

INTERPROFESSIONAL SIMULATION-BASED EDUCATION AND TRAINING ACROSS HEALTH AND CARE IN WALES

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10.54531/WDTG9010

Background: Interprofessional Education (IPE) has been defined and practised over decades. The World Health Organisation has stated that IPE ‘occurs when two or more professionals learn about, from, and with each other to enable effective collaboration and improve health outcomes’ [1]. There is a recognised improvement in learner’s practice in several aspects namely leadership, teamworking, communication, and negotiation skills along with trust, self-esteem, and shared decision-making [2]. A Cochrane review concluded that IPE improved working culture, patient satisfaction, decreased errors, improved patient management and the knowledge and skill of professionals [3]. It is, therefore, desirable that IPE should be incorporated wherever possible in simulation-based education. We endeavour to facilitate and encourage this practice across health and care professionals in Wales.

Activity: For Interprofessional simulation-based education (SBE) to be successful, there needs to be significant coordination and resource interoperability. The undergraduate, pre-registration and post-registration postgraduate organisations, councils and health boards will have to work together. We recognised that the role of the Health Education and Improvement Wales (HEIW) Simulation Team would be that of a conduit in facilitating discussions between relevant stakeholders to identify wishes for simulation-based IPE, challenges and potential solutions and how this can be achieved by all stakeholders. After completing the project proposal, the simulation team invited individuals from all relevant stakeholders across health and care organisations and institutions in Wales.

Results: All stakeholders agree that there are various challenges which has resulted in the preclusion of IPE in SBE so far, although the benefit has been well recognised. The stakeholder views from discussions so far are as below:

- Communication and collaboration will be fundamental both internally and externally to institutions and organisations.
- Sharing best practice and resources will be one of the keys to success.
- IPE in simulation needs to be driven by the service/education need, not by technology
- Joint interprofessional leadership in implementation and delivery is important.
- An infrastructure and shared pathway is required between Health Boards/Trust and Health Education Institutions, so everyone has the same strategy/joint direction.

Conclusion: Interprofessional SBE can be the focal point in promoting patient-centred care where professionals across healthcare learn about, of and from each other in a curriculum-based, validated teaching and training programme. We are continuing the conversation to identify the pathway for the successful implementation in Wales.

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AN INNOVATIVE PAEDIATRIC SIMULATION PROGRAMME FOR INTERNATIONAL MEDICAL GRADUATES

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10.54531/WWCI5175

Background: International medical graduates form an essential part of the NHS workforce. Transitioning into NHS work is not straightforward for many: IMGs are significantly more likely to receive complaints, face fitness to practice investigation, and fail postgraduate assessments [1,2]. Creating meaningful opportunities to support IMGs in their transition into the NHS is a daunting task. They represent a heterogeneous group of medical staff and there is no ‘one size fits all’ solution. With the support of Health Education England Southwest funding, we piloted a bespoke simulation-based education (SBE) course for IMGs working in paediatrics, who had been working in the NHS for less than 2 years.

Methods: A survey of educational supervisors had suggested that focus areas should include communication, leadership, and team working. This, together with feedback from IMGs was used to design the course. The first course was delivered in Bristol in May 2022 to 8 participants. An introduction to SBE and human factors was followed by five scenarios. Two were manikin-based and focussed on managing the acutely unwell child. Two used simulated participants for communication-based scenarios covering medical error, safeguarding, and incivility. One scenario was a small group-based task prioritisation exercise. Feedback forms and interactive tools were used pre and post to collect mixed quantitative and qualitative data on the experience of participants, with self-reported confidence assessed across several domains.

Results: Participants enjoyed and valued the course (Figure 1). Participants’ self-reported confidence increased in all domains studied, with the greatest increase seen in managing safeguarding cases (Table 1). Participants reported the learning environment to be friendly and supportive and that the course covered important and useful topics. All participants felt that they were able to



Figure 1: “How are you feeling?” pre and post course word clouds from attendees.

Figure 1: ‘How are you feeling?’ pre- and post-course clouds from attendees.