resources were available on an online platform and students had foundational knowledge of legislation and clinical therapeutics from other parts of the degree programme. Learning outcomes were that students should have clinical and legal knowledge and skills to competently dispense health service and private prescriptions, including providing pertinent advice about the items(s) being supplied. Role-play interactions promoted active learning and occurred in a simulated pharmacy (with authentic medicinal products, labelling software and decision-making tools).1 2 Mock prescriptions were linked to a different clinical area each week. Students assumed the role of the pharmacist while staff acted as healthcare practitioners and patients (or representatives). Students dispensed health service and private prescriptions written by various healthcare practitioners (which had deliberate errors embedded) and provided verbal advice. Marking rubrics were used for assessment with mark deductions linked to potential level of harm (pass mark was 70%).1 2 Alongside grades, students received individual and class feedback.1 Reflection was encouraged through error logs and discussion about mistakes that had occurred in practice.1 2 Students’ opinions were gained using a standardised module questionnaire.

**Summary of results** Mean grade was 73.5 ± 13.2. Students considered it would ‘help a lot in the future’ and ‘built confidence’. It was ranked as their preferred method assessment as it allowed them to ‘demonstrate skills that had been learnt, and it is what pharmacists actually do.’ All students ‘strongly agreed’ or ‘agreed’ that the learning outcomes had been met, and that problem-solving skills had been developed. Staff considered it valuable but time-intensive.

**Discussion and conclusions** This seems to be an effective way for students to learn and be assessed, and has been well received by students.

**Recommendations** A case should be made for using a simulated approach to teach other roles such as pharmacist prescribing while being cognisant of the high levels of resources required.

**REFERENCES**


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**P29 TRIALLING A HIGH-FIDELITY SIMULATION COURSE ON THE MANAGEMENT OF GENERAL SURGICAL EMERGENCIES**

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**Background** Simulation based teaching is an increasingly valuable tool in both undergraduate and postgraduate medical education, helping candidates develop both clinical and non-technical skills. High fidelity simulations can help postgraduate doctors learn about the management of clinical emergencies in an immersive, yet safe environment.

**Introduction** Doctors in the equivalent of surgical senior house officer (SHO) posts have an increased exposure to acute general surgical presentations compared to at Foundation Year 1 (FY1) level, and are expected to be able to commence management of those conditions and escalate to senior clinicians appropriately. A high-fidelity ENT emergencies course has been successfully run in the Mersey deanery since 2014, with participating specialty trainees reporting a significant improvement in their confidence in the management of emergencies in head and neck surgery. However, there is no equivalent course in the region to help foundation doctors develop similar skills for general surgical emergencies.

**Summary of work** This 1-day course is to be piloted on 11 June 2019, with 6 FY1 candidates. The course will consist of six high-fidelity simulated scenarios, lasting for 20 minutes each, followed by video-assisted debrief. The debrief will focus on both the clinical management of each scenario and non-technical skills such as leadership, communication with other members of the team and appropriate escalation. There will also be a brief didactic session after the debrief which will summarise the main clinical learning points from each scenario. Candidates will be issued pre and post course questionnaires to assess the impact of the course on their confidence in recognising and commencing management of common acute general surgical conditions.

**Summary of results** Currently unavailable, pending the piloting of the course.

**Discussion and Conclusions** Conclusions drawn will be based on collated feedback from the candidates after the course has been piloted. If the feedback is positive, this course will be run regularly as a regional course for foundation doctors. In addition, a modified version of the course will be aimed at core surgical trainees.

**Recommendations** As above.

**REFERENCES**


**P30 IMPROVING PATIENT SAFETY, IDENTIFICATION OF LATENT THREATS AND SYSTEMS TESTING IN THEATRE RECOVERY USING SIMULATION AT DISTRICT GENERAL HOSPITALS**

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**Introduction** Simulation has been shown to be an effective method of improving patient safety, increasing staff performance by analysing multidisciplinary team working and caring for post-operative patients.1 We embarked on in situ simulation in theatre recovery of Darent Valley Hospital and Queen Mary’s Hospital Sidcup to deliver simulation for common post-operative emergencies across both sites monthly. We also aimed to use simulation to test our systems thereby identifying latent threats and errors in clinical environment.

**Methods** Common clinical problems from critical incidence were drawn and scenarios were selected in collaboration with different stakeholders from both sites.

**Results** The simulation training had a total of 28 Participants across both sites in a 4 month period. There was great enthusiasm and positive feedbacks from each of the