

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

criteria were applied to identify appropriate peer-reviewed studies. The quality of articles was appraised using the Critical Appraisal Skills Programme qualitative studies checklist and data extracted using a table. NVivo 1.5 software was used to support the analysis of data using a simplified approach to thematic analysis to inform the discussion of the results [3].

Results: Five studies were included from a variety of professions and countries (Figure 1) and overall quality of these was judged to be good. Three main themes were identified: Preparation, Educator Factors, and Outcomes. Each of these included several sub-themes and can be discussed in relation to the existing evidence. Educators value the opportunities simulation can provide such as standardisation, but this requires careful preparation and constructive alignment. Resources are required to achieve this, and more robust evidence is needed. The use of simulation is a change and educators noted that motivation to embrace this is needed and expectations regarding what can be achieved differs and should be clear. Outcomes recognised for students relate to what students themselves report. Educators see potential for simulation to increase placement capacity but there is concern that educators and students will need to work harder if time in practice is decreased.

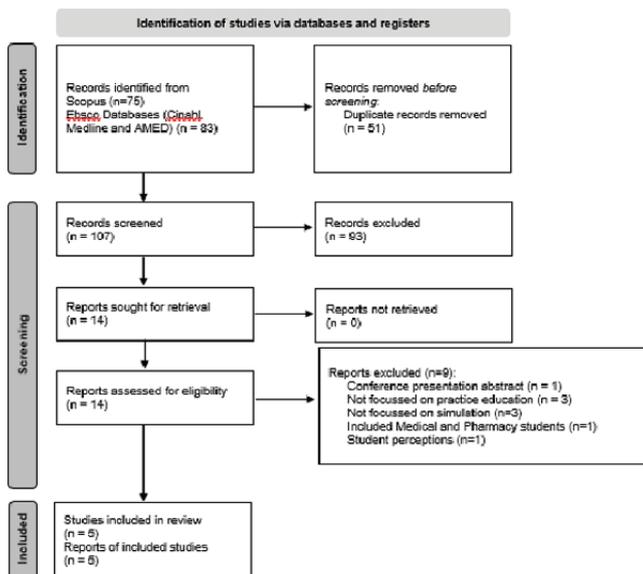


Figure 1: Prisma Flow Diagram of the literature review exploring the attitudes and experiences of allied health professional and nursing educators regarding the use of simulation in relation to practice education

Conclusion: Overall attitudes towards simulation and practice education were found to be positive. Benefits and risks from educators' points of view were identified and can be used to inform practice. Areas for future study were identified for example exploring these concepts within the UK and other health professions.

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IMPLEMENTATION OF A HIGH-FIDELITY SIMULATION PROGRAMME FOR YEAR 3 INTERNAL MEDICINE TRAINEES (IMT3)

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Background: Year 3 Internal Medicine Trainee (IMT3) is a new (in 2021) grade of medical trainee intended to bridge the chasm between the supported environment of being a senior house officer and the more independent role of a medical registrar. We identified an unmet need for simulation experience to develop skills in emergency management, team leadership, and medicolegal/ethical judgement needed by the medical registrar [1]. Medical simulation and human factors training are essential for the development of IMT3s [2]. We created a novel high-fidelity simulation programme to address this training requirement and support this new grade of junior registrars.

Methods: We designed five scenarios according to current curriculum guidance and Trust human factors framework. These scenarios were: (i) managing a Jehovah's witness with an upper gastrointestinal tract bleed but lacking capacity, (ii) tricyclic antidepressant overdose, (iii) cardiac arrest in pregnancy, (iv) duty of candour after a fatal medical error, and (v) a hypoxic COVID-19 patient refusing treatment. The scenarios were piloted to a focus group with iterative improvements made. Participants responded to a Likert-type scale on both pre- and post-course questionnaires regarding their perceived confidence in managing difficult clinical and ethical conundrums, and their ability to share decision-making and communicate effectively during these situations.

Results: 23 out of 30 (77%) of the Trust's IMT3s attended the programme which ran from January to May 2022, 22 (96%) of whom have completed both pre- and post-course questionnaires across the six sessions held. Mean course satisfaction and subjective knowledge gained ratings amongst participants following attendance at the course was 4.9/5. There was a 34.9% increase in mean confidence rating towards the management of challenging ethico-legal dilemmas (pre- versus post-course: 6.6/10 versus 8.9/10). Similarly, the average confidence towards the delivery of effective resuscitation in acutely deteriorating patients rose from 7.3 to 8.8/10 (20.5%), while average confidence in sharing decision-making and effective communication increased from 7 to 9/10 (28.6%) amongst the participants. Unclear audio system and lack of handouts were reported as limitations. Pauses in study leave access due to COVID-19 surges posed a challenge to the delivery of sessions and additional sessions were instituted to limit this impact.

Conclusion: This is a novel programme for a new grade of doctors. The pilot data suggested that the implementation of a high-fidelity simulation programme appeared to be an effective modality to support the progression of this junior medical registrar cohort.

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