electronic marking system made the process of moderating and evaluating OSCE performance substantially quicker and safeguarded against human error. This allowed the results to be reviewed by the external examiner in a timely manner with earlier publishing of results and a significant decrease in academic hours.

Discussion, conclusions and recommendations The second year OSCEs ran smoothly; reviewing the results spreadsheet made the moderation process effective and efficient. After input from the entire spectrum of examiners and moderators, we established that we could streamline further, by eliminating...