communication and leadership, which are instrumental in improving clinician confidence and patient outcomes.

Future direction should look to include awareness and implementation of human factors within mainstream simulation to effectively replicate real time clinical scenarios & pressures.

Table 1-A40: 10 questions were devised to assess confidence relating to practical aspects of human factors in healthcare with regards to teamwork, communication, and leadership. Following paired data analysis, we found a statistically significant improvement in confidence in all areas investigated.

Question – On a scale of 1-10 rate your confidence in: -	Pre course	Post course	*p* value
Constructively managing others' negative emotions at work	6.1	7.8	<0.001
Requesting help from colleagues in other professions	8.0	8.6	<0.001
Communicating effectively with a colleague with whom you disagree	5.9	7.6	<0.001
Prioritizing when many things are happening at once	6.2	7.9	<0.001
Speaking up as part of a team to convey what you think is going on	6.2	8.2	<0.001
Involving colleagues in your decision-making process	7.4	8.3	<0.001
Dealing with uncertainty in your decision-making process	6.0	7.5	<0.001
Asking other team members for the information I need during a busy ward environment	6.8	8.0	<0.001
Recognizing when you should take on a leadership role	6.0	7.9	<0.001
Monitoring the 'big picture' during a complex clinical situation	5.8	7.7	<0.001
Anticipating what will happen next in clinical situations	5.7	7.6	<0.001
Working effectively with a new team in clinical situations	6.6	8.1	<0.001

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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TECHNOLOGY

A41	**IMPLEMENTATION OF VIRTUAL CLINICAL EXPERIENCES FOR MYANMAR MEDICAL STUDENTS: A PILOT ROLLOUT OF REMOTE-SYNCHRONOUS SIMULATION**

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Background and aim: Severe disruptions have plagued Myanmar's undergraduate and postgraduate medical education – firstly with the Covid-19 pandemic and later with a military coup d'état in February 2021. In the wake of the current humanitarian and political crisis, many medical students partaking in civil disobedience have been driven underground for fear of retribution. Foregoing bedside teaching and crucial clinical learning opportunities in hospitals – for online education through teleconferencing and live broadcast via social media. To scale up these efforts the Global Health Education Group's (GHEG) novel XR platform was piloted to provide remote clinical experiences streamed to Myanmar students with the help of diaspora doctors and virtual patients in the UK [1].

Methods: The pilot held over a 4-day period in February comprised 4 Virtual Clinical Experience (VCE) sessions each covering two simulated patient scenarios related to the following disciplines: Medicine, Surgery, Obstetrics and Gynaecology, and Paediatrics. Each session had an introductory, consultation, and debrief phase that ran for 1.5 – 2 hours altogether. This was held on GHEG's newly developed Virtual CP platform [2], which enabled the students to view a live stream of the consultation with the patient-actor through the clinician's smart glasses and provided the opportunity for real-time interaction.

Results: The sessions were successfully delivered to 400 students from across 5 Myanmar Universities. The student's satisfaction was assessed using an anonymous feedback form that was disseminated; a total of 38 responses was obtained which was overwhelmingly positive. 76.3% of the respondents rated the session to be 'helpful' or 'extremely helpful' and 68.4% rated the session to be representative of a real clinical experience. On a scale out of 10, 57.8% of respondents rated the VCE platform a 6 and above on ease of use. Technical difficulties did arise affecting 68.4% of respondents, although free text feedback purported they were promptly addressed in subsequent sessions.

Conclusion: Synchronous remote learning through virtual clinical experiences can be used to address the dearth of clinical opportunities afforded to medical students in Myanmar.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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2. https://www.gheg.org/virtual-clinical-experiences

DESIGN

A42	**A PALLIATIVE CARE SKILLS STUDY DAY IS AN EFFECTIVE WAY OF MEETING PALLIATIVE CARE REGISTRAR CURRICULUM DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) REQUIREMENTS**

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Background and aim: The new Speciality Training curriculum for Palliative Medicine from August 2022 identifies key procedural skills that, for the first time, can be performed in a simulation (SIM) skills lab to demonstrate proficiency [1]. These include tracheostomy care, managing non-invasive ventilation (NIV) and the management of indwelling ascitic drains. These skills can be difficult to acquire in non-hospital settings like hospices and in the community. A bespoke, pilot palliative care skills day was organized to assess the suitability for theory, skills training and subsequent opportunity to demonstrate proficiency by sign off against curriculum competencies.

