

health concern. There are approximately 20,000 cases of major trauma per year in England and over 25% of these result in deaths [1]. In an urban trauma unit, since January 2021 there have been 94 major trauma calls with 17 (18.0%) transferred to a major trauma centre. Human factors such as effective communication, leadership, teamwork, situational awareness and understanding of systems are crucial in the assessment and management of trauma patients.

**Aim:** This Emergency Medicine (EM) course was designed for Specialty and Associate Specialist Grade (SASG) doctors to develop leadership skills and to demonstrate technical and non-technical skills as a trauma team leader (TTL) when assessing severely injured patients. This course has a strong focus on the understanding of hospital systems and processes for the timely assessment and treatment of complex trauma patients.

**Method/design:** After a successful HEE funding bid, a simulation training course was devised to cover the main principles of trauma management and the non-technical skills required to manage a trauma patient and help up-skill the 14 SASG doctors at an urban trauma unit. Five scenarios were designed based on real patients seen in urban trauma units in London. On designing the scenarios, an understanding of the functioning of hospital systems such as requesting and administering blood products and transferring patients both within the hospital and within the trauma network, were crucial learning objectives.

**Implementation outline:** This course was delivered weekly from January to June 2021. Sessions involved the EM SASG doctor, two EM nurses and the members of the wider MDT expected at each trauma call, to recreate the resuscitation room environment. Each SASG doctor underwent all five trauma simulation scenarios individually as the TTL. Each scenario was followed by a focussed debrief by two EM consultants, with discussion around human factors, technical and academic aspects of trauma management. All 14 SASG doctors completed the five trauma scenarios. As a result of this training, there has been an improvement in the management of patients with higher injury severity scores in the ED based on both clinical supervision and feedback from the candidates. Given the impact on practice that this training has had, this course will be delivered to the wider trauma teams within the trust, with the EM SASG doctors continuing as TTLs.

## REFERENCE

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### UPSTREAM IMMERSION: PREPARING ALLIED HEALTH STUDENTS WITH FOUNDATIONAL PLACEMENT SKILLS THROUGH A MULTI-DISCIPLINARY SIMULATION WEEK

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**Background:** The COVID-19 pandemic has led to an increased demand for clinical placements for Allied Health Professional (AHP) students. Consequently, we have needed to be creative to explore other ways to ensure students complete their 1,000 hours of clinical experience across the programme. A potential option is

to use simulation to replace a portion of clinical hours. Evidence confirms that up to 25% of authentic physical practice with standardized simulated patients results in comparable student competency as assessed by an educator and that a 1-week period of simulation is effective in building students' confidence before continuing with a placement in the clinical setting [1,2].

**Aim:** Our aim was to design, develop, implement and evaluate a multi-disciplinary simulation programme to prepare students with foundational placement skills. We sought to therefore reduce the burden on NHS staff. We also sought to determine the effect of the programme on student readiness for placement, student confidence, investigate stakeholder perceptions of the programme and determine the suitability of simulation in contributing to clinical hours.

**Method/design:** Simulation-based educational (SBE) pedagogy and principles guided the programme design and included: pre-brief, simulation with regular time outs to enable rehearsal of an activity and debriefing for reflection. We employed actor role players to act as the patient, relative or carer and clinical educators to guide the students as they would on a traditional placement. We developed three generic patient case studies designed specifically to focus on the development of the key programme learning outcomes: developing patient-centred communication skills and professional behaviours. We adopted a mixed-methods approach in our research design, collecting quantitative data from student self-report pre-post questionnaires, clinical educator questionnaires and qualitative data from focus groups to address our research questions and aims.

**Implementation outline:** A total of 29 Allied Health Professional students (from physiotherapy, occupational therapy and podiatry) completed a 5-day intensive simulation programme. The programme included an inter-professional 'fishbowl simulation' followed by 3 days of profession-specific clinical scenarios with profession-specific learning outcomes ending on the final day in six simulated multi-disciplinary team meetings. The sessions were interactive with simulated patients and their relative/carers giving authentic patient feedback from a patient perspective. We observed rich transformational learning observing students improve their communication skills and becoming more patient-centred in their approach. Preliminary student feedback indicates that they found the simulation programme challenging but extremely rewarding. Formal data analysis is continuing.

## REFERENCES

1. Blackford J, McAllister L, Alison J. Simulated learning in the clinical education of novice physiotherapy students. *Int J Practice-Based Learn Health Social Care*. 2015;3(1):77-93.
2. Pritchard et al. Simulated patients in physical therapy education: systematic review and meta-analysis. *Phys Therapy*. 2016;96(9):1342-1353.

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### THE IMPLEMENTATION OF SIMULATED PLACEMENTS IN UNDERGRADUATE HEALTHCARE COURSES DURING THE COVID-19 PANDEMIC

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10.54531/WGFR7996

**Background:** In 2020 many healthcare students lost placement hours due to COVID-19. In response to this crisis, simulated placements were implemented to ensure students

were able to achieve their practice hours. A pilot project was undertaken in November 2020. This was then developed at pace into a simulated placement module that could accommodate around 3,500 students by the start of January 2021. Nursing and Midwifery Council guidance was updated in February 2021<sup>[1]</sup> to suggest all nursing students in the UK may access 300 hours of simulated learning and this could include face to face, online live and online self-directed simulated learning.

