actions may change as a result. Feedback did not indicate any concern around this, and many requested more opportunity to do such scenarios.

**Recommendations** The scenario adds a management aspect to the Paediatric registrar preparation course, and could be further developed to include nursing participants, ‘planted’ junior doctors for delegation and a larger variety of clinical problems including difficult conversations or absconded patients.

### Wednesday 6th November, 14.25–15.50

**P57** *TEACHING OLD DOGS NEW TRICKS*: CHALLENGES OF FACULTY DEVELOPMENT IN SIMULATION

Nicola McLellan*, Sandra Navas*, Ushani Siriwardena, Christine Walker. University Hospital Coventry, Coventry, UK

10.1136/bmjstel-2019-aspihconf.158

**Background** An incredible challenge exists in the development and retention of faculty to support simulation-based education. Effective faculty development is critical to ensure the quality standards advocated by ASPH are met.

It is well documented that debrief is the most important element of simulation. Inadequately trained facilitators can have a negative impact on learning. Most centres take responsibility for their own development, with no standardised model of debrief recommended. Equally each centre is unique in terms of set-up, funding stream and resources.

UHCW has held a bespoke faculty development course for ten years. The debrief model taught is ‘advocacy with enquiry’. Most candidates attending this course are experienced clinicians and educators but have limited experience of non-judgemental debrief techniques. Therefore, is it possible to teach an old dog new tricks?

**Summary of work** Our course has been adapted over time to support the needs of our educators. Initially this involved a more didactic traditional approach with lecture-based teaching on adult learning theory and human factors.

The emphasis is now on the practical application of debrief skills supported by peers and expert faculty. Pre-course learning material is provided to reinforce adult learning theory, and human factors. On-going support is provided for candidates following the course.

**Summary of results** Our observation of candidates suggests there are discrepancies in initial understanding of effective debrief. Many candidates are experienced clinicians but have been trained using traditional methods of feedback including the ‘sandwich’ model, and those used in resuscitation courses. The concept of being non-judgemental can be challenging, and difficult to grasp, and clinical experience does not always equate to ability to debrief effectively. Offering a course with a largely practical component supports overcoming these challenges by offering candidates maximal opportunity to practice.

In some cases candidates are less responsive to change, and revert back to didactic methods of feedback despite support from the course.

All courses evaluate positively.

A clear concern and lack of confidence in educators’ ability to debrief effectively has been noted. Differences in teaching methods are acknowledged, and the importance of on-going practice and development.

**Discussion, conclusions and recommendations** We recognise there are clear challenges that exist around faculty development. This course is only the beginning of teaching old dogs new tricks. Experienced educators require self-awareness, commitment and regular practice to develop effective skills for debrief.

We feel that the structure of the course now meets our objectives and local need.

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**P58** LONGITUDINAL EVALUATION OF THE USE OF INTERPROFESSIONAL, INTERDISCIPLINARY SIMULATION TRAINING SURROUNDING INTELECTUAL DISABILITIES ACROSS THE LIFESPAN

1,2Hannah Iannello*, 1,2Chris Attoe, 1,2Gregoire Billon, 1,2Camilla Tooley, 1,2Karina Marshall-Tate. 1Maudsley Simulation, London, UK; 2South London and Maudsley NHS trust, London, UK; 3Estia Centre, London, UK

10.1136/bmjstel-2019-aspihconf.159

**Background and aims** Those with ID are at increased risk of comorbidity with physical and mental illness and often experience difficulty accessing physical and mental health services. Lack of knowledge attributed to lack of training for healthcare professionals negatively impact attitudes towards ID and inequalities in treatment. High-fidelity, interprofessional simulation training focusing on mental health and its interface with other disciplines has been emerging recently as a powerful educational tool as it improves clinical skills, competencies, confidence and decision-making skills.

The evaluation of most training programmes is inadequate. This failure has substantial yearly financial implications considering the health sector spends approximately £5 billion on training and development. The need for robust longitudinal evidence to support the effectiveness and usefulness of simulation training interventions is imperative. Furthermore, identifying key components of simulation training which aids learning and developing an understanding on how the training impacts has on a person’s behaviour in the workplace is an important evaluation process.

**Methods** A one-day immersive simulation training was co-produced and developed between Maudsley simulation, ESTIA centre and an acting company where actors have ID. This course was a rare example of co-production being used in simulation training for people with ID. In total, 39 participants from a range of healthcare professional backgrounds were involved in training. Pre and post course questionnaires using the Human Factors Skills for Healthcare (HFSH) instrument were collected and 9 interviews were conducted 12–18 months after participating in training.

