

**Table 1:** Mean self-reported confidence scores (where 5 is most confident and 1 is least confident), pre- and post-course

	Before Course	After Course
Participating in simulation-based education	3.6	4.7
Managing an acutely unwell child	4.0	4.7
Communicating with parents in difficult circumstances	3.7	4.5
Working within the MDT	3.9	4.5
Managing a safeguarding case	2.1	4.2

Table 1: Mean self-reported confidence scores (where 5 is most confident, and 1 is least) pre and post course.

ask questions, were given meaningful feedback, and that their ideas and experiences were valued, as well as feeling more valued as a member of the paediatrics community. Participants used the opportunity to complete portfolio assessments and have subsequently participated in other SBE activities.

**Conclusion:** A bespoke simulation course has a role in supporting the professional development and confidence of IMGs, as well as paving the way to access other SBE opportunities. We are excited to refine this course for our next date following feedback from faculty and attendees, including more focussed quantitative and qualitative data collection on non-technical skill development. We look forward to exploring how this course can be incorporated as a longstanding part of the regional educational offer.

## REFERENCES

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## PHYSICAL HEALTH EMERGENCY SIMULATION IN A PSYCHIATRY SETTING

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**Background:** Physical health emergencies that occur in acute mental health settings are not frequently seen. This may lead to delays in patients receiving appropriate care [1]. Simulation is an underused training modality in mental health [2] and there are currently only a few courses that address this area. (<https://www.hee.nhs.uk/sites/default/files/documents/RAMPSS%20course%20handbook.pdf>).

Recognition and management of physical emergencies in mental health can be simulated and can focus on both technical and non-technical skills [3]. We aimed to facilitate simulation of physical health emergencies designed for staff who work within acute mental health settings. Opportunities for staff to simulate management of these scenarios in a safe environment with a view to improve their practice, improve patient safety and reduce mortality.

**Methods:** Psychiatry and Emergency Medicine healthcare professionals were involved in developing scenarios to ensure key learning objectives were met. Five physical health scenarios were simulated based on real life cases where improvement in their recognition and management

was needed (e.g. significant incidents). These were deliberate self-harm, acute stroke, sepsis, fractured neck of femur, and cardiac arrest. A combination of actors and manikins were used. Eight candidates attended the one-day course and were given equal opportunity to manage a scenario as if it were taking place in their own place of work. Candidates remained in the capacity in which they normally work, drawing on their existing skills and knowledge. Faculty members delivering the course all had significant emergency medicine experience and their current roles were in emergency medicine. Candidates were initially orientated to the simulation laboratory including a high-fidelity manikin. An introductory session discussing human factors was then delivered before the candidates progressed to the scenarios.

**Findings:** Formal feedback was completed at the end of the session. All candidates found the experience enjoyable, found it relevant to their work, and found the scenarios challenging. All candidates agreed that this sort of training would improve patient safety and that the training should be repeated for others. The main limitation was that some medical equipment was different to what the candidates would use in their own place of work.

**Conclusion:** Management of physical health emergencies in the mental health setting can be successfully demonstrated by simulation. This session provided a safe learning space for all of the candidates to demonstrate both technical and non-technical skills in a supportive environment.

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## A DAY IN THE LIFE: A NOVEL APPROACH TO VIRTUAL SIMULATION FOR UNDERGRADUATE PHARMACY STUDENTS

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**Background:** In response to a sector-wide lack of placement opportunities for undergraduate pharmacy students during the COVID-19 pandemic [1], a range of simulated placement experiences were developed by a university teaching team. These experiences were developed at a time of significant change for pharmacy education, with all pharmacists being annotated as independent prescribers at the point of registration from 2026 onwards [2]. This innovation was intended to support final year undergraduate pharmacy students in developing, refining and demonstrating clinical history taking and decision-making skills, which are skills essential to the existing single competency framework for prescribing practitioners [3].

**Methods:** Four 'experiential learning days' (ELDs) were developed, focussing on a 'day in the life' of a pharmacist engaged in multiple spheres of practice: a community