

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. Oosterom N, Floren LC, ten Cate O, Westerveld HE. A review of interprofessional training wards: Enhancing student learning and patient outcomes. *Medical Teacher*. 2019; 41(5): 547-554.
2. Binienda J. Critical Synthesis Package: Readiness for Interprofessional Learning Scale (RIPLS). *MedEdPORTAL Publications*. 2015; 11: 10274.

DESIGN

A36

SUPPORTING CLINICAL AND NON-CLINICAL STAFF TO HAVE CHALLENGING CONVERSATIONS WITH PATIENTS, RELATIVES AND COLLEAGUES: ONLINE SIMULATION WITH LIVE ACTORS

Anna Thame¹, **Carrie Hamilton¹**; ¹*SimComm Academy, Romsey, United Kingdom*

Correspondence: carrie.hamilton@simcommacademy.com

10.54531/VEEA2969

Background and aim: Whether clinical or non-clinical, patient facing or not, staff working in a healthcare environment will need to initiate or manage challenging conversations in the workplace, with colleagues, patients or relatives/carers. How well and how compassionately these more difficult interactions are handled is critical to whether the conversation is effective, and leaves all parties feel respected and heard, even if the issue itself cannot be resolved. If there is negative escalation of the situation, trust is undermined, leading to further complications, distress and potential error. This can have a significant impact on team working, and ultimately on the patient or their relative's experience [1].

Activity: Evidence was gathered from a large NHS Trust during the two-month long design of the workshop. The aim was to enable participants to learn communication strategies and techniques helping them to effectively manage challenging conversations with kindness and compassion. In 2020, five standalone sessions were delivered online (a result of the geographical size of the Trust rather than a result of the pandemic); there has been a further six online deliveries per year to date, with constant review and revision. Content includes: Active listening, empathy, communication strategies, appreciative enquiry, an exploration of values, and opportunities for reflection. The scenarios cover colleague to colleague interactions (Teams meeting), frustrated relatives (phone call), isolated patient (video consultation) and unsafe colleague (face to face). All are effective in an online environment, and are authentic and relatable.

Findings: Over 300 NHS staff have participated over three years. Evaluation shows they agree or strongly agree that their skills and knowledge has improved, the scenarios were relevant and authentic, and the mode of participation provided a valuable opportunity to practice new skills in a safe environment. All felt more confident to hold challenging conversations that would be more mutually positive and avoid escalation. Consistently, participants have commented on the positivity of receiving feedback from each other and the involvement of actors was found to be highly beneficial, with feedback from them, from their perspective, uniquely insightful.

Conclusion: For the last three years, staff from a large NHS Trust have been able to learn and practice challenging conversations, through online, live simulation, with 'real'

patients, relatives/carers and colleagues. They have explored why conflict occurs and practised strategies, stopping and restarting, rehearsing and debriefing. Participants have requested further sessions and stated they would highly recommend all colleagues to undertake this training.

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. Blackmore A, Kasfiki EV, Purva M. Simulation-based education to improve communication skills: a systematic review and identification of current best practice. *BMJ Simulation and Technology Enhanced Learning*. 2017 Oct 13;4(4):159-64.

DESIGN

A37

DOES SIMULATION-BASED TRAINING INCREASE PERCEIVED CONFIDENCE TO ADDRESS DEMANDING COMMUNICATION SITUATIONS WITHIN CRITICAL CARE?

Kathleen Jones¹, Simone Bonasera¹, Nicole Flores¹, Samantha Murie¹; ¹*Guys And St. Thomas Nhs Foundation Trust, London, United Kingdom*

Correspondence: kathleen.jones@gstt.nhs.uk

10.54531/RHDI8877

Background and aim: Training nurses to improve their ability and confidence to communicate effectively in difficult situations is beneficial [1]. Simulation is an effective method to replicate difficult communication situations with colleagues, family or patients and improves communication skills [2]. Iyasere et al., (2022) [2] determined improving perceived confidence to communicate increased team-performance specifically amongst nurses. The main purpose was to evaluate the effectiveness of using simulation-based communication scenarios to improve critical care nurses' perceived confidence to communicate in difficult situations.

Methods: Fourteen (Band 5 and Band 6) critical care nurses attended three sessions of communication simulation. Participants were invited based on manager feedback either requiring improved communication or demonstrating excellent communication skills, an equal number from both spectrums attended each session. A diamond debriefing model was used after each scenario as the debriefing model provides reflection resulting in improved practice [3]. Debriefing was conducted by training simulation faculty. A survey was used to measure perceived confidence and ability to communicate in three difficult situations: escalating concern, next-of-kin communication (NOK) and colleague interaction. The survey was presented pre-, post-simulation and at six-weeks post.

Results: Results showed an increase in confidence and ability to communicate in all three communication situations, as shown in [Figure 1-A37](#). The largest improvement was within NOK communication, increasing from 6.73 to 8.77 (1-10 scale), the smallest change was 'ability to escalate a concern', however pre-simulation it achieved the highest level of confidence. Six-week post scores remained higher than pre-session ratings in all situations, but did drop slightly from post-session. Difficult communication with a colleague had the lowest score at each measurement interval.