patient. The sessions ran throughout the day and evening facilitated by three clinical fellows in medical education. We were able to run the session with two students partaking simultaneously on parallel wards which allowed for a joint debriefing.

Results: We saw an increase in confidence across all areas including handover, task management, and working within a Multidisciplinary Team (MDT). Before FOCUS, only 13 students felt somewhat confident compared to 27 after. Ten students felt no confidence in escalating to seniors before FOCUS. Nine out of these ten students felt somewhat confidence afterwards. We received very positive qualitative data with one student stating FOCUS was the 'best prep I've had for FYI'.

Conclusion: FOCUS is a new programme created for post-finals medical students that was designed and introduced in 2022. Having received excellent feedback, we have plans to expand the course to more students in the coming year. We also wish to offer adaptations of this course to students in earlier years to promote improvement of the skills required to practise a safe and efficient on-call shift. We would also encourage other Trusts to adopt this programme where possible as the impact on confidence of post-finals students is significant and will lead to reduced stress and anxiety levels in newly qualified junior doctors.

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HUMAN FACTORS-CENTERED SIMULATION FOR POSTGRADUATE MEDICAL TRAINEES

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Background: 'Human factors' training is now explicitly referenced in the new Internal Medicine Trainee (IMT) curriculum [1]. The typical IMT scenario is based on deterioration of clinical conditions. The focus is usually the medical management of a certain condition with non-technical skills being discussed incidentally and sometimes superficially during the debriefing. The aim of this course was to see whether a course designed primarily to raise awareness of human factors and the non-technical skills that are part of the arsenal to reduce risk, would be well received by IMT trainees and whether we could truly deliver 'human factors training' [2] to this cohort.

Methods: The course consists of seven scenarios each written with a human factors or non-technical skills focus. For example, the opening forum theatre has the aim of illustrating the effect of stress, emotion, and workload on clinical performance. The format allows different behaviours to be 'tested' in the same environment to see the effect choice of behaviour can have. Other non-technical skills explored include workload management, communication of adverse outcomes, and conveying uncertainty. All IMTs within Wessex were invited to attend one of 4 courses, with a maximum number of twelve participants. The scenarios are run in a 'carousel' format with a group debriefing after 3 scenarios. The course was delivered using actor role players who were invited to the debriefing allowing direct two-way feedback. Evaluation was completed using a questionnaire based on Kirkpatrick's model.

Results: There were 39 attendees across 4 courses. 100% of candidates enjoyed the course and would recommend it to colleagues. 85% said their opinion of SBE was improved by the course with none feeling worse about simulation afterwards. All felt that the course provided a good introduction to human factors.

Only one responder gave a technical skill as their most significant learning. The remainder all gave non-technical skills responses which are exemplified by this direct quote: 'Really good course. I thought the use of 'real' patients made the experience so much more valuable. Was completely different to most other simulation I have done before which is invariably managing a deteriorating manikin patient which usually evolves into an arrest scenario. Found this actually useful for daily life on the job.'

Conclusion: This course represents a new approach to IMT simulation. It has been well received and adaptations and extensions to the course are already being planned.

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COMPREHENSIVE COMMUNICATION SKILLS TRAINING (CCST) FOR WARD STAFF

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Background: Care provision depends as much on the communication skills of care providers as their clinical skills. In 2021, a 420-bedded acute hospital received feedback from a fifth of bereaved families through its 'Your Views Matter' bereavement survey (n=145). 80% rated end of life (EOL) care as good/very good. However, 1 in 10 rated it as poor/very poor. In all but two cases, poor communication was identified as a defining factor. Despite communication being a theme in complaints, communication skills training (CST) was not available to ward staff (WS). Using actor role players (ARP) in simulation has been found to be realistic and valuable to learning [1]. The need for development of a standardised CST course for the 637 ward nurses and 273 nursing assistants was paramount. We established a one-day, level 2, accredited Comprehensive CST (CCST) course specifically for ward staff which sits between Basic CST and Advanced CST. We envision that the CCST course becomes highly regarded across the Trust/region and a priority for WS.

