

taking collateral histories, asking for specialist advice, and updating the next of kin. Students entered the simulation suite individually and received a short verbal handover along with patient notes, then used their clinical judgement to decide who to call. The remaining students observed the live video stream with audio from a different room and also had access to the patient notes and results. A tutorial was given before the simulation session on confidentiality, how to use a hospital telephone, and how to use the 'Situation, Background, Assessment, Recommendation' (SBAR) referral tool. All students completed questionnaires before and after the simulation and confidence was measured on a 10-point Likert scale. Student-led debriefings after each scenario were facilitated by CTFs.

Results: A total of twenty-two fourth-year medical students participated. 73% had never received any formal teaching on telephone communication. 40% had never used the telephone during their clinical placements. 41% were not aware of the SBAR tool prior to the session. The questionnaire results from pre-simulation ($M=4.24$, $SD=1.30$) and post-simulation ($M=6.57$, $SD=1.47$) indicate that there was a statistically significant increase of students' confidence in communicating over the telephone, $t(22)=4.1$, $p<0.001$. Free-text feedback demonstrated an improved understanding of the most appropriate person to call in different situations.

Conclusion: Our results demonstrate the benefit of simulation in increasing the confidence of medical students in telephone communication. Formally incorporating this training into medical school curriculums may improve patient care involving FY1 doctors and ensure safer communication in clinical practice.

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WALK IN THEIR SHOES – IMMERSIVE 360-DEGREE VR EXPERIENCE OF DIVERSITY AND INCLUSIVITY IN THE NHS

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Background: Doctors within the NHS from black, Asian, and minority ethnic (BAME), and International Graduate backgrounds face differential attainment in their progression in the NHS and share differing experiences. It has been reported by the GMC that higher rates of complaints against International Graduates may reflect the lack of induction and social integration within the NHS culture [1]. Virtual Reality (VR) provides an immersive platform, with viewers able to involve themselves in realistic scenarios remotely. We utilised 360-degree VR to produce a realistic scenario on the differing experience of a BAME, International Graduated Doctor on their first day in the NHS.

Methods: We created a 360-degree VR scenario reflecting a realistic situation of a new International Graduated Doctor and the impact on the behaviours in the professional and social aspects of the NHS. The scenario whilst fictional was informed by real experiences faced by Trainees in our Trust from BAME and other minority groups. The scenario was presented through VR headsets and post-video feedback

was gained with anonymous surveys to Trainees ($n=16$) and Trainees ($n=27$) from differing ethnic backgrounds.

Results: 100% of participants found the video helpful, would recommend it to colleagues, felt immersed in the scenario due to the use of VR, and would be interested in similar Virtual Reality scenarios on different diversity topics. Within ethnicities, the majority of Caucasian participants felt able to talk and raise issues regarding diversity and inclusivity whilst ethnic minorities did not (Table 1). Comments gave insight to participants and their own experiences – with a British participant reflecting 'Felt ashamed that I have never thought of what happens to my colleagues new to the system' and ethnic minority participants feeling that the scenario 'resonated with their experiences'

Table 1: Differing opinions based on ethnicity on comfort in talking about and raising issues regarding diversity and inclusivity in the workplace

Table 1 : Differing opinions based on Ethnicity on comfort in Talking about and Raising issues regarding Diversity and Inclusivity in the Workplace									
Do you feel comfortable <u>talking</u> about issues of Diversity and Inclusivity in your workplace / with seniors				Do you feel comfortable <u>raising</u> issues regarding Diversity and Inclusivity in your workplace / with seniors					
	Yes	No	Total participants		Yes	No	Maybe		
Trainees	44%	56%	27	Trainees	26%	56%	19%		
British / Caucasian	100%	0%	8	British / Caucasian	88%	0%	13%		
Asian or Asian British	25%	75%	12	Asian or Asian British	0%	67%	33%		
Arab or Other ethnicity	14%	86%	7	Arab or Other ethnicity	0%	100%	0%		
Mixed				Mixed					
Trainers	63%	38%	16	Trainers	38%	38%	25%		
British / Caucasian	50%	50%	6	British / Caucasian	100%	0%	0%		
Asian or Asian British	17%	83%	6	Asian or Asian British	0%	67%	33%		
Arab or Other ethnicity	33%	67%	3	Arab or Other ethnicity	0%	67%	33%		
Mixed	100%	0%	1	Mixed	0%	0%	100%		



Conclusion: VR and 360-degree platforms allow an extremely immersive and realistic resource for sharing difficult experiences faced by healthcare workers from various backgrounds within the NHS. Importantly viewers are able to experience and be involved in difficult scenarios within a safe and non-threatening space, allowing reflection and the empowerment for speaking up. By utilising this immersive educational tool, we were able to share the differing experiences faced within the NHS by BAME and International Graduate groups, allowing reflection for change. We hope to further utilise this platform to share the many experiences faced by healthcare workers thus providing insight into the diverse community and improving diversity and inclusion within the NHS.

