

Methods: We collected feedback from six trainees who had undergone the previous induction programme regarding its utility and how confident the trainees felt on starting their rotation. It was evident from this that the induction did not adequately prepare them for their role and all were in agreement to have simulation embedded into the induction programme. We designed six scenarios based on common O&G presentations and used Trust Protocols (consenting, postnatal ward round checks, bleeding in pregnancy) as a guide for best practice. The programme was delivered to two cohorts (total of 12 trainees) in December 2021 and April 2022. During the new simulation-based induction, trainees completed a pre- and post-programme questionnaire which measured self-reported changes in confidence levels, O&G knowledge, and departmental protocols via a 5-point Likert scale. The questionnaire also explored their expectations of the day, whether they were met, and if this programme should feature permanently in the O&G departmental induction. These responses were analysed using the framework analysis.

Results: Quantitative results revealed: increased confidence (+80%; $p<0.001$), decreased anxiety (-53.4%; $p<0.001$), increased knowledgebase (+50%; $p=0.003$), increased knowledge of Trust protocols (+82.6%; $p=0.001$), and all 12 participants were able to locate them when needed. Analysis of qualitative results revealed common themes of improved confidence, increased knowledgebase, clearer expectations of their job roles, and 100% of participants agreed that simulation should form a permanent part of their induction. Furthermore, their expectations of the programme were met was confirmed by the thematic analysis of participants' expectations before and after the induction.

Conclusion: We recommend the use of simulation in departmental inductions as it is essential in improving trainee confidence; increasing their knowledge of common O&G presentations and of Trust protocols and procedures, and of their roles within the department.

REFERENCE

1. Lateef F. Simulation-based learning: Just like the real thing. *Journal of Emergencies, Trauma and Shock*. 2010;3(4):348.

INTRODUCING MEDICAL EMERGENCY SIMULATION TO 'PREPARATION FOR PRACTICE' FOR FIFTH YEAR MEDICAL STUDENTS

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Background: We introduced a pilot of medical emergency simulations using a high-fidelity manikin to fifth year medical students. These students were undertaking 'Preparation for Practice' two months before they started as junior doctors in the UK. The University specified a number of medical emergencies that students should experience during this time, but the timing of these can be sporadic leading to a lack of student exposure. High-fidelity simulation has been shown to lead to higher retention of knowledge and skill in the longer term within medical students compared to lecture alone [1], while increasing confidence and performance of learned skills when applied to real patients [2]. The aims of this project were to increase student exposure to medical emergencies, improve confidence, and ability to manage acute emergencies, and improve patient care and outcomes.

Methods: Our cohort were 42 fifth year medical students who had passed final examinations and were undertaking 'Preparation for Practice' in a district general hospital. There were varying levels of previous simulation exposure within these students. There was no previous simulation incorporated into 'Preparation for Practice'. The in-person scenarios included recreating life-threatening conditions on a high-fidelity manikin that can closely mimic a human presentation. The scenarios correlated with the core medical emergencies specified by the University for students to experience, discuss, and record in their logbooks. A session had four students, with four medical emergency scenarios per session. Each student was lead for one scenario, helper for another, and then observed two further scenarios. The lead student assessed the patient, initiated management, and prescribed in real time. There was discussion and feedback at the end of each scenario. Afterwards, students anonymously filled out an online feedback questionnaire.

Results: We assessed confidence regarding management of medical emergencies pre- and post-simulation via a subjective rating scale. The data collected from students demonstrated an overall improvement in confidence by 25% after the high-fidelity simulation. 95% stated they felt confident in their ability to manage the case mix presented to them as a junior doctor after the session. 95% felt there was a role for simulation training within 'Preparation for Practice'.

Conclusion: We believe that simulation should be a core part of university curriculum, particularly in the transition period from medical student to junior doctor. We plan to incorporate this to future 'Preparation for Practice' programmes at our hospital, whilst bringing the idea to the University for consideration at other sites.

REFERENCES

1. Waters PS, McVeigh T, Kelly BD, Flaherty GT, Devitt D, Barry K, Kerin MJ. The acquisition and retention of urinary catheterisation skills using surgical simulator devices: teaching method or student traits. *BMC medical education*. 2014;14(1):1-8.
2. Tuggy ML. Virtual reality flexible sigmoidoscopy simulator training: impact on resident performance. *J Am Board Fam Pract*. 1998;11(6):426-433.

MENTAL HEALTH ASSESSMENT – A 360° STUDENT EXPERIENCE

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Background: We have been developing 360° simulated practice videos for healthcare science students. The students who have taken part in the filming and watched the videos provided feedback on whether this would benefit their learning. We are doing this to continue to strive forward with innovations in virtual learning in line with Health Education England [1]. The simulation-based videos have been created to add to the healthcare sciences units to aid in 'real-life' teaching styles, to help build confidence and resilience in healthcare students, and to provide multidisciplinary, patient-focused scenarios that can be included in assessments [2].

Methods: First and third-year paramedic students took part in mass casualty scenarios filmed at our student's union building. They worked with Critical Care Practitioners, Academics, Nurses in practice, and the