

B: ADAMgel model with ultrasound image underneath

**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

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## QUALITY

A53

### SIMULATION EQUIPMENT - WHAT DO YOU HAVE? WHAT DO YOU DO WITH IT?

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**Background and aim:** Educators and workforce planners appreciate that clinical skills development and simulation-based learning are key strategic responses to safe and effective service provision and a sustainable workforce. However, some simulation-based experiences require simulators costing tens of thousands of pounds. In order to promote a 'Once for Scotland' approach, collaboration is essential to encourage sustainability by enabling sharing of equipment, training materials, processes, procedures and faculty between boards. Although there have been other scoping exercises [1], we believe that this the first to take place at a national level. This scoping exercise aimed to:

- Establish what equipment is available in the territorial health boards;
- Clarify the types of skills-based courses being run across NHS Scotland;
- Connect and encourage collaboration between simulation providers

**Activity:** Information was gathered via Teams discussions and questionnaires. The responses were collated into Excel spreadsheets. These have been linked into an application to present the data in a more user-friendly manner online (Figure 1-A53).

**Findings:** Responses reveal that:

## Simulation resources

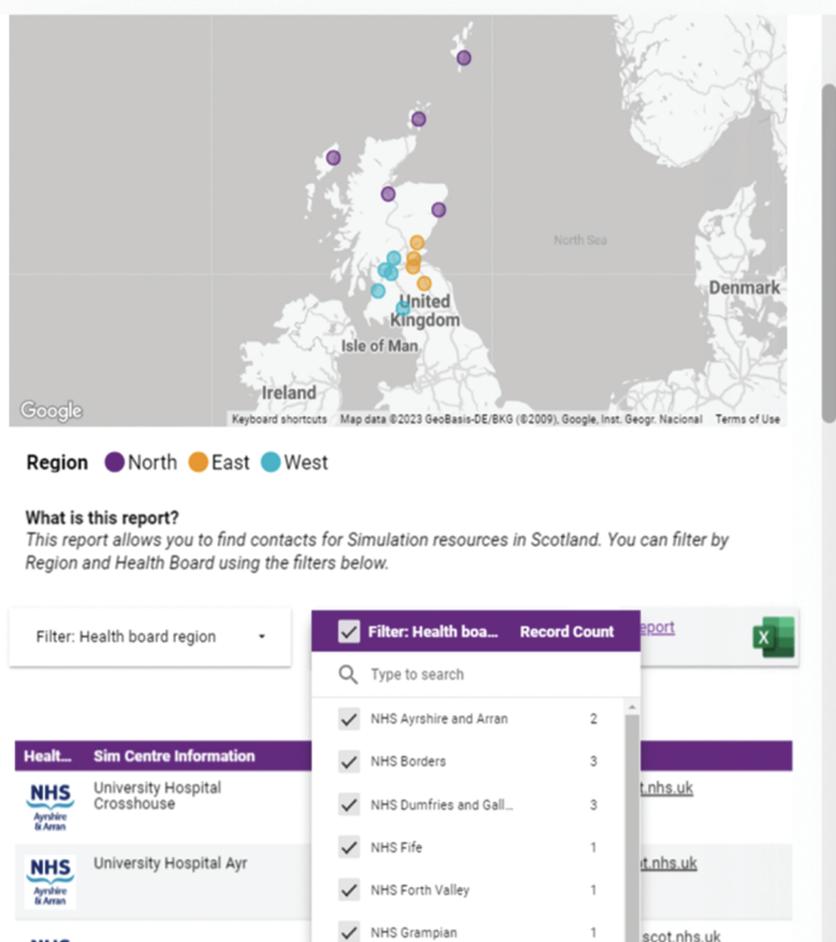


Figure 1-A53: Interactive map of simulation resources in Scotland

- All health boards in Scotland have invested in simulation-based learning.
- There is pioneering work with the establishment of medical and surgical bootcamps as well as national pharmacy simulation.
- Additional work needs to be carried out to ensure that resources are invested wisely to areas of greatest need and that resources are shared within and between health boards.
- It is clear where abundant simulation activities are taking place, as well as where there are gaps in equipment and faculty.

**Conclusion:** Distribution of the information gathered will reduce duplication of effort, increase collaboration and encourage the sharing of equipment between health and social care workers across Scotland. It is hoped that this scoping project will support the creation of new relationships between people, not just for their mutual benefit, but for the benefit of the people of Scotland. The results are a first step to providing a detailed inventory of the resources available to help ensure best value for money. We hope to see an increase in the sharing of equipment across Scotland similar to the use of the NES surgical cut suit which was purchased by the Scottish Centre for Simulation and Clinical Human Factors and recently used by the simulation team at NHS Lothian to provide a multi-professional immersive paediatric training session. The plan is to update this database on a regular basis and to widen the results to incorporate all health boards as well as universities.

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## DESIGN

A54

### CO-PRODUCED SCENARIO-BASED SIMULATIONS: RESPECT FOR, AND UNDERSTANDING OF, THOSE FROM TRANSGENDER AND GENDER DIVERSE COMMUNITIES

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**Background and aim:** In July 2018 the government launched the national LGBT action plan to advance the rights of LGBT people to improve the way that public services work for them, regardless of their sexual orientation, gender identity or sex characteristics [1]. Transgender and gender diverse (TGD) [2], individuals continue to experience discrimination and disadvantages in accessing healthcare whilst often having complex health needs, furthermore, there is a gap in undergraduate curriculums on TGD patient care [3].

**Activity:** A workshop was co-produced with members of the TGD community; scenario content was translated from

their own experiences of prejudice and disrespect. In order to maximize participation, the scenario is delivered through forum theatre. It centres on an individual from the TGD community (played by a trans-actor) and the assumptions of a health professional (played by an actor). Audience members watch the scenario unfold; at closure of the first run through, the audience have a facilitated discussion. During the second run through, audiences are invited to change the behaviour of the health professional, leading to preferable, respectful and safe care. The actors have been trained to amend their actions as instructed by the audience members via the facilitator. After the simulation, the trans-actor de-roles and then describes the journey of transitioning their gender identity and presentation. The simulation and the lived experience are separated and treated as two separate elements of the training.

**Results:** The co-produced scenario-based simulation has been successful in promoting respect and understanding of those from the TGD community. Audiences have been a broad range of professional groups: vocational, undergraduate and registrants. This session has been repeated over fifty times, with changes made to suit the audience background. Health professionals have had the opportunity to learn and practice appropriate communication skills. The lived experience component post-simulation was impactful in providing a personal insight into the challenges faced by TGD individuals. Participants reported an increase in knowledge of the needs of, and confidence in communicating with, members of the TGD community.

**Conclusion:** The co-produced, replicable, scenario-based simulation, featuring forum theatre and lived experience, is an effective method of promoting respect and understanding of those from the TGD community. The simulation provides healthcare professionals with the opportunity to learn and practice appropriate communication skills. Separating the simulation with lived experience is an essential component, due to ethical and safety issues, although linking the two, strengthens the authenticity of the session.

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## DESIGN

A55

### 'WHO'S IN CHARGE? ME!' USING SIMULATION FOR BAND 5 NURSES WHO ARE LEARNING TO LEAD

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