- It was the best session of the programme
- The method suited my style of learning
- I would like my team to go through the process as I found it so valuable.
- As this fitted social distancing guidelines it is a great alternative to an online programme
- The activities joined the dots between leadership theory and how we work in practice

36 ASSESSING THE ACUTELY DETERIORATING PATIENT: ADAPTION FROM FACE-TO-FACE TO REMOTE SIMULATION, IN RESPONSE TO THE RESTRICTIONS OF COVID-19

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Background: COVID-19 has undeniably impacted on learning for medical students, and one of their main concerns was the need for more course material when universities had to abruptly halt medical student placements due to social distancing restrictions. Our team had planned to have face-to-face simulation teaching with second-year medical students, focussing on the essential topic of A-E assessment and management of an acutely deteriorating patient. However, at short notice, we had to adapt this to an entirely online curriculum as a result of COVID-19 measures.
Aim: The overall aim of the novel session was for students to virtually assess the simulated patient, manage any issues they found and use their examination and investigation findings to formulate a diagnosis and management plan. The presentation of the patient focussed on core conditions such as sepsis and hypoglycaemia.
Design: We developed an innovative 2-hour online teaching session designed to be delivered to a group of eight second-year medical students, facilitated in an online capacity over Microsoft Teams. The session ran as follows: using a flipped-classroom approach, the students had been given reading material about the A-E assessment to read prior to the teaching, so we started by discussing this and clarifying key points. Then the facilitator explained how the session would run and briefed the students about the scenario in the style of an SBAR (Situation, Background, Assessment, Recommendation) handover. Following this, students took turns to direct the simulated doctor through the A-E assessment of a low-fidelity simulation mannikin, instructing the doctor of any examinations, interventions or investigations they would like. The facilitator guided the students through the scenario, providing necessary examination findings and investigations for students to interpret and act on. Equipment such as oxygen devices, airway adjuncts and blood bottles were demonstrated to the students throughout.
Implementation outline: This session was an integral part of our second-year students' 5-week virtual clinical placement. It was very well received; 95% (n = 21) of students strongly agreed or agreed that the session helped their learning. 90.5% strongly agreed or agreed that they enjoyed the use of technology-enhanced learning. Aspects specifically highlighted in the feedback were interactivity and being able to visualize the assessment of an acutely unwell patient. With online teaching likely to remain an important part of medical education, we have found that remote simulation is a suitable and effective way to introduce the assessment of a deteriorating patient.

61 EXERCISE MARTIAN ATTACK!: USING VR FEEDBACK AS A REFLECTIVE TOOL FOR PARAMEDIC SCIENCE STUDENTS

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Background: Paramedic students have had to overcome the restrictions COVID-19 with many of their clinical skills moving online, limiting opportunities to engage with clinical practice partners, a key requirement of their professional programme. Social distancing has been challenging to overcome and the paramedic teaching team's solution was to offer the University underground carpark to stage a simulated Casualty Clearing Point for a Major Incident Martian Attack!
Aim: The aim of the session was to reconceptualize our simulation practice at the university level and to

a. Engage our students with an authentic, reflective, and clinical skills-based assessment experience
b. To draw upon lessons learned to improve our processes and guidelines for stakeholders involve in clinical skills assessments
c. To enhance the student learning with early familiarization and 'hands on' practice with the equipment utilized in the field of paramedic science

Design: The paramedic teaching team created 'Martian Attack!' a short video to set the scene for the tasks the first-year students teams need to accomplish. The students were divided into pairs where they were tasked to triage at 'stations' treating mannequins with simulated injuries under time constraints. This was followed by demonstrating immobilization techniques and extracting a weighted mannequin from an enclosed space using a Saviour Technical Stretcher (STS). All these skills require a combined improvised approach towards casualty evacuation. Students were observed by critical care professionals and offered feedback. 'There is only so much simulation that can be done in a room so I thought it was great to be able to get out and experience a "Real Life" event where we could put the skills and knowledge from the previous weeks into practice in a supported environment'. Student J.
Implementation outline: Three-hundred-and-sixty-degree film clips captured these simulated scenarios and debriefs and were added on a virtual platform hosted by Panopto so that students could reflect on the scenarios in their own time to aid their learning and reflection. The film clips made accessible by a range of technologies, from google cardboards to OCULUS Quest, added the high-fidelity aspect of realism to the student's learning experience. The next steps will be to consult with our practice partners to streamline and identify further areas of practice that will enhance the skill mix of students on placement.