

CONTENT

A73

USING SIMULATED GENERAL PRACTICE CONSULTATION CIRCUITS TO DEVELOP MEDICAL STUDENTS' SKILLS IN MANAGING UNCERTAINTY

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Background and aim: Uncertainty is a prevalent concept within medicine, intrinsic to clinical decision-making. Managing uncertainty can be challenging, especially in specialties (i.e. General Practice) where unclear diagnoses are common. This has resulted in curriculums for such specialties introducing teaching on managing uncertainty [1]. With poor tolerance of uncertainty associated with negative outcomes in medical students [2], there is a strong argument that medical schools need to prepare students to manage uncertainty. Uncertainty simulation cases have been utilized to achieve immersive teaching on uncertainty [3], however this is limited by the resources made available by simulation departments, restricting the potential reach of this transformative learning. **Aim:** To deliver an immersive teaching programme for medical students that develops skills in managing uncertainty within a minimal resource environment.

Activity: 8 teaching sessions with 46 students were facilitated, which involved students rotating through a circuit of 5 simulated General Practice consultation stations. Students firstly performed the station and then acted as the patient for the next candidate in a continuous cycle (Figure 1-A73). Feedback was provided after each station. The station cases introduced elements of uncertainty ranging from diagnostic, management or closing/safety-netting. Feedback was collected after each session assessing confidence in managing uncertainty and GP scenarios.

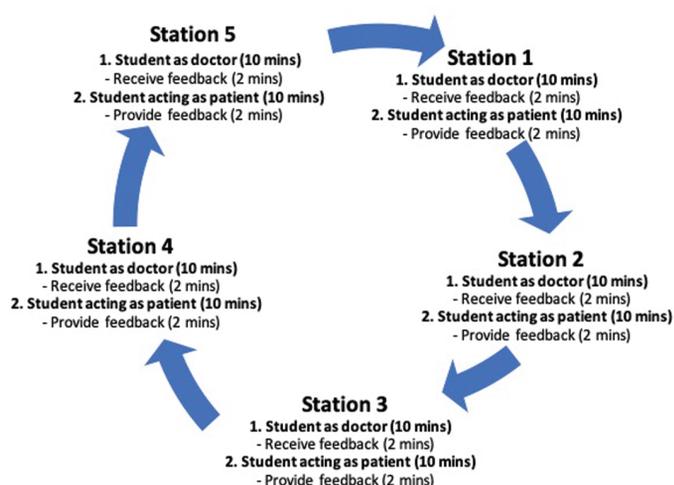


Figure 1-A73: Circuit Rotation Design – Students started the circuit acting as either the doctor or patient for stations 1-5. After each 10-minute station, there were two minutes for feedback. Students then rotated in a clockwise direction becoming the patient for the station they had previously performed or performing a new station. The students continued to rotate according to this carousel circuit design until they had performed and examined all five stations

Findings: Students responded positively to the teaching programme, rating its provision of confidence in managing uncertainty and managing GP scenarios (real and OSCE) as >95%. Enjoyment of the sessions was rated at 97% with main aspects being: variety of stations and interactivity. Usefulness of the sessions was rated at 98% with main aspects being: chance to practice, range of cases, receiving feedback. Simulations of GP consultations were rated as highly representative; this was achieved with minimal resources.

Conclusion: This teaching programme developed medical students' confidence and skills in managing uncertainty. They also felt better prepared for managing patients in a GP setting. Critical to the success of this programme was the enjoyment and perceived usefulness of the teaching, as this improved engagement with the learning outcomes. With the cohort being final year students that were integrating knowledge from previous clinical years, we hypothesize that the usefulness was due to students wanting to focus more on revision and opportunities to develop skills in managing less commonly taught but clinically important abstract concepts, such as managing uncertainty. Further programmes should expand on the simulated environments (ED, medical/surgical on-calls) and managing other clinically important abstract concepts (confrontations, prioritization, errors).

