

before returning to their clinical duties in ED. Pre- and post-session questionnaires were conducted to assess acquisition of learning objectives. Training days were conducted in EDs of a UK Major Trauma Centre (MTC) and an associated small teaching hospital (TH). Departmental data on time to be seen by an ED clinician were collected retrospectively for SPEED days and comparable non-SPEED days, with differentiation between the majors and urgent care (UC) MTC sub-departments.

Results: A total of 7 SPEED days were conducted over 6 months between September 2022 and March 2023 – 5 in the MTC ED and 2 in the TH ED. 65 JDs and ACPs participated across the seven days. On asking about the usefulness of the SPEED session for day-to-day practice, 41 participants responded ‘strongly agree’ and 18 participants responded ‘agree’. 6 of the 7 SPEED days demonstrated a positive mean difference in post-session questionnaire score when compared to pre-test questionnaire. There was no statistically significant difference in time to see clinician between SPEED days and comparable non-SPEED days in MTC majors (1h11m vs. 48m), MTC UC (2h41m vs. 2h25m), or TH (1h15m vs. 1h8m) (Kruskal-Wallis test, $p > 0.05$).

Conclusion: The SPEED model demonstrates acquisition of learning objectives which are relevant to day-to-day practice. There is no evidence that delivery of this model significantly affects waiting times in either a small or large ED. Adoption of this training strategy may improve training opportunities for other ED clinicians.

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

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SUPPORTING INTERNATIONALLY EDUCATED NURSES REACH THEIR FULL CAREER POTENTIAL AND DELIVER SAFE AND EFFECTIVE PATIENT CARE THROUGH SIMULATION-BASED COMMUNICATION SKILLS TRAINING

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10.54531/WCIM6042

Background and aim: Between April and September 2022, 11,496 internationally educated nurses (IENs) registered with the NMC for the first time, which is 606 less than those domestically educated within the same timeframe [1]. To register, IENs must pass OSCEs and although globally assessed, there is no specific communication skills assessment [2]. A literature review identified challenges associated with integration into culturally different healthcare systems, most notably communication barriers; however, it found that with good support it is possible for IENs to achieve their full career potential [3].

Methods: To support local healthcare trusts and IENs, our organization designed a simulation-based educational programme to address the aforementioned barriers. To

ensure a non-paternalistic approach, IENs lived experiences allowed the development of authentic, co-produced simulated scenarios. Actors were trained for the roles, and learning outcomes and debriefing processes were shared in advance. To assist participants with their skills, a model of communication was introduced, enabling them reference to a framework whilst participating and observing. Eight groups of six IENs have participated over eight months.

Results: Thematic analysis identified themes in which IENs wanted to be upskilled, these were integrated into multi-faceted simulated scenarios:

- Distressed relatives – IENs reported struggling setting appropriate boundaries and dealing with conflict with emotive relatives.
- Difficult conversations with patients – IENs felt ill equipped to communicate with challenging patients due to anxiety through language and cultural barriers leading to avoidance of engagement, further exacerbating the issues.
- Differing patient agenda – IENs struggled to manage patients who were not engaging with recommended multi-disciplinary interventions, due to a poor understanding of the MDT agenda.
- Hierarchical adjustment – IENs typically came from countries with a more established hierarchy and did not feel confident clarifying doctor's decisions even if concerned.

Evaluation linked to the learning outcomes; a rating scale from 1 (no ability/confidence) to 5 (excellent ability/confidence). 48 IENs have undertaken this training and all report progression in ability and confidence, with ongoing applicability of their learning within the workplace.

Conclusion: The number of IENs is increasing within the NHS with recent records indicating NMC registrations being equal between domestic and internationally educated nursing staff. A repeatable simulation-based communication skills workshop has been developed based upon the lived experiences reported by IENs. Further deliveries are planned with subsequent quantitative and qualitative 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

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LARGE-SCALE SIMULATED PLACEMENTS FOR BSC AND MSC PHYSIOTHERAPY STUDENTS: CONSIDERATION OF SUSTAINABILITY

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