

Implementation outline: During the simulation, we utilized a standardized patient (SP) (who did not require further training for our method) and various equipment/components of the room including cameras for the different views required. The room had a limit of five persons (as per COVID-19 restrictions) so we designed a teaching method that enabled us to cater efficiently for the remaining 33 participants of the scheduled regional teaching session. A volunteer candidate was chosen from the online audience to lead in the simulation. Prior to selection, all candidates were shown the brief which explained the expectation of leading and the different camera views available to aid their performance. They viewed the whole room with separate focuses on the SP, the device required to perform a procedure, and their appointed physical presence (PP) who they will instruct to perform the procedure. We identified advantages, challenges and areas of future development and believe that this type of teaching can be applied to a wide range of simulations that required demonstration.

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'AOSim': A DECISION-MAKING SIMULATION COURSE FOR ACUTE ONCOLOGY NURSES

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10.54531/EKXJ8408

Background: Simulation-based education (SBE) as a learning tool is becoming more prevalent, as is the recognition of the importance of non-technical skills. With this insight comes a desire to improve clinical practice using these techniques. 'AOSim' has arisen from an intrinsic desire to achieve this from within an Acute Oncology Service (AOS). Wishes to improve confidence, decision-making and teamwork have guided the design and implementation of a novel simulation course in this field.

Aim: The purpose of the course has been guided by the candidates. The hope is to be able to provide a safe learning environment to explore decision-making, improve confidence in clinical practice and strengthen teamwork.

Design: The course design was informed by direct stakeholder analysis. Pre-course surveys aided in planning the course and scenario design. The course would run over half a day and comprise three scenarios, each followed by a debrief. The candidates invited were nurses working in the local AOS and the AOS coordinator. Each scenario was designed with a particular focus in mind; 'Respectful Challenging', 'Clinical Prioritisation' and 'Treatment Escalation'. The clinical context of the scenarios was based on oncology to provide a familiar environment for the candidates. This would also enable the focus to be paid to the non-technical skills related to the aims of the course. The scenarios were to be run in a high-fidelity setting using a mixture of role players, mannikins and plants. Faculty roles had been assigned prior to the course date.

Implementation outline: A course overview was sent to the candidates including the planned date for running the

course to allow the candidates to plan for handover of their clinical duties; this allowed protected time for the course to run. 'AOSim' was run in a simulation suite in the high-fidelity setting with an experienced faculty. The candidates were introduced to the simulated environment and the importance of psychological safety was explained. The three scenarios ran as planned to include subsequent informative debriefs. Immediate and post-course feedback were positive, particularly with increased confidence levels and team-working ability. This has led to aspirations to run the course again for a different candidate group in the future.

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MURDER ON THE LABORATORY FLOOR

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10.54531/DOJT8974

Background: As leaders are now being encouraged to work across different organizations and in more complex ways, a Systems Leadership programme was developed. The programme required a final module to consolidate the learning which was simulation based. The candidates attending the 'murder on the lab floor' module were a mixture of clinical and non-clinical senior leaders from public and third sector organizations.

Aim: The aim of the study was to design a half-day course utilizing the simulation structure of pre-brief, scenarios and debrief which enable the candidates to reflect on their own learning in the areas of leadership, communication decision-making and collaborative skills.

Method/design: We formed a working group to design the scenarios, which were a series of games, build prototypes, run pilots to assess suitability, identify modifications and ensure consistency. Games were linked to leadership traits to aid reflection through debriefing. Games were designed to be played face to face, or remotely, thus promoting inclusivity for shielding staff. A short pre-brief or introduction was filmed.

Implementation outline: In our first cohort, all candidates attended the 3-hour session in person. The pre-brief film was played to the candidates setting the scene of an industrial scientist collapsed on a laboratory floor. It outlined the aim to collect as many golden syringes as possible by completing seven 5-minute activities. The candidates were given 5 minutes to nominate which candidate would complete which of the seven games set out in the laboratory. The games were categorized as mental, physical, mystery and skill. The nominated candidate entered the laboratory fitted with a radio headset. Audio and video were fed to the debrief room and to remote candidates via Teams. Once the candidate entered the laboratory the timer was activated. Candidates in both rooms were expected to work together to solve the puzzle and demonstrate team dynamics, communication and strategic thinking. On completion of all games, the candidates participated in a structured debrief led by two of the faculty. This reflective process highlighted the intended learning points and also brought about a discussion examining the effects of COVID-19 on the individuals and their teams.

