pre-course material were sent. The scenarios were combined with contracting rules and links to interactive polls to form a presentation that could be shared on the screen throughout the day. Links to post-course feedback surveys were also included to evaluate participant satisfaction of the course design. From October 2020 to May 2021, we delivered eight virtual teaching sessions to a total of 67 multi-professional candidates ranging from nursing staff, police officers and doctors. Candidates were asked whether the course addressed their learning objectives or whether the course had increased their knowledge and 53 (79%) candidates 'strongly agreed' with these statements. Including those who 'agreed' with these statements, 66 out of 67 (98%) of the candidates perceived this course addressed their learning outcomes or improved their knowledge. The results from the evaluation of these courses indicate that the adaptation of our face-to-face courses have not impaired the quality of the content and have been beneficial to the targeted audience. Despite the challenges that online teaching can pose, we have overcome these by ensuring that we contract behaviour to ensure psychological safety, included interactive aspects such as live word clouds and polls and used a modality of learning such as the use of role players and modified scenarios to guide debriefs and learning.

118 SIMULATION FOR NOVICE ANAESTHETISTS: ADDRESSING TRAINING GAPS CREATED BY A GLOBAL PANDEMIC

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Background: It is well documented that the COVID-19 pandemic is having a huge impact on doctors in training. Much of novice anaesthetists' training is delivered during high turnover, elective theatre lists of low-risk patients [1]. List cancellations and staff redeployment have significantly reduced these opportunities [2]. In our department, amendments to standard operating procedures within theatres have created further training barriers. Supervisors find it challenging to offer anything more removed than direct supervision due to difficulties accessing the clinical environment in emergencies. These constraints drove us to find alternative methods of providing this practical experience.

Aim: The aim of the study was to create a trust-wide high-fidelity simulation course for novice anaesthetists, focussing on confidence building and preparation for on-calls, together with clinical and non-technical management of specific anaesthetic complications.

Methods/design: A pre-course questionnaire aided a learning needs analysis and informed the learning objectives. Poor confidence due to lack of training was a common theme. Issues identified included limited case numbers, exposure to common emergencies and difficulty progressing to more distant supervision. Using a standardized scenario authoring platform (IRIS) we collaborated with a multi-professional faculty group to design a 1-day simulation course. To ensure an authentic learner experience, scenarios were designed for delivery in a high-fidelity simulation suite using Laerdal SimMan3G with LEAP software. Familiar clinical equipment, such as a Datex Ohmeda anaesthetic machine, was used and access to typical cognitive aids provided to mirror a real theatre environment.

Implementation outline: Initially, participants prepared for an anaesthetic induction following standard operating procedures, including performing the World Health Organisation Surgical Safety Checklist. They then carried out this uncomplicated induction with the assistance of a trained Operating Department Practitioner. This aided in embedding good clinical practice and promoted patient safety. A second scenario followed, during which an emergency unfolded. The group observed each scenario through a video link and contributed to a consultant-led debrief. To assess course impact participants completed post-course questionnaires. Confidence universally improved after the course. Every attendee found the course useful and was highly likely to recommend it to a colleague. For several participants, this provided their first experience carrying out an emergency anaesthetic induction without direct supervision. In this setting, simulation has been used as a valuable tool to supplement clinical exposure where there were significant barriers to traditional training methods. We intend to further develop this course to become an integral part of novice anaesthetic training within our trust.

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94 PHYGITAL SIMULATION FOR A LARGE GROUP OF LEARNERS IN A REGIONAL TEACHING

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Background: Over the years, knowledge-based simulation has been a valuable way of delivering certain content of the syllabus in medical education. There have been challenges to undertake any form of educational activities during the COVID-19 pandemic due to a global shutdown [1], let alone face-to-face teaching. Digital education has endeavoured to fill this gap via the increased use of different online platforms to prevent the spread of COVID-19. Nonetheless, one facet of educational strategy that has remained challenging to provide online is teaching and learning with simulation. Currently, a phygital [2] method of teaching is being utilized; some learners are with the instructor in the classroom (physical presence) and others are online (digital presence.) The inclusiveness and participation from the online audience have been seen to be poor.

Aim: The aims of the study were to deliver an inclusive and effective simulation session to a large cohort of trainees in emergency medicine and to provide an immersive learning environment to learners by enhancing their feeling of being present in the simulation hub.

Method/design: We delivered a phygital simulation with the aid of digital technology in a way that encouraged participation from all attendees. We sought to overcome known challenges of simulation teaching during the peak period of COVID-19 and identified newer challenges unique to the situation and suggestions for future improvements or simulation.