and disseminate the research findings of this six step approach (Arksey and O’Malley, 2005).

Summary of project A search strategy was developed and refined in order to answer the research question ‘What is known about how individuals, and their experiences of illness/healthcare are represented by Simulated Participants (SP)’ in Healthcare Professional Education (HPE).

The search strategy was entered into five electronic databases – MEDLINE, EMBASE, Scopus, Web of Science and CINAHL. Initial citations were 9,795. Databases were modified, limiters applied to reflect <10 yrs, English, Article, Journal and Reviews.

All 5,437 citations were imported into Covidence a review software. Once the duplicates were removed, 2,948 articles were independently screened by title and abstract. Disagreements were discussed until consensus was reached. Finally, full texts were reviewed to determine the articles eligible for inclusion in the review.

In an iterative process key elements from articles were charted and a data extraction template was developed. To ensure that all relevant data is extracted according to the research question, all articles were assessed, and charted by the research team.

Summary of results A summary of the information found will be shared, and results will be categorized by how patients are being represented by SP in the different articles. Finally, the results will be discussed and implications for further research, practice, and policy will be described.

Discussion The implications of these findings will be discussed. Conclusions and recommendations Reviewers will consider how health professions educators can guarantee that authentic patient voices, and their experiences, are not lost or devalued in the Simulation Based Education (SBE) process; and will identify recommendations.

REFERENCES

DEVELOPING A SIMULATION-BASED EDUCATION WORKSHOP FOR PSYCHIATRIC EMERGENCIES FOR NATIONAL ROLL-OUT

1 Michael Creed*, 1,2 Aine de Bhulbh, 1,2 Diarmuid O’Connor, 2 Eimear McMahon, 2 Anne Doherty, 2,3 Daragh Byrne. 1 Irish Centre For Applied Patient Safety And Simulation, NUI Galway, Galway, Ireland; 2 Galway University Hospitals, Galway, Ireland; 3 National University of Ireland, Galway, Galway, Ireland

Background The use of simulation-based education in psychiatry has been increasing in recent years outside of Ireland. Its use has been demonstrated to be an effective means of training in management of acute agitation¹, and advancing communication skills amongst psychiatrists². However, adoption of simulation has been slow in psychiatry training in Ireland.

A need was identified for the development of a simulation-based education workshop to improve management of psychiatric emergencies, for trainees new to psychiatry, such as Foundation Year trainees and GP trainees.

Summary of project Four scenarios were identified and developed using an iterative collaborative process involving a consultant psychiatrist, psychiatry trainees, psychiatry nurses and simulation staff. The scenarios were: the difficult discharge of a patient; completing an involuntary admission under the Mental Health Act, 2001; management of an acutely agitated patient in the Emergency Department; and risk assessment of a suicidal young man.

The scenarios were scripted and actors were trained as simulated persons, and a detailed dry run took place in advance of the workshop.

Workshop participants ranged from Foundation Year trainees to Higher Specialist Trainees. Debriefing was led by consultant psychiatrists and the actors. Post workshop satisfaction surveys were circulated and semi-structured reflective interviews were conducted after 3–4 weeks to examine impact on clinical practice.

Summary of results Post evaluation data (n=12) was positive with 100% agreeing that the workshop addressed their learning needs. Participants highlighted the benefits of reflection with consultant feedback after each scenario, and an improvement in communication skills. Participants also enjoyed the social aspect of the workshop, and more senior trainees found it a beneficial refresher of basic skills. All wanted further training with suggestions for other scenarios including psychiatry-specific medical emergencies, and assessment of emergency presentations of children and adolescents. Delayed interviews (n=5) showed that participants had applied their learning to their practice in the domains of situational awareness and communication.

A handbook was developed following the workshop, detailing the scenarios and including all paperwork relevant to the scenarios, for implementation in other training sites.

Discussion, conclusions and recommendations Simulation-based education is a suitable method of training for psychiatric emergencies. The design of a workshop requires detailed scenario development and training of actors in playing simulated persons. There is scope for a roll-out of simulation-based education in post-graduate psychiatry training nationally, supported by the handbook developed from this workshop.

REFERENCES

WE DON’T FEEL SAFE HERE – EDUCATIONAL MAPPING TO DEVELOP, CHALLENGE AND MAINTAIN A MULTIDISCIPLINARY NETWORK OF PROFESSIONALS WHO IMPROVE EDUCATION IN A NEUROSURGICAL WARD

Huan Sniegrove*, Julia Brown*, Argyo Zoumprou, Catlin Harvey, St George’s University Hospitals NHS Foundation Trust, London, UK

Background A 12 month educational program was co-developed by a multidisciplinary teaching team for nurses within a busy Neurosurgical ward at a large teaching hospital in...