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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10.54531/QQYX4473

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

A64	PREPARING PREQUALIFYING HEALTH-CARE STUDENTS TO DELIVER COLLABORATIVE, PATIENT-CENTRED CARE FOR THOSE WITH MENTAL HEALTH DIFFICULTIES

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10.54531/LBMT8984

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

Teamworking:

> *"I enjoyed working with different kinds of people through different scenarios….you get a deep insight of what it would look like in real life."*

> *"We were able to work together and understand different viewpoints and share any knowledge we had from practice with each other."*

Interprofessional communication:

> *"Openly communicated concerns to other healthcare professionals as a way to brainstorm solutions and come up with a plan that deals with the concerns of multiple healthcare professionals in the team."*

> *"Everything was useful - learning communication skills, handing over a patient, being unjudgemental* [sic]*, active listening. The list is endless."*

Role clarification:

> *"It also helped the stigma around nurse - doctor relationships especially regarding doctors only being there to prescribe medication when in actual fact they can do a lot more and share the responsibility and ultimately learn from each other."*

Mutual understanding:

> *"Respecting others' opinions and hoping that they respect yours and not being judgemental is what I have taken away from the training."*

> *"For me personally, knowing that if you think differently to others does not mean that your opinion is wrong. It just shows that people view things from different angles."*

Figure 1-A64: Participant perspectives of the benefits of the simulation training on aspects of interprofessional collaboration

high quality, safe and effective interprofessional education in challenging but transferable settings like caring for patients presenting with mental health difficulties.

Activity: A half-day simulation course consisting of three scenarios was designed. Actors trained in the portrayal of mental health difficulties by service users were workshopped into the scenarios, with representation from each professional group to enhance authenticity. Each scenario was followed by a facilitated debrief that allowed for whole group learning, using a debrief model [3]. Effective interprofessional collaboration and professional representation was modelled by an interprofessional faculty. Facilitators were encouraged to reflect on their own biases around other professions, recognizing the impact these may have on their debriefing choices. During debriefing, participants were encouraged to consider the impact that collaborative practice has on patient-centred care. Facilitators were encouraged to draw out unconscious biases and highlight issues that can inhibit the successful delivery of collaborative, patient-centred care. Staff development was supported through mentorship and faculty debriefing.

Findings: The pilot programme ran four times for 72 nursing and medical students. 50 of the 72 (69%) participants provided anonymous feedback via a mixed methods questionnaire. Of these, 54% were medical students and 46% were nursing students. On a Likert scale (1 = poor, 10 = excellent), all participants rated the experience 7/10 or above, with 74% rating it 9 or 10/10. Likert scale questions regarding applicability, course design elements and perceived learning were also highly rated. Thematic analysis was used to analyse the free text questions by two discrete researchers. The results were broadly categorized into learner experience and learning outcomes. Participant perspectives of the benefits of the simulation training on aspects of interprofessional collaboration can be seen in Figure 1-A64.

Conclusion: This pilot demonstrates that interprofessional education can be successfully delivered in this way, and has been adopted into the medical and nursing student curricula. The next run includes 300 students from medical, nursing and allied health programmes across two institutions, and will be re-evaluated. A qualitative research study to explore the learning that higher educational institutions can gain by delivering interprofessional learning using simulation is also underway.

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

A65

DEVELOPMENT AND IMPACT OF A SIMULATION COMMUNITY OF PRACTICE ACROSS NURSING AND ALLIED HEALTH PROFESSIONS IN A HIGHER EDUCATION INSTITUTION

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Background and aim: The Nursing and Allied Health Professions (AHP) Departments of one of the largest providers of health and social care education in the UK, have implemented simulated practice-based learning placements across a range of their pre-registration healthcare courses. These simulated placements aim to improve students' preparedness to practice, enhance the student experience and increase placement capacity. The simulation leads from each department identified that there was no cross-department collaboration around these new innovations. They developed and introduced a Simulation Community of Practice (CoP) across the three nursing fields and eight AHP professions. The aims were to share knowledge and best practice, enhance skills, creation of new knowledge and improve practice. A CoP is defined as a 'group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis' [1].

Activity: The development of the CoP was led by the nursing and AHP simulation leads and was based on Wenger's (2002) CoP framework [1]. Support was gained from senior management to ensure commitment and resources. Terms of reference for the group were developed with clear aims and objectives. Relevant staff across all professions were identified and invited to join. Meetings occur every two months for a duration of two hours, initially online and more recently face to face or hybrid format. Agenda items include sharing and reflections of practice, challenges and solutions; demonstrations of simulated scenarios, online learning packages and virtual reality. Guest speakers are invited to share simulation expertise and research. A Teams site is used to house information, share new developments and opportunities and to allow staff to ask questions and maintain communication between meetings.

Findings: Staff have gained valuable professional development by learning from others, sharing designs and experiences of simulated placements and learning about best practice. They have enjoyed networking and connecting with others from different professions. They have valued seeing examples of simulated scenarios and innovations and having dedicated time to reflect and discuss innovations and research opportunities. They have found it a supportive environment and a creative space. 100% of staff involved would recommend the CoP to others.

Conclusion: The successful introduction of a multidisciplinary Simulation CoP has enabled collaboration and development of knowledge and skills around simulated practice-based learning, including the underpinning pedagogies of simulation design and debriefing.

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

A66

STANDARDIZING DEBRIEFING IN WALES: THE TRIANGULAR APPROACH

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Background and aim: Debriefing after simulation practice offers a crucial opportunity for guided reflection and learning. However, there are many structures and models available [1]. Health Education and Improvement Wales (HEIW) holds regular simulation webinars, workshops and conferences. During these events, the simulation community in Wales expressed their willingness to standardize debriefing in order to facilitate faculty sharing and to support interprofessional simulation.

Activity: National debriefing experts carried out a review of the relevant literature and devised the Triangular Approach to Debriefing, incorporating agreed debriefing principles, a simple structure and recommended strategies with links to relevant key articles.

This approach was shared and piloted by simulation faculty at a national workshop in September 2022. The feedback received was excellent. Comments received guided a document review. The final version was incorporated in the Essential Faculty Development Course and is currently in available in Welsh and English.

Findings: The triangular approach embraces a set of collaboratively identified principles, an easy to use structure and a summary of well referenced strategies:

- Principles adopted include facilitating safe and constructive discussions, with Inclusion of all participants and respect for different learner needs, aiming to guide reflective practice and sharing of mental models with the highest level of facilitation possible.
- A four-step structure (see Figure 1-A66) guides the debriefer to introduce the debriefing and facilitate a chronological review with intercalated description – analysis – application (DAA) cycles. Then the learners are invited to share their new insights and the facilitator offers opportunities for questions and summarizes