

before returning to their clinical duties in ED. Pre- and post-session questionnaires were conducted to assess acquisition of learning objectives. Training days were conducted in EDs of a UK Major Trauma Centre (MTC) and an associated small teaching hospital (TH). Departmental data on time to be seen by an ED clinician were collected retrospectively for SPEED days and comparable non-SPEED days, with differentiation between the majors and urgent care (UC) MTC sub-departments.

Results: A total of 7 SPEED days were conducted over 6 months between September 2022 and March 2023 – 5 in the MTC ED and 2 in the TH ED. 65 JDs and ACPs participated across the seven days. On asking about the usefulness of the SPEED session for day-to-day practice, 41 participants responded ‘strongly agree’ and 18 participants responded ‘agree’. 6 of the 7 SPEED days demonstrated a positive mean difference in post-session questionnaire score when compared to pre-test questionnaire. There was no statistically significant difference in time to see clinician between SPEED days and comparable non-SPEED days in MTC majors (1h11m vs. 48m), MTC UC (2h41m vs. 2h25m), or TH (1h15m vs. 1h8m) (Kruskal-Wallis test, $p > 0.05$).

Conclusion: The SPEED model demonstrates acquisition of learning objectives which are relevant to day-to-day practice. There is no evidence that delivery of this model significantly affects waiting times in either a small or large ED. Adoption of this training strategy may improve training opportunities for other ED clinicians.

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

A47

SUPPORTING INTERNATIONALLY EDUCATED NURSES REACH THEIR FULL CAREER POTENTIAL AND DELIVER SAFE AND EFFECTIVE PATIENT CARE THROUGH SIMULATION-BASED COMMUNICATION SKILLS TRAINING

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Background and aim: Between April and September 2022, 11,496 internationally educated nurses (IENs) registered with the NMC for the first time, which is 606 less than those domestically educated within the same timeframe [1]. To register, IENs must pass OSCEs and although globally assessed, there is no specific communication skills assessment [2]. A literature review identified challenges associated with integration into culturally different healthcare systems, most notably communication barriers; however, it found that with good support it is possible for IENs to achieve their full career potential [3].

Methods: To support local healthcare trusts and IENs, our organization designed a simulation-based educational programme to address the aforementioned barriers. To

ensure a non-paternalistic approach, IENs lived experiences allowed the development of authentic, co-produced simulated scenarios. Actors were trained for the roles, and learning outcomes and debriefing processes were shared in advance. To assist participants with their skills, a model of communication was introduced, enabling them reference to a framework whilst participating and observing. Eight groups of six IENs have participated over eight months.

Results: Thematic analysis identified themes in which IENs wanted to be upskilled, these were integrated into multi-faceted simulated scenarios:

- Distressed relatives – IENs reported struggling setting appropriate boundaries and dealing with conflict with emotive relatives.
- Difficult conversations with patients – IENs felt ill equipped to communicate with challenging patients due to anxiety through language and cultural barriers leading to avoidance of engagement, further exacerbating the issues.
- Differing patient agenda – IENs struggled to manage patients who were not engaging with recommended multi-disciplinary interventions, due to a poor understanding of the MDT agenda.
- Hierarchical adjustment – IENs typically came from countries with a more established hierarchy and did not feel confident clarifying doctor's decisions even if concerned.

Evaluation linked to the learning outcomes; a rating scale from 1 (no ability/confidence) to 5 (excellent ability/confidence). 48 IENs have undertaken this training and all report progression in ability and confidence, with ongoing applicability of their learning within the workplace.

Conclusion: The number of IENs is increasing within the NHS with recent records indicating NMC registrations being equal between domestic and internationally educated nursing staff. A repeatable simulation-based communication skills workshop has been developed based upon the lived experiences reported by IENs. Further deliveries are planned with subsequent quantitative and qualitative analysis.

