

longer-lasting beneficial impacts on both education and clinical care.

Aim: Our aim was to demonstrate the feasibility of utilizing a novel approach to interactive, online simulated history-taking.

Method/design: The session was designed for students attending a virtual work-experience programme and is founded upon gamification principles. History-taking is a humanistic social process requiring effective communication skills and recognition of verbal and non-verbal cues. The session enabled students to directly instruct a passive clinician to take a history from a simulated patient actor, incorporating both verbal and non-verbal actions. This novel teaching method is analogous to Freire's work, highlighting the importance of the learner being an active participant, thus enabling experiential learning ^[2].

Implementation: This interactive approach required a simulated patient actor, a passive clinician and a verbal instructor to be present. Students were presented with a case scenario and viewed the interaction between the simulated patient actor and passive clinician online via a video conferencing service (in this case, Zoom). Students provided instructions to the passive clinician using the typed chat function. These typed instructions were relayed by the verbal instructor to the passive clinician via an earpiece and the passive clinician would then embody these instructions. This allowed students to work as a group to directly elicit a history and witness their instructions being actioned. Examples of instructions included questions to verbalize, adjustments to body language and alteration of the tone of voice. Following good student instruction, the passive clinician gradually grew in competence and confidence throughout the scenario, thus allowing real-time, interactive feedback of their history-taking approach. The session concluded with a reflection of the communication traits that helped to gain an effective history from the patient using a debrief model.

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THE EFFECTIVE MANAGEMENT OF RESOURCES IN A BUSY SIM CENTRE

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Background: The efficient working of a busy, multi-faceted Healthcare Simulation Centre that caters to many different stakeholders requires a repertoire of protocols and procedures. Standard Operating Procedures (SOPs) ensure all resources are managed as effectively as they can be so that teaching can be continuously delivered at the optimum level.

Aim: The aim of this wide-ranging project was to devise a collection of SOPs and accompanying files that regulate the efficient management of resources in a Sim Centre.

Method/design: A template for SOPs was created, with entries for background, purpose, scope, procedures etc. ensuring each SOP would meet a universal standard for the department. They also must be approved by the Simulation Manager and reviewed annually. Accompanying documents, spreadsheets and online forms to facilitate that the processes outlined in the SOPs would also have to be created.

Implementation outline: The SOPs include maintenance and servicing of equipment, loaning of equipment, booking of equipment for teaching and self-directed practise, inventory, management of Simulation spaces and storage areas, stock-taking and ordering of consumables. A suite of instructional documents, data management spreadsheets and online forms have been prepared and are updated regularly in accordance with the procedures outlined in the SOPs. Much of what simulation staff do is learned on the job and losing that institutional knowledge can be devastating for a program. To combat this the SOPs capture the essential steps to efficiently run our centre. The SOPs are useful tools to communicate the correct way of carrying out an activity and are used to orientate and train new technical staff in our centre. Importantly, the SOPs are an integral part of our quality enhancement process, updated regularly, and used to communicate innovations and improvements amongst the wider centre user community. These SOPs and associated resources will be made available to the simulation community upon request.

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A VIRTUALLY PERFECT DEBRIEF? THE UNDERGRADUATE COVID-19 SIMULATION CHALLENGE

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Background: Feedback from undergraduate medical students recognizes high-fidelity immersive simulation-based education (SBE) as an opportunity to put clinical reasoning and behavioural skills into practice whilst guaranteeing patient safety. The tool used in SBE to bridge event experiences with meaningful reflection is the debrief. Debriefing is a facilitated reflection to guide learners through a process of detecting performance issues and exploring rationales for behaviours ^[1]. A systematic review of high-fidelity simulation literature identified feedback, including debriefing, as the most important feature of SBE ^[2]. During the COVID-19 pandemic, all simulation training was temporarily halted for undergraduate students. Some students collaborated with the simulation team to create an alternative delivery method, maintaining social distancing and minimizing mixing of different student cohorts, whilst preserving the educational yield created through debriefs.

Aim: The aim of the study was to create pre-recorded high-fidelity simulation scenarios with the involvement of course participants, final-year medical students. Use the recorded scenarios to observe simulation, create meaningful discussion and explore both clinical and human factors.

