**Notes– Simulation Project Meeting**

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| **Date:** | **07/12/21** |
| **Meeting details:** | MS Teams  |
| **Attendees:** | Wai Tse (Chair)Jen Minford (Admin)Chris JacobsSarah IrelandAbi BartlettDaniel AshmanLiz BerraganCurtis WhittleAlan JervisMaria SmithPhillip RedfordSarah WoodsPhillip RedfordSusan HowsonAlex Chisholm | Kerri MagnusKate ThomsonRoland GudeYvette CarrollMark PalmerKim ClotworthyStephen HauptSamuel JanoffRuth WilsonAlice GirlingLucy WatkinsJames HambridgeHisham Khalil |
| **Apologies:** | Dan Freshwater-TurnerJoanna HudsonRozz McDonaldLisa MerrettEmily FooteKatie CornthwaiteLiz BerryDaryl Thorp-JonesSteven LockeDeborah Glennie | Ann GallagherOmer AzizRobert LutyensMichael NatarajanTom JerromClare Van-HamelJames Clark - tentativeLisa McManus - tentativeLaura Harrison - tentative |
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| **Welcome and Introductions** – WTWT: Introduction to new members of the project meeting. Intention of meeting is updates and to see how project is progressing. All: Introductions from project network members – job roles introduced within their organizations.**Project Updates:**WT: Project meetings are to touch base and learn from each other. This meeting will also assist with mentors meeting their mentees and making those proper introductions. WT: Request for Project summaries made. Hisham: Project based at Plymouth Science Park, providing practicing healthcare professionals in the region with training to improve patient care in a pre-hospital and hospital care settings – multidiscipline approach – aimed at a broad range of healthcare professionals. Collaborative work to enhance simulation in a pre-hospital environment – takes place in Plymouth Science Park digitally enabled learning environment. 12-month Sim technician funded by HEE – external advert used – successfully recruited – started 6th December 2021. Plan to meet and address the practicalities of the role. Team will also reach out to Devon training hub to work together. Team also purchased an operative table to complete theatre-based simulation, and a table to simulate GP/community situation.Kim C: Funding from HEE SW for technician role (part time in simulation) - worked with Kim and other colleague to run a Sim project – funding received 2019/early 2020 and project now completed. Project focus: ‘in situ’ point of care simulation addressing deteriorating patient. Purchased Sim ‘man’ and created scenario. Started in community hospital, one ward – improvements made based on initial period – moved to secondary hospital across two wards. Range of healthcare professionals involved – using their own equipment from their wards. Scenarios; cardiac arrhythmias, sepsis, severe hypoglycemia requiring Glucagon and airway management. Our project was successful; evaluations were positive and work accepted for publication. Simulation project highlighted clinical and organizational issues with use of glucagon/adrenaline pens. Report for ward sisters/matrons prepared. Project cut short due to covid-19 but good results still. WT: Has your project now received sustainability funding?Kim C: Yes, it is now embedded in our ‘day jobs’ and funding by trust. Curtis W: Were system errors highlighted on datix or risk register?Kim C: We did not incident report as it creates a negative attachment – however it does make sense to consider this. We raised issues with the clinical leads and discussed with Resus. committee (overseen by Governance team)Alan J: Project hasn’t commenced yet - issues with recruitment to Band 7 simulation fellow – however, secured admin support for Avatar equipment whilst in recruitment. Community sites to have avatar training. Aim to build capacity to deliver avatar simulation across the region – will also develop support/debriefing for operating avatar equipment – creating sustainability as technology can be challenging. Currently recruiting 9 FTE for projects – this is very challenging currently; all areas are facing this issue. We hope to start our project late 2021. WT: Could you give us a little more explanation of what avatar simulation it for group?Alan J: Avatar Simulation is simulation through a screen, rather than an actor. The avatar will react to the conversation, giving more consistent responses as not dependent on actors training as standardized patient. WT: we have had another offer of mentorship aside from Ruth Wilson – would you like more assistance, Alan?Alan: yes absolutely. Action: Two offers of mentorship for Alan Jervis – WT will wait to hear back from other party as to mentor allocation as only funding for one to hold role. Abi B: Our organization deliver healthcare in prisons. We aim to utilize lived experience so will use prisoners themselves as standardized prisoners, using training – aim to create an official qualification/CPD accreditation, so prisoners possess this when they leave prison. We also need to train prison staff deliver standardized patient training due to the nature of the turn-around of ‘actors’.Sarah I: Project based in community hospice. No use of simulation previously – project will kick-start and raise awareness of simulation – aimed to improve having difficult conversations. Project will involve all hospice staff, not just clinical bodies (fundraisers too, for example). Post has been offered to individual (3 days per week) – should start after Christmas. Liz B: Proof of concept project – based in research. Aim to create masters in research opportunity for non-medical member of Trust - research-based around SBE. Once recruited, Liz will act as supervisor. The project is quite generalized at this time; will depend on the individual selected for role. The university will support with two modules; philosophy/research methodology and research methods. The funding pays for the masters but not the time taken to complete this masters – potential issue in administering the project. Hope that project will develop relationship between higher education institute and local Trust. Selection to occur this week. Curtis W: Outstanding project from 2020 - received funding for a Sim Fellow for stroke thrombolysis. Project improving acute stroke assessment – improving pathway from door to IR lab to patient outcome. Funding for fellow is concluded, but it has embedded a nurse into the Trust permanently who is motivated to continue work – fantastic evidence provided of stimulated pathway; improvements to patient survival and return to normal function. Additional funding secured from a charity in 2019 to buy a mannequin – some issues with the mannequin, required repair – used for interventional radiology and cardiology. Plan to write up and publish in 2022. The project can continue, but HEE funding has concluded.Daniel A: embedding sim as part of student clinical placement – enhancing learning opportunities for students and offering ways for students to improve competencies – embedded simulation can run scenarios in real life, rather than simply discussing with supervisor. Tested with a fall in A&E – range of medical staff involved (nurse for initial report, doctor for imaging, radiology students, and physios). Project held up by recruitment as our first round wasn’t successful; another round this week. WT: We have so much diversity in projects; shared learning through our project meetings will enhance performance.Stephen H: Acts as Sim fellow. Received funding for reducing restrictive interventions - in trust there are incidents of patients and staff being hurt due to restraints – Stephen is approached following incident but is limited in capacity to assist. HEE funding will recruit a new sim fellow to assist myself – starting in January - fellow used to act as restraint trainer so will be very useful in project. The team will also deliver a theory module about patient rights, a simulation modules and a MDT module, across Devon Partnership and Livewell SW.Chris J: A project on HoloLens; sophisticated webcam to involve as many parties as possible in virtual field of vision. Currently looking into evaluation and measurements of project outcomes – linked up with Bath, Bristol & Belfast to look at best methods of evaluations/systematic review. Hopefully by mid-2022 we will be running successful HoloLens simulation sessions with our medical students. WT: James Clark Cornwall, also uses HoloLens with surgery – might be interesting to link in with him and team.Sam J: James H and I work as Sim fellow; Dan & Wai support us. Project using Verti platform’ with paediatric scenario – being developed and will be offered with debrief. Verti Sim vs In-person Simulation is being considered. There isn’t a validated toolkit for this area of work, our aim is to use a range of toolkits and use qualitative work/systematic analysis. Currently trying to get ethical approval from NHS for full roll out; past the pilot scheme.Susan H: Looking at increasing SBE in psychiatry for our region – there’s been a loss of clinical opportunity due to covid-19. Challenges with sourcing controlled clinical scenarios to work with, multi-agency context (alongside social care, acute, community services). Small pilot project exploring how we can develop simulation-based scenarios within teaching programs. Recruited cohort of psychiatry trainees as co-leads – aim to look at simulation within their course. Core trainee, higher trainee and myself ran our first multi-professional session – aimed at allied mental health professionals. AMPs recruited to run joint assessment in a simulated scenario with us. Simulated tribunals set up with assistance of solicitor. Ward-based MDT, Coroners inquests as sim scenarios also. Upcoming teaching module on dementia so experienced mentor is very helpful. Phil R: Present for Ashley Ellis’ project. A hiccup experienced with HR and recruitment due to decline in staffing – but now underway. Trust has completed some SBE in resus. and resources based simulation in community - led to good improvements, but projects have been relatively informal so the focused HEE funding will assist in formalizing the simulation work. Kerri M: Act as advanced practice leader at training hub - Liaised with UHBW & NBT to fund a GP simulation fellow to bring sim into primary care – started on Monday and has background in sim. Fellow has previously done some sim ‘in situ’. Our aim is to build Simulation ambassadors with PCNs, so they can call upon their sim colleagues within their practice when needed. Additionally, fellows are working with UHBW to create sessions with adults and Paeds – raising awareness between primary and secondary care; having better communication and improved ways of working between GP/community and acute/hospital. We are also trying to develop evidenced need for training so that SBE can be embedded into educational program. Roland G: Feds into Kerri’s discussion – fantastic opportunity for general practice and primary care to be involved in simulation. There is some interest in HoloLens in primary care environment also. Maria A: Appointment for Sim fellow for 12-month, to embed SBE to non-medic training. We have only had one applicant which is a little disappointing – however the applicant is quite strong so project on track, unless the applicant doesn’t pass interview stage.Sarah W: Outstanding project; funding in 2019 – communication in End of Life care. Project has been successful; clinical fellow developed training sessions for foundation doctors and ACPs around ‘respect discussions’. Also appointed an SAS fellow – has run SAS sessions on communications; specifically, ‘duty of candor’ & ‘breaking bad news’. Project requires proper write up.WT: Have you submitted EOP?Sarah W: I sent an interim one, but I will complete.Deb G: Project will link into wider Trust VR project based at local college – in TEL TV studio and simulation suite. In process of setting up VR lab that will have portable capabilities. Working with college game development students to create bespoke interactive VR simulation, as opposed to standard 360 scenarios. Some disruption due to covid, but back on track soon. Separate funding also received to recruit TEL outreach officer who will work closely with mental health directorate to expend VR/Sim provisions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mentors’ and Project Leads’ responsibilities:**WT: We now have external mentors for the first time – this will hopefully add value to the project in having a ‘wise friend’.WT: Quarterly reports and project meetings are our expectations for project holders, as well as EOP once concluded.WT: To mentors, JM circulated information about how you will receive payment. **AOB:** WT: Has the process in funding been satisfactory? Was the process of application smooth?*Nods amongst group*SH: Very straightforward, thank you. Only thought would be to have regional process for projects across multiple Trusts (regional teaching programs).LB: Application and funding process worked well. **Queries:** SH: there were workshops a couple of years ago about debriefing; will these happen again?WT: we don’t have these planned due to work commitments, but I can discuss with Dan to see if these can be organized moving forward. CW: you used to run sessions for data analysis and blocks to project/problem solving. WT: we will look into this as a team and get back to you about these sessions. The last note is that I and Dan are always around to help if you require us – send an email to us or JM.  |

Next Simulation Network Meeting:

20th January 2022

Next Simulation Project meeting:

15th March 2022