Findings: Feedback from learners (n=21) rated the content most useful for 'trauma in pregnancy' (2.95/5) and 'teamworking' (2.90/5), whilst 'networking with peers' was lowest rated (2.21/5). Scenarios were realistic (75%) and appropriate for training level (86%). However, the audio-visual system was rated adequate by only 57%. Comments described difficulty with simultaneous speech during the simulation. Satisfaction with reflective debriefing was 76%, however free-text comments revealed verbal feedback delivered to simulation teams by 'remote' peers was perceived more critically than feedback received from local faculty.
Conclusion: A novel technological setup with OBS Studio was used for a collaborative simulation event viewed across the UK. Scenarios were rated positively. There was difficulty discerning multiple audio streams during the simulation. We plan to provide team leaders with dedicated microphones for overall commentary. We recognised the lack of diversity in simulation manikins within the host hospital and, as recommended [1], are now arranging representative manikins that can be used routinely and not for stereotypical scenarios. Feedback from a remote group to a smaller 'in-situ' participant group can feel daunting and direct. This may reflect the challenging topics explored, but also difficulties recognising the nuances of nonverbal cues in a virtual space. As such, care must be taken with ground rules, and facilitating appropriate exploration of learning points. Although feedback has identified areas for improvement, hybrid simulation can deliver immersive experiences to geographically-dispersed learners which are time- and cost-effective, with reduced environmental impact from travel. Alongside allowing physical-distancing, it may support distance-learning and facilitate cross-institutional collaborations. We recommend exploring OBS Studio for livestreaming simulations [2].

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INNOVATION IN SIMULATION: REDUCING THE COST

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Background: Simulation equipment is often prohibitively expensive. More so for smaller remote settings and developing countries. Reducing costs is essential to increase widespread uptake of high-fidelity simulation tools.
Methods: We describe the evolution of a cooperative simulation model development team incorporating the local Emergency Medicine Department clinical staff and local Secondary school pupils. This was a symbiotic relationship that utilised the clinical expertise of the doctors while giving the students project management experience while using the significant resources of the schools for physical product development. Roughly 15,000 tracheostomies are performed each year in the UK. After looking further in depth at emergency tracheostomies, we recognised a gap in this area of healthcare training [1]. Consequently, developing a surgical airway trainer was selected as the model to produce over the course of an academic year. The partnership project required infrequent visit from the clinical team to inform on clinical particulars and review model progression. Ultimately 2 models were selected from various prototypes to take to completion. These represented 3 core areas we wished to develop. The first model was a high-fidelity model completed using latest technology available in the school's workshops. The second was built with minimal technology and aimed to be reproducible following simple instructions with widely available materials and be completely biodegradable.
Results: This project resulted in successful development of two surgical airway models – both clinically and anatomically accurate, reusable, which deliver high quality simulation to a group of doctors and students at the local hospital. Both models are easily reproducible with minimal skills, but varied in both the detail and tools required to produce and degree of sustainability. Maximum cost of materials was £15.
Conclusion: Partnership with local schools gives hospitals access to resources not otherwise available that can lead to the development of innovative simulation models that can significantly reduce the cost of simulation. Both parties gain significantly from this partnership. Going forwards we aim to continue the partnership with aims to develop a central line training model over the next academic year.

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ADDRESSING THE ONGOING IMPACT OF THE COVID-19 PANDEMIC ON MULTIDISCIPLINARY FOUNDATION SIMULATION-BASED TRAINING

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Background: Simulation-based education has an established role in the training of healthcare professionals. Annually, a mandatory simulation course is run for foundation doctors at a London teaching hospital. Nurses and allied health professionals (AHPs) are also invited as 'staff that work together should train together' [1]. The COVID-19 pandemic resulted in fewer learning opportunities, and attendance from nurses and AHPs was subsequently reduced on the 2021–2022 programme. The aim was to bring attention to, create discussion, and offer solutions to address the ongoing barrier of the pandemic to effective interprofessional education (IPE).
Methods: Pre- and post-course questionnaire responses were collected via SurveyMonkey using the Human Factors Skills for Healthcare Instrument (HuFSHI) [2] and clinical-based questions. These were paired anonymously with mean improvements calculated for each. The post-course questionnaire contained free-text questions.
Results: 23 courses were scheduled but 7 were cancelled due to poor attendance. There was a lack of nurses and AHPs signing up (153 doctors, 22 nurses, and 8 AHPs). Overall, 100 learners attended, consisting of 91 doctors, 8 nurses, and 1