Qualitative feedback was collected. Candidates stated that

- It was the best session of the programme
- The method suited my style of learning
- I would like my team to go through the process as I found it so valuable.
- As this fitted social distancing guidelines it is a great alternative to an online programme
- The activities joined the dots between leadership theory and how we work in practice

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ASSESSING THE ACUTELY DETERIORATING PATIENT: ADAPTION FROM FACE-TO-FACE TO REMOTE SIMULATION, IN RESPONSE TO THE RESTRICTIONS OF COVID-19

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10.54531/SPNE6363

Background: COVID-19 has undeniably impacted on learning for medical students, and one of their main concerns was the need for more course material when universities had to abruptly halt medical student placements due to social distancing restrictions. Our team had planned to have face-to-face simulation teaching with second-year medical students, focussing on the essential topic of A-E assessment and management of an acutely deteriorating patient. However, at short notice, we had to adapt this to an entirely online curriculum as a result of COVID-19 measures.

Aim: The overall aim of the novel session was for students to virtually assess the simulated patient, manage any issues they found and use their examination and investigation findings to formulate a diagnosis and management plan. The presentation of the patient focussed on core conditions such as sepsis and hypoglycaemia.

Design: We developed an innovative 2-hour online teaching session designed to be delivered to a group of eight second-year medical students, facilitated in an online capacity over Microsoft Teams. The session ran as follows: using a flipped-classroom approach, the students had been given reading material about the A-E assessment to read prior to the teaching, so we started by discussing this and clarifying key points. Then the facilitator explained how the session would run and briefed the students about the scenario in the style of an SBAR (Situation, Background, Assessment, Recommendation) handover. Following this, students took turns to direct the simulated doctor through the A-E assessment of a low-fidelity simulation mannikin, instructing the doctor of any examinations, interventions or investigations they would like. The facilitator guided the students through the scenario, providing necessary examination findings and investigations for students to interpret and act on. Equipment such as oxygen devices, airway adjuncts and blood bottles were demonstrated to the students throughout.

Implementation outline: This session was an integral part of our second-year students' 5-week virtual clinical placement. It was very well received; 95% (n = 21) of students strongly agreed or agreed that the session helped their learning. 90.5% strongly agreed or agreed that they enjoyed the use of technology-enhanced learning. Aspects specifically highlighted in the feedback were interactivity and being able

to visualize the assessment of an acutely unwell patient. With online teaching likely to remain an important part of medical education, we have found that remote simulation is a suitable and effective way to introduce the assessment of a deteriorating patient.

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EXERCISE MARTIAN ATTACK!: USING VR FEEDBACK AS A REFLECTIVE TOOL FOR PARAMEDIC SCIENCE STUDENTS

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10.54531/KJAL3798

Background: Paramedic students have had to overcome the restrictions COVID-19 with many of their clinical skills moving online, limiting opportunities to engage with clinical practice partners, a key requirement of their professional programme. Social distancing has been challenging to overcome and the paramedic teaching team's solution was to offer the University underground carpark to stage a simulated Casualty Clearing Point for a Major Incident Martian Attack!

Aim: The aim of the session was to reconceptualize our simulation practice at the university level and to

- Engage our students with an authentic, reflective, and clinical skills-based assessment experience
- To draw upon lessons learned to improve our processes and guidelines for stakeholders involve in clinical skills assessments
- To enhance the student learning with early familiarization and 'hands on' practice with the equipment utilized in the field of paramedic science

Design: The paramedic teaching team created 'Martian Attack!' a short video to set the scene for the tasks the first-year students teams need to accomplish. The students were divided into pairs where they were tasked to triage at 'stations' treating mannequins with simulated injuries under time constraints. This was followed by demonstrating immobilization techniques and extracting a weighted mannequin from an enclosed space using a Saviour Technical Stretcher (STS). All these skills require a combined improvised approach towards casualty evacuation. Students were observed by critical care professionals and offered feedback. 'There is only so much simulation that can be done in a room so I thought it was great to be able to get out and experience a "Real Life" event where we could put the skills and knowledge from the previous weeks into practice in a supported environment'. Student J.

Implementation outline: Three-hundred-and-sixty-degree film clips captured these simulated scenarios and debriefs and were added on a virtual platform hosted by Panopto so that students could reflect on the scenarios in their own time to aid their learning and reflection. The film clips made accessible by a range of technologies, from google cardboards to OCULUS Quest, added the high-fidelity aspect of realism to the student's learning experience. The next steps will be to consult with our practice partners to streamline and identify further areas of practice that will enhance the skill mix of students on placement.