

Findings: Feedback from this new simulation programme was very positive and comparable to previous feedback. Across all sessions (n=12) and trainees (n=5), the median Likert scores for perceived relevance, realism, and appropriate challenge were 6/7, 5/7, and 6/7 respectively. All trainees across all sessions indicated they found it useful, enjoyable, and would attend again. In particular, free text responses praised the ability to focus on a single simulated issue without the cognitive overload of the wider theatre environment experienced by new trainees, and the psychological safety benefits of simulation and debriefing in a more relaxed non-theatre setting.

Conclusion: This appears to be a feasible and well accepted alternative to our traditional approach, with additional benefits for trainees and reduced impact on service delivery. We now intend to explore use of this approach to deliver increased SBE to the wider anaesthetic and multidisciplinary team.

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STRESS INOCULATION: A PILOT STUDY TRACKING THE EFFECT OF REGULAR SIMULATION ON PRE-SESSION ANXIETY AMONGST NOVICE ANAESTHETISTS

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Background: Effective simulation-based-education (SBE) relies on the use of psychological safety to encourage participants to adopt learning-orientated behaviours [1]. Excessive levels of anxiety or stress can present a challenge for establishing this psychologically safe container [2]. The idea of stress inoculation describes graded exposure to potentially anxiety inducing stimuli with the aim of enhancing performance by encouraging a state of ‘flow’ versus ‘freeze’ [3]. Potentially this could also improve the efficacy of SBE by reducing anxiety and improving psychological safety. We aimed to create a new SBE programme for novice anaesthetists in their first 3 months before starting on-call work. This was designed to create stress inoculation with frequent and regular SBE sessions, and we aimed to assess the impact of this change on pre-session anxiety levels.

Methods: This new SBE programme was delivered to the 5 novice anaesthetists at our institution over a 12-week period from February to May 2022 and consisted of weekly 30-minute SBE sessions. These were designed to fit with clinical commitments and minimise disruption to training in theatres, whilst following the ASPiH Standards Framework. Alongside weekly post-session evaluation (7-point Likert and free text), learners were asked to retrospectively rate their perceived pre-session anxiety levels from 1–10.

Results: Overall feedback from the new programme has been consistently positive, particularly mentioning the benefits of a safe space for discussion, the open and supportive environment, and the benefits of learning from

others’ experiences. One learner specifically credited the frequent nature of the sessions with an improvement in their confidence. Self-reported anxiety levels fell across subsequent early sessions (median anxiety score: week 1=4/10, week 3=2/10). Anxiety scores then peaked again at week 8 (median=5/10) before falling again. There was also significant inter-learner variability with one learner recording persistently higher anxiety scores.

Conclusion: This new format with regular short sessions appears to be very popular with excellent feedback. There is a reduction in self-reported pre-session anxiety with repeated frequent sessions. However, this is variable between individuals and across the placement, with an increase towards the end potentially reflecting anxiety about starting on the anaesthetic on-call rota. This demonstrates the importance of adapting SBE to both individual learners and the timing of a specific session within a wider SBE programme. Potentially routine evaluation of learner anxiety could allow a more tailored approach and further optimise individual learning.

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ODP STUDENTS PEER TO PEER SIMULATION-BASED EDUCATION

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Background: Second-year Operating Department Practitioner (ODP) students in an English University need to undertake a teaching activity lasting 10 minutes on any topic not necessarily health related as part of their undergraduate curriculum as a formative assessment. ODPs practise in high acuity settings including theatre and intensive care, and are usually key members of a hospital’s resuscitation team. Teaching strategies for resilience is required when working in changing environments. To combine these two elements, an alternative approach was offered to replace the teaching activity. Student ODPs were offered how to create and lead a simulation activity based on ODP practice in lieu of the 10-minute activity as part of a pilot project. The TALK [2] tool was chosen as the mode of debriefing and focuses on improving interprofessional communication and the recognition of behaviours and strategies that are successful and should be adopted.

Methods: Twenty-eight students volunteered to undertake the pilot. The students supported by a simulation and ODP lecturer over a day were introduced to experiential learning, and simulation education approaches including design, facilitation [1], and debriefing. In pairs, the students created designs and were taught to use the Talk Framework [2].

