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ORIGINAL RESEARCH

CONTENT

A1 INTERACTIVE SIMULATION TRAINING COURSE FOR PROFESSIONALS WORKING WITH CHILDREN AND ADOLESCENTS WITH EATING DISORDERS

Naila Saleem¹, Megan Fisher¹, Jess Griffiths¹, Selena Galloway¹, Cristina Jianu¹, **Marta Ortega Vega¹**; ¹South London and Maudsley NHS Foundation Trust, London, United Kingdom

Correspondence: marta.ortegavega@slam.nhs.uk
10.54531/RSWW3376

Background and aim: Research suggests that eating disorders (ED) in children and adolescents are on the rise [1]. One study found that the incidence of anorexia nervosa in young girls aged 10–14 years increased by 50% between 1980 and 2000 [2]. Another study reported a 119% increase in the number of hospitalizations for eating disorders in children aged 12 and under between 1999 and 2006 [3]. These statistics highlight the urgent need for improved prevention, early intervention and treatment of eating disorders in young people. This 1-day interactive simulation training course is designed to enhance the knowledge, confidence and skills of medical doctors, psychiatrists, RMNs, physical health nurses, dieticians, general practitioners and family therapists who are working with children and young people (CYP) with eating disorders.

Methods: This 1-day simulation course was delivered online. The course focuses on the assessment and management of CYP with ED, understanding the challenges faced by professionals in engaging CYP with ED in different settings, thinking about dynamics within family systems and in wider systems, and gaining a better understanding of capacity, consent and other conundrums. The course includes simulated scenarios played by trained actors to support the development of effective communication skills and Maudsley debrief model is employed to give participants feedback on their contributions and assist them in learning positively and constructively from their experience. Participants completed a pre- and post-course questionnaire measuring their confidence in course-specific skills and human factors

skills, as well as collecting qualitative feedback on their experience of the course and intention to apply the learning.

Results: Participants were asked to complete a pre-course and post-course questionnaire rating their knowledge, confidence and skills related to working with patients with eating disorders. Paired samples *t*-tests were conducted to analyse the difference in ratings between the pre- and post-course questionnaires. Results demonstrated a significant difference in the scores for course-specific questions between the pre-course ($M = 25.48$, $SD = 4.50$) and post-course ($M = 32.44$, $SD = 3.53$), $t(12) = 46$ $p < .001$, 95% CI $[-8.11, -5.80]$. 100% of the participants reported that they would recommend the course.

Conclusion: The course was effective at improving participants' knowledge, confidence and skills in working with CYP with ED. The participants found the course useful for 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.

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DESIGN

A2 PILOT OF COMMUNICATION SKILLS SIMULATION INCORPORATING GENDER-BASED VIOLENCE

Kate Jones¹, Emily Appadurai¹, Faris Hussain¹; ¹Cardiff And The Vale University Health Board, Cardiff, United Kingdom

Correspondence: katelouisej.94@outlook.com
10.54531/LNZN4606

Background and aim: Over the last decade, there has been increasing awareness of the prevalence of gender-based violence with increasing recognition of its disproportionate impact on vulnerable adults and children [1]. When these vulnerable adults and children may present to services, healthcare professionals have an opportune position to recognize this and act as an agent to signpost these individuals to relevant services. Individuals suffering from gender-based violence prefer practitioners to ask about the possibility of violence as it is easier for them to disclose this in response to the question than to offer the information unprompted [2]. While communication skills are taught to various degrees in medical schools around the country, the authors of this project recognized that many medical schools did not address these issues in these sessions. Consequently, a communication-based skills day was developed that addressed this and offered an opportunity for training and simulation of scenarios.

Aims: These sessions aimed to improve students' confidence in recognizing indicators of abuse and asking individuals if they were subject to forms of violence or abuse.

Methods: A half-day teaching programme was produced for final year medical students. This comprised of a talk on the

indicators of gender-based violence, suggestions on how to approach enquiring about gender-based violence and simulation scenarios incorporating gender-based violence. The scenarios were designed to include indicators of violence aforementioned in the talk to enable students to practise question asking.

