Table 1: Mean self-reported confidence scores (where 5 is most confident and 1 is least confident), pre- and post-course

	Before Course	After Course
Participating in simulation-based education	3.6	4.7
Managing an acutely unwell child	4.0	4.7
Communicating with parents in difficult circumstances	3.7	4.5
Working within the MDT	3.9	4.5
Managing a safeguarding case	2.1	4.2

Table 1: Mean self-reported confidence scores (where 5 is most confident, and 1 is least) pre and post course.

ask questions, were given meaningful feedback, and that their ideas and experiences were valued, as well as feeling more valued as a member of the paediatrics community. Participants used the opportunity to complete portfolio assessments and have subsequently participated in other SBE activities.

Conclusion: A bespoke simulation course has a role in supporting the professional development and confidence of IMGs, as well as paving the way to access other SBE opportunities. We are excited to refine this course for our next date following feedback from faculty and attendees, including more focussed quantitative and qualitative data collection on non-technical skill development. We look forward to exploring how this course can be incorporated as a longstanding part of the regional educational offer.

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PHYSICAL HEALTH EMERGENCY SIMULATION IN A PSYCHIATRY SETTING

Madeleine Walker[1], Andrew Greer[1], Sidra Chaudhry[1]; [1]*Barnsley NHS Foundation Trust, Barnsley, United Kingdom*

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Background: Physical health emergencies that occur in acute mental health settings are not frequently seen. This may lead to delays in patients receiving appropriate care [1]. Simulation is an underused training modality in mental health [2] and there are currently only a few courses that address this area. (https://www.hee.nhs.uk/sites/default/files/documents/RAMPPS%20course%20handbook.pdf).

Recognition and management of physical emergencies in mental health can be simulated and can focus on both technical and non-technical skills [3]. We aimed to facilitate simulation of physical health emergencies designed for staff who work within acute mental health settings. Opportunities for staff to simulate management of these scenarios in a safe environment with a view to improve their practice, improve patient safety and reduce mortality.

Methods: Psychiatry and Emergency Medicine healthcare professionals were involved in developing scenarios to ensure key learning objectives were met. Five physical health scenarios were simulated based on real life cases where improvement in their recognition and management was needed (e.g. significant incidents). These were deliberate self-harm, acute stroke, sepsis, fractured neck of femur, and cardiac arrest. A combination of actors and manikins were used. Eight candidates attended the one-day course and were given equal opportunity to manage a scenario as if it were taking place in their own place of work. Candidates remained in the capacity in which they normally work, drawing on their existing skills and knowledge. Faculty members delivering the course all had significant emergency medicine experience and their current roles were in emergency medicine. Candidates were initially orientated to the simulation laboratory including a high-fidelity manikin. An introductory session discussing human factors was then delivered before the candidates progressed to the scenarios.

Findings: Formal feedback was completed at the end of the session. All candidates found the experience enjoyable, found it relevant to their work, and found the scenarios challenging. All candidates agreed that this sort of training would improve patient safety and that the training should be repeated for others. The main limitation was that some medical equipment was different to what the candidates would use in their own place of work.

Conclusion: Management of physical health emergencies in the mental health setting can be successfully demonstrated by simulation. This session provided a safe learning space for all of the candidates to demonstrate both technical and non-technical skills in a supportive environment.

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A DAY IN THE LIFE: A NOVEL APPROACH TO VIRTUAL SIMULATION FOR UNDERGRADUATE PHARMACY STUDENTS

Jonathan Davies[1], Suzanne Cutler[1], Neil Henney[1]; [1]*Liverpool John Moores University, Liverpool, United Kingdom*

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Background: In response to a sector-wide lack of placement opportunities for undergraduate pharmacy students during the COVID-19 pandemic [1], a range of simulated placement experiences were developed by a university teaching team. These experiences were developed at a time of significant change for pharmacy education, with all pharmacists being annotated as independent prescribers at the point of registration from 2026 onwards [2]. This innovation was intended to support final year undergraduate pharmacy students in developing, refining and demonstrating clinical history taking and decision-making skills, which are skills essential to the existing single competency framework for prescribing practitioners [3].