Methods: We translated bereaved relatives' lived experiences into simulations to inform learning (Table 1). Two ARPs simulate the experiences of a fictional inpatient Bobby Day, as he approaches the EOL and those of his wife Bridgette. Uniquely, throughout the day the course follows Bobby through his final hospital journey allowing participants to become emotionally invested in his and his wife's experience. Simulations address specific communication skills through both forum theatre and fishbowl. Following each simulation,

group activities maximise participation and consolidate learning, whilst sharing service users' words powerfully demonstrates relevance.

Table 1: How service users' liver experiences inform CCST through simulation

Table1: How service users' lived experiences inform CCST through simulation

Findings: The initial four courses have received universal praise from participants, ARP, and accreditors:

- 100% participants reported increased confidence
- Content relevant and comprehensive
- Key learning: Escalating concerns, Power of silence, Active listening
- Self-reflection and peer support positively supported
- High energy levels maintained throughout day
- Service users' experiences extremely powerful
- Use of ARP provides realism and invaluable insight into user experience

Conclusion: CST is as important as clinical skills training. Using ARP to simulate situations based on service user feedback, provides powerful learning opportunities through participation and observation. The lived experiences of service users and clinical review findings directly influence course content and impact on future care. Establishing an accredited CCST course with standardised content will ensure quality, deliverability and assurance of training. This has the potential to improve communication skills and consequently user experience of care provision.

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USING A SYSTEMS-BASED APPROACH TO EXPLORE THE ENABLERS AND BARRIERS TO EQUALITY, DIVERSITY, AND INCLUSION WITHIN A SIMULATION-BASED EDUCATION SERVICE

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Background: Equality, diversity, and inclusion (EDI) are high on the national agenda within healthcare. As an acute Trust based in London, we believe it is important to explore our simulation service provision through this lens, and make appropriate improvements. We have noted EDI interventions typically focused on single or isolated actions that often have minimal impact. The Safety Engineering Initiative for Patient Safety (SEIPS) [1] is a systems-based approach that considers the dual outcomes of system performance and human wellbeing. SEIPS is often described as the 'Swiss army knife' of human factors or systems-based models and can be used both retrospectively and prospectively to look at a defined work system, and its related processes. We utilise the SEIPS framework, to evaluate current barriers and enablers to EDI within our simulation service, and use the findings to design appropriate improvements.
Methods: The SEIPS framework guided our thinking across all stages of the project and we considered the wider context of EDI within our simulation service. Interactions between different work system factors that produce both wanted and unwanted outcomes, and feedback loops were explored. Information gathered from a number of sources allowed for triangulation and a review of emergent themes. Data sources included: Optional online post-course survey, including quantitative and qualitative EDI questions relating to an experience on a recent simulation course. All participants and faculty that attended relevant simulation courses since November 2021 were included. Review of feedback from November 2021 of all relevant simulation courses. Qualitative data themes were mapped to the SEIPS framework. A patient representative shared common EDI experience themes that Trust patients had reported whilst interacting with our hospitals and healthcare services. Relevant scenario and course documentation was reviewed for EDI themes using CORE20PLUS5 [2] as guidance. Frequency of both implied and explicit references were measured.
Findings: Stage one (evaluation) findings so far, suggest three key themes of accessibility, default gaze, and Work-As-Imagined versus Work-As-Done have emerged. Stage two (improvement) is to design system level improvements and assess them using the Inequality, Feasibility, Acceptability, Cost, Efficiency, and Sustainability (IFACES) criteria. Suitable improvement ideas will then be tested using a Plan/Do/Study/Act (PDSA) cycle.
Conclusion: We reflect on the utility of SEIPS as a systems-based tool to support an EDI service evaluation and improvement project and share our journey so others may learn from this process.

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