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.
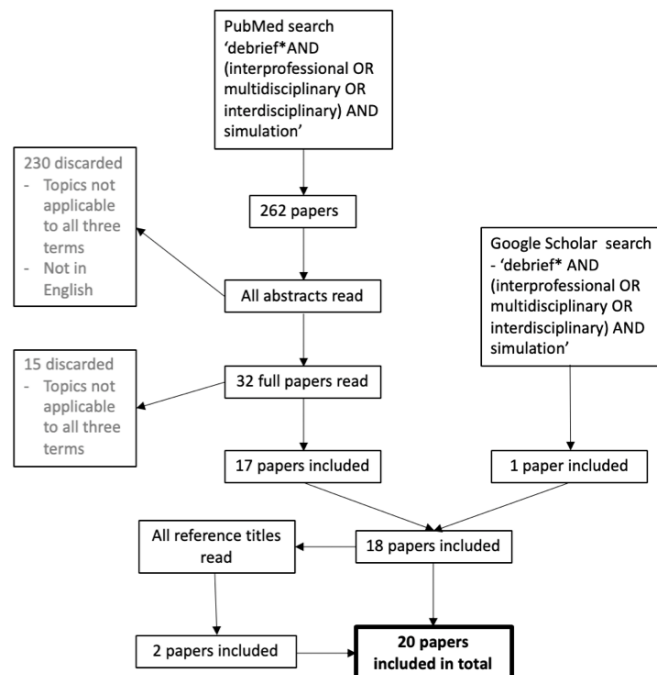

Figure 1:

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 Debriefer', '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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Background: Health professionals who have experienced ill-health appear to demonstrate greater empathy towards their patients. Simulation can afford learners opportunities to experience aspects of illness but to date there has been no overarching review of the extent of this practice or the impact on empathic skills. Our aim was to determine from the evidence – what is known about simulation-based learning methods of creating illness experiences for health professions and the impact on their empathic skills.

Methods: Arksey and O'Malley's methodological framework informed our scoping review of articles relevant to our research question. Three databases (Medline, Embase and Web of Science) were searched in November 2020 and a sample of 516 citations were exported to Covidence Systematic Review Software© for screening. Following review and application of our exclusion criteria, 79 articles were selected in February 2021 to be included in this review.

Findings: Of the 79 articles, 52 [66%] originated from the USA, 37 (47%) were qualitative based and 17 (28%) used a mixed-methods model. 77 (97%) of the articles explored the impact on learners with the majority (85%) reporting positive impact and range of emotions evoked. For instance, loss of independence throughout paralysis or impairment simulations left the majority of participants feeling vulnerable – 'somebody they did not want to be, something negative'. Often learners gained a greater sense of empathy towards their patients, generating a range of measures that they could translate into practice to demonstrate a more holistic approach (providing more time, conveying reduced amounts of information). However, some studies observed more negative effects and additional debriefing was required post-simulation. For example, auditory hallucination studies reported a decrease in intention to help or interact with individuals with a mental illness, they did not engender goodwill or a desire to have contact, but rather facilitated social distance and negative emotions, as well as an increased willingness to apply forced treatment. A sense of suspicion and less positive attitudes towards older adults was likewise observed in some simulations of old age. Learners were noted to internalize perceived experiences of illness and to critically reflect on their empathic role as healthcare providers.

Implications for practice: A diverse range of simulation methods and techniques, evoking an emotional and embodied experience, appear to have a positive impact on empathy and could be argued as offering a complementary approach in healthcare education; however, the long-term impact remains largely unknown.

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76	**BENEFITS AND CHALLENGES OF INTER-PROFESSIONAL EDUCATION WITHIN THE EMERGENCY DEPARTMENT *IN SITU* SIMULATION**

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Background: A comprehensive literature review was performed to critically evaluate the benefits and challenges of inter-professional education (IPE) in the Emergency Department (ED) and within *in situ* simulation.

Method: A literature review was carried out for manuscripts within my institution's high-quality online library, as part of a post-graduate assignment. Search terms included keywords: 'interprofessional education', 'interprofessional teams', 'simulation', 'emergency medicine', and 'healthcare'. A total of 23 peer-reviewed manuscripts were identified spanning a publication range of 22 years (1998 to 2020). Analysis of the literature resulted in the identification of 7 subject headings as most relevant to IPE. These subject headings were 'patient safety', 'patient flow', 'learning outcomes', 'professional identities', 'organization', 'technology enhanced learning' and 'faculty'.

Findings: EDs are demanding [1], resource limited [2] and inter-professional (IP) areas, and as a result, anything leading to a reduction in errors and improvement of team working must be welcomed. IPE has been shown to improve both of these key factors; however, IPE within a busy ED is fraught with challenges. These include shift patterns, clinician 'buy-in', and not least physical space in a social distancing world. Faculty must consider shared learning outcomes for all professions, which is recognized as being hard to achieve [3], ensuring that the professions are learning 'with, from and about' [4], to prevent the step over to multi-professional education. To do this, we must understand each other's professional identities to improve our team working and by having IP faculty we can represent these identities and use a 'co-tutoring' approach [ref. 3, p.89].

Implications for practice: IPE occurs frequently in *in situ* simulation, but how can each profession feel like they have equal learning outcomes when the faculty is uniprofessional? By having inter-professional faculty some of the challenges of delivering effective IPE, for all, are easier to overcome. *In situ* simulation should be inherently IPE but with faculty often uniprofessional we may be creating our own barriers to true inclusivity. There is no doubt that IPE simulation is beneficial when delivered well; however, IP facilitation is currently an area underexplored in the literature.

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132	**ASSESSMENT TOOLS TO MEASURE CLINICAL REASONING WHILE ATTENDING SIMULATION-BASED COURSES**

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Background: Clinical reasoning is interconnected with decision-making which is a critical element to ensure patient safety [1]. To avoid practice mistakes, healthcare