

the course that enabled delivery of patient care 'practice working as a team in a safe environment'. Almost all student feedback suggested they benefited from the opportunity to work together to deepen their understanding of roles and responsibilities 'becoming aware of other professionals' assessments and job roles'. Many of the participants' feedback suggested they had positive professional identity, valuing sharing knowledge between the members of the interprofessional team to enable effective decision-making, 'working with other professions, sharing knowledge to make clinical decisions'. Students also described benefiting from working with an interprofessional peer group 'working with colleagues of the same level of other professions'.

Conclusion: Students developed their interprofessional working relationships and attitudes during this SBE course which was viewed as a positive learning experience. The literature often discusses challenges to implement interprofessional simulation [3]. This course has shown it is feasible to deliver interprofessional SBE to enhance team working.

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CLINICAL FELLOWS: MORE OR LESS DESERVING OF SIMULATION-BASED EDUCATIONAL OPPORTUNITIES?

Harjinder Kainth¹, Karishma Mann¹, Philip Dainty¹, Richard Morse¹; ¹The Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom

10.54531/JIXT9886

Background: International Medical Graduates (IMGs) are making up an increasing proportion of the medical workforce in secondary care [1,2]. One of the most popular routes to enter clinical practice in the United Kingdom is through Trust-based Clinical Fellow posts, particularly for those not yet working at Consultant level [2]. At the Royal Wolverhampton NHS Trust (RWT), Clinical Fellows now make up almost half of non-Consultant doctor positions, working alongside, and equivalent to, colleagues that are in traditional training positions. Doctors employed by Health Education England, have specific training pathways that are funded centrally [2]. Conversely, doctors in non-training positions, including Clinical Fellows, do not have access to the same level of structure and funding. This also applies to educational opportunities, including Simulation-Based Education. IMGs often join the National Health Service with a wealth of clinical knowledge, skills, and experience. However, a local learning needs analysis revealed that their biggest challenges lie around differences in healthcare systems and culture. These skills are essential components of non-technical skills, which, we would argue, are ideal to be addressed using a simulation-based approach.

Methods: The results of the learning needs analysis informed the development of a bespoke simulation-based course for Clinical Fellows at RWT. We discuss the challenges

of developing and organising such a course, as well as the successes and learning points gained from a pilot course.

Results: A pilot course was delivered to three cohorts of Clinical Fellows. All 23 of the participating Clinical Fellows had undergone medical training outside of the United Kingdom. The course comprised a variety of workshops and simulation-based scenarios covering a range of non-technical skills. Pre- and post-course surveys demonstrated significant positive outcomes in all areas, including communication, respectful challenge, breaking bad news, and medical handover.

Conclusion: Simulation-based education provides a beneficial learning environment for Clinical Fellows. For a group whose biggest learning gap lies with non-technical skills, it can be argued that this cohort of doctors is likely to have a greater benefit from simulation-based education than colleagues that have worked and trained within the United Kingdom. It is envisaged that this data can enable the Clinical Fellow Programme Team to obtain funding for further simulation-based courses aimed at Clinical Fellows in all medical specialties, hence having a positive impact on patient care and safety across the Trust.

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QUALITATIVE RESEARCH TO UNDERSTAND THE ATTITUDES OF UNDERGRADUATE PHARMACY STUDENTS TOWARDS A COMMUNICATION AND PROFESSIONALISM COURSE EMPLOYING A FOUR-YEAR COMPLEX SIMULATION ENVIRONMENT

Jonathan Ward¹; ¹University Of Birmingham, Birmingham, United Kingdom

10.54531/WFYN4545

Background: Whilst simulated patient (SP) inclusion in Medicine communication training is well established [1] a review of parallel literature for undergraduate Pharmacy programmes showed such research as extremely limited. The novel nature of a Pharmacy communication course (UK university) required a more detailed appraisal than existing module evaluations offered, so a study of student attitudes towards the course was undertaken. On commencement of a new MPharm programme in 2013, pharmacy and specialist clinical communication staff collaborated to develop an ambitious communication and professionalism course utilising a longitudinal 4-year complex simulation. The course is designed to meet the General Pharmaceutical Council (GPhC) standards and address the need for pharmacists to, 'understand the complexities of patients' circumstances insofar as they are relevant to their medicines use or other behaviours relevant to personal health and wellbeing' [2]. During the course, SPs present a series of fictitious patient/family journeys lasting years enabling students to contemplate the role of pharmacists in the provision of continuity of care. Students are encouraged to consider appropriate professional identity development and acquisition of clinical communication abilities, while also investigating the perspectives of family members and healthcare team members involved in cases. The feasibility of sustaining an effective longitudinal SP programme has been