Method/design: Three partially scripted scenarios were recorded involving medical, surgical and COVID-19-specific cases. This included intentionally scripted learning points, as well as unintended developments which generated additional learning. These videos were designed to be shown in a virtual setting or limited number group, therefore allowing for continued simulation training during the height of the pandemic. The virtual simulation session involved a moment-by-moment analysis of each scenario facilitated by a faculty member. This allowed for an observer-led debrief and more in-depth reflection.

Implementation outline: Most participants gave positive feedback on the perceived quality of this training modality, recognizing its potential to create an engaging environment for learning. There was recognition of its limitations; it cannot replace immersive simulation, however involving service users in the design and implementation enhanced the learning opportunities. The videos created a springboard for discussion encouraging the formation of emergent objectives, including reflecting on behaviours and attitudes. Faculty noted that students were more confident to identify and critique errors as well as challenge poor behaviours when they were not observing a peer. The participants represent a unique cohort of students whose training has been disproportionately affected by the pandemic. We hope that this course has gone some way to address this shortfall.

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RESEARCH

31 DEBRIEFING STRATEGIES FOR INTER-PROFESSIONAL SIMULATION

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Background: Inter-professional education is becoming more common worldwide and simulation is one way in which this can effectively take place ^[1]. The debrief after the simulation is a critical part of the simulation process ^[2]. There appears to be little research looking into the specific challenges posed by inter-professional debriefing and effective strategies that can be used in this context ^[3].

Method: A literature search (see Figure 1) was performed to prompt discussion around debriefing after inter-professional simulation (IPS) and identify the challenges that this IPS debriefing poses and some potential strategies to overcome these. Gaps in the research were also identified. The papers included were analysed by the authors and key themes were identified.

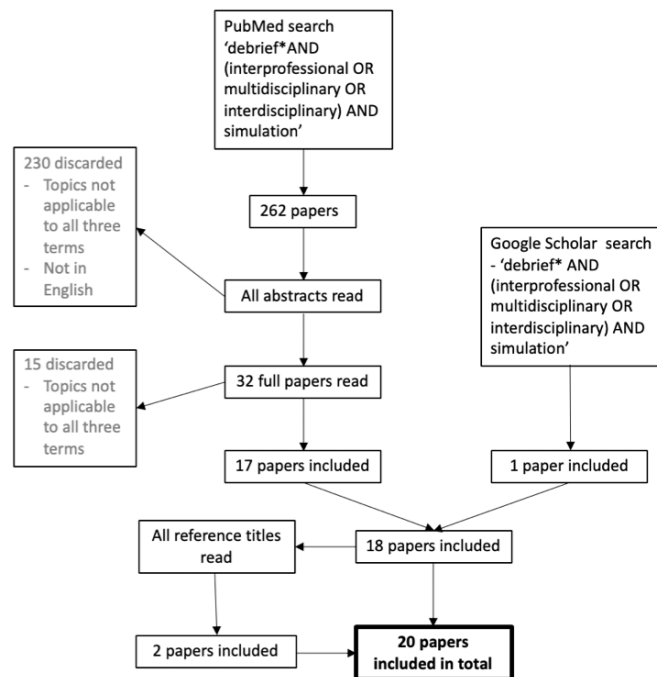


Figure 1:

Findings: The results of the literature search included 20 papers from 2013 to 2019. Four themes relevant to inter-professional debriefing identified during analysis were: 'The Debrief', 'Method of Debriefing', 'The Learner' and 'Psychological Safety'. Several challenges around debriefing after IPS have been identified in the literature, including larger groups of debriefers; inter-professional and larger learner groups; multiple debrief tools and psychological safety including hierarchy issues. Potential strategies to overcome them include an inter-professional debriefing team; a lead debriefer; and learner-centred debriefs with a clear structure. Gaps in the research include challenges around having more than one debriefer including around the psychological safety of participants; whether we should be using the same debriefing tools/practices in IPS as well as other forms of simulation; ensuring a balance between inter-professional learning outcomes and individual learner needs; and the effect of hierarchy in debriefing after IPS. **Implications for practice:** Multiple gaps in the research were identified and there is a need for further research in this area to improve our understanding. Identifying firm answers or rules to follow for every debrief is unlikely to be useful, but a framework to consider the challenges and strategies to overcome them may benefit educators in this area.

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136 POINT-OF-VIEW SIMULATION OF ILLNESS EXPERIENCES FOR HEALTH PROFESSIONS: A SCOPING REVIEW OF THE LITERATURE

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