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## SYSTEM

### A58 MASTERY BASED SIMULATION APPROACH ENABLING SOCIAL CARE TEAMS TO RAPIDLY ORDER SMALL PIECES OF EQUIPMENT TO A PERSON IN THEIR HOME


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**Background and aim:** Traditionally small pieces of equipment (e.g. Zimmer frame, commode, toilet frame and raise and walking sticks) required for frail older people in their home environment are ordered by Allied Health Professionals who are highly skilled in ensuring safety and functionality of the chosen item. However, the problem is that this process can sometimes take up to six months due to backlogs in the system. This means the person is living with unacceptable risk within their own home and losing the ability to perform activities of daily living (ADLs). This could also potentially result in falls and hospital admissions with the subsequent increase in morbidity and mortality.

The team working within social care are often the referrers into this service and we wondered if the use of simulation-based mastery learning which has been shown to allow safe successful dissemination of skills in other areas of health and social care could be used to enable home care teams to safely, timeously and appropriately order small pieces of equipment autonomously [1]?

**Activity:** Using the 7-stage approach to SBML, Checklists allowing the safe acquisition of small pieces of equipment aiding ADLs were developed by our trained mastery learning facilitators (senior AHPs). Sessions were delivered to a wide range home care team members. The training was delivered using mastery-based learning approach.

We believe that this is the only example of the use of SBML in the social care environment and are really excited about the safety benefits and the way SBML enables a person-centred approach to social care [2]. The SBML training and the train the trainers will be continued to be disseminated and we will continue to evaluate the impact both on practitioners, the time it takes to get a piece of equipment and also rates of falls and admissions to hospital.

**Findings:** The feedback from the sessions reflects the massive benefit perceived from the participants in the way their new ability will transform the way they can support people in their homes:

- We can't believe this is happening it will make such a difference to our practice and the care we can deliver to our clients in their own home
- I never thought the day would come

**Conclusion:** We will continue to assess impact on home care teams especially whether this added enhanced role aids joy at work.

**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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## QUALITY

### A59 MIDLANDS SIMULATION AND IMMERSIVE LEARNING CENSUS 2023: A CROSS-SECTIONAL STUDY TO INFORM REGIONAL TEL STRATEGY


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**Background and aim:** National Health Service England (NHSE) is committed to providing the highest quality, evidence-based and sustainable Technology Enhanced Learning (TEL) to the workforce of tomorrow [1]. Over the past 20 years, simulation-based education (SBE) facilities have developed across many NHS trusts, universities, and training programmes using different models of delivery and funding to match their local needs. More recently, technological advances and a pandemic-driven need for remote and supplementary training experiences has expanded the remit of TEL.

Our objective was to complete a wide-ranging census to map simulation and immersive learning (SimImm) resources across an entire NHSE region and how these are delivered. Most importantly, we aim to gather stakeholder opinions on the perceived challenges faced by the SimImm community in the coming 3-5 years.

**Methods:** In December 2022, we launched a multi-phased regional online survey of SimImm providers. Phase one distribution included members of the two regional simulation networks. Phase two was distributed to simulation leads for postgraduate schools, training programmes and higher education institutions. Throughout, other stakeholders in the SimImm community had the opportunity to complete the 'future challenges' section only.

**Results:** 35 organizations had completed the full census, with a further 47 stakeholders completing the 'future challenges' section. Of the full census, 14 were secondary care simulation centres, 18 training programmes and 3 universities. The most common resources used were High-fidelity simulation ($n$ = 28), simulated patients ($n$ = 21) and advanced part-task simulators ($n$ = 20). 15 organizations were delivering extended reality (XR) resources, with 6 delivering cadaveric simulation. Only 47% reported representation on regional simulation

networks. 61% exclusively used faculty employed within their own organization, with 54% delivering in-house faculty development programmes. Most funding for course set-up and maintenance was derived from NHSE (formally HEE) through direct funding or the learning contract (formally SIFT/tariff). 22% had funding from NHS trusts for course maintenance.

Thematic analysis of the 'future challenges' section, revealed 5 primary areas of perceived challenges: Faculty development, maintenance, and retention; resources funding; collaborative working; strategy and equitable opportunities and adoption of new technology.

**Conclusion:** Provisional results already demonstrate a huge variety of resources which are distributed widely across the region. Many of these are not necessarily in contact with regional simulation networks, particularly individual training programmes. The stakeholder opinions collated through this exercise will form the bedrock on which regional SimImm strategy and decision-making can be based.

**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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## QUALITY

### A60 A SIMULATION BASED QUALITY IMPROVEMENT PROJECT TO IMPROVE PATIENT CARE IN THE URGENT CARE ENVIRONMENT

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**Background and aim:** In the two years prior to commencement of the project, data suggested that incidents related to patient safety were high on one Urgent Care Ward. Evidence also suggested that staff turnover and the number of junior staff in post were also higher than usual with little support available.

A series of monthly, clinical Simulation Based Education, (SBE) Sessions were held over eight months with the aim of allowing staff to practice, in a safe space, the specific clinical skills required to work in that environment ultimately resulting in safer patient care by increasing knowledge, skills and confidence, [1].

**Activity:** Training consisted of monthly 3-hour sessions, 3 scenarios per session, each followed by a structured debriefing cementing understanding and learning. Scenarios were relevant to Urgent Care and as realistic as possible using High Fidelity Simulators.

A mixed methodology was used to collect qualitive and quantitative data over 11 months allowing for robust analysis, [2]. Pre and Post session Confidence Scales were completed by candidates as well as a feedback form to identify key learning points and to advise on the suitability. A comparison study was made, collecting patient safety data at the beginning and end of the project.

**Findings:** 26 candidates attended. 3 attended twice. Candidates were qualified and student Nurses and Health Care Assistants with varying levels of Urgent Care experience. Following sessions all candidates reported that they felt more confident managing deteriorating patients and that they felt more confident to summon assistance. They all reported that scenarios were relevant to practice. 65 learning points were identified with 7 common themes.

The most useful part of sessions was realism and relevance.

Patient Safety Data indicates some improvement in the number of reported incidents. Some variables could have influenced data and further study is required.

Results were positive and the project has been adopted throughout Urgent Care across the Trust to improve patient safety and retain staff

**Conclusion:** The project aimed to improve patient safety by providing SBE to staff on one Urgent Care Ward. Analysis of data suggests there was some benefit to patient care and demonstrated a positive impact on staff confidence. It also identified key learning themes.

The educational program will be offered across the Trust and further study will enable more persuasive data.

**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

### A61 A COMPREHENSIVE TRAINING PROGRAMME FOR MEDICAL SUPPORT WORKERS AT A LARGE TEACHING HOSPITAL

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**Background and aim:** The Medical Support Worker (MSW) programme enables International Medical Graduates (IMG) and refugee doctors to support clinical teams, whilst General Medical Council registration is gained [1]. North Bristol NHS Trust, a large teaching hospital in South-West England, has designed and implemented a novel training programme for a second cohort of 30 MSWs. A comprehensive learning needs assessment informed the content of the programme.

**Methods:** Learning needs were identified from two probing questionnaires and reflective pieces, completed by 22, 27 and 29 MSWs respectively; alongside Health Education England and General Medical Council guidance [2, 3].

Four principal areas were identified- (1) Communication, (2) Portfolio Development, (3) Career Development, (4) Preparation for work in the NHS.