

P16 AN EMERGED AGENDA TO INTENSIFY RESEARCH STRATEGIES OF SIMULATION IN HEALTHCARE OF HONG KONG

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Background A workgroup of nursing faculties of the Open University of Hong Kong was established to develop a research agenda of simulation healthcare in Hong Kong. The research agenda aimed to identify diverse research problems in ad hoc areas of nursing education and local communities. The modified Delphi technique was adopted in this project.

Summary of work The 5-round of Delphi process started from August and ended in December 2017. The Delphi facilitated nursing faculties to generate their initial research problems independently in round one and to combine their responses into group consensus via a reiterative multi-round process. Initial topics were made up of the analysis of the pooled research questions via group discussion in round two. In round three, two or three nursing faculties in small groups reviewed the results of the analysis of round two's responses to compare with other research agendas until collective opinion gained on topics and research questions. In round four, themes, and subthemes with embedded research questions were made up of the analysis of the results of round three. The preliminary research agenda from round four was cross-checked by two nursing faculties to rule out any irrelevancies and duplications in round five. The research agenda was made finally.

Summary of results 55 research questions were generated in round one, and those questions were allocated to initial topics in round two. In round three, the responses from round two were compared and contrasted against those in other research agendas to expand topics and pooled questions to 112. In round four, the themes and subthemes were allocated with particular questions. In round five, the finalized research agenda consisted of three primary themes and seven sub-themes with 52 research questions.

Discussion and conclusion The high-fidelity simulation should be conducted as one of the learning strategies to mimic the process of realistic clinical situations for nursing education's enhancement. Therefore, three consensus themes are committed to embedding simulation into nursing curriculum, designing effective simulation-based education and expanding simulation education in the broader world in future. To conclude, it is the first research agenda for simulation in healthcare of Hong Kong to organise future research activities, develop research sources, prepare and support teaching and learning in nursing education with local counterparts.

P18 SHOULD WE BE EXPOSING MEDICAL STUDENTS TO SIMULATION EARLIER IN THEIR TRAINING?

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Background At most medical schools in the UK, students begin their clinical placements during the third year. However simulation training does not enter the curriculum traditionally until the fourth and fifth years. Through reflection of personal

experience and talking to current students, it was thought that earlier exposure to simulation may aid and accelerate understanding of how to manage an acutely unwell patient.

Summary of work With six 3rd year medical students during their first placement, we split the group in half with three undergoing teaching in a traditional small group setting; whilst the other three entered the simulation room and were met with an acutely unwell patient. Each group were given the same presenting complaint. After two sessions the students gave feedback on how they rated their knowledge on approaching a critically unwell patient, how confident they would be if asked to review an acutely unwell patient and how confident they would feel leading a team in a clinical situation. The students then swapped and were taught with the alternative method before completing a final questionnaire.

Summary of results Overall the students demonstrated an increased confidence with their approach to an acutely unwell patient. Questionnaire results showed that those that started with simulation teaching followed by small group teaching showed an increase in confidence, but a more dramatic increase in confidence was displayed from those whom underwent small group teaching first.

Discussion and conclusions Although the statistical data from our study showed that students felt more confident with the simulated patient after some traditional small group teaching; our focus group conversations later demonstrated that the students preferred simulation teaching. The feedback from students told us that although they found the simulation intimidating at first; they enjoyed the real-time pressure of prioritising investigations and treatment. We discovered that small group sessions are perhaps better at teaching the science and theory but that the hidden curriculum and human factors picked up in simulation was deemed important by the students.

Recommendations To better understand the benefits of introducing simulation training at an earlier stage of medical school, the study needs to be repeated with more students. As a district general in North Wales, Wrexham Maelor Hospital has a small cohort of medical students rotating through at any one time. The next step would be to roll out our program to areas of Wales, like Cardiff, where their student numbers are much larger

P19 USE OF HIGH FIDELITY SIMULATION AS AN EFFECTIVE AND ACCEPTABLE METHOD OF TRAINING COMMUNITY PALLIATIVE CARE SPECIALIST NURSES: A PILOT PROJECT

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Background In Northumbria we have set up a new team of rapid response community Specialist Palliative Care nurses. New team members with varying experience in this role have been appointed, identifying various educational needs to develop new skills. We undertook this pilot project to establish whether these needs could be met through training using high-fidelity simulation. Simulation training has been described extensively in many settings but, to our knowledge, not in this context.