Methods: Four 'experiential learning days' (ELDs) were developed, focussing on a 'day in the life' of a pharmacist engaged in multiple spheres of practice: a community

pharmacy, a hospital environment, a primary care setting and a care home environment. Experienced pharmacist practitioners co-developed sessions to ensure that the activities were reflective of the real-life setting. In designing these screen-based activities, the teaching team prioritised the development of an immersive event, which felt like a live activity despite being undertaken at a time and place chosen by the learner. Scheduled space in the timetable was allocated for students to undertake these ELDs, although they could be accessed at any time following this. A pre-recorded orientation lecture was provided one week ahead of the first scheduled date. The ELDs were developed through the Canvas VLE platform, making use of pre-requisites and conditional requirements to allow feedback and debriefing to be released after completion of activities. Patient Communication Simulator (PCS) Spark was utilised to integrate multiple patient interactions into each of the days.

Findings: These interactions focussed on clinical history taking, clinical decision-making, and patient communication. Immersion was increased through the use of pre-recorded handover videos, realistic documentation and simulated patient interactions. Consolidation and testing of learning took place in multiple forms, including short multiple-choice quizzes, which tested collation of key patient information, understanding of physical assessment findings and plans for ongoing patient management. Additional mechanisms were selected to be reflective of day-to-day communication and included the recording of voicemail messages and responding to emails. Email responses that were received by students were screened for key information, and automatically generated replies were sent to learners to allow them to mark activities as completed. Feedback was released as a pre-recorded presentation to students who had completed all milestones, identifying key discussion points and encouraging reflection of learning and performance.

Conclusion: A range of simulated screen-based virtual 'day in the life experiences' were developed and implemented in the undergraduate Master of Pharmacy (MPharm) curriculum, intended to support students in developing key skills including clinical decision-making and clinical history taking. A variety of mechanisms were used to maximise immersion, despite sessions being run asynchronously. A high level of student engagement was observed with the activities, and formal work to investigate student attitudes and perceptions to these events is ongoing.

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DEVELOPING THE 'ALL-WALES SIMULATION-BASED EDUCATION AND TRAINING STRATEGY FOR THE HEALTH AND CARE WORKFORCE'

Sara-Catrin Cook[1], Bethan Bartholomew[1], Bridie Jones[1], Clare Hawker[1], Cristina Diaz-Navarro[1], Suman Mitra[1], Alice Hoole[1]; [1]*Health Education and Improvement Wales, Nantgarw, United Kingdom*

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Background: Health Education and Improvement Wales (HEIW) established a Simulation Team (Sim Team) in July 2020 to develop and implement a multi-professional strategy for simulation-based education and training for Wales [1]. The team comprises five interprofessional Associate Deans and a full-time manager.

Methods: Work formally started on the strategy in spring 2021. An Associate Dean was allocated to lead.

Stage 1: The Sim Team obtained awareness to key strategy needs from engagement with the Welsh health and care simulation community (Sim Community). A range of internet-available simulation strategies were reviewed to gain knowledge of current approaches and strategic themes. A first draft vision, mission statements, domains, and workstreams were outlined ('the plan on a page'). Work with HEIWs planning team followed, with extensive discussions to ensure appropriate key terminology.

Stage 2: Each Associate Dean defined objectives for each of their responsible workstreams. A Sim Team brainstorming day peer reviewed each other's work to form the finalised draft strategy.

Stage 3: A programme of key stakeholder engagement events was planned for consultation and feedback on the draft strategy, including sessions with Welsh Simulation Experts, Learners, Patient/Service User representatives, and the wider Sim Community. The first event engaging simulation experts led to minor revisions to the mission statements, which were cascaded to subsequent consultations. Other revisions are being withheld until completion of all events. Update/Q&A sessions were provided at Sim Team webinars (June, December 2021, June 2022). At completion of each stage, the strategy was submitted to the HEIWs Executive Board for review and feedback.

Results: The strategy is divided into four domains of work (Engaging People and Partnerships, Promoting Quality, Supporting Simulation Delivery, and Designing Future Directions) with three workstreams per domain. It has been positively received. Completion of the engagement events is planned for July 2022. Concluding revisions will then be made with submission of the finalised strategy to HEIWs Executive Team for closing sign off, which will complete Stage 4.

Conclusion: We have developed a strategy that outlines HEIWs commitment of work to support simulation over the coming five years, which is nearing its final stages for publication. This has been written and revised in close consultation with key stakeholders to ensure its relevance and longevity. The next step will be the development of an implementation plan.

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