

simulation programme to help refugee doctors in Wales to pass the practical examinations required for GMC registration and to prepare them for practice in the UK.

Activity: We have held a pilot simulation day open to refugee doctors in Wales, using existing simulation facilities used for NHS and medical school teaching. The day consists of a combination of practical procedure practice (e.g. cannulation or basic airway management) and simulation-based scenarios (e.g. anaphylaxis or the acutely unwell patient). Scenarios are designed to reflect likely examination topics in their examination and situations that a Foundation doctor might likely encounter. Scenarios were run using a high-fidelity simulation environment. Practical procedure workshops used low fidelity part-task trainers, allowing opportunity for the group to familiarise themselves with common procedures. The day was open to all refugee doctors in Wales, not just those about to sit the Objective Structured Clinical Examination part of the PLAB examination.

Findings: Feedback from the doctors has been extremely positive, with requests for more regular teaching. Feedback shows that attendees feel more confident not only working towards their examinations, but of being able to practise in UK hospitals. Additionally, they feel simulation-based training improves English language skills as well as practical skills.

Discussion: This course provides for a previous gap in the support given to refugee doctors in Wales, allowing theoretical concepts to be put into practice. Feedback suggests that simulation also has a role to play in consolidating and expanding medical English. We are thus designing a simulation programme open to Welsh refugee doctors with clinical practice and language development as learning objectives.

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CLINICAL SIMULATION COURSE FOR NURSE ASSOCIATES

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Introduction: The role of the nurse associate, despite being a relatively new one [1], faces several challenges regarding hands-on clinical care. The Clinical Simulation Course for Nurse Associates (NA) was developed as a new one-day simulation course aimed at Nurse associates delivering clinical care to provide them an opportunity to enhance their skills. The course's main goals are to increase knowledge and confidence in applying a range of skills including assessment and management of risk, teamwork and professional collaboration, effective communication and de-escalation skills, and most importantly the role of human factors in delivering effective patient care in a range of clinical settings.

Participants were involved in a series of four scenarios using professional actors, followed by debriefing and a didactic presentation on scenario-specific topics.

Methods: The participants were asked to complete two scales, pre- and post-course: (1) the Human Factor Skills for Healthcare Instrument (HFSHI) [2], measuring self-efficacy in human factors skills, and (2) a scale developed for this study, the Course Specific Question Scale (CSQ), to measure changes in knowledge, skills, and confidence on course-specific learning objectives.

Results: Paired samples t-tests were conducted to analyze the difference in ratings between the pre- and post-course questionnaires. Scores on the HFSHI showed a significant increase (M=92.23) and post-course (M=108.81), $t(12)=4.50$, $p<.001$, 95% CI [0.500, 1.968], with an effect size of $d=1.25$. Scores on the CSQ did show statically significant increase between the pre- (M=37.92) and post-course (M=42.25) $t(11)=3.096$, $p=.01$, 95% CI [0.204, 1.555], with an effect size of $d=0.89$.

Conclusion: The innovative Clinical Simulation Course for Nurse Associates course is effective in improving knowledge and confidence to help Nurse Associates deal with patients in clinical settings. These results demonstrate benefit in widespread areas such as improving interpersonal and de-escalation skills, recognition of and response to domestic abuse victims and escalation of safeguarding concerns, collaborating across the multidisciplinary teams, being aware of the role of the confidentiality policies in patient safety, using effective communications skills to engage with patients regarding improvement of physical and mental health, and understanding the role of human factors in delivery effective care to patients. Hence, this course can complement future placements and other educational settings to provide valuable clinical experience and prepare NA for their role.

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REGISTRAR READY DAY FOR PAEDIATRIC TRAINEES: SIMULATION TO EDUCATE, ENLIGHTEN, AND EMPOWER

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Background: The Registrar Ready days have been running within the Paediatrics speciality in our Deanery for several years. They are aimed at trainees at ST2-3 who are stepping up to the second on-call rota. It is a simulation-based course which aims to help trainees learn in a constructive and safe environment what being the 'Paediatric Registrar on-call' may feel like. The scenarios cover a variety of aspects of the Paediatric on-call including critical thinking and decision-making, dealing with difficult patients, communication, and leadership skills. Each candidate will experience the opportunity to lead a scenario with sufficient time for debriefing and self-reflection with a supportive faculty. The aim of the day is to build self-confidence and ability, whilst

allowing the trainees to experience decision-making/team management skills in an encouraging environment. Studies have shown that simulation-based medical education can improve both clinical knowledge, but also increase awareness of the importance of human factors in managing a medical emergency [1]. Studies from other regions have highlighted the importance of continuing education in paediatrics in the form of Registrar Ready days comparing trainee satisfaction pre- and post-COVID-19 [2].

