Abstracts


P9 CAN MULTIDISCIPLINARY SIMULATION ENHANCE DELIVERY OF CARE AND TEAM WORKING IN THE MANAGEMENT OF A PATIENT WITH NEUTROPENIC SEPSIS?

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Background Given the high morbidity and mortality associated with neutropenic sepsis, there is a move towards finding innovative ways to improve patient care. Simulation is becoming a widely accepted method of supporting learning and is increasingly used in medical education. However, its role in facilitating the learning of a multidisciplinary team in the management of neutropenic sepsis is yet to be clearly established. This project is aimed at assessing whether simulation can be used to:

1. Highlight the significance of prompt management in patients with febrile neutropenia
2. Support the importance of multidisciplinary team working to improve patient safety

Summary of work Five, sixty-minute courses, each consisting of 2–3 participants including nurses and junior doctors were conducted. All participants completed a pre-course questionnaire and were then exposed to a 15-minute scripted case of a patient presenting with neutropenic sepsis in the simulation lab using a high-fidelity mannequin. The scenario was followed by a 10-minute debrief, a 10-minute presentation that emphasised current definitions and guidelines to facilitate discussions and lastly a post-course questionnaire. Thematic analysis of the qualitative pre-course and post-course questionnaire results was undertaken.

Summary of results Synthesised results from 24 attendees demonstrated that all participants agreed or strongly agreed that the course was interesting, relevant and would positively impact patient safety. More participants felt confident in assessing and managing a patient with febrile neutropenia after the course, with 91% agreeing or strongly agreeing that the course would improve their multidisciplinary team working skills. The participants found the greatest value in understanding the importance of recognition of neutropenic sepsis, finding a source of infection and carrying out the ‘sepsis six’. A variety of specific learning points as well as helpful suggestions on how the educational experience may be improved were raised.

Discussion and conclusions This study suggests value in using simulation to facilitate the understanding of the prompt assessment and management of patients with neutropenic sepsis. Furthermore, there are interesting insights into communication and management of patients with neutropenic sepsis.

Recommendations This study helps medical educators consider the value of investing in this pedagogical approach to support learning requirements. There is a need to further explore the direct effects on practice and the feasibility of delivering such simulation.

P10 WHO WATCHES THE WATCHMEN? AN AUDIT OF SIMULATION ACTIVITY ACROSS A LARGE ACUTE HOSPITAL TRUST IN THE SOUTH WEST OF ENGLAND

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Background The ASPiH Standards Framework for Simulation Based Education (SBE) in Healthcare was launched almost three years ago, with the aim of defining the appropriate structures and processes required to deliver effective SBE. The new Post-Graduate Medical Education (PGME) ‘SimSpace’ at North Bristol NHS Trust was designed from the outset with reference to these standards, with programmes and activities mapped to the four key themes defined by ASPiH.

Nevertheless, as a large regional trauma and tertiary referral centre, in a city with an established culture of SBE delivery, we were aware of multiple groups across our organisation also undertaking SBE on a regular basis. In order to better understand the extent and quality of SBE outside of PGME’s immediate control, we used the ASPiH Standards Framework to inform an audit of these activities.

Summary of work We undertook an on-line survey of departmental educational leads to ascertain what (if any) and how frequently SBE activities are delivered, how topics and learning objectives are identified and selected, the composition and training of faculty, and who provides overall leadership for SBE within their department. We also explored their awareness of guidelines for the delivery of SBE and how these informed their departmental practices.

Summary of results We found a large variation across the organisation, with some departments undertaking frequent and organised activities and others with little or no programmed SBE. There was also variation in the nature and training of the faculties used to deliver these activities, and in the design and development of SBE programmes. In departments where SBE was most established, named individuals were often identified as having overall responsibility for its delivery.

Discussion and conclusions The ASPiH Standards Framework proved a useful tool for designing and implementing SBE programmes within our bespoke SimSpace environment, but variation in knowledge and implementation of this guidance across the established activities of our organisation impacted on our ability to effectively audit the quality of SBE delivered outside of our immediate circle of influence.

