

**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

AHP. The low proportion of nurses and AHPs was commented on by medical participants in their feedback. Of the 16 courses, 9 were attended solely by doctors and 5 sessions had only 1 nurse/AHP. The course was well received with positive average change scores across the 12 HuFSHI questions and clinical-based questions.

**Conclusion:** Whilst results show the course had a positive influence, the lack of nurses and AHPs meant the known value of IPE was diminished. As training is linked to improved resilience and wellbeing [3], nursing and AHP staff missed out, creating disparity across professions. This is significant following the impact of the pandemic on training and wellbeing – which this piece suggests is ongoing. Formal data was not collected regarding the reasons for poor attendance, but cancellation of nurse's study leave across the Trust for a short period, plus covering isolation and sickness were likely contributing factors. Unexplained non-attendance on the day proved the most challenging although contacting participants beforehand combatted this to some degree. There are plans to introduce a text reminder system for next year. Proactive and integrated planning with stakeholders has enabled the early release of dates for next year, with doctors allocated automatically to sessions to promote a balanced spread of professions represented. Alternatively, in-situ simulation provides another way to increase accessibility and attendance.

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## THE LIVED EXPERIENCES OF EDUCATORS INVOLVED IN MEDICAL EDUCATION SIMULATION

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**Background:** Simulation has been part of medical education for many years. It has evolved and advanced alongside training needs and practice. Although student experiences within simulation have been well documented, educators' experiences are lacking in the literature. Most of the literature around this topic relates to educators learning experiences, the development and planning of simulation in general, and faculty development [1,2]. Consequently, this gap in the literature forms the basis of this study.

**Methods:** A qualitative phenomenological approach of Interpretive Phenomenological Analysis (IPA) was adopted for this study. This was so that the lived experiences of educators involved in a simulation day for final year medical students could be analysed and interpreted. Ethical Committee Approval was obtained, and 6 educators involved in this day were interviewed using semi-structured interviews. The transcripts were then analysed for themes and interpreted.

**Results:** Analysis of the interview transcripts identified four main themes. Journey into simulation, which focused on passion for simulation and training needs; what simulation means, which included topics around fidelity and debriefing; developing in simulation, which described personal and faculty development, imposter syndrome, and technology; and the culture of simulation, of which teamwork, hierarchy, and the wider community featured.

**Discussion:** The lived experiences and themes presented carry with them the processes that facilitate the growth and development of our medical simulation educators, as well as some of the barriers and stressors. These facilitators include passion, apprenticeship and immersive experiences, teamwork, and reflection, with barriers and stressors being technology, developing debriefing skills, and imposter syndrome. Implications for practice include recognising and making time for formal and informal reflection as a team, understanding the role workplace learning has in faculty development and debriefing, ensuring faculty understand the objectives of each simulation-based activity, and developing coaching and mentoring opportunities to explore feeling around imposter syndrome and hierarchy.

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## THE EXPERIENCES OF STUDENT PHYSIOTHERAPISTS APPLYING A NOVEL THERAPEUTIC TOOL WITHIN A SIMULATED PRACTICE ENVIRONMENT: A QUALITATIVE STUDY

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**Background:** Current evidence suggests that despite being well placed to use psychological strategies to improve complex communication with patients, physiotherapists lack confidence in the application of such strategies [1]. Training to help them to navigate complex interactions with patients presenting with psychological distress is therefore recommended within prequalifying physiotherapy education [2]. A brief therapeutic interaction tool (the model of emotions, adaptation, and hope; MEAH) has been developed for this purpose [3]. The aim of this qualitative study was to explore the experiences of physiotherapy students applying the brief therapeutic interaction using the MEAH in an online setting compared to an in-person setting, within a simulated learning environment.

**Methods:** An interpretive hermeneutic phenomenological study design was utilised. Two simulation learning environment settings were selected; (1) 25 final year physiotherapy students experienced the simulation-based activity in the in-person setting on a university campus, and (2) 13 second year physiotherapy students experienced the simulation-based activity in an online setting. A 50-minute