

## INTERPROFESSIONAL SIMULATION-BASED EDUCATION AND TRAINING ACROSS HEALTH AND CARE IN WALES

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**Background:** Interprofessional Education (IPE) has been defined and practised over decades. The World Health Organisation has stated that IPE ‘occurs when two or more professionals learn about, from, and with each other to enable effective collaboration and improve health outcomes’ [1]. There is a recognised improvement in learner’s practice in several aspects namely leadership, teamworking, communication, and negotiation skills along with trust, self-esteem, and shared decision-making [2]. A Cochrane review concluded that IPE improved working culture, patient satisfaction, decreased errors, improved patient management and the knowledge and skill of professionals [3]. It is, therefore, desirable that IPE should be incorporated wherever possible in simulation-based education. We endeavour to facilitate and encourage this practice across health and care professionals in Wales.

**Activity:** For Interprofessional simulation-based education (SBE) to be successful, there needs to be significant coordination and resource interoperability. The undergraduate, pre-registration and post-registration postgraduate organisations, councils and health boards will have to work together. We recognised that the role of the Health Education and Improvement Wales (HEIW) Simulation Team would be that of a conduit in facilitating discussions between relevant stakeholders to identify wishes for simulation-based IPE, challenges and potential solutions and how this can be achieved by all stakeholders. After completing the project proposal, the simulation team invited individuals from all relevant stakeholders across health and care organisations and institutions in Wales.

**Results:** All stakeholders agree that there are various challenges which has resulted in the preclusion of IPE in SBE so far, although the benefit has been well recognised. The stakeholder views from discussions so far are as below:

- Communication and collaboration will be fundamental both internally and externally to institutions and organisations.
- Sharing best practice and resources will be one of the keys to success.
- IPE in simulation needs to be driven by the service/ education need, not by technology
- Joint interprofessional leadership in implementation and delivery is important.
- An infrastructure and shared pathway is required between Health Boards/Trust and Health Education Institutions, so everyone has the same strategy/joint direction.

**Conclusion:** Interprofessional SBE can be the focal point in promoting patient-centred care where professionals across healthcare learn about, of and from each other in a curriculum-based, validated teaching and training programme. We are continuing the conversation to identify the pathway for the successful implementation in Wales.

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## AN INNOVATIVE PAEDIATRIC SIMULATION PROGRAMME FOR INTERNATIONAL MEDICAL GRADUATES

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**Background:** International medical graduates form an essential part of the NHS workforce. Transitioning into NHS work is not straightforward for many: IMGs are significantly more likely to receive complaints, face fitness to practice investigation, and fail postgraduate assessments [1,2]. Creating meaningful opportunities to support IMGs in their transition into the NHS is a daunting task. They represent a heterogeneous group of medical staff and there is no ‘one size fits all’ solution. With the support of Health Education England Southwest funding, we piloted a bespoke simulation-based education (SBE) course for IMGs working in paediatrics, who had been working in the NHS for less than 2 years.

**Methods:** A survey of educational supervisors had suggested that focus areas should include communication, leadership, and team working. This, together with feedback from IMGs was used to design the course. The first course was delivered in Bristol in May 2022 to 8 participants. An introduction to SBE and human factors was followed by five scenarios. Two were manikin-based and focussed on managing the acutely unwell child. Two used simulated participants for communication-based scenarios covering medical error, safeguarding, and incivility. One scenario was a small group-based task prioritisation exercise. Feedback forms and interactive tools were used pre and post to collect mixed quantitative and qualitative data on the experience of participants, with self-reported confidence assessed across several domains.

**Results:** Participants enjoyed and valued the course (Figure 1). Participants’ self-reported confidence increased in all domains studied, with the greatest increase seen in managing safeguarding cases (Table 1). Participants reported the learning environment to be friendly and supportive and that the course covered important and useful topics. All participants felt that they were able to



Figure 1: “How are you feeling?” pre and post course word clouds from attendees.

