

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

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## DESIGN

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

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**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.

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## CONTENT

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

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**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.