## Mapping of Multiprofessional Acute Care SIM scenarios Foundation Doctors

## Introduction

This document provides a structured mapping of our six clinical simulation scenarios to the UK Foundation Programme Curriculum (2021). It also aligns each scenario to the relevant Foundation Professional Capabilities (FPCs) for both FY1 and FY2 doctors. Each scenario has been analysed in terms of its clinical content, teamwork requirements, and the expected behaviours of foundation doctors at different stages of training.

The mapping identifies the specific FPCs that are most applicable to the learning outcomes of each simulation scenario. All scenarios also contribute to the development of the three Higher-Level Outcomes (HLO's) of the Foundation Programme:

- HLO 1: An accountable, capable and compassionate doctor
- HLO 2: A valuable member of the healthcare workforce
- HLO 3: A professional, responsible for their own practice and development

This is due to their integrated focus on clinical knowledge, multidisciplinary collaboration, communication, ethical practice, and self-directed learning—ensuring each scenario not only builds technical proficiency but also supports holistic professional growth.

Scenario no. General Description				
1.	Managing an acutely u complications requirir	nwell patient with multi-system		
	FY1	FY2		
<ul> <li>FPC1 – Clinical assessment (identifies deterioration, calculates physical parameters).</li> <li>FPC2 – Clinical prioritisation (initiates immediate care, seeks senior help).</li> </ul>		FPC2 – Takes responsibility for urgent care management.		
		FPC3 – Leads in formulating and adjusting complex care plans.		
		FPC4 – Communicates prognosis and shared decision-making.	nd	
	istic planning (adjusting n context of current	FPC6 – Leads communication and planning in deteriorating scenarios.		
	m working (escalation , team communication)			

			escribing, and acute management skills in gmedication-related issues		
		FY1		FY2	
•	<ul> <li>FPC1 – Clinical assessment         (identifying overdose,         hypoglycaemia).</li> <li>FPC2 – Recognises urgency,         initiates naloxone.</li> <li>FPC4 – Explains overdose risks and         treatment to patient.</li> </ul>		•	<b>FPC2</b> – Leads management with ICU involvement.	
•			•	<ul> <li>FPC4 – Counsels and supports patient through recovery and education.</li> <li>FPC5 – Oversees transition to</li> </ul>	
•				community care, ensures discharge safety.	
•		Ensures ongoing safe care charge planning.	•	<b>FPC6</b> – Coordinates with pharmacy, ICU, nursing staff	

3.	3. Assessing acute symptoms requiring urgent diagnostics and medication planning.		
FY1		FY2	
FPC1 – Structured clinical assessment (SOCRATES).		•	<b>FPC3</b> – Confident diagnosis and planning with attention to MHRA alerts.
• FPC2 – Prioritisation			<b>FPC4</b> – Clear communication of medication changes and rationale.
FPC3 – Planning based on NICE			
guidelines.		•	FPC5 – Oversees discharge and
• FPC5	– Ensures clear discharge		medication safety.
planni	ng and follow-up.	•	FPC12 – Integrates updated guidance

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4.	Addressing discrepancies in medication adherence.	n m	edical records and promoting
	FY1	FY2	
	– Reconciliation and ensuring andover.	•	<b>FPC5</b> – Leads discharge communication and documentation.
• FPC6 and re	– Patient education and oting adherence. – Liaising with pharmacist especting roles.  1 – Legal implications and ivity in communication	•	FPC4 – Handles difficult conversations.  FPC8 – Recognises and responds to safety issues.  FPC12 – Learns from complex ethical/legal scenarios for future care.

5. Shared decision-making for proassessment.			ventative treatment based on risk
	FY1		FY2
<ul> <li>FPC1 – Risk assessment (CHA<sub>2</sub>DS<sub>2</sub>-VASc, ORBIT).</li> </ul>		•	FPC3 – Tailors anticoagulation plan considering patient factors.
• <b>FPC4</b> – Counselling on treatment options.		•	<b>FPC4</b> – Shared decision-making and lifestyle advice.
FPC5 – Safe medication planning and communication with		•	<b>FPC6</b> – Leads and delegates in MDT scenario.
• FPC	macy. <b>6</b> – Works closely with macist for safe prescribing.	•	<b>FPC10</b> – Educates patient and peers on scoring systems and decisions.

6.	6. Coordinating care for a complex patient with mental and physical health issues		
FY1			FY2
<ul> <li>FPC1 – Assessment using history, collateral, physical and mental state exam.</li> <li>FPC3 – Applying legal frameworks (MCA vs. MHA).</li> </ul>		•	<b>FPC2</b> – Acts in clinical urgency and takes leadership in referrals.
		•	FPC3 – Adjusts care plans balancing mental/physical health complexity.  FPC6 – Leads MDT discussions and
	<b>FPC4</b> – Sensitively explains need for investigation and procedures.		<ul><li>communicates concerns.</li><li>FPC11 – Navigates ethical and legal</li></ul>
	6 – Advocates for patient, es with mental health services		dimensions in practice.