Abstract O8 Simulated patients perspectives of their role and contribution to health professions education

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Introduction Studies have shown the effectiveness of simulated patient encounters for developing consultations skills while other research has shown that the expectations of faculty and patients differ when it comes to evaluating consultation skills. RCSI’s 3,300 square meter expansion of simulation facilities in 2017, fueled an increase in demand for simulated patients. Few studies address the perspectives of simulated patients in regard to their role, therefore, this study aimed to explore these perspectives.

Methods A qualitative approach was taken. Simulated patients, actors and surface models involved in teaching in RCSI were invited to participate in one of four focus groups. Fifteen simulated patients participated and eight actors. Focus group discussions were audio recorded and transcribed verbatim. Inductive thematic analysis was carried out on transcriptions.

Results A number of themes emerged from the data. Participants believed that they brought valuable life experience to the role. Feedback emerged as a theme in terms of being both a challenge and a way to contribute. Professional actors were confident they were playing their role correctly whereas simulated patients were eager to get more feedback on how they portray their cases. There was a clear divide in the perspective of participants when discussing physical examination. Some participants felt that providing their bodies for examination, including intimate examination was essential for student learning whereas other participants did not wish to get involved with physical examination. Participants gained a better understanding of health and the healthcare system.

Discussion and conclusion Simulated patients are an engaged group of people who believe they have a valuable contribution to make. Ongoing training is required to support simulated patients to provide effective feedback to students. Simulated patients learn about health and the healthcare system as a...
result of participating, which has an impact on their own interactions with the healthcare system.

REFERENCES

O9 SIMULATION’S NEXT TOP MODEL(S)
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Background This short communication describes a project to track and quantify model-making activities, by technicians, at a large simulation centre in Ireland. The design and fabrication of models for undergraduate and postgraduate clinical and surgical skills teaching is growing aspect of the Simulation team’s work. Operations have scaled-up significantly at the National Surgical & Clinical Skills Centre over the past two years, and the Simulation team continues to support an increasing number of courses, workshops, examinations, tours and events. With this in mind, it’s important to ensure that all model-making activity is quantified and tracked, so that it can be better integrated into technicians’ schedules.

Summary The ‘Model Making Management Project’ intended to streamline the process of requesting, designing and creating new models, making it easier to manage and prioritise workloads and time commitments, as well as estimate the costs associated with each model. A Standard Operating Procedure document was drafted and approved by the technical team, in consultation with relevant faculty. This included the creation of a tracking process for all model-making requests, which aimed to capture the amount of technicians’ time and resources spent on each project and allow technicians to prioritise models based on urgency and complexity.

Results At the time of submission, the tracker includes 14 separate synthetic model projects to be completed by September 2019, resulting in >330 individual units, at a cost of >120 hours of technician time.

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O10 INTERPROFESSIONAL MENTAL HEALTH SIMULATION: A COMPARISON OF LEARNING OUTCOMES BY PROFESSION
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Introduction In modern healthcare systems, services have become increasingly multidisciplinary. To prepare the workforce for the challenges of multidisciplinary teamwork, the World Health Organisation has called for the development of interprofessional approaches to education and training (Gilbert et al., 2010). One such approach is high-fidelity interprofessional simulation training. Although some studies have found positive outcomes for participants (Lavelle et al., 2017; Fernando et al., 2017), there is limited evidence on inter-disciplinary differences and how these translate into clinical practice. This study aims to investigate the self-reported differences in learning outcomes between physicians, nurses, midwives and allied health professionals participating in interprofessional mental health simulation.

Methods Participants (n=340) were professionals from medicine (including psychiatry), nursing, midwifery and allied health. They participated in one of four interprofessional simulation courses (SWAMPI, SWAMPI-CYP, Psych-ED, Perinatal Mental Health). The Human Factors Skills for Healthcare Instrument (HFSHI) was administered pre- and post-course. Paired samples t-tests were performed separately for each professional group. Eta-squared was calculated to estimate the effect size. One-way ANOVA was performed on the pre-post changes for each professional group, and the Tukey HSD post-hoc test determined which professional groups showed statistically significant differences. A 12-item qualitative evaluation form was administered post-course to measure the course’s impact on their personal development and clinical practice.

Results Following the course, participants from all professional groups reported improved human factors skills (p<0.001). The eta-squared effect sizes were strong for all four groups. The Tukey HSD post-hoc test of the one-way ANOVA showed significant differences in magnitude of learning between the professional groups, with midwives showing the greatest improvement. Participants from all professional groups reported a greater enthusiasm for interprofessional collaboration in clinical practice. There was improved awareness of the importance of communicating effectively with patients, with physicians identifying specific skills they would like to adopt in practice. However, physicians were the only group not to report developing a more person-centred approach. Nurses, midwives and allied health workers expressed feeling more confident and mentioned that they would incorporate reflection into their daily practice, whereas physicians did not.

Discussion and conclusion Interprofessional high-fidelity mental health simulation training is effective at improving human factors skills across all four professional groups. However, there are distinctions between the specific content of each profession’s learning outcomes. More research must be conducted to further clarify these differences and ensure that training can facilitate effective interprofessional collaboration in clinical practice.

REFERENCES