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10.54531/EODS9506

Background and aim: Delayed airway management was identified in 70% (9 of 13) of Insitu simulation (ISS) with an average time of 3.42 minutes from identification of the problem to management. The resuscitation council UK suggest that in most patients presenting with a compromised airway, simple actions are sufficient to stabilize them, failing to do so increases the risk of hypoxia and multi-organ failure [1]. To address this trust wide training was initiated through the 'skills2u' programme, where toolbox teaching was taken to the wards.

Methods: Across a two-week period, a multiprofessional team comprising of the simulation faculty, anaesthetists, and advanced clinical practitioners, visited all clinical areas and delivered a short 10–15-minute practical ward-based interactive session to the interprofessional team. The session covered airway assessment, airway opening manoeuvres and opportunity to practice inserting basic airway adjuncts.

Results: 412 clinical staff, of all grades and disciplines, were taught in basic airway management of the deteriorating and arrested patient. Evaluation of the teaching revealed 95.5% of staff agreed it was relevant to their role and 98% agreed they now felt better prepared to respond to changes in a patient's condition. In the subsequent three months, technical skills performance errors for airway management were identified in 15% of 10 ISS completed. In these simulations the average time taken to manage the airway from identification of the problem reduced to 1.39 minutes.

Conclusion: Using ISS to identify technical skills performance errors followed by a trust wide ward-based education programme is an effective way to enhance patient safety.

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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EDUCATION

A32

TOWARDS A TAXONOMY OF SCALE: A SUSTAINABLE APPROACH

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10.54531/CEUN6931

Background and aim: Taking simulation from concept through to scalable delivery is complex, contested and an under-theorized process. The traditional approaches to scaling innovations, proposed by Everett Rogers in the 1960s is the notion of diffusion of innovation; we argue that this is of limited use in our context of working with NHS health professionals supporting their learning post-covid. Our approach to scaling draws the upon the well-tested seminal works on taxonomies by Coburn (2003) [1] and her dimensional framework, Dede et al (2007) [2], with

their educational scaling model, plus the systematic review of Greenhalgh et al (2004) [3] in health services.

Activity: By considering the ways in which our eight Health Education England (HEE) simulation projects have been delivered, this work presents an emerging framework, designed to enable the orchestration of team discourse about theory, the production of simulation artefacts as tools for design discourse and the identification of scalable systemic pain points. We pay particular attention to scaling innovations in practice and organizational change, which are in our view enabling factors in the sustainable adoption of learning technologies by end users in the workplace.

Findings: Successful scaling is more than just being about the number of users we can reach. It requires underpinning by an understanding about the changes in practice an innovation can bring about, and how valuable these changes are to stakeholders. Challenges remain as to whether such changes can be sustained over time, and the extent to which users and stakeholders are involved in co-creating the innovation. Individuals within the organizations – and their attitudes, beliefs, and habits – play an equally important role in exploring new technologies and practices with an open mind and perceiving these as an added value in their work environment and daily routines.

Conclusion: This work illustrates the need to strategically involve the 'missing middle' and starts to identify the key role these people play in that space between where scaling factors reside between top-down strategy and bottom-up initiatives.

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

A33

A NOVEL FORM OF COMMUNICATION TRAINING FOR MEDICAL SUPPORT WORKERS AT A LARGE TEACHING HOSPITAL

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10.54531/VABK6137

Background and aim: The Medical Support Worker (MSW) Programme, funded by NHSEI, enables International Medical Graduates (IMG) and refugee doctors to work in the NHS, whilst acquiring General Medical Council (GMC) registration [1]. MSWs and IMGs have a recognized set of learning needs, with communication difficulties the most reported challenge amongst IMGs [2]. North Bristol Trust (NBT) employed a second cohort of 30 MSWs in July 2022, all of whom previously practiced medicine in Myanmar. NBT enlisted the assistance of a local Community Theatre to create and deliver a novel training programme with an emphasis on improving confidence in communication.

Methods: Reflective pieces completed by MSWs one month in to post, alongside two probing questionnaires, highlighted the demand for communication training. A local Community Theatre, with prior experience of working with migrants, refugees, and vulnerable groups, was contacted. The Community Theatre met with both current and former MSWs to further identify development needs. Subsequently four two-hour workshops, with specific focuses, were designed:

- Session 1: Informal conversation, talking about yourself
- Session 2: Voicing opinions and interpretations, acknowledging mistakes
- Session 3: Talk about yourself, interview practice, body language
- Session 4: Public speaking, dealing with conflict

Workshops consisted mostly of games and small group activities with an element of performance. The programme was evaluated using a feedback form, consisting largely of Likert scale questions, completed after the 4th session.

