met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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EDUCATION

A91 INTEGRATING SIMULATION BASED EDUCATION TO TRAUMA & ORTHOPAEDIC TRAINING: A REGIONAL EXPERIENCE

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Background and aim: In recent years we have seen an exponential increase in the use of simulation-based education (SBE) within surgical training. Early evidence supported initial integration of simulation to Trauma & Orthopaedic (T&O) training [1] with more contemporary evidence focused on refining training methods and technology usage [2,3]. We aim to assess the integration of established as well as novel SBE components within our T&O training programme in Northern Ireland.

Activity: Simulation sessions were introduced to the Northern Ireland (NI) T&O Core Curriculum in academic year 2022/23:

- Trauma Simulation Scenario Training: Pelvic trauma scenarios were delivered to all T&O specialist trainees as part of Core Curriculum teaching in a regional simulation centre. Multi-professional input was sought and delivered by Blood Transfusion Service (Major Haemorrhage Protocol training) and Urological micro-teaching session (traumatic urological injuries in setting of pelvic trauma).
- Arthroscopy Simulation Course: A knee arthroscopy course was developed in conjunction with industry for all T&O trainees in NI utilizing passive haptic feedback arthroscopy simulators. Pre + post simulation surveys were completed assessing educational value, engagement with SBE as method of teaching, desire for further SBE content and suggestions for topics of same. Focus groups of lead educators were set up to plan development of further SBE training within T&O curriculum.

Findings: Trainees reported increased confidence in management of pelvic trauma. Overwhelmingly positive response to integration of SBE sessions to core curriculum with 89% in favour of further multi-specialty simulation training sessions. There was a preference seen within feedback for a variety of SBE iterations with in-situ and operative/ procedural simulation being slightly preferred to scenario-based training. With majority of trainees requesting procedural SBE training as topic for future sessions, Knee Arthroscopy Simulation Course was subsequently developed (to be delivered as part of Core Curriculum in May 2023).

From lead educator focus groups further simulation-based training sessions are planned for development in 2023/24 including shoulder arthroscopy simulation course, rare approaches simulation and advanced supracondylar simulation sessions. Feedback will be sought throughout to ensure training is tailored to needs of trainees as well as curriculum requirements. Recognition of benefits and scope of SBE training within T&O has prompted development of formal simulation trainee role as result of initial regional experience.

Conclusion: Our experience of integrating SBE training methods to T&O core curriculum has been hugely positive with demand amongst trainees high for a wide range of further sessions and courses.

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, QUALITY

A92 SUSTAINED QUALITY IN SIMULATION TRAINING – 'STEP-UP' TO IMT3

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Background and aim: Following the introduction of the 'IMT3' year as part of Internal Medicine Training in 2019, a 'Step-Up' simulation day was developed in 2021. Positive feedback from candidates reflected its usefulness in preparing to work as a medical registrar [1]. The scenarios were conducted with the subsequent cohort of IMT3 doctors and feedback assessed for sustained quality of training.

Simulation is recognized as an important tool in medical education [2]. It is now specified by the Royal College of Physicians that trainees participate in simulation inclusive of human factors and scenario training [3].

Activity: The 'Step-Up' simulation day continues to consist of four progressive, high-fidelity scenarios that replicate a day in the life of a medical registrar. Each scenario occurs in the simulation lab for individual candidates, with peers observing via video-link in the debrief room.

Each scenario requires the candidate to perform a medical assessment of an acutely unwell patient, facilitated by use of the computerized manikin (SimMan Essential), whilst