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

| A36 | **SUPPORTING CLINICAL AND NON-CLINICAL STAFF TO HAVE CHALLENGING CONVERSATIONS WITH PATIENTS, RELATIVES AND COLLEAGUES: ONLINE SIMULATION WITH LIVE ACTORS** |

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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.

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DESIGN

| A37 | **DOES SIMULATION-BASED TRAINING INCREASE PERCEIVED CONFIDENCE TO ADDRESS DEMANDING COMMUNICATION SITUATIONS WITHIN CRITICAL CARE?** |

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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.

Conclusion: Simulation-based training is an effective method to increase Critical Care nurses perceived confidence to communicate in demanding situations. Communication situations involving colleagues remains the most challenging communication scenario for nurses. Improving confidence to communicate is essential to effective team working and patient-centred nursing practice. Further study is needed but initial results suggest the method is beneficial to improve critical care nursing practice.
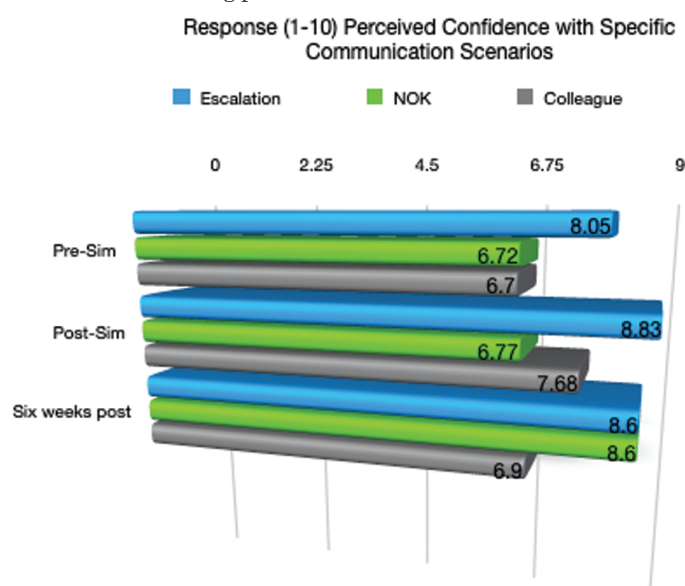
Figure 1-A37: The average rating (1-10) of perceived confidence in each simulation element, at each interval

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DESIGN

A38

BRIDGING THE GAP TO FY1 – A HIGH FIDELITY, REGIONAL PROGRAMME WITH REAL LIFE ACTOR-BASED SIMULATION OF THE ACUTELY UNWELL PATIENT

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Background and aim: Simulation based learning is becoming an increasingly important focus across medical curricula internationally [1]. The need for medical students to be both theoretically and practically competent is essential in the transition to becoming a successful junior doctor. High technology driven manikin simulations are useful, however access is limited by lack of equipment, finance, and training. In district general hospitals this restricts junior doctors' exposure to teaching and students' access to a diversity of cases. Utilizing junior doctors as Near Peer Tutors (NPTs) provides a real life equivalent to the simulation experience that comes closer to exposing trainees to the realities of hospital life as an on-call doctor [2].

Methods: A 6-week programme originally designed in a separate NHS Trust was adapted and streamlined with improvements made to data collection, labour division and content delivery. Ten simulation sessions across two district general hospitals ran from 18/10/22 to 21/04/23 with 37 medical students and 8 NPTs. Each week focused on typical, in-hospital scenarios commonly faced by junior doctors. A self-assessment confidence survey and digital knowledge quiz was undertaken on the weekly topic followed by a 10-minute, high yield, interactive lecture delivered by a NPT. Students were split into groups of two and each group assessed the 'acutely unwell patient' with an 'ABCDE' styled approach to diagnosis and management. The NPT actor simulated improvement or decline based on the management decisions of the students. A STOP5 hot debrief ran at the end to give constructive feedback and promote discussion [3].

Results: Self-assessment confidence scores by medical students were quantified against a 4-point Likert confidence scale. The students' confidence rating improved by an average of 0.65 units (average pre-teaching = 2.40, average post-teaching = 3.05) (p<0.00001). Following the session, 35/37 students described themselves as 'quite confident' managing an emergency scenario compared with 13/37 prior to the session. Thematic analysis of the perceived benefit by students highlighted 3 main areas; an opportunity to engage in practical scenarios, utilization of A-E assessments, and the benefits of real-life actors. Students enjoyed the 'informal setting', 'life like' encounters, and expressed they would like to attend additional specialty specific sessions.

Conclusion: NPT centred medical simulation in a low-cost environment is a compelling method of engaging junior doctors as teachers and equipping medical students with the skills to become future on-call doctors. We encourage the implementation of similar programmes alongside medical school curricula to supplement preparation for practice.

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