to onboarding programmes at healthcare organizations. The nursing education department at our organization went through this same experience, based on what we have learned during the pandemic it is now time to revisit our simulation facilitation training program for new nurse educators.

Aim: The aim of the study was to revise our current simulation facilitation curriculum 'Introduction to Simulation' with greater emphasis on delivery of the program through virtual processes.

Method/design: Pulling from the educational methodology of the flipped classroom that has many advantages for the practicing professional such as improved learning performance, increased motivation and flexible learning [2] and our experiences with other nursing education programmes that required adaptation to a virtual context at our organization we will revise the current program. The program will change from a 1/3 virtual, 2/3 in-person model to a 2/3 virtual and 1/3 in-person model. We will redesign the current virtual content to be more engaging while shifting the in-class lecture to a webinar format delivered via our online meeting platform while still incorporating active learning strategies to meet the simulation facilitation learning needs of our new nurse educators. Following the 'Introduction to Simulation' webinar, the new nurse educators will attend an in-person session to practice facilitating simulation scenarios and debriefing and will be meta-debriefed by the workshop instructors to provide real-time constructive feedback.

Implementation outline: This curriculum has yet to be implemented. We anticipate implementation in September 2021 with a cohort of 5 to 6 new nurse educators. The revised curriculum is anticipated to incorporate 2 hours of independent learning, 4 hours of an interactive webinar and 4 hours of simulation facilitation practice that will allow for the application of knowledge learned and feedback from simulation facilitation experts. After the workshop, we will seek feedback from workshop participants asking if this methodology met their learnings needs. We will use the outcomes of this first cohort to evaluate if this educational strategy is viable for ongoing program delivery.

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45 SIMULATION XR: AN EXTENDED REALITY LEARNING EXPERIENCE

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Background: Simulation has always been employed to cover a wide-ranging aspect of the learning objectives in the Emergency Department (ED) curriculum at post-graduate and undergraduate level [1]. In a busy environment like our Emergency Department where bedside teaching is not always possible, the learning objectives can be met through the Simulation Extended Reality (XR). XR is particularly useful during the COVID-19 pandemic when real patients, standardized patients and relatives could not be reached due to the risk of contracting a deadly disease. However, Inter-professional education [2] must continue. We can now have our nurses, trainees, health support workers in a large room all connected to one device in a virtual world and be able to deliver teaching to them.

Aim: The aim of the study was to introduce new healthcare students to the clinical environment through the use of mixed reality devices to ensure familiarity before contact with the real environment and to provide alternative simulation education and 'bedside' teaching during disruptive periods like the COVID-19 pandemic.

Method/design: XR is a term that covers augmented reality (AR)/mixed reality (MR), which refers to a set of mobile digital technologies that allow a three-dimensional computer-generated model in the form of a hologram to be overlaid on a real environment [1]. This technology can be used to 'create' simulated patients for the purpose of learning in an immersive learning environment (ILE). Our learners can have the opportunity to interact with the Holo-patient in proximity thereby bypassing the restrictions of the real clinical environment with all the risk involved, particularly during the COVID-19 outbreak.

Implementation outline: With the use of a headset such as Google Glasses or the Microsoft HoloLens that projects a hologram into the users' physical environment, our learners can interact with the mixed reality (XR) world and have clinical encounters with simulated/standard Holo-patients (SHP). With the headset on, the learner can see the patient, hear real sounds from the patient and see objective data/vital signs that can aid clinical reasoning and make the simulated scenario more immersive. A new healthcare worker (student nurse, clinical support worker, doctor on first rotation) will have an immersive experience that bridges virtual and real-world, supplements reality, and has the potential to build confidence and aid learning prior to encountering the real world.

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168 A NOVEL APPROACH TO INTERACTIVE, ONLINE HISTORY-TAKING IN MEDICAL EDUCATION DURING THE COVID-19 PANDEMIC

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Background: The COVID-19 pandemic resulted in an unprecedented shift from face-to-face to online teaching with a subsequent deleterious impact on the quality of teaching delivery within medical education [1]. Human interactions such as history-taking are challenging to recreate without the nuances of face-to-face teaching. We present the first instance of a gamified online interactive history-taking simulation, in this case specifically designed for secondary school students interested in a career in medicine. Effective history-taking is a fundamental determinant of patient care and by developing this simulation we are focussing on the proximal determinants of patient care. We believe that this unique approach is translatable to undergraduate and post-graduate medical education, resulting in wider and