## Cureus

Open Access Poster

# Cureus

## Swindon Safeguarding Simulation: Using Simulation to Increase Confidence with Child Safeguarding in a District General Hospital

Phil J. Peacock $^1$ , Anna Woodman $^2$ , Rebecca Holman $^2$ , James Hambidge $^2$ , Joanne Smith $^3$ , Janet King $^3$ 

1. Emergency Department, Bristol Royal Hospital for Children 2. Academy, Great Western Hospital 3. Paediatrics, Great Western Hospital

Corresponding author: Phil J. Peacock, phil.peacock@bristol.ac.uk

**Categories:** Pediatrics, Medical Simulation **Keywords:** safeguarding, simulation, education

#### How to cite this poster

Peacock P J, Woodman A, Holman R, et al. (2016) Swindon Safeguarding Simulation: Using Simulation to Increase Confidence with Child Safeguarding in a District General Hospital. Cureus 8(5): e.

## Abstract

Context

Safeguarding of children is the responsibility of all healthcare professionals and 'Level 3 Safeguarding Children' is a national requirement for all clinical staff working with children, young people and / or their parents / carers. These healthcare professionals have a key role in identifying, assessing and reporting safeguarding concerns. They may also be part of the multiprofessional strategy team deciding ongoing management.

There is evidence to suggest simulation training is an effective means of teaching child safeguarding issues, and it has been suggested as a way of practicing skills that are infrequently used. In 2015 an undergraduate safeguarding simulation programme was created and it is currently an established component of the medical student paediatric placement in Swindon. This innovative teaching model is now being extended to incorporate safeguarding simulation into the trust-wide 'Level 3' training programme.

#### Description

Undergraduate and postgraduate clinical teaching fellows have collaborated with the named nurse and consultant for safeguarding at Great Western Hospital. Safeguarding simulation sessions have been developed to be delivered as part of a trust wide programme.

Simulation scenarios include a shaken baby, a neglected teenager presenting with deliberate self-harm and a scalded toddler. Five (three hour) sessions have been scheduled, each with three scenarios for a maximum of six participants. These sessions were advertised to all trust staff requiring 'Level 3' refresher training, to then be recorded in their training passports.

All participants are involved in each scenario, with those not directly participating observing via a video link into a debrief room where each scenario will be discussed with a trained faculty member.

#### Open Access Published 05/16/2016

#### Copyright

© **Copyright** 2016 Peacock et al. This is an open access article distributed under the terms of the Creative Commons Attribution License CC-BY 3.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under Creative Commons CC-BY 3.0

# Cureus

## Observation/Evaluation

Quantitative and qualitative data is being collected on this novel approach to teaching safeguarding through simulation. Attendees are asked to complete Likert scales to measure their confidence in managing safeguarding situations prior to and after the simulation session. Attendees are also asked to provide free-text answers through more open questions.

Initial feedback from participants has been positive, with all attendees at the first three sessions rating them as 'good' or 'excellent'. Median (range) confidence about safeguarding in the clinical environment (scored 0-10) increased from 6 (1-8) before to 8 (8-10) after the simulation teaching session.

### Discussion

Initial safeguarding simulation teaching sessions have been successful, received positive feedback from attendees, and helped increase confidence in managing safeguarding issues in the clinical environment. We will continue to develop this programme in light of feedback and suggestions from faculty and attendees.