

performed. Subjective comparison reported increased confidence, lower stress levels, good preparation of left-hand skills, and passive learning of surgical theory and technicalities (Table 1).

Table 1: Comparison of virtual reality and real surgery experience

Objective Comparison		
	Virtual reality simulation data	Real surgery logbook
Time duration	10 months	8 months
Logged time	45.7 hours	Limited (unable to measure)
Intraocular lens injected	74	30
Intraocular tasks	1581	86
Capsulorhexis	772	31
Injured corneal area	679 mm ²	Unable to measure
Injured lens area	113 mm ²	Unable to measure
Posterior capsule rupture	862	1
Subjective Comparison		
	Virtual reality simulation	Real surgery
Stress	Negligible	Significant
Margin of error	Unlimited	Zero
Environment	Safe learning	Real consequences
Time	Unlimited	Significantly constraint
Mentorship	Optional, limited	Direct supervision
Viewers	Optional, negligible	Supervisor, OR staff, students

Conclusion: Despite challenges of affordability and traditional surgical culture in a low middle-income country, simulation training provides safe learning alternatives to trainees which are effective and should be widely adopted. Although the learning curve is slightly longer, but skills acquired are replicable in operation theatre and significantly reduce the complication rate in the interest of patient safety.

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DEVELOPING A SIMULATED GENERAL PRACTICE ENVIRONMENT TO IMPROVE CLINICAL REASONING AND NON-TECHNICAL SKILLS IN JUNIOR MEDICAL STUDENTS

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Background: Simulation in medical education is often associated with acute specialities, however there is evidence in the literature to suggest exposing medical students to a simulated General Practice (GP) environment can be beneficial to their clinical reasoning and non-technical skills [1] and that this may even be superior to that gained from a GP practice placement [2].

Methods: 22 junior medical students participated in a simulated GP clinic where they reviewed 4 simulated patients. Patients were faculty members who also acted as assessors to ask 3 pre-defined questions and provide feedback after

each station, rotating between candidates. The session was concluded with a presentation to clarify correct diagnoses and management for each case. Candidates completed a feedback form to evaluate the session.

Results: In terms of clinical reasoning, >85% of students reported the session greatly improved their history taking, recognition of red flags, and ability to formulate management plans in the community. For non-technical skills, >75% reported a great improvement in their professionalism, communication, and decision-making ability. However, 2 students (~10%) reported their professionalism had not been affected at all. Individual feedback after each station and the concluding presentation were reported as useful aspects of the session. 3 students (~14%) requested to include examination practice in future sessions.

Discussion: The majority of students felt that they benefited significantly from participating in the simulated GP clinic, both with respect to their clinical reasoning and non-technical skills. This may be due to the combined immersive nature of the simulation and the psychological safety provided by the absence of formal assessment [1]. The aspect which candidates felt least improved by the session was their professionalism, which may be in part due to an inability to suspend their disbelief. The benefit of adding clinical examination to this activity is not clear.

Conclusion: A simulated GP surgery environment can be used to improve history taking ability, recognition of red flags, and formulation of management plans in primary care, as well as non-technical skills in junior medical students. However, more research is required to establish whether this is transferable to clinical practice.

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CREATING A SUSTAINABLE WEEKLY INTERPROFESSIONAL SIMULATION FOR THE EMERGENCY DEPARTMENT (ED) CLINICIANS

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Background: Simulation-based education has been shown to improve clinical practice [1]. It offers an environment whereby complex real world situations can safely be practised facilitating learning through immersion, reflection, and feedback [2]. There has been an increasing awareness amongst the medical profession as to the importance of simulation, we therefore created a sustainable simulation programme for the multidisciplinary team (MDT) at the Horton General Hospital (HGH) Emergency Department (ED) – Oxford University Hospitals NHS Foundation Trust.

Methods: Several simulations were designed involving trauma, airway management, and acute adult and acute paediatric presentations. The focus of the simulations was based on identifying errors due to human factors. The simulations were designed utilising feedback forms as well as analysing