Results: The students completed an online evaluation tool in relation to their experience as educators. The students reported that they felt more confident with the difference between teaching and facilitating. The students felt they understood the stages of writing for education and enjoyed the session on

learning outcomes. The students stated that teaching using simulation was more useful than randomly teaching any skill as this links to their practice. Through a discussion at the end of the sessions, the students felt that in practice they saw aspects of patient care that they do not understand or were unable to seek clarification about, and TALK [2] would help. The students also felt that the TALK [2] tool should be introduced in year one. **Conclusion:** From the online evaluation and subsequent discussions, the project team has met with the Course Director and discussions are underway to review the current assessments for teaching. The students' feedback about the TALK [2] tool being used as a strategy to learn how to speak to practice supervisors or other members of the healthcare team has brought about an immediate change. The tool will be used across all first-year ODP students from September 2022 with further research activities.

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A CHANGE IN ROLES – STUDENTS TAKE THE LEAD IN CREATING SIMULATIONS

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Background: Simulated practice has become ever-more common within undergraduate nursing programmes. This initiative looks to further this practice by asking students to create simulations, thus developing their ability and knowledge surrounding application of theory to practice.

Methods: Twenty-five level-five adult nursing students attended a four-week placement where they created virtual and face-to-face simulations. Five groups focused on one module each, and used the learning outcomes of the module, the clinical skills pertinent to the associated part of the programme, and their experiences to create three days of online simulation and one day of face-to-face simulation. The students presented their simulations to the adult nursing lecturers. As no simulations were run over this time, the effectiveness and monitoring of the placement consisted of daily informal conversations with students.

Results: Table 1 presents an overview of the activities produced against the learning outcomes.

The five student groups focused on the following themes:

Group one: Foundations of nursing.

Group two: Communication.

Group three: Long-term conditions.

Group four: Public health.

Group five: Decision-making.

After the end of the placement, the students stated 'I don't feel it's fair that we have had this experience and others haven't. I have progressed far more, and now understand how to apply the theory to practice' and 'I now understand how university learning and practical learning work together'.

Discussion: Self-Learning Methodology in Simulated Environments (MAES) (Spanish acronym) is a pedagogy that encourages student groups to develop their own simulations [1,2]. Groups are carefully formed and developed to create a

Table 1: Learning outcomes and associated activities produced by each student group

Group	Online activities	Face-to-face activities
Foundations of Nursing	Interactive videos and pair work to prompt holistic assessments.	Perform holistic assessments and conduct clinical skills within an immersive simulated environment.
Communication	Handovers are observed and discussed by students. Interactive video prompting de-escalation.	Students manage a simulated ward with complex communication needs.
Long-term conditions	Interactive videos with back stories and patient notes, highlighting a range of complex social and physiological conditions.	Immersive simulation including six long-term conditions, with drug-charts and back stories.
Public Health	Videos and volunteers depict a range of public health issues.	The immersive simulation presents a range of scenarios.
Decision-making	Videos with patients and back stories generate theory-based decision-making discussions.	Students rotate across a series of three scenarios in preparation to evidence associated decisions.

group identity. The co-reliance is used to motivate students, leading to increased confidence and professional identity [1]. This has shown to enhance retention of learning more than simulation alone [2]. Although the placement discussed did not perform the simulations within the timeframe described, the students were engaged within their groups, demonstrating innovation and self-development, with pride in their outcome. Namely, the students were aware that their creations would be used with other students, presenting empowerment and accountability. Belonging, interdependence and empowerment are all predictors of motivation [3].

Conclusion: The act of creating and innovating simulations motivates students to explore concepts in greater depth. As a result, students achieve cognitive flexibility within their learning, highlighting an ability to use it within multiple settings. Also, the act of creating learning experiences which are used for other students provides a sense of pride and subsequent engagement.

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IN-SITU OBSTETRIC SIMULATION – TICKING ALL THE BOXES

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Background: Simulation is increasingly valued as a versatile and effective tool for medical education [1]. This is even timelier with the recent release of the Ockenden Report