

IN PRACTICE

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"A TRANSPORT SIMULATION JOURNEY": EMBEDDING IN-SITU SIMULATION IN A JOINT PAEDIATRIC AND NEONATAL TRANSPORT SETTING

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Introduction: There is limited research providing guidance on deliverance of in-situ simulation (ISS) in ambulances, within the transport setting. Previous studies have shown that only 67% of UK neonatal transport teams provide ISS and this takes place less than weekly in 60% of teams surveyed [1]. Simulation-based education (SBE) is well established in enhancing team-work, communication and awareness of human factors, all of which are significantly more challenging in transport, due to clinical isolation, scarcity of resources and physical and sound barriers.

KIDSNTS is a joint paediatric and neonatal transport service, covering the West-Midlands region. Many staff members are dually trained in paediatric and neonatal retrieval allowing speciality collaboration. St Johns Ambulance technicians additionally contribute to the multi-disciplinary team (MDT) care. Many team members have limited or no experience of SBE previously. Joint ISS delivery literature is scarce.

Methods: This project will evaluate the newly introduced KIDSNTS ISS programme. MDT ISS' run at least twice-monthly and cover neonatal and paediatric scenarios. A continued review of staff pre- and post-ISS questionnaires will examine SBE expectations and prior experience. Psychological measures of wellbeing, stress and self-efficacy will be tested with staff attending ISS, to determine their feasibility for measuring long-term service impact. Prospectively, objective data will be collected from stabilisation times and adverse event submissions to evaluate ISS impact. Data will be used to provide future direction for the KIDSNTS programme.

Results: In less than a year since introduction, the KIDSNTS simulation team, comprising of a neonatal and a paediatric consultant, and a dually-trained education lead nurse, has so far delivered close to 20 ISS, reaching approximately 50 staff members. Pre-ISS feedback has revealed ongoing staff anxiety and reluctance to engage in SBE. Early post-ISS feedback however, indicate that staff have all experienced positive learning outcomes and are eager to continue

to take part. Introduction of a pre-briefing information video, general raised awareness of SBE, as well as pre-planned, clinically monthly-themed scenarios are all being undertaken, aiming to lessen anxiety and increase uptake. ISS has already led to service provision changes and increased enthusiasm for SBE, with some team members undertaking additional training to become simulation facilitators.

Discussion: Evaluating KIDSNTS staff perceived barriers to transport ISS will support the embedding and success of the SBE programme. Further research will focus on the positive outcomes that ISS will have on safe patient transport care, as well as staff confidence and well-being.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

1. MacLaren AT, Peters C. In situ simulation in neonatal transport. *Infant.* 2016;12(5):168–170.