SIMTEGRATED CARE

A Novel Cross-Sector Simulation Model to Improve Systems-Based Understanding and Interprofessional Learning in Early Clinicians

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Learning together for better patient care

1 BACKGROUND

Transitions between primary and secondary care are high-risk points for communication failure, fragmented care and patient harm.

Training often occurs within organisational silos, limiting understanding of integrated care pathways and the wider system.

Educational approaches that build systems thinking and collaboration are needed to improve patient safety and continuity.

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AIM

To design, pilot and evaluate a novel "Simtegrated Care" simulation model to help early clinicians:

- Understand patient journeys across healthcare settings
- Improve systems thinking
- Strengthen interprofessional collaboration
- Appreciate roles across boundaries
- Enhance safe transition-of-care practice

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CONTEXT

Participants

Foundation Doctors

Trainee Pharmacists

Faculty

- GP Registrar
- Emergency Medicine Consultant
- Acute Medicine Consultant
- Senior Pharmacists
- Pharmacy Technician

Aligned with ENHANCE domains:

Systems Working | Person-centred Care | Leadership | Reflective Practice | Multiprofessional Learning

WHAT WE DID

We created a longitudinal, cross-sector simulation following a patient journey across primary, secondary and community care.

- Real-time simulation scenarios
- Clinical decision making
- Multidisciplinary discussion
- Facilitated debriefs
- Reflection on communication
- Systems challenges
- Transition of care
- Human factors

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SIMTEGRATED CARE: THE PATIENT JOURNEY

1 PRIMARY CARE (GP CONSULTATION)
Patient presents with symptoms to GP. Initial assessment, differential diagnosis and management plan.

2 EMERGENCY DEPARTMENT
Clinical assessment, investigations and management. Communication with primary care.

3 ACUTE MEDICAL UNIT
Ongoing assessment and management of complex condition. Multidisciplinary input.

4 DISCHARGE PLANNING
Medication review, follow-up planning, patient education. and safety netting.

5 COMMUNITY FOLLOW-UP
Handover back to primary care and community services. Continuity of care.

6 ONGOING CARE
Long-term management and monitoring in the community. Patient at the centre throughout.

The patient is at the centre of the journey. Every decision and communication affects the next step.

EVALUATION OVERVIEW

14 Pre-course respondents

13 Post-course respondents

54% Medical / 46% Pharmacy split

1–7 Confidence scale used

Mixed Methods

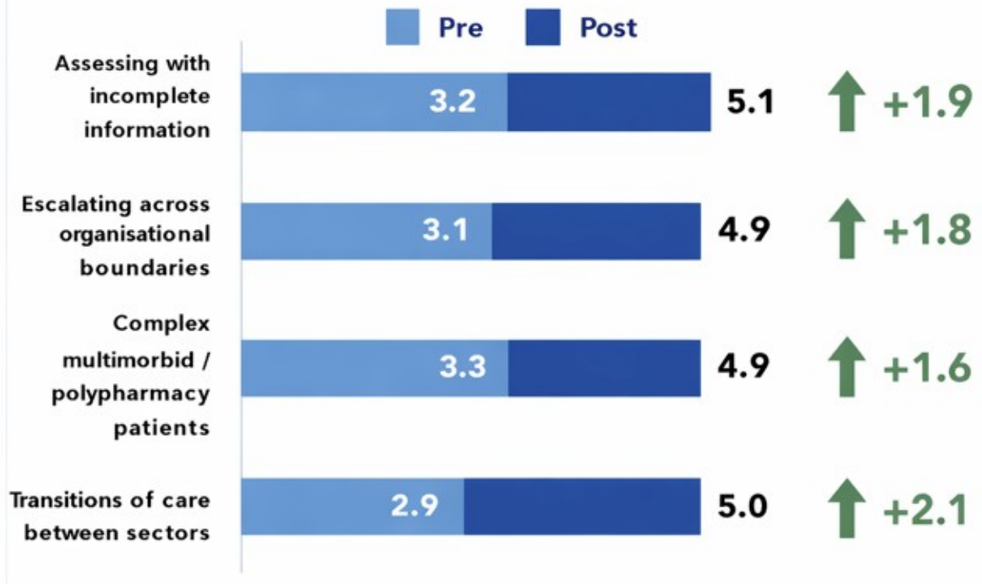
Quantitative
- Pre-course survey
- Post-course survey
- Confidence scores (1–7 Likert scale)

Qualitative
- Free-text responses
- Thematic analysis
- Practice change priorities

n = 11 matched participants for pre-post confidence analysis 1

SELF-REPORTED CONFIDENCE IMPROVEMENT

(Mean score change, 1–7 scale)



Greatest gain in confidence managing transitions of care across sectors. 1

INTERPROFESSIONAL LEARNING

(Post-session ratings, 1 = strongly disagree to 7 = strongly agree)

I learned something useful from other professionals	6.18
I have a clearer understanding of other professionals' roles	6.09
I learned something I could not have learned alone	6.45
I feel more aware of my role within the wider healthcare system	6.36
I feel a stronger sense of responsibility for the whole patient journey	6.45

All statements scored above 6/7, indicating near-universal endorsement. 1

WHAT LEARNERS GAINED: THEMES & EVIDENCE

1 SYSTEM VISIBILITY
Seeing the whole patient journey across sectors for the first time. Especially valuable for MGs and hospital-only staff.

2 CROSS-SECTOR COMMUNICATION
Structured handover, referral pathways, and speaking across professional frames named as distinct, learnable skills.

3 POLYPHARMACY & SYSTEM RISK
Table discussions surfaced medication risks – polypharmacy, transitions, interactions – in a way acute silos alone cannot.

4HARED JOURNEY RESPONSIBILITY
Learners articulated a shift from professional task-focus to ownership of the whole patient pathway across services.

Free-text responses highlighted improved understanding of patient flow, system pressures, role appreciation and the importance of collaboration. 1

DISCUSSION

Simtegrated Care demonstrates that a longitudinal, cross-sector simulation can effectively build systems thinking, interprofessional collaboration and appreciation of integrated care.

- Learners better understand how decisions impact the next step of the patient journey.
- Improved communication awareness across professional and organisational boundaries.
- Greater recognition of medication safety and transition risks.
- Shared responsibility for continuity of care strengthened.

The model is low-cost, scalable and transferable. 1

NEXT STEPS

- Expand to additional healthcare professions
- Evaluate behavioural impact on communication and transition-of-care practices
- Assess long-term impact on patient outcomes
- Embed within regional multiprofessional education programmes

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KEY TAKE-HOME MESSAGE

Cross-sector "Simtegrated Care" simulation improves systems thinking, strengthens interprofessional learning and helps early clinicians appreciate their shared responsibility for safer patient journeys across integrated healthcare systems. 1

SCAN TO VISIT THE MPFS WEBSITE 1

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Acknowledgements: Thank you to all faculty, simulation team and participants.

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