

IN PRACTICE

A89

**HALO: HIGH ACUITY LOW OCCURANCE
PROCEDURAL SKILLS TRAINING FOR
EMERGENCY MEDICINE**

Katherine Williamson¹, Stephen Cooper²; ¹University Hospital North Tees and Hartlepool NHS Foundation Trust, Stockton, United Kingdom, ²NHS England Workforce, Transformation and Education North East North Cumbria, Newcastle, United Kingdom

Correspondence: katherine.williamson4@nhs.net
[10.54531/KFYZ1045](https://doi.org/10.54531/KFYZ1045)

Introduction: In 2019 the Royal College of Emergency Medicine released a SLO 6 curriculum requirements outlining several procedural skills required for emergency medicine [1]. This key emergency skills are recognised as time critical and/or life or limb saving. The skill set for these tasks is appropriate for a simulated environment and exposure to task via a mastery learning simulation and repeated deliberate practice throughout training and after. These skills include resuscitative hysterotomy, lateral canthotomy, pericardiocentesis and front of neck access.

Methods: The Acute School in the North East runs a dedicated HALO simulation training day as part of the regional teaching programme day has a region wide faculty including emergency medicine consultants and speciality consultants. There are 8 procedural skill and 2 simulation scenario stations. To meet the large classroom capacity and the two simulation suites/staff required, the day utilises the MELISSA (Mobile Education Learning Improving Simulation Safety Activity) bus [2]. The skills stations use a combination of procedure specific task trainers, a haptic perimortem C-section trainer (C- Celia) and 3d printed task trainers for lateral canthotomy. Surveys are sent to trainees prior to the course to ascertain training years for group allocations and an evaluation survey containing Likert and qualitative statements conducted after the session.

Results: There were 32 trainees in attendance in 1st year, 49 in the 2nd year, representing 60% of trainees in the programme in the first year with 75% in the second year of running (trainees on full 24 hours rotas so not required to attend on night shift and annual leave commitments). The overall course evaluated highly with all stations receiving >90% good or very good scores. The maternal cardiac arrest simulation averaged 4.88/5 scores and the front of neck access facial trauma simulation 4.90/5 score. The stations with specialists received more very good evaluations.

Discussion: The HALO training day is now a fixed training day within the emergency medicine training programme in the northeast and north Cumbria. The attendees and faculty evaluate the day highly, with repeat requests to participate from faculty. Anecdotally, the maxillary-facial seniors have reported more lateral canthotomies being performed by Emergency Department doctors rather than referral since

the first course. The success of the course has resulting in an expansion to training days for locally employed doctors and emergency medicine consultants in the region for 2025.

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

1. SLO 6 - Proficiently deliver key procedural skills needed in Emergency Medicine [Internet]. RCEMCurriculum. 2019. Available from: <https://rcemcurriculum.co.uk/deliver-key-procedural-skills/>.
2. MELISSA | The NHS Training and Simulation Bus [Internet]. NE Learning Trust. Available from: <https://www.melissabus.co.uk/>.

Acknowledgments: Funding was received via Covid 19 Recovery Funding from NHS England NENC. Acknowledgement to the MELISSA team, Faculty of Patient Safety at NHS England NENC and Dr Olly Moore, Emergency Medicine Consultant, CDDFT NHS Foundation Trust.

