

on direct observation and focused feedback to reinforce the skills acquired in the simulated setting.

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SC30

THE DEVELOPMENT AND EVALUATION OF THE CARE & CLINICAL SKILLS ASSESSMENT TOOL (CCAST) FOR USE IN ALL HEALTH AND SOCIAL SETTINGS ACROSS DONCASTER

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Background An established Clinical skills (CS) assessment tool had been used to assess competence in a range of clinical skills in an acute trust since 2009 and a local mental health trust since 2013. Simultaneously it became clear to clinical skills facilitators from both organisations a review of the existing tool was required due to feedback and anecdotal evidence of shortfalls in the tool's adaptability as well as the licensing cost of the tool.

The motivation for change remained to ensure use of an assessment tool which is structured, robust and reliable, and, ensures patient and staff safety is maintained when procedural skills are being performed.

Summary Literature searches were performed, many existing tools were considered. The facilitator from the mental health trust shared her work with the acute trust and concluded working together on one tool would be an efficient approach and aid cross agency working. Following on from project work across Doncaster, personnel from primary and social care joined the collaboration to produce CCAST (Care and Clinical skills ASsessment Tool) suitable for use by all health and social care settings across the Doncaster footprint with the first meeting of all agencies in November 2017.

Results Preliminary data from the roll out across the Mental Health Trust suggested an increased compliance with competence assessment and positive feedback regarding the ease of use of the tool. Following this pilot, changes were made in collaboration with all agencies.

Discussion The pilot results revealed themes such as increased flexibility due to a broader scoring system; reduced subjectivity on the part of the assessor and the tool clearly shows achieved competence and areas for further growth

Recommendation To implement CCAST across the Doncaster locality gathering data from the start. User feedback will be obtained via 1:1 interviews using purposive sampling of the assessments performed across all care settings.

Findings will be reported at conference.

Formal publication of this project work showing how one tool can be developed to be suitable for use in the assessment of competence in any skill in any health and social care setting enabling movement of staff between

organisations with the assurance of level of competence and, demonstrating the benefits of joined working – 'Maximising Impact'.

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SC31

FLYING SIM: INTERPROFESSIONAL IN SITU SIMULATION

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Background Flying Sim is an interprofessional simulation training course delivered *in situ* which is aimed at developing the assessment and management of the acutely unwell patient and improving interprofessional working and communication in a realistic environment. Flying sim was developed to meet the increasing demand for interprofessional learning within undergraduate medical education and Northumbria Healthcare NHS Foundation Trust (NHCFT) work force.

Summary of education programme or project Flying sim was run 15 times over a 4 month period. Outcomes were agreed and developed in partnership with educational leads for the participating disciplines. The outcomes were split into 2 categories: 'Clinical outcomes' and 'Interprofessional Outcomes'. Participants included undergraduate medical students (42) and nursing students (15); postgraduate nurses (8), and allied healthcare professionals (AHP) (18). A simulated patient was chosen to use for the sessions to add realism and gain a patient perspective.

Summary of results Participants (83) were asked to give free-text feedback directly after each session and complete an anonymous survey using Survey Monkey 1 week later. This enabled us to evaluate their interprofessional experience and the impact of *in situ* learning on their day-to-day work. The survey consisted of 8 questions and free-text feedback. Of the participants who responded, (82%) stated that attending interprofessional *in situ* training supported them in their job, and (88%) either 'strongly agreed' or 'agreed' that shared learning helped them understand other professional roles better.

Free-text feedback was mostly very positive with some suggestions for further improvement.

Discussion, conclusions and recommendations Early results show there is a need for *in situ* interprofessional simulation; it is relevant to clinical roles, and increases understanding and appreciation of the roles of other disciplines. Results would have been more reliable if all participants responded to the survey and more specific questions were posed.

The course has been embedded in the 5th year undergraduate medical education timetable. However, we need to consider how to develop a committed faculty from other disciplines in order to sustain and develop future Flying Sim courses.

Expressions of interest from other directorates suggest there is scope to develop easily accessible interprofessional training further, which will require further support and on-going commitment from the Trust and clearly identified interprofessional educational leads. Future sessions will aim to incorporate the simulated patient's feedback in order to gain a patient perspective.

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