work in delivering patient care. There is international agreement that pre-registration healthcare students should experience interprofessional education (IPE) to prepare them for practice [1]. Within the United Kingdom, Higher Education Institutions (HEI) are embedding IPE as part of pre-registration curriculums. The aim of this project was to develop and evaluate an interprofessional clinical simulation course to explore the concepts of teamwork. The course was delivered to pre-registration medical, nursing, and pharmacy students.

Methods: A group of interprofessional simulation educators from three HEIs in the West of Scotland worked collaboratively to develop the intended learning outcomes (ILO) and design the simulation-based course. During the course, up to six students (three medical, two nursing, and one pharmacy) worked in a simulated medical ward scenario to prioritise and deliver care to patients. Following the session, interprofessional faculty co-facilitated a structured debriefing. The 'Plus/Delta' model of debriefing [2] was used and output analysed using qualitative content analysis. Ethical approval was granted by University of Glasgow medical school ethics committee to evaluate the learning experience utilising a mixed methods approach.

Results: A total of 65 courses were delivered over eight days with 232 student participants (178 medical, 33 nursing, and 21 pharmacy students). A framework for content analysis was developed using the ILOs which was used to code the take-home messages (THM) recorded as part of each debriefing. There were 148 THM that related to teamwork and collaboration. A further 51 THM were related to understanding what each team member brings to patient care. Finally, 53 THM related to factors that may influence teamwork such as feeling afraid, resulting in a lack of confidence.

Conclusion: Evaluation of the THM suggests that the ILOs were met. It is recognised that to enable healthcare professionals to work together to deliver safe, effective patient care, they should learn together. Delivering IPE to pre-registration healthcare students builds a foundation for life-long interprofessional learning.

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FEEDBACK ON AN ETHICS AND MULTIDISCIPLINARY TEAM (MDT) SIMULATION WORKSHOP FOR FOURTH-YEAR MEDICAL STUDENTS IN HEALTHCARE OF LATER LIFE

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Introduction: Fourth-year medical students undertook five weeks of clinical placement in healthcare of later life (HCOLL: Geriatric and Stroke Medicine, and Old Age Psychiatry). These specialities manage older patients with complex medical and psychosocial needs, often resulting in challenging ethical dilemmas [1]. Hence, effective multidisciplinary teamwork and communication with patients and their next-of-kin (NOK) become essential in delivering person-centred care. We aimed to provide a safe environment for the participants to have in-depth discussions on some of these ethical issues, develop relevant communication skills, and better understand the roles of the Multidisciplinary Team (MDT) members in HCOLL.

Methods: We conducted fourteen half-day sessions between August 2021 and May 2022. Each session involved small-group discussions facilitated by educators/specialists from HCOLL background. The participants were presented with four scenarios relating to the hospital admission of an older patient following an acute stroke. Their tasks included:

- Obtaining a collateral history from the NOK, which was role-played by a simulated participant. Initially the simulated participant would join the sessions via MS Teams due to COVID-19 physical distancing rules. However, since April 2022 the sessions transitioned to face-to-face encounters.
- Discussing capacity assessment and communicating Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision to NOK.
- Discussing Advance Decision to Refuse Treatment (ADRT).
- Discussing the ethical/medico-legal issues surrounding artificial feeding including discussing feeding at risk with NOK.
- Discussing the role of the MDT in the discharge planning process and communicating discharge plans with NOK.

Results: 143 participants completed the pre- and post-workshop questionnaires. An overwhelming majority (93.5%) reported increased understanding of ethical issues and the roles of the MDT within HCOLL after the workshop and improved confidence in having difficult discussions with patients and their NOK. The DNACPR and risk-feeding scenarios stood out the most for the participants, with the majority describing it as 'very challenging but useful.'

Conclusion: The joint simulation workshop is an effective method of improving medical students' understanding of the MDT and common ethical dilemmas within HCOLL as well as their confidence when addressing these issues.

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IMPROVING EMOTIONAL PREPAREDNESS BY INTEGRATING MOULAGE INTO SIMULATIONS

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Background: Diagnostic radiography students find working with patients that have suffered trauma or are severely ill, particularly challenging [1]. There is potential for vicarious trauma and poor reactions or behaviours to have a lasting negative impact on the patient. The practice of emotional labour is used to display an organisationally acceptable demeanour; however, this is associated with burnout [2]. This research aimed to evaluate the use of a simulation using moulage in preparing students for these encounters in advance of clinical placement.

Methods: This research used a longitudinal quasi-experimental design and mixed methods approach. Data collection involved two consecutive first-year cohorts starting in 2018 and 2019. Students (n=97) were randomised into a control and simulation group. The simulation group