were able to achieve their practice hours. A pilot project was undertaken in November 2020. This was then developed at pace into a simulated placement module that could accommodate around 3,500 students by the start of January 2021. Nursing and Midwifery Council guidance was updated in February 2021 [1] to suggest all nursing students in the UK may access 300 hours of simulated learning and this could include face to face, online live and online self-directed simulated learning.

Aim: The study aimed to enable nursing students to maintain their hours as required by the NMC, and provide evidence to demonstrate achievement of their competencies. It also aimed to ensure patients and service users from all fields were represented within the activities.

Method/design: A module blackboard site was developed online to house the materials. Each activity was mapped to the cohort-specific proficiencies which needed to be achieved for that particular level of study (BSc and MSc). A wide range of activities were included such as Oxford Medical Simulation, detailed case studies and scenarios including 'talking head' style videos and patient documentation, service user interviews, analysing Care Opinion patient feedback, and 360-degree tours of a patient's home to undertake a risk assessment.

Implementation outline: Students were able to access the simulated placements if waiting for a clinical placement due to lack of availability, if course completion was delayed due to 'opting out', or if the student was self-isolating or shielding. Students received comprehensive guidance as well as regular YouTube updates to walk them through the process. A mixture of live online sessions and self-directed activities were included and engagement was logged on a placement timesheet. There were also activities and live sessions focussing on student well-being and preparation for placements. It was also important to include activities focussing on other fields of nursing such as mother and baby or learning disabilities. A reflection was then uploaded to the digital placement assessment document so that it could be accessed virtually by the practice assessor and academic assessor. The simulated placements have since expanded into the Allied Health Professional courses within the university and it has been valuable to undertake interprofessional resource sharing to further enhance the simulated placements experience.

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| 1 | **PRISON SIMULATION: CREATING ACCESSIBLE XR CONTENT FOR HYBRID TEL CLASSROOMS IN HE** |

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Background: An Inter-professional Education (IPE) simulated learning prison was created in Microsoft Teams (MS Teams) for health and social care HE students using a #ReStartSim template [1], and advice from individuals with experience of working and being in prison.

Aim: The aim was to deliver a simulated learning IPE event with additional features accessible across the XR spectrum (extended reality) for technology-enhanced learning (TEL) accessible to students and staff within and external to the

university in preparation for the hybrid (and hyflex) HE classrooms of autumn 2021.

Method/design: This simulation was co-created with colleagues across organizations thanks to the #DigiLearnSector, and based upon developments from a simulated learning event run in 2020 [1]. MS Teams was used as the base of the simulation, with digital resources embedded throughout. A ThingLink (www.thinglink.com) of a prison was donated by colleagues via. the #DigiLearn Sector. The Thinglink (360-degree interactive image of the prison) was edited to include IPE resources and links to MS Teams meetings which were the 'rooms' in the prison. These rooms included profession-specific huddles, prisoner assessment rooms and presentation rooms for externals to present. As this was an IPE learning event, we involved students and colleagues from Allied Health Practice (AHP), medical and prison backgrounds to focus on 'improving patient safety' through practicing accurate assessment and communication in a safe environment [2]. Meeting rooms were created in MS Teams and then added as active links to the ThingLink for 360 view access into an MS Teams meeting. 'Staff rooms' were created as channels for participants to split into smaller groups and connect over the lunch break. This simulation used gamification and presented the initial concept of the day as a game, so the simulation was in effect wrapped around a mini-IPE conference on what students might need to know if they went on placement or to work in a prison for the first time.

Implementation outline: This simulation used both shared and profession-specific learning outcomes, and ran in September 2021 with second-year students who were used to navigating MS Teams resources. Digital skills were recorded in LinkedIn.

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| 87 | **MAXSIM, A NOVEL SIMULATION-BASED EDUCATION COURSE FOR ORAL AND MAXILLOFACIAL SURGICAL EMERGENCIES** |

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Background: For Oral and Maxillofacial Surgery (OMFS) Senior House Officers (SHOs), with no formal medical training, the first exposure to inpatient medical or OMFS emergencies will be the first time they are having to manage them, usually alone.

Aim: Simulation-based education has been demonstrated to increase experience and confidence when used in medical education; therefore, an OMFS simulation-based education (SBE) course was created to facilitate this learning in a safe environment.

Method/design: The course included implementation of training on SBAR, A to E Assessment, stations on medical emergencies such as sepsis, and OMFS emergencies centred around scenarios that necessitate rapid response including retrobulbar haemorrhage and carotid artery blowout. Pre- and post-course questionnaires were given to all delegates

to assess their change in confidence when managing the scenarios. Each was asked to score their confidence in managing the scenarios numerically from 1 to 10.

