

**Background and aim:** Simulation and clinical skills teaching are core elements of University programmes to underpin authentic practice learning for healthcare professionals. It is estimated that 1 bag of (non-infected) 'clinical waste' is produced per student group at each skills session for students in one year for the adult nursing programme at one University (504 bags) and increases when other programmes are included in the calculation. As the health sector is one of the largest emitters of carbon dioxide equivalents to the atmosphere [1], embedding environmental sustainability into professional healthcare education works towards the NHS England target of a NetZero health service by 2040 [2].

Waste from teaching sessions includes plastic gloves, aprons, dressing packs, syringes, solution vials and associated outer packaging etc., depending on the skills simulated. Most of this is not clinically infected although it is discarded in this way. Methods for the identification of interventions to reduce waste and procure services to enable recycling and reuse of waste elements are needed to raise awareness of the problem and potential solutions, thereby reducing the carbon footprint of clinical education. The aim of the presentation is to report a collaboration between Universities to increase sustainable practice in skills education through sharing experiences of teaching practice, whilst maintaining the authenticity of educational practice.

**Activity:** Project methods include audits of the quantity and nature of clinical waste from taught sessions to identify waste reduction targets and explore alternative climate-friendly solutions; use of a Climate café to enhance collaboration with relevant stakeholder groups to raise awareness and action; and carbon foot printing analysis to identify points of action and measure change, drawing from the Sustainable quality improvement framework [3].

**Findings:** Clinical waste audit findings will be described highlighting the carbon footprint impact and where sustainable improvements could be made. Key items that could be recycled, reused or managed through different disposal pathways will be identified with lessons for teaching and learning. Climate café qualitative data provide the perspectives of clinical skills teachers and simulation facilitators as well as student representatives. Potential cost savings will be estimated.

**Conclusion:** Environmental sustainability is an emergency that needs prompt attention. The identification of the nature and amount of clinical waste from simulated education aids the strategic application of solutions to reduce, reuse and recycle key resources whilst maintaining the authenticity of clinical learning for students.

**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

A28

### DEVELOPING AND DELIVERING A TELEPHONE SKILLS SIMULATION TRAINING FOR NON-REGISTERED NHS MENTAL HEALTH CALL-HANDLERS

Anna Thame<sup>1</sup>, **Carrie Hamilton<sup>1</sup>**; <sup>1</sup>*SimComm Academy, Romsey, United Kingdom*

**Correspondence:** [carrie.hamilton@simcommacademy.com](mailto:carrie.hamilton@simcommacademy.com)  
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**Background and aim:** Registered healthcare professionals undertake a wide range of mental health work, sometimes with little preparation and training [1]. Increasingly non-registered staff take on mental health call-handler roles, having conversations with vulnerable individuals over the phone; these staff often lack the training to effectively communicate with callers. The aim of this initiative was to design and deliver a telephone skills training program for non-registered NHS mental health call-handlers, with the hypothesis that such training would improve their communication skills and overall job performance. Studies have shown that receiving training in having supportive mental health conversations over the phone increases staff confidence and changes their attitudes [2] and has the potential to benefit staff retention.

**Methods:** A mixed-methods approach was used in the design, incorporating both qualitative and quantitative data collection and based on the needs and feedback of the call-handlers themselves. Evidence shows that involving simulated patients (SPs) can be effective in telephone studies [3]; leading us to train experienced SPs in their roles as members of the community phoning the help line. All was face to face, although conducted over the phone with the SP hidden. Active participants, the SP and the observing participants all became involved in the debrief. The content covered active listening, empathy, signposting and options in handling the challenging situations. Developed over a month, the programme was delivered as part of an overall training for their roles.

**Results:** The evaluation of the session indicated significant self-rated confidence in having calls with members of the public. The scenarios increased in intensity, covering topics ranging from bullying, domestic violence, gambling addiction and intent to take life. Qualitative feedback from the call-handlers showed that they felt more confident and prepared in their roles, and were better equipped to handle challenging situations. The involvement of SPs was also found to be authentic and highly beneficial by the call-handlers. Participants requested frequent practice sessions, face to face or online.

**Conclusion:** Investing in providing targeted training and support for non-registered NHS mental health call-handlers, can have a positive impact on their communication skills, overall job performance and likely staff retention. This can ultimately lead to improved quality of care and patient outcomes in the mental health sector. The involvement of SPs can provide a valuable learning experience, both in role and in the debrief, for call-handlers, and help to prepare them for real-life scenarios.

