

## 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

steps include establishing a curriculum, observing an established GTA/MUTA programme session to assess the format, and recruitment and training of GTAs and MUTAs. Once the programme is established, a clinical skills training day may be implemented. Implementing such a programme improves the learners' experience and provides them with an increased understanding of sound technique that will benefit their patients in the long term.

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#### TESTING THE ROBUSTNESS OF EMERGENCY DEPARTMENT PROCESS PATHWAYS USING MULTIDISCIPLINARY TEAM IN-SITU SIMULATION

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**Background:** Delivering safe and best practice is dependent on robust structural processes and optimal acquisition of skills and knowledge across disciplines [1]. An in-situ simulation-based education model was implemented to optimise the provision of best practice in emergency medicine [2].

**Methods:** In-situ simulation cases were developed based on critical incidents, complaints, and interesting cases. These simulations were designed to be complex cases, aimed at high-level multi-specialty working. Maintaining the real-life integrity of the simulation cases was paramount. The simulations were run in a busy Emergency Department (ED), during the working day while the normal service continued. Participants were instructed to make-up medication, collect blood products, and contact specialities in real time. Debriefing initially included identifying communication, human factor and process issues, and concluded with medical teaching on the topic covered, and included the speciality perspective on optimal medical management. Logistical support was provided by the simulation faculty. Data from feedback forms was collected.

**Results:** Over 12 months, 20 simulation cases were conducted in the resuscitation area of the ED. Simulations involved multidisciplinary, multi-speciality workforce covering the management of acute bronchitis in an infant, an episode of acute psychosis, upper gastrointestinal bleed requiring major haemorrhage protocol activation, and many other emergencies covering the full spectrum of specialities. All feedback strongly agreed/agreed that the simulation exercises were beneficial and would lead to an improvement in the participants' clinical practice. The multidisciplinary approach was key to the discovery of system weaknesses and risk-factors. These were then addressed and improvements in system learning, and processes were proven by the re-running of similar scenarios. The learning points were communicated via the hospital ED guideline application (AskEarl) and departmental communication channels. Changes have included updating standard operating

procedures, guidelines, and the application of a business case for a blood fridge located in ED to reduce blood administration length of time.

**Conclusion:** These detailed simulations successfully tested the current hospital processes and resulted in significant improvements to the daily structural delivery of best practise. Additionally, the SBE model decreased clinician teaching preparation burden and increased simulation efficiency and effectiveness. After the success of this model, it is being rolled out to other specialities.

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#### 999 'EMERGENCY' – THE IMMERSION OF STUDENT HEALTH CARE PROFESSIONALS WITHIN THE THE SIMEX SERIES DISASTER AND EMERGENCY RESPONSE EXERCISE (2022)

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**Background:** As part of the SIMEX Series exercise [1] the University hosted a simulated mass casualty incident where Nursing/Allied Health students were joined by colleagues from the local Hospital Trust to treat simulated patients with a variety of presentations. The exercise was an educational activity and at key points in the simulation, action was paused to enable everyone to learn from significant injuries. The students involved were able to assist the emergency team to test disaster event response and build vital skills including interpersonal communication, supporting distressed patients, de-escalation techniques, and recognition of deteriorating patients.

**Methods:** Nursing students assumed the roles of Band 5 Nurses and were allocated a shift. Also participating were Radiographer and Operating Department Practitioners students. Each student was designated an area (e.g. minors, majors) and was linked with a Nurse from the Acute Trust who coordinated care. The exercise used 43 simulated casualties, consisting of drama and healthcare students. Professional actors helped to support the authenticity of the event, especially around some of the more complex injuries such as a lady who required a Perimortem C Section and a patient presenting with schizophrenia. An amputee actor played the role of a person who required an amputation as a result of the simulated emergency. He was able to draw upon his own experience adding depth to the role. Simulations were designed in coordination with the hospital team to rehearse treatment of uncommon presentations. Further scenarios were developed to enable the students to achieve their proficiencies and to display the professional values required to support patients in challenging situations.

**Results:** Initial feedback has been very positive, highlighting how the event has helped the students build upon and