**Aim:** The study aimed to enable nursing students to maintain their hours as required by the NMC, and provide evidence to demonstrate achievement of their competencies. It also aimed to ensure patients and service users from all fields were represented within the activities.

**Method/design:** A module blackboard site was developed online to house the materials. Each activity was mapped to the cohort-specific proficiencies which needed to be achieved for that particular level of study (BSc and MSc). A wide range of activities were included such as Oxford Medical Simulation, detailed case studies and scenarios including 'talking head' style videos and patient documentation, service user interviews, analysing Care Opinion patient feedback, and 360-degree tours of a patient's home to undertake a risk assessment.

**Implementation outline:** Students were able to access the simulated placements if waiting for a clinical placement due to lack of availability, if course completion was delayed due to 'opting out', or if the student was self-isolating or shielding. Students received comprehensive guidance as well as regular YouTube updates to walk them through the process. A mixture of live online sessions and self-directed activities were included and engagement was logged on a placement timesheet. There were also activities and live sessions focussing on student well-being and preparation for placements. It was also important to include activities focussing on other fields of nursing such as mother and baby or learning disabilities. A reflection was then uploaded to the digital placement assessment document so that it could be accessed virtually by the practice assessor and academic assessor. The simulated placements have since expanded into the Allied Health Professional courses within the university and it has been valuable to undertake interprofessional resource sharing to further enhance the simulated placements experience.

## REFERENCE

1. Nursing and Midwifery Council. Recovery and emergency programme standards. 2021. <https://www.nmc.org.uk/standards-for-education-and-training/emergency-education-standards/> [Accessed 20 April 2021]

## 1 PRISON SIMULATION: CREATING ACCESSIBLE XR CONTENT FOR HYBRID TEL CLASSROOMS IN HE

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10.54531/JSXW3687

**Background:** An Inter-professional Education (IPE) simulated learning prison was created in Microsoft Teams (MS Teams) for health and social care HE students using a #ReStartSim template<sup>[1]</sup>, and advice from individuals with experience of working and being in prison.

**Aim:** The aim was to deliver a simulated learning IPE event with additional features accessible across the XR spectrum (extended reality) for technology-enhanced learning (TEL) accessible to students and staff within and external to the

university in preparation for the hybrid (and hyflex) HE classrooms of autumn 2021.

**Method/design:** This simulation was co-created with colleagues across organizations thanks to the #DigiLearnSector, and based upon developments from a simulated learning event run in 2020<sup>[1]</sup>. MS Teams was used as the base of the simulation, with digital resources embedded throughout. A ThingLink ([www.thinglink.com](http://www.thinglink.com)) of a prison was donated by colleagues via the #DigiLearn Sector. The Thinglink (360-degree interactive image of the prison) was edited to include IPE resources and links to MS Teams meetings which were the 'rooms' in the prison. These rooms included profession-specific huddles, prisoner assessment rooms and presentation rooms for externals to present. As this was an IPE learning event, we involved students and colleagues from Allied Health Practice (AHP), medical and prison backgrounds to focus on 'improving patient safety' through practicing accurate assessment and communication in a safe environment<sup>[2]</sup>. Meeting rooms were created in MS Teams and then added as active links to the ThingLink for 360 view access into an MS Teams meeting. 'Staff rooms' were created as channels for participants to split into smaller groups and connect over the lunch break. This simulation used gamification and presented the initial concept of the day as a game, so the simulation was in effect wrapped around a mini-IPE conference on what students might need to know if they went on placement or to work in a prison for the first time.

**Implementation outline:** This simulation used both shared and profession-specific learning outcomes, and ran in September 2021 with second-year students who were used to navigating MS Teams resources. Digital skills were recorded in LinkedIn.

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1. Pywell S, Melia C, Jarvis K. #ReStartSIM template – technical how to guide MS Teams virtual hospital. 2020. Available from: <https://learninghub.nhs.uk/Resource/1047/Item#ReStartSim> [Accessed 7 April 2021].
2. HEE. Enhancing education, clinical practice and staff wellbeing. A national vision for the role of simulation and immersive learning and technologies in health and care. 2020. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/National%20Strategic%20Vision%20of%20Sim%20in%20Health%20and%20Care.pdf> [Accessed 7 April 2021].

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## MAXSIM, A NOVEL SIMULATION-BASED EDUCATION COURSE FOR ORAL AND MAXILLOFACIAL SURGICAL EMERGENCIES

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**Background:** For Oral and Maxillofacial Surgery (OMFS) Senior House Officers (SHOs), with no formal medical training, the first exposure to inpatient medical or OMFS emergencies will be the first time they are having to manage them, usually alone.

**Aim:** Simulation-based education has been demonstrated to increase experience and confidence when used in medical education; therefore, an OMFS simulation-based education (SBE) course was created to facilitate this learning in a safe environment.

**Method/design:** The course included implementation of training on SBAR, A to E Assessment, stations on medical emergencies such as sepsis, and OMFS emergencies centred around scenarios that necessitate rapid response including retrobulbar haemorrhage and carotid artery blowout. Pre- and post-course questionnaires were given to all delegates