Methods: We collected feedback from six trainees who had undergone the previous induction programme regarding its utility and how confident the trainees felt on starting their rotation. It was evident from this that the induction did not adequately prepare them for their role and all were in agreement to have simulation embedded into the induction programme. We designed six scenarios based on common O&G presentations and used Trust Protocols (consenting, postnatal ward round checks, bleeding in pregnancy) as a guide for best practice. The programme was delivered to two cohorts (total of 12 trainees) in December 2021 and April 2022. During the new simulation-based induction, trainees completed a pre- and post-programme questionnaire which measured self-reported changes in confidence levels, O&G knowledge, and departmental protocols via a 5-point Likert scale. The questionnaire also explored their expectations of the day, whether they were met, and if this programme should feature permanently in the O&G departmental induction. These responses were analysed using the framework analysis.

Results: Quantitative results revealed: increased confidence (+80%; p<0.001), decreased anxiety (-53.4%; p<0.001), increased knowledgebase (+50%; p=0.003), increased knowledge of Trust protocols (+82.6%: p=0.001), and all 12 participants were able to locate them when needed. Analysis of qualitative results revealed common themes of improved confidence, increased knowledgebase, clearer expectations of their job roles, and 100% of participants agreed that simulation should form a permanent part of their induction. Furthermore, their expectations of the programme were met was confirmed by the thematic analysis of participants' expectations before and after the induction.

Conclusion: We recommend the use of simulation in departmental inductions as it is essential in improving trainee confidence; increasing their knowledge of common O&G presentations and of Trust protocols and procedures, and of their roles within the department.

REFERENCE

1. Lateef F. Simulation-based learning: Just like the real thing. Journal of Emergencies, Trauma and Shock. 2010;3(4):348.

INTRODUCING MEDICAL EMERGENCY SIMULATION TO 'PREPARATION FOR PRACTICE' FOR FIFTH YEAR MEDICAL STUDENTS

Victoria Connolly[1], Aine Rafferty[1], Sophie Murtagh[1], Julie Lua[1], Rachael Allen[1], Danielle Thornton[1]; [1]*Southern Health and Social Care Trust, Craigavon, United Kingdom*

Background: We introduced a pilot of medical emergency simulations using a high-fidelity manikin to fifth year medical students. These students were undertaking 'Preparation for Practice' two months before they started as junior doctors in the UK. The University specified a number of medical emergencies that students should experience during this time, but the timing of these can be sporadic leading to a lack of student exposure. High-fidelity simulation has been shown to lead to higher retention of knowledge and skill in the longer term within medical students compared to lecture alone [1], while increasing confidence and performance of learned skills when applied to real patients [2]. The aims of this project were to increase student exposure to medical emergencies, improve confidence, and ability to manage acute emergencies, and improve patient care and outcomes.

Methods: Our cohort were 42 fifth year medical students who had passed final examinations and were undertaking 'Preparation for Practice' in a district general hospital. There were varying levels of previous simulation exposure within these students. There was no previous simulation incorporated into 'Preparation for Practice'. The in-person scenarios included recreating life-threatening conditions on a high-fidelity manikin that can closely mimic a human presentation. The scenarios correlated with the core medical emergencies specified by the University for students to experience, discuss, and record in their logbooks. A session had four students, with four medical emergency scenarios per session. Each student was lead for one scenario, helper for another, and then observed two further scenarios. The lead student assessed the patient, initiated management, and prescribed in real time. There was discussion and feedback at the end of each scenario. Afterwards, students anonymously filled out an online feedback questionnaire.

Results: We assessed confidence regarding management of medical emergencies pre- and post-simulation via a subjective rating scale. The data collected from students demonstrated an overall improvement in confidence by 25% after the high-fidelity simulation. 95% stated they felt confident in their ability to manage the case mix presented to them as a junior doctor after the session. 95% felt there was a role for simulation training within 'Preparation for Practice'.

Conclusion: We believe that simulation should be a core part of university curriculum, particularly in the transition period from medical student to junior doctor. We plan to incorporate this to future 'Preparation for Practice' programmes at our hospital, whilst bringing the idea to the University for consideration at other sites.

REFERENCES

1. Waters PS, McVeigh T, Kelly BD, Flaherty GT, Devitt D, Barry K, Kerin MJ. The acquisition and retention of urinary catheterisation skills using surgical simulator devices: teaching method or student traits. BMC medical education. 2014;14(1):1–8.
2. Tuggy ML. Virtual reality flexible sigmoidoscopy simulator training: impact on resident performance. J Am Board Fam Pract. 1998;11(6):426–433.

MENTAL HEALTH ASSESSMENT – A 360° STUDENT EXPERIENCE

Jasmine Snowden[1]; [1]*Bournemouth University, Bournemouth, United Kingdom*

Background: We have been developing 360° simulated practice videos for healthcare science students. The students who have taken part in the filming and watched the videos provided feedback on whether this would benefit their learning. We are doing this to continue to strive forward with innovations in virtual learning in line with Health Education England [1]. The simulation-based videos have been created to add to the healthcare sciences units to aid in 'real-life' teaching styles, to help build confidence and resilience in healthcare students, and to provide multidisciplinary, patient-focused scenarios that can be included in assessments [2].

