Emergency medicine is a growing specialty and as hospital services become increasingly centralised, emergency physicians are expected to perform several rare, time-critical procedures if specialty teams are unavailable.

The Royal College of Emergency Medicine curriculum highlights these procedures and, given their low incidence, recommends that simulation is used as a way to develop the skills. In development of this course there were 4 key curriculum areas identified that were not being covered on mandatory courses:

- Major maxillofacial trauma
- Obstetric cardiac arrest and neonatal resuscitation
- Can’t intubate, can’t oxygenate
- Traumatic cardiac arrest

At the time of the writing, the only courses that tried to address these topics were skills based cadaveric courses and, while they may aid the technical skills training, they do not address the human factor elements of these complex cases. Likewise, these courses have limited appeal to nursing staff however nursing familiarity and input in these situations is key to optimal management.

The RIPS course was developed to address these issues. Educational theory was used to develop the course structure. A course handbook was developed with multi-speciality input with a focus on simplifying the procedures to the key steps. On the day, an initial lecture introduces human factors with a focus on critical decision making. These concepts are given context and are interleaved into subsequent debriefs. The candidates are split into multidisciplinary teams for the scenarios which utilised customised simulation models to increase fidelity. Debriefs were followed by workshops on the specific procedural steps and allowed for deliberate practice and feedback.

A pilot course was run in 2018. Participants showed statistically significant increases in confidence in all areas. Qualitative feedback highlighted the benefits of having both doctors and nurses and a focus on human factor elements during debriefs. There were suggested improvements around the timing and structure of the course which have been developed and incorporated allowing more time to focus on the area’s participants found most beneficial.

This year, four RIPS courses have been organised and are fully booked by 60 candidates with an extensive waiting list. By November we will be able to present the feedback from these days and hope to be able to discuss the development of additional faculty with plans to run this course in additional centres.

**REFERENCES**

and social care and medical education programmes. SBE is also embedded in clinical, medical and inter-professional training delivered in hospital education centres and is routinely conducted in-situ in the actual patient care setting (Lopreiato et al, 2016). The spectrum of SBE ranges from role play and procedural simulation to fully immersive interactive simulation (Lopreiato et al, 2016). Regardless of the simulation learning environment (SLE), traditionally SBE has been an evolutionary, reactive process or has been delivered ad-hoc without proper preparation and planning, resulting in sub-optimal clinical skill development and performance (Al-Elq, 2010). A structured Simulation Strategy and associated Action Plan can enable the implementation of SBE in a proactive and effective manner ensuring adequate support to enable successful delivery of educational programmes.

Summary of project
A Simulation Strategy was developed in the Faculty of Health, Psychology and Social Care (HPSC) at Manchester Metropolitan University to describe our current position and vision for future SBE development in line with three core Faculty curriculum themes. The 5-step process included:

1. Establishment of a Faculty Simulation Strategy Group
2. Mapping exercise to identify where simulation existed in HPSC Faculty programmes
3. Agreement on terms of reference
4. Development of a shared Vision, Aims and Strategic Priorities (Figure 1)
5. Formulation of an operational Action Plan

Summary of results
The Simulation Strategy outlines strengths, expertise and areas of best practice and focuses on areas of growth, the development and exploitation of innovations and opportunities for the future. The Action Plan operationalises the Strategy, by turning the strategic priorities into actions, with associated timescales, responsibilities and identifies potential challenges.

Discussion, conclusions and recommendations
The development of a Simulation Strategy and Action Plan is a lengthy but essential process for any higher education institution (HEI) or hospital conducting SBE. Identifying current SBE delivery and agreeing terms of reference enables the development of a cohesive and coherent document with shared ownership across the Faculty. Furthermore, the Simulation Strategy and Action Plan supports in-depth asset inventory, future budgeting and staff development processes, enabling effective planning, which supports SBE delivery.

REFERENCES

Abstract SC40 Figure 1

SC41 DEVELOPING INTER PROFESSIONAL AND INTER AGENCY LARGE SCALE SIMULATION USING A ‘HANDS OFF’ FACILITATION STYLE

Emily Browne*, Ruth Handley, Joseph Natalello, Jack Davies. Staffordshire University, Shrewsbury, UK

10.1136/bmjstel-2019-aspihconf.78

In the wake of the Manchester bombings and London terror attacks, being able to respond in an appropriate fashion to a major incident is becoming increasingly important for healthcare students in all fields, along with working within a multi-disciplinary environment.

We looked to develop an inter-professional simulation exercise using major incident style training. Our student nurses and paramedics worked with qualified doctors and advanced clinical practitioners in interdisciplinary teams imitating real life. A simultaneous simulation exercise demonstrating the patient journey.

The key element of this exercise was the ‘hands off’ facilitation style. The patient scenarios had a brief outline, but what followed was fluid and responsive in real time to the actions of the students. There was no active facilitation during the simulation, allowing the students to be fully immersed in the scenario.

The hands off approach allowed students to put their leadership skills into practice; learning in a safe environment in a real time situation, enhancing innovative thinking through real time simulation and debriefing. This promoted learning and