technical skills reported include effective communication, the use of the SBAR handover tool during escalation, team work and confidence to speak up in an emergency.

**Discussion and conclusions** Point of care simulation offers health practitioners a safe learning opportunity to enhance knowledge, skills and confidence in emergency situations. We aim to continue to deliver regular point of care simulation training, specific to individual ward needs.

**Wednesday 6th November, 12.35–13.35**

**P45**

**SIMULATION FOLLOWING THEORY TO EMBED LEARNING ON A CRITICAL CARE COURSE**

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Background Nurses working in Critical Care areas must obtain a certain skillset, this is a requirement from the RCPCH (2014) and PICS (2015). Traditionally theory is delivered within a classroom environment and skills acquired through clinical practice. It is important that skills can be learnt and practiced in a safe environment through simulation.

Our aim was to introduce simulation into our critical care course as part of a flipped classroom to build on the theory learnt in a practical way.

**Summary of work** In September 2018 we designed our Critical Care Course cardiovascular session around a flipped class model to allow more time for practical scenarios. Nurses utilise online education resources prior to entering a two-hour theory session. During this session knowledge is built on the pre-session work and nurses are prepared with the theory required for cardiac scenarios such as SVT, Sinus Bradycardia and cardiac arrest. Specific learning outcomes are set for each scenario for example administration of adenosine or safe cardioversion with the defibrillator. Further learning is consolidated during a supportive teaching debrief.

**Summary of results** We have delivered 3 courses so far in this way. 55 nurses from 8 hospitals attended the session, from 21 different ward areas.

Feedback was obtained using post session questionnaire to establish the usefulness of the session to their practice. 80% (n=44) of nurses completed the feedback.

91% (n=40) found the scenarios useful in embedding the theory taught. 9% (n=4) found the group size to be too large.

91% of nurses felt the scenarios reinforced learning and allowed them to see a range of patients with similar conditions. 89% (n=40) found the theory taught practical and relevant.

81% (n=40) felt the SBAR tool was useful for communication in an emergency.

81% (n=40) felt the learning delivered was relevant to their work.

All nurses would recommend this session to others.

**P46**

**THE PRODUCTION OF A PALLIATIVE MEDICINE SIMULATION TRAINING PACKAGE FOR INTERNAL MEDICINE TRAINING (PALL-SIMIM) AS A SPECIALIST TRAINEE COLLABORATIVE: PEER EDUCATION, AN OPPORTUNITY FOR DUEL COMPETENCY ACHIEVEMENT**

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Introduction Shape of Training, commencing August 2019, is a substantial transformation to postgraduate medical education. It is suggested that simulation training (SIM) can help ensure a programme of holistic and intuitive assessment (JRCPTB, 2019). ‘Managing end of life and applying palliative care skills’ is one of eight key ‘specialty capabilities in practice’ for all internal medicine trainees (IMTs).

As a group of palliative medicine trainees (PMTs) we have developed an innovative simulation package to deliver to IMTs. This offers an exciting opportunity for duel competency achievement: PMTs will develop their skills in management, teaching and feedback; whilst IMTs will gain the palliative medicine knowledge, skills and attitudes required.

**Methods** A literature review evaluated pre-existing palliative medicine SIM programs. A comprehensive review of IMT and PMT curriculum requirements was matched with SIM facilities in the region to establish the most appropriate use of resources. All PMTs were trained in SIM facilitation and debrief. Monthly meetings and three dedicated days were spent developing a day-long palliative medicine SIM package for internal medicine training (PALL-SIMIM)

**Results** SIM packages for multi-professional team members exist but none are specific for IMTs/equivalent, or the requirements specified by Shape of Training. PALL-SIMIM could cover the key competency requirements of IMTs. To accommodate 84 IMTs (maximum number in HEENE per annum), 3 PMTs would deliver PMSIMIM to 6 IMTs per day over 14 days. Therefore 42 ‘people days’ would be required, averaging 4 days per year for each of the 11 PMTs. Consultant supervision will provide quality assurance and competency assessment.

Anticipated costs included facilities (SIM and debrief accommodation, a SIM technician and recording equipment) – max £600/day, role-play actors – max £150/day, consultant time, and PMTs time. These can be covered by either the postgraduate school or central study leave budgets.

**Discussion, conclusions and recommendations** Following the successful production of PALL-SIMIM, PMTs have gained competencies in development and delivery of SIM, and management through business case production. The next steps are to pilot PALL-SIMM and subsequently make it available to all north-east IMTs. To assess behavior and perception change,