

supported the imaging of a patient who had suffered an open fracture. Quantitative data was collected before and during placement using Visual Analogue Scales (VAS) to measure students' feelings. Qualitative data was collected at two stages. Firstly, twenty-four small focus groups (n=5) were conducted at the debriefing stage of the simulation and were thematically analysed. Secondly, semi-structured interviews were conducted with students (n=7) following their experience of seeing an open wound in clinical practice. These were analysed using Interpretative Phenomenological Analysis (IPA). All three stems of data collection were triangulated to identify new meta-inferences.

Results: Statistically significant changes were identified following the simulation, with improved emotional preparedness and a reduction in negatively valenced emotions. Six themes were identified following the simulation: emotion, realistic simulation, pain, difficulty communicating, developing teamwork and patient-centred care. Five superordinate themes emerged from the IPA interviews: experiencing a new environment, navigating new relationships, preparation, engagement with wound, and emotional management. Three meta-inferences were established: simulation to reality, knowledge is power, and emotional support.

Conclusion: The simulation provided a safe space to encounter an open wound ahead of clinical practice, reducing students' anxiety and improving their emotional preparedness. The use of moulage enhanced the authenticity of the simulation promoting a similar emotional reaction to those experienced in a real situation. Students gained a better understanding of their role in providing quality patient-centred care, allowing them to consider adjustments to their practice and behaviours before working with real patients. Peer support and teamwork were developed through the simulation, and this was sustained into clinical practice. Evidence indicates the implementation of a simulation using moulage, would have a positive impact on emotional labour, improving the student and patient experience.

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THE IMPORTANCE OF THE MODERATOR-TECHNICIAN ROLE IN THE ONLINE SIMULATION REVOLUTION

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Background: Maudsley Simulation has successfully pivoted to digital delivery of mental health simulation-based education (SBE) and developed a growing portfolio of digital courses, having trained over 2,000 participants online since 2020. During this time, the team have identified new training needs for faculty and technicians, to successfully adapt to online delivery of SBE. The Moderator-Technician role has emerged as essential in managing the many challenges relating to participant engagement, which is crucial to success and long-term knowledge retention [1]. These challenges include infrastructure availability, online comfort, and creating a psychologically safe space.

Methods: To reduce the technical burden during courses, there was a front-loading of responsibility to participants by specifying the technical requirements by email in advance. This pre-course intervention also ensured specialist access needs could be met, such as implementing live captioning for a hearing-impaired participant. Moderator-Technicians played an active and assertive role during digital deliveries and were responsible for welcoming participants and delivering a platform orientation and troubleshooting session. Participants were supported with Audio-Visual connectivity, which helped to ensure that technical issues did not derail the fluency of the delivery. The process of building psychological safety and creating online comfort was also an important component of the introductory session, which included talking participants through online etiquette, the importance of visibility, recording of the session, and use of direct message functionality within the Zoom platform. The limitations of online training were also acknowledged. Course participants were asked to complete pre- and post-course evaluation forms which included quantitative feedback on the technical components of online simulation courses.

Results: The end of day participant feedback was overwhelmingly positive about the online experience. Out of 332 participants, 95% reported benefits of having a Moderator-Technician, with emerging qualitative themes around finding it easier to engage due to clear guidance from the Moderator. A total of 94% reported a good experience in terms of platform accessibility.

Conclusion: Online simulation has emerged as a valuable modality for mental health simulation-based education (SBE) and the Moderator-Technician role has proven to be indispensable in maximising engagement and reducing cognitive load for facilitators. Further research is needed to assess the value of the Moderator-Technician role in online simulation. Moderator-Technicians should continue to harness new technologies to further enhance engagement and support sustainability. For example, trialling the use of mixed modality simulation through hybrid learning delivery.

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MEDICAL SIMULATION FOR REFUGEE DOCTORS IN WALES

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Background: There are more than 600 refugee doctors living in the UK, who face many obstacles on the path to the General Medical Council (GMC) registration [1]. Assisting this group to pass the GMC required examinations, the Professional and Linguistics Assessment Board (PLAB), not only helps displaced individuals find fulfilling and dependable employment, it would also contribute to alleviating the shortage of doctors in the UK. In Wales, refugee doctors receive classroom teaching of English language and some UK medical concepts, but practical training and clinical opportunities remain limited. Simulation-based training is long established in providing practical medical education [2]. Our goal was to set up a

simulation programme to help refugee doctors in Wales to pass the practical examinations required for GMC registration and to prepare them for practice in the UK.

