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Background: Conversations regarding deceased organ donation are complex and ideally are held with support from specialist nurses [1]. However, unplanned situations where this topic is raised are encountered in clinical practice. These discussions can involve unexpected elements and views, without immediate support available from specialist teams. Conditional or directed organ donation involves the caveat that an organ is or is not donated to a specific individual or demographic. In 1998 a deceased organ donation was accepted in Sheffield with the condition it only be transplanted into a white patient [2]. This sparked an ethical debate and government review. The subsequent report identified this practice as unacceptable and fundamentally against the altruistic nature of organ donation [3]. We aimed to increase candidate familiarity with the process of deceased organ donation, ensuring future discussions are held at an appropriate time involving essential members of the multidisciplinary team.

Methods: We simulated a complex discussion regarding organ donation where conditional and directed viewpoints were addressed. This scenario also highlighted elements of inclusivity and discrimination that may be encountered in clinical practice. A scenario was designed following input from senior members of the emergency department, intensive care, and specialist nurses for organ donation. The simulation was discussed at a meeting of our Trust clinical Ethics Committee. Consent was electronically obtained prior to participation, and data regarding candidate familiarity with deceased organ donation was anonymously recorded utilising a Likert scale before and after completion of the simulation. These results were used to assess the effectiveness of the scenario against the desired aims utilising the Kirkpatrick model of learning.

Results: Ten sessions were held recruiting 30 participants. Following completion of the simulation session, our results demonstrate junior clinicians in the emergency department developed increased familiarity regarding the process and timelines surrounding deceased organ donation, and improved confidence tackling complex conversations containing controversial viewpoints.

Conclusion: We are intending to utilise data gathered from this scenario to assist in development of a toolkit for the emergency department regarding unanticipated organ donation discussions. We are also hoping to expand the simulation to cover other departments where similar conversations may be encountered.

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Background: During the COVID-19 pandemic, remote consultations have replaced face-to-face appointments in many settings [1]. Over the past few decades simulation-based education (SBE), particularly standardised patients (SP) are being increasingly utilised to assess competency in patient care, especially regarding communication skills [2]. SBE with particular emphasis on human factors is now a mandatory part of medical training as per the new Internal Medicine Training (IMT) stage 1 curriculum which was introduced in 2019 [3]. This regional cardiology simulation and study day was designed with the aim of providing IMT trainees the necessary skill set to manage video consultations using simulated patient-care scenarios using SP as a simulation modality.

Methods: A one-day cardiology online course was created and delivered via an online platform (Zoom), comprising of a morning study session of frequent cardiology presentations tailored to IMT training curriculum followed by an afternoon session where each trainee got the opportunity to participate in two simulated video consultation scenarios. The theme of the scenarios included commonly encountered cardiology presentations in clinic setting such as heart failure, atrial fibrillation, ischemic heart disease, and syncope with particular emphasis on non-clinical skills surrounding effective communication, medico-legal challenges, and shared decision-making. Scenarios were delivered via SPs who were prebriefed with detailed scripts and guidance on specific areas of challenges to focus. In addition to group debriefing, all participants received individual written feedback from respective SPs after the course.

Results: After the successful run of a pilot course in palliative care and cardiology during the COVID-19 pandemic, four courses were run during the current academic year, involving a total of 32 participants. Feedback demonstrated that all trainees were satisfied with the overall content of the course (Figure 1). 100% of trainees felt the course content improved their clinical capabilities with over 62% making major improvement in practice. Over 96% of candidates felt more confidence in dealing with the clinical scenarios in future. Mean grading of course satisfaction was 4.9/5.

Conclusion: The regional online cardiology study day and simulation course has been successfully in improving

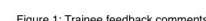


Figure: Trainee feedback comments

confidence in IMTs to carry out remote consultations in the post-pandemic era as well as equip them with clinical and non-clinical skills to manage a specialty clinic. Expanding this course design to other specialties will go a long way in improving confidence and skills of IMT trainees in managing online clinics as well as bridge gaps in opportunities to mandatory SBE in the region.

