

- Completion of the SAGAT and SART tools was straightforward (1,103 SART data points complete from a possible 1,110).
- Analysis of the SAGAT and SART questionnaires is ongoing.

Conclusions SAGAT and SART are valid and usable tools for the measurement of SA in simulation training for multidisciplinary teams in ICU.

SAGAT pauses added richness to the discussion of situation awareness in the debriefing and highlighted discrepancies in SA between team members that were used to direct learning.

The SAGAT and SART tools could be used to design and quality assure training to improve SA in ICU.

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THE IMPACT OF MONTHLY MULTIMODAL THEME-BASED POSTGRADUATE EDUCATION IN A BUSY OBSTETRICS AND GYNAECOLOGY DEPARTMENT

Elizabeth Egbase*, Janis Ferns*, Sujatha Thamban, Jennifer Elliot, Nick Clarke, Surajat Saddiq. *Barts Health NHS Trust, London, UK*

10.1136/bmjstel-2018-aspihconf.49

Background Educational psychology shows learning is a process of integration; learners connect facts and ideas to construct meaning. The current shift-based structure of the NHS has negatively affected post graduate medical education and training in specialities with high out of hours workloads. The 2010 Temple Report recommends making ‘every moment count’ highlighting the benefits of using clinical cases and simulation-based training to accelerate learning. The challenge is to establish and integrate high quality, acceptable and accessible post-graduate medical education within a busy department.

Programme ‘Monthly Educational Theme (MET)’ is a pilot theme-based education programme currently running at Whipps Cross Hospital which delivers 5000 babies a year. Themes are aligned with The Royal College of Obstetricians and Gynaecology curriculum, and learning outcomes from serious incidents as means of embedding change of practice through training. The programme is distributed at the start of the month, comprising of weekly didactic lectures on guidelines or cases, bi-monthly journal club and simulation -based training. Teaching is delivered by junior doctors and simulation facilitators who have expertise in this modality. The educational themes to date are: Hypertension; Sepsis; Haemorrhage; Fertility and Intrapartum care.

Results The programme has recently been embedded and data from April 2018 where the theme was ‘Think Intrapartum Care’ has been analysed. There were 41 doctors working in the Obstetrics and Gynaecology department, 66.8% attended at least one teaching session with 47% attending more than half of the teaching sessions. All sessions had attendance from the Multidisciplinary team and with midwives comprising 79% of attendance at simulation based training this month. The simulation sessions were highly rated: 90% strongly agreed that the session met their learning needs and 73% strongly agreed the session were a catalyst for reflection on their practice.

Discussion Initial results suggest that sessions are high quality and the theme-based programme is well received. Thematic learning allows for integration of concepts within various learning experiences. The multimodality appeals to all learning

styles. Advantages of theme-based teaching are well documented enabling learning to extend beyond individual sessions. Junior doctors delivering teaching creates a community of learners and because topics are clinically relevant, participants are able to construct individualised meaning from the content. Simulation fosters active experimentation and application to clinical practice. This pilot project is improving access, acceptability and quality of medical education and training, further research into its long-term effectiveness and reliability as an educational programme is planned.

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SAVING TREVOR: EMERGENCY PHYSIOTHERAPY

Karen Brewin, Elizabeth Hardingham, Greg Mavin*, David Rowe, Suzanne Saxton, Michael Simpson*. *Northumbria Healthcare NHS Foundation Trust, North Shields, UK*

10.1136/bmjstel-2018-aspihconf.50

Background All Trusts providing acute medical and surgical services should ensure patient access to physiotherapy 24 hours a day, seven days a week. The service should be staffed by physiotherapists who have competency ensured through a combination of theoretical and practical application of clinical reasoning and clinical skills.¹ In 2017, Northumbria Healthcare NHS Foundation Trust introduced simulation training to the physiotherapists who work emergency on-call.

Summary of education programme or project We designed small group simulation training based on real-life cases that challenge clinical reasoning skills and combine theory with practical application. With a shielded Sim-Man controller and facilitator in the room, staff are provided with medical histories and asked to assess patients. Patient diagnoses include Chronic Obstructive Pulmonary Disease, Pneumonia, Lung Cancer, Pulmonary oedema, Bronchiectasis, Obesity Hypoventilation Syndrome, post-operative hemicolectomy and fractured ribs. Cases include ventilated and non-ventilated patients.

Assessment skills include interpretation of vital signs, auscultation, assessing Glasgow Coma Scale (GCS) score, assessing cough strength and arterial blood gas interpretation. Staff are facilitated to formulate problem lists and treatment plans.

Treatment skills include manual and mechanical methods to decrease work of breathing, aid sputum retention, increase lung volume and improve type I and type II respiratory failure. Medical device competencies are assessed using positive pressure devices, suction, insertion of oro-pharyngeal and naso-pharyngeal airways, taking arterial blood gases, administering oxygen therapy and tracheostomy management. Physiotherapists respond to deteriorating patients including changes to vital signs, auscultation, cough, and GCS.

Communication with the Sim-Man is encouraged to practice important communication skills with acutely unwell patients.

After each case, Faculty staff meet to discuss additional themes that have emerged during Simulation that need adding to the prepared debrief session. This opportunity is also used for trainee reflection on their own performance, to provide positive feedback to staff and to improve confidence in their competence.

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