

## REFERENCE

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## USE OF HIGH-FIDELITY SIMULATION TO ENSURE INCLUSIVITY AND EQUALITY OF INTERNATIONAL MEDICAL GRADUATES

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**Background:** The UK medical profession is becoming increasingly diverse as the number of international medical graduates (IMGs) joining the UK medical workforce increases every year. However, IMGs face a number of significant sociocultural and educational challenges. Recent studies show that IMGs lack insight into the system and lack clarity in relation to the role of a supervisor, career pathways, and medico-legal and ethical issues [1,2]. They exhibit differences in clinical practices and team dynamics. Recent studies suggest the introduction of dedicated induction programs in the form of formal teaching sessions, or tailored online induction for IMGs prior to their first job [1–3]. Most IMGs have minimal exposure to simulation and human factors training with international medical schools favouring more didactic methods of education. We have designed a high-fidelity simulation course with frequently encountered clinical scenarios to improve inclusion and a harmonious transition for the IMGs. This provides an opportunity to familiarise themselves with the healthcare system and team dynamics within the NHS and instils confidence to perform to the best of their ability in their respective roles.

**Methods:** The course has been designed specifically tailored to the needs of IMGs who may find it daunting at first to make their place in a completely new system. We employ high-fidelity simulation encompassing multiple frequently encountered clinical scenarios. The scenarios are followed by a debriefing, with a special focus on human factors, interpersonal and communication skills, and understanding of authority gradients. The attendees are also encouraged to reflect on their performance and to participate in the discussion, share their professional opinions, experiences, and cultural influences. The attendees are asked to fill a pre-course and post-course questionnaire.

**Results:** Two pilot courses were conducted with a total of 22 attendees. Pre- and post-course feedback with reflective questions about various aspects of the course was obtained. The scenarios assessed 5 categories, which the IMGs graded on a Likert scale. Pairwise comparison was performed between pre- and post-course feedback, showing a statistically significant increase in confidence levels related to all assessed categories; basic management skills ( $p < 0.001$ ), clinical skills ( $p = 0.006$ ), communication skills ( $p < 0.001$ ), teamwork ( $p < 0.001$ ), and leadership ( $p < 0.001$ ).

**Conclusion:** Based on the positive feedback from attendees we believe that this induction simulation course can greatly help IMGs have a smooth transition into the NHS, and ensure inclusivity by equipping them with confidence, a knowledge of the system, and human factors.

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## THE ABCS OF A GYNAECOLOGICAL TEACHING ASSOCIATE (GTA) PROGRAMME

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**Background:** Gynaecological/Male Urogenital Teaching Associate (GTA/MUTA) methodology is considered the gold standard of invasive genital examination technique. Lay persons are trained in the technique of invasive genital examinations and patient-centred, trauma informed communication, and autonomously instruct learners on how to comfortably perform this examination using their own bodies as a teaching tool.

**Methods:** GTAs/MUTAs function simultaneously as an autonomous instructor and a simulated patient during the exam. GTAs and MUTAs instruct clinical invasive examination techniques in a structured educational setting with a predetermined curriculum on which they have been trained, while letting learners perform these exam techniques on their bodies. Existing alternatives to GTA/MUTA education include the use of anesthetized patients, cadavers, plastic anatomical models (task trainers) and/or voluntary examinations on peers.

**Findings:** There are unique benefits to the GTA/MUTA programme from both an institutional and learner perspective. Learner's benefits unique to GTA/MUTA education include decreased learner anxiety [1], immediate feedback on examination technique with regard to patient's physical comfort, and the opportunity to practise patient communication skills while performing such examinations. Institutional benefits unique to GTA/MUTA methodology are that after the initial setup cost, funds are saved removing the need for faculty to perform the examination instruction. Learner proficiency is higher compared to learners taught by physicians [1], and increased proficiency saves time and cost associated with learners being taken off clinical rotation to receive supplemental genital examination technique instruction. The use of simultaneous patient-instructors also introduces 'elements of sensitivity and humanism' to the examination [2] by having students learn to involve their patient and incorporate their perspective with regard to comfort and patient education information. By learning this examination from GTAs/MUTAs, a new model of physician patient relationship is taught, with GTAs/MUTAs functioning as informed collaborators rather than docile, uninformed patients [3].

**Conclusion:** In order to implement such a programme in an institution, among the first tasks is to obtain funding. This funding can be sought from grants or via institutional funds. Institutions may even choose to grow their GTA/MUTA programme to contract with outside institutions where this clinical examination instruction is needed. Other preparatory