

department, with no previous experience of attending or facilitating any of the courses.

Results: Five undergraduate and four postgraduate courses were evaluated. Seven courses met or exceeded departmental standards in all seven domains, whilst the other two courses met or exceeded standards in six of the seven domains.

All courses had robust purposes, organization and resources at their disposal, which exceeded departmental expectations with their consistent focus on how human factors affect patient safety, and sound adherence to the relevant curricula and learning objectives. Scenario designs also incorporated a range of human and technological resources and moulage. Despite an array of technology at the Trust's disposal, its functioning did not always meet the departmental standards, with recurring audio difficulties and occasional software tethering issues. In response, microphone positions were changed, and the department's Digital Innovation team consulted specialists to facilitate further improvements.

In the courses observed, debriefs were conducted in a holistic manner and candidate evaluation was always discussed. However, many courses lacked enough faculty members resulting in Objective Structured Assessments of Debriefing (OSADs) being performed infrequently. Swift changes were made, with a tightening of procedural behaviours within the courses, and a decision was taken for postgraduate courses to run with a minimum of four faculty members.

Conclusion: This comprehensive QA process demonstrated that high-fidelity simulation courses at UHB are predominantly being delivered at a good standard. Some recommended changes have already been implemented for aspects found to be substandard, with implementation of additional changes planned at annual course reviews. Annual QA must then take place to guarantee maintenance of high standards and to provide a solid foundation for appraising novel simulation courses throughout the Trust.

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, QUALITY, SYSTEM

A77

TRANSLATIONAL SIMULATION IN PRACTICE: AN ENHANCED ORTHOPAEDIC INDUCTION FOR NEW TRAINEES

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Background and aim: The gap between imagined and realized healthcare practice is indisputable. For trainees who rotate between departments, the challenges of navigating complex healthcare systems are unmet by standard induction programmes [1,2]. Our simulation centre and orthopaedic department collaborated to create an enhanced departmental induction using immersive simulation.

Activity: Following a thorough needs assessment for new trainees rotating to trauma and orthopaedics. We looked at previous trainee feedback, adverse event data from our safeguarding reporting system, and expert opinion from orthopaedic staff. It became clear that at times of transition, the process of accessing timely and appropriate support was challenging. Furthermore, there were a myriad of clinical duties and patient cohorts covered by the trauma team. Working within this dynamic and complex structure was difficult for new trainees. We used team-informed process mapping to define the escalation systems in place, and the distinct roles within the team.

We identified key learning objectives for a simulation induction session. We used a case vignette of an unwell trauma patient and aligned the scenario design to the required learning objectives on clear escalation pathways and whole team working within a complex environment.

Findings: Following a successful pilot run, this enhanced induction is routinely delivered four monthly for junior doctors rotating to the orthopaedic department. Current trainees, orthopaedic consultants, and senior managers also attend this trainee induction as an open forum for dialogue on service improvements. All participants have rated these sessions as good or excellent; they value the whole team approach and repeatedly ask for further simulation sessions. Feedback from other members of the trauma team following these sessions commented on increased connection within the team, which included junior trainees attending departmental meetings. The orthopaedic team also felt that, following the induction programme, new trainees had demonstrated improved handover skills when escalating unwell patients.

Conclusion: This whole team simulation-enhanced approach to orthopaedic induction is novel, and in contrast to the majority of standardized induction programmes [3]. This work provides a template that can be applied to different healthcare systems. By delivering constructively aligned simulation sessions, we can improve team training and enable new trainees to flourish during periods of transition.

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

A78

STEPS: DEVELOPMENT OF A COMMUNICATION SKILLS FRAMEWORK FOR USE IN A BROAD RANGE OF SIMULATION-BASED EDUCATION

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Background and aim: Effective communication is a vital skill in healthcare, whether discussing sensitive or challenging topics, explaining decisions, supporting

colleagues, welcoming staff, de-escalating situations, reviewing accolades and complaints or building rapport. Many people find it difficult to initiate, hold, conclude and follow-up conversations. Simulation-based education (SBE) has been identified as an effective way to improve communication skills, however, a structured communication skills framework is necessary. A plethora of established communication skills frameworks [1-3] exist, each excellent within their own sphere. Our purpose was to develop a generalizable, transferable framework to suit the broad range of communications covered in SBE; a framework which can be repeated, practised, and easily memorized.

