and 'Assertiveness under Pressure' (52%). These ILOs were also the most frequently mentioned in TFMs, 100% (12/12) and 92% (11/12), respectively. All other ILOs were mentioned < 50 % of the time in both participant questionnaires and TFMs.
Conclusion: Zoom and telephone consultations, and manikin-based scenarios can be used to provide effective simulation sessions to improve communication skills. Perception of scenario quality does not always correlate with success in achieving the learning objectives.
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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DESIGN

A84 MEDICAL ESCAPE ROOMS AS A NOVEL APPROACH TO SIMULATION

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10.54531/YXBG7320

Background and aim: Medical escape rooms have risen in popularity for their ability to teach various skills to medical students in a gamified context [1]. We designed two simulation-based medical escape rooms in which students could enhance their clinical and non-clinical skills, and learn about human factors. The escape room mimicked the complexity of a real patient with multiple pathologies, unlike traditional simulation, which usually focuses on one. This created a fun, realistic approach to experiential learning whilst enhancing psychological safety, collaboration, teamwork and communication.
Learning outcomes for the escape room incorporated clinical reasoning, prescribing, data interpretation, synthesis of management plans, practicing effective communication, teamworking, leadership and situational awareness skills. These were mapped to the General Medical Council's outcomes for graduates.
The aim of creating the escape room was to create a realistic complex scenario, incorporate teamworking and clinical and non-clinical aspects of patient care, whilst maximizing engagement and easing the stress of traditional simulation.
Activity: The escape room simulations were themed for Christmas and Valentine's day with an underlying non-medical mission. The simulation was designed to ensure students practiced their A-E assessments. When students made the correct assessments and requested the correct investigations and management, clues would reveal answers to complete a puzzle or unlock a box that would slowly allow them to solve their non-medical mission.
Findings: Feedback was collected from all 40 students who participated in the two escape rooms, using Likert scales and open answer text. 97% of students agreed or strongly agreed that the Escape Room enhanced their clinical reasoning skills. 98% agreed or strongly agreed that the session addressed nonclinical skills e.g. leadership, communication and teamworking and that the session will benefit patient care in future clinical practice. 95% agreed or strongly agreed that the debrief enhanced their clinical knowledge. Students enjoyed treating realistic multiple pathologies and completing several tasks, allowing for prolonged, in depth simulated practice. Students appreciated the teamworking opportunities, quizzes, puzzles and lateral thinking opportunities. They found the Escape Room simulation more fun and relaxing than traditional simulation, yet just as relevant.
Conclusion: The positive feedback validates the potential of medical escape rooms as a unique teaching modality, and the scope to promote teamworking within a complex simulation scenario beyond that of traditional simulation. There is the potential to diversify and use escape rooms to promote interprofessional learning.
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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CONTENT

A85 JAKE'S STORY: TEACHING INTERPROFESSIONAL WORKING THROUGH THE DELIVERY OF A LIVE PATIENT MULTI-DISCIPLINARY TEAM MEETING

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10.54531/NDKH4990

Background and aim: The World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010), states 'Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes' [1]. When healthcare students enter the practice workplace, they are required to work in an interprofessional team and make collaborative decisions to provide safe and effective patient care. With the increasing complexity of patient presentation, increase in life expectancy and disability years coupled with the challenges of resource and delivery within the healthcare system it is vital that practitioners have solid foundational skills in interprofessional working.
To facilitate this healthcare educators are being required to think of innovative, authentic and contemptuous pedagogical tools to demonstrate interprofessional working, collaboration and interdisciplinary role awareness.
Activity: To provide healthcare students with meaningful exposure to interpersonal working educators at Birmingham City University embarked on the design and delivery of a live simulated patient case conference. To promote authenticity the case conference was designed (with consent) around a living patient (Jake) with complex medical and social needs. A team of healthcare educators each took the roles of clinicians from both health, social