Methods: First and third-year paramedic students took part in mass casualty scenarios filmed at our student's union building. They worked with Critical Care Practitioners, Academics, Nurses in practice, and the

National Ambulance Resilience Unit to create handover videos involving assessing casualties to create videos for other healthcare professionals. Follow-up videos were then filmed on the 360° cameras in the simulation suites to represent an accident and emergency environment as this is where mental health crisis assessments can take place. The adult psychosis presentation was filmed and shows 'psychiatric liaison nurses' played by second-year MSc and BSc mental health students assessing the person with suspected psychosis and making clinical decisions. The scenario mental state examination and the case study were scripted. Students could view the 360° videos using virtual reality headsets such as the Oculus Rift [3]. The student feedback evaluation data was collected via an online survey and focus group discussions (FGDs).

Results: A survey was completed with n=30 students across all fields of nursing students and paramedic students. The student FGD evaluations were very positive about alternative simulated learning styles with one student quoting 'It will make an assessment of mental health patients a lot easier for students using appropriate tools and models'.

Conclusion: Students found that simulation-based learning experience is an excellent addition to traditional learning approaches as it met the requirements for different learning styles. This research project brought together academics and practitioners from across practice and university. Future work should build on these resources based on feedback from students and service users.

REFERENCES
1. National Health Service/Health Education England. 2020. A national vision for the role of simulation and immersive technologies in health and care. https://www.hee.nhs.uk/sites/default/files/documents/National%20Strategic%20Vision%20of%20Sim%20in%20Health%20and%20Care.pdf [Accessed on 17/06/2022]
2. ASPiH/HEE. 2016. Simulation-based Education in Healthcare Simulation-Based Education in Healthcare (aspih.org.uk) [Accessed on 17/06/2022]
3. Topal review: NHS. 2019. Preparing the healthcare workforce to deliver the digital future. https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf [Accessed on 17/06/ 2022]

PROMOTING THE USE OF SIMULATION-BASED EDUCATION IN GP SURGERIES THROUGH THE DEVELOPMENT OF A NEW LOCAL NETWORK OF PRIMARY CARE SIMULATION EDUCATORS

Richard Jefferies[1], Kerri MAgnus[1]; [1]*BNSSG Training Hub, Bristol, United Kingdom*

Background: Simulation-Based Education (SBE) is a widely used educational tool in healthcare, but with a skew to secondary care. Our work is part of a growing movement to bring the benefits of SBE into primary care [1]. There is an expanding and diversifying number of staff groups in general practice, with the potential to bring additional expertise and experience to benefit primary care patients; notably the Additional Roles Reimbursement Scheme is bringing new paramedics, pharmacists, physiotherapists, physician's associates, and social prescribers, among others, into the traditional primary care workforce. There have been significant challenges in embedding these new roles, creating a sense of belonging, forming new ways of multi-disciplinary working, as well as understanding of their strengths and training needs [2]. The aim of the programme is to build a sustainable local network

of simulation practitioners to continue to deliver in-situ simulations to the general practice teams. This will contribute to the training and education of clinicians, improving patient experience and safety, and embracing the broadening and expanding primary care workforce.

Methods: We are training a network of 'Simulation Ambassadors' to work in local Primary Care Networks – clusters of practices serving up to 100,000 patients – to bring SBE to primary care teams, enabling training and education targeted to local needs, in multidisciplinary settings, including established and new staff groups. This has the intended benefit of allowing focused training sessions in GP practices, fostering closer working relationships between members of different staff groups while sharing knowledge and learning between these different groups.

Results: 6 'Simulation Ambassadors' have received training to deliver and debrief simulation sessions and are further supported by a Primary Care Simulation Fellow, who provides resources, mentoring, and fosters a community of practice. The simulation sessions cover a range of topics including 'acute' scenarios (e.g. the unwell patient in a waiting room), as well as scenarios focused on consultation and communication skills (e.g. safeguarding, explanations and diagnoses of chronic pain conditions, paediatric asthma management).

Conclusion: We have encountered several challenges during this process, including the novelty and unfamiliarity of simulation in primary care, and the difficulty of asking already stretched staff to dedicate time, either as educators or learners, away from direct clinical care. As the programme rolls out, we intend to demonstrate the value of simulation as an educational medium and will encourage wider use locally within Primary Care.

REFERENCES
1. Akram M and Ismail F. Simulation training in primary care. InnovAiT. 2017;10(12):765–767.
2. Baird B, Lamming L, Beech J, Bhatt R, Dale V. Integrating additional roles into primary care networks, Kings Fund report, 2022.

A STUDY INTO THE PERCEPTIONS OF PRE-REGISTRATION NURSES' USE OF MENTAL SIMULATION FOR LEARNING CARDIAC ARREST SKILLS

Nick White[1], James Rumbold[1], Iain Garner1; [1]*Sheffield Hallam University, Sheffield, United Kingdom*

Background: Pre-registration nurses (students) must be prepared to be part of a cardiac arrest team at a moment's notice. Basic Life Support (BLS) must be performed proficiently and accurately. Proficient performance relies on repetitive practice, but time without practice results in skill decay [1]. Mental simulation offers the opportunity for repetitive, solitary, deliberate practice. Mental simulation is a quasi-perceptual experience in the absence of stimuli and overt physical movement [2]. Mental simulation has been well researched within healthcare education with promising results. Mental simulation has previously been shown to objectively improve performance of cardiopulmonary resuscitation (CPR) skills [3]. We aim to: 1) understand how participants integrate mental simulation into their busy lives over several weeks; 2) understand how the participants experience imagining a cardiac arrest and what this means