Methods: A total of 11 palliative care trainees from the Northern Deanery attended a pilot SIM study day in March 2023. Three parallel workshops were planned – tracheostomy care, the insertion and management of ascitic drains and managing NIV. Each workshop was delivered by local experts in the area (non- palliative care professionals) with experience of teaching and training other professionals. assessing internal medicine trainees. Trainers were briefed on learning outcomes prior to the session by two palliative care consultants, and the clinical context of each session was set within relevant palliative care environments for e.g. the care of a patient in a hospice, in the community or in a hospital.

Trainee confidence was assessed before and after SIM training with the use of 10-point Likert scales and free text comments.

Results: Overall self-reported trainee confidence and competence scores increased for all three workshops (Paracentesis 7 to 8.8 out of 10, NIV 4.5 to 8.6, tracheostomy care 3.8 to 8.9). All trainees agreed it was an effective and educational way of addressing curriculum objectives; and agreed it should be a rolling programme offered regionally. Trainees commented on the positive learning environment, the small group sizes, the benefit of being taught by experts and having the opportunity to be assessed for curriculum requirements. Trainees who had previously achieved competencies commented on the benefit of refreshing skills. One area for development identified was the lack of standardization on DOPs forms about the level of proficiency required. This will be fed back to the regional training committee for the future. Trainees identified further clinical skills that could be addressed in a skills lab and hence, a second skills day will be organized.

Conclusion: SIM training is an effective tool for delivering training around procedural skills for palliative care registrars. It also brings opportunity to demonstrate proficiency in specific practical skills.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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EDUCATION

A43 | **MAGIC – THE MANAGEMENT OF ACUTE EMERGENCIES IN GP SURGERIES USING *IN SITU* SIMULATION AND CHECKLISTS, PROJECT FINAL PHASE: COMPLETED QUICK REFERENCE HANDBOOK AND PLANS FOR SUSTAINABILITY**

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Background and aim: GP teams manage a wide spectrum of acutely unwell and deteriorating patients, these are unexpected, high risk, low frequency events. Ambulance delays mean patients may need prolonged input prior to transfer. There is little best practice guidance for many emergencies seen in primary care. Evidence from secondary care shows improved non-technical skills when checklists are used in emergency simulations.

We have previously presented early phases of the MAGIC project to design a Quick Reference Handbook (QRH) for GP teams and now present the final handbook along with plans for embedding it in primary care.

Activity: Previous presentations at scientific conferences (ASPiH) covered the Delphi process used to develop the QRH and the pilot training programme incorporating in-situ simulation. We incorporated feedback from 14 GP teams who used the checklists in the context of in situ simulations and used a round of tabletop simulations at six GP practices to finalize the checklists in the handbook.

The development process was guided by the 'CLEAR' principles proposed by Greig et al [1] and the design of the QRH for anaesthetic emergencies [2] which followed human factors principles.

Since completing the GP QRH we have been focusing on plans for sustainability. The QRH will be incorporated into in situ simulation or tabletop exercises [3]. We have written standardized 'MiniSim' scenarios using low fidelity techniques and accompanied by the relevant checklist. They will be uploaded on the iRIS platform to ensure ease of access. We are working with colleagues in GP training hubs around the HEE South-East and South-West regions to embed the QRH and then share the work nationally.

Findings: We have completed a GP QRH including 16 checklists: fourteen to guide clinical actions in acute conditions (Figure 1-A43), one to be used when the diagnosis is unclear, and one to aid non-clinical staff. Additionally, we have included guidance on the use of equipment (e.g. oxygen cylinders and AED) and supporting documents including emergency scoring systems (e.g. NEWS), normal physiological values in children, and a recommended medication and equipment list. These checklists will be made freely available. Feedback on the QRH and in-situ training to date has been universally positive.

Conclusion: Checklists improve non-technical skills and team performance in emergency situations. We have developed the world's first GP QRH to support safer care of emergencies in primary care. The GP QRH will be freely available together with training materials to embed it in practice.