Summary of Work Three palliative care scenarios (assessment of bowel obstruction, chest infection and a dying patient) were developed using a high-fidelity manikin in a simulation suite replicating a patient's home. These scenarios are ones which arise commonly, and address identified learning outcomes. The scenarios were deliberately chosen to replicate the complexities encountered by nurses as part of their roles, including clinical assessment, examination, decision making and communication. 4 study days were undertaken with 3 nurses on each occasion. Each led on a scenario, whilst the other 2 observed. A debrief followed. The nurses completed evaluation forms on their confidence levels before and after the study day, how realistic the scenarios were, how helpful they found the debrief and whether they would recommend this type of learning experience to their colleagues. They could also provide free text comments.

Results The majority of participants strongly agreed that the cases were a realistic representation of those that they encounter in their usual practice. 10 of the 12 participants felt that their confidence in managing these scenarios had improved following the simulation study day. The remaining 2 participants felt their confidence was the same which they rated as 'good' (4/5 on Likert scale). All participants either strongly agreed or agreed that they felt more confident at managing these scenarios for real. 10 out of 12 participants strongly agreed that the debrief was helpful, and that they would recommend this style of teaching to their colleagues. Free-text comments were generally very supportive of this method of teaching, with little that candidates would like to change about the training days.

Conclusions Simulation training for specialist palliative care nurses is an effective and acceptable method of training. Simulation training is an effective method to simulate community scenarios.

Recommendations Simulation can be used in the training of community specialist palliative care nurses.

P20 DEBRIEFING THE DEBRIEFER

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Background Educators who want to learn to deliver simulation based education (SBE) often attend one day train-the-trainer courses, which are designed to provide an overview of SBE and teach debriefing skills. It is possible for educators to do longer course at centers for higher education, or fellowships in SBE. However, these can be time consuming and expensive. As such, many educators rely upon short courses to teach them what they need in order to become simulation faculty.

Debriefing skills are integral to SBE, and highly regarded as the most important educational opportunity of a simulation session (Issenberg *et al.*, 2005). The quality of the debrief is dependent on the ability of the educator and directly impacts the educational outcomes of the teaching session (Cheng *et al.*, 2017), with poor debriefing being known to have negative effects on the learner.

Summary of project Debriefing sessions, on Emergency Medicine simulation training days, were carried out by an expert faculty member coupled with a novice. None of the novices

felt confident that they had developed the required skills on their train-the-trainer courses to enable them to lead a debriefing session without further support or training. Novice faculty were first given the opportunity to observe expert faculty during one debrief. They were then enabled to lead a debrief, supported by expert faculty. The expert would debrief the novice to unpick any challenges or difficulties they had faced. This was followed by a teaching session on points that the novice felt they needed e.g. techniques and models of debriefing. The novice then led a second supported debrief with the course candidates. A further debrief on their performance was done following this.

Summary of results The debriefing skills of novice debriefers subjectively improved after the debriefing the debriefer intervention according to the expert debriefers.

'I [novice debriefer] find that having regular debriefing the debriefer sessions means that I can improve my abilities and monitor my progress towards becoming an expert.'

Novice debriefers also reported increased confidence in their ability to lead a debrief.

Discussion In order to ensure longevity of teaching programs it is essential to help develop new faculty into educators who are capable of, and feel comfortable with, facilitating debriefing sessions independently. Running debriefing the debriefer sessions during teaching days enables ongoing faculty development to this aim.

REFERENCES

- Cheng A, Grant V, Huffman J, *et al.* Coaching the debriefer: Peer coaching to improved debriefing quality in simulation programs. *Simulation in Healthcare* 2017;**12**:319–25.
- Issenberg SB, Mcgaghie WC, Petrusa ER, Gordon DL, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: A BEME systematic review. *Medical Teacher* 2005;**27**:10–28.

P21 A SIMULATION FACULTY RECRUITMENT CRISIS: ARE SIMULATION FELLOWS THE ANSWER?

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Background Simulation based education (SBE) is a mandatory part of the Foundation Programme. At West Hertfordshire NHS Trust we provide SBE for over a hundred foundation doctors annually. As pressures of clinical commitments and rota gaps increase, recruiting appropriately trained faculty has become extremely challenging.

Summary of education programme During the academic year of 2017–2018 we recruited six core/specialty trainees as Associate Simulation Fellows (ASF) in an attempt to combat this recruitment crisis.

Each fellow attended in-house faculty development training and facilitated at least 8 half day sessions. The programme modules included scenario design, mouldage, debriefing and a quality improvement project (QIP).

The fellows were supported by a named Educational Supervisor and the Simulation Manager and the programme was extremely cost-effective, with no additional financial burden on the Trust.

Discussion, conclusions and recommendations Simulation is a well-recognised component of postgraduate medical education. The GMC's Good Medical Practice guide stipulates that doctors should be 'prepared to contribute to teaching and training

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