

information from clinical incident forms. These provided a platform to understand areas of improvement and targeted scenarios were created. A weekly simulation programme was then created involving the ED MDT (doctors, nurses, allied healthcare professionals) as well as other specialities (Paediatrics, Trauma and Orthopaedics, Anaesthetics and Acute General Medicine). The session was run every week for 2 hours in the ED as an 'in-situ' educational activity to provide a higher level of fidelity and provide an immersive environment for the participants. These scenarios were then debriefed by senior members of the team including speciality registrars and consultants trained on debriefing and human factors.

**Results:** The debriefings involved the discussion of human factors pertaining to the simulations and were learner-led. The feedback from the MDT was grossly positive; nursing staff and healthcare professionals in particular felt more empowered after the sessions to raise concern. Feedback was collected using an online survey which was sent to the participants following the session. Feedback obtained from participants aided improvement of targeted learning points and therefore aided debriefing.

**Conclusion:** Our simulation programme has been run over 18 months and has had excellent feedback. We continue to improve our simulations and increase the participant numbers through the use of video links for the sessions; thereby engaging a wider audience. This has been crucial throughout the pandemic due to various reasons (room constraints, staff isolation).

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## BREAKING BAD NEWS: A MULTIPLE COHORT STUDENT PARAMEDIC SIMULATION EVENT WITH INTEGRATED SERVICE USERS

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**Background:** This simulation aimed to meet the indicative content of a communication module, which focused on breaking bad news. The aim of this session was for first year paramedic students to observe bad news being given in a simulated environment. The objectives were for students to understand the emotive realism [1] behind breaking bad news, highlight the importance of integrating service users into simulated healthcare education, and to recognise the impact of observation and feedback.

**Methods:** The first-year paramedic students were introduced to the SPIKES [2] model prior to the event being commended due to its ability to allow patients and relatives to have their own reaction to bad news. The first year students then observed the second and third year students undertake two simulations and used the SPIKES tool to structure feedback on how they broke the bad news. One of the simulations was a cardiac arrest case in which the patient was pronounced deceased by the paramedics, and the second was the treatment of a patient that was suffering from a myocardial infarction. Within both simulations the students were expected to treat the patient utilising best practice and then break the bad news. The final element to this simulation was the inclusion of service users who acted

as patients and relatives, and were given the opportunity to feedback as to how they felt during the communication [3].

**Results:** We gathered feedback via a Microsoft form from all parties with a total of 23 responses: 11 first year students, five 2<sup>nd</sup> and 3<sup>rd</sup> year students, and four service users. 17/23 of the participants 'strongly agreed' that the day was beneficial to their clinical practice. All participants stated they would want to take part in this educational intervention event again. Service users reported that there was a collegiate atmosphere that was developed between them and the staff. They also appreciated the opportunity to feedback to the students. The main feedback from the observing students was the realistic nature of the day and that they learnt by watching the more experienced students doing the simulation. Students involved in the simulation highlighted that they learnt a lot from the feedback they received and being involved in a realistic simulated environment.

**Conclusion:** Overall, this simulation-based activity brought together the theoretical subject matter of communication and created an inclusive learning space for a variety of people to learn.

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## DOES SIMULATION HELP MEDICAL SUPPORT WORKERS TRANSITION INTO WORKING IN THE NHS?

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**Background:** A simulation-based programme was developed for the Medical Support Workers (MSW) within the Trust. The MSW role was created in response to the COVID-19 pandemic, providing an opportunity for doctors seeking GMC registration to gain clinical experience within a supervised NHS placement [1]. This project explored the MSWs' perceptions and previous experience of simulation and their overall confidence working within the NHS before and after the teaching programme. The aim was to assess if simulation is a useful tool to help international medical graduates transition into working in the NHS.

**Methods:** 29 MSWs (28 of whom were from Myanmar) worked in acute and medical specialties across the Trust, performing roles including: writing in medical notes, taking collateral histories, examining patients under supervision, procedures such as venepuncture and writing discharge summaries. Each MSW was invited to attend three training days between January and March 2022. We provided a programme incorporating medical and surgical simulation, communication workshops, and procedural skills, supported by human factors teaching. We delivered the sessions in our learning and research building, including our simulation suite. We collated data by sending out pre- and post-training surveys. There were 22 and 18 responses to the two initial surveys and 20 responses to the post-training survey.

