to evaluate if knowledge has been retained by adding an extra level of complexity when the scenarios are repeated. We will also look to share our learning and scenarios with other local trusts, with the potential to create a regional PA teaching programme within the South West.

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.

REFERENCES

1. Royal College of Physicians. Faculty of Physician Associates 2020 Census results [internet] 2020 [cited 2023 March 22]. Available from: https://www.fparcp.co.uk/about-fpa/fpa-census
2. Department of Health. The competence and curriculum framework for the Physician Assistant. [internet] 2006 [cited 2023 March 24]. Available from: https://bulger.co.uk/prison/Physician%20Assistant.pdf

DESIGN

A80 SIMULATION: A TOOL TO IMPROVE THE CONFIDENCE OF INTERNATIONAL MEDICAL GRADUATES TRANSITIONING INTO WORKING IN THE NHS

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Background and aim: International medical graduates (IMGs) are doctors that have graduated from a medical university outside of the UK and subsequently employed by the NHS. The transition to working within the NHS presents them with many new challenges including communication, cultural differences, healthcare system differences, NHS policies and UK legal frameworks, and the expectations attributed to a doctor practicing in the UK. They often commence work with little training about these practical challenges and as a result encounter a steep learning curve. IMGs are significantly more likely to receive complaints and face fitness to practice investigation [1]. Therefore, developing educational opportunities to help them adapt to working in the NHS is a necessity.

Simulation has been shown to improve the confidence, knowledge and provides an ethically and educationally safe setting for doctors to develop their practice [2,3]. We therefore created an IMG oriented simulation programme that focussed on some of the key challenges they face.

Activity: We delivered simulation sessions on four separate days with 6-8 IMG candidates at each. Sessions consisted of two clinical scenarios divided into sections, approximately 20 minutes long, each targeting a key educational outcome. We used a combination of a computerized simulation manikin (SimMan Essential) and live actors. Key educational outcomes included managing an acutely deteriorating patient, escalating to a senior, obtaining a collateral history, breaking bad news and duty of candour. Each candidate had the opportunity to participate in a part of the simulation whilst the others observed. The candidates were then debriefed and learning objectives explored by a trained faculty member. The candidates were asked to complete pre-simulation, immediate post-simulation and 3-month post-simulation feedback forms using a nominal Likert scale. They scored 1-10 (10 being 'strongly agree') on their confidence around each component of the educational outcomes.

Findings: We had 21 candidates complete the simulation day, with 19 responses to the immediate post simulation survey and 9 responses to the 3-month post simulation survey. The results showed a significant increase in the confidence of the candidates for each educational outcome, with mean scores increasing from 6-7 to >9. We also demonstrated that the candidate's confidence remained and they were still using the skills they had learned 3 months later.

Conclusion: We have demonstrated that IMG oriented simulation is a valuable educational tool for doctors transitioning into working within the NHS. Confidence around a variety of difficult topics increases and the lessons learned have a lasting impact.

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.

REFERENCES

1. Jalal M, Bardhan KD, Sanders, D, Illing J. Overseas doctors of the NHS: migration, transition, challenges and towards resolution. Future Healthcare Journal [Internet]. 2019; 6:76-81. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.7861/futurehosp.6-1-76 (Accessed 13 April 2023).
2. Buist N, Webster C, Simulation Training to Improve the Ability of First-Year Doctors to Assess and Manage Deteriorating Patients: A Systematic Review and Meta-analysis. Med Sci Educ [Internet]. 2019; 29(3) 749–761. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.1007/s40670-019-00755-9 (Accessed 13 April 2023).
3. Ayaz O, Ismail F. Healthcare Simulation: A Key to the Future of Medical Education- A Review. Adv Med Educ Prac [Internet]. 2022; 13: 301-308. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.2147/AMEP.S353777. (Accessed 16 April 2023).

CONTENT

A81 ADVANCE CHOICE DOCUMENTS: A SIMULATION FOR SERVICE USERS, CARERS AND CLINICIANS

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Background and aim: Advance Choice Documents (ACDs) are one of the important upcoming reforms to the Mental Health Act in the UK [1]. The aim of the document is to allow service users greater autonomy when they are well, to make decisions and guide what happens if they become unwell in the future. It is created by a service user and clinician in a shared decision-making process.

Maudsley Learning (ML) collaborated with an Institute of Psychiatry, Psychology and Neuroscience research team to provide a co-produced simulation day for service users, carers and clinicians. The aim was for participants to be able to gain a greater understanding of how to co-produce and implement ACDs.

