

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

lasted between 0 and 2 hours^[2]. In this study, we aim to gain a deep understanding of medical students' lived experiences of online Forum theatre (FT) in consulting with DA victims.

Methods: A multi-disciplinary team developed an online FT exercise, which involved a simulated consultation between a GP and DA victim. Spectators are invited to take the place of an actor or guide the actor and decide what action to take, thus helping to change the outcome of the scene. A qualitative approach was conducted, involving hermeneutic phenomenology, to explore participants' lived experience of the FT exercise. Following the online FT experience, medical students were interviewed, and interview transcripts were analysed using a template analysis approach.

Results: Five themes were developed through our analytical process: (1) 'Almost being there...but not quite': the realistic experience of FT; (2) 'Taken on an emotional journey'; (3) 'Opening and controlling a privileged space'; (4) 'Small things matter...': cultivating and maintaining rapport and (5) critically reflecting on future professional self.

Discussion: This study provides an in-depth view of a medical student's experience of online FT. Online FT has the potential to provide a novel DA teaching method for medical students. By providing students with a unique opportunity to step into a GP's shoes in a DA consultation, students can practice how they will handle a DA scenario, without any potential consequences, helping them to improve their consultation skills.

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A CROSS-SECTIONAL STUDY ON THE EFFECTIVENESS OF SIMULATION-BASED LEARNING IN EMERGENCY MEDICINE FOR MEDICAL UNDERGRADUATES IN A LOW-MIDDLE INCOME COUNTRY DURING THE COVID-19 PANDEMIC

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Background: Learning emergencies is a challenge during COVID-19 pandemic for medical students. Managing a real patient in an emergency exposes the medical students and patients to risks now more than ever before. Simulation-based learning (SBL) is a proven safer teaching method to improve technical and non-technical medical knowledge, skills, and to enhance confidence in high-income countries. There is limited literature on the effectiveness of SBL in low-middle income countries (LMICs)^[1].

Aim: This study evaluates final-year medical undergraduates' knowledge, skills and confidence improvement through a novel SBL in an LMIC during the COVID-19 pandemic.

Simulation activity outline: Four simulation scenarios were conducted by an instructor to a small group of five to six participants. The instructors were Emergency Medicine Senior Registrars or Registrars, who had prior knowledge in teaching techniques through a formal instructor development course elsewhere. The simulation sessions were based on four

scenarios. A high-fidelity mannequin, basic airway devices, IV access, monitoring devices and a defibrillator were used. Pendleton Model^[2] was used for debriefing. A pre- and post-questionnaire was used to assess improvement of knowledge and confidence level of management of the scenario.

Method: Final-year medical students of the University of Colombo were trained on medical emergency care skills and subsequently they were given the opportunity to apply skills in simulation. This course was conducted twice a week, 4-hour sessions, for 6 weeks in March and April 2021. There were four skills stations, including ABCDE assessment, airway management, defibrillation with BLS and non-technical skills. A pre- and post-MCQ was used to assess improvement of knowledge and confidence level on performing each skill. Likert-scale questionnaires were administered before and after each simulation session to assess the level of confidence in performing each task of the simulated scenario. The normal distribution of data was tested with the Shapiro–Wilk test. If the distribution of data was not normal, Wilcoxon signed-rank test was used to compare pre- and post-test scores. Paired sample t-test was used to compare pre- and post-test data if the distribution of data is normal.

Results: All 42 participants experienced SBL for the first time ever. Post-test MCQ score significantly improved compared with pre-test score ($p < 0.001$). Confidence in skills increased in all 17 domains following the skills sessions in all participants. Confidence to manage cardiac arrest increased in all 10 tasks of the cardiac arrest simulation and the total average confidence score rose from 17.1 (± 4.7) to 32.0 (± 7.7) after the simulation-based intervention ($p < 0.001$). Confidence increased significantly in all 12 domains of asthma and anaphylaxis management with the total average confidence score rising from 21.4 (± 0.8) to 39.2 (± 2.1) ($p < 0.001$). Satisfaction and attitudes towards simulation-based learning were very positive.

Implication for practice: The course has shown a statistically significant improvement of students' knowledge and confidence in skills with a high level of satisfaction. Therefore, SBL is an effective, safe and feasible alternative to train emergency medicine for the students of LMICs during COVID-19 pandemic.

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SCENARIO-BASED PERINATAL PSYCHOSIS SIMULATION FOR FINAL-YEAR MIDWIFERY STUDENTS: A QUALITATIVE STUDY

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Background: Approximately 20% of women will reach diagnostic thresholds for mood disorders during the perinatal period, and between 0.1% and 0.2% will experience a psychotic disorder^[2]. Postnatal psychosis is a dangerous condition with an often rapid onset following a baby's birth. In severe cases, symptoms may include a mother's desire to harm herself or her baby. The midwifery profession reports feeling ill-prepared to provide mental healthcare, and the adequacy of mental health content in training curricula has been questioned. The rarity of perinatal psychosis also means that clinical placement opportunities for student midwives are limited. Scenario-based simulated learning provides one possible solution to this challenge.