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 clinician’s felt prepared for these scenarios and showed over a 40% improvement in confidence.

With the clinical and nursing staff being at risk of second victims in these difficult conversations this course was supported by clinical psychology to provide support in an non-judgmental and open way. It also gave support to onc victims in these difficult conversations this course was.

**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. 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.

**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, divers 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**


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

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**Introduction**

Mechanical thrombectomy 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. 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.

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**REFERENCES**


**O7 EFFECTIVENESS OF SIMULATION-BASED MEDICAL EDUCATION IN TEACHING CARDIAC AUSCULTATION: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**Introduction**

Research suggests that simulation-based medical education (SBME) can benefit teaching cardiac auscultation (McKinney et al, 2013). This systematic review aimed to address the gap in the literature regarding the effectiveness of SBME in cardiac auscultation training for healthcare professionals within randomised controlled trials (RCTs).

**Methods**

Literature searches were performed on Medline, Embase, PsychInfo and Cinahl.

RCTs that compared the effectiveness of A) SBME versus usual/traditional teaching or B) comparing different forms of SBME in teaching cardiac auscultation to different healthcare professionals were included. Outcomes were knowledge, skills and satisfaction relating to cardiac auscultation education. Data were analysed using Review Manager 5.3 software.

**Results**

15 RCTs (n=913) were included in this review. 10 RCTs (n=550) compared SBME versus usual teaching. The effect sizes for knowledge and skills were 1.04 (95% CI 0.98–1.10; p<0.00001) and -0.53 (95%CI -0.80 to -0.27; p=0.26) respectively (figure 1). 5 RCTs (n=363) compared two forms of SBME. The pooled effect sizes for knowledge and skills were 0.73 (95%CI 0.53–0.94; p<0.00001) and -0.72 (95%CI -1.07 to -0.37; p=0.26) respectively (figure 1).

**Conclusions**

SBME has effective results in knowledge and skills for teaching cardiac auscultation. Further research is needed to establish the effectiveness of different forms of SBME for different educational interventions.

**REFERENCES**


**Abstract O7**

**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 b o t hac h a l e n c e g e a n daw a yt oc o n t r i b u t e . 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...