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ADDRESSING OUR BLINDSPOTS: A MIXED METHODS STUDY LOOKING AT MEDICAL STUDENTS' VIEWS AND EXPERIENCES OF SIMULATION-BASED EDUCATION TO SUPPORT THEIR RECOGNITION OF IMPLICIT BIAS

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Background: Outcomes for Graduates mandates that newly qualified doctors should be able to recognise and manage their own Implicit Biases and the impact it has on individuals/groups [1]. Implicit bias (IB) refers to attitudes unconsciously affecting our understanding, actions, and decisions. Implicit Bias Recognition and Management (IBRM) strategies have included using online tests, lectures/workshops, and more recently simulation-based education (SBE) [2]. Literature suggests that SBE offers an approach that will lead to a change in perspectives for IB but more evidence is needed to ascertain whether SBE is an acceptable and effective method for medical students [3]. This study aims to firstly compare SBE to workshop-based teaching and secondly to explore medical students' views and experiences of an SBE session aimed to support their recognition of implicit bias.

Methods: This mixed method study is a pilot head-to-head trial of the two IBRM strategies followed by qualitative analysis of SBE. Following voluntary recruitment and consent of fourth- and fifth-year medical students (n=18), covariate adaptive randomization is used to assign them to a group. Both the SBE scenario (simulated ward round) and the interactive workshop were designed using learning objectives and constructive alignment theory. During the simulated ward round, a series of events demonstrating escalating IB were witnessed, and student experience and recognition were explored during the debriefing. The 1-hour interactive workshop covered theory (definitions, impact of IB and microaggressions, and challenges to confronting) followed by two case-based discussions. Post-session participant questionnaires (5-point Likert scale and free-text questions) are collected and analysed quantitatively using averages and Mann-Whitney U test. Following interviews, free-text responses and transcripts are coded by independent researchers into transformative learning framework using template analysis via Qualitative software NVivo. Ethical approval has been sought (SERB/2021/12/2236).

Results: The preliminary results from this pilot (n=6) suggest that the workshop is better than SBE at raising awareness (4.3 Vs 2.7). Qualitative feedback suggests that SBE provided a powerful experience (Table 1).

Table 1: An extract sample of results to date, exploring medical students' view on participating in simulation-based education to explore recognition of IB

Sub-theme	Quotation
Validating experience	Respondent 1: 'As a future BAME doctor myself, it was validating for [Implicit Bias comment] to be flagged up as explicitly inappropriate rather than brushed under a carpet.'
SBE facilitates a transformative learning experience	Interviewee 1: 'It definitely challenged me to think a bit more deeply about the impact of the things we say about patients... I find myself also guilty of doing this from time to time, making jokes at the patients' expense, when they're not there. I think that medicine is quite (pause) well, I wouldn't know yet, but from my placement experience, I do know that it can get quite overwhelming at times, and I guess, you know, sense of humour is what people usually resort to. To try to lighten the atmosphere, to try to cope with the stress.'
Incorporating implicit bias into simulations	Respondent 2: 'I did not recognise the [Implicit bias example] comment till the debriefing, as it was mentioned by the facilitator. But this is more of a reflection on my own implicit bias than the design of the sim' Respondent 3: 'I liked that the session was only titled 'Professionalism' so you had no idea what the simulation would involve. It was a very realistic way to facilitate.'
Challenges of confronting and dealing with microaggressions	Interviewee 1: 'But I guess that kind of shows that this is how I've always, you know, dealt with these sorts of incidents. Whether it's big or small, whether it's just a passing comment or whether it's a full-on confrontation, I've always. I've always been just not quite sure of how I should react to it, because there's, there's never (pause)... There's no code of conduct. There's no phrase I can say that, you know, like, just rip up my book and just say, OK, [they] are telling me this and I, my, response should be this and this.'

Conclusion: At present, participant numbers from the pilot are too small to make meaningful conclusions. Ongoing recruitment and post-session semi-structured interviews with students will help to inform which method is better at short-term awareness raising, however further follow-up will be required to identify longer-term impact. This will guide instruction on IBRM for medical students and whether witnessing IB events can be embedded in their current simulation curriculum.

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ADVANCING SIMULATION DEBRIEFING – A ONE-DAY COURSE

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