commentary strongly supporting recommendation to other professionals and anticipation for continued provision.
Conclusion: Although there is no substitute for real-life experience, ACTS has demonstrated multi-disciplinary need for critical transfer proficiency can be met successfully through the provision of dynamic simulation when facilitated by technology, with great scope for future development given the rapidly advancing nature of technological resources.
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.

REFERENCES

1. Dieckmann P, Gaba D, Rall M. Deepening the theoretical foundations of patient simulation as social practice. Simul Healthc. 2007 Fall;2(3):183-93. doi: 10.1097/SIH.0b013e3180f637f5. PMID: 19088622.
2. Rudolph JW, Simon R, Raemer DB. Which reality matters? Questions on the path to high engagement in healthcare simulation. Simul Healthc. 2007 Fall;2(3):161-3. doi: 10.1097/SIH.0b013e31813d1035. PMID: 19088618.

TECHNOLOGY

A102 EMBEDDING ELECTRONIC PATIENT RECORDS INTO ROUTINE MEDICAL SIMULATION TRAINING ACROSS THE SOUTH EAST OF ENGLAND, A PIONEERING REGIONAL COLLABORATION

Andy Buttery[1], Rosie Courtney[2], Alastair Kirby[3], Benjamin Repton[4], Charlotte Roberts[5], **Arron Thind**[6,7]; *[1]Canterbury Christ Church University, United Kingdom, [2]Health Education England, United Kingdom, [3]Kent Surrey Sussex Academic Health Science Network, United Kingdom, [4]Buckinghamshire Healthcare NHS Trust, United Kingdom, [5]Kent Surrey Sussex Academic Health Science Network, United Kingdom, [6]Guy's and St Thomas' NHS Foundation Trust, United Kingdom, [7]SimEPR Ltd, United Kingdom*

Correspondence: arron.thind@gmail.com

10.54531/RAJC2760

Background and aim: Electronic patient record (EPR) systems are increasingly prevalent in clinical settings, yet UK medical simulation training continues to use outdated paper-based methods for training healthcare staff. While published literature has highlighted the training benefits of incorporating EPRs into medical simulation training [1, 2], the transition has previously been hampered by a lack of bespoke software. To address this, a novel educational EPR (named SimEPR) was created, a bespoke training software designed to be used on a computer at the manikin's bedside, which features customizable clinical scenarios (Figure 1-A102).
Aim: This project aimed to incorporate SimEPR into routine medical simulation training in the South East of England, and report trainee experience using the software.
Activity: Feedback data was collected from trainees who used SimEPR as part of their simulation training using an electronic feedback form. SimEPR was initially deployed in a medical school and two NHS trusts from 11th February 2021, before the project was scaled up to six additional educational centres (one university and five NHS trusts) from 3rd January 2023.
Findings: Data from 209 trainees was collected, of which 16% were medical students, 82% were foundation doctors and 2%

