

Findings: Feedback from this new simulation programme was very positive and comparable to previous feedback. Across all sessions (n=12) and trainees (n=5), the median Likert scores for perceived relevance, realism, and appropriate challenge were 6/7, 5/7, and 6/7 respectively. All trainees across all sessions indicated they found it useful, enjoyable, and would attend again. In particular, free text responses praised the ability to focus on a single simulated issue without the cognitive overload of the wider theatre environment experienced by new trainees, and the psychological safety benefits of simulation and debriefing in a more relaxed non-theatre setting.

Conclusion: This appears to be a feasible and well accepted alternative to our traditional approach, with additional benefits for trainees and reduced impact on service delivery. We now intend to explore use of this approach to deliver increased SBE to the wider anaesthetic and multidisciplinary team.

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STRESS INOCULATION: A PILOT STUDY TRACKING THE EFFECT OF REGULAR SIMULATION ON PRE-SESSION ANXIETY AMONGST NOVICE ANAESTHETISTS

Matthew Aldridge¹, Jolene Slothouber Galbreath¹, Peter Steed¹; ¹Royal United Hospitals Bath NHS Foundation Trust, Bath, United Kingdom

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Background: Effective simulation-based-education (SBE) relies on the use of psychological safety to encourage participants to adopt learning-orientated behaviours [1]. Excessive levels of anxiety or stress can present a challenge for establishing this psychologically safe container [2]. The idea of stress inoculation describes graded exposure to potentially anxiety inducing stimuli with the aim of enhancing performance by encouraging a state of ‘flow’ versus ‘freeze’ [3]. Potentially this could also improve the efficacy of SBE by reducing anxiety and improving psychological safety. We aimed to create a new SBE programme for novice anaesthetists in their first 3 months before starting on-call work. This was designed to create stress inoculation with frequent and regular SBE sessions, and we aimed to assess the impact of this change on pre-session anxiety levels.

Methods: This new SBE programme was delivered to the 5 novice anaesthetists at our institution over a 12-week period from February to May 2022 and consisted of weekly 30-minute SBE sessions. These were designed to fit with clinical commitments and minimise disruption to training in theatres, whilst following the ASPiH Standards Framework. Alongside weekly post-session evaluation (7-point Likert and free text), learners were asked to retrospectively rate their perceived pre-session anxiety levels from 1–10.

Results: Overall feedback from the new programme has been consistently positive, particularly mentioning the benefits of a safe space for discussion, the open and supportive environment, and the benefits of learning from

others’ experiences. One learner specifically credited the frequent nature of the sessions with an improvement in their confidence. Self-reported anxiety levels fell across subsequent early sessions (median anxiety score: week 1=4/10, week 3=2/10). Anxiety scores then peaked again at week 8 (median=5/10) before falling again. There was also significant inter-learner variability with one learner recording persistently higher anxiety scores.

Conclusion: This new format with regular short sessions appears to be very popular with excellent feedback. There is a reduction in self-reported pre-session anxiety with repeated frequent sessions. However, this is variable between individuals and across the placement, with an increase towards the end potentially reflecting anxiety about starting on the anaesthetic on-call rota. This demonstrates the importance of adapting SBE to both individual learners and the timing of a specific session within a wider SBE programme. Potentially routine evaluation of learner anxiety could allow a more tailored approach and further optimise individual learning.

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ODP STUDENTS PEER TO PEER SIMULATION-BASED EDUCATION

Amanda Wilford¹, Nicholas Brown¹; ¹Staffordshire University, Calne, United Kingdom

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Background: Second-year Operating Department Practitioner (ODP) students in an English University need to undertake a teaching activity lasting 10 minutes on any topic not necessarily health related as part of their undergraduate curriculum as a formative assessment. ODPs practise in high acuity settings including theatre and intensive care, and are usually key members of a hospital’s resuscitation team. Teaching strategies for resilience is required when working in changing environments. To combine these two elements, an alternative approach was offered to replace the teaching activity. Student ODPs were offered how to create and lead a simulation activity based on ODP practice in lieu of the 10-minute activity as part of a pilot project. The TALK [2] tool was chosen as the mode of debriefing and focuses on improving interprofessional communication and the recognition of behaviours and strategies that are successful and should be adopted.

Methods: Twenty-eight students volunteered to undertake the pilot. The students supported by a simulation and ODP lecturer over a day were introduced to experiential learning, and simulation education approaches including design, facilitation [1], and debriefing. In pairs, the students created designs and were taught to use the Talk Framework [2].

Results: The students completed an online evaluation tool in relation to their experience as educators. The students reported that they felt more confident with the difference between teaching and facilitating. The students felt they understood the stages of writing for education and enjoyed the session on