Table 1: Reported impact of attending ABT simulation on final year medical students

Type of Impact	Number of Students	Percentage of students
Positive	141	94.0%
Mixed – both positive and negative	7	4.7%
Negative	0	0.0%
None	2	1.4%
Total	150	100.0%

2. York M, Langford K, Davidson M, Hemingway C, Russell R, Neeley M, Fleming A. Becoming active bystanders and advocates: teaching medical students to respond to bias in the clinical setting. MedEdPORTAL. 2021 Aug 19;17:11175.

A NOVEL METHOD OF IMPROVING ATTENDANCE: SWITCHING TO ONLINE BOOKING FOR FY1 AND FY2 SIMULATION SESSIONS

Chantal Roberts[1], Mary Holding[1], Bruce Kerr[1], Ratna Makker[1,2]; *[1]West Hertfordshire Teaching Hospitals NHS Trust, Watford, United Kingdom, [2]Association for Simulated Practice in Healthcare, United Kingdom*

10.54531/MHUF3864

Background: Prior to 2021 within West Hertfordshire Healthcare Trust, mandatory simulation sessions were pre-allocated to foundation trainees. If sessions clashed with trainees' schedules, trainees would be expected to liaise with simulation faculty to rearrange verbally or via email. This created a significant burden on the faculty as there was no dedicated administrator or time. Moreover, this caused trainee burden on those unable to attend, and a significant proportion did not re-book these sessions. This impacted the efficiency figures for the simulation centre. We aimed to have rigorous adherence to the schedule and wanted the simulation programme to be efficient and work to full capacity. Within this service improvement innovation, the objective was to establish a better method of booking trainees into simulation sessions aiming to alleviate the faculty burden and provide flexibility for the trainees.

Activity: For the 2021–22 academic year, an online booking system for simulation was established. This was achieved using the Acorn 2 system. Trainees were then permitted to book a date that suited them for their mandatory training, and re-book if their commitments clashed with the booking schedule. This innovation removed the use of faculty as a medium for booking and rescheduling, freeing them to provide more simulation activities by alleviating this administrative burden. Datasets were compared between the 2020–21 and the 2021–22 academic year to determine the extent to which this innovation improved learner attendance within our simulation programme.

Results: Within this study we found that overall, there was a greater level of attendance from trainees following implementation of the new system than prior to this. We found 6% more simulation sessions were attended (from 87% attendance 2020 – 2021 to 93% attendance 2021 – 2022), and of those not attended, 20% more were rescheduled compared with the previous system (from 41% in 2020 – 2021, to 61% in 2021–2022).

Conclusion: It is evident from this innovation that a significant impact can be made on learner engagement when we allow trainees flexibility to self-determine their learning timeline. This is echoed within the literature, as adult learning theories emphasise learner led learning and learner driven orientation of their own learning narrative [1, 2]. By placing the onus on trainees, we de-burdened them of the stress of trying to re-allocate their clinical commitments whilst attributing greater accountability to the trainees. Overall, we believe this leads to greater faculty and trainee wellbeing and engagement in simulation-based learning.

REFERENCES

1. Knowles, M. S. The Adult Learner: A Neglected Species (3rd Ed.). Houston, TX: Gulf Publishing; 1984.
2. Knowles, M. S. Andragogy in Action. San Francisco: Jossey-Bass; (1984).

STRATEGY FOR PHARMACY SIMULATION-BASED EDUCATION (SBE) IN NHS SCOTLAND – FACULTY DEVELOPMENT

Seonaid McIntyre[1]; *[1]NHS Education for Scotland, Edinburgh, United Kingdom*

10.54531/YLKL8092

Background: New General Pharmaceutical Council (GPhC) Initial Education and Training (E&T) Standards for Pharmacists set the ambition from 2026, all pharmacists will be prescribers on registration [1]. There is an increased requirement for simulation-based education (SBE) to support trainees and newly qualified pharmacists to develop key skills required for prescribing, particularly around confidence and tolerance of ambiguity. There is a need to provide this training in a 'safe space' without harm to patients. Development of a Pharmacy Faculty for SBE is crucial to creating a safe learning environment and facilitate increased delivery of quality simulation in pharmacy education.

Methods: In October 2021, NHS Education for Scotland (NES) recruited 3 Regional and 1 National Pharmacy Simulation Leads who were tasked with implementing SBE within pharmacy teams across Scotland and developing faculty. Training is based on the Clinical Skills Management Educational Network (CSMEN) [2] 3-tiered approach.

Tier 1: Awareness to Simulation for Educators: an e-learning and bespoke in person 'Pharmacy SIMstart' course was developed and delivered to introduce the concept of SBE to pharmacy teams.

Tier 2: Introductory programme for Simulation-Based Learning Educator: an e-learning and existing 2-day in person 'Introduction to Simulation – Making it Work', run by the Scottish Centre for Simulation and Human Factors (SCSHF) was made more widely available to pharmacists.

Tier 3: Advanced programme for Simulation-Based Learning Educator (in development).

E-learning was accessed using the TURAS Learn system (a centralised digital platform developed by NES for products and services). Health boards were asked to identify staff who would be supporting trainees locally to attend the course relevant to their needs. The NES Pharmacy Simulation Leads linked with SBE medical education teams and simulation centres to allow Faculty to develop these newly acquired skills.

Results: Attendees (Table 1) at these training events were from: