Structure of session A brief didactic introduction will be used to introduce the context and content of the session, before making way for a group discussion, including brainstorming of the various uses and benefits of standardised patients.

There will then be the opportunity, through small group activities, to experiment with how details in scenario design specific to standardised patients can influence learning outcomes and fidelity.

The workshop will move on to explore important considerations to take when directing the portrayal of characters, thinking in particular about techniques to ensure emotional resonance and realism, through the use of videos and exercises.

Towards the end of the session, participants will regroup, to share ideas generated and develop take away actions.

Educational methods
The session will be delivered through a variety of different teaching modalities including didactic presentations, group discussion to generate ideas, simulation videos to share technique and group work to demonstrate principals and stimulate creativity.

Facilitators will be used to introduce topics and guide discussion.

Who Should Attend: Introductory and Intermediate

Background Do you find it difficult to teach those uncommon but essential skills? Is your education budget overstretched? Join the EM3 FOAMed Team as they show you how to spin the contents of your hospitals store cupboard into simulation gold. You’ll leave with some examples of low-tech sim models and ideas of how to make your own. So, get out your sticky-backed plastic, it’s time to create!

Within emergency medicine (EM) time is critical where seconds can matter. Some emergencies are uncommon or rare, and practicing for these is crucial. Stressful events are known to decrease working memory (cognitive bandwidth), attentional narrowing and psychomotor preservation.1 2 Strategic adaptation is systemic cognitive behavioural modification to deal with these stressful situations.1 2 To help this Emergency Reflex Action Drills (ERADs) are specifically designed action sequences intended to execute clinical interventions with minimal cognitive load in the setting of marked time pressure.2 These are for situations which happen quickly, are not common, and need a time-critical response.

We created a series of 6 resus drills to be run in-situ within the emergency department (ED). The 6 drills were, lateral canthotomy, laryotaxy or trauma, perimortem c-section, premature delivery and massive gastrointestinal bleed and facial trauma. We want to share some of our experience, to introduce the context and content of the session, before making way for a group discussion, including brainstorming of the various uses and benefits of standardised patients.

Towards the end of the session, participants will regroup, to share ideas generated and develop take away actions.

Educational methods
The session will be delivered through a variety of different teaching modalities including didactic presentations, group discussion to generate ideas, simulation videos to share technique and group work to demonstrate principals and stimulate creativity.

Facilitators will be used to introduce topics and guide discussion.

Intended learning objectives
1. To be able to deliver your own resus Drill
2. To have ideas around how to create your own resus drill
3. To take away your own low–cost simulation model
4. To have ideas about how to create low cost simulation models for different skills

Structure of workshop Short 10-minute talk around what Resus Drills are, and ideas around how these skills ideas could be adapted to other areas/skills

35 minutes for the audience to create their own low-cost simulation model (adapted to numbers in workshop)

10 minutes to discuss and see other ideas to develop your own models

5 minutes for close of workshop

Educational Methods Used Lecture based
Interactive with the audience
Small group work

REFERENCES

W7 SIMULATION WET LAB – HOW TO CREATE AND IMPLEMENT LOW COST SIMULATION IN YOUR DEPARTMENT
Sarah Edwards*, Carl Leith van Heyningen, Jake Fudge, Filon Davies. University Hospitals Leicester, Leicester, UK

Who Should Attend: Introductory and Intermediate

Background Do you find it difficult to teach those uncommon but essential skills? Is your education budget overstretched? Join the EM3 FOAMed Team as they show you how to spin the contents of your hospitals store cupboard into simulation gold. You’ll leave with some examples of low-tech sim models and ideas of how to make your own. So, get out your sticky-backed plastic, it’s time to create!

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Towards the end of the session, participants will regroup, to share ideas generated and develop take away actions.

