

networks. 61% exclusively used faculty employed within their own organization, with 54% delivering in-house faculty development programmes. Most funding for course set-up and maintenance was derived from NHSE (formally HEE) through direct funding or the learning contract (formally SIFT/tariff). 22% had funding from NHS trusts for course maintenance.

Thematic analysis of the 'future challenges' section, revealed 5 primary areas of perceived challenges: Faculty development, maintenance, and retention; resources funding; collaborative working; strategy and equitable opportunities and adoption of new technology.

Conclusion: Provisional results already demonstrate a huge variety of resources which are distributed widely across the region. Many of these are not necessarily in contact with regional simulation networks, particularly individual training programmes. The stakeholder opinions collated through this exercise will form the bedrock on which regional SimImm strategy and decision-making can be based.

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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QUALITY

A60

A SIMULATION BASED QUALITY IMPROVEMENT PROJECT TO IMPROVE PATIENT CARE IN THE URGENT CARE ENVIRONMENT

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Background and aim: In the two years prior to commencement of the project, data suggested that incidents related to patient safety were high on one Urgent Care Ward. Evidence also suggested that staff turnover and the number of junior staff in post were also higher than usual with little support available.

A series of monthly, clinical Simulation Based Education, (SBE) Sessions were held over eight months with the aim of allowing staff to practice, in a safe space, the specific clinical skills required to work in that environment ultimately resulting in safer patient care by increasing knowledge, skills and confidence, [1].

Activity: Training consisted of monthly 3-hour sessions, 3 scenarios per session, each followed by a structured debriefing cementing understanding and learning. Scenarios were relevant to Urgent Care and as realistic as possible using High Fidelity Simulators.

A mixed methodology was used to collect qualitative and quantitative data over 11 months allowing for robust analysis, [2]. Pre and Post session Confidence Scales were completed by candidates as well as a feedback form to identify key learning points and to advise on the suitability. A comparison study was made, collecting patient safety data at the beginning and end of the project.

Findings: 26 candidates attended. 3 attended twice. Candidates were qualified and student Nurses and Health Care Assistants with varying levels of Urgent Care experience. Following sessions all candidates reported that they felt more confident managing deteriorating patients and that they felt more confident to summon assistance. They all reported that scenarios were relevant to practice. 65 learning points were identified with 7 common themes.

The most useful part of sessions was realism and relevance. Patient Safety Data indicates some improvement in the number of reported incidents. Some variables could have influenced data and further study is required.

Results were positive and the project has been adopted throughout Urgent Care across the Trust to improve patient safety and retain staff

Conclusion: The project aimed to improve patient safety by providing SBE to staff on one Urgent Care Ward. Analysis of data suggests there was some benefit to patient care and demonstrated a positive impact on staff confidence. It also identified key learning themes.

The educational program will be offered across the Trust and further study will enable more persuasive data.

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

A61

A COMPREHENSIVE TRAINING PROGRAMME FOR MEDICAL SUPPORT WORKERS AT A LARGE TEACHING HOSPITAL

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Background and aim: The Medical Support Worker (MSW) programme enables International Medical Graduates (IMG) and refugee doctors to support clinical teams, whilst General Medical Council registration is gained [1]. North Bristol NHS Trust, a large teaching hospital in South-West England, has designed and implemented a novel training programme for a second cohort of 30 MSWs. A comprehensive learning needs assessment informed the content of the programme.

Methods: Learning needs were identified from two probing questionnaires and reflective pieces, completed by 22, 27 and 29 MSWs respectively; alongside Health Education England and General Medical Council guidance [2, 3].

Four principal areas were identified- (1) Communication, (2) Portfolio Development, (3) Career Development, (4) Preparation for work in the NHS.

A subsequent teaching programme consisted of simulation, human factors, communication and ethics training, alongside community theatre delivered communication skills, interview preparation practice, portfolio training sessions and a specifically tailored lecture series. The programme was evaluated using two delayed surveys, formed largely of Likert scale questions, completed by 25 and 17 MSWs.

