

Background: Lifestyle factors are a significant cause of mortality and morbidity in England [1]. Physiotherapists are well placed to help people to make healthy lifestyle choices, however junior physiotherapists do not feel well equipped to have these conversations [2]. An innovative teaching session was carried out with physiotherapy students to 1) increase their confidence in addressing lifestyle choices and 2) equip them with communication skills to decrease fear of these difficult conversations. The session was grounded in the theory of motivational interviewing [3].

Activity: Teaching staff created role play scenarios. These were reviewed by service users for authenticity. The scenarios included a teenager with cystic fibrosis who was not compliant with chest clearance exercises and a person suffering falls secondary to alcohol misuse. The final scenario involved a discussion about smoking with a person recently diagnosed with a chronic lung condition and their partner. In a face-to-face immersive fishbowl setting, students took part in the scenarios with experienced actors as service users. The session was collaborative, where students could ‘time out’ to seek guidance from their peers. The actors adapted their communication depending on how they felt in the conversation. After each scenario the actors provided feedback from the service user perspective.

Results: There was excellent engagement in the session. Students found the final scenario the most challenging as they struggled to gain a rapport with the patient actor due to the partner frequently interrupting. The cohort expressed different ideas of how to manage this situation. Feedback from the actors helped the students to consider the perspective of the partner and how their interference was due to worry. Pre- and post-session data on a five-point Likert scale demonstrated improved knowledge of motivational interviewing and improved confidence to have lifestyle change conversations (Figure 1). Importantly, all students (n=12) felt empowered by the session and wanted to make changes to their communication style. Subjective data collected from the students was uniformly positive. Students commented that the role play felt ‘real’, demonstrated by this quote ‘Amazing! Very realistic and made me think further and delve deeper’.

Figure 1 to accompany Meaningful simulation: service user and academic collaboration supporting physiotherapy students with healthy conversations

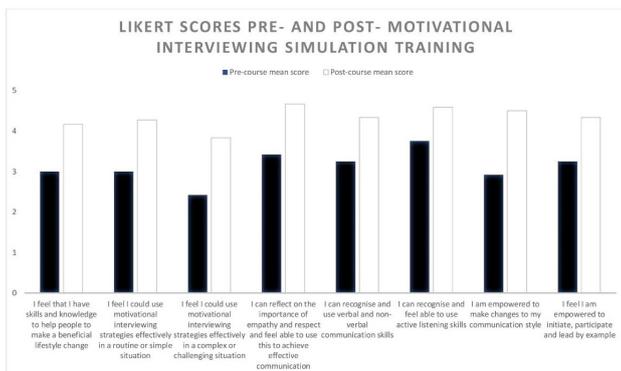


Figure 1: Likert scores to the pre- and post-motivational interviewing simulation training

Conclusion: The immersive simulation experience motivated and empowered the physiotherapy students to talk about lifestyle change with service users. The participative forum felt ‘real’ and students left the session better equipped to have lifestyle change conversations with service users. This

should help to create future physiotherapists who can help people to live healthy lives.

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CUSTOMISED RETURN TO TRAINING: SUPPORTING TRAINERS AND TRAINEES WITH BESPOKE SIMULATION COURSES

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Background: 10% of 50,000 doctors in postgraduate training programmes in England are taking approved time out of training at any time [1]. The NHS People Plan [2] aims to welcome back colleagues who want to return, which can be a stressful experience for trainees. It is our duty as educators to provide support. Health Education England offer SuppoRTT funding to create opportunities for trainee development. Despite regional courses, returning trainees felt their individual needs were not met. We aimed to provide additional, bespoke 1:1 training within a psychologically safe environment to paediatric trainees in our hospital before their return to training.

Methods: Trainee participants had email and phone correspondence with a consultant paediatrician prior to their return date. A half-day bespoke simulation course was co-designed with the participant at a mutually convenient date. Teaching was delivered by a consultant or senior registrar trained in simulation and debriefing. The bespoke course included a variety of activities to meet personal goals, including basic procedures, scenarios in the simulation centre, and if ready, a short in-situ simulation with multidisciplinary staff (if available). In addition, trainees were signposted to existing courses and resources. The simulation centre also offered support to the Educational Supervisor in completing SuppoRTT Funding applications. Afterwards, returning trainees were asked to provide feedback via email. This experience has led us to develop a framework for future learners from different specialities and the wider multidisciplinary team; the CUSTOM framework, Creating Unique Support for Trainees and Others with the Multidisciplinary team.