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HEALTH VISITING SIMULATION TRAINING DIFFICULT CONVERSATIONS – KEEP CHILDREN SAFE

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Background: A recurrent theme from child safeguarding practice reviews at a local and national level where a child has died or suffered significant harm has been the failure of practitioners to exhibit professional curiosity, challenge and have difficult conversations with children and their families about their concerns [1]. In 2015 the local safeguarding children partnership developed multi-agency/professional classroom training on 'difficult conversations'. What was missing was practitioners having the opportunity practise theory/strategies for having difficult conversations in a safe learning environment. Although there is a history of Simulation education being integral to experiential learning of hospital-based staff this is not the case for community practitioners [2].

Activity: The aim of the training was to enable senior health visitors (HVs) to understand why having difficult conversations is key to keeping children safe, reflect on practice build confidence, knowledge, and competence. The scenarios were based safeguarding concerns identified from clinical practice. The training was held in the Education Centre Simulation Suite which was set up for one clinic scenario and four home visits. The use of visual and audio equipment enabled all participants to watch the simulation in another room. Actors were used to play the roles of an older and young mother. This added to the realism of the scenarios

Results: Feedback was collected pre- and post-simulation. Prior to the session all seven participants said they felt confident having a difficult conversation. Nevertheless, post-training all said they enjoyed the session and would like simulation to be part of their ongoing professional development because it provided an opportunity to identify communication blind spots, reflect on practice, tips, and tricks to move conversation forward and future practice changes.

'Improving (our) communications skills. Regular feedback to improve service.'

'Having feedback from the actors provided honest feedback and advice'

Conclusion: This was the first simulation training, areas for improvement were identified during and after the session. For example, the debriefing after the third scenario was altered as the facilitator felt some participants were defensive. As a result, participants were less defensive when feedback was given. The HVs found simulation provided a safe learning environment to develop and hone their skills on holding difficult conversations which keep children safe. The intention is to develop a proposal to have simulation training as part of the multi-agency/professional difficult conversations training offer and to create a Simulation Facilitator role for community staff.

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TRANSFORMING STUDENT MIDWIVES 'LIVED' EXPERIENCE OF CARING FOR BEREAVED PARENTS FOLLOWING PERINATAL LOSS USING HIGH-FIDELITY SIMULATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Background: Student midwives frequently encounter bereaved parents as part of their experience in clinical practice. Yet many students report feeling unprepared and anxious when caring for them during this difficult time [1]. Consequently, midwifery students often lack the necessary skills in communicating with bereaved parents and providing emotional support which can impact on the quality of care that parents receive [2]. The evidence on how best to educate and train students in this aspect of care is limited both in scope and quality [3]. Therefore, this study explored student midwives lived experience of participating in an immersive, unfolding bereavement scenario based on a real clinical situation using standardised patients.

Methods: Interpretative Phenomenology was employed to collect and analyse data from semi-structured interviews conducted with a sample of nine student midwives. Mezirow's Transformative Learning Theory was also used as a lens to analyse the data.

Findings: Three key super-ordinate themes emerged from analysis of the data. Firstly, 'a rollercoaster of emotions' captured the complexity of feelings and emotions the students experienced as they encountered the bereaved parents for the first time. Secondly, 'trying to console and making things easier' depicted the deep sense of powerlessness and the professional dilemmas experienced as the students struggled to emotionally console and communicate the right words to say to the grieving parents. Thirdly, 'a unique learning experience' conceptualised the students' transformational journey as they critically reflected on significant aspects of their learning, identifying the professional and personal insights that would enable them to provide effective care.

Conclusion: The findings of the study highlight the powerful role of simulation as an experiential model of teaching bereavement care within undergraduate midwifery education that can transform student midwives' ability to provide compassionate care to bereaved parents during this traumatic time.

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SIMULATION SUPPORTING PHARMACISTS PHYSICAL ASSESSMENT SKILLS

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Background: A 2-year Multisector Pharmacist (MSP) Foundation to Advanced programme was devised providing structured supervised learning, progressing to clinically enhanced independent prescribing (CEPIP). MSPs identified the need for additional physical assessment skills (PAS) training to support achieving the CEPIP. A secondary care Trust has an established simulation suite which could be utilised to support CEPIP learners and Health Education England vision