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

A48

LARGE-SCALE SIMULATED PLACEMENTS FOR BSC AND MSC PHYSIOTHERAPY STUDENTS: CONSIDERATION OF SUSTAINABILITY

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Background and aim: Clinical placements are an essential part of physiotherapy education, providing students with the opportunity to gain practical experience in clinical settings. Due to the limited number of available placements [1], and the fact that simulated placements have emerged as an innovative approach to placement experience [2], we co-produced (HEI and simulation-based education provider) a placement programme for 80 BSc and 30 MSc undergraduate physiotherapy students. We describe the structure of the well evaluated and replicable large-scale simulated placement.

Activity: Each student was provided with 40 simulated placement hours over one week, this was divided between hands on facilitated simulation, with follow-up synthesis and reflection of the learning outcomes. The facilitated sessions with actor role players centred around authentic scenarios which were level-matched and closely aligned with the HCPC Physiotherapy Standards of Proficiency [3]. The scenarios reflected the diverse society in which we live, with actors taking on roles of patients/relatives and colleagues, from a range of backgrounds, with differing demographics and characteristics, presenting in a broad range of situations. Students were able to reflect on their interactions, before, during and after the simulation; they received objective feedback from the actor, from the unique perspective of patient/relative or colleague, they received feedback from their peers and from the facilitator.

Findings: The simulated placement, for both sets of students, was a resounding success. Both groups (BSc and MSc) worked through 10 scenarios. The larger BSc group required 20 separate facilitated sessions and 40 actors. For the MSc group, there were 5 facilitated sessions and 10 actors. As always, sustainability of programmes is linked to budget. Although a quantified analysis is yet to be completed, the time taken to organize the placement, write matched scenarios with clear learning outcomes, deliver the placement and evaluate, is time consuming. Continued co-production with shared facilitation (HEI and education provider) is a potential way forward, with re-use of scenarios and rotations; it is highly replicable, with a team of experienced facilitators and actors.

Conclusion: Simulated clinical placements provide physiotherapy MSc and BSc students with a valuable, realistic learning experience, in a safe and supportive, facilitator-led environment. The placement was found to be effective in enhancing students' communication skills, professionalism, empathy, and compassion. Involving actors was found to be an effective way of immersing students in realistic clinical scenarios. This is a reusable resource, so considering 'return on investment' would suggest repeating for future students.

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EDUCATION

A49

FIVE YEAR REVIEW OF PAEDIATRIC MULTIDISCIPLINARY IN-SITU SIMULATION ON A GENERAL PAEDIATRIC WARD

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Background and aim: In the United Kingdom, trainee doctors rotate through different specialities during their training. They are often unfamiliar with systems, environments, and personnel. Working on a general paediatric ward in a district general hospital can be anxiety inducing for those new to paediatrics.

Fortnightly low-fidelity simulation scenarios are embedded in our local teaching schedule to improve confidence amongst the medical and nursing team. These are performed on the ward addressing varied scenarios, aiming to increase confidence with clinical cases, improve local environment and systems awareness, and enhance communication between professionals.

Methods: Fortnightly 30-minute simulation sessions are run by the paediatric simulation team on the paediatric ward at our trust. The wider multidisciplinary team are invited, including nurses and health care assistants. The emergency buzzer from a bed space is pulled, and those involved attend and a scenario is undertaken. The scenario is structured to involve the wider team to improve interdisciplinary working and non-technical skills, as well as address clinical outcomes. Equipment is provided using a grab bag. Once the scenario has ended, a debrief is performed involving candidates and observers of all disciplines, to discuss technical and non-technical skills.

Post session feedback was collected on each occasion with quantitative data via Likert scales and qualitative data by free text questions.

Results: In-situ simulation has been part of the departmental paediatric teaching rota since 2009 but has been a regular fortnightly occurrence since 2018. This is because it has been rostered into our working hours before the medical team assume clinical duties.

We have collected feedback since September 2018. We have had 616 participants and delivered 82 scenarios in the clinical environment. This includes during the Covid pandemic. The weighted average confidence recorded by candidates pre-scenario was 2.51 with confidence post-scenario recorded as 3.69. 83% reported improved confidence following the scenario. This is an important finding as 45% had never encountered the scenario before in their practice.

Thematic analysis has highlighted key aspects including communication, escalation, teamwork and available resources.

Conclusion: In-situ, low fidelity simulation is an effective tool to improve human factors amongst the multidisciplinary team on a