Results: *Pre-intervention:* Communication, social skills or cultural change were highlighted as the biggest challenges by 64% MSWs. Only 48% of MSWs felt confident working in the NHS. Confidence in managing emergencies, sensitive discussions, presenting cases, and updating relatives was low (0-35%). 75% requested teaching in assessing acutely unwell patients and decision-making. 60% wanted to improve teamworking skills.

Post-intervention: Confidence working within the NHS rose from 48% to 92%. 100% of MSWs reported that the teaching programme helped them prepare for work as doctors in the NHS. There was a greater understanding of the structure and function of the NHS, the role of allied healthcare professionals, plus the portfolio and professional development requirements of doctors (92%).

100% of MSWs felt their communication skills had improved. 87.5% reported increased confidence with informal conversation and 100% reported increased confidence in voicing opinions and raising concerns.

Additionally, 100% of MSWs reported increased confidence recognizing and assessing acutely unwell patients. Confidence in managing emergencies, sensitive discussions, presenting cases, and updating relatives improved (60-88%).

Conclusion: This well-received, novel programme addresses some of the unique learning needs of MSWs and helps them prepare for work as doctors in the NHS. Collaborations with other trusts are taking place to establish whether the programme could be adapted for IMGs more broadly.

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

A62

MINI IN DISRUPTION, MAJOR IN IMPACT: THE USE AND SUSTAINABILITY OF 'MINI-SIMS'

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Background and aim: Simulations can be important for wider learning and patient safety [1]. However, the delivery of traditional simulations is not always feasible [2]. We developed an alternative 'Mini-Sim' to deliver high quality teaching with a sustainable approach, aimed to save time and resources.

Activity: The simulation team delivered traditional ward-based simulations every Wednesday. Where this was not possible, due to timing or staffing constraints, we delivered 'Mini-Sims'. This involved participant verbalizing their assessments to a pre-written scenario with a facilitator asking follow-up questions as opposed to physically acting out. Data collected over 5 months included the type and duration of simulation, how many participants were involved, and resources required.

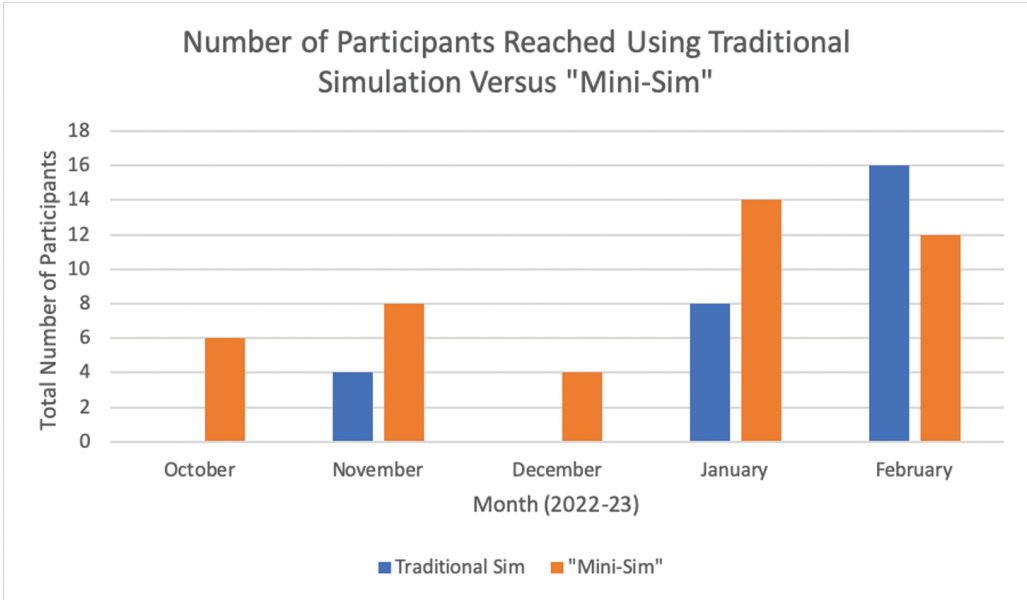


Figure 1-A62: Comparing participant numbers from 'Traditional Sims' with 'Mini-Sims' delivered between October 2022 to February 2023