

- All health boards in Scotland have invested in simulation-based learning.
- There is pioneering work with the establishment of medical and surgical bootcamps as well as national pharmacy simulation.
- Additional work needs to be carried out to ensure that resources are invested wisely to areas of greatest need and that resources are shared within and between health boards.
- It is clear where abundant simulation activities are taking place, as well as where there are gaps in equipment and faculty.

Conclusion: Distribution of the information gathered will reduce duplication of effort, increase collaboration and encourage the sharing of equipment between health and social care workers across Scotland. It is hoped that this scoping project will support the creation of new relationships between people, not just for their mutual benefit, but for the benefit of the people of Scotland. The results are a first step to providing a detailed inventory of the resources available to help ensure best value for money. We hope to see an increase in the sharing of equipment across Scotland similar to the use of the NES surgical cut suit which was purchased by the Scottish Centre for Simulation and Clinical Human Factors and recently used by the simulation team at NHS Lothian to provide a multi-professional immersive paediatric training session. The plan is to update this database on a regular basis and to widen the results to incorporate all health boards as well as universities.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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DESIGN

A54

CO-PRODUCED SCENARIO-BASED SIMULATIONS: RESPECT FOR, AND UNDERSTANDING OF, THOSE FROM TRANSGENDER AND GENDER DIVERSE COMMUNITIES

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Background and aim: In July 2018 the government launched the national LGBT action plan to advance the rights of LGBT people to improve the way that public services work for them, regardless of their sexual orientation, gender identity or sex characteristics [1]. Transgender and gender diverse (TGD) [2], individuals continue to experience discrimination and disadvantages in accessing healthcare whilst often having complex health needs, furthermore, there is a gap in undergraduate curriculums on TGD patient care [3].

Activity: A workshop was co-produced with members of the TGD community; scenario content was translated from

their own experiences of prejudice and disrespect. In order to maximize participation, the scenario is delivered through forum theatre. It centres on an individual from the TGD community (played by a trans-actor) and the assumptions of a health professional (played by an actor). Audience members watch the scenario unfold; at closure of the first run through, the audience have a facilitated discussion. During the second run through, audiences are invited to change the behaviour of the health professional, leading to preferable, respectful and safe care. The actors have been trained to amend their actions as instructed by the audience members via the facilitator. After the simulation, the trans-actor de-roles and then describes the journey of transitioning their gender identity and presentation. The simulation and the lived experience are separated and treated as two separate elements of the training.

Results: The co-produced scenario-based simulation has been successful in promoting respect and understanding of those from the TGD community. Audiences have been a broad range of professional groups: vocational, undergraduate and registrants. This session has been repeated over fifty times, with changes made to suit the audience background. Health professionals have had the opportunity to learn and practice appropriate communication skills. The lived experience component post-simulation was impactful in providing a personal insight into the challenges faced by TGD individuals. Participants reported an increase in knowledge of the needs of, and confidence in communicating with, members of the TGD community.

Conclusion: The co-produced, replicable, scenario-based simulation, featuring forum theatre and lived experience, is an effective method of promoting respect and understanding of those from the TGD community. The simulation provides healthcare professionals with the opportunity to learn and practice appropriate communication skills. Separating the simulation with lived experience is an essential component, due to ethical and safety issues, although linking the two, strengthens the authenticity of the session.

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DESIGN

A55

'WHO'S IN CHARGE? ME!' USING SIMULATION FOR BAND 5 NURSES WHO ARE LEARNING TO LEAD

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Background and aim: The 'Standards Framework for Nursing and Midwifery Education' set out by the Nursing and Midwifery Council states that nurses are expected to develop 'supervision and leadership skills' [1]. However, band 5 nurses at a NHS Trust indicated their reticence about taking on 'nurse in charge' roles and wanted to build their confidence in engaging in challenging conversations with an assertive approach. As an education provider, we worked alongside the Trust nursing practice development team to develop and deliver a simulation-based workshop to help improve band 5 nurses leadership skills through simulated scenarios. The workshop was integrated into a leadership development day.

Activity: To encourage all nursing staff to 'embrace their inner leader', The Royal College of Nursing described five ways to do so – be a role model, show emotional intelligence, motivate others, create shared goals and display courage [2]. Scenarios, with actors, were developed to allow practice of these strategies whilst having difficult conversations from within a leadership role and included: listening to a colleague with personal difficulties, dealing with angry relatives, supporting a patient after unwelcome news and discussing with a clinician concerns about professionalism and kindness. Participants were provided a communication framework (STEPS: start, time, empathy, provision of support, sense check)) to assist their preparation, pacing, framing and summarizing.

Findings: Of the 12 sessions completed ($n = 180$ participants) the feedback thus far has been overwhelmingly positive. Comments from attendees to date include:

- Everyone was so brilliant! I was so nervous about the simulation but (the facilitator) has been wonderful. Actors were amazing.
- Facilitators have been so kind and knowledgeable.
- Attending this study day has given me better confidence in my own ability to be in charge and deal with challenging situations.
- STEPS has given me a very good guide in dealing with professional communication as a nurse in charge.
- Live actors are very beneficial for us as it gives us real life actions to follow and deal with daily situations in the ward.
- Immersive and interactive.

Conclusion: This simulation-based workshop developed with RCN leadership values in mind, has supported 180 band 5 nurses with their leadership roles. It has been immensely well received and has assisted these nurses in their workplaces. Based on the success of the first 12 sessions, 12 additional sessions are planned with pre and post feedback data from attendees being collated for analysis.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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DESIGN

A56

USING SIMULATION TO ADDRESS STAFF WELLBEING AND RETENTION IN A GLOBAL NON-HEALTHCARE ORGANIZATION

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Background and aim: Stress, anxiety and depression affect one-fifth of the working age population and are a leading cause of staff attrition and loss of productivity [1]. Conversations between colleagues can help reduce stress, increase job satisfaction and productivity, build stronger relationships, and create a more positive work environment [2]. In spite of numerous policy initiatives in large organizations and fewer in small [3], it is reported, by colleagues, that hands on 'practice' in having conversations would be beneficial. We were approached to create a remote live four-hour workshop with authentic simulated scenarios, appropriate for a cross cultural global reach, aiming to enable staff to feel 'at ease' with having proactive conversations with their colleagues on a daily basis.

Activity: In 2021-2022, 120 hours were spent developing a live module for managers working in non-healthcare environments. This module was preceded by three online eLearning modules, 'being aware, being proactive and being responsive'. After eight pilots, content and delivery was scrutinized, analysing feedback from participating managers, facilitators, and actors. In 2023, a further 24 workshops are underway, using the refined content and delivery structure; 144 actors, 24 facilitators and 24 simulation advisers are involved. Participants are global managers, clustered into geographical regions; module timings are amended to suit time zones and in total 192 participants are able to take part in small groups of eight. A 90 minute follow up a month later enables participants to discuss the personal areas of identified focus.

Findings: Creating a safe space has been essential, with ongoing facilitator alertness. Participants have immersed themselves in the six scenarios covering loneliness, disillusion, over-work, depression, crisis and acute anxiety. Participants key areas of focus have included: being sensitive to situations, being a better observer, sharing values with staff, spending time with colleagues, scheduling time to look after oneself.

Timekeeping to ensure equity of discussion and involvement, and arrival and integration of the six actors have both been challenging, although mitigated by the pilot experience.

Conclusion: This programme, incorporates online eLearning modules, a remote 'live' simulated module, and follow-up group sessions. By practising through simulated scenarios, there is significant potential to improve the support, retention and wellbeing of employees within this non-healthcare