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

1Tonya Thompson*, 1University of Arkansas for Medical Sciences, 1Children’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
Abstract Structure: Who should attend; Level (please select from Introductory/Intermediate/Advanced) Background, Intended Learning Outcomes, Structure of workshop Educational Methods to be used.

The application of simulation as an educational tool within medicine is increasing. In immersive simulation, it is widely accepted that the post-scenario debrief is a critical component for learning. Effective faculty development is therefore required to preserve the quality of debriefing. Though clear standards have been set out by the Association of Simulated Practice in Healthcare (ASPiH), there is little in published literature describing faculty development. NHS Lothian has established a ‘debriefing the debrief’ programme, called ‘The Meta-Debrief Club’ or ‘MDC’. It is available to staff from all backgrounds and levels of experience. Through group reflection, debriefers take part in regular evaluation of their practice, with constructive feedback from peers. The purpose of this workshop is to share the story of how the MDC emerged, and to provide the structure, tools, and support to others who are interested in forming their own process of meta-debriefing.

Who Should Attend:
Simulation educators with experience in debriefing immersive simulation.
Level: All.
ILOs:
1. Discuss the benefits of meta-debriefing as a tool to increase proficiency in debriefing immersive simulation.
2. Demonstrate a facilitated meta-debrief process in the simulated environment.
3. Formulate a plan in creating an meta-debrief club in the learner’s department or simulation centre.

Structure/methods of Workshop (This is TBC depending on time offered.)
The structure of the workshop utilises a facilitated workshop style of small group discussions and activities.

Activity one: A presentation of the current literature around the importance of meta-debrief to practice and the story of how the MDC was formed. Tools and structure of the MDC are then distributed across tables, explored and explained.

Activity two: Groups are then invited to watch pre-recorded debriefs (the number and time dependant on time offered) and learners are asked engage with a facilitated meta-debrief process. A reflective group discussion on this will follow.

Activity three: Groups are invited to work together to formulate their own MDC plans, including a critique the presented MDC process, and invited to add alternative tools, ideas, and structure, and present their plans back to the group.

Evaluations and email addresses are be collected to continue the conversation after the conference.

REFERENCES

W12 BUILD YOUR OWN META-DEBRIEF CLUB: AN IMPACTFUL WAY TO DEBRIEF YOUR DEBRIEF
Nathan Oliver*, Ed Mellanby, Chris Schnieke-Kind*, NHS Lothian, Edinburgh, UK

Abstracts

W13 MAKING SIMULATION IN THE WORKPLACE SAFE
Colette Laws-Chapman*, Gabriel Reedy*, Guys and St Thomas’ NHS Foundation Trust, 1st Floor, St Thomas House, UK

Workshop
In-situ simulation is fast becoming the panacea of Simulation Based Education (SBE). In-situ simulation is used because it can produce highly realistic training with opportunities for team and systems testing while remaining embedded in the clinical setting. With a diversity of theoretical underpinnings, there is limited evidence in the public domain as to what practical procedures can enhance safety in the design and delivery of SBE in the clinical workplace. Especially significant risks include disruption of service and more importantly, physical safety for patients and staff.

Basic safeguarding procedures in place at a large London teaching hospital, including a traffic light checklist and a system to sign equipment in and out, seem to have prevented any errors resulting in harm. However, the possibility of simulation-related mishaps resulting in patient, participant, or staff, harm is real and significant. Despite clear procedures and standards being in place, other seemingly less dangerous errors have been reported: a simulated blood gas syringe and lab result being left in a clinical area, a simulated handover sheet and used defib pads on a resuscitation trolley, an unused shock box for defibrillation.

In addition, annual staff turnover means institutional memory—knowledge of our incidents and safeguarding principles (checklists)—have been lost in handover and information transfer. A recent podcast on Simulcast http://simulationpodcast.com/simulcast-journal-club-february-2019/ inspired our centre to review its practice.

This workshop aims to discuss the core components of SBE safety standards, both from the national, international and locally applied perspectives from the authors place of work. From there the workshop will act as a focus group to discuss common practices with the purpose of surfacing best practice that may contribute to the beginnings of a consensus for future guidelines. It is aimed at Introductory, Intermediate and Expert educators working in the simulation community.