AHP. The low proportion of nurses and AHPs was commented on by medical participants in their feedback. Of the 16 courses, 9 were attended solely by doctors and 5 sessions had only 1 nurse/AHP. The course was well received with positive average change scores across the 12 HuFSHI questions and clinical-based questions.

Conclusion: Whilst results show the course had a positive influence, the lack of nurses and AHPs meant the known value of IPE was diminished. As training is linked to improved resilience and wellbeing [3], nursing and AHP staff missed out, creating disparity across professions. This is significant following the impact of the pandemic on training and wellbeing – which this piece suggests is ongoing. Formal data was not collected regarding the reasons for poor attendance, but cancellation of nurse's study leave across the Trust for a short period, plus covering isolation and sickness were likely contributing factors. Unexplained non-attendance on the day proved the most challenging although contacting participants beforehand combatted this to some degree. There are plans to introduce a text reminder system for next year. Proactive and integrated planning with stakeholders has enabled the early release of dates for next year, with doctors allocated automatically to sessions to promote a balanced spread of professions represented. Alternatively, in-situ simulation provides another way to increase accessibility and attendance.

REFERENCES

1. Ockenden D, 2022. Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. Final Report. London UK: Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf [Accessed on 16/05/2022]
2. Reedy GB, Lavelle M, Simpson T, Anderson JE. Development of the Human Factors Skills for Healthcare Instrument: a valid and reliable tool for assessing inter-professional learning across healthcare practice settings. BMJ Simulation & Technology Enhanced Learning. 2017;3(4):135–141.
3. Brennan EJ. Towards resilience and wellbeing in nurses. British Journal of Nursing. 2017;26(1):43–47

THE LIVED EXPERIENCES OF EDUCATORS INVOLVED IN MEDICAL EDUCATION SIMULATION

Sarah Davis[1]; *[1]Nottingham University Hospital NHS Trust, Nottingham, United Kingdom*

10.54531/RWLA3596

Background: Simulation has been part of medical education for many years. It has evolved and advanced alongside training needs and practice. Although student experiences within simulation have been well documented, educators' experiences are lacking in the literature. Most of the literature around this topic relates to educators learning experiences, the development and planning of simulation in general, and faculty development [1,2]. Consequently, this gap in the literature forms the basis of this study.

Methods: A qualitative phenomenological approach of Interpretive Phenomenological Analysis (IPA) was adopted for this study. This was so that the lived experiences of educators involved in a simulation day for final year medical students could be analysed and interpreted. Ethical Committee Approval was obtained, and 6 educators involved in this day were interviewed using semi-structured interviews. The transcripts were then analysed for themes and interpreted.

Results: Analysis of the interview transcripts identified four main themes. Journey into simulation, which focused on passion for simulation and training needs; what simulation means, which included topics around fidelity and debriefing; developing in simulation, which described personal and faculty development, imposter syndrome, and technology; and the culture of simulation, of which teamwork, hierarchy, and the wider community featured.

Discussion: The lived experiences and themes presented carry with them the processes that facilitate the growth and development of our medical simulation educators, as well as some of the barriers and stressors. These facilitators include passion, apprenticeship and immersive experiences, teamwork, and reflection, with barriers and stressors being technology, developing debriefing skills, and imposter syndrome. Implications for practice include recognising and making time for formal and informal reflection as a team, understanding the role workplace learning has in faculty development and debriefing, ensuring faculty understand the objectives of each simulation-based activity, and developing coaching and mentoring opportunities to explore feeling around imposter syndrome and hierarchy.

REFERENCES

1. Dieckmann P, Birkvad Rasmussen M, Issenberg SB, Søreide E, Østergaard D, Ringsted C. Long-term experiences of being a simulation-educator: a multinational interview study. Medical teacher. 2018;40(7):713–20.
2. Gordon M, Patricio M, Horne L, Muston A, Alston SR, Pammi M, Thammasitboon S, Park S, Pawlikowska T, Rees EL, Doyle AJ. Developments in medical education in response to the COVID-19 pandemic: a rapid BEME systematic review: BEME Guide No. 63. Medical teacher. 2020;42(11):1202–15.

