## IN PRACTICE

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### PAEDIATRIC SIMULATION: WHERE HAVE WE COME FROM, HOW ARE WE DOING AND WHERE ARE WE GOING?

**Gillian Winter**[1]; [1]*NHS Grampian, Aberdeen, United Kingdom*

**Correspondence:** gillian.winter@nhs.scot

10.54531/RZHP2026

**Introduction:** The General Medical Council in its document 'Promoting Excellence' [1] states that 'learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum'. Prior to 2016, the Royal Aberdeen Children's Hospital (RACH) had no formal simulation programme. Sporadic sessions were offered to paediatric trainees with no opportunity to undertake multidisciplinary team (MDT) training. Our aim

was to introduce a regular simulation programme which was accessible to all those working within the hospital.

**Methods:** A pre-programme questionnaire established what our workforce felt about simulation. 89% wished to participate in simulation with 91% feeling that simulation would give them more confidence when encountering a sick patient. 93% felt simulation training was important in promoting good teamwork. Following this fortnightly MDT sessions were established. These were run by a team of facilitators comprising nurse educators, paediatricians and paediatric surgeons. Feedback was obtained from participants and we continually looked to improve our setup.

**Results:** Five-hundred and forty-four participants attended. This comprises 256 doctors, 170 trained nurses, 82 student nurses, 20 medical students and 16 allied health professionals including pharmacists and psychologists. 100% of participants found the session useful. 96% felt more confident in dealing with the condition in real life with 98% feeling that the material covered in the scenario was relevant to them. All participants asked for further sessions. Since conception we have run a total of 117 sessions covering burns, sepsis, cardiac arrest etc. We have increased our pool of scenarios and have now four high fidelity mannequins. A booking system and varying the day and timings of our sessions has helped the ongoing success of the program.

**Discussion:** We have successfully managed to sustain a MDT simulation program in RACH. Our feedback has been exceptionally positive. Due to clinical pressures our faculty members now consist of one paediatric surgeon and two nurse educators. Nurse staffing issues mean simulation is often not a priority. Attendance by paediatric trainees has been variable despite the recommendation of attendance within their educational agreement. However, with the change in the paediatric curriculum [2], trainees have asked to attend in order to have aspects of the curriculum signed off. Going forward we will look to create a specific simulation program for paediatric trainees to ensure competencies are being met but continue to run our fortnightly MDT sessions to ensure the learning needs of each team member are met.

**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. General Medical Council. Promoting excellence: standards for medical education and training. 2015.
2. Paediatric Specialty Postgraduate training Curriculum. RCPCH Progress+. 1st August 2023. Available from: https://www.rcpch.ac.uk/sites/default/files/2023-07/ProgressPlus-curriculum.pdf.