Educational methods
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Intended learning objectives
1. To be able to deliver your own resus Drill
2. To have ideas around how to create your own resus drill
3. To take away your own low–cost simulation model
4. To have ideas about how to create low cost simulation models for different skills

Structure of workshop Short 10-minute talk around what Resus Drills are, and ideas around how these skills ideas could be adapted to other areas/skills

35 minutes for the audience to create their own low-cost simulation model (adapted to numbers in workshop)

10 minutes to discuss and see other ideas to develop your own models

5 minutes for close of workshop

Educational Methods Used Lecture based
Interactive with the audience
Small group work

REFERENCES
4. Translate this knowledge into their own educational practice.
5. Structure of workshop
   - General introductions, ‘ground rules’ and overview of session.
   - Introduction to assessment of clinical competency, with focus on the OSCE and characteristics of ‘best practice’ in assessment.
   - Provide an overview of the ‘lifecycle’ of developing an OSCE station.
   - Buzz group activity regarding difficult SP OSCE stations to write.
   - ‘Think, pair and share’ activity regarding simulation based techniques and technologies to assist in delivering authentic SP OSCE stations. Some examples with be demonstrated for an immersive experience.
   - Conclusion, wrap up and take forward messages.

   Educational methods to be used
   A range of educational techniques will be used in this session including:
   - Buzz groups
   - ‘Sandpit’ activities
   - Small group work
   - Immersive role play (performance)

November 6th, 2019, 12:35–13:35

W10 MIND THE GAP

Nicola Weatherup*, Emma Greenwood*, Louise McKee, Caroline Pugh, Gary Burke, Paul McHadden. BHSCT, Belfast, UK
10.1136/bmjstel-2019-aspihconf.102

Background We undertook a qualitative analysis of the effectiveness of the dissemination of learning points from clinically significant incidents within our Emergency Department. We found learning was poorly disseminated and adverse incidents were not reduced.

Reflection of the standard investigative process through observational study revealed a significant gap between work as imagined and work as done. Focus group discussions revealed a lack of awareness of recent serious incident recommendations amongst the wider ED team.

We developed an innovative framework utilising process mapping, simulation and social networks to investigate and learn from adverse incidents.

The simulation was utilised to engage key stakeholders to visualise real work environments, recognise defects in the system and empower them to create and implement the solutions in a safe learning environment.

Key messages post simulation were conveyed using enterprise social networks.

Intended learning outcomes Explain current challenges within adverse incident investigations through case history

New framework to analysis adverse incidents using process mapping and simulation

Innovative approaches to dissemination of learning through enterprise social networks

Structure of workshop

Pre workshop – flip the classroom approach. Sample SEA sent to participants prior to workshop.
Participants asked to reflect on sample with the positives and challenges of SEA report.

10 minute interactive presentation on ergonomic principles and collation of information

30 minute facilitated exercise utilising the new approach to investigation and creating a timeline.

10 minute interactive video reviewing the simulation process to facilitate identification of latent errors, engagement of key stakeholders whilst creating a safe learning environment.

10 minute facilitated discussion on new methods to disseminate learning.

10 minutes review of workshop and questions from participants.

REFERENCES

W11 HOW TO PORTRAY NEUROLOGIC AND MUSCULOSKELETAL PATHOLOGY IN SIMULATED PATIENTS

1,2Tonya Thompson*. 1University of Arkansas for Medical Sciences, 1 Children’s Way, Slot 512-16, USA; 2Arkansas Children’s Hospital, Little Rock, USA
10.1136/bmjstel-2019-aspihconf.103

Level: Introductory

Background Simulated/Standardized (SP) patients are an invaluable teaching tool for formative and summative assessment. Have you ever wondered how to mimic pathological findings for learners in neurologic and musculoskeletal exams? Have you ever thought about why people with Parkinson’s disease move the way they do? Could this technique be useful to you in student Objective Standardized Clinical Exams (OSCEs) or other training assessments? Attend this workshop and find out the how and why behind neurologic and musculoskeletal disease findings.

Intended learning outcomes This workshop will identify components of the neurologic and musculoskeletal exams most often encountered in physical exams, demonstrate how pathologic findings can be taught to simulated/standardized patients, and allow practice with peers in the workshop.

Upon workshop conclusion, learners will be able to:

1. Identify the pathophysiology behind common neurologic and musculoskeletal disorders
2. Articulate the physical findings associated with the disease processes including the ‘why’ behind the pathology
3. Demonstrate or teach the pathologic findings to peers
4. Workshop structure
5. 5 minutes– Introductions
6. 5 minutes– Objectives and pair up
7. 45 minutes– brief didactic or video, demonstration with SP, and pair practice of each disorder with feedback
8. 5 minutes– wrap up and conclusions

Educational Methods Used
1. Didactics and Video
2. Think, Pair and Share