Activity: We have held a pilot simulation day open to refugee doctors in Wales, using existing simulation facilities used for NHS and medical school teaching. The day consists of a combination of practical procedure practice (e.g. cannulation or basic airway management) and simulation-based scenarios (e.g. anaphylaxis or the acutely unwell patient). Scenarios are designed to reflect likely examination topics in their examination and situations that a Foundation doctor might likely encounter. Scenarios were run using a high-fidelity simulation environment. Practical procedure workshops used low fidelity part-task trainers, allowing opportunity for the group to familiarise themselves with common procedures. The day was open to all refugee doctors in Wales, not just those about to sit the Objective Structured Clinical Examination part of the PLAB examination.

Findings: Feedback from the doctors has been extremely positive, with requests for more regular teaching. Feedback shows that attendees feel more confident not only working towards their examinations, but of being able to practise in UK hospitals. Additionally, they feel simulation-based training improves English language skills as well as practical skills.

Discussion: This course provides for a previous gap in the support given to refugee doctors in Wales, allowing theoretical concepts to be put into practice. Feedback suggests that simulation also has a role to play in consolidating and expanding medical English. We are thus designing a simulation programme open to Welsh refugee doctors with clinical practice and language development as learning objectives.

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CLINICAL SIMULATION COURSE FOR NURSE ASSOCIATES

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Introduction: The role of the nurse associate, despite being a relatively new one [1], faces several challenges regarding hands-on clinical care. The Clinical Simulation Course for Nurse Associates (NA) was developed as a new one-day simulation course aimed at Nurse associates delivering clinical care to provide them an opportunity to enhance their skills. The course's main goals are to increase knowledge and confidence in applying a range of skills including assessment and management of risk, teamwork and professional collaboration, effective communication and de-escalation skills, and most importantly the role of human factors in delivering effective patient care in a range of clinical settings.

Participants were involved in a series of four scenarios using professional actors, followed by debriefing and a didactic presentation on scenario-specific topics.

Methods: The participants were asked to complete two scales, pre- and post-course: (1) the Human Factor Skills for Healthcare Instrument (HFSHI) [2], measuring self-efficacy in human factors skills, and (2) a scale developed for this study, the Course Specific Question Scale (CSQ), to measure changes in knowledge, skills, and confidence on course-specific learning objectives.

Results: Paired samples t-tests were conducted to analyze the difference in ratings between the pre- and post-course questionnaires. Scores on the HFSHI showed a significant increase (M=92.23) and post-course (M=108.81), $t(12)=4.50$, $p<.001$, 95% CI [0.500, 1.968], with an effect size of $d=1.25$. Scores on the CSQ did show statically significant increase between the pre- (M=37.92) and post-course (M=42.25) $t(11)=3.096$, $p=.01$, 95% CI [0.204, 1.555], with an effect size of $d=0.89$.

Conclusion: The innovative Clinical Simulation Course for Nurse Associates course is effective in improving knowledge and confidence to help Nurse Associates deal with patients in clinical settings. These results demonstrate benefit in widespread areas such as improving interpersonal and de-escalation skills, recognition of and response to domestic abuse victims and escalation of safeguarding concerns, collaborating across the multidisciplinary teams, being aware of the role of the confidentiality policies in patient safety, using effective communications skills to engage with patients regarding improvement of physical and mental health, and understanding the role of human factors in delivery effective care to patients. Hence, this course can complement future placements and other educational settings to provide valuable clinical experience and prepare NA for their role.

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REGISTRAR READY DAY FOR PAEDIATRIC TRAINEES: SIMULATION TO EDUCATE, ENLIGHTEN, AND EMPOWER

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Background: The Registrar Ready days have been running within the Paediatrics speciality in our Deanery for several years. They are aimed at trainees at ST2-3 who are stepping up to the second on-call rota. It is a simulation-based course which aims to help trainees learn in a constructive and safe environment what being the 'Paediatric Registrar on-call' may feel like. The scenarios cover a variety of aspects of the Paediatric on-call including critical thinking and decision-making, dealing with difficult patients, communication, and leadership skills. Each candidate will experience the opportunity to lead a scenario with sufficient time for debriefing and self-reflection with a supportive faculty. The aim of the day is to build self-confidence and ability, whilst