THE EXPERIENCES OF STUDENT PHYSIOTHERAPISTS APPLYING A NOVEL THERAPEUTIC TOOL WITHIN A SIMULATED PRACTICE ENVIRONMENT: A QUALITATIVE STUDY

Andrew Soundy1, Jon Room[2], Josephine Morris[3], Vikram Moher[4], Louise Fazakarley[4], Robyn Stiger[2]; *[1]University of Birmingham, Birmingham, England, [2]Oxford Brookes University, Oxford, England, [3]University of Winchester, Winchester, England, [4]University of Bournemouth, Bournemouth, England*

10.54531/GKHS8496

Background: Current evidence suggests that despite being well placed to use psychological strategies to improve complex communication with patients, physiotherapists lack confidence in the application of such strategies [1]. Training to help them to navigate complex interactions with patients presenting with psychological distress is therefore recommended within prequalifying physiotherapy education [2]. A brief therapeutic interaction tool (the model of emotions, adaptation, and hope; MEAH) has been developed for this purpose [3]. The aim of this qualitative study was to explore the experiences of physiotherapy students applying the brief therapeutic interaction using the MEAH in an online setting compared to an in-person setting, within a simulated learning environment.

Methods: An interpretive hermeneutic phenomenological study design was utilised. Two simulation learning environment settings were selected; (1) 25 final year physiotherapy students experienced the simulation-based activity in the in-person setting on a university campus, and (2) 13 second year physiotherapy students experienced the simulation-based activity in an online setting. A 50-minute

pre-recorded e-training lecture was completed prior to all students participating in an individual 10-minute simulation. The simulated patient was played by the same actor in both settings. Two methods of data collection were used: (1) a single semi-structured interview, to consider the experiences of all students across both settings. This data was analysed using reflexive thematic analysis. (2) a live recording of 24 of the in-person student interactions were captured. This data was analysed using conversation analysis.

Results: Thematic analysis: Four major themes across both groups were identified: (a) the content and value of the e-training (b) the experience and perception of the simulation, (c) the application of the MEAH screening tool, and (d) future training needs. Conversational analysis: Three types of interaction were identified. Type 1 interactions (15/24, 62.5%) followed the form in a very exacting way. Type 2 interactions (3/24, 12.5%) used the tool as an aid to their conversation. Type 3 interactions (6/24, 25%) deviated from the main focus of the tool. Factors which influenced the interaction were identified.

Conclusion: The simulated practice learning environment provided an ideal way to enhance students' communication skills, through safe and deliberate practice with a simulated patient. Use of the MEAH tool demonstrated that brief and focused teaching enhanced the perceived confidence of physiotherapy students to undertake difficult patient interactions. Online experiences were perceived more positively compared to in-person training, making it a useful platform to develop student confidence that should be explored further within simulation-based education.

REFERENCES

1. Driver C, Lovell GP, Oprescu F. Psychosocial strategies for physiotherapy: A qualitative examination of physiotherapists' reported training preferences. Nursing & Health Sciences. 2021;23(1):136–47.
2. Lennon O, Ryan C, Helm M, Moore K, Sheridan A, Probst M, Cunningham C. Psychological distress among patients attending physiotherapy: A survey-based investigation of Irish physiotherapists' current practice and opinions. Physiotherapy Canada. 2020;72:239–248.
3. Soundy A, Hemmings L, Gardiner L, Rosewilliam S, Heneghan NR, Reid K. E-learning communication skills training for physiotherapy students: A two phased sequential mixed methods study. Patient Education and Counselling. 2021;104:2045–2503.

