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Background and aim: The 'Standards Framework for Nursing and Midwifery Education' set out by the Nursing and Midwifery Council states that nurses are expected to develop 'supervision and leadership skills' [1]. However, band 5 nurses at a NHS Trust indicated their reticence about taking on 'nurse in charge' roles and wanted to build their confidence in engaging in challenging conversations with an assertive approach. As an education provider, we worked alongside the Trust nursing practice development team to develop and deliver a simulation-based workshop to help improve band 5 nurses leadership skills through simulated scenarios. The workshop was integrated into a leadership development day.

Activity: To encourage all nursing staff to 'embrace their inner leader', The Royal College of Nursing described five ways to do so – be a role model, show emotional intelligence, motivate others, create shared goals and display courage [2]. Scenarios, with actors, were developed to allow practice of these strategies whilst having difficult conversations from within a leadership role and included: listening to a colleague with personal difficulties, dealing with angry relatives, supporting a patient after unwelcome news and discussing with a clinician concerns about professionalism and kindness. Participants were provided a communication framework (STEPS: start, time, empathy, provision of support, sense check)) to assist their preparation, pacing, framing and summarizing.

Findings: Of the 12 sessions completed ($n = 180$ participants) the feedback thus far has been overwhelmingly positive. Comments from attendees to date include:

- Everyone was so brilliant! I was so nervous about the simulation but (the facilitator) has been wonderful. Actors were amazing.
- Facilitators have been so kind and knowledgeable.
- Attending this study day has given me better confidence in my own ability to be in charge and deal with challenging situations.
- STEPS has given me a very good guide in dealing with professional communication as a nurse in charge.
- Live actors are very beneficial for us as it gives us real life actions to follow and deal with daily situations in the ward.
- Immersive and interactive.

Conclusion: This simulation-based workshop developed with RCN leadership values in mind, has supported 180 band 5 nurses with their leadership roles. It has been immensely well received and has assisted these nurses in their workplaces. Based on the success of the first 12 sessions, 12 additional sessions are planned with pre and post feedback data from attendees being collated for 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

A56

USING SIMULATION TO ADDRESS STAFF WELLBEING AND RETENTION IN A GLOBAL NON-HEALTHCARE ORGANIZATION

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Background and aim: Stress, anxiety and depression affect one-fifth of the working age population and are a leading cause of staff attrition and loss of productivity [1]. Conversations between colleagues can help reduce stress, increase job satisfaction and productivity, build stronger relationships, and create a more positive work environment [2]. In spite of numerous policy initiatives in large organizations and fewer in small [3], it is reported, by colleagues, that hands on 'practice' in having conversations would be beneficial. We were approached to create a remote live four-hour workshop with authentic simulated scenarios, appropriate for a cross cultural global reach, aiming to enable staff to feel 'at ease' with having proactive conversations with their colleagues on a daily basis.

Activity: In 2021-2022, 120 hours were spent developing a live module for managers working in non-healthcare environments. This module was preceded by three online eLearning modules, 'being aware, being proactive and being responsive'. After eight pilots, content and delivery was scrutinized, analysing feedback from participating managers, facilitators, and actors. In 2023, a further 24 workshops are underway, using the refined content and delivery structure; 144 actors, 24 facilitators and 24 simulation advisers are involved. Participants are global managers, clustered into geographical regions; module timings are amended to suit time zones and in total 192 participants are able to take part in small groups of eight. A 90 minute follow up a month later enables participants to discuss the personal areas of identified focus.

Findings: Creating a safe space has been essential, with ongoing facilitator alertness. Participants have immersed themselves in the six scenarios covering loneliness, disillusion, over-work, depression, crisis and acute anxiety. Participants key areas of focus have included: being sensitive to situations, being a better observer, sharing values with staff, spending time with colleagues, scheduling time to look after oneself.

Timekeeping to ensure equity of discussion and involvement, and arrival and integration of the six actors have both been challenging, although mitigated by the pilot experience.

Conclusion: This programme, incorporates online eLearning modules, a remote 'live' simulated module, and follow-up group sessions. By practising through simulated scenarios, there is significant potential to improve the support, retention and wellbeing of employees within this non-healthcare

organization. The programme’s global scope, with five regions, highlights its relevance and applicability to a diverse range of workplaces. There is potential for replication in other organizations facing similar challenges, ultimately impacting on our society as a whole.

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DESIGN

A57

SIMULATED PRACTICE AS A METHOD TO PROMOTE LEGITIMATE PERIPHERAL PARTICIPATION

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Background and aim: Simulated sessions are widely used within medical education. Despite the potential benefits of simulated learning, it suffers from a narrow scope of practice; acute, emergency presentations and procedural skills. There is less research for its utility in sub-acute and chronic disease management.

To develop expertise in medical practice, learners require sufficient foundational knowledge to facilitate more complex behaviours [1]. Within ward environments, lack of foundational knowledge in both ‘hard’ (knowledge) skills, and ‘soft’ (organizational) skills can limit learners’ potential for development. Considering legitimate peripheral participation theory, learners require ‘enculturing’ into an institution to develop ‘soft’ skills. Examples of ‘soft’ skills include understanding problem solving approaches, language, values and norms of the profession [2].

Aim: To design and assess the educational impact of simulated ward round teaching sessions on medical students in semi-acute settings, focussing on ‘enculturing’ skills.

Methods: This was a prospective study. We created a ward round-based simulation session, with six simulated patient scenarios, designed for clinical placement level medical students. Ten students were included in the study. We utilized an induction exercise to familiarize students with medical documentation, a simulated ward round, and

a consolidation exercise reviewing discharge paperwork and prescriptions. A simulated patient was present in each scenario, with a member of faculty facilitating. Simulated ward round entries, nursing handover queries and investigations were provided to students. Scenarios were 20 minutes; with objectives to produce ward round documentation and generate holistic clinical management decisions. Students participated in a ‘board round’, which served as a forum for station specific feedback.

Enculturing values were assessed via a 40-point, knowledge based formative assessment, covering the main themes of the session: appropriate documentation, medical abbreviations, and clinical decision-making. Assessment was administered both pre- and post-session. Qualitative feedback of the session was obtained from learners to identify themes for further development.

Results: There was a significant improvement in knowledge following the session (see [Table 1-A57](#)). The results were analysed with a two tailed paired t test, with statistical significance reached ($p = 0.0018$). Positive qualitative feedback was given. The main themes of student feedback indicated improved confidence in the ward environment, with medical documentation and clinical decision-making.

Table 1-A57: Results of pre- and post-intervention knowledge assessment

Student	Scores				
	Pre test raw score (/40)	Pre test standardized score	Post test raw score (/40)	Post test standardized score	Absolute difference
1	16	0.40	36	0.90	+0.50
2	17	0.43	37	0.93	+0.50
3	28.5	0.71	37	0.93	+0.22
4	24.5	0.61	36	0.90	+0.29
5	16	0.40	29	0.73	+0.33
6	29	0.73	38	0.95	+0.22
7	30.5	0.76	36	0.90	+0.14
8	28	0.70	36	0.90	+0.20
9	33	0.83	36	0.90	+0.07
10	26	0.65	35	0.88	+0.23
Mean Raw score Difference					10.75
Mean Standardized Score change					+0.27
p value (at 95% CI)					0.00018

Conclusion: Our results demonstrate an increased sense of empowerment in the study population. Simulated practice can be used effectively to enhance learning in sub-acute medical situations. Enculturing skills were particularly enhanced; promoting future learning through orientation within zones of legitimate peripheral participation.

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