

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

which recommends in-situ simulation in obstetric units to promote safety [2]. With the recent change of speciality training curricula, especially in anaesthetics, there has been an increased requirement for simulation-based training. However, the COVID-19 pandemic has had a significant negative impact on medical training, both in terms of clinical breadth and opportunities for educational activities [3]. In order to tackle all these requirements, we developed an in-situ multidisciplinary obstetric simulation programme.

**Methods:** This was supported by the anaesthetic simulation fellow, obstetric anaesthetic lead and fellow and obstetric safety fellow, together with senior midwifery input. This allowed simulation development, running and debriefing to benefit from the skill and experience of a multidisciplinary team. The local simulation centre provided technical support which allowed us to take the simulation to multiple locations on the labour ward. Learners were from anaesthetic, midwifery, theatre, and operating department practitioner backgrounds and we conducted this simulation programme as three-monthly sessions corresponding with trainees' rotations. The scenarios were based around previous critical incidents while ensuring the psychological safety of the candidates. This demonstrates an open learning culture where lessons learnt can be shared and patient safety prioritised. It was also useful in applying a systems approach to understanding how errors occurred.

**Results:** Feedback confirmed the in-situ aspect of this session provided experiential learning and improved familiarity of the environment. This was especially pertinent as the sessions were conducted with trainees new to the department. It also allowed midwifery and theatre staff to take part in the session who otherwise may not have. A multidisciplinary approach allowed flattening of team hierarchy as shown by feedback. We ensured challenges associated with in-situ simulation were met with the team ready to respond to clinical needs in the department. No simulated equipment or medication was used and all documentation was labelled appropriately.

**Conclusion:** Obstetric emergencies can be life changing and can significantly affect those involved. This simulation session addressed several learning needs while rising to the challenges of in-situ simulations. We hope to continue developing this programme with more specialities represented and integrating learning from critical incidents while ensuring psychological safety.

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## RESPIRATORY EMERGENCY SIMULATION TEACHING (REST) IN A MULTIDISCIPLINARY TEAM (MDT)

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**Background:** During the COVID-19 pandemic our respiratory high dependency unit (RHDU) increased bed capacity by 200%,

recruited new staff to provide high flow nasal oxygen (HFNO) and continuous positive airway pressure (CPAP) support, and was relocated within the hospital. This created the need to upskill new staff to provide level 2 care to sick patients in a new environment [1]. We aimed to provide training to nurses, healthcare assistants (HCA), and junior doctors on RHDU via a multidisciplinary (MDT) simulation programmed to manage deteriorating respiratory patients. We also aimed to identify gaps in learning, policy, and procedures due to the relocation of RHDU.

**Methods:** The pilot included 22 sessions of in-situ simulation, run weekly by a core faculty including a respiratory consultant, ward sister, senior HCA, and clinical educator. All scenarios focused on MDT working with effective assessments and handovers.

**Results:** All staff members on the ward wore the same scrubs making it challenging to identify the job role or seniority of staff, and this was noticeable during the simulations. Coloured lanyards identifying job role were purchased and are now worn by all RHDU staff. An anaphylaxis simulation identified a time delay in finding the key to access emergency medication. A key safe has been purchased by the ward to house this key, ensuring it is always available in an emergency. The themes identified were: an increase in the confidence, competence, and knowledge of the MDT in recognising, responding, and treating medical emergencies. It also developed the working relationships between MDT members by highlighting the skill set of different professions, allowing for an exchange of knowledge across all working levels.

**Conclusion:** Simulation is an excellent resource in problem solving and teaching. It provides a safe place to practise new skills and breaks down the barriers to effective communication within the MDT by creating a cohesive learning environment. Simulation must be an ongoing development for staff to ensure that skills are honed resulting in the best outcomes for our patients in an acute emergency. A monthly training programme has been developed consisting of four hours of simulation-based training using different levels of fidelity. We will continue to employ the use of MDT working to reflect real life working conditions based on the success of this pilot.

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## SIMULATION FOR PRECEPTEE PHYSIOTHERAPISTS READINESS TO PRACTISE

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**Background:** The COVID-19 pandemic has significantly impacted the clinical placement experiences of undergraduate Physiotherapists [1], many of whom started working as preceptee Physiotherapists shortly after qualifying in 2021. Consequently, it was important to provide training in the key skills required to work within an acute inpatient setting to preceptee Physiotherapists starting at an acute NHS Trust in 2021.