

virtually, we developed an online, gamified interactive video simulation exemplifying the management of an acutely unwell patient. The simulation was tailored to prospective medical students in secondary school during a virtual work-experience programme. We propose that this approach is potentially translatable across the healthcare profession at both undergraduate and post-graduate levels, thus allowing for teaching to be more engaging, participant-led, and accessible.

**Aim:** Our aim was to demonstrate the feasibility of a novel gamified online simulation approach to teaching the management of acutely unwell patients.

**Method/design:** Using elements of gamification and interactive film, this virtual session was designed to teach prospective medical students the 'A to E' approach of managing an acutely unwell patient. The management of an acutely unwell patient is an iterative and dynamic process that requires one to manage uncertainty and constantly re-evaluate the clinical situation. The session was designed using interactive film, with students given the ability to influence a clinician's actions and subsequent changes of clinical scenario dictated by student live-vote. This interactive and engaging approach allowed students to reflect-in-action and be active learners, in line with an experiential pedagogy [2].

**Implementation:** Students attended a live session using a video conferencing service (Zoom) and their responses to clinical scenarios were recorded using an online voting tool (Mentimeter). Students were provided with a case history of an unwell patient and presented with an opening video. The session required video options to be pre-recorded to reflect the numerous potential avenues within the scenario as dictated by the students' chosen actions. Depending on overall student voting consensus, pre-recorded videos of the clinician's actions and changes to the clinical scenario were subsequently shown. For example, if the appropriate clinical action was selected, students would progress through the A-E approach. Students effectively guided the clinician to manage the unwell patient, with iterative and real-time feedback provided throughout the scenario. The session was concluded with a debrief, explanation of the case and key learning points.

## REFERENCES

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166

### SEQUENTIAL SIMULATION AS REPLACEMENT FOR STANDARD 4-WEEK PRACTICE-BASED LEARNING (PBL) FOR FIRST-YEAR UNDERGRADUATE PHYSIOTHERAPY STUDENTS

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**Background:** Practice-based learning (PBL) via clinical placement is a core part of a physiotherapy degree with the Chartered Society of Physiotherapy (CSP) requiring completion of 1000 placement hours. The COVID-19 pandemic resulted in cancellation of placements on top of an already saturated geographical placement provision in certain regions with many Higher Education Institutes (HEI) reporting a backlog

of placements. Inability to meet requisite placement hours impacts on student progression, reducing the flow of physiotherapists into the workforce at a time when Allied Health Professions (AHP) growth has been planned. The CSP and Health and Care Professions Council (HCPC) have both encouraged HEIs to be innovative in placement provision in response. Simulation is widely utilized in healthcare training but remains an emerging concept in terms of placement replacement [1]. Previous examples have demonstrated simulation being used to enhance placement delivery [2] but a dearth of examples exist within the UK for fully simulated placements.

**Aim:** The aim was to develop a fully simulated placement that replicated the learning objectives achievable through standard PBL.

**Method/design:** Development of a novel placement model to deliver a fully simulated placement as replacement for a standard 4-week clinical placement scheduled for 15 (20% cohort) first-year physiotherapy students.

**Implementation outline:** The placement was split across clinical specialities within cardiorespiratory and musculoskeletal physiotherapy. Key objectives were set weekly: week 1, focussing on communication/patient-centred care (scaffolded across subsequent 4 weeks); week 2, focussing on assessment, patient management and clinical reasoning; week 3, consolidation of clinical reasoning; week 4, case presentation. Sequential simulation was utilized to best replicate clinical practice, following simulated patients from pre-admission/injury, through to admission, deterioration, rehabilitation and long-term management. This approach enabled learners to experience a full patient journey, unachievable through standard placement timelines. Simulation using a mixed approach to facilitation and PEARLS debrief, handover tasks, multi-disciplinary team meetings, discharge planning and smaller vignette scenarios to develop specific clinical skills were simulated utilizing actor role players, high-fidelity manikins and peer enhanced e-learning. The placement modelled a CLIP (collaborative learning in practice) delivery, an approach promoted across standard placements by HEE, with students autonomously setting objectives, utilizing across level learning, recording of daily learning logs, reflections and peer assessments. Pre- and post-placement data have been gathered exploring the students' experiences, expectations, and attitudes towards simulated placement, competence and confidence in both communication and clinical skills using focus group interviews and questionnaires.

## REFERENCES

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123

### TINT: TRAINING IN TRAUMA SIMULATION PROGRAMME

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**Background:** Major trauma is one of the leading contributors to death for several age groups globally making it a public