

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