

buildings office and equipment providers, a cost calculator template was devised to categorize the items required for SBE. The template allows for the calculation of the cost of teaching a procedural skill per person based on the total cost of all of the items in the template plus the number of attempts required for teaching and/or assessment.

Results: The cost calculator categories for procedural skills teaching in a simulated environment included recurrent costs such as heating, light and cleaning of the simulation space/facility, consumables, single use simulators, fixed equipment/initial outlay, waste disposal, depreciation costs and staff costs. To illustrate, the calculated cost for a bowel anastomosis workshop using biological materials is approx. €235 per person while the equipment cost for a basic skill such as venepuncture is €161.17.

Conclusion: Adequate resourcing is critical to establish, run and sustain SBE programmes. A cost calculator template will help new facilities to project their budget requirements and to decide what skills education they can support and sustain long term.

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

A25

GUIDING UK EDUCATED NURSES, MIDWIVES AND ALLIED HEALTH PROFESSIONALS WITH THE SKILLS TO BE ALLIES TO INTERNATIONALLY EDUCATED REGISTRANTS

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Background and aim: As international migration continues to shape the healthcare workforce globally, the United Kingdom (UK) has seen a significant increase in internationally educated (IE) nurses, midwives and allied health professionals (AHPs) [1]. These healthcare workers are vital to maintaining healthcare services, yet they face multiple challenges including language pronunciation, culture shock, and lack of social support [2]. The aim of this NHSE funded project was to identify the experiences of IE registrants, then develop and deliver a sustainable set of simulation-based workshops equipping established nurses, midwives and AHPs with the necessary skills to be allies [3].

Activity: The project design involved a mixed-method approach. Qualitative data was collected from across the region through focus group discussions and semi-structured interviews with IE registrants and with Trust leads for inclusivity and diversity. The findings were analysed and authentic story boards and scripts for scenarios were developed, cross checking back to source. These then became the core of a 're-usable' workshop

with skilled actor role players and facilitators. Allyship is introduced, advantage and privilege discussed, pre-recorded films analysed, and simulation is through live face to face encounters and forum theatre. The workshop centres on cultural allyship and the four pillars of allyship, which include awareness, empathy, action, and sustainability.

Findings: Face to face simulation-based experiential learning has enabled participants to explore different scenarios and gain insights into the challenges faced by IE registrants. Workshops have been delivered on 20 occasions to groups of around 20, predominantly UK educated, nurses, midwives and AHPs. The impact has been significant; over 400 participants have benefitted, with evaluations of the workshop comprehensively positive. The participants reported increased awareness of their own biases and privilege, improved empathy towards IE registrants, and increased confidence in taking action to support them. The workshop ends with each participant making a pledge, showing their commitment to being an ally to IE registrants.

Conclusion: Equipping UK educated nurses, midwives and AHPs with the skills to be allies to IE registrants is essential, not least because this is about being respectful and compassionate to one another, but also retaining our recruited workforce helps us all deliver safe healthcare. These repeated workshops, adaptable for different professional groups, are an effective way to achieve the goal of being active as an ally. The workshops have the potential to be replicated in other healthcare settings to promote cultural allyship, and improve healthcare outcomes for all.

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

A26

EMPATHIC SIMULATION: A NOVEL SIMULATION DESIGN TO DEVELOP EMPATHY IN HEALTHCARE STUDENTS

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Background and aim: It is well established that simulation is a powerful tool for developing empathy in healthcare students [1]. Previous simulation designs surrounding the

‘patient experience’ have focused on putting the learner into the patient’s position and mimicking health conditions [2]. Empathic Simulation (ES) is a novel simulation design which focuses on healthcare students thinking of ways to improve the patient experience whilst a simulated patient (SP) wears an audio-visual headset recording device. This allows for an immersive video-assisted debrief session where students see how they are perceived through the eyes of the patient, promoting self-reflection and behavioural awareness to a higher degree compared to previous techniques [3].

Methods: In March 2023, ES was trialled by 36 3rd year medical students during a ‘Patient Experience Week’ whilst on placement at a District General Hospital. The simulation focused on an SP wanting to self-discharge due to an accumulation of poor experiences during their hospital stay. Students were encouraged to determine and resolve these issues using the resources available to them in a simulation suite. Throughout the simulation, the SP wore a Microsoft HoloLens to record the scenario from their viewpoint. Afterwards, the recording was used to stimulate discussion during an immersive debrief session.

