

- questionnaire and VR scenario. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
10. BATTERY A, COURTNEY R, REPTON B, THIND A. Embedding Electronic Patient Records Into Routine Medical Simulation Training Across the South East of England, a Pioneering Regional Collaboration. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
  11. DAMBERG K, BLAIR J, WADSWORTH J, MILLETT R, ESPOSITO M, VAN VUREN E, HASSAN S. Sustain and Spread: A Standardised Solution for High Quality Simulation. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
  12. HESTER B, HILL S. Starting from scratch, creating a sustainable multi-professional student simulation programme. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
  13. AMES H, SPOWART L. "I have had an epiphany" Student Nurses' reflections on their carbon footprint in simulation. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
  14. TANG C, TARHINI M, WILSON E, HESTER B, REDWOOD V, DUZY A. Mini in Disruption, Major in Impact: The Use and Sustainability of 'Mini-Sims'. *International Journal of Healthcare Simulation*. 2023. (In this supplement)
  15. THACKRAY D, ROSSITER L, COWLEY E, TURK R, JUDD B, BRETNALL J. Sustainable healthcare placement preparation: enhancing AHP student preparation through immersive simulation and online learning. *International Journal of Healthcare Simulation*. 2023. (In this supplement)

## ORIGINAL RESEARCH

### CONTENT

#### A1 INTERACTIVE SIMULATION TRAINING COURSE FOR PROFESSIONALS WORKING WITH CHILDREN AND ADOLESCENTS WITH EATING DISORDERS

Naila Saleem<sup>1</sup>, Megan Fisher<sup>1</sup>, Jess Griffiths<sup>1</sup>, Selena Galloway<sup>1</sup>, Cristina Jianu<sup>1</sup>, **Marta Ortega Vega<sup>1</sup>**; <sup>1</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom

**Correspondence:** [marta.ortegavega@slam.nhs.uk](mailto:marta.ortegavega@slam.nhs.uk)  
10.54531/RSWW3376

**Background and aim:** Research suggests that eating disorders (ED) in children and adolescents are on the rise [1]. One study found that the incidence of anorexia nervosa in young girls aged 10–14 years increased by 50% between 1980 and 2000 [2]. Another study reported a 119% increase in the number of hospitalizations for eating disorders in children aged 12 and under between 1999 and 2006 [3]. These statistics highlight the urgent need for improved prevention, early intervention and treatment of eating disorders in young people. This 1-day interactive simulation training course is designed to enhance the knowledge, confidence and skills of medical doctors, psychiatrists, RMNs, physical health nurses, dieticians, general practitioners and family therapists who are working with children and young people (CYP) with eating disorders.

**Methods:** This 1-day simulation course was delivered online. The course focuses on the assessment and management of CYP with ED, understanding the challenges faced by professionals in engaging CYP with ED in different settings, thinking about dynamics within family systems and in wider systems, and gaining a better understanding of capacity, consent and other conundrums. The course includes simulated scenarios played by trained actors to support the development of effective communication skills and Maudsley debrief model is employed to give participants feedback on their contributions and assist them in learning positively and constructively from their experience. Participants completed a pre- and post-course questionnaire measuring their confidence in course-specific skills and human factors

skills, as well as collecting qualitative feedback on their experience of the course and intention to apply the learning.

**Results:** Participants were asked to complete a pre-course and post-course questionnaire rating their knowledge, confidence and skills related to working with patients with eating disorders. Paired samples *t*-tests were conducted to analyse the difference in ratings between the pre- and post-course questionnaires. Results demonstrated a significant difference in the scores for course-specific questions between the pre-course ( $M = 25.48$ ,  $SD = 4.50$ ) and post-course ( $M = 32.44$ ,  $SD = 3.53$ ),  $t(12) = 46$   $p < .001$ , 95% CI [-8.11, -5.80]. 100% of the participants reported that they would recommend the course. **Conclusion:** The course was effective at improving participants' knowledge, confidence and skills in working with CYP with ED. The participants found the course useful for their clinical practice.

**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.

### REFERENCES

1. Anderson NK, Nicolay OF. Eating disorders in children and adolescents. *Seminars in Orthodontics*. 2016;22(3):234–237.
2. Thomas JJ, Lee S, Becker AE, Herzog DB. Eating attitudes and behaviors in children: the impact of gender, age, and body size. *Eating Weight Disorders*. 2009;14(3):e168–e175.
3. Pinhas L, Morris A, Crosby RD, Katzman DK. Incidence and age-specific presentation of restrictive eating disorders in children: a Canadian Pediatric Surveillance Program Study. *Archives of Pediatrics & Adolescent Medicine*. 2011;165(10):895–899.

### DESIGN

#### A2 PILOT OF COMMUNICATION SKILLS SIMULATION INCORPORATING GENDER-BASED VIOLENCE

**Kate Jones<sup>1</sup>**, Emily Appadurai<sup>1</sup>, Faris Hussain<sup>1</sup>; <sup>1</sup>Cardiff And The Vale University Health Board, Cardiff, United Kingdom

**Correspondence:** [katelouisej.94@outlook.com](mailto:katelouisej.94@outlook.com)  
10.54531/LNZN4606

**Background and aim:** Over the last decade, there has been increasing awareness of the prevalence of gender-based violence with increasing recognition of its disproportionate impact on vulnerable adults and children [1]. When these vulnerable adults and children may present to services, healthcare professionals have an opportune position to recognize this and act as an agent to signpost these individuals to relevant services. Individuals suffering from gender-based violence prefer practitioners to ask about the possibility of violence as it is easier for them to disclose this in response to the question than to offer the information unprompted [2]. While communication skills are taught to various degrees in medical schools around the country, the authors of this project recognized that many medical schools did not address these issues in these sessions. Consequently, a communication-based skills day was developed that addressed this and offered an opportunity for training and simulation of scenarios.

**Aims:** These sessions aimed to improve students' confidence in recognizing indicators of abuse and asking individuals if they were subject to forms of violence or abuse.

**Methods:** A half-day teaching programme was produced for final year medical students. This comprised of a talk on the