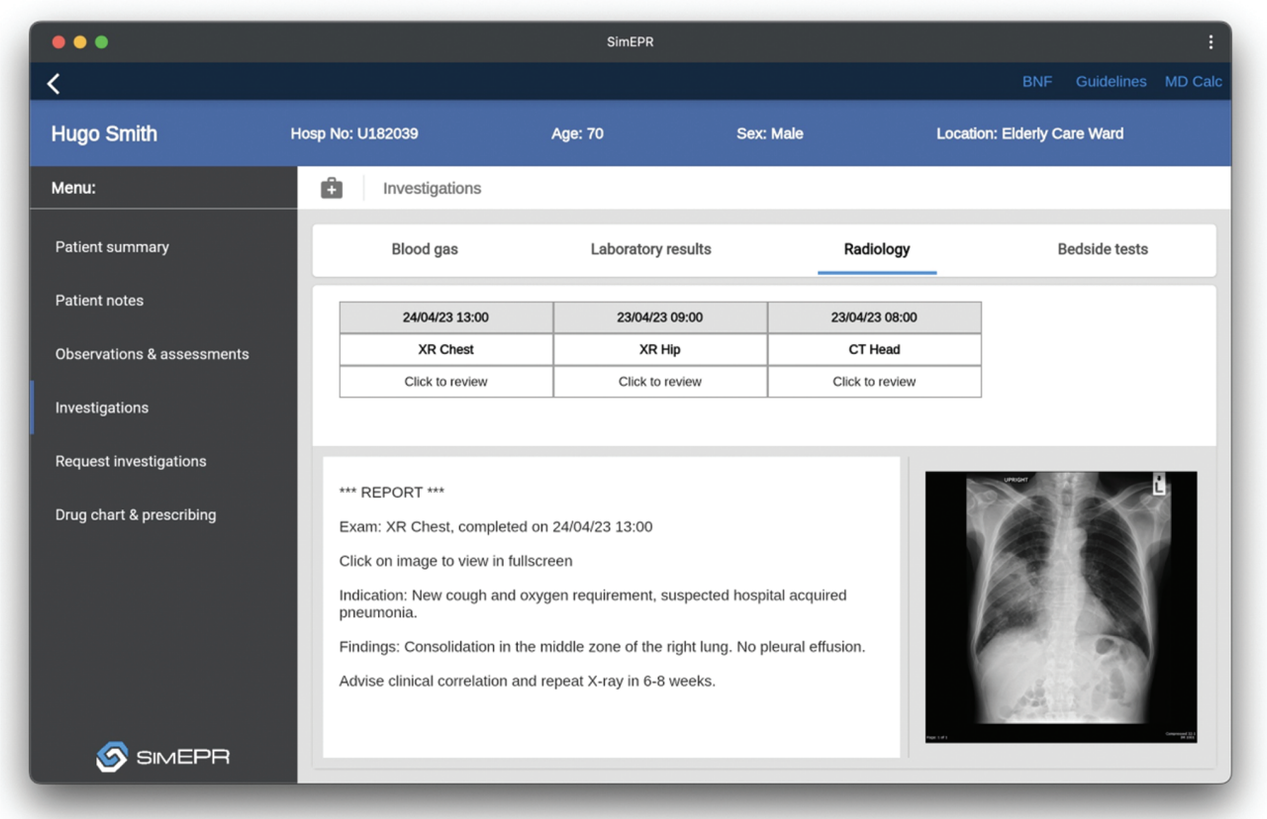

Figure 1-A102: A preview of SimEPR, a novel educational electronic patient record system designed for UK medical simulation training

were post-foundation doctors. Out of these, 86% reported that, compared to using paper notes, the educational EPR created a more realistic training experience. Meanwhile, 83% reported that the use of SimEPR helped improve their clinical learning. Last, 87% reported that they would recommend the simulation department to continue using SimEPR.

Conclusion: SimEPR is the first software of its kind designed specifically for UK medical education, and is the product of collaboration with a number of simulation leads and NHS-affiliated organizations. As well as data supporting a higher fidelity training experience, SimEPR incorporates digital skills into practical training, thus supporting the development of a digitally-ready workforce. In addition, by eliminating the use of paper, SimEPR contributes to the sustainable delivery of simulation-based education. Further evaluation work as part of this pioneering regional project aims to collect pre- and post-training feedback, feedback from medical educators and feedback from other healthcare disciplines.

In the longer term, SimEPR offers to transform the delivery of simulation training for the NHS workforce. The software's 'scenario-sharing' function allows sharing of simulated patient records between institutions, supporting the standardization of training while saving staff time in building training scenarios. Furthermore, features such as performance analytics for trainee feedback, and AI technology to generate interactive scenarios, are being explored.

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.

REFERENCES

1. Wilbanks BA, Watts PI, Epps CA. Electronic Health Records in Simulation Education: Literature Review and Synthesis. Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare. 2018;13(4):261-267
2. Miller D. Board 212 - Program Innovations Abstract Simulating A Day In the Life of an Intern (Submission #414). Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare. 2013; 8(6):468.

