

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