A QUALITY IMPROVEMENT PROJECT (QIP) ON THE AWARENESS OF THE REVISED ANAPHYLAXIS GUIDELINES IDENTIFIED THROUGH SIMULATION

Linda Lei[1], Vithushan Vakeeswarasarma[1], Ratna Makker[1]; [1]*Watford General Hospital, Watford, United Kingdom*

10.54531/IWLC5549

Background: Anaphylaxis is an important emergency which forms part of the adult Advanced Life Support guidelines. The guidelines for anaphylaxis have recently undergone a change in the 2021 revision, with steroids and antihistamine no longer advised for acute anaphylaxis and an adrenaline infusion included as part of the new refractory anaphylaxis algorithm [1]. Scenarios for the medical trainees run at our simulation centre identified a lack of awareness of the revised anaphylaxis guidelines among learners. A QIP was completed to improve the level of learners' awareness and confidence of the revised anaphylaxis guidelines in conjunction with the simulation team.

Methods: Online surveys were sent out to the medical registrars and internal medicine trainees regarding the revised anaphylaxis guidelines. This was followed by an email sent two weeks later with the revised guidelines highlighting key changes. The same group were subsequently re-surveyed two weeks following the intervention to identify changes in clinical practice. Concurrently, scenarios based on the revised anaphylaxis guidelines were run for the medical trainees with specific emphasis on whether trainees were aware of the need for an adrenaline infusion (managed in a specialist setting) if symptoms were ongoing despite two IM doses of adrenaline. In the post-simulation debriefing, discussion was focused on the change in the anaphylaxis guidelines.

Results: In the first cycle, 100% of 23 respondents felt confident managing anaphylaxis but only 50% of respondents were aware (and were confident) that the guidelines had been revised. 2/3 of respondents had not managed a case of anaphylaxis in the last 12 months. In the second cycle, 100% of 4 respondents were aware of the revised guidelines but only 75% of respondents were confident in following the guidelines. 75% of respondents had not managed a case of anaphylaxis in the last 12 months. The significant drop in number of responders is likely to be multifactorial but may reflect a change in focus of educational needs due to the ongoing COVID-19 pandemic leading to a change in the educational landscape. A survey done on the attitude of medical students during the COVID-19 pandemic towards online learning found that only 54.1% of respondents felt that interactive discussion could occur through e-learning [2].

Conclusion: Following the QI results, the cardiac arrest trolleys were checked and the emergency box with adrenaline now includes the revised anaphylaxis algorithm but not hydrocortisone and chlorphenamine. Refractory anaphylaxis is now a standard scenario for the medical trainees in our simulation centre.

REFERENCES

1. Resuscitation Council UK. Emergency treatment of anaphylaxis: Guidelines for healthcare providers. 2021. https://www.resus.org.uk/sites/default/files/2021-05/Emergency%20Treatment%20of%20Anaphylaxis%20May%202021_0.pdf [Accessed on 1/06/2022]
2. Alsoufi A, Alsuyihili A, Msherghi A, Elhadi A, Atiyah H, Ashini A, Ashwieb A, Ghula M, Ben Hasan H, Abudabuos S, Alameen H, Abokhdhir T, Anaiba M, Nagib T, Shuwayyah A, Benothman R, Arrefae G, Alkhwayildi A, Alhadi A, Zaid A, Elhadi M. Impact of the COVID-19 pandemic on medical education: Medical students' knowledge, attitudes, and practices regarding electronic learning. PLoS One. 2020;15(11):e0242905.

IMPROVING OBSTETRICS AND GYNAECOLOGY DEPARTMENTAL INDUCTION USING SIMULATION

Rania El Matary[1], Wuraola Obadahun[1], Daniel Herridge[1]; [1]*Dartford and Gravesham NHS Trust, Dartford, United Kingdom*

10.54531/VLZO7023

Background: It is well established that trainee doctors struggle with the transition into a new department. There is evidence that simulation-based education (SBE) improves competence and confidence [1]. At our Trust, there is a one-day induction for Obstetrics and Gynaecology (O&G) introducing logistics of the Department and basic skills (e.g. rota and speculum examination). However, it had limited coverage of clinical knowledge, trust protocols, and management of common O&G presentations. The aim of this study was to improve the confidence of new doctors beginning their O&G clinical rotation by increasing their knowledge-base of common presentations, protocols, and procedures through designing and implementing a trainee-focused simulation-based training programme into their induction.