Students provided pre and post-simulation feedback using an online polling software. This included rating their confidence with various scenarios, e.g. discussing with patients who wish to self-discharge the reasoning behind their thoughts. Further feedback was also collected via a follow-up survey.

Results: 28/36 students provided feedback at the end of their ‘Patient Experience Week’. There was an average of 24% increase in confidence across all scenarios (average rating of 3.1 vs 4.3) and a 16% increase in confidence in the ability to empathize with patients experiencing long-term health conditions (see Figure 1-A26). In a follow-up survey, 9/10 students believed that they were more empathetic towards patients because of the ES session and learnt more about themselves compared to usual simulation debriefs. Moreover, 10/10 students felt their communication skills had improved following the session.

Conclusion: Empathic Simulation may be an effective simulation design to improve empathy and insight into the patient experience as well as situational and self-awareness in healthcare students. Research into the effectiveness of this novel simulation will be explored in the future.

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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QUALITY

A27

SUSTAINABLE SIMULATION: FINDINGS FROM AUDITS ASSESSING THE ENVIRONMENTAL IMPACT OF CLINICAL SKILLS EDUCATION AND PERCEPTIONS OF SOLUTIONS FOR AWARENESS AND ACTION

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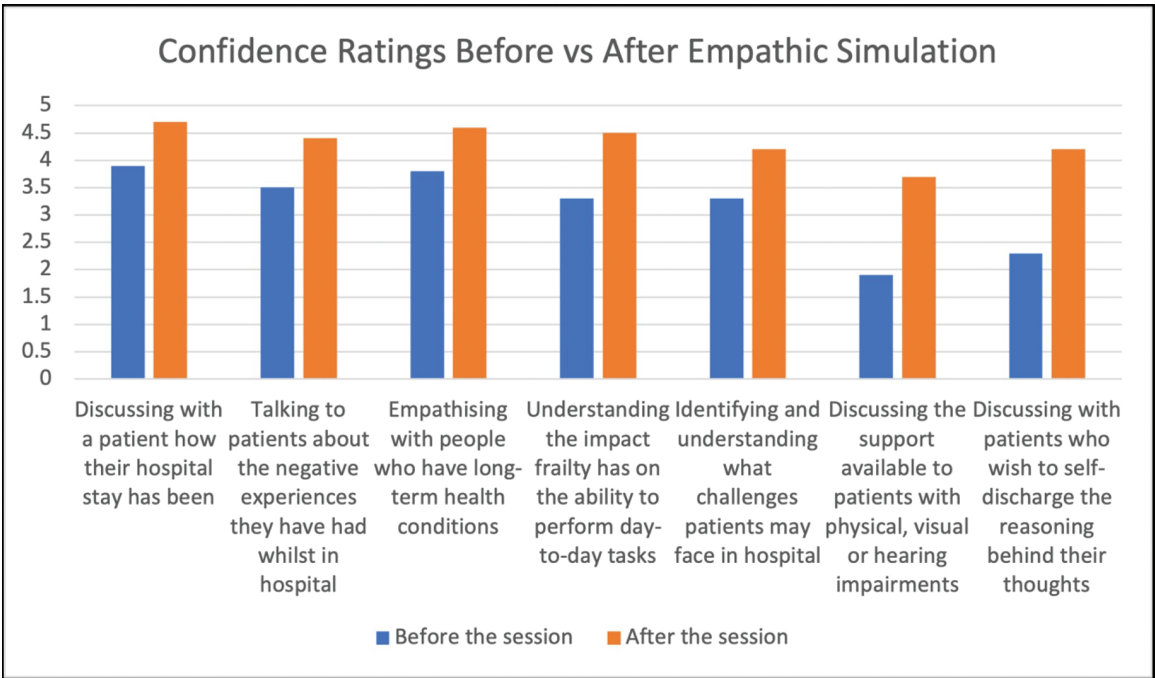


Figure 1-A26: Average confidence ratings reflecting various scenarios were gathered from students before and after the ‘Patient Experience Week’ in March 2023. This figure demonstrates the average confidence ratings for scenarios related to Empathic Simulation before vs after the session.