Methods: Experts in communication skills, healthcare education, and SBE reviewed existing communication skills frameworks. The new framework's foundations were key skills, within every conversation, between healthcare professionals and colleagues, patients or relatives/carers, or between non-healthcare professionals and colleagues/clients. Thematic analysis of data from participants of sessions from the previous five years identified these themes:

- Why, when, where and how to start a conversation
- The best time to have a conversation
- Showing empathy and listening (verbal and nonverbal skills)
- Providing support, without being solution orientated
- How to sense-check ourselves and others, after the conversation

The STEPS framework was developed two years ago and has been used by our facilitators in SBE, to assist participants to be confident in structuring and having conversations.

Results: The five-step framework has a memorable mnemonic STEPS; Start, Time, Empathy, Provide-support, and Sense-check. STEPS has been well received by over 500 participants. They have reported that it is easy to remember and highly applicable to situations in and out of work. Post-intervention surveys showed significant improvement in learners' confidence and perceived competence in holding conversations. Focus group discussions revealed that learners found the STEPS approach helpful in managing their own emotions and in creating an open dialogue with others.

Conclusion: The STEPS approach is a generalizable communication skills framework that can be implemented in SBE activities to improve people's understanding of structuring conversations. It has had a positive impact on participants particularly regarding their perceptions of having 'challenging' conversations. The STEPS approach can be used to guide healthcare and non-healthcare professionals in various settings and is a valuable tool in improving person-centred communication. STEPS helps people initiate, structure and navigate a conversation with kindness and in a way that makes constructive outcomes possible.

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

A79

PA-RTICIPATING IN SIMULATION: DEVELOPING A NOVEL TEACHING PROGRAMME MAPPED TO THE PHYSICIAN ASSOCIATE CURRICULUM, USING SIMULATION AND INTERACTIVE WORKSHOPS TO COVER CORE CONDITIONS AND NON-TECHNICAL SKILLS

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Background and aim: Physician Associates (PAs) are an increasingly prevalent member of the medical team, with approximately 3000 working within UK health organizations [1]. The role offers continuity and stability to the multi-disciplinary team, addressing the issue of foundation doctors rotating 4-monthly and the impact of this on day-to-day ward work, speciality specific skills and knowledge.

Due to their disparate, and sometimes non-medical, backgrounds, qualified PAs have varied exposure to the recognition and management of specific medical emergencies. They also have limited opportunity for simulation experience during their training. At present, there is no national PA teaching programme once qualified (as a Foundation doctor would have), yet PAs are still expected to continue their personal and professional development, in addition to completing a re-certification exam to remain registered.

Activity: We developed an innovative PA teaching programme, combining simulation scenarios with interactive workshops, with all sessions linked to the PA Competence and Curriculum Framework [2], mirroring the set-up of the Foundation doctor teaching programme. Each session aimed to develop knowledge and confidence, whilst also offering opportunities to develop non-technical skills such as teamwork, communication, handover and breaking bad news.

Simulation sessions focused on assessment and management of a simulated patient with an acute medical problem whereas workshops allowed case discussion of topics such as endocrine emergencies, resuscitation decisions and dementia & delirium. Written feedback and Likert scales were used to evaluate the sessions.

Findings: To date, 7 sessions have been run, with average attendance of 8.5 PAs of the 12 PAs working within the Trust. 100% of attendees agreed the scenarios have been useful and provided more confidence to deal with conditions covered. Written feedback praised the 'transferable nature' of topics discussed, relevant to PAs working across multiple secondary care specialties.

Conclusion: Introducing this educational programme has been beneficial for the PAs. PAs within our trust have noted the benefits to their practice, allowing them to develop improved clinical assessment skills alongside widening their knowledge base outside of their current specialty. This supports personal and professional development, as well as providing exposure to multiple secondary care settings. We aim to repeat the same simulation scenarios after 4 months