colleagues, welcoming staff, de-escalating situations, reviewing accolades and complaints or building rapport. Many people find it difficult to initiate, hold, conclude and follow-up conversations. Simulation-based education (SBE) has been identified as an effective way to improve communication skills, however, a structured communication skills framework is necessary. A plethora of established communication skills frameworks [1-3] exist, each excellent within their own sphere. Our purpose was to develop a generalizable, transferable framework to suit the broad range of communications covered in SBE; a framework which can be repeated, practised, and easily memorized.

Methods: Experts in communication skills, healthcare education, and SBE reviewed existing communication skills frameworks. The new framework's foundations were key skills, within every conversation, between healthcare professionals and colleagues, patients or relatives/carers, or between non-healthcare professionals and colleagues/clients. Thematic analysis of data from participants of sessions from the previous five years identified these themes:

- Why, when, where and how to start a conversation
- The best time to have a conversation
- Showing empathy and listening (verbal and nonverbal skills)
- Providing support, without being solution orientated
- How to sense-check ourselves and others, after the conversation

The STEPS framework was developed two years ago and has been used by our facilitators in SBE, to assist participants to be confident in structuring and having conversations.

Results: The five-step framework has a memorable mnemonic STEPS; Start, Time, Empathy, Provide-support, and Sense-check. STEPS has been well received by over 500 participants. They have reported that it is easy to remember and highly applicable to situations in and out of work. Post-intervention surveys showed significant improvement in learners' confidence and perceived competence in holding conversations. Focus group discussions revealed that learners found the STEPS approach helpful in managing their own emotions and in creating an open dialogue with others.

Conclusion: The STEPS approach is a generalizable communication skills framework that can be implemented in SBE activities to improve people's understanding of structuring conversations. It has had a positive impact on participants particularly regarding their perceptions of having 'challenging' conversations. The STEPS approach can be used to guide healthcare and non-healthcare professionals in various settings and is a valuable tool in improving person-centred communication. STEPS helps people initiate, structure and navigate a conversation with kindness and in a way that makes constructive outcomes possible.

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.

REFERENCES

1. Kurtz SM, Silverman JD. The Calgary-Cambridge Referenced Observation Guides: an Aid to Defining the Curriculum and Organizing the Teaching in Communication Training Programmes. Medical Education [Internet]. 1996 Mar;30(2):83–9. Available from: https://pubmed.ncbi.nlm.nih.gov/8736242/
2. SAGE & THYME: Teaching everyone to listen - Welcome | SAGE & THYME [Internet]. www.sageandthymetraining.org.uk. Available from: https://www.sageandthymetraining.org.uk/
3. Windover AK, Boissy A, Rice TW, Gilligan T, Velez VJ, Merlino J. The REDE Model of Healthcare Communication: Optimizing Relationship as a Therapeutic Agent. Journal of Patient Experience. 2014 May;1(1):8–13.

EDUCATION

A79 PA-RTICIPATING IN SIMULATION: DEVELOPING A NOVEL TEACHING PROGRAMME MAPPED TO THE PHYSICIAN ASSOCIATE CURRICULUM, USING SIMULATION AND INTERACTIVE WORKSHOPS TO COVER CORE CONDITIONS AND NON-TECHNICAL SKILLS

Emma Higgie[1], Hannah Parker[1], Natalia Zucca[1]; [1]*Somerset Foundation Trust, Taunton, United Kingdom*

Correspondence: emma.higgie@somersetFT.nhs.uk

10.54531/PESJ4909

Background and aim: Physician Associates (PAs) are an increasingly prevalent member of the medical team, with approximately 3000 working within UK health organizations [1]. The role offers continuity and stability to the multi-disciplinary team, addressing the issue of foundation doctors rotating 4-monthly and the impact of this on day-to-day ward work, speciality specific skills and knowledge.

Due to their disparate, and sometimes non-medical, backgrounds, qualified PAs have varied exposure to the recognition and management of specific medical emergencies. They also have limited opportunity for simulation experience during their training. At present, there is no national PA teaching programme once qualified (as a Foundation doctor would have), yet PAs are still expected to continue their personal and professional development, in addition to completing a re-certification exam to remain registered.

Activity: We developed an innovative PA teaching programme, combining simulation scenarios with interactive workshops, with all sessions linked to the PA Competence and Curriculum Framework [2], mirroring the set-up of the Foundation doctor teaching programme. Each session aimed to develop knowledge and confidence, whilst also offering opportunities to develop non-technical skills such as teamwork, communication, handover and breaking bad news.

Simulation sessions focused on assessment and management of a simulated patient with an acute medical problem whereas workshops allowed case discussion of topics such as endocrine emergencies, resuscitation decisions and dementia & delirium. Written feedback and Likert scales were used to evaluate the sessions.

Findings: To date, 7 sessions have been run, with average attendance of 8.5 PAs of the 12 PAs working within the Trust. 100% of attendees agreed the scenarios have been useful and provided more confidence to deal with conditions covered. Written feedback praised the 'transferable nature' of topics discussed, relevant to PAs working across multiple secondary care specialties.

