42 UPDATES TO THE INTERNATIONAL NURSING ASSOCIATION FOR CLINICAL SIMULATION AND LEARNING SIMULATION DEBRIEFING STANDARD OF BEST PRACTICE

Guillaume Alinier[1,2], Sharon Decker[3], Scott Crawford[3], Deborah Jenkins[4], Randy Gordon[5], Cheryl Wilson[6]; *[1]Hamad Medical Corporation Ambulance Service & Weill Cornell Medicine-Qatar, Doha, Qatar,[2]University of Hertfordshire, Hatfield, UK,[3]Texas Tech University Health Sciences Center, School of Nursing, El Paso, USA,[4]Excela Health, Nursing Professional Development, Greenburg, USA,[5]Chamberlain University, College of Nursing, Chicago, USA,[6]Shadow Health Inc., Tampa, USA*

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Background: Debriefing is a key component of all simulation-based educational (SBE) activities and is an activity for which a multitude of approaches and models have been developed and implemented (Oriot & Alinier, 2016). To improve SBE practice in general, the International Nursing Association for Clinical Simulation and Learning (INACSL) has outlined a set of Simulation Standards of Best Practice first published in 2013. Revisions to these standards have occurred every few years, including expanding the topics covered as developments in this domain have occurred and the use of simulation has expanded.

Aim: The aim of this study was to present the changes in the Simulation Debriefing Standard in comparison to those last published (INACSL Standards Committee, 2016).

Method: From 2019 to 2021, a group of simulation educators and researchers, the authors of this abstract, representing multiple specialities, simulation societies and geographic areas began meeting to review and revise the Simulation Debriefing Standard based on the latest literature. This group identified several items that would benefit from being updated, including expanding the terminology of this Standard to encompass Feedback, Debriefing and Guided reflection as distinct but integral components of this key phase of simulation-based experiences.

Results: An updated version of the Simulation Debriefing Standard of Best Practice will soon be published by INACSL in Clinical Simulation in Nursing. Some of the updates include expansion to understand and allow electronic systems to be recognized as components of the debriefing process and emphasizing the need for practice and review of the skill of facilitators in the techniques of debriefing. The new Simulation Debriefing Standard provides clear information and guidance to the simulationists. It includes four as opposed to the five criteria in the 2016 version (INACSL Standards Committee, 2016). The updated criteria can still be matched to those from the previous edition (see colour coding in Table 1) but are now more detailed and inclusive to be applicable to various simulation modalities.

Implications for practice: It is expected that the revised Simulation Debriefing Standard of Best Practice will be welcomed by the simulation community, which includes the healthcare educators and simulation technology developers, but also the learners. It has been designed as a guide to help educators in all the key aspects of debriefing, providing feedback and facilitating guided reflection conversations that will ultimately benefit learners. It includes an updated list of useful references readers can consult to find additional information.

Table 1: Criteria of the 2016 and 2021 INACSL debriefing standards of best practice

INACLS simulation debriefing standard	2016	2021
Criterion 1	The debrief is facilitated by a person(s) competent in the process of debriefing.	The debriefing process is planned and incorporated into the simulation-based experience in an appropriate manner to guide the learner(s) in achieving the desired learning outcomes.
Criterion 2	The debrief is conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback and reflection.	The debriefing process is constructed, designed and/or facilitated by a person(s) or technology-enhanced system capable and/or competent in providing appropriate feedback, debriefing and/or guided reflection.
Criterion 3	The debrief is facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience.	The debriefing process is conducted in a manner that promotes self, team and/or systems analysis. This process should encourage reflection, exploration of knowledge and resolution of performance/system gaps while maintaining psychological safety and confidentiality.
Criterion 4	The debrief is based on a theoretical framework for debriefing that is structured purposefully.	The debriefing process is planned and structured purposefully based on theoretical frameworks and/or evidenced-based concepts.
Criterion 5	The debrief is congruent with the objectives and outcomes of the simulation-based experience.	

REFERENCES

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151 COMPARING ONLINE AND FACE-TO-FACE SIMULATION FOR MEDICAL STUDENTS DURING THEIR HEALTHCARE OF LATER LIFE PLACEMENT

Anna Ludvigsen[1], Josh Bachra[1], Kehinde Junaid[1]; *[1]Nottinghamshire Healthcare NHS FT, Nottingham, UK*

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Background: As part of their Healthcare of Later Life placement medical students take part in a simulation-based learning (SBL) programme delivered by the Nottinghamshire Healthcare Simulation Centre. Since face-to-face teaching was not possible during the COVID-19 pandemic the programme was instead delivered online.

Aim: The aim of the study was to compare the feasibility and acceptability of delivering an SBL programme for medical students virtually versus face to face.
Method: The existing SBL programme was delivered online while largely keeping the same content and format as for prior, face to face, cohorts. Feedback questionnaires from 136 face-to-face participants (F2F) from the 2019–2020 cohort and 131 virtual participants (V) from the 2020–2021 cohort were compared.
Results: Overall, the virtual course was still acceptable to most participants with 99% agreeing or strongly agreeing that the learning objectives were met and 98% indicating they would recommend it to a colleague. However, there was a decrease in Likert scale ratings across all domains in the V group. This was most apparent when examining the 'strongly agree' responses: the venue/remote format was suitable for the session 34% decrease, the course length was appropriate 30% decrease, the pace of the course was appropriate 20% decrease, the trainers were well-prepared 15% decrease, the presenters were engaging 10% decrease, the simulation was helpful and relevant 10% decrease, the content of the course was organized and easy to follow 5% decrease, the learning objectives were met 4% decrease. There was a small increase in responses in the strongly disagree and disagree categories.
Implication for practice: Providing the SBL programme using an online format was feasible while also being acceptable to most participants. However, participants did not rate this experience as highly as face-to-face teaching. An interesting finding is that participants rated the pace and length of the online course as less agreeable, despite the content and scheduling is the same as for the face-to-face group. Analysis of qualitative responses indicated that participants in the V group found it difficult to sustain concentration for the duration of the virtual session. This may relate to a newly emerging phenomenon dubbed 'Zoom Fatigue' (Lee, December 2020) which is related to the greater cognitive load required when participating in social interactions in a virtual environment. Based on these findings, face-to-face teaching should resume when practicable. The virtual delivery may be improved if the course length was reduced.

167 EVALUATING THE EFFECTIVENESS OF A REDESIGNED SIMULATION PROGRAMME FOR FINAL-YEAR MEDICAL STUDENTS DURING THEIR ASSISTANTSHIP PLACEMENT

Azeem Alam[1], Hollie Parker[1], Catherine Mathews[1], Thomas Simpson[1]; [1]*Lewisham and Greenwich NHS Trust, London, UK*

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Background: The transition to a foundation doctor is often a daunting process for medical students and, to prepare for this, students attend an assistantship placement in the final months of medical school. The transition to foundation year 1 (TTF1) programme is an 8-week placement where students shadow a junior doctor, taking on a vocational role, and attend various teaching activities including high-fidelity simulation. Evidence suggests that medical students transitioning to clinical practice feel unprepared for working on-call, managing acutely unwell patients and task prioritization, and are often unprepared for scenarios requiring expert communication techniques [1]. As such, we redesigned a simulation programme for TTF1 students using novel scenarios designed to focus on these key areas that students often struggle with.
Aim: We aimed to evaluate the effectiveness of a redesigned simulation programme for TTF1 students, focussing on student satisfaction, confidence and attitudes across key domains.
Methods: Fifty-three TTF1 students attended a 1-day high-fidelity simulation training day, separated into cohorts of 10 students. Students completed a pre-course (n = 53) and post-course online evaluation form (n = 49) using Likert scales (0–5) and qualitative data. Students participated in at least one clinical scenario, while observers viewed the scenarios in a separate room. Scenarios were created to reflect likely clinical on-call tasks such as falls assessment, recognizing and managing the acutely unwell patient, bleep prioritization, and de-escalation of an agitated patient-actor. Debrief was undertaken using the Diamond Debrief model.
Results: In terms of confidence, there was an improvement across all core domains, namely diagnosing and managing acute medical emergencies (2.8 vs. 3.8), performing cardiopulmonary resuscitation (3.0 vs. 3.6) and working effectively with colleagues in the interests of the patient (3.3 vs. 4.2). 96% of students found that simulation was a valuable learning experience, allowing them to integrate theory with practice. 94% of students felt that the simulation allowed them to analyse their behaviours and actions and 88% found that scenarios resembled real-world situations. Attitudes towards simulation were positive, with 92% of students agreeing that simulation is a good way of learning technical and non-technical skills. Qualitative themes focussed on the real-world applicability of the scenarios, increased confidence in task prioritization, closed-loop communication and early escalation.
Implications for practice: We have demonstrated the benefit of integrating simulation training within the assistantship period and the value of creating novel scenarios directly related to future practice as a junior doctor.

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59 RAPID TRAINING DURING A PANDEMIC: AN EVALUATION OF A COVID-19 VIDEO E-LEARNING PACKAGE

Sophie P. Maule[1], Luciana Sowole[1], Liam Dunnell[1], Nick Szulc[1], Wathik El Alami[1]; [1]*SaIL Centre, Guy's and St Thomas' NHS Foundation Trust, UK*

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Background: As COVID-19 hospital admissions rose in 2020, there was a requirement to prepare wards and staff to care for COVID-19 patients, especially given the rapidly emerging and frequently evolving guidance, and high levels of re-deployment (GMC, 2020). In one London Trust, this need for educational material geared towards ward staff resulted in a multi-disciplinary simulation education team being commissioned to produce an e-learning resource. We measured the effectiveness of the resource for ward staff as well as any improvement in learners' COVID-19 knowledge.
Aim: The aim of the study was to quantify the effectiveness of an e-learning package in improving learners' COVID-19 knowledge.
Method: In November 2020, an e-learning package was created, comprising a video series documenting the journey of a patient with COVID-19 covering admission to discharge