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

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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.

117 MURDER ON THE LABORATORY FLOOR

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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