Abstract SC42 Figure 1 Correlation between simulation score and number of jobs completed

6 month period. There was a positive linear correlation between both the combined and simulation scores and total number of tasks completed (figure 1). In contrast, there was no correlation between traditional interview score alone and number of tasks completed. The same positive trend was demonstrated when considering only complex tasks, such as reviews of patients with a high early warning score. Of those who left the role with the first 12 months, the candidate with the lowest simulation score returned to their previous employment and the candidate with the highest simulation score was promoted to a band 7 role.

Conclusions In appointment to an acute nursing healthcare role requiring a high degree of independent practice, a standardised simulation scenario may have greater predictive validity for subsequent performance than a traditional structured interview. This area justifies further development and evaluation.

REFERENCES

INTEGRATION OF SIMULATION INTO THE RECRUITMENT OF AN ACUTE INTERVENTION TEAM NURSES IMPROVES PREDICTION OF SUBSEQUENT PERFORMANCE

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Background Simulation has been embedded across a range of health professional education, and has been used in recruitment with some success1, however the evidence of overall effectiveness in assessment is limited2. We recently developed an Acute Intervention Team of band 6 nurses within our institution. In the process of recruitment we hypothesised that a single standardised high fidelity simulation scenario in addition to traditional interview would aid in selecting the candidates with the greatest aptitude for this role. Simulation provides a means to demonstrate non-technical skills which have been found to underpin good performance in acute clinical situations1.

Summary of project Twenty seven candidates undertook a standardised high fidelity simulation based on sepsis, alongside a traditional interview. Two independent markers assessed each candidate in the domains of information gathering, recognition, escalation and other non-technical skills based on their performance in simulation. The 10 successful candidates were followed over a six month period to analyse the predictive power of their simulation score in terms of subsequent workplace performance. Data was collected from electronic patient record (EPR) software which records the various tasks allocated to and completed by each member of the acute intervention team. Numbers of tasks were corrected for those working less than full time. Data was also collected regarding the destination of successful candidates who left the role within 12 months following appointment.

Summary of results The highest performing candidate in simulation completed the greatest number of clinical tasks over the

All students completed a pre and post exercise questionnaire designed to get an idea of the current level of experience around simulation training and what the students’ expectations were.

The questionnaire highlighted the lack of simulated activity that the nursing students had in comparison to the paramedic students. This was noted on the day of the exercise as the student nurses were more apprehensive prior to the activity. Within the questionnaire the student nurses more frequently highlighted their need for improved confidence. The post questionnaire results showed very positive feedback and calls for more simulated learning from both student nurses and paramedics. All responses were positive when asked about interdisciplinary working. The feedback in all cases supported that the exercise had not only met but exceeded the students’ expectations.

The key emerging themes from the project so far are; students’ educational expectations, experience of multidisciplinary working, the theory to practice gap, training in a safe environment. The work around analysing the data gained from the simulation exercise is still a work in progress, but it is already informing and developing practice across the School.

SUMMARY OF RESULTS

working together across the multi-disciplinary field with both qualified and pre-registration students.

In healthcare, empathy is considered a basic component of therapeutic relationships and a critical factor in patients’ definitions of quality care. More than 200 studies have demonstrated the positive impact of empathic healthcare interactions on patient outcomes.1 There is also compelling research demonstrating that healthcare devoid of empathy results in a wide range of negative psychological and physiological outcomes for patients.2 Further, healthcare professionals who practise without empathy are at heightened risk of depression, burnout and attrition.2