Implementation outline: Delegate numbers were limited due to the COVID-19 pandemic with all 10 completing both questionnaires. There was an even distribution between first- and second-year SHOs. Two had received simulation training before, however very limited. In all 10 simulation stations, every delegate felt an increase in confidence on average by 45% (range: 38–56%, p < 0.05) on the 10-point scale. Positive feedback was received, with all delegates finding the day useful, it achieving what they hoped and stating they would recommend the course to a colleague. Both the SBAR and A to E tools were unknown to all of the SHO's, highlighting their lack of medical training as they are well-known tools within the medical community. SBE was demonstrated to increase the experience and confidence of SHO's managing and escalating common OMFS situations. This will increase the quality of patient care of these specific scenarios but the translatable skills will also enable more comprehensive care and handover in all aspects of the delegates roles. Simulation-based education is an invaluable method of training for clinical scenarios and needs to become more common place in Oral and Maxillofacial Surgery. Furthermore, Health Education England has commissioned the course to run on 3 days annually, providing simulation-based education for 40 SHOs in the Southwest Deanery undertaking a rotation within OMFS.

| 198 | A NOVEL 'VIRTUAL SIMULATION' FOR THE ADVANCED LIFE SUPPORT GROUP, MAKING A DREAM A REALITY: A BEGINNER'S GUIDE |

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Background: In the UK, it is a requirement for staff involved in paediatric critical care to remain up to date with advanced paediatric life support (APLS). To do so there is an expectation to participate in face-to-face courses on a four-yearly basis. The Advanced Life Support Group (ALSG), an organization dedicated to supporting professional education, sought to add to their resources in line with advances in online capabilities. With stakeholder input, the goal emerged to develop an engaging, interactive and entirely novel educational product. Here we present the pilot stages of our project.

Aim: The aim of this project was to produce an educationally effective and novel product that learners of APLS would engage with and enjoy.

Method/design: Stage 1 involved determining clearly defined learning objectives mapped to the APLS curriculum. At a round table with stakeholders, educationalists, and a technologist an outline of the project was formed and the scenario of a sick baby with bronchiolitis chosen for a pilot. Informed by literature on serious game design, a branching narrative was created. Stage 2 involved collating resources. A photoshoot at Leicester Royal Infirmary A&E (Accident and Emergency) created a set of images. A video shoot at the Royal London Hospital A&E generated a series of videos. These were then edited and used to create a Microsoft PowerPoint slide set. Voiceovers to text, sound effects to add a hospital atmosphere and questions were then added. Stage 3 involved taking this draft and translating it into an interactive final product utilizing Articulate Software.

This enabled its usage across smartphone, desktop, and laptop devices. Testing followed with anonymous online feedback informed by the 7Is framework [1]. (Domains include; interaction, interface, instruction, ideation, integration, implementation, and improvement.)

Implementation outline: We launched the pilot version at the RCPCH (Royal College of Paediatrics and Child Health) Conference 2021. Feedback was collected from delegates and continues to be collected via online participants. It is hoped that ongoing quality improvement cycles will assist in assuring a finished fully functional online virtual advanced paediatric life support simulation for release in 2022. Further stakeholder review is pending. Thus far it has been met with universal approval, i.e. all learners questioned expressed that they would like to utilize this novel style of education again. The average duration to complete the virtual simulation was 15 minutes. All learners rated their knowledge and skills in APLS to be either unchanged/revised or improved. Finally, interactivity online was felt to need improvement by most participants. Interactivity is key if high levels of engagement are to be achieved. Future testing will determine whether any educational impact is maintained across time. The current pilot version can be accessed at the following webpage https://2020courses.alsg.org/course/view.php?id=1869.

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| 2 | PLAY TO PREPARE WITH TECHNOLOGY-ENHANCED SIMULATION |

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Background: Traditional simulation training within medical education has been well established for several decades and involves playing out emergency situations in a role-play format. This type of simulation training is typically located at hospitals and medical centres and requires considerable organization, costs, in-person attendance and allocated time away from clinical commitments. Technological transformation within healthcare education is growing and, in particular, there has been an increase in mobile applications (apps) to aid medical education. Coupling the two together has allowed 'gamification' to emerge and grow in popularity as a powerful tool to enhance learning retention.

Aim: The aim of this innovation project was to create a technology-enhanced simulation app for mobile devices to train in Advanced Life Support (ALS) for cardiopulmonary arrest, using game mechanics.

Method/design: A technology-enhanced simulation mobile app called 'SimPL' has been created to facilitate technology-enhanced learning on mobile devices. It allows the user to run physiological observations on a simulated patient. This has gained popularity on the Apple and Google Play Store amongst healthcare professionals. We now want to build on this and start by simulating ALS for cardiopulmonary arrest. A minimum viable demo that healthcare professionals can use to run an ALS scenario is being developed. The aim is to allow healthcare professionals to run through an interactive ALS scenario and give the user flexibility to make any decision they want regarding intervention and see how the patient