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

A74

THE USE OF SIMULATION TO SUPPORT THE UPSKILLING OF INTERPROFESSIONAL TEAMS PROVIDING AN URGENT COMMUNITY RESPONSE SERVICE (UCR)

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Background and aim: An NHS provider had no established simulation education opportunities for community based allied health professionals (AHP). Urgent Community Response (UCR) teams are interdisciplinary teams, comprised of nurses, paramedics, physiotherapists and occupational therapists, who provide care to adults in their home to avoid hospital admission [1]. Older people experience effective high-quality care when a multi-skilled clinician, working across the usual professional boundaries, can effectively address their needs rather than requiring numerous other professionals to visit them at home.

In this NHS Trust, intermediate care teams were required to include UCR referrals as part of their usual work. The

physiotherapists and occupational therapists from these teams required upskilling to be able to safely support patients requiring this more acute and urgent level of care.

Clinicians working in the community have limited opportunity to observe and learn from each other. Simulation is an evidenced based educational activity to support the development of new knowledge and skills required in interdisciplinary teams working in clinical settings [2]. It was hypothesized that interprofessional simulation would be an effective educational intervention to support this upskilling.

Activity: A faculty was established which included a simulation educator; simulation technician; a practice development AHP; and a physiotherapist with clinical experience of working within this setting.

Simulation scenarios were developed to reflect common referral presentations; the Skills for Health UCR Capability Framework [3]; and learning outcomes identified as priorities by the clinicians and service managers. The learning outcomes included applying an A to E assessment; the use of NEWS2 and the SBAR escalation tool when assessing an adult patient in their own home.

A modified Kirkpatrick evaluation form was used to evaluate the training.

Findings: Three simulation training events were offered. There were 26 participants overall with representation from physiotherapy, occupational therapy, nursing and healthcare support workers. There were fourteen evaluation responses to a modified Kirkpatrick evaluation form. The evaluation identified that simulation provided an opportunity to learn from other professions; supported the practical application of learning; debriefing provided a safe learning environment; and that the learning would lead to changes in their current practice (see Table 1-A74).

Table 1-A74: Evaluation themes with supporting examples

Theme	Verbatim comments
Pre-scenario teaching	The training at the start was great, really informative...was really important
Practical application of the learning	remaining calm in a crisis situation and providing accurate handovers enjoyed the practical nature of learning interactive training is more effective Excellent way to learn
Relatable to clinical work	Case studies useful and relatable to day-to-day work Will incorporate SBAR and NEWS2 into our assessment documentation
Opportunity to observe and learn from others	Interesting to see our other teams approach situations
Debriefing provided a safe learning environment	...great discussion facilitation ...very reassuring environment which I think a lot of staff found helped cement how much they did know facilitators created a supportive learning environment to make you feel comfortable

Conclusion: Simulation training events were evaluated by participants from an interprofessional community team as a safe, practical and effective way to support their upskilling to provide an UCR service. Simulation should be considered as part of an education package to support interprofessional teams upskilling to provide new services in a community setting.

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

A75

STRENGTHENING SIMULATION QUALITY ASSURANCE THROUGH THE 'SIM QA BUNDLE'

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Background and aim: The All Wales Simulation-Based Education and Training Strategy 2022 – 2027 specifies as one of its aims to promote quality assured simulation-based education and training across healthcare in Wales underpinned by standards and evaluated to ensure best practice in safe learning environments [1].

Methods: The Simulation Team at Health Education and Improvement Wales (HEIW) has been working closely with the simulation community in Wales to identify their needs through iterative consultation during meetings, focussed discussions and webinars.

In 2021 stakeholders agreed that HEIW would promote the application of the Association for Simulated Practice in Healthcare (ASPiH) standards [2] and professional regulatory and statutory body standards relevant to SBET. Since then, a number of quality assurance tools as well as faculty development opportunities have been developed in order to embed these standards into simulation faculty development programmes and cascade their routine inclusion into everyday SBET practice. Quality assurance (QA) resources developed by the Simulation Team at HEIW between August 2021 and February 2023 were packaged as the 'Sim QA Bundle' (Figure 1-A75) and presented to the simulation community in Wales in March 2023.

Results: The 'Sim QA Bundle' consists of four components:

- Faculty development and continuous professional development (CPD): available resources include free access to the Essential Faculty Development Course, regular webinars, workshops and conferences.