

confidence in dealing with the clinical scenarios increased from 1.8 out of 5 (whereby 1 denotes not being confident at all and 5 represents being very confident) to 4.2. Learners can suggest further topics to cover and these are used to plan the next ISS sessions. Through these ISS sessions, we have distributed 5 learning bulletins, as well as exposed latent safety threats which have been raised and acted on within the department. Examples of these some of the threats identified include location of adult drug box, revision of whiteboards in resus and need for ligature cutters.

Discussion: We have demonstrated that ISS can be embedded into the daily workplace of a busy paediatric emergency department. To successfully deliver ISS, a group of motivated and skilled facilitators can easily deliver frequent short sessions when the correct tools are easily available to them. Our ISS sessions demonstrate that, despite how stretched staff in emergency departments may be, they appreciate opportunities to learn and can help identify safety issues. This in turn will improve staff morale, quality of care and patient satisfaction.

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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IN PRACTICE

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EMBEDDING IN-SITU SIMULATION AND IDENTIFYING LATENT SAFETY THREATS IN A BUSY PAEDIATRIC EMERGENCY DEPARTMENT

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Introduction: In-situ simulation (ISS) is widely recognised to improve team working and to identify patient safety threats [1-2]. Anecdotally, the greatest barrier to overcome in delivery of ISS is workload and availability of facilitators. Our aim was to establish ISS within the everyday work environment as an opportunistic learning session.

Methods: A group of 10 facilitators were recruited to the scheme. Each were given a briefing document and access to a bank of scenarios. 2 facilitators itemised equipment already available in the department. ISS sessions were opportunistically delivered when workload allowed by 2 or more facilitators, and roughly occurred on a fortnightly basis. Learning outcomes were disseminated to the department via email after the session and facilitators held responsibility to address safety threats.

Results: Over a period of 6 months, we have successfully delivered 11 sessions with different clinical themes to 44 staff members (doctors, nurses, physician associates, nursing associates, trainee Nurse Practitioners). On average, the