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Ethical approval/Institutional Review Board (IRB) statement This quality improvement project was approved by The Head of Quality and Patient Safety Department at Aisha Bint Hamad Al-Attiyah Hospital, Doha, Qatar.

48 GROUP-BASED REFLECTIVE LEARNING CONVERSATIONS MODEL FOR CLINICAL REASONING SKILLS OPTIMIZATION IN MULTICULTURAL SIMULATED LEARNING ENVIRONMENTS: A MIXED METHODS COMPARATIVE STUDY

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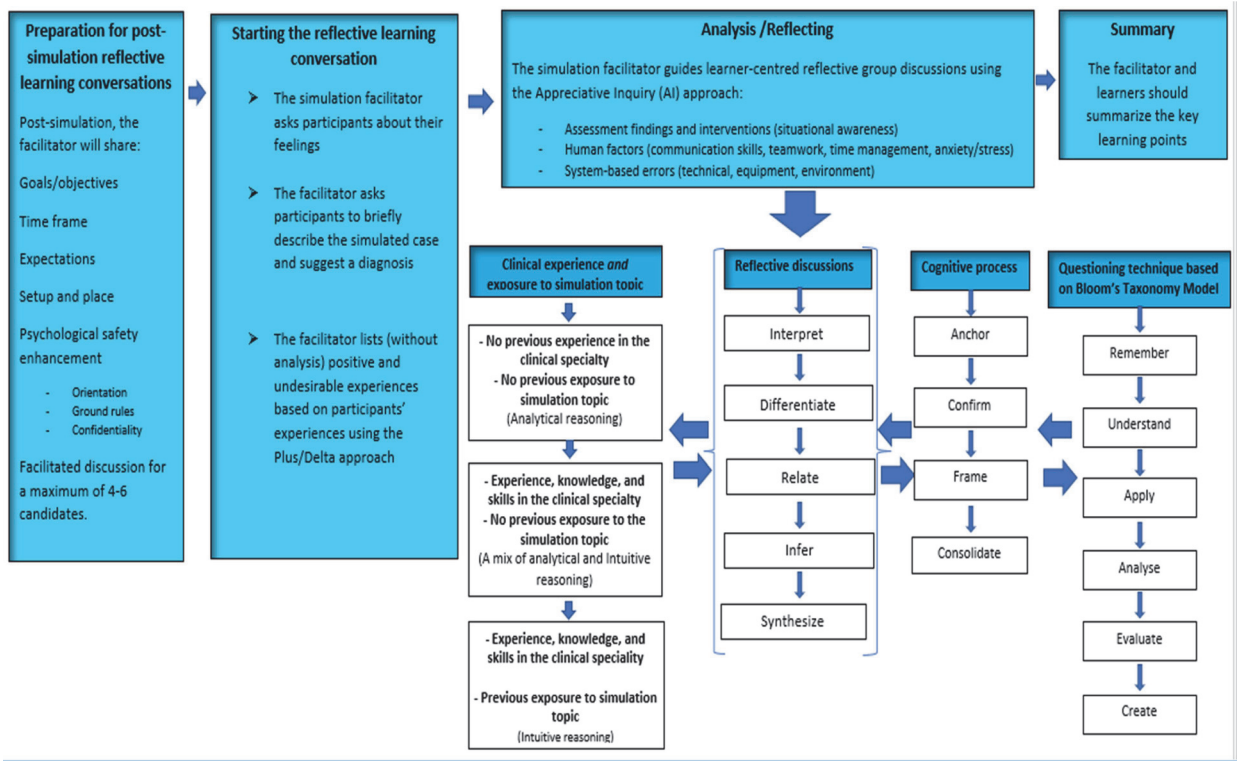
Background Simulation-based education effectively immerses healthcare professionals in scenarios that mimic clinical situations, mitigate patient safety risks, and practice with focused learning opportunities.[1] Debriefing is an essential part of a simulation and Reflective Learning Conversations (RLC) is a form of simulation debriefing that incorporates empathic, active, and reflective discussions shared between a small group of participants. The RLC is facilitated by a trained/competent facilitator to enhance clinical reasoning skills, hence, improving patients' outcomes.[2] The impact of group-based RLC on clinical reasoning levels, especially with contributing factors of scenario complexity, learners' experiences, seniority, backgrounds, and competence levels in a multicultural learning environment has not been previously investigated.[3] This abstract describes the development and validation of a simulation RLC model in consideration of different influencing and contributing factors to optimize clinical reasoning while attending group-based RLC.

Methods The research team (N=18) included doctors, nurses, researchers, educators, and patients who developed the RLC model through a theoretical-driven and conceptual analysis framework. The model's reliability and validity were evaluated and confirmed through a mixed methods quasi-experimental pre-test-post-test design. Data were collected by survey, direct observations, and focus group. Descriptive and inferential statistical analyses of quantitative data were conducted using SPSS and thematic analysis was conducted for qualitative data.