Conclusion: Introducing this educational programme has been beneficial for the PAs. PAs within our trust have noted the benefits to their practice, allowing them to develop improved clinical assessment skills alongside widening their knowledge base outside of their current specialty. This supports personal and professional development, as well as providing exposure to multiple secondary care settings. We aim to repeat the same simulation scenarios after 4 months

to evaluate if knowledge has been retained by adding an extra level of complexity when the scenarios are repeated. We will also look to share our learning and scenarios with other local trusts, with the potential to create a regional PA teaching programme within the South West.

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.

REFERENCES

1. Royal College of Physicians. Faculty of Physician Associates 2020 Census results [internet] 2020 [cited 2023 March 22]. Available from: https://www.fparcp.co.uk/about-fpa/fpa-census
2. Department of Health. The competence and curriculum framework for the Physician Assistant. [internet] 2006 [cited 2023 March 24]. Available from: https://bulger.co.uk/prison/Physician%20Assistant.pdf

DESIGN

A80 SIMULATION: A TOOL TO IMPROVE THE CONFIDENCE OF INTERNATIONAL MEDICAL GRADUATES TRANSITIONING INTO WORKING IN THE NHS

Samuel Jones[1], Divya Premchandran[1], Benjamin Smalley[1]; [1]*Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom*

Correspondence: samuelerikjones@hotmail.com

10.54531/JJTO2612

Background and aim: International medical graduates (IMGs) are doctors that have graduated from a medical university outside of the UK and subsequently employed by the NHS. The transition to working within the NHS presents them with many new challenges including communication, cultural differences, healthcare system differences, NHS policies and UK legal frameworks, and the expectations attributed to a doctor practicing in the UK. They often commence work with little training about these practical challenges and as a result encounter a steep learning curve. IMGs are significantly more likely to receive complaints and face fitness to practice investigation [1]. Therefore, developing educational opportunities to help them adapt to working in the NHS is a necessity.

Simulation has been shown to improve the confidence, knowledge and provides an ethically and educationally safe setting for doctors to develop their practice [2,3]. We therefore created an IMG oriented simulation programme that focussed on some of the key challenges they face.

Activity: We delivered simulation sessions on four separate days with 6-8 IMG candidates at each. Sessions consisted of two clinical scenarios divided into sections, approximately 20 minutes long, each targeting a key educational outcome. We used a combination of a computerized simulation manikin (SimMan Essential) and live actors. Key educational outcomes included managing an acutely deteriorating patient, escalating to a senior, obtaining a collateral history, breaking bad news and duty of candour. Each candidate had the opportunity to participate in a part of the simulation whilst the others observed. The candidates were then debriefed and learning objectives explored by a trained faculty member. The candidates were asked to complete pre-simulation, immediate post-simulation and 3-month post-simulation feedback forms using a nominal Likert scale. They scored 1-10 (10 being 'strongly agree') on their confidence around each component of the educational outcomes.

Findings: We had 21 candidates complete the simulation day, with 19 responses to the immediate post simulation survey and 9 responses to the 3-month post simulation survey. The results showed a significant increase in the confidence of the candidates for each educational outcome, with mean scores increasing from 6-7 to >9. We also demonstrated that the candidate's confidence remained and they were still using the skills they had learned 3 months later.

Conclusion: We have demonstrated that IMG oriented simulation is a valuable educational tool for doctors transitioning into working within the NHS. Confidence around a variety of difficult topics increases and the lessons learned have a lasting impact.

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.

REFERENCES

1. Jalal M, Bardhan KD, Sanders, D, Illing J. Overseas doctors of the NHS: migration, transition, challenges and towards resolution. Future Healthcare Journal [Internet]. 2019; 6:76-81. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.7861/futurehosp.6-1-76 (Accessed 13 April 2023).
2. Buist N, Webster C, Simulation Training to Improve the Ability of First-Year Doctors to Assess and Manage Deteriorating Patients: A Systematic Review and Meta-analysis. Med Sci Educ [Internet]. 2019; 29(3) 749–761. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.1007/s40670-019-00755-9 (Accessed 13 April 2023).
3. Ayaz O, Ismail F. Healthcare Simulation: A Key to the Future of Medical Education- A Review. Adv Med Educ Prac [Internet]. 2022; 13: 301-308. Available from: www.ncbi.nlm.nih.gov/pmc/ DOI: 10.2147/AMEP.S353777. (Accessed 16 April 2023).

CONTENT

A81 ADVANCE CHOICE DOCUMENTS: A SIMULATION FOR SERVICE USERS, CARERS AND CLINICIANS

Megan Fisher[1], Anita Bignell[1], Marcela Schilderman[1], Claire Henderson[2], Shubulade Smith[2], Abigail Babatunde[2], Selena Galloway[1], Mariola Ruiz[1]; [1]*Maudsley Learning, London, United Kingdom,* [2]*King's College London Institute of Psychiatry, Psychology and Neuroscience (IOPPN), London, United Kingdom*

Correspondence: megan.fisher@slam.nhs.uk

10.54531/KSGV4971

Background and aim: Advance Choice Documents (ACDs) are one of the important upcoming reforms to the Mental Health Act in the UK [1]. The aim of the document is to allow service users greater autonomy when they are well, to make decisions and guide what happens if they become unwell in the future. It is created by a service user and clinician in a shared decision-making process.

Maudsley Learning (ML) collaborated with an Institute of Psychiatry, Psychology and Neuroscience research team to provide a co-produced simulation day for service users, carers and clinicians. The aim was for participants to be able to gain a greater understanding of how to co-produce and implement ACDs.