

## IN PRACTICE

A75

**EMBEDDING INTER-PROFESSIONAL  
SIMULATION-BASED EDUCATION IN THE  
EMERGENCY DEPARTMENT**

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**Introduction:** Interprofessional education (IPE) has been advocated on a global scale as an approach to improve collaborative practice and health care delivery [1]. A central tenet of IPE is if professions learn interactively together, they will develop the skills and knowledge to work more effectively with each other in clinical practice. Simulation-based education (SBE) is a rapidly evolving pedagogy within IPE. SBE offers participants the opportunity to learn in a controlled, psychologically safe environment. An indispensable component of all SBE is a structured debrief; to consolidate reflective interprofessional learning [1]. An emergent branch of SBE is In Situ Simulation (ISS). Literature included in a systematic review by Fent et al. (2015) [2] suggests the technique; which involves interprofessional teams managing simulated patient care scenarios in the actual clinical settings in which they work, improves clinical skills and interprofessional teamwork.

**Methods:** An interprofessional faculty was established across two Emergency Departments in our Trust by a small, multidisciplinary team with a special interest in the benefits of SBE. All faculty members were trained in a debriefing tool; ensuring our simulation delivery, including pre-briefs and debriefs were standardized. A bi-monthly simulation program (Table 1-A75) was devised and advertised across both departments. Participation was welcomed from all ED specialties. Simulations were delivered in either a protected simulation environment or, when department acuity permitted, in-situ. Additionally, relevant disciplines were invited to participate in specific simulations, augmenting learning and collaborative practices. Staff were incentivized with certificates detailing CPD hours for portfolios. Nursing staff were given time in lieu for attendance.

**Table 1-A75.** Schedule

24/03/2022	Status Epilepticus
07/04/2022	Traumatic Cardiac Arrest
21/04/2022	Complete Heart Block
05/05/2022	Unstable Tachyarrhythmia
19/05/2022	Emergency Delivery/Neonatal Resuscitation
06/06/2022	Obstetric Emergency (Eclampsia)
16/06/2022	Rapid Tranquilisation Of Psychotic Patient
30/06/2022	Massive Transfusion Protocol (GI Bleeding)
14/07/2022	Congestive Cardiac Failure – Unstable
28/07/2022	Life-threatening Asthma
11/08/2022	Silver Trauma
25/08/2022	Eye Emergency
08/09/2022	Difficult Interactions With Colleagues, Patients Or Relatives
22/09/2022	Hypertensive Emergency
06/10/2022	Vertebral Artery Dissection
20/10/2022	Procedural Sedation And Adverse Outcomes
03/11/2022	Pneumothorax
17/11/2022	Paediatric Sepsis
01/12/2022	Elderly Abdominal Pain/ AKI/ Hyperkalaemia
15/12/2022	Perimortem C-Section (Resuscitative Hysterotomy)
05/01/2023	Massive P.E.
19/01/2023	Hypothermic Emergencies
02/02/2023	Ectopic Pregnancy
16/02/2023	Seizures Due To Electrolyte Disturbances
02/03/2023	Red-Flag Headache
16/03/2023	Toxicology And Refusing Treatment
30/03/2023	Aortic Dissection/ Aneurysm
13/04/2023	Head Injury

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**Results:** Pre-and-post simulation feedback evidenced improved confidence with management of the clinical conditions being demonstrated. Over the course of the program, feedback was received from 239 participants. Of those, 238 would recommend attendance of a simulated scenario to a colleague.

Learning from the delivered simulations was amalgamated by one of the ED consultants and disseminated through safety briefings and short learning videos via our ‘My Emergency App’ platform.

**Discussion:** A patient safety culture shift was observed as multi-disciplinary staff increasingly engaged with the simulation events across both sites. A myriad of safety improvements was introduced from key themes and latent safety threats identified by learners through debrief processes. Circulation of salient learning points enabled staff who were unable to attend the simulation events to tangibly share learning [3], with the primary aim of delivering high quality, safe and effective clinical care to our patients.

**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.

## REFERENCES

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