Methods: Junior doctors from FY1s to Medical Registrars delivered the programme's content. In the morning, three interprofessional simulation scenarios were delivered to the medical students and included nursing students for added realism. Each scenario reflected common ward-based and acute-setting situations that had minimal coverage in their undergraduate curricula. Afternoon stations were created to attenuate the medical students' anxieties about the aspects of foundation training they perceived as difficult. Using a simulated ward, a mock handover was conducted. Students were then expected to complete the tasks of death verification, complex prescribing and female catheterization. The other stations simulated interpreting blood results, discussions with a microbiologist and requesting and discussing radiological imaging. During completion of all stations, the medical students carried and answered a bleep mimicking realistic distractions. Morning and afternoon debriefing occurred in small groups.
Results: Following programme completion, all the medical students (n = 21) felt more confident in assessing deteriorating patients, escalating to a senior and felt better prepared to commence foundation training. Though not statistically significant (p = 0.2), confidence to commence foundation training and preparedness to perform the clinical and practical responsibilities of an FY1 quadrupled. In addition, over 50% of the medical students felt better able to independently prioritize clinical tasks and undertake complex prescribing on completion of this programme. Qualitative data suggested the medical students found the morning of interprofessional learning (IPL) invaluable and sought future IPL opportunities as they felt this made the programme even more realistic of working life. Furthermore, students felt the programme created a safe learning environment and was relevant in their preparation for foundation training as they felt more confident and better prepared to troubleshoot and apply their knowledge in unknown clinical situations.
Conclusion: 'FY1 for a day' is an effective and sustainable educational programme to potently prepare final year medical students for their foundation training whilst safeguarding psychological safety and fortifying multidisciplinary relationships.
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. Miles S, Kellett J, Leinster SJ. Medical graduates' preparedness to practice: A comparison of undergraduate medical school training. BMC Medical Education. 2017;17(1).

CONTENT

A107 MENTAL HEALTH SIMULATION FOR FOUNDATION DOCTORS: BRIDGING THE GAP OF PLACEMENT VARIATION

Lisa Stevens[1], John Sterling[2]; [1]*Homerton University Hospital, London, United Kingdom,* [2]*East London NHS health trust*

Correspondence: lisa.stevens9@nhs.net

10.54531/IXGD1670

Background and aim: There is significant variation of foundation programme tracks across the United Kingdom, giving a range of clinical exposure to newly qualified doctors [1]. Common themes in tracks can be identified to include acute/emergency, community, general medicine, surgery and psychiatry components. In the deanery, many Foundation Trainees (FTs) on psychiatry will have up to 3 additional simulation days devoted to psychiatry themes and this is felt to be an especially effective way to supplement education on psychiatry consultation skills [2]. FTs who do not have psychiatry posts will not have the opportunity to attend this training. Typically, mandatory foundation simulation training focuses on human factors related to acute medical and surgical problems [3]. Our education department has developed a pilot programme to support simulation training on key mental health consultations to support well rounded training of FTs.
Activity: Half day sessions have been delivered to small groups of FTs who do not have psychiatry posts. Faculty has included experienced simulation faculty and psychiatry doctors and the scenarios conducted in a small group format with professional actors playing patients for increased realism of scenarios. The participants rotated between 3 key scenarios covering essential themes of mental state examination, psychiatry team liaison, patient risk assessment and explaining mental health presentations.
Findings: 2 sessions have been delivered for a total of 18 FTs. FTs showed insight to a number of challenges related to mental health presentations they had experienced outside of psychiatric settings and this formed the outline of the learning objectives for the session. The participants further reflected on discussions in their feedback from the session and portfolio. The sessions were well received, with improvement in confidence in managing these consultations demonstrated in pre and post course survey comparison from the majority of participants. Given the initial success of the session, the team is building a database of local faculty for continuity of the course and looking to secure relevant funding from HEE to provide further sessions for the FTs in the next academic year.
Conclusion: This simulation pilot has shown promise to be a useful addition to supplement the education of FTs for mental health consultations applicable in all areas of their clinical practice.
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. UKFPO, UKFP Programmes, Available from: https://foundationprogramme.nhs.uk/programmes/2-year-foundation-programme/ukfp/, [27/04/2023]
2. Piot MA, Attoe C, Billon G, Cross S, Rethans JJ, Falissard B. Simulation Training in Psychiatry for Medical Education: A Review. Front Psychiatry. 2021 May 21;12:658967.
3. UKFPO, UK Foundation Programme Curriculum 2021, Available from: https://foundationprogramme.nhs.uk/curriculum/, [27/04/2023]

TECHNOLOGY

A108 USING A HIGH-FIDELITY PART-TASK MODEL AS A REPLACEMENT FOR ANIMAL MODELS TO ENHANCE EMERGENCY MEDICINE THORACOTOMY TRAINING

Lisa Stevens[1], Sini John[1], Saleel Latheef; [1]*Homerton University Hospital, London, United Kingdom*