

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

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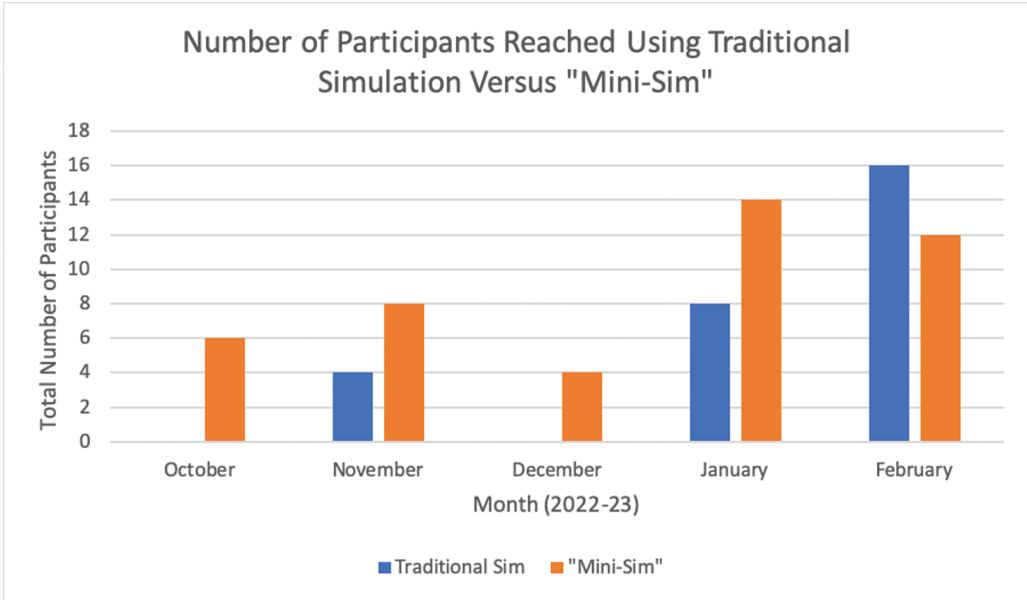
MINI IN DISRUPTION, MAJOR IN IMPACT: THE USE AND SUSTAINABILITY OF 'MINI-SIMS'

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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

**Findings:** Across the 5 months, between 0 to 16 participants were reached monthly using traditional simulations, whereas 'Mini-Sims' reached 4 to 14, [Figure 1-A62](#). Except in February, 'Mini-Sims' demonstrated greater monthly participation. The average 'Mini-Sim' took 15 minutes, a considerable difference to traditional simulations, which took 60 minutes to comprehensively implement. The delivery of one traditional simulation can be complex, requiring: minimum 3 staff members to facilitate and act; space and time on a clinical ward; and props. We were unable to deliver a traditional simulation if there were no technicians to manage the props or if there was insufficient ward space. Conversely, 'Mini-Sims' required only a script and a facilitator. In October and December, where no traditional simulations could be delivered, historically the wards would have received no simulation teaching those months. However, 'Mini-Sims' provided an alternative opportunity to reach 6 and 4 participants respectively. This is due to its simplicity resulting in less impact from ward and time pressures, or staff absence within the simulation team.

**Conclusion:** Where resources and time are limited, the minimalistic approach of 'Mini-Sims' provide consistent teaching opportunities and promotes sustainability in manpower, time, and costs. Whilst humble in appearance, 'Mini-Sims' show sizeable potential for sustainable learning.

**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

A63

### THE USE OF SIMULATION BASED EDUCATION (SBE) TO IMPROVE RECOGNITION AND MANAGEMENT OF PATIENTS IN THE TRANSITION FROM ACUTE TO END OF LIFE CARE

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**Background and aim:** Recognizing and managing a deteriorating patient, in any setting, can be a challenging and distressing event for health care providers (HCPs). End of life care is a core component of nursing and medical education, yet historically has received minimal focus. Simulation Based Education (SBE) has been shown to be an effective tool for enhancing HCPs competence and confidence when involved with complex clinical scenarios and advocating patient-centred care [1]. The national drive to increase recognition and provision of timely, individualized end of life care is catalysing the need for multidisciplinary team education [2] [3].

**Aim:** To design, deliver and modify SBE programme to enhance quality of patient care as they deteriorate. SBE will be utilized to achieve this by increasing both confidence and competence of a cohesive multidisciplinary team when involved in the care of deteriorating patients.

**Activity:** Three SBE study days are held each year which are booked through an online portal. The sessions are facilitated by HCPs from intensive care, palliative medicine, and the practice development team. A handbook outlining SBE scenarios and learning objectives is distributed in advance, this pre-brief allows learners to prepare and understand the format of the day. The teaching day is structured with three clinical scenarios following a patient through different stages of their illness: initially an acute assessment and escalation, leading to consideration of individual treatment escalation plans and ultimately their end-of-life care. Learning through simulation is multifaceted through evidence-based role play, with observers as learners and collective debriefing through facilitated feedback after every scenario.

**Findings:** Online feedback provided by all learners has been collated throughout the four-year course development process. Evaluations revealed three main themes; learners valued SBE in terms of replicating practice, de-briefing discussions consolidated learning and enabled learners the opportunity to understand how it will improve their practice and value was placed on multidisciplinary team learning.

**Conclusion:** SBE is an effective method of enhancing the quality of individualized and coordinated care delivered to a deteriorating patient in any setting by HCPs. As an effective tool it also stands aligned with the national drive to improve recognition of patients at the end of their life with proactive advance care planning discussions and holistic care for the dying and their families.

**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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## EDUCATION

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### PREPARING PREQUALIFYING HEALTH-CARE STUDENTS TO DELIVER COLLABORATIVE, PATIENT-CENTRED CARE FOR THOSE WITH MENTAL HEALTH DIFFICULTIES

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**Background and aim:** Collaborative, patient-centred care delivered by interprofessional clinical teams is known to improve healthcare efficiency, as well as patient and staff satisfaction [1]. Therefore, inclusion of interprofessional education as an accredited element within prequalifying healthcare programmes is growing [2]. The use of simulation-based learning may provide an effective method of delivering