Results: Feedback from learners about the Programme has been positive. This is not a research project so we will not be presenting 'data'. A result in progress is rolling Wood Brooke out to other Programmes, including Medicine and Dentistry, as part of curriculum review. Discussion may focus on the potential benefits of healthcare students having shared visibility of patient narratives/experiences where that patient is accessing care under more than one service.
Conclusion: Inclusivity and designing a 'community' reflective of the population has been central. The vertical development of patient narratives over several years enables adaption of the programme to meet new priorities and needs (including, e.g., shift to remote working for COVID-19, and evolving patient demographics).

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DESIGNING LEARNING SIMULATIONS FOR COGNITIVE ABSORPTION

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Background: 'The future of learning is immersive. In the future, learning will take the shape of a story, a play, a game; involving multiple platforms and players; driven by dialogue and augmented with technology, an interplay of immersive experiences, data, and highly social virtual worlds' [1]. Our simulation was designed to raise aspirations as to what is 'possible' for our wider faculty as we expand our simulation-based education (SBE). The 'Godzilla' multi-casualty exercise offered a fun and engaging theme to the serious focus on student development and assessment. Facilitated at a music venue enabling creative visual and audio backdrops, to a dynamic and immersive learning space. This exploited sensory boundaries in the form of challenging environments, whilst focusing expectations for our student cohorts to demonstrate clinical praxis. The directing staff (DS) included academics, Critical Care Practitioners, Nurses, and Paramedics who ensured a multidisciplinary overview of students' safety and feedback discussions, appraising decision making, treatment, and management of multiple patient scenarios.
Methods: Drawing upon the multimedia and interdisciplinary expertise from the faculty, a holistic set of skills brought together the creation of an authentic educational experience, with the evaluation of the students against clinical expectations of a modern healthcare response. The main points of contact were at 'handover' post patient extraction and assessment, to senior clinicians. This exercise modelled inclusive approaches, reflected in the seminal Delphi study that identified requirements and opportunities in Immersive Learning namely: Facilitating Authentic Learning Experiences and Developing the Capabilities of the Future Workforce [1]. This approach aligns with the NHS Simulation Strategy [2] but also with the psychological concept of flow and deep absorption in learning proposed by the Open University Innovating Pedagogy report [3]. Premised on the innovation of best learning moments, our student tasks were designed to engender deep involvement through memorable learning activities.
Results: 36 level 4 Paramedic students and 24 level 6 Paramedic students undertook the simulated challenges. Facilitators and learners reported high levels of satisfaction and attainment of praxis. Comparisons were recognised between cohorts that informed future adaptations and design, evaluating tasks for future ambitions, fusing interdisciplinary endeavours.
Conclusion: This successful exercise met the key learning objectives and students identified this as a 'memorable' point in their learning. Inclusion of our allied health professions had handover scenarios filmed with 360° and conventional cameras, and videos were edited for future curricular inclusion. The learning from this inaugural event will inform the diversity and complexity of future tasks set for students. Further feedback capture methods will be used to quantify further investment into future simulation-based educational endeavours.

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THE AWARE PROJECT (FAMILIARITY WITH WORKPLACE AND RESUSCITATION EQUIPMENT)

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Background: Doctors joining Emergency Departments (ED) have individual training needs based on their experience and background of working in different countries or hospitals, and a large proportion of junior doctors work for less than a year in a single ED. We designed the AWARE project to analyse the challenges associated with familiarity with the physical workplace and resuscitation equipment for doctors new to an ED environment. The goals of the project were to assess the diverse learning needs [1], impact of unfamiliarity with environment and equipment on physician confidence, ability to participate in resuscitation scenarios, and to develop a simulation-based intervention to support new doctors in ED.
Methods: We developed a questionnaire for multidisciplinary staff to explore problems with workplace unfamiliarity and its impact on different aspects of performance during resuscitation. We included questions (tailored to professional background) about the management of resuscitation and the location of vital equipment under the broad headings of: preparation, airway, breathing, circulation, and other critical interventions.
Results: We collected 104 completed questionnaires (67 from doctors, 37 from nurses). Over 90% of staff felt that lack of workplace familiarity negatively affects performance and leads to delay in performing procedures. 92% of the nurses felt that it was easier and more efficient to work with doctors who were familiar with the workplace. Quantitative data revealed issues with locating equipment such as: