supported the imaging of a patient who had suffered an open fracture. Quantitative data was collected before and during placement using Visual Analogue Scales (VAS) to measure students' feelings. Qualitative data was collected at two stages. Firstly, twenty-four small focus groups (n=5) were conducted at the debriefing stage of the simulation and were thematically analysed. Secondly, semi-structured interviews were conducted with students (n=7) following their experience of seeing an open wound in clinical practice. These were analysed using Interpretative Phenomenological Analysis (IPA). All three stems of data collection were triangulated to identify new meta-inferences.

Results: Statistically significant changes were identified following the simulation, with improved emotional preparedness and a reduction in negatively valenced emotions. Six themes were identified following the simulation: emotion, realistic simulation, pain, difficulty communicating, developing teamwork and patient-centred care. Five superordinate themes emerged from the IPA interviews: experiencing a new environment, navigating new relationships, preparation, engagement with wound, and emotional management. Three meta-inferences were established: simulation to reality, knowledge is power, and emotional support.

Conclusion: The simulation provided a safe space to encounter an open wound ahead of clinical practice, reducing students' anxiety and improving their emotional preparedness. The use of moulage enhanced the authenticity of the simulation promoting a similar emotional reaction to those experienced in a real situation. Students gained a better understanding of their role in providing quality patient-centred care, allowing them to consider adjustments to their practice and behaviours before working with real patients. Peer support and teamwork were developed through the simulation, and this was sustained into clinical practice. Evidence indicates the implementation of a simulation using moulage, would have a positive impact on emotional labour, improving the student and patient experience.

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THE IMPORTANCE OF THE MODERATOR-TECHNICIAN ROLE IN THE ONLINE SIMULATION REVOLUTION

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Background: Maudsley Simulation has successfully pivoted to digital delivery of mental health simulation-based education (SBE) and developed a growing portfolio of digital courses, having trained over 2,000 participants online since 2020. During this time, the team have identified new training needs for faculty and technicians, to successfully adapt to online delivery of SBE. The Moderator-Technician role has emerged as essential in managing the many challenges relating to participant engagement, which is crucial to success and long-term knowledge retention [1]. These challenges include infrastructure availability, online comfort, and creating a psychologically safe space.

Methods: To reduce the technical burden during courses, there was a front-loading of responsibility to participants by specifying the technical requirements by email in advance. This pre-course intervention also ensured specialist access needs could be met, such as implementing live captioning for a hearing-impaired participant. Moderator-Technicians played an active and assertive role during digital deliveries and were responsible for welcoming participants and delivering a platform orientation and troubleshooting session. Participants were supported with Audio-Visual connectivity, which helped to ensure that technical issues did not derail the fluency of the delivery. The process of building psychological safety and creating online comfort was also an important component of the introductory session, which included talking participants through online etiquette, the importance of visibility, recording of the session, and use of direct message functionality within the Zoom platform. The limitations of online training were also acknowledged. Course participants were asked to complete pre- and post-course evaluation forms which included quantitative feedback on the technical components of online simulation courses.

Results: The end of day participant feedback was overwhelmingly positive about the online experience. Out of 332 participants, 95% reported benefits of having a Moderator-Technician, with emerging qualitative themes around finding it easier to engage due to clear guidance from the Moderator. A total of 94% reported a good experience in terms of platform accessibility.

Conclusion: Online simulation has emerged as a valuable modality for mental health simulation-based education (SBE) and the Moderator-Technician role has proven to be indispensable in maximising engagement and reducing cognitive load for facilitators. Further research is needed to assess the value of the Moderator-Technician role in online simulation. Moderator-Technicians should continue to harness new technologies to further enhance engagement and support sustainability. For example, trialling the use of mixed modality simulation through hybrid learning delivery.

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MEDICAL SIMULATION FOR REFUGEE DOCTORS IN WALES

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Background: There are more than 600 refugee doctors living in the UK, who face many obstacles on the path to the General Medical Council (GMC) registration [1]. Assisting this group to pass the GMC required examinations, the Professional and Linguistics Assessment Board (PLAB), not only helps displaced individuals find fulfilling and dependable employment, it would also contribute to alleviating the shortage of doctors in the UK. In Wales, refugee doctors receive classroom teaching of English language and some UK medical concepts, but practical training and clinical opportunities remain limited. Simulation-based training is long established in providing practical medical education [2]. Our goal was to set up a