EDUCATION

A103 THE FUTURE OF AIDING STUDENT PLACEMENT EXPANSION: IS IT SIMULATION, IS IT SUSTAINABLE?

Shona Hill[1], **Ben Hester**[1], Ashley Duzy[1], Lenny Kistler[2], Racheal Bolton[2]; [1]*Somerset Foundation Nhs Trust, Taunton, United Kingdom,* [2]*University of the West of England, Bristol, United Kingdom*

Correspondence: ben.hester@somersetft.nhs.uk

10.54531/ZZAL2905

Background and aim: In recent years many Higher Education Institutions (HEIs) have recognized the benefits of Simulation Based Education (SBE) and incorporated it into their teaching programs, in some cases utilizing it to replace traditional 'clinical placement' hours [1]. This has been catalysed by the COVID-19 pandemic whereby there has been unprecedented demands on NHS services, forcing the industry to offer alternative placement models [2].

Aim: To contribute to placement expansion by offering a simulation-based student placement.

Activity: We created a six week non-clinical, simulation placement designed to host two Physiotherapy students. The overarching objective of this placement was to enable students to create and run their own simulation training session by their final week. They were based in the simulation team and networked with other students and clinicians to guide their research and planning.

We collated feedback from the students at the end of their six-week placement via anonymous, online Microsoft feedback forms.

Findings: Throughout 2022 we ran this placement twice and collated data from the 4 Physiotherapy students, all who were in their second year of study.

Thematic analysis suggested the most common skills students felt they gained were soft skills (i.e. organization and prioritization) and development of varied communication styles. Additional themes that were mentioned included simulation specific skills. There were two areas where students felt they were unable to develop due to the placement communicating with 'real' patients and clinical note writing.

Students were asked to score their clinical knowledge relating to their chosen simulation topic area at the beginning and end of the placement. Scores increased from 'Good' (2 students) and 'Average' (2 students) at the beginning of the placement to 'Good' (1 student) and 'Very Good' (3 Students) at the end of the placement.

Qualitative themes suggested the students felt the overall variety of activities and exposure to clinical scenarios/teams they may not have seen before was unique to this placement and both enjoyable and valuable.

Conclusion: Previous studies have identified misconceptions relating to the purpose of simulation and its aims [1]. Our data reflected this concept as students rated their knowledge of simulation at the beginning of the placement as 'Very Minimal'. However, our placement offering has proven to successfully increase this awareness and offer the opportunity to develop transferable skills and clinical knowledge in a way that is both exciting and aids placement expansion whilst incurring minimal cost.

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.

REFERENCES

1. Bridge P, Adeoye J, Edge CN, Garner VL, Humphreys A, Ketterer S, et al. Simulated Placements as Partial Replacement of Clinical Training Time: A Delphi Consensus Study. Clinical Simulation in Nursing [Internet]. 2022 Jul [cited 2023 April 24] 68: 42-48. Available from: https://doi.org/10.1016/j.ecns.2022.04.009.
2. Taylor N, Wyres M, Green A, Henessey-Priest K, Phillips C, Daymond E et al. Developing and piloting a simulated placement experience for students. British Journal of Nursing [Internet]. 2021 Jul [cited 2023 April 24] 30 (13): S19-S24. Available from: Developing and piloting a simulated placement experience for students - PubMed (nih.gov)

TECHNOLOGY

A104 A VIRTUAL MUSCULOSKELETAL CASE HISTORY SIMULATION WITH SERVICE USERS FOR PRE-REGISTRATION PHYSIOTHERAPY STUDENTS

Carol McNally[1], Katy Baines[1]; [1]*Oxford Brookes University, Oxford, United Kingdom*

Correspondence: camcnally@brookes.ac.uk

10.54531/WZQJ2908