Background: A recurrent theme from child safeguarding practice reviews at a local and national level where a child has died or suffered significant harm has been the failure of practitioners to exhibit professional curiosity, challenge and have difficult conversations with children and their families about their concerns [1]. In 2015 the local safeguarding children partnership developed multi-agency/professional classroom training on 'difficult conversations'. What was missing was practitioners having the opportunity practise theory/strategies for having difficult conversations in a safe learning environment. Although there is a history of Simulation education being integral to experiential learning of hospital-based staff this is not the case for community practitioners [2].
Activity: The aim of the training was to enable senior health visitors (HVs)` to understand why having difficult conversations is key to keeping children safe, reflect on practice build confidence, knowledge, and competence. The scenarios were based safeguarding concerns identified from clinical practice. The training was held in the Education Centre Simulation Suite which was set up for one clinic scenario and four home visits. The use of visual and audio equipment enabled all participants to watch the simulation in another room. Actors were used to play the roles of an older and young mother. This added to the realism of the scenarios
Results: Feedback was collected pre- and post-simulation. Prior to the session all seven participants said they felt confident having a difficult conversation. Nevertheless, post-training all said they enjoyed the session and would like simulation to be part of their ongoing professional development because it provided an opportunity to identify communication blind spots, reflect on practice, tips, and tricks to move conversation forward and future practice changes.
'Improving (our) communications skills. Regular feedback to improve service.'
'Having feedback from the actors provided honest feedback and advice'
Conclusion: This was the first simulation training, areas for improvement were identified during and after the session. For example, the debriefing after the third scenario was altered as the facilitator felt some participants were defensive. As a result, participants were less defensive when feedback was given. The HVs found simulation provided a safe learning environment to develop and hone their skills on holding difficult conversations which keep` children safe. The intention is to develop a proposal to have simulation training as part of the multi-agency/professional difficult conversations training offer and to create a Simulation Facilitator role for community staff.

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TRANSFORMING STUDENT MIDWIVES 'LIVED' EXPERIENCE OF CARING FOR BEREAVED PARENTS FOLLOWING PERINATAL LOSS USING HIGH-FIDELITY SIMULATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Background: Student midwives frequently encounter bereaved parents as part of their experience in clinical practice. Yet many students report feeling unprepared and anxious when caring for them during this difficult time [1]. Consequently, midwifery students often lack the necessary skills in communicating with bereaved parents and providing emotional support which can impact on the quality of care that parents receive [2]. The evidence on how best to educate and train students in this aspect of care is limited both in scope and quality [3]. Therefore, this study explored student midwives lived experience of participating in an immersive, unfolding bereavement scenario based on a real clinical situation using standardised patients.
Methods: Interpretative Phenomenology was employed to collect and analyse data from semi-structured interviews conducted with a sample of nine student midwives. Mezirow's Transformative Learning Theory was also used as a lens to analyse the data.
Findings: Three key super-ordinate themes emerged from analysis of the data. Firstly, 'a rollercoaster of emotions' captured the complexity of feelings and emotions the students experienced as they encountered the bereaved parents for the first time. Secondly, 'trying to console and making things easier' depicted the deep sense of powerlessness and the professional dilemmas experienced as the students struggled to emotionally console and communicate the right words to say to the grieving parents. Thirdly, 'a unique learning experience' conceptualised the students' transformational journey as they critically reflected on significant aspects of their learning, identifying the professional and personal insights that would enable them to provide effective care.
Conclusion: The findings of the study highlight the powerful role of simulation as an experiential model of teaching bereavement care within undergraduate midwifery education that can transform student midwives' ability to provide compassionate care to bereaved parents during this traumatic time.

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SIMULATION SUPPORTING PHARMACISTS PHYSICAL ASSESSMENT SKILLS

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Background: A 2-year Multisector Pharmacist (MSP) Foundation to Advanced programme was devised providing structured supervised learning, progressing to clinically enhanced independent prescribing (CEPIP). MSPs identified the need for additional physical assessment skills (PAS) training to support achieving the CEPIP. A secondary care Trust has an established simulation suite which could be utilised to support CEPIP learners and Health Education England vision

that simulation can improve the quality of health and care by providing equity of opportunities for learners and improving patient safety through gaining vital skills [1]. We aimed to design simulation-based scenarios to support MSPs PAS required to complete the CEPIP, measure the relevance of the simulation events held against individual learning needs, identify key learning points from each event through evaluation, and make recommendations for future events

Methods: MSP trainee representative, Pharmacy Education leads and simulation practitioners working group scoped suitable scenarios designed for MSP. Simulation practitioners delivered the scenarios on two separate events during 2022 with experience pharmacist facilitation support for feedback. The target audience was MSPs and event opened up to pharmacists from other sectors undertaking the CEPIP course to maximise simulation suite use.

Data was collected through a Likert scale learner evaluation form completed immediately after each event, this encompassed relevance for the individuals learning needs, key learning points gained and recommendations for future sessions. Comments were thematically analysed. Ethical approval for the study was not required.

Results: 5 MSPs and 2 CEPIP learners from other sectors attended the PAS sessions.

100 % responses (n=7). All agreed sessions were relevant for individual learning needs and appropriately pitched. The key learning points were:

- Benefits of practising PAS within a safe environment
- Structured feedback on PAS by simulation facilitator supported individual development
- Future recommendations were for more cases and simulation sessions.

A limitation of the study was that it included a small number of learners however key themes could still be identified.

Conclusion: Collaboration with the simulation suite and pharmacy has demonstrated the value of simulation to support PAS within a safe and structured environment. Future events to support PAS will be scheduled with the aim for these to become multi-professional and to further develop local networking.

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