responds to it. It provides real-time, haptic and constructive performance feedback to the intervention being carried out.
Implementation outline: The use of technology-enhanced simulation for healthcare education is a novel area and with the fast acceleration of game mechanics development, there is scope for medical education to be delivered in this way. The technology-enhanced simulation app will be launched on the Apple and Google Play Store to all healthcare professionals around the world. Feedback will be gathered from users to allow further developments of the product. The overall outcome is to produce a network of mobile apps to deliver medical education in an interactive, engaging and easily accessible way to help clinicians prepare for emergency medical situations anytime, anywhere.

44 A 3-WEEK VIRTUAL OBSERVATIONAL CLINICAL PLACEMENT FOR PRE-REGISTRATION PHYSIOTHERAPY STUDENTS USING SIMULATION TEACHING AND LEARNING PRINCIPLES

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Background: Clinical placement capacity was highly affected by the COVID-19 pandemic. Key issues in January 2021 included: international travel restrictions, high infection rates, reduced clinical educational capacity and the requirement for many individuals to self-isolate for 10 days. A contingency plan was necessary to maintain student progression, enabling them to join the workforce without delay. It was important to ensure that any placement contingency met the required module learning outcomes and standards, centring around non-discriminatory practice and confidentiality, professional and personal behaviours, communication, policies and legislation, health and safety, reflection, evidence of learning, critical incident review and personal development. Given the pressures of lockdown during the pandemic, student experience and well-being was an important consideration.
Aim: The aim of the study was to investigate whether the learning outcomes of a clinical placement experience can be met through a virtual observational placement model adopting simulation principles.
Method/design: The virtual placement experience was led and facilitated by academic faculty staff from Oxford Brookes University who were trained in simulation delivery. It was delivered in partnership with clinicians from Oxford Health NHSFT, Healthshare Oxfordshire, Great Western NHSFT, Warwick Physio & Rehab, the Bosworth Clinic, Oxford University and Oxford University Hospitals NHSFT. The placement lasted 3 weeks, with a week in three core areas (Cardiorespiratory, Musculoskeletal and Neurology).
Implementation outline: Eight pre-registration MSc physiotherapy students attended the placement from the outset, increasing to 15 students over the placement period due to student self-isolation requirements. A variety of simulated and real observational opportunities were provided, including live-streamed in-/outpatient face-to-face patient assessments/treatment appointments, community virtual follow-up appointments, pre-recorded assessments/treatment interventions and community-based virtual rehabilitation classes, and patient record keeping. Clinical reasoning discussions were delivered following each observational opportunity, using an advocacy-inquiry debriefing approach by the academic faculty [1,2]. Student assessment was equivalent to a face-to-face observational placement, including a presentation discussing the skills they had observed and developed (Figure 1). Qualitative and quantitative student and faculty feedback were collected pre- and post-placement. Identified opportunities included: (i) exposure to a variety of observational areas of practice enhances the curriculum; (ii) enhanced learning due to additional time for peer, clinician and academic facilitated debrief; (iii) enhanced student experience particularly for international students or those having to self-isolate. This clinical placement experience was highly rated by students with potential for wider implementation. The use of advocacy-inquiry debriefing and additional support provided by the academic faculty warrants further investigation to maximize student learning opportunities on clinical placement.

Figure 1:

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65 PUTTING IT INTO PRACTICE: A SIMULATION-BASED EDUCATION PROGRAMME FOR PARENTS

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Background: The Paediatric Long-Term Ventilation (LTV) team are increasingly discharging children home with LTV via a tracheostomy. As a result, more parents are being asked to play the role of a nurse. They receive training, prior to discharge, in highly skilled tasks to enable them to care for their child's long-term health needs at home. Whilst Simulation-based Education (SBE) is widely used in the education of health professionals, it is not currently part of the educational programme for these parents/caregivers.
Aim: The aim of the study was to undertake a quality improvement project to produce an SBE programme for parents/caregivers of children being discharged home on LTV via a tracheostomy. The main objective was to improve the safety of patients through improving the confidence of parents/caregivers in managing and escalating emergencies prior to their discharge.