

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.

## REFERENCES

1. Buazon A, Eneje O, Hare A, Spurr L, Kashyup M, Carby M. The use of a high-fidelity simulation-based course to prepare for the transition to a medical registrar. *2 Future Healthc J.* 2017;4(Suppl 2):s31.
2. Wilson G, Lucas SF, Salam H. 1751 Is there still a place for face-to-face simulation courses during the pandemic? A comparison of trainee satisfaction of simulation courses pre- and post-COVID. *Archives of Disease in Childhood* 2021;106:A477.

## 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.

## REFERENCES

1. NES.scot.nhs.uk. 2022. Transforming NMAHP roles. NHS Education for Scotland. <https://www.nes.scot.nhs.uk/our-work/transforming-nmahp-roles/> [Accessed on 29/06/2022].
2. Mehdipour-Rabori R, Bagherian B, Nematollahi M. Simulation-based mastery improves nursing skills in BSc nursing students: a quasi-experimental study. *BMC Nursing.* 2021;20(1):1–7.
3. Clarke V, Braun V. Thematic Analysis. In: Lyons E, Coyle A (eds.). *Analysing Qualitative Data in Psychology*, 2nd Edn., Sage Publications, London. 2016. pp. 84–103.

## 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