National Ambulance Resilience Unit to create handover videos involving assessing casualties to create videos for other healthcare professionals. Follow-up videos were then filmed on the 360° cameras in the simulation suites to represent an accident and emergency environment as this is where mental health crisis assessments can take place. The adult psychosis presentation was filmed and shows 'psychiatric liaison nurses' played by second-year MSc and BSc mental health students assessing the person with suspected psychosis and making clinical decisions. The scenario mental state examination and the case study were scripted. Students could view the 360° videos using virtual reality headsets such as the Oculus Rift [3]. The student feedback evaluation data was collected via an online survey and focus group discussions (FGDs).

Results: A survey was completed with n=30 students across all fields of nursing students and paramedic students. The student FGD evaluations were very positive about alternative simulated learning styles with one student quoting 'It will make an assessment of mental health patients a lot easier for students using appropriate tools and models'.

Conclusion: Students found that simulation-based learning experience is an excellent addition to traditional learning approaches as it met the requirements for different learning styles. This research project brought together academics and practitioners from across practice and university. Future work should build on these resources based on feedback from students and service users.

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PROMOTING THE USE OF SIMULATION-BASED EDUCATION IN GP SURGERIES THROUGH THE DEVELOPMENT OF A NEW LOCAL NETWORK OF PRIMARY CARE SIMULATION EDUCATORS

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Background: Simulation-Based Education (SBE) is a widely used educational tool in healthcare, but with a skew to secondary care. Our work is part of a growing movement to bring the benefits of SBE into primary care [1]. There is an expanding and diversifying number of staff groups in general practice, with the potential to bring additional expertise and experience to benefit primary care patients; notably the Additional Roles Reimbursement Scheme is bringing new paramedics, pharmacists, physiotherapists, physician's associates, and social prescribers, among others, into the traditional primary care workforce. There have been significant challenges in embedding these new roles, creating a sense of belonging, forming new ways of multi-disciplinary working, as well as understanding of their strengths and training needs [2]. The aim of the programme is to build a sustainable local network

of simulation practitioners to continue to deliver in-situ simulations to the general practice teams. This will contribute to the training and education of clinicians, improving patient experience and safety, and embracing the broadening and expanding primary care workforce.

Methods: We are training a network of 'Simulation Ambassadors' to work in local Primary Care Networks – clusters of practices serving up to 100,000 patients – to bring SBE to primary care teams, enabling training and education targeted to local needs, in multidisciplinary settings, including established and new staff groups. This has the intended benefit of allowing focused training sessions in GP practices, fostering closer working relationships between members of different staff groups while sharing knowledge and learning between these different groups.

Results: 6 'Simulation Ambassadors' have received training to deliver and debrief simulation sessions and are further supported by a Primary Care Simulation Fellow, who provides resources, mentoring, and fosters a community of practice. The simulation sessions cover a range of topics including 'acute' scenarios (e.g. the unwell patient in a waiting room), as well as scenarios focused on consultation and communication skills (e.g. safeguarding, explanations and diagnoses of chronic pain conditions, paediatric asthma management).

Conclusion: We have encountered several challenges during this process, including the novelty and unfamiliarity of simulation in primary care, and the difficulty of asking already stretched staff to dedicate time, either as educators or learners, away from direct clinical care. As the programme rolls out, we intend to demonstrate the value of simulation as an educational medium and will encourage wider use locally within Primary Care.

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A STUDY INTO THE PERCEPTIONS OF PRE-REGISTRATION NURSES' USE OF MENTAL SIMULATION FOR LEARNING CARDIAC ARREST SKILLS

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Background: Pre-registration nurses (students) must be prepared to be part of a cardiac arrest team at a moment's notice. