consultations. We provided educational recordings of virtual model consultations for reference. Trainees were provided with the videos to complete a self-paced didactic educational session. Subsequently, a group session was held virtually in groups of six involving simulated clinical scenarios with a faculty-led debrief. Avatars were used to simulate patients and patient medical records were simulated in the 'chat' function. These simulation sessions allowed the transfer of knowledge into practice whilst using SBE methods to debrief on human factors skills, specifically focussing on human factors in a virtual world.

Method/design: The purposely developed 'Remote Consultation Self-Assessment Tool' was completed immediately prior to and after the training. This tool provided Likert responses to 10 statements relating to the course content and consequent quantitative analysis was based on the percentage change in participant self-assessment. The General Self Efficacy Scale (GSE) was also used to gather information from participants prior to and after the training. The GSE measures participant self-efficacy via a 5-point Likert scale.

Implementation outline: A total of 29 participants attended the course. There was a high failure to attend rate of 40%, with covering the COVID-19 vaccine clinics a commonly stated reason for failure to attend. Primary care workers made up 60% (n = 18) of participants, 26% (n = 9) worked in secondary care and 6% (n = 2) worked in other settings. Most participants (85%) were naive to SBE. There was a significant improvement in both the remote consultation self-assessment tool (mean difference 12.08 [95% CI 5.31 to 18.83] p = 0.001) and the GSE (mean difference 3.54 [95% CI 1.81 to 5.27] p < 0.0001). This model of delivering SBE has improved access for staff working in primary care and other areas who have not been able to access SBE previously. The use of avatars is a feasible method of delivering SBE. Consideration to improving attendance rates at courses should be a priority for those delivering SBE.

158 THE INTRODUCTION OF VIRTUAL SIMULATION INTO A PRE-REGISTRATION NURSING COURSE DURING THE COVID-19 PANDEMIC

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Background: The COVID-19 Pandemic changed the way teaching and learning could be delivered at Sheffield Hallam University; the use of virtual simulation was explored to enhance the student experience and prepare students for placement.

Aim: The aim of the study was to evaluate the application of virtual simulation for pre-registration nursing students.

Method/design: Oxford Medical Simulation (OMS) is an immersive, interactive, virtual healthcare simulation platform that allows participants to engage in a wide range of clinical scenarios. The environment, patient and other team members are fully interactive, with conversation and physiology adapting to students' actions and treatment. The educational focus is on decision-making, clinical reasoning and critical thinking to improve patient care.

Implementation outline: A programme was developed to allow students to take part in lecturer-led sessions where OMS was used to practise the assessment and management of an unwell patient. Virtual scenarios lasting 15–20 minutes were managed by the lecturer, with students offering their contributions to determine the steps they wanted to take to manage the patient. Screen sharing of the virtual simulation via Zoom allowed students to take part in the scenarios from home. Learning outcomes predominantly focussed on A to E assessment, encouraging students who had never encountered a 'real' patient before in a clinical setting to begin to develop a structured approach. Evaluation of introduction of OMS to Nursing Course. This evaluation describes the benefits realized between the launch of OMS in November 2020 and 1 January 2021. The data presented include qualitative and quantitative data collated and analysed from student online survey responses. Data from 188 purposively sampled student participants were collated and analysed. The qualitative data demonstrated improvements in the student experience, under the following themes: (a) preparing students for placement, helping to apply knowledge to practice and improve decision-making; (b) developing confidence, providing a safe learning space – able to make mistakes without patients coming to harm. Students were also asked to rate their level of satisfaction on a 5-point scale (where 5 was most satisfied). The median rating for the 55.9% (n = 105) student responses was 5.0 with no statistical difference between identifiable fields of nursing (X^2 (2)=1.882; p = 0.390). As Ingrassia et al. [1] point out, 'there is great uncertainty about how COVID-19 will impact future training in simulation facilities' (p = 0.2), and moving forward, in the altered climate in which we find ourselves, OMS might be considered an important complement to the future teaching and learning experience.

REFERENCE

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18 SP TRAINING FOR TRANSGENDER HEALTHCARE STATIONS: WHAT SPS AND PROGRAM DIRECTORS NEED TO KNOW

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Background: Recent interest in the United States addressing Lesbian, Gay, Bisexual, Transgender (LGBT) healthcare issues, particularly obstacles faced by transgender individuals, has resulted in newly developed programming addressing these concerns. Training students and faculty on nuances of LGBT patients, with a specific focus on transgender patients, is critical if outcomes for this population are to improve. Data show 23% of survey respondents avoided seeing a doctor when needed, fearing mistreatment as a transgender person [1]. This programming also addresses the anxiety of healthcare practitioners when interacting with members of a marginalized community which frequently stems from inadequate training and infrequent direct experience with patients from that community.

Aim: The aims of the study were to increase empathy and awareness of LGBT healthcare needs and to improve communication and patient/practitioner relationships