

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?

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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

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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

questioned [3], but the current four-year programme has been successfully maintained since the 2016–2017 academic year. Student cohorts range from 59–164 and participate in two simulation sessions per year. Logistical challenges, in addition to significant cost and time resources, have included retention of SPs to present consistent characters over years, integration of curricula revisions, and continuous updating of an extensive longitudinal simulation handbook. We aimed to explore students' attitudes towards MPharm communication and professionalism training and to understand how its elements impact on student perceptions.

Methods: In 2020, shortly before the coronavirus 2019 pandemic, 3 focus groups and one in-depth interview were conducted with undergraduate students from each year of the MPharm programme. A framework analysis method is being used to identify main and sub-themes from the data.

Results: Preliminary thematic analysis findings indicate a student focus on fear of exposure, recognition of professional values, confidence building in the application of knowledge, and the importance of integration of teaching and placement activity.

Conclusion: There is limited research in the use of SPs in undergraduate Pharmacy education with regards to how it helps them to develop in the domain of communication skills and professionalism and we hope our study will contribute to filling this gap.

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OPINION OF NURSING STUDENTS AND LECTURERS ABOUT VISUALLY ENHANCED MENTAL SIMULATION: PRELIMINARY RESULTS OF A QUALITATIVE STUDY

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Background: Simulation followed by debriefing has been acknowledged as a fundamental training approach in healthcare education as it can provide safe experiential learning opportunities. Although many institutions adopt full-scale simulation (FSS), it is very costly (e.g. specialised training facilities, simulators, ...). Facilitated mental simulation which is supported by simple visual representations to involve several learners together can be used for cognitive skills rehearsal face-to-face or remotely via an online video conferencing platform. We call this approach Visual-Enhanced Mental Simulation (VEMS) [1].

This study aims to explore the perspectives of nursing students and lecturers concerning VEMS as a simulation modality.

Methods: This IRB-approved study (aHSK/PGR/UH/03692) used a mix method approach targeting 150 adult nursing students exposed on at least one occasion to either or both FSS and VEMS followed by debriefing and all healthcare

lecturers from a UK-based higher education institution. For further exploration of students and lecturers' perspectives about VEMS and its effectiveness, they were invited to take part in a telephone interview. The lecturers were from nursing, midwifery, and physiotherapy. All of them received a VEMS guide to get a better idea of what it is and so they could think about its application in their programme. Participating students had previous exposure to VEMS.

Preliminary Result: Qualitative data of the study were analysed using thematic analysis with NVivo 12. 10 students and 10 healthcare lecturers agreed to participate in a telephone interview. Both students and lecturers positively perceived VEMS. As the facilitation method of VEMS is very similar to full-scale simulation [1,2], students indicated that they were able to practise their non-technical skills. The identified downside of VEMS is that students find it difficult to communicate with a poster while the facilitator vocalises the patient's voice. Nevertheless, students agreed that this method was helpful to practise decision-making skills and should be more integrated into the curriculum. Lecturers found it was a cost-effective and easy to set up classroom-based activity which could be used as a learning activity. They also found various ways of remotely facilitating VEMS to overcome the challenges of delivering training while maintaining learners' physical distancing.

Conclusion: VEMS provides lecturers and nursing students a cost-effective low-technology and a practice-based activity [3]. Followed by debriefing, it can be used in a nursing curriculum to mentally practise nursing skills in a safe and engaging environment. Obtaining feedback from lecturers from other disciplines can promote its use in different settings.

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IMMERSIVE SURGICAL SKILLS: TRAINING AND PREPARATION IN A SURGICAL ENVIRONMENT

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Background: COVID-19 has reduced training opportunities for surgical trainees, foundation doctors, and medical students [1]. With elective surgery cancelled, millions of patients on waiting lists, strict requirements on physical distancing, and trainees looking to meet numbers for competencies, it is difficult to achieve the necessary exposure and experience required as per the GMC's 'Outcome for Graduates', the Royal College of Surgeons of England, and the UK medical undergraduate curricula [2,3]. Thus, a hybrid, one day surgical simulation course, aligned to the curricula was designed for attendees to assess, resuscitate, and manage unwell surgical patients.