

prioritisation of communication and teamworking skills within medical education remains insufficient [4].

Methods: Interprofessional education involving midwifery and medical students at undergraduate level is uncommon in Scotland. An initiative has commenced to integrate midwifery students into the current NHS/GGC undergraduate medical obstetric and gynaecology simulation course. Within the framework of the existing program, a high-fidelity, multi-scenario, acute in-patient simulation, third-year midwifery students have been invited to participate on a voluntary basis. Scheduled between March-June 2024 across six sessions, 50 medical and 22 midwifery students will participate. The objective of this scoping exercise is to assess the feasibility of incorporating midwives into the course. Additionally, analysing post-course surveys will allow future changes to be influenced from student feedback.

Results: Incorporating midwifery students into the existing program posed several challenges: adherence to regulations set forth by universities and professional bodies as well as recruitment of voluntary midwifery participants. Additionally, course adaption had to equally provide a meaningful learning event for midwives while not compromising the existing medical student learning. Retaining the course content while adapting the structure (a), deliverance (b) and resources (c) allowed the above to be achieved while additionally improving fidelity. For example, but not limited to;

- (a) Staggering candidate entrance into the scenario allowed the midwife to complete an initial A-E assessment assessment while ensuring an interprofessional handover as the medic arrived. Dually creating key learning moments for both parties while replicating clinical practice.
- (b) The embedded professional role changed from a qualified practitioner to a senior support worker, maintaining psychological safety while enabling the midwifery student to take responsibility.
- (c) Resourcing fetal heart monitoring and medication administration equipment created practical work while increasing fidelity.

Discussion: This is aimed at simulation educators working within or wishing to commence interprofessional simulation courses, particularly at undergraduate level. Aiming to foster collaborative learning by presenting a detailed overview of the scoping exercise, course feedback and key insights gained from the evaluators.

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

- Angouri J, Mesinioti P, Siassakos D. Let's talk about it: Reframing communication in medical teams. *Best Practice & Research Clinical Obstetrics & Gynaecology*. 2022;80:75–91. Available from: <https://pubmed.ncbi.nlm.nih.gov/35177327/>. [Accessed 15 April 2024].
- Kirkup B. The Report of the Morecambe Bay Investigation. UK Government; 2015. Available from: https://assets.publishing.service.gov.uk/media/5a7f3d7240f0b62305b85efb/47487_MBI_Accessible_v0.1.pdf. [Accessed 15 April 2024].
- Ockenden International. The Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust. UK Government; 2021. Available from: <https://assets.publishing.service.gov.uk/media/624332fe8fa8f527744f0615/Final-OckendenReport-web-accessible.pdf>. [Accessed 15 April 2024].

IN PRACTICE

A111

THE GOOD, THE BAD AND THE UGLY – A SCOPING EXERCISE AND EVALUATION OF INTEGRATING INTERPROFESSIONAL WORKING WITHIN UNDERGRADUATE SIMULATION

Jennifer Morrison, Elaine Quigley¹, Lindsey MacDonald¹; ¹NHS Greater Glasgow & Clyde (NHSGGC), Glasgow, Scotland

Correspondence: jennifer.morrison2@ggc.scot.nhs.uk
10.54531/OJQL2143

Introduction: The provision of optimal, high-quality healthcare relies upon effective interprofessional teamwork, wherein each discipline contributes unique skills to enhance person-centred care. However, teamwork in itself is complex, dynamic, and multifaceted [1]. Wherein success relies on multiple factors (effective communication, cohesive dynamics, collaborative working, etc.) aligning to enable optimal care deliverance. Consequently, ineffective teamworking has been evidenced to increase patient morbidity and mortality to service wide failures in obstetric care [2-3]. Despite the clear need to improve teamworking within healthcare, the

4. Royal College of Physicians. Improving teams in healthcare: Resource 3: Team communication [Internet]. Royal College of Physicians. Available from: <https://www.rcplondon.ac.uk/projects/outputs/improvingteams-healthcare-resource-3-team-communication>. [Accessed 15 April 2024].

