

pre-recorded e-training lecture was completed prior to all students participating in an individual 10-minute simulation. The simulated patient was played by the same actor in both settings. Two methods of data collection were used: (1) a single semi-structured interview, to consider the experiences of all students across both settings. This data was analysed using reflexive thematic analysis. (2) a live recording of 24 of the in-person student interactions were captured. This data was analysed using conversation analysis.

Results: Thematic analysis: Four major themes across both groups were identified: (a) the content and value of the e-training (b) the experience and perception of the simulation, (c) the application of the MEAH screening tool, and (d) future training needs. Conversational analysis: Three types of interaction were identified. Type 1 interactions (15/24, 62.5%) followed the form in a very exacting way. Type 2 interactions (3/24, 12.5%) used the tool as an aid to their conversation. Type 3 interactions (6/24, 25%) deviated from the main focus of the tool. Factors which influenced the interaction were identified.

Conclusion: The simulated practice learning environment provided an ideal way to enhance students' communication skills, through safe and deliberate practice with a simulated patient. Use of the MEAH tool demonstrated that brief and focused teaching enhanced the perceived confidence of physiotherapy students to undertake difficult patient interactions. Online experiences were perceived more positively compared to in-person training, making it a useful platform to develop student confidence that should be explored further within simulation-based education.

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A QUALITY IMPROVEMENT PROJECT (QIP) ON THE AWARENESS OF THE REVISED ANAPHYLAXIS GUIDELINES IDENTIFIED THROUGH SIMULATION

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Background: Anaphylaxis is an important emergency which forms part of the adult Advanced Life Support guidelines. The guidelines for anaphylaxis have recently undergone a change in the 2021 revision, with steroids and antihistamine no longer advised for acute anaphylaxis and an adrenaline infusion included as part of the new refractory anaphylaxis algorithm [1]. Scenarios for the medical trainees run at our simulation centre identified a lack of awareness of the revised anaphylaxis guidelines among learners. A QIP was completed to improve the level of learners' awareness and confidence of the revised anaphylaxis guidelines in conjunction with the simulation team.

Methods: Online surveys were sent out to the medical registrars and internal medicine trainees regarding the revised anaphylaxis guidelines. This was followed by an email

sent two weeks later with the revised guidelines highlighting key changes. The same group were subsequently re-surveyed two weeks following the intervention to identify changes in clinical practice. Concurrently, scenarios based on the revised anaphylaxis guidelines were run for the medical trainees with specific emphasis on whether trainees were aware of the need for an adrenaline infusion (managed in a specialist setting) if symptoms were ongoing despite two IM doses of adrenaline. In the post-simulation debriefing, discussion was focused on the change in the anaphylaxis guidelines.

Results: In the first cycle, 100% of 23 respondents felt confident managing anaphylaxis but only 50% of respondents were aware (and were confident) that the guidelines had been revised. 2/3 of respondents had not managed a case of anaphylaxis in the last 12 months. In the second cycle, 100% of 4 respondents were aware of the revised guidelines but only 75% of respondents were confident in following the guidelines. 75% of respondents had not managed a case of anaphylaxis in the last 12 months. The significant drop in number of responders is likely to be multifactorial but may reflect a change in focus of educational needs due to the ongoing COVID-19 pandemic leading to a change in the educational landscape. A survey done on the attitude of medical students during the COVID-19 pandemic towards online learning found that only 54.1% of respondents felt that interactive discussion could occur through e-learning [2].

Conclusion: Following the QI results, the cardiac arrest trolleys were checked and the emergency box with adrenaline now includes the revised anaphylaxis algorithm but not hydrocortisone and chlorphenamine. Refractory anaphylaxis is now a standard scenario for the medical trainees in our simulation centre.

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IMPROVING OBSTETRICS AND GYNAECOLOGY DEPARTMENTAL INDUCTION USING SIMULATION

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Background: It is well established that trainee doctors struggle with the transition into a new department. There is evidence that simulation-based education (SBE) improves competence and confidence [1]. At our Trust, there is a one-day induction for Obstetrics and Gynaecology (O&G) introducing logistics of the Department and basic skills (e.g. rota and speculum examination). However, it had limited coverage of clinical knowledge, trust protocols, and management of common O&G presentations. The aim of this study was to improve the confidence of new doctors beginning their O&G clinical rotation by increasing their knowledge-base of common presentations, protocols, and procedures through designing and implementing a trainee-focused simulation-based training programme into their induction.