

Method: This work is based on findings of previous studies that highlight the efficacy of live patient simulation in SANE training to implement safe, effective methods of trauma response via collaboration between SANE/SAFE directors and GTA programming.

Results: GTA methodology is proved to be an effective method for training the well-patient gynaecologic examination. One of the identified benefits is a reduction in learner anxiety. Because GTAs act as both instructor and patient, they can teach trauma examination skills and provide a unique opportunity for feedback from a simulated sexual assault victim's perspective. Developing protocol in the field is crucial as more programmes utilize simulation to train new SANEs. It is critical to meet standards of best practices and to maintain safety and reduce risk.

Implications for practice: This protocol has influenced the way SANEs and SAFEs learn trauma-informed care. The benefits to trauma patients are numerous. The methodology, utilized across the USA, was recently brought to Brazil to train new SANEs. More work must be done internationally to bring this method to areas of the world where no standardized method of sexual assault response exists. Additionally, safety measures and better collaboration are paramount to the continued success of this method.

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STUDENT PERCEPTION OF SKILLS AND SIMULATION DELIVERY WITHIN AN UNDERGRADUATE NURSING CURRICULUM: LOOKING AT THE CREATION AND INTRODUCTION OF A SKILLS AND SIMULATION DELIVERY FRAMEWORK

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Background: When developing our new undergraduate nursing curriculum, we wanted to ensure that it was simulation based; however, we were unable to find frameworks or direction of how to integrate this. Despite a wealth of evidence to support the use of simulation as an effective modality, there is no current literature that describes a system of integrating simulation in a standardized manner. Ferguson^[1] concluded that there is a gap in how a simulation strategy becomes effectively implemented and embedded within a curriculum. Before we started to make changes, we first wanted to gain an understanding of how students found the existing delivery of clinical skills and simulation and understand what was working and where improvement could be made.

Aim: The aim of this research was to have both qualitative and quantitative data to support the hypothesis that a framework is needed to integrate skills and simulation with a healthcare education curriculum.

Simulation activity outline: For this study, there was no new addition of simulation; the aim was to look at what was in existence and gather student experience data.

Method: This study took a mixed methodology collecting both qualitative and quantitative data through a questionnaire. The questionnaire was designed to ascertain the student's existing level of experience in skills and simulation, their opinion as to how effective the current method of delivery was. Opinion was also sought on thoughts in relation to changing the delivery of skills and simulation. All first- and second-year pre-registration nursing students were invited to take part. Ethical approval was sought and granted by the university ethics panel.

Results: Three main themes were generated and will be discussed. Communication: many students described their lack of confidence in communicating with senior staff and other members of the multi-disciplinary team (MDT). This was, they felt, linked with a lack of experience and a lack of exposure to working with more senior staff. Confidence within their role: Students felt that simulation did improve their confidence but that there should be much more of it within their curriculum. They discussed the fact that it was a much more powerful resource than 'sitting in a lecture theatre'. Feeling stressed and intimidated: Students reported that although the high-fidelity simulation sessions and scenarios could prepare them for 'real-life' emergency situations they did find them rather stressful and intimidating.

Implications for practice: The results of this initial study demonstrated that students wanted more simulation and that their confidence and competence would be improved from more simulated practice. From the responses given, it was evident that the current delivery of clinical skills and simulation preparation was not effective and student satisfaction was poor. In response to these findings, we have developed a five-stage approach to create a scaffolding of learning bringing simulation into the curriculum from the very start allowing for a gradual cognitive load. The authors expect to find an improvement in the student perceptions of both their competence and confidence in relation to clinical practice.

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MEDICAL STUDENTS' LIVED EXPERIENCES OF ONLINE FORUM THEATRE AS A FORM OF LEARNING IN CONSULTING WITH VICTIMS OF DOMESTIC ABUSE

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Introduction: Domestic abuse (DA) is a prevalent problem in today's society; over 2.4 million adults in England and Wales experienced DA in 2019^[1]. DA can have a significant impact on its victims. Healthcare professionals (HCPS) have an important role in the care of DA patients. Therefore, it is important that HCPs are adequately trained in recognizing DA features and supporting victims during/following disclosure. One area that significantly requires improvement is domestic abuse teaching in medical students, as shown in a cross-sectional study carried out across UK medical schools, 52% of medical students who received DA training reported it only