Results: In three years, we provided bespoke training to six paediatric doctors, four of whom were returning after maternity leave and two from research. Five trainees had bespoke sessions, one trainee chose to attend a simulation course with additional support and feedback rather than requesting an individualised course which would have had to be created. Themes from feedback included a positive learning environment, appreciation for bespoke training opportunities, increasing trainee confidence and appreciation for general support (Table 1). One trainee who returned after their second maternity leave said ‘it was noticeable how much quicker I returned to feeling comfortable after this second leave.’

Table 1: Feedback received from trainees

Trainee details	Theme: positive learning environment	Theme: bespoke opportunities	Theme: increasing confidence	Theme: appreciation for support
Registrar returning after second maternity leave	'It was run in a very relaxed way, so I felt comfortable and like it was a good learning experience, rather than it feeling intimidating, which simulation can sometime be.'	'Returning to training felt so much better the second time round.' <After first maternity leave> 'there wasn't really anything in place to support me returning to work. The second time was a completely different experience... it all felt much more planned and supported. 'you really helped with this – meeting to plan return to work with me which was specific to what I felt I needed... You also just listened to me and gave me advice that helped me feel so much more comfortable returning.'	'It helped to give me confidence and revise my knowledge/the practicalities of managing acute situations'	'I am so grateful for all this support, after some challenges in the year I had before, I had lost some confidence and wasn't feeling as motivated about pursuing training in paediatrics and your support really helped.' 'thank you again for all your support and feedback how impactful supporting people back to work and in general can be. It is something I have learnt from and will always aspire to support others in the future'
Registrar returning after second maternity leave	'You initially did some just you and me to build my confidence and then brought other members of the team into the simulation to increase it's 'real life' feel'	'The training itself was comprehensive and thoughtful – you realised I'd gone off just as COVID-19 started and so needed instruction in PPE donning/doffing'	'I honestly can't think of any negatives/constructive feedback as it very much did what I wanted it to do, which was to re-build my confidence on returning to work, especially after lockdowns.'	'You were proactive in contacting me and arranging the simulation training during a KIT day, it made me feel very supported in my return to work.' 'I also want to say, compared with my first mat leave return to a different Trust, this was truly amazing in the support you gave. For my first return I had no simulation sessions and it was noticeable how much quicker I returned to feeling comfortable after this second leave'
Experienced SHO returning after 2 years of maternity leave	'low pressure, non-judgemental space to experience different clinical scenarios for a return to work trainee'	'I really appreciated the personalised element.'	'I liked that I could choose some of the topics/ clinical contexts so I could work on what I wasn't confident with.'	
Trainee returning to first post as registrar following 3 years research	'a very helpful and intense couple of hours of simulation. It was a very helpful experience through which several important learning points arose.'			

Conclusion: Our bespoke courses were successful and well received by paediatric trainees. We are launching a new framework, CUSTOM, Creating Unique Support for Trainees and Others with the Multidisciplinary Team. CUSTOM will support other departments to offer bespoke courses. Going forward, we aspire to expand this support to returners from the multidisciplinary team.

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IN-SITU SIMULATION: EDUCATIONAL TOOL AND A CLINICAL SYSTEM TEST

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Background: Simulation-based clinical systems testing (SbCST) is a process that allows clinicians and hospital stakeholders to evaluate work carried out in new environments. Unlike work-as-imagined, SbCST takes into account the complex interactions resulting from human performance limitations [1]. These factors can result in errors that may even lead to patient harm [2]. Therefore, we used SbCST to evaluate a newly built children's emergency department with the aim of identifying latent errors and implementing changes to minimise the risk of their occurrence, whilst also ensuring that the simulation experience was an independently valuable educational opportunity.

Methods: Scenarios were created according to two criteria. Firstly, that they tested at least one specific environmental issue and secondly, that they focused on topics that the paediatric and Accident and Emergency departments felt would be educationally valuable to the participants. Once created, these scenarios were then carried out as un-announced in-situ simulations during the first 8-weeks