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

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 investigating 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

Tonya Thompson*, 1 University 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