**Results** Thematic analysis highlighted four major themes: communication, patient-centred care, reflection, and multidisciplinary team (MDT) working. Findings suggest core features of simulation training such as debriefing, the use of actors with ID, scenario design, and the facilitators impact participants learning. Significant changes occurred post training including an increase of: the use of reasonable adjustments, consideration of patents preferences, support network engagement, and awareness of patients journey through the healthcare system. Results also highlighted better communication with patients as well as communication between MDT. Lastly, findings suggest the reflective nature of simulation training increases confidence levels and competencies.
Conclusion The co-production and delivery of the training of those with ID and experts is a unique training modality which has a powerful and important impact on learner’s experience and memory. The current research contributes to the growing literature around the effectiveness of simulation training on ID however future research, is needed on a larger scale to support the current findings.

Discussion The process is very much formative. HILS are now working on the recommendations from the report and are accredited for 3 years. 

Conclusions The accreditation, application and audit was a rigorous process but the panel were very supportive and helpful throughout the process.

Recommendations To ensure a smooth process we would recommend checking off the guidance criteria and start collecting evidence required to support the application as that can be time consuming.

REFERENCES
1. HILS www.heyhils.co.uk
2. ASPIH www.aspih.co.uk

P59 SHARING THE EXPERIENCE; ACHIEVING THE ASPIH ORGANISATION ACCREDITATION
Donna Major*, David Wright, Makani Purva. Hull Institute of Learning and Simulation (HILS), Hull, UK

Background In November 2018 the Hull Institute of Learning and Simulation (HILS) became the first centre within the United Kingdom to be awarded the ASPIH Accreditation. Here we share the experience of that journey with intentions of helping others with their applications.

Summary of work The initial stage was ensuring that HILS fulfilled the criteria for the organisation accreditation. The standards framework and guidance from the ASPIH website lists the criteria - four modules;

1. Faculty,
2. Technical Personnel,
3. Activity,
4. Resources

Once confident that the requirements could be met, the application form was completed. The application requires the organisation to justify how they meet the criteria for each area, backed up with evidence. Some evidence included with the application is listed below:

- 2 Years of Activity
- Course Programmes
- Scenario Design Templates
- Sample Scenarios
- Faculty Training
- Statistical Reports–Footfall, Usage

Following submission of the application, it was reviewed by ASPIH panel members before arranging an audit of the centre. HILS were tasked with arranging a room for the visit. The panel ask that the centre arranges delegates, faculty and staff members who could be interviewed by the panel, this was limited opportunities in the real clinical setting, as the Obstetrics and Gynaecology placement should be increased to at least two sessions over the four-week placement and gave other useful suggestions of how the simulation project can be improved.

Recommendations The process is very much formative. HILS are now working on the recommendations from the report and are accredited for 3 years.

Conclusions The accreditation, application and audit was a rigorous process but the panel were very supportive and helpful throughout the process.

Recommendations To ensure a smooth process we would recommend checking off the guidance criteria and start collecting evidence required to support the application as that can be time consuming.

REFERENCES
1. HILS www.heyhils.co.uk
2. ASPIH www.aspih.co.uk

P60 FILLING THE GAP: A SIMULATION COURSE FOR FOURTH YEAR MEDICAL STUDENTS TO ENHANCE UNDERSTANDING OF OBSTETRIC EMERGENCIES
Ciara Carpenter*, Susan Rowlands. Lancashire Teaching Hospitals NHS Trust, Liverpool, UK

Introduction Obstetrics is a team-based high-risk speciality, where litigation is high. Teamwork failings contribute to adverse outcomes for mothers and babies, therefore, good multiprofessional teamwork is essential. Furthermore, team simulation training in obstetrics has been shown to improve neonatal outcomes following obstetric complications. Simulation training is used increasingly for training undergraduates as it allows students to consolidate their learning and use their skills and knowledge in practice. Although specialised, the clinical and non-technical skills required for the management of obstetric emergencies including post-partum haemorrhage (PPH) and sepsis are transferable to any emergency.

Methods/Project description An obstetric simulation was designed for 4th year medical students at the end of their Obstetrics and Gynaecology placement. Groups of 3–5 students underwent simulated scenarios (lasting 10–20 minutes) with a high-fidelity, integrated mannequin (CAE systems Lucina©) covering PPH, sepsis and eclampsia. Following the scenarios, students participated in a debrief focusing on clinical aspects and the non-technical skills required in each situation. An anonymous online feedback questionnaire was sent out to students at the end of the academic year to gain an insight into opinions on the simulation and how it may be improved.

Results Students were extremely positive about the simulation, and felt strongly that it helped consolidate knowledge, helped with non-technical skills, and students felt they would use the knowledge gained from the simulation in their future practice. Students appreciated ‘actually putting into practice theoretical learning’ and felt that ‘it [simulation] gives you the chance to really experience a situation, rather than just reading about it. And in a safe environment’. Students expressed that the simulation component of the Obs and Gynaec placement should be increased to at least two sessions over the four-week placement and gave other useful suggestions of how the simulation project can be improved.

Discussion Overall, the simulation sessions were a success. Student’s feedback was positive, and they demonstrated improved self-reported knowledge and confidence following the sessions. The positive response to simulation may be, in part, due to limited opportunities in the real clinical setting, as the Obs