**Results:** 44% had prior experience of clinical simulation and only 9% had previous experience working as a doctor in the NHS. On further analysis, 50% felt either quite unconfident, or neither confident or unconfident working in the NHS. A minority felt confident dealing with medical emergencies (18%) and surgical emergencies (13%) and with their communication (32%) and leadership skills (23%). In the post-simulation feedback, 100% reported that simulation was a useful method to help doctors transition into working in the NHS and felt it improved their confidence in the workplace. Furthermore, 100% stated that the simulation sessions had changed their clinical practice and addressed their learning needs. The participants reported that the sessions had improved their stepwise approach to emergencies (100%), communication (95%), teamwork (100%), leadership (70%), and decision-making skills (95%).

**Conclusion:** This project demonstrated that simulation is a popular and useful educational resource in helping improve international doctors' confidence when transitioning into working in the NHS. Given that 100% of our participants wanted further simulation sessions, our Trust plans to employ a dedicated MSW simulation fellow to support further cohorts.

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## REFLECTIONS ON OUR EXPERIENCES OF DELIVERING A SIMULATION-BASED EDUCATION PROGRAMME FOR MEDICAL SUPPORT WORKERS

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**Background:** International Medical graduates (IMGs) contribute significantly to the NHS medical workforce, but often face unique challenges which are not always catered for within medical education [1]. The Medical Support Worker (MSW) role was created in response to the COVID-19 pandemic, providing an opportunity for doctors seeking GMC registration to gain clinical experience within a supervised NHS placement [2]. Our Trust's Postgraduate Medical Education department was asked to deliver a teaching programme to the Trust's first cohort of 29 MSW's, 28 of whom are from Myanmar. The aims of this programme were to provide support for the MSW role and preparation for working as an NHS doctor.

**Methods:** Based on a scoping questionnaire of the MSWs' perceived learning needs and our prior experiences of working clinically with IMGs, we developed an innovative tailored programme, consisting of three days covering frequently-encountered clinical scenarios, non-technical, procedural and communication skills.

**Results:** Throughout the teaching programme, several themes unique to MSWs became apparent. These learners' previous experiences of medical education were predominantly behaviourist, consisting of didactic teaching in which learner contribution was not encouraged. Their only prior experience of simulation was for assessment. It was therefore vital that we ensured a psychologically safe environment in which they felt confident and were encouraged to participate in near-peer learning. We achieved this by explicit conversations about different styles of medical education and modelling

these behaviours consistently. A particular challenge we encountered was introducing the learners to the hidden curriculum of the NHS [3]. This refers to the behaviours and values that form an acceptable professional identity and may differ between international healthcare systems. It became apparent during simulation that dedicated human factors training would be valuable. This was integrated via two half-day sessions focussing on non-technical skills and communication-based simulation. Cultural differences, especially in communication styles, became apparent. This included: a doctor-centred versus patient-centred agenda; challenges inherent to communicating in a second language; and different cultural values and legal frameworks. We endeavoured to expose our learners to scenarios that provoked discussions around these issues, for example communicating with a teenager requesting contraception.

**Conclusion:** IMGs face unique challenges when entering the NHS workforce and it is inherent upon medical educationalists to consider and meet these needs. We have identified three major themes (different educational models; the hidden curriculum of the NHS; and cultural differences) that must be addressed to ensure high quality care and patient safety.

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## A PILOT STUDY EXPLORING HOW FACILITATORS SUPPORT HEALTHCARE LEARNERS DURING SIMULATION-BASED SCENARIOS TO ACHIEVE THE LEARNING OUTCOMES

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**Background:** A significant body of work has been surrounding simulation design, pre-briefing, debriefing, and evaluation within healthcare simulation that has informed several frameworks and national guidelines [1]. The 2021 INACSL Standards of Best Practice Facilitation direct the facilitator to deliver cues to redirect learners during the scenario to achieve the learning outcomes within the scenario [1]. Cue is the term used to describe additional information provided by the facilitator to the learners about the patient to achieve the learning outcomes [1]. Cueing examples include providing additional blood results or changing a vital sign [1]. The facilitator chooses cues based on their learners' perception within the scenario [1]. There is no guidance on the types of cues used or when and how to use them. Interestingly no other strategies are suggested to support learners. This research is exploring how simulation facilitators working with undergraduate nursing students can support learning through simulation at a university in England using a descriptive case study [2]. A case study will reveal current practices from the perspectives of facilitators and learners within a scenario. The research questions (RQ) to be addressed are: How do facilitators support student nurses in simulation-based scenarios? What support do student nurses require from facilitators in simulation-based scenarios to aid their learning?