Results: Communication, social skills or cultural change were highlighted as the biggest challenges by MSWs (64%). Confidence in tasks that involved speaking in front of groups, dealing with conflict, or speaking to relatives was low (13.6–22%). Only 52% of MSWs felt confident speaking to colleagues. The sessions were well received with 100% of respondents reporting both to have enjoyed the sessions and that they would recommend the sessions to other MSWs.

Results showed improvements in confidence, specifically with regards to: conversing with colleagues (94%), informal conversation (87.5%), public speaking (88%), raising concerns (100%) and offering opinions (100%).

Conclusion: This novel locally developed communication training addresses some of the unique learning needs of MSWs and improves communication skills in a range of areas. The programme is being considered for expansion to international nurses and IMGs at NBT.

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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EDUCATION

A34

DESIGNING AND IMPLEMENTING A NATIONAL SIMULATION FACULTY DEVELOPMENT PROGRAMME FOR WALES (SIM FD WALES)

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10.54531/BNCX7773

Background and aim: Simulation faculty should be trained and competent [1, 2]. A strategic objective of the Health Education and Improvement Wales (HEIW) Simulation team is to provide equitable access to a standardized simulation faculty development programme across Wales.

Methods: A consultation process involving meetings, focussed discussions and webinars with key stakeholders, educators and clinicians from a range of professional backgrounds was carried out. The following priority areas were identified:

- development of a tiered programme supporting a competency-based approach
- to develop educational skills, knowledge and behaviours required to deliver high quality simulation-based education and training (SBET) in safe learning environments
- to promote interprofessional SBET and offer flexible and accessible faculty training opportunities.

A tiered programme framework consisting of 3 standalone courses (essential, advanced and expert) comprising 4 blended learning modules each, was designed collaboratively and informed by the literature [2,3].

Following content mapping and creation by experts, the Essential Course was launched in October 2022. It entails 5 hours of self-directed e-learning followed by a 5-hour facilitated (virtually or face to face) session, fully funded by HEIW.

Advanced Course content is under development, due to commence in March 2024.

Results: Thirty-eight participants completed the essential course between October 2022 and February 2023, $n = 28$ undertaking face to face sessions and $n = 10$ a virtual session. Learners were asked to rate the usefulness of each e-learning module on a Likert scale, with 1 equating to 'not at all' and 5 to 'very much'. The number of participants that evaluated each module and reported them ≥ 4 is as follows: 'Introduction to simulation' $n = 35/37$ (95%), 'Human factors' $n = 24/26$ (92%), 'Designing and Facilitating Simulation' $n = 23/24$ (96%) and 'Debriefing' $n = 20/20$ (100%) (see Figure 1-A34).

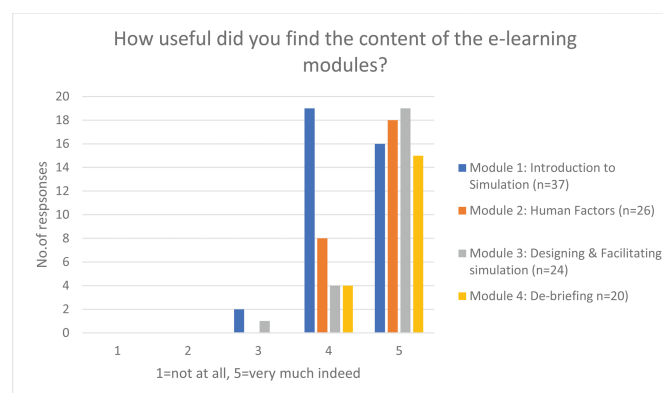


Figure 1-A34: Evaluation of the essential course e-learning modules

Response rate to the evaluation of the face-to-face sessions was 24/28 (86%) and 8/10 (80%) for the virtual session. All responders 32/32 (100%) rated the face to face and virtual sessions ≥ 4 regarding relevance and usefulness, with 31/32 (97%) agreeing that the learning objectives were met. Common themes identified as 'most useful' were the ability