

## **Executive Summary**

### **Purpose**

This 30-minute simulation-based workshop has been purpose-designed to equip HCPC pre-registration students with the confidence, frameworks, and professional mandate to intervene when they witness unsafe practice.

The session integrates:

- HCPC Standards of Conduct, Performance and Ethics (2024),
- NHS Freedom to Speak Up guidance, and
- Internationally recognised evidence on simulation, communication, and adult learning.
- It translates professional standards into practical, placement-ready behaviours through scenario-driven learning.

### **Rationale**

Communication breakdowns remain one of the leading contributors to patient harm. The Joint Commission (2015) identified them as the primary root cause of sentinel events. In the NHS, the 2023 Staff Survey showed a persistent “culture gap”: 71% of staff felt safe to raise concerns, yet only 57% believed action would follow (National Guardian’s Office, 2023).

The HCPC makes clear that speaking up is a professional duty, not an option (Standards 7.1–7.7; Standard 8.1) (HCPC, 2024). This workshop directly addresses that duty, preparing future registrants to act decisively and responsibly.

### **Evidence-Based and Inclusive by Design**

This programme is meticulously evidence-backed and deliberately inclusive, reflecting the needs of diverse learners, including those with dyslexia:

Universal Design for Learning (UDL): Multiple means of representation (slides, video, polling, peer rehearsal, reflection) ensure access for all learners (Meyer, Rose & Gordon, 2014; Burgstahler, 2021).

Structured, explicit sequencing: Learning follows a scaffolded cycle—scenario → rehearsal → framework → roleplay → debrief → replay—reducing cognitive load and supporting learners who benefit from explicit teaching (Sweller, 1994; Snowling, 2019).

Multisensory methods: Students engage auditory, visual, and kinesthetic channels, consistent with research on effective learning for dyslexic students (Birsh & Carreker, 2018).

Accessible design principles: Clear sans-serif fonts, uncluttered layouts, and reduced text density align with evidence on reducing visual stress for learners with dyslexia (Rello & Baeza-Yates, 2013).

The session is therefore both academically rigorous and inclusively designed, requiring no additional adaptation for neurodiverse students.

## **Impact and Evaluation**

The evaluation strategy follows Kirkpatrick's Four Levels (Kirkpatrick & Kirkpatrick, 2009), ensuring both immediate and sustained impact:

- Level 1 (Reaction): Engagement measured through live Mentimeter polling.
- Level 2 (Learning): Pre- and post-confidence ratings, alongside observer checklists, capture skill development.
- Level 3 (Behaviour): Commitment statements and QR-linked resources embed transfer into clinical placements.
- Level 4 (Results): A structured follow-up questionnaire, distributed one month later, evaluates real-world translation of skills: whether learners attempted to speak up, what barriers they faced, and how their confidence held in practice. This creates longitudinal evidence of behavioural change and informs continuous refinement.

This comprehensive evaluation approach demonstrates not only learning impact but also measurable patient safety outcomes.

## **Scalability and Replicability**

- Turnkey design: The facilitator script ensures consistency of delivery across institutions.
- Portability: The session is designed for both in-person and virtual formats, adaptable to any allied health cohort.
- Reinforcement: Pocket cue cards and QR resources extend learning into placement and clinical environments.
- Design-for-all: Equally accessible to neurotypical and neurodiverse learners, ensuring no student is left behind.

## References

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