We had double feedback – both from the actors as patients, to the staff reviewing the acting skills. This ultimately helped both parties in how we present ourselves. The students valued very honest structured feedback so if we were faced with this situation in reality, the patient experience would be improved. We numerically recorded the confidence on how well the situation in reality, the patient experience would be improved. It also gave support to those who may have been affected by these examples previously.

**Results**

The knowledge and skills of stroke nurses on these escort journeys has not previously been mapped or considered. A period of consultation across a regional network identified a need for a bespoke ambulance-based simulation package to support the education and skills of stroke nurses involved in these escorts.

**Discussion**

A survey of learning needs, clinical and management issues was undertaken with stroke nurses across the regional network. Areas identified for learning included medico-legal aspects, patient preparation, dealing with acute emergencies in transit, diverts and non-technical skills in communication and team work. A bespoke package of one day simulation learning was developed involving stakeholders from SGUL, paramedic science simulation team, St. George’s stroke service and stroke nurses from across South London and Surrey. RCN accreditation was obtained for the training.

**Background**

Mechanical thrombectomy for acute ischaemic stroke is an evidence based treatment that improves functional outcomes at 90 days post-stroke (Goyal et al, 2016). Due to workforce constraints in the UK many stroke centres operate a ‘drip and ship’ model of transfer of patients suitable for thrombectomy to a regional neurosciences centre for the procedure (Ismail et al, 2018). This involves a secondary ambulance transfer often with a stroke nurse escort.

**Methods**

A survey of learning needs, clinical and management issues was undertaken with stroke nurses across the regional network. Areas identified for learning included medico-legal aspects, patient preparation, dealing with acute emergencies in transit, diverts and non-technical skills in communication and team work. A bespoke package of one day simulation learning was developed involving stakeholders from SGUL, paramedic science simulation team, St. George’s stroke service and stroke nurses from across South London and Surrey. RCN accreditation was obtained for the training.

**Results**

The simulation package will be delivered in 3 sessions for up to 30 candidates in summer 2019. This abstract will present a mixed methods evaluation of the project. It will include review of achievement of the programme based on overall learning objectives, individual candidate feedback and discussion of learning in developing and delivering the package.

**Discussion**

This presentation will review the development, delivery and evaluation of the UK’s first thrombectomy ambulance transfer simulation package for stroke nurses. The results will demonstrate the changes to knowledge, confidence and skills of stroke nurses undertaking secondary transfers in a rapidly developing area of healthcare. The development and evaluation of this simulation package will further influence local programme delivery. It also has widespread replicability as thrombectomy services develop across the UK and secondary transfers become commonplace.

**References**


**Abstracts**

**O6 THROMBECTOMY FOR ACUTE ISCHAEMIC STROKE: RESULTS OF A BESPOKE AMBULANCE-BASED SIMULATION PACKAGE FOR STROKE NURSES**

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**Background**

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**References**

Abstract 07 Figure 1


O8 SIMULATED PATIENTS PERSPECTIVES OF THEIR ROLE AND CONTRIBUTION TO HEALTH PROFESSIONS EDUCATION

Clare Sullivan*, Laura O’Connor, Simon Home, Erica Smith, Teresa Pawlikovska, James Murray. Simulation, RCSI, Dublin, Ireland; Summer Research School, RCSI, Dublin, Ireland; Health Professions Education Centre, RCSI, Dublin, Ireland

Introduction Studies have shown the effectiveness of simulated patient encounters for developing consultations skills while other research has shown that the expectations of faculty and patients differ when it comes to evaluating consultation skills. RCSI’s 3,300 square meter expansion of simulation facilities in 2017, fueled an increase in demand for simulated patients. Few studies address the perspectives of simulated patients in regard to their role, therefore, this study aimed to explore these perspectives.

Methods A qualitative approach was taken. Simulated patients, actors and surface models involved in teaching in RCSI were invited to participate in one of four focus groups. Fifteen simulated patients participated and eight actors. Focus group discussions were audio recorded and transcribed verbatim. Inductive thematic analysis was carried out on transcriptions.

Results A number of themes emerged from the data. Participants believed that they brought valuable life experience to the role. Feedback emerged as a theme in terms of being both a challenge and a way to contribute. Professional actors were confident they were playing their role correctly whereas simulated patients were eager to get more feedback on how they portray their cases. There was a clear divide in the perspective of participants when discussing physical examination. Some participants felt that providing their bodies for examination, including intimate examination was essential for student learning whereas other participants did not wish to get involved with physical examination. Participants gained a better understanding of health and the healthcare system.

Discussion and conclusion Simulated patients are an engaged group of people who believe they have a valuable contribution to make. Ongoing training is required to support simulated patients to provide effective feedback to students. Simulated patients learn about health and the healthcare system as a