



Figure 1:

Results: This programme of multiple interlinked simulation modalities allowed the creation of a coherent, comprehensive and practical protocol for the management of COVID patients in obstetric theatres in advance of encountering such patients in reality. This protocol was found to be satisfactory to a group of local subject matter experts prior to the arrival of the pandemic. As management of COVID obstetric patients became more familiar, this protocol was reviewed. It was found that no significant alterations were required, indicating that, despite utilizing only a single, high-fidelity simulation session, the original programme of development had pre-empted many of the practical issues that would otherwise only have been discovered later through real-world practice. Individual learning is more challenging to define, but feedback suggested both a greater familiarity with guidelines by individual learners and was able to identify targets for more specific training (e.g. donning/doffing, definitions of aerosol-generating procedures).

Implications for practice: High-fidelity is often viewed as the highest form of simulation for effective learning. However, its undertaking has a high resource cost. Our experience demonstrated that low-fidelity, less resource-demanding modalities provide significant benefits to both individual and institutional learning.

INNOVATIONS

58 NEONATAL CRITICAL CARE COMMUNICATION TRAINING THROUGH SIMULATION: A NOVEL REGIONAL COURSE FOR NEONATAL TRAINEES

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Background: Challenging conversations occur frequently within neonatology^[1]. Effective communication enhances outcomes, satisfaction, incidence of complaints, adverse events and conflict resolution^[2]. We identified that within our region there was no formal programme of neonatal communication skills training.

Aim: The aim of the study was to design a communication skill simulation course for neonatal trainees.

Method/design: We collected feedback from 10 neonatal trainees and 15 consultants regionally. 53% of consultants and no trainees had received formal communication skills

training. Lack of confidence was the highest discussing end of life, post-mortem consent, breaking bad news and conflict resolution. Further feedback from 21 parents and 45 staff locally highlighted lack of privacy, sensitivity, clarity, consistency and empathy as areas to develop. We first trialled a virtual simulation workshop on antenatal counselling during the COVID-19 pandemic. A pre-recorded scenario was played and debriefed live. Two candidates then took part in a scenario, in break-out rooms, followed by a smaller group debrief. A face-to-face course was then developed. The day, designed for eight candidates, began with an introduction session focussed on psychological safety followed by 'trauma-informed communication' by a clinical psychologist. The candidates were then split into two groups for scenarios. Each had the opportunity to lead a scenario. Faculty utilized role play with a standardized faculty 'parent' and block simulation with an actor. The Diamond Model was used for debrief. A workshop on 'post-mortem consent' and a talk from a parent about their neonatal journey were also included.

Implementation outline: Ten trainees attended the virtual workshop. Nine strongly agreed that the pre-recorded and 10 that the live sessions were useful. All strongly agreed/agreed that the virtual learning environment worked well, was safe and comfortable, the debriefs were structured and educational, and that attendees' confidence in antenatal counselling had improved. Seven candidates attended the face-to-face course. All strongly agreed/agreed that the sessions were relevant to their practice and skills learnt were transferrable. Self-rated confidence improved in all communication themes. All candidates strongly agreed that the learning environment was safe and supportive. Candidates found both methods of simulation valuable, four preferred block simulation. All would recommend the course to their colleagues. We addressed a training gap by developing this course. Despite using different styles of teaching and adapting to virtual training during the COVID-19 pandemic, feedback was consistently positive suggesting that flexibility enhances learning. A similar course could be developed in other regions to continue to strengthen communication skills training.

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169 MANAGING THE ACUTELY UNWELL PATIENT: AN INTERACTIVE AND GAMIFIED APPROACH TO ONLINE SIMULATION DURING THE COVID-19 PANDEMIC

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Background: The COVID-19 pandemic has necessitated a transition from traditional face-to-face teaching to virtual equivalents, sometimes at the expense of teaching quality and student engagement^[1]. Knowledge and a practical understanding of the management of an acutely unwell patient are essential for safe and effective clinical practice. This involves problem-solving, situational awareness and the ability to deal with uncertainty. To demonstrate these skills

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.

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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 specialties 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.

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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