Results The new model was successfully developed incorporating process pathways and scripted examples (figures 1 and 2). The model was deemed valid and reliable with Cronbach alpha and Intraclass Correlation Coefficient (ICC) (α=0.973, ICC=.973).

Conclusion Optimizing clinical reasoning skills while attending simulation group-based RLC in a multicultural learning environment could challenge healthcare educators. To overcome that challenge, the RLC model was developed and validated in consideration of different contributing and influencing



Abstract 48 Figure 1 Post-simulation reflective learning conversations model

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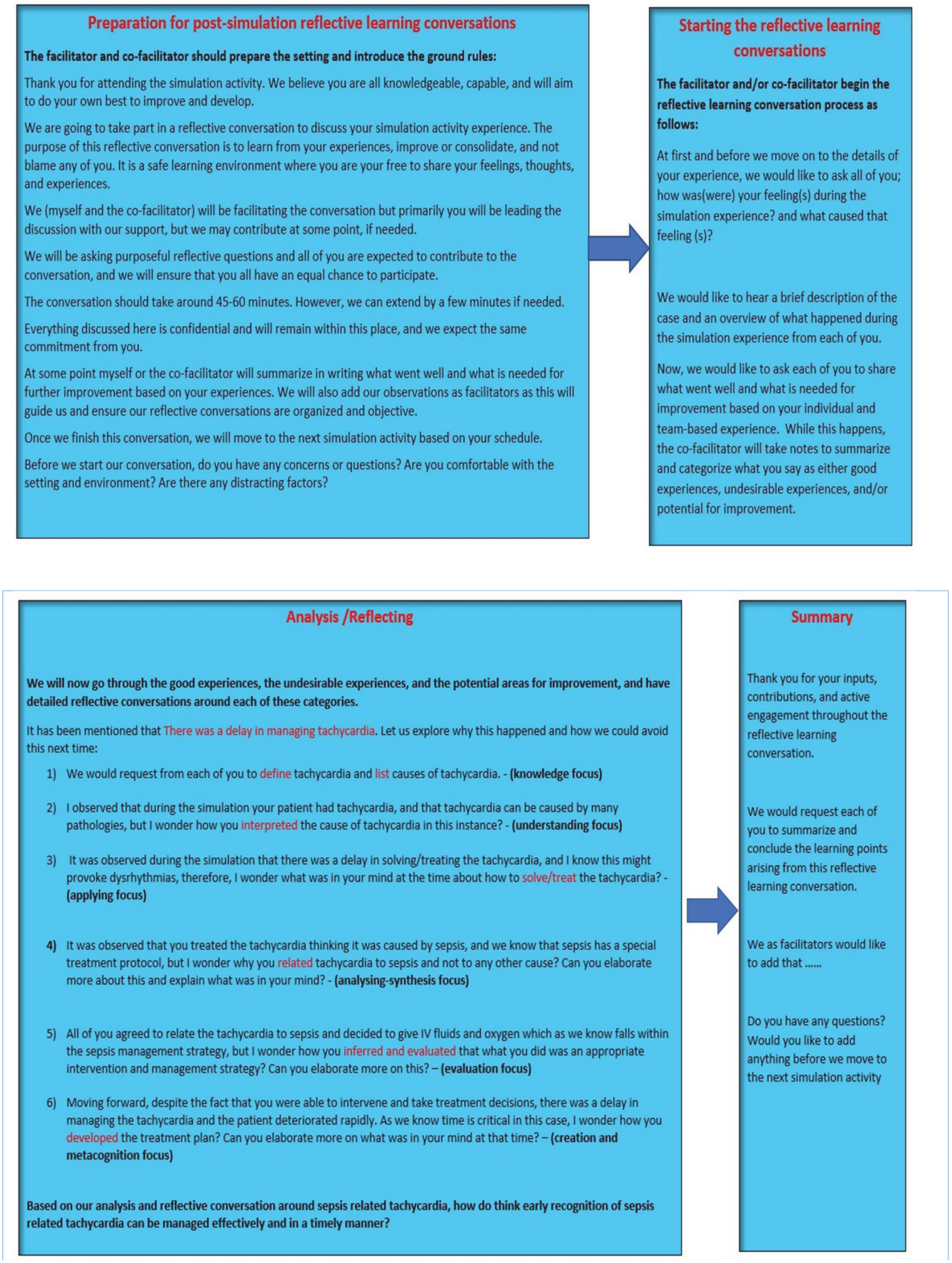

Abstract 48 Figure 2 Scripts of the post-simulation reflective learning conversations

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factors and is deemed valid and reliable to be used for group-based simulation-based healthcare education.

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Ethical Approval/IRB Statement The study was approved by the Institutional Review Board (IRB) of Hamad Medical Corporation (MRC-01-22-117) and the University of Hertfordshire (HSK/PGR/UH/04728).

