

**Methods:** A small number of student nurses and facilitators have been interviewed via semi-structured interviews to describe the current situation. The pilot study has been granted Ethical Approval by the Institution (HREC 4853). The interviews have been recorded and transcribed using MS Teams and are being analyzed using Thematic Analysis (TA). TA is one method to analyze qualitative data using the transcripts and field notes documented during the semi-structured interviews for the pilot study. Data from the study is coded and categorized using TA. Codes will be found and identified that suggest themes to answer the two RQ. Braun and Clarke [3] suggest that TA is a method with a clear set of procedures to identify themes and patterns about specific RQs. This approach was chosen as it is not linked to a specific method.

**Conclusion:** Preliminary findings suggest there is a mismatch between what learners and facilitators need for support through the scenario phase. Facilitators appear to intervene based on their perceptions of what they see with no pre-determined approach.

#### REFERENCES

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#### DEVELOPING A JUNIOR-LED NEAR-PEER SIMULATED PATIENT TEACHING PROGRAMME IN A MINIMAL RESOURCE ENVIRONMENT

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**Background:** High-fidelity simulation-based scenarios develop the knowledge and practical skills of medical students by recreating a more accurate reflection of managing difficult cases in high pressure environments. In circumstances with limited resources, ingenuity must be employed to recreate immersive environments. One creative method of achieving this is utilising 'near peer tutors' (NPTs), defined as 'a trainee one or more years senior to another trainee' [1]. NPTs can be employed as facilitators and simulated patients [2]. We aimed to design, implement and qualitatively evaluate a minimal resource simulation teaching programme for medical students that utilises NPTs, at a rural District General Hospital.

**Methods:** A lesson plan was designed for the teaching sessions. This included a pre-session examination; a pre-session presentation; simulation cases followed by a 'STOP5 Hot' debriefing [3]; a post-session examination and participant feedback collection. 17 NPTs were recruited from Foundation Year (FY) 1 and 2 Doctors, with two or more allocated to facilitate each session. Roles divided amongst the NPTs included acting as a patient, acting as a nurse, leading the scenario. The 'STOP5 Hot' debrief was then facilitated by the lead NPT. Three lead clinicians were responsible for administration: a FY2 Doctor provided session resources; an Internal Medicine Trainee supervised each session; a FY1 Doctor communicated with NPTs and students. Qualitative feedback was collected from students at the end of each session in the form of a questionnaire.

**Results:** A total of 9 sessions were run from 7/1/22 – 31/3/22 attended by 22 medical students. The sessions were positively received by both students and teachers who described the sessions as 'well organised'; an 'open/accessible/safe learning environment' and included 'realistic scenarios'. Students described benefiting from 'clear, useful feedback'; 'observing the life-cycle of management within a scenario' and the use of NPTs memory aids (including mnemonic devices). NPTs reported that the teaching 'reinforced their skills in emergency assessments', 'time management of sessions was efficient', and that the scenarios provided had 'appropriate level of background information'. Suggested improvements included 'greater variety/complexity of cases', 'scenario specific tick-lists to review management steps', and 'expanding the use of technology'.

**Conclusion:** A junior-led near-peer simulated patient teaching programme was well received by both students and near-peer tutors. Further research could evaluate the improvement in knowledge of students following the sessions and the effectiveness of providing teaching opportunities to junior doctors. Future aspirations include expanding the portfolio of scenarios by collecting cases from junior doctors' reflections.

#### REFERENCES

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#### EFFECTIVENESS OF A JUNIOR-LED NEAR-PEER SIMULATED PATIENT TEACHING PROGRAMME ON KNOWLEDGE RETENTION AND PROVISION OF JUNIOR DOCTOR TEACHING OPPORTUNITIES

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**Background:** Transition from medical student to foundation doctor can be a daunting process. There is growing interest for research into 'how prepared medical graduates are for practice', with a systematic review showing graduates feel unprepared for prescribing, clinical reasoning/diagnosis, and emergency management [1]. Following reports by medical students describing the benefits from simulation programmes for preparation to practice [2], a group of doctors established a junior-led near-peer simulated patient teaching programme at a district general teaching hospital to supplement the medical education programme. With qualitative evaluation demonstrating positive reception from teachers and students, this study aimed to quantitatively evaluate the effectiveness of the programme on improving the knowledge of medical students/junior doctors and providing junior doctors with opportunities to gain teaching experience.

**Methods:** Nine simulation teaching sessions were run between 7/1/22 – 31/3/22, with a total of 22 medical students and 17 Near-Peer Teachers (NPTs) [3] involved. Knowledge tests were completed by medical students and NPTs before and after each simulation session, as well as feedback forms