Methods: Previous Registrar Ready days had been uncoordinated, meaning trainees' experiences were different depending on where they attended. We wanted to ensure that no matter where the course was delivered, and who the faculty were, the trainees would have an equitable experience. The previous and prospective trainees were surveyed to ensure that we delivered scenarios that were relevant to their level and of topics that were interesting and based on real-life situations. As part of the process, the simulations were re-written with sufficient information, so that the days could be run even without the organisers.

Findings: Feedback from the 10 'registrar-ready' paediatric trainees and the faculty from the course was excellent. Self-ratings for trainee confidence relating to different situations showed an improvement following the day. Trainees commented on a very supportive atmosphere, useful scenarios, and detailed feedback discussion as being the best aspects of the course.

Conclusion: Standardising the simulation day has meant that paediatric trainees in our region have an equitable experience when attending the course. The new scenarios are relevant to trainees and have proven to improve their confidence when they must take responsibility for different scenarios. We aim to re-assess confidence once they have stepped-up to being a Registrar to ensure that the learning is still relevant.

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PERCEPTIONS OF ADVANCED NURSE PRACTITIONERS PERFORMING AND TEACHING DIAGNOSTIC LUMBAR PUNCTURE: 'ISN'T LUMBAR PUNCTURE A DOCTOR'S JOB?'

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Background: The role of the Advanced Nurse Practitioner (ANP) within Scotland continues to expand and with the introduction of the transforming roles programme [1], this expansion is expected to continue exponentially. Within the USA it is commonplace for ANP to perform diagnostic lumbar punctures (DLP) however, this is a new development within the UK. Simulation-Based Mastery Learning (SBML) supports skill acquisition [2] and so within a Scottish District General hospital, a core group of ANPs took part in a SBML programme to perform DLPs. This programme was adapted and delivered

by an ANP across all grades of Doctors. While literature exists around the role of the ANP and perceptions of the role in facilitating learning, there is little evidence exploring the role of ANPs as a facilitator of advanced clinical skills, traditionally taught by medical staff. Therefore, this study aimed to explore nursing and medical staff's perceptions of ANPs performing and teaching DLPs.

Methods: This study utilised an exploratory qualitative approach to conduct semi-structured interviews with eight participants (medical staff n=4, nursing staff n=4), within Acute Medical Services. Ethical approval was granted by an approved Further Education Institution, School of Health and Life Sciences Ethics Committee. Data was analysed using thematic analysis as described by Braun and Clarke [3].

Findings: Three themes were developed through the thematic analysis. The themes were: improve the patient journey, ANPs integration and support within the multidisciplinary team, and ANPs as expert practitioners performing and teaching skills. The participants discussed a perceived reduction in patient anxiety leading to an increase in patient satisfaction. Participants discussed feeling that ANPs bridged the gap between nursing and medical staff which enhanced team working. All participants felt ANPs were best placed to perform DLP as ANPs had greater availability facilitating timely procedures for the patient. All participants discussed a potential for deskilling of medical staff. However, the medical staff participants felt that their skill acquisition could be enhanced by having access to an expert practitioner who can deliver mastery teaching and learning.

Conclusion: This study suggests that ANPs have expertise to perform and teach clinical skills using a mastery skills programme. Further research should explore the benefits of using ANPs to deliver mastery skills to enhance skill acquisition across all professions. In addition, research to explore the patients' perspective would be beneficial.

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REDUCING RESTRICTIVE PRACTICES: USING SIMULATION EDUCATION TO TACKLE MENTAL HEALTH STIGMA

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Background: The mortality gap experienced by individuals with severe mental illness (SMI) remains high, with SMI patients having a life expectancy of 10-20 years lower than the general population, suggesting that these patients are benefiting less from advances in healthcare [1]. The past decade has seen an increased focus on policy and guidance to reduce restrictive interventions in mental health settings [2]. A large teaching hospital in South London identified a need to improve the care of patients with mental health needs in the acute Trust. This study presents the findings of