

Aim: The aim was to continue the outreach programme but virtually, via live streams and some pre-recorded simulations. Aiming to help to increase awareness of the different careers, routes into the National Health Service and skills required to work in healthcare. 'A virtual learning environment is intended not simply to reproduce a classroom environment -'on-line', but to use the technology to provide a new way of learning', Britain and Liber [1]. By continuing to provide the outreach simulation project I hope to be able to engage with a larger number of learners at a single time.

Method/design: Streaming live simulations sessions with tutor groups from schools and colleges via platforms such as Microsoft Teams and Zoom using a variety of simulation scenarios. These simulations will be mainly focussing on human factors with some teaching on specific subjects depending on the need of the learners. Example: Virtual work experience for young adults interested in medicine. We plan to mock up our simulation centre to replicate an accident and emergency department and have three admissions of different severity. We will be streaming this to two schools simultaneously and they will have the chance to help prioritize the three patients and explain their choice. The simulations will display good teamwork, good communications skills and leadership. One of the simulations will not include these skills and display poor communication, this will be intentionally included in a simulation for the learners to identify.

Implementation outline: Feedback forms will be given to all learners to complete asking them if the session has inspired them to consider a career in the National Health Service, feedback will then be used to adjust the way we deliver the virtual side of the outreach programme and perfect the programme so we can continue to educate and inspire young adults.

REFERENCE

1. Britain S, Liber OA. Framework for Evaluation of Virtual Learning Environments. University of Wales Bangor; 1998: 3.

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HOW THE COVID-19 PANDEMIC HAS CHANGED DEPARTMENTAL TEACHING IN A TERTIARY HOSPITAL

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Background: Pressure from the COVID-19 pandemic on healthcare has had a detrimental effect on the delivery of teaching to junior doctors. During a time when teaching is needed more than ever the constraints of a pandemic have made this challenging. Parallel to this patient safety remains a cause for concern in healthcare systems worldwide [1]. Incident reporting is recognized as a key tool for improving patient safety and learning from such incidents is a fundamental part of improving patient care and safety [1]. The need to address recurring significant incidents (SIs) on the Acute Medical Unit (AMU) at Hull Royal Infirmary (HRI) was identified. With the pandemic placing pressure on departments to rethink teaching an opportunity to develop a simulation-based induction video integrating lessons learnt from SIs presented itself. Incorporating technologies like Video Reality 360 (VR360) into traditional teaching methods have shown to produce a more effective teaching tool in the medical education field [2].

Aim: The aim of the study was to create an educational programme for the acute medical unit to allow flexibility of learning whilst incorporating key lessons from significant incidents.

Method/design: Our initial approach was to gain an understanding of the problem by consulting the multi-disciplinary team. We spoke with a range of healthcare professionals working on the acute medical unit to identify concerns relating to SIs: in particular, the governance lead was key in this. Following this, we consulted junior doctors using questionnaires to explore the challenges they faced working on AMU. The design of the scenarios is based around two SIs per scenario for a total of five scenarios and all scenarios were based around the management of common conditions seen on AMU. We opted for an interactive ward round style teaching with a particular focus on key skills such as prescribing and taking bloods. With the help of our colleagues at Hull Institute of Learning & Simulation (HILS) the scenarios were filmed in 1 day and later edited to produce a short video.

Implementation outline: We have designed and created a VR360 teaching programme that combines with departmental induction allowing junior doctors to access learning from anywhere in the world and immerse themselves on AMU. Feedback has been positive so far and we hope to expand this simulation-based learning to allow to include additional topics.

REFERENCES

1. Mahajan RP. Critical incident reporting and learning. *Br J Anaesth.* 2010;105(1):69-75
2. Ulrich et al. Learning effectiveness of 360° video: experiences from a controlled experiment in healthcare education. *Interact. Learn. Environ.* 2021;29.

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AN EVALUATION OF 'REMOTE CONSULTATIONS': A SIMULATION-BASED EDUCATION INTERVENTION

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Background: The COVID-19 pandemic necessitated an increase in virtual consultations with a disruption to the management of long-term conditions. Ongoing virtual consultations are required to assist with demand, patient experience and environmental impact. In both primary and secondary care, there has been no formal education provided to the workforce on how to conduct virtual consultations. Anecdotally this is affecting staff experience and well-being, patient experience and, could impact on the effectiveness of the consultation in aiding self-management. There is also an inherent risk of missed or incorrect diagnosis in virtual consultations, which could be mitigated with adequate training of the workforce.

Aim: The training aimed to promote the development of clinical practitioners in a safe environment and to expose these participants to the key aspects of remote consultations. Additionally, the course aimed to encourage independent reflection of participant knowledge, skills, behaviour, attitudes and service quality provision in relation to simulated remote consultation scenarios.

Simulation activity outline: We provided a combination of didactic and simulation-based education (SBE) on virtual

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.

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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 purposely 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

- Ingrassia PL, Capogna G, Diaz-Navarro C, Szyld D, Tomola S, Leon-Castelao E. COVID-19 crisis, safe reopening of simulation centres and the new normal: food for thought. *Adv Simul.* 2020;5(13). Available from: <https://doi.org/10.1186/s41077-020-00131-3>

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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