Pre- and post-session questionnaires were used, and students were to rate their confidence on a scale of 1–5 of how confident they felt asking these questions and recognizing indicators of violence.

Results: Twenty-three students partook in the two sessions delivered. Pre-session data suggested that students had received minimal teaching on the indicators of violence. After completion of the sessions, there was a 57% increase in the students' confidence in recognizing a victim of violence and a 51% increase in confidence in asking whether an individual had been subject to violence. Qualitative data suggested that students valued simulation incorporating indicators of violence and opportunity to sensitively enquire if someone had experienced violence. Overall, students felt better equipped to address future scenarios where an individual may have been subject to violence.

Conclusion: Our teaching session increased the confidence of final-year medical students in recognizing the indicators of violence and their ability to sensitively enquire about any violence that an individual may be subject to.

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.

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CONTENT, SYSTEM

A3 'I HAVE HAD AN EPIPHANY' STUDENT NURSES' REFLECTIONS ON THEIR CARBON FOOTPRINT IN SIMULATION

Hannah Ames¹, Lucy Spowart¹; ¹Plymouth Marjon University, Plymouth, United Kingdom

Correspondence: hames@marjon.ac.uk

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Background and aim: Healthcare delivery is a major contributor to the climate crisis, producing 4.4% of net carbon global emissions today [1]. The campaign ‘For a Greener NHS’ launched in 2020 set a road map for the National Health Service (NHS) in the UK to reach net-zero emissions for patient care by 2040 [2]. However, to achieve this, staff must be carbon literate and start by understanding the impact of their own professional practice. It follows, therefore, that carbon literacy education must be a priority for healthcare educators. There is to date no research on educating student nurses on carbon literacy or the personal carbon footprints of their practice. Using simulation could provide an innovative solution providing a system-thinking environment that could connect carbon emissions theory to actual practice and develop carbon literacy.

The aim of the study was to explore student nurses' reflections on their carbon footprint of resources used in simulation and identify the potential role of simulation in developing carbon literacy.

Methods: This study used qualitative phenomenographic methodology, underpinned by transformational learning theory to explore student nurses' awareness and attitudes towards their carbon emissions from simulation. Ten participants were asked to log the clinical resources used during a venepuncture and cannulation simulation skills station. Carbon emissions were then calculated for each participant using the Centre for Sustainable Healthcare [3] carbon emissions calculation and were shown to students during one-to-one semi-structured interviews. Data analysis was conducted, discovering the different ways participants conceptualized their carbon footprint.

Results: Students were unaware and shocked by their carbon emissions from resource use in simulation and wanted to be better educated to enable them to make an informed choice to practise sustainably. Students highlighted the crucial role of simulation educators to educate students using simulation but to role model sustainable practice and design low resource-use simulation. Finally, students were able to connect the impact of their personal clinical practice to the global climate crisis.

Conclusion: Simulation is a powerful teaching approach to develop carbon literacy, challenging students' pre-existing knowledge, and enabling them to link their personal practice to the global climate-change crisis.

Ethics statement: The 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.

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EDUCATION

A4 DEVELOPMENT AND EVALUATION OF A CHEST CAVITY SIMULATION MODEL FOR TEACHING SURGICAL CHEST DRAIN INSERTION

Ji Yun Bog¹; ¹Brighton And Sussex Medical School, Brighton, United Kingdom

Correspondence: willow2137@gmail.com

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Background and aim: Surgical chest drain insertion is indicated in pneumothorax or haemothorax secondary to thoracic trauma. It is a mandatory emergency procedure that is incorporated as a part of the core medical training curriculum [1]. However, sparse training opportunities result in low clinician competency and increased risk of complications. While simulation training can offer a solution, the affordability of commercial models and hygiene and ethical implications of animal carcasses are significant limiting factors. The aim of this project is to build a reusable, high-fidelity, low-cost human chest cavity model excluding animal use for simulation-based teaching of surgical chest drain insertion.