ORIGINAL RESEARCH

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UNDERSTANDING THE PRESENT: A QUALITATIVE STUDY EXPLORING STAKEHOLDER PERSPECTIVES ON PRIMARY CARE SIMULATION TO INFORM FUTURE CO-PRODUCTION

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Introduction: This study shares phase one results of a two-phase participatory research project that joins simulation faculty (educators), GP trainees (learners), simulated participants (SP's) and persons with lived experience of

chronic conditions (patients) to co-design simulations for primary care. Phase one is concerned with understanding each group's starting perspectives on, and to surface the tensions within, the current design of simulation scenarios. The purpose is to intervene in the existing epistemic underpinnings of simulation whereby faculty are the primary source of expertise on all aspects including scenario creation and to provide a route map for others on how co-creation can be enacted in this space.

Methods: Five focus groups were carried out. Two with patients, (N=10 participants), one with educators, (N=6), one with learners, (N=4), and one with SP's, (N=5). The data was analysed thematically according to Braun and Clarke [1], with two team members independently coding each transcript before shared final themes generation. One member of the team then ensured all final themes were reflected in each individual's coding and in each manuscript. Themes were also engaged with via the generation of I-Poems [2]. A reflexive log was kept throughout. Final themes were shared with participants at a co-production event for veracity checking.

Results: Shared concerns across the focus groups included:

1. A desire for realistic scenarios that reflect illness complexity ("GP's need to look at us holistically" [patient]), whilst recognising the tension between this and standardisation for learners,
2. The desire to improve representation ("we try not to lean into unhelpful stereotypes" [educator]), whilst balancing the importance of pattern recognition for junior trainees, and,
3. A greater emphasis on simulation for improving communication ("body language matters" [SP]).

Differences of opinion arose regarding:

1. How patients can best contribute to simulation practice (scenario creation versus debriefing learners versus briefing actors), and,
2. Concern from educators and trainees about the practicalities and risks of patient involvement ("There's a danger their personal experience completely confounds everything else" [learner]).

Discussion: The focus groups surfaced key tensions in current simulation practice with important questions of who is simulation for and what does meaningful safe engagement for all involve rising to the surface? These questions were the starting point for a subsequent co-production workshop with all stakeholders. While neat answers are beyond a single study, our work has advanced the naming of some key considerations for researchers and educators entering simulation co-production.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

1. Braun V, Clarke V. Thematic Analysis: A Practical Guide. SAGE Publications; 2021.
2. Edwards R, Weller S. Shifting analytic ontology: using I-poems in qualitative longitudinal research. Qual Res. 2012;12(2):202–17.

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