

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.

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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.

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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

enquiring about confidence in managing different cases (choosing from the options of: very confident; confident; mildly anxious; anxious). NPTs were also asked to report on their confidence in teaching cases and whether they wanted feedback by a supervising clinician in the form of 'Developing the Clinical Teacher' assessment; a mandatory task for foundation year trainees. The difference in examination scores and confidence rankings before and after the sessions were calculated for students and teachers, allowing for quantification of improvement following simulation sessions.

Results: Medical students demonstrated an average improvement in test score of 13% from a simulation teaching session, whilst NPTs had an average test score increase of 5%. 86% of students reported an improvement in confidence of managing cases related to their scenarios after the teaching session. 75% of NPTs reported an improvement in confidence of both managing and teaching scenarios. Almost half (46%) of foundation year doctors completed mandatory 'Developing the Clinical Teacher' assessment through this initiative.

Conclusion: A junior-led simulated patient teaching programme improves both medical student and NPT knowledge of managing clinical on-call scenarios. This programme also contributed to foundation year trainees achieving the mandatory teaching assessments. Such programmes benefit both students and teachers demonstrating the potential for junior-led programmes to supplement student teaching and doctor training programmes.

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LIGHTS, CAMERA, WARD ROUND – ASSESSING PERCEIVED USEFULNESS OF SIMULATED VIDEO CASES IN UNDERGRADUATE EDUCATION

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Introduction: COVID-19 has been disruptive to the delivery of medical education, which was felt particularly by final year students transitioning from student to Doctor [1]. 'Preparation for practice' (pfp) teaching in this cohort has been shown to significantly increase confidence and possibly patient care [2], therefore the quality of this teaching must be maintained despite restrictions. We created a session in which students watched video cases then they were asked to scribe the consultation, create a jobs list, and complete tasks within small groups. Feedback was provided in a group debriefing. The aim of this study was to test a novel method of teaching: using videos of simulated ward round encounters to practise clinical reasoning and clinical ward skills such as documentation and requesting. The study would assess perceived usefulness in general and when compared with written cases.

Methods: Fourteen final year medical students from a UK university attended one of two sessions, with the same resources and facilitator. Qualitative and quantitative data was collected by a survey composed of four Likert scale questions and three free text box questions.

Findings: Feedback was overwhelmingly positive and with a 100% completion rate. Students enjoyed the session, would like to see video cases used in future, and preferred videos over written cases. Positive themes from free-text answers were skills practice, realism, and increased interest. Themes for improvement were audio quality and challenge level.

Discussion: The intended outcomes for the session were focussed on clinical knowledge and reasoning, however students seemed to benefit more from the clinical skills practised (an unintended but positive outcome). Future sessions could be tailored around clinical skills or clinical reasoning- we feel video cases would be useful in both areas. For validity the study would benefit from a larger group size, along with a direct comparison with a 'control' session using written cases. The Likert scale questions were positively skewed toward the video cases, so in a repeat study this should be considered.

Conclusion: Our use of video cases was a success, with students benefiting in areas both intended and unexpected. This highlighted to us the scope to expand their use in more areas of the curriculum. We hope that by using innovative techniques such as these, we can maintain a high level of 'pfp'. Further research is needed to assess the credibility and transferability of the video cases as these could prove to be a useful tool in modern medical education.

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USING SIMULATION FOR PRACTICE EDUCATION: ATTITUDES AND EXPERIENCES OF ALLIED HEALTH PROFESSIONAL AND NURSING EDUCATORS

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Background: Simulation is increasingly being used in allied health professional and nursing education. There is evidence that student satisfaction with simulation is high, but limited research regarding educators' attitudes and no existing review of this [1]. Placement capacity is an increasing issue and simulation could be used to address this, but adoption of this involves acceptance by educators and other stakeholders [2]. Therefore, the aim of this literature review was to explore the attitudes and experiences of allied health professional and nursing educators regarding the use of simulation in relation to practice education with the objectives of making recommendations for future practice and identifying areas for future research.

Methods: A qualitative systematic review was completed. Scopus, CINAHL, Medline, and AMED databases were searched in March 2022 using relevant search terms and subject headings where available. Inclusion/exclusion