Methods: ML ran two separate simulation days, alongside, members of the research team including a lawyer and facilitator with lived experience.
The initial part of the day included didactic teaching; allowing participants to learn more about ACDs and have a space to ask questions from those with lived experience, clinicians and lawyers. This ensured participants gained a baseline level of knowledge to undertake the scenarios.
There were four simulation scenarios written, but only three took place on both days because of limited time. These revolved around one patient; the participants followed the patient through their ACD journey. The patient was played by an actor. All scenarios were designed to involve a clinician, often with the presence of a carer and service user as well.
The debrief consisted of a modified Pendleton model with feedback from service user, carers and clinicians to allow feedback and learning from all involved.
Results: Participants were asked to complete a pre-course and post-course questionnaire. Paired samples t-tests were conducted to analyse the difference between pre- and post-course questionnaires. Results demonstrated a significant difference in scores for course-specific questions between the pre (M = 3.17, SD = 0.81) and post (M = 4.21, SD = 0.20), t(5) = -5.26, p <.05, 95% CI [-1.55, -0.53], with a large effect size of d = -2.15. 100% of participants would recommend this course.
Conclusion: This was the first simulation that ML has run with a mixed group of learners that included not only clinicians, but also service users and carers taking part in the simulation and debrief. The feedback was positive and helped to improve the knowledge around ACD's. It was also noticeable the positive difference it made having clinicians, service users and carers learning from one another.
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.

REFERENCES

1. https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

DESIGN

A82

'SIMULATION FOR FINALS AND REAL LIFE' – IS IT EVER TOO EARLY TO JUMP IN THE DEEP END?

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Background and aim: Surveying University of Nottingham (UoN) medical students in their final year with regards to applying an A-E approach in a medical emergency context, we found that they lacked confidence. In order to address this curriculum gap, we designed a low-fidelity simulation-based workshop which has been shown to improve confidence in developing key skills relating to medical emergencies [1].
This consists of a 2-hour session for groups of 6, for all students undertaking their medical placements at Nottingham University Hospitals (NUH).
After successfully implementing this workshop for students in their final year, we asked ourselves 'when is it too early for medical students to cover A-E assessments in medical training?'
Considering this is an essential skill to develop and part of their intended learning outcomes (ILOs) that is also tested in their 3rd year examinations, we introduced an adapted version of this workshop for the more junior cohort.
Activity: We constructed this workshop with alignment to both the final and third year UoN curriculum ILOs. Google forms were used to survey students' confidence pre and post-session.
We used a low-fidelity simulation mannequin, focusing on an otherwise realistic clinical environment using medical notes, a portfolio of investigations and props. This included an observation monitor, a real-time display with altering vital parameters and a fully equipped emergency trolley.
Pre-reading handouts on A-E assessment by the Resuscitation Council UK [2] were provided. We watched a pre-recorded demonstration video of the management of hypoglycaemia prior to students working in pairs on three scenarios.
During the simulation scenarios, faculty members acted as either the patient or team members, including as a nurse and medical registrar.
Results: We showed that participation in our workshop significantly improved student confidence in the specific domains (see Table 1-A82).

Table 1-A82: Summary of the student questionnaire results

	Pre-session confidence	Post-session confidence	Improvement in confidence
FFP (3rd year medical students)			
Recognizing when to perform an A-E assessment (n=31)	36.6%	100%	+63.3%
Confidence in applying an A-E assessment on an unwell medical patient (*n* = 31)	6.7%	90.3%	+83.6%
Confidence in managing chest sepsis (*n* = 31)	3.2%	70.9%	+67.7%
Confidence in managing a STEMI (*n* = 31)	9.5%	83.9%	+74.4%
Confidence in managing DKA (*n* = 31)	13%	70.9%	+57.9%
CP3 (5th year medical students)			
Recognizing when to perform an A-E assessment (n=54)	87.3%	100%	+12.7%
Confidence in applying an A-E assessment on an unwell medical patient (*n* = 54)	29.1%	94.4%	+65.3%
Confidence in managing acute asthma exacerbation (n=36)	13.9%	97.2%	+83.3%
Confidence in managing hyperkalaemia with ECG changes (n=36)	11.1%	88.9%	+77.8%
Confidence in managing SVT (*n* = 36)	0.0%	83.4%	+83.4%