

through experiential learning with live transgender standardized patients.

**Method/design:** The programmes developed address fundamentals for healthcare professionals about serving LGBT patients: inclusivity, rapport, effective communication without creating anxiety or offense, language to avoid, and other practical knowledge including various surgeries and gender-affirming care available to transgender individuals. Initial panel discussions with members of the LGBT community have proved very effective in covering realities faced by transgender patients. Implementation of Teaching OSCEs (Objective Structured Clinical Exams) utilizing transgender individuals applies gained knowledge from lectures and discussions. It is critical for learners to experience working with an actual transgender standardized patient to effectively simulate encounters. Only a person from a marginalized community can accurately portray unique experiences affecting that particular community. Advanced medical training has also been developed including training for forensic examiners.

**Implementation outline:** These programmes include an LGBT didactic presentation, followed by a moderated panel (conducted virtually or in-person) of transgender individuals from varied backgrounds to share personal experiences receiving healthcare. Trainees are encouraged to ask panellists questions regarding concerns on proper communication, inquire about experiences in receiving gender-affirming care and discuss how to improve healthcare for transgender patients. Subsequently, trainees have the opportunity to participate in scenarios scripted and led by transgender standardized patients (SPs) or Trans Teaching Associates (TTAs). These scenarios can be conducted virtually, focussing on interview/history taking and communication skills, which makes global reach possible. In-person hands-on OSCEs can further assist trainees by providing opportunities to visualize trans anatomy. Learner feedback on improved understanding and empathy has been overwhelmingly positive, proving the necessity of providing training for learners in the care and treatment of transgender patients.

## REFERENCE

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### DEVELOPING A FRAMEWORK FOR THE INTEGRATION OF SKILLS AND SIMULATION: THE 5-STAGE APPROACH

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**Background:** In recent years, there have been many publications providing guidance on simulation-based education and frameworks for development of faculty and delivery of simulation. However, there is not a framework for the integration and delivery of skills and simulation within a pre-registration curriculum. In 2017, Woda <sup>[1]</sup> referred to a need for a 'sequenced' integration of simulation into programmes with increasing complexity, knowledge, and exposure to simulation. Furguson <sup>[2]</sup> also found that there was a gap in how a simulation strategy becomes effectively implemented and embedded within an existing curriculum.

**Aim:** The aim of the study was to create a framework that integrates clinical skills and simulation increasing in complexity that can be used for any pre-registration healthcare curriculum. Ability to effectively implement and embed within an existing or new curriculum.

**Method/design:** We developed a framework using a five-stage approach to scaffold learning. Bringing simulation into the curriculum from the very start with the early introduction of consolidation and simulation allowing for a gradual cognitive load. Our approach builds on technical and non-technical skills alongside an understanding and exposure to simulation, by their final-year students will be debriefing their own teams in simulation and understand the use of simulation debriefing tools. This integration of skills and simulation and move away from 'task training' skills teaching aims to create both competence and confidence in students enhancing practice placements and ultimately improving the safety of patients. The approach consists of five stages: (1) online learning; (2) facilitated practical (task training); (3) simulation consolidation (facilitated simulation); (4) simulation days (remote facilitation); (5) clinical practice.

**Implementation outline:** The framework is being applied to the 2-year Master's programmes and nursing associate programmes as well as the standard 3-year pre-registration nursing, midwifery, operating department practitioner and paramedic programmes. Skills both technical and non-technical are introduced in years 1 and 2. In year 3, the focus is on knowledge review with a higher expectation of understanding and assimilation into the simulated environments expected. Over the 3 years, facilitation will lessen until students are leading on the simulation delivery and debrief by the end of their course. The same principle is applied to the 2-year programmes. This framework has been applied to all our healthcare courses by mapping the required skills curriculum and using the framework to build the content and set the delivery. The framework has now been adopted by another university.

## REFERENCES

1. Woda A, Hansen J, Paquette M, Topp R. The impact of simulation sequencing on perceived clinical decision making. *Nurse Educ Practice*. 2017;26:33-38.
2. Furguson J, Astbury J, Willis S, Silverthorne J, Schafheurne E. Implementing, embedding and sustaining simulation-based education: what helps, what hinders. *Med Educ*. 2020;54(10):915-924.

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### 360 SIMULATION: ASSESSING BABY ROBIN

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**Background:** Within a rural county, student placement locations are geographically scattered. Student feedback revealed that only students in one placement were able to benefit from the high-fidelity simulation suite resources situated at the lead hospital. Research shows students value co-created and personalized resources. Working with our practice partners we identified a cost-effective, accessible and inclusive solution, using 360 videos. Clinical simulation has been found to be effective <sup>[1]</sup> for teaching nursing skills. One limitation is the number of participants who can be involved at one time and in one place. A pilot study <sup>[2]</sup>, with