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49 ENHANCING THE EFFICIENCY OF NOVICE NURSES THROUGH THE INTEGRATION OF MODIFIED SIMULATION TRAINING AND A ROTATION PROGRAM FOR PAEDIATRIC CRITICAL CARE NURSES

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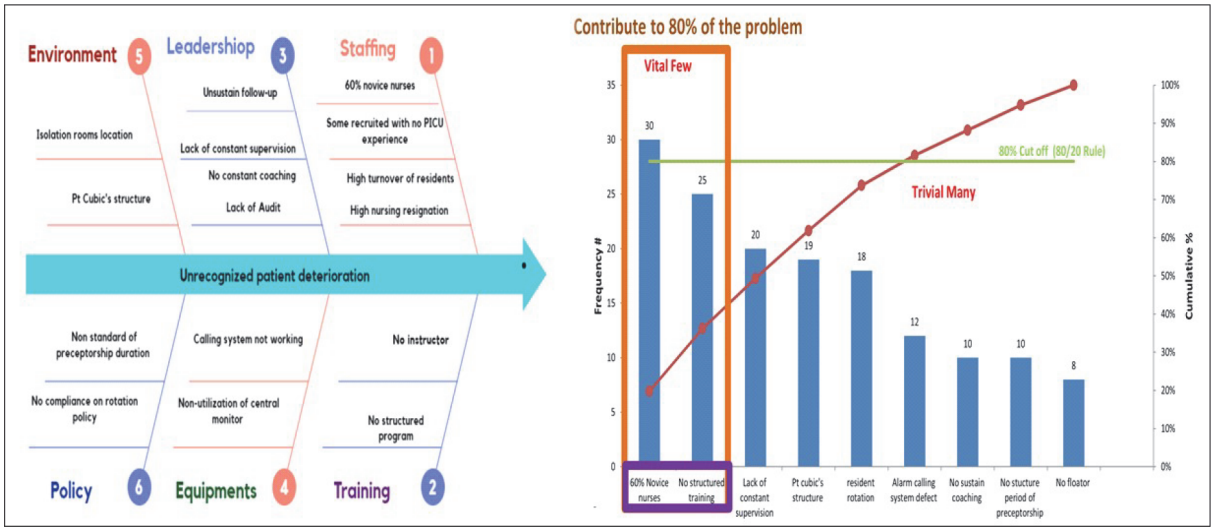
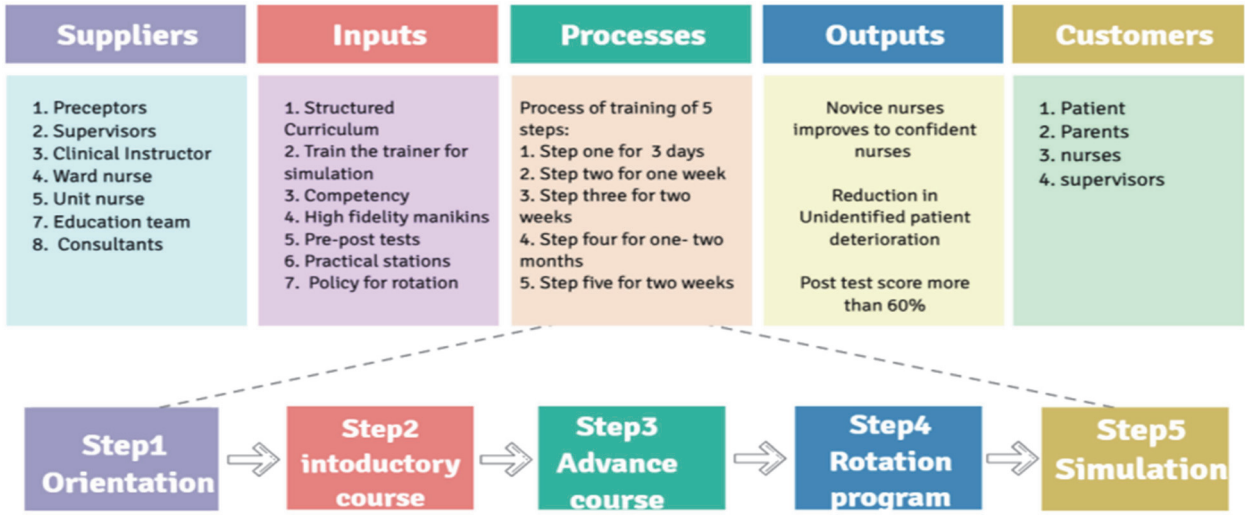
Background Following the COVID-19 pandemic, a global shortage of critical care nurses led organizations to revamp training resulting in a 60% nurse resignation rate at our tertiary institution.[1 2] This led to high rates of life-threatening events, unrecognized deteriorations, and delays in management. The aim was to enhance novice nurse efficiency by reducing average response time to procedures and patient management by 20%, achieved through simulation-based training (SBT) starting September 2023. Simultaneously, we



Abstract 49 Figure 1 Underlying causes leading to unrecognized deterioration and interpreting a pareto chart to depict contributing factors in the system problems related to recurrent responses for unrecognized patients in the PICU



Abstract 49 Figure 2 SIPOC (suppliers, inputs, process, outputs, customers) diagram of training process

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