P75 BEYOND EDUCATION: MAXIMISING THE IMPACT OF IN-SITU SIMULATION IN INTENSIVE CARE

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Introduction Inter-professional in-situ simulation has been an integral part of the ICU education programme at the Royal Berkshire since 2015. Simulation has become a well-established, routine part of the working of our unit running twice a month. Participants’ feedback has always been positive. We aspired to build on this, extend the reach of our simulation programme and seek to maximise its impact on patient safety.

We describe how we have used our in-situ simulation to develop organisational learning in our unit and manage latent threats.

Method Our approach to extend the reach of our simulation and maximise impact on patient safety has been multifaceted. In 2016 we started producing a newsletter which is used to disseminate the learning points of the simulation and key features from the debrief to members of the team which have been unable to attend. This is disseminated to all team members via email, and a number of copies are printed and displayed in the department and coffee room.

In addition to the inter-professional education aims of the simulation programme, we are using the simulation programme to identify latent threats present on our Intensive Care Unit. Running scenarios in stocked and prepared vacant bed-spaces, and using disposables, equipment and medicines with simulated patients in the same way they are for real patients has enabled the processes and systems in our unit to be tested.

Results In the 24 months from September 2016 to September 2018 we identified 16 latent safety threats through the use of simulation. These ranged from staff knowledge on the use of certain equipment to environment to problems with the setup and layout of the department. We identified six latent threats due to the environment, five due to equipment issues, and five related to knowledge and education. These have been shared with staff via the newsletter, and where possible, rectified after the simulation and where necessary escalated via the hospital incident reporting system.

Conclusion The benefits of in-situ simulation can extend beyond simply educating the participants. We have used our simulation programme to develop our department as ‘a learning organisation’, educating ourselves about the working dynamics of our department and revealing latent safety threats. This has enabled us to increase staff awareness of these issues via our newsletter and take steps to mitigate them - making our department safer.

REFERENCES


P76 BRIDGING THE GAP: USING INTERSPECIALITY HIGH FIDELITY SIMULATION TO IMPROVE SKILLS IN ADOLESCENT EMERGENCY MEDICINE

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Aim To use interspeciality teaching and simulation to improve confidence and knowledge of how to manage common adolescent presentations to the ED.

Summary of work The research team developed a one-day teaching programme consisting of mixed teaching modalities (lecture, case-based discussions and simulations). The learning objectives were tailored to the curriculum for paediatric and emergency medicine trainees with input from local experts in adolescent health. A multi-disciplinary faculty facilitated, including clinicians from paediatric emergency medicine, emergency medicine, paediatrics, CAMHS (Child and adolescent mental health services) and a specialist organ donation nurse.

A total of eight high fidelity simulations were developed and delivered covering adolescent trauma, DKA, intoxication, the aggressive adolescent, HEEADSSS (psychosocial) assessment, confidentiality, capacity and utilising the Mental Health Act. Amateur actors were employed to enhance fidelity.

A pre and post course questionnaire was utilised to assess confidence levels and gain qualitative data. Candidates were asked how confident they were in assessing and managing specific scenarios, 0% indicating no confidence to 100% implying complete confidence. This included confidence in using the HEEADSSS assessment, assessing capacity in adolescent patients and confidence in chemically restraining an aggressive adolescent patient. Pre and post course mean were calculated.

Results 36 participants attended with 86% (n=31) completing the pre-course questionnaire and 95% (n=34) completing the post course questionnaire. An increase in confidence and knowledge was seen across all domains for all trainees, with an average overall improvement of 30%. The greatest increase in confidence was noted in managing an aggressive adolescent with verbal de-escalation (55.8% vs 82.1% pre and post), managing an adolescent refusing treatment (43.9% vs 80.6% pre and post) and psychosocial evaluation using the HEEADSSS assessment tool (26.2% vs 81.8% pre and post). Feedback was universally positive. Comments included ‘Very well run, relevant and interactive, learned so much’ and ‘fantastic course. Covered areas I didn’t know I was lacking in.’

Delayed feedback at 3 months showed sustained confidence across all areas and evidence of new skills learned being used in clinical practice – in particular use of the HEEADSSS assessment tool. All candidates would recommend the course.

Conclusion/Recommendations This study identifies that interspeciality teaching and simulation improves confidence and knowledge of adolescent emergency medicine presentations. To the best of our knowledge no such course exists in Northern Ireland or Ireland specifically focusing on Adolescent Emergency Medicine. The feedback strongly suggests specific adolescent teaching should be considered for all EM and paediatric trainees.