

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?

Methods: A small number of student nurses and facilitators have been interviewed via semi-structured interviews to describe the current situation. The pilot study has been granted Ethical Approval by the Institution (HREC 4853). The interviews have been recorded and transcribed using MS Teams and are being analyzed using Thematic Analysis (TA). TA is one method to analyze qualitative data using the transcripts and field notes documented during the semi-structured interviews for the pilot study. Data from the study is coded and categorized using TA. Codes will be found and identified that suggest themes to answer the two RQ. Braun and Clarke [3] suggest that TA is a method with a clear set of procedures to identify themes and patterns about specific RQs. This approach was chosen as it is not linked to a specific method.

Conclusion: Preliminary findings suggest there is a mismatch between what learners and facilitators need for support through the scenario phase. Facilitators appear to intervene based on their perceptions of what they see with no pre-determined approach.

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DEVELOPING A JUNIOR-LED NEAR-PEER SIMULATED PATIENT TEACHING PROGRAMME IN A MINIMAL RESOURCE ENVIRONMENT

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Background: High-fidelity simulation-based scenarios develop the knowledge and practical skills of medical students by recreating a more accurate reflection of managing difficult cases in high pressure environments. In circumstances with limited resources, ingenuity must be employed to recreate immersive environments. One creative method of achieving this is utilising 'near peer tutors' (NPTs), defined as 'a trainee one or more years senior to another trainee' [1]. NPTs can be employed as facilitators and simulated patients [2]. We aimed to design, implement and qualitatively evaluate a minimal resource simulation teaching programme for medical students that utilises NPTs, at a rural District General Hospital.

Methods: A lesson plan was designed for the teaching sessions. This included a pre-session examination; a pre-session presentation; simulation cases followed by a 'STOP5 Hot' debriefing [3]; a post-session examination and participant feedback collection. 17 NPTs were recruited from Foundation Year (FY) 1 and 2 Doctors, with two or more allocated to facilitate each session. Roles divided amongst the NPTs included acting as a patient, acting as a nurse, leading the scenario. The 'STOP5 Hot' debrief was then facilitated by the lead NPT. Three lead clinicians were responsible for administration: a FY2 Doctor provided session resources; an Internal Medicine Trainee supervised each session; a FY1 Doctor communicated with NPTs and students. Qualitative feedback was collected from students at the end of each session in the form of a questionnaire.

Results: A total of 9 sessions were run from 7/1/22 – 31/3/22 attended by 22 medical students. The sessions were positively received by both students and teachers who described the sessions as 'well organised'; an 'open/accessible/safe learning environment' and included 'realistic scenarios'. Students described benefiting from 'clear, useful feedback'; 'observing the life-cycle of management within a scenario' and the use of NPTs memory aids (including mnemonic devices). NPTs reported that the teaching 'reinforced their skills in emergency assessments', 'time management of sessions was efficient', and that the scenarios provided had 'appropriate level of background information'. Suggested improvements included 'greater variety/complexity of cases', 'scenario specific tick-lists to review management steps', and 'expanding the use of technology'.

Conclusion: A junior-led near-peer simulated patient teaching programme was well received by both students and near-peer tutors. Further research could evaluate the improvement in knowledge of students following the sessions and the effectiveness of providing teaching opportunities to junior doctors. Future aspirations include expanding the portfolio of scenarios by collecting cases from junior doctors' reflections.

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EFFECTIVENESS OF A JUNIOR-LED NEAR-PEER SIMULATED PATIENT TEACHING PROGRAMME ON KNOWLEDGE RETENTION AND PROVISION OF JUNIOR DOCTOR TEACHING OPPORTUNITIES

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Background: Transition from medical student to foundation doctor can be a daunting process. There is growing interest for research into 'how prepared medical graduates are for practice', with a systematic review showing graduates feel unprepared for prescribing, clinical reasoning/diagnosis, and emergency management [1]. Following reports by medical students describing the benefits from simulation programmes for preparation to practice [2], a group of doctors established a junior-led near-peer simulated patient teaching programme at a district general teaching hospital to supplement the medical education programme. With qualitative evaluation demonstrating positive reception from teachers and students, this study aimed to quantitatively evaluate the effectiveness of the programme on improving the knowledge of medical students/junior doctors and providing junior doctors with opportunities to gain teaching experience.

Methods: Nine simulation teaching sessions were run between 7/1/22 – 31/3/22, with a total of 22 medical students and 17 Near-Peer Teachers (NPTs) [3] involved. Knowledge tests were completed by medical students and NPTs before and after each simulation session, as well as feedback forms