**Figure 1:** ‘How are you feeling?’ pre- and post-course clouds from attendees.

**Table 1:** Mean self-reported confidence scores (where 5 is most confident and 1 is least confident), pre- and post-course

	Before Course	After Course
Participating in simulation-based education	3.6	4.7
Managing an acutely unwell child	4.0	4.7
Communicating with parents in difficult circumstances	3.7	4.5
Working within the MDT	3.9	4.5
Managing a safeguarding case	2.1	4.2

Table 1: Mean self-reported confidence scores (where 5 is most confident, and 1 is least) pre and post course.

ask questions, were given meaningful feedback, and that their ideas and experiences were valued, as well as feeling more valued as a member of the paediatrics community. Participants used the opportunity to complete portfolio assessments and have subsequently participated in other SBE activities.

**Conclusion:** A bespoke simulation course has a role in supporting the professional development and confidence of IMGs, as well as paving the way to access other SBE opportunities. We are excited to refine this course for our next date following feedback from faculty and attendees, including more focussed quantitative and qualitative data collection on non-technical skill development. We look forward to exploring how this course can be incorporated as a longstanding part of the regional educational offer.

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## PHYSICAL HEALTH EMERGENCY SIMULATION IN A PSYCHIATRY SETTING

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**Background:** Physical health emergencies that occur in acute mental health settings are not frequently seen. This may lead to delays in patients receiving appropriate care [1]. Simulation is an underused training modality in mental health [2] and there are currently only a few courses that address this area. (<https://www.hee.nhs.uk/sites/default/files/documents/RAMPSS%20course%20handbook.pdf>).

Recognition and management of physical emergencies in mental health can be simulated and can focus on both technical and non-technical skills [3]. We aimed to facilitate simulation of physical health emergencies designed for staff who work within acute mental health settings. Opportunities for staff to simulate management of these scenarios in a safe environment with a view to improve their practice, improve patient safety and reduce mortality.

**Methods:** Psychiatry and Emergency Medicine healthcare professionals were involved in developing scenarios to ensure key learning objectives were met. Five physical health scenarios were simulated based on real life cases where improvement in their recognition and management

was needed (e.g. significant incidents). These were deliberate self-harm, acute stroke, sepsis, fractured neck of femur, and cardiac arrest. A combination of actors and manikins were used. Eight candidates attended the one-day course and were given equal opportunity to manage a scenario as if it were taking place in their own place of work. Candidates remained in the capacity in which they normally work, drawing on their existing skills and knowledge. Faculty members delivering the course all had significant emergency medicine experience and their current roles were in emergency medicine. Candidates were initially orientated to the simulation laboratory including a high-fidelity manikin. An introductory session discussing human factors was then delivered before the candidates progressed to the scenarios.

**Findings:** Formal feedback was completed at the end of the session. All candidates found the experience enjoyable, found it relevant to their work, and found the scenarios challenging. All candidates agreed that this sort of training would improve patient safety and that the training should be repeated for others. The main limitation was that some medical equipment was different to what the candidates would use in their own place of work.

**Conclusion:** Management of physical health emergencies in the mental health setting can be successfully demonstrated by simulation. This session provided a safe learning space for all of the candidates to demonstrate both technical and non-technical skills in a supportive environment.

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## A DAY IN THE LIFE: A NOVEL APPROACH TO VIRTUAL SIMULATION FOR UNDERGRADUATE PHARMACY STUDENTS

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**Background:** In response to a sector-wide lack of placement opportunities for undergraduate pharmacy students during the COVID-19 pandemic [1], a range of simulated placement experiences were developed by a university teaching team. These experiences were developed at a time of significant change for pharmacy education, with all pharmacists being annotated as independent prescribers at the point of registration from 2026 onwards [2]. This innovation was intended to support final year undergraduate pharmacy students in developing, refining and demonstrating clinical history taking and decision-making skills, which are skills essential to the existing single competency framework for prescribing practitioners [3].

**Methods:** Four 'experiential learning days' (ELDs) were developed, focussing on a 'day in the life' of a pharmacist engaged in multiple spheres of practice: a community