criteria were applied to identify appropriate peer-reviewed studies. The quality of articles was appraised using the Critical Appraisal Skills Programme qualitative studies checklist and data extracted using a table. NVivo 1.5 software was used to support the analysis of data using a simplified approach to thematic analysis to inform the discussion of the results [3].

Results: Five studies were included from a variety of professions and countries (Figure 1) and overall quality of these was judged to be good. Three main themes were identified: Preparation, Educator Factors, and Outcomes. Each of these included several sub-themes and can be discussed in relation to the existing evidence. Educators value the opportunities simulation can provide such as standardisation, but this requires careful preparation and constructive alignment. Resources are required to achieve this, and more robust evidence is needed. The use of simulation is a change and educators noted that motivation to embrace this is needed and expectations regarding what can be achieved differs and should be clear. Outcomes recognised for students relate to what students themselves report. Educators see potential for simulation to increase placement capacity but there is concern that educators and students will need to work harder if time in practice is decreased.
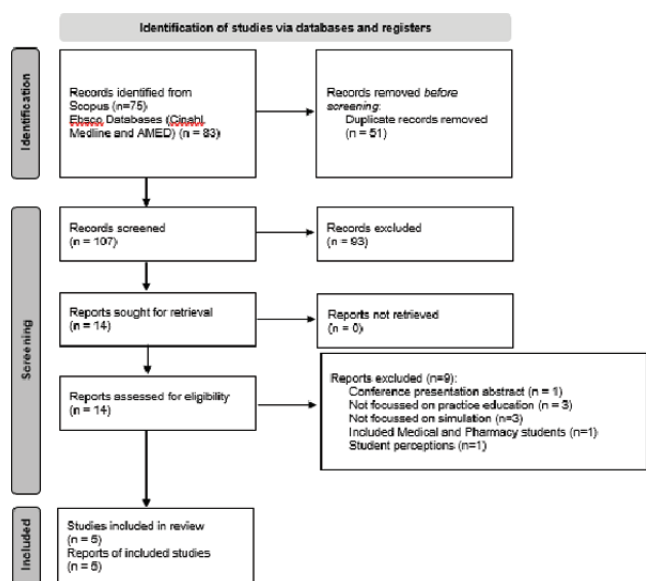

Figure 1: Prisma Flow Diagram of the literature review exploring the attitudes and experiences of allied health professional and nursing educators regarding the use of simulation in relation to practice education

Conclusion: Overall attitudes towards simulation and practice education were found to be positive. Benefits and risks from educators' points of view were identified and can be used to inform practice. Areas for future study were identified for example exploring these concepts within the UK and other health professions.

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IMPLEMENTATION OF A HIGH-FIDELITY SIMULATION PROGRAMME FOR YEAR 3 INTERNAL MEDICINE TRAINEES (IMT3)

Chern Hsiang Choy[1], Pavlos Theodorou[1], Niketh Desouza[1], Milind Arolker[1], Gregory Packer[1]; [1]*University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom*

Background: Year 3 Internal Medicine Trainee (IMT3) is a new (in 2021) grade of medical trainee intended to bridge the chasm between the supported environment of being a senior house officer and the more independent role of a medical registrar. We identified an unmet need for simulation experience to develop skills in emergency management, team leadership, and medicolegal/ethical judgement needed by the medical registrar [1]. Medical simulation and human factors training are essential for the development of IMT3s [2]. We created a novel high-fidelity simulation programme to address this training requirement and support this new grade of junior registrars.

Methods: We designed five scenarios according to current curriculum guidance and Trust human factors framework. These scenarios were: (i) managing a Jehovah's witness with an upper gastrointestinal tract bleed but lacking capacity, (ii) tricyclic antidepressant overdose, (iii) cardiac arrest in pregnancy, (iv) duty of candour after a fatal medical error, and (v) a hypoxic COVID-19 patient refusing treatment. The scenarios were piloted to a focus group with iterative improvements made. Participants responded to a Likert-type scale on both pre- and post-course questionnaires regarding their perceived confidence in managing difficult clinical and ethical conundrums, and their ability to share decision-making and communicate effectively during these situations.

Results: 23 out of 30 (77%) of the Trust's IMT3s attended the programme which ran from January to May 2022, 22 (96%) of whom have completed both pre- and post-course questionnaires across the six sessions held. Mean course satisfaction and subjective knowledge gained ratings amongst participants following attendance at the course was 4.9/5. There was a 34.9% increase in mean confidence rating towards the management of challenging ethico-legal dilemmas (pre- versus post-course: 6.6/10 versus 8.9/10). Similarly, the average confidence towards the delivery of effective resuscitation in acutely deteriorating patients rose from 7.3 to 8.8/10 (20.5%), while average confidence in sharing decision-making and effective communication increased from 7 to 9/10 (28.6%) amongst the participants. Unclear audio system and lack of handouts were reported as limitations. Pauses in study leave access due to COVID-19 surges posed a challenge to the delivery of sessions and additional sessions were instituted to limit this impact.

Conclusion: This is a novel programme for a new grade of doctors. The pilot data suggested that the implementation of a high-fidelity simulation programme appeared to be an effective modality to support the progression of this junior medical registrar cohort.

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