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CONTENT, DESIGN, EDUCATION, QUALITY

A29

**SIMULATION INTEGRATION:  
A MULTISPECIALTY PROGRAMME EMBEDDING  
SIMULATION WITHIN DEPARTMENTAL  
TEACHING PROGRAMMES IN TWO  
CARDIOTHORACIC CENTRES**

**Alasdair Frater**<sup>1</sup>, Dominic Lowcock<sup>1</sup>; <sup>1</sup>*Royal Brompton Hospital & Harefield Hospital, London, United Kingdom*

**Correspondence:** [alasdair.frater3@nhs.net](mailto:alasdair.frater3@nhs.net)  
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**Background and aim:** UK-based doctors in training have faced major disruption, loss of training opportunities and increased risk of burnout due to covid-19 [1,2]. Furthermore, the intensified post-covid strain on services continues to hamper efforts to restore training. A bottom-up review across departments at both of our sites revealed demand across specialties and grades for increased simulated training opportunities. Further highlighting the need for additional simulation programmes, simulated training has recently been demonstrated to reduce risk of burnout [3]. To restore lost learning opportunities, improve morale and promote team

cohesion, we began a project to embed simulated training at a departmental level. A key aim of this project was to give departments ownership of their simulation programmes, to promote autonomy, tutor upskilling and sustainability.

**Methods:** We systematically reviewed the curricula for all specialties with doctors-in-training across our two sites in order to establish how training needs could be met with simulation. Consultant ‘simulation lead’ positions were offered to consultants in each department. Following this, we met with each assigned simulation lead to perform a scoping exercise - thus establishing specific training needs and opportunities within each department. The medical education team used this information to support each department to develop its own simulated training programme and support its delivery.

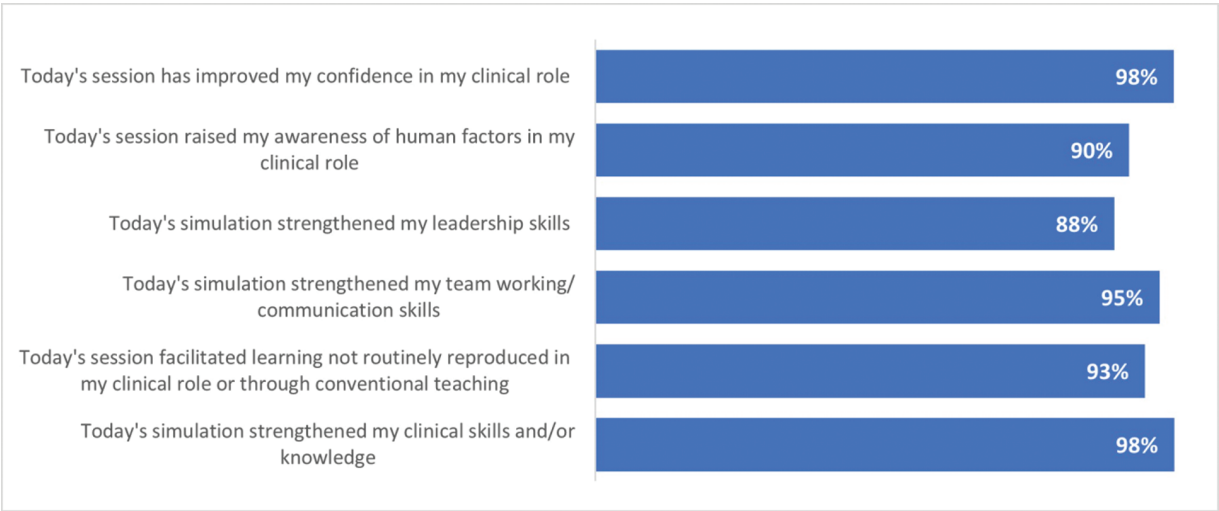
Crucially, unlike many simulated training opportunities, our programme is not tied to a particular training scheme nor does it incur any fees. This allows equal access to the programme for both locally employed doctors and Health Education England trainees.

**Results:** We worked with 13 departments in developing simulation-based training programmes. Eight departments had a single lead identified, three shared lead positions and in two departments no consultants assumed the position of lead.

Experience and enthusiasm varied by department. In departments where a simulation lead was not identified, the education department has supported other team members such as Clinical Nurse Specialists and specialty registrars to devise and deliver sim-based training.

Anonymized Microsoft Forms based post-course questionnaire responses completed by 42 participants to date have been overwhelmingly positive (outlined in [Figure 1-A29](#)). Notably, learners have found the sessions improved both technical and non-technical skills, as well as providing learning not replicated elsewhere.

**Conclusion:** Our scheme has led to embedding of effective simulated training programmes across specialties at our sites, leading to sustainably improved training opportunities for post graduate doctors in the post covid era.



**Fig 1-A29:** Percentage of attendees rating the following areas as ‘agree’ or ‘strongly agree’