Recommendations In an environment in which SBE is widely practiced by individuals with varying degrees of engagement with existing validated standards, structures must be developed to educate the educators and ensure the uniform high quality of SBE delivery. One solution might be the creation and adoption of ‘Simulation Registries’, mapped to the ASPiH Standards Framework, in which all SBE activities across an organisation could be catalogued for future audit purposes.

REFERENCES
P11 SIMPALL AN IN-SITU SIMULATION COURSE ON PALLIATIVE CARE FOR THE EMERGENCY DEPARTMENT

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Introduction Emergency Medicine (EM) is a unique specialty often meeting people at the worst moments of their life. Death is an everyday occurrence, and with that comes the skills needed to talk to patients and families about when their end of life may be nearing. The Royal College of Emergency Medicine’s guidelines suggest doctors need to have the skills to talk to these patients. We developed a full day course called SimPall which incorporates some lecture-based teaching, and then an afternoon of in-situ simulation within the emergency department (ED). Our aim was to gather feedback to see what educational benefit this brought to our EM staff.

Methods Following some teaching around difficult conversations, do not attempt cardio pulmonary resuscitation and managing palliative emergencies we gave the participants all 3 of our in-situ simulations, in two groups. The participants were not aware of what simulations they got. The three simulations based on realistic ED patients were; Scenario 1 was the end stage COPD patient who is not for any further interventions. Scenario 2 is of a very frail patient, with pneumonia who has multiple comorbidities. Scenario 3 was a massive upper gastrointestinal bleed with known oesophageal cancer. All participants were debriefed, and feedback recorded. All participants were offered the chance to discuss with a senior if they had any worries about the scenarios.

Results/Outcomes This teaching day was in April 2019. 13 people including doctors and advanced nurse practitioners attended the day. All were involved in each of the scenarios and their feedback was collated. Overall the feedback for all the simulations was positive. 76% of participants felt their knowledge had improved from lacking confidence to being fairly confident or very confident after the simulations. Written comments suggest that participants feel they would benefit from more teaching and exposure of this. Comments given at the end of the day mentioned that this had been some of the best teaching they had had, with the simulations being very realistic.

Conclusion The feedback was overwhelmingly positive, and suggests this work needs to continue. The SimPall course, will continue to be developed and its roll out will take on board the feedback.

REFERENCES

P12 USING IN-SITU SIMULATION TO ENHANCE THE KNOWLEDGE OF UNEXPECTED DIFFICULT AIRWAY MANAGEMENT IN THE INTENSIVE CARE UNIT

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Background An unexpected Difficult Airway (DA) is a recognized emergency in anesthesia for which protocols exist (Frerk, Mitchell et al. 2015). It is a rare but potentially fatal emergency for the patient. Within the Intensive Care Unit (ICU) this is an even rarer event. The possibility of latent safety threats (LST) is high and potentially fatal. Prior to the simulated scenario there have been changes made to the local protocol for managing an unexpected difficult airway and a new algorithm has also been introduced to more junior members of the Multi-Disciplinary Team (MDT).

Summary of work We designed an in situ simulation scenario to address the unexpected difficult airway. We asked the participants to use all the equipment which they are familiar with and use the protocols which they are aware of.

This scenario was first tested at the ICU Odense University Hospital Denmark. Then adjusted and run at ICU at Guys and St Thomas Hospital London United Kingdom.

There was a post simulation questionnaire to assess the knowledge gained in both Non Technical, and Technical Skills. To capture the LSTs, the scenario was observed by an anesthetist with expertise in DA.

Results A total of 12 participated in the scenario, 8 Nurses, 2 Registrar and 2 others. They had an average of 3.42 years of ICU experience.

Participant described an overall gain in knowledge on the difficult airway from an average of 4.66 to an average of 5.58 (table 1). Furthermore there was a slight tendency towards a gain in self-confidence when doing intubation. Do to the low amount of participants we did not calculate a P value.

13 latent safety threats were documented doing the scenario.

Discussion Our study suggests that the use of in situ simulation to train rare and potentially lethal situation will help