

ICU, ISS is undertaken as an IPE intervention, allowing doctors and nurses to train together in the clinical environment. This evaluation explores how the ISS programme produces interprofessional outcomes for different staff groups, whether undertaking simulation in the clinical environment impacts this, and what features of the programme help make inter-professional simulation effective.

Methods: A qualitative realist evaluation approach was adopted to create and then test hypotheses about how the ISS programme might work to produce interprofessional learning [1]. These Initial Programme Theories (IPTs) were constructed using documentary analysis and from discussions with the designers and facilitators of the ISS programme. Ten IPTs were tested and refined by two methods. PubMed was searched to identify potential mechanisms which might facilitate or impede interprofessional learning [2]. At the same time, qualitative data collection, consisting of non-participant observation of ISS, semi-structured interviews and an interprofessional workshop was undertaken in Whiston Hospital ICU staff. Triangulation of qualitative data and the literature was used to test and refine IPTs.

Results: One Non-Participant Observation was undertaken. Two doctors, three nurses and one medical student were interviewed, and four doctors and six nurses attended an interprofessional workshop. Iterative refining of IPTs using computer-assisted qualitative data analysis software (NVivo) [3]; allowed the identification of three relevant contexts (a busy ICU with high clinical acuity, the clinical environment of the ICU, and new/junior vs. experienced/senior participants) and four mechanisms which facilitate successful interprofessional ISS. These were 'Planning and Logistics', 'Interdependence', 'Embodiment' and 'Psychological Safety'; this allowed the generation of two middle-range theories:

1. In a busy ICU with high clinical acuity, a well-planned ISS allow staff from different healthcare professions to participate without distractions from clinical work.
2. Well-designed ISS encourages interdependence among healthcare professionals, clarifies different professional roles, and promotes the transfer of interprofessional skills to practice.

Discussion: ISS is a valuable tool in IPE. To be successful it requires careful planning and organisational support. Emphasis should be placed on ensuring a diverse but equitable mix of professions, with interprofessional instructional design of scenarios to create simulations which cause interdependence between different professions to solve clinical problems and engender embodiment in participants to improve role clarity and transfer to practice.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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ORIGINAL RESEARCH

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A REALIST EVALUATION OF AN INTENSIVE CARE INTERPROFESSIONAL IN-SITU SIMULATION PROGRAMME

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10.54531/EIJZ1979

Introduction: Interprofessional Education (IPE) helps improve collaboration between different professionals working in Intensive Care Units (ICU) improving clinical outcomes and staff well-being. In-situ simulation (ISS) has been increasingly used in ICU settings to reproduce real-life clinical issues. In Whiston