

## IN PRACTICE

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**MIND THE GAP: PROMOTING EQUITY, DIVERSITY, AND INCLUSION (EDI) IN SIMULATION****Kingsley Ezinmor**<sup>1</sup>, Nitish Reddy<sup>1</sup>, Laura Halpin<sup>1</sup>, Hermione Race<sup>1</sup>;<sup>1</sup>Maidstone And Tunbridge Wells NHS Trust, MAIDSTONE, United Kingdom**Correspondence:** [drkayton2014@gmail.com](mailto:drkayton2014@gmail.com)[10.54531/VHOH7142](#)

**Introduction:** The UK has become increasingly diverse, and educators must prepare health professionals to address social and structural determinants of health, inequity, and care for diverse population groups. Promoting EDI in simulation creates safe learning environments and broadens the training of healthcare professionals to meet the dynamic demands of patient-centred care for different patient populations.

The ideal simulation focuses on creating structured Intended Learning Objectives (ILOs), Pre-briefing, Scenario design & Implementation with professional facilitation, Debriefing, and/or Performance evaluation [1]. Incorporating EDI into these processes would foster an inclusive environment that cherishes differences, addresses root causes of unfair disparities among population groups, and creates exposure to patients from various backgrounds and healthcare needs [2]. This will improve participant's awareness and overall clinical competency in upholding EDI principles.

This study aims to highlight the practical measures taken to promote EDI in simulation at our district general hospital. It focuses on Scenario design and Physical fidelity in line with EDI thus identifying any potential biases or missed opportunities and proffers recommendations for further improvements in the context of EDI in simulation.

**Methods:** EDI for this paper would focus on five of the nine protected characteristics listed in the 'Equality Act 2010' (Gender reassignment, Sexual orientation, Race, Disability, Religion or belief) [3].

This study evaluated our post-graduate simulation training for incorporation of these EDI elements in Scenario design and Scenario Fidelity (Equipment).

Gaps were enumerated and recommendations were outlined.

**Results:** For Scenario design, a total of 11 scenarios featured one or more EDI elements in its design with 5 of those scenarios being EDI-specific scenarios (ILOs strictly focused on EDI) such as Learning disabilities and LGBTQ representation.

For Scenario Fidelity, some equipment has been purchased including specialized task trainers and contemporary mannikins. We have furnished the suite with a variety of dark-skin task trainers targeted for lumbar puncture, chest drain insertion, and other invasive procedures. The paediatric department appeared well vast in EDI promotion with the development of an entire simulation study day focusing on sexual health in children and young people with EDI-specific ILOs.

**Discussion:** Overall, there is evidence of deliberate efforts to increase the scope of EDI in simulation within the Trust. Further recommendations included creating more EDI-specific scenarios, incorporating EDI into debrief sessions where possible, and developing more faculty training for EDI debriefs.

**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. Alrimawi I. et al. Integrating diversity, equity, and inclusion in nursing simulation and clinical. *Teaching and Learning in Nursing*. 2024;19(2).
2. Watts PI. et al. Onward and upward: Introducing the healthcare simulation standards of Best PRACTICE™. *Clinical Simulation in Nursing*. 2021;58:1–4.
3. GOV.UK. Equality act 2010, Legislation.gov.uk. 2010. Available from: <https://www.legislation.gov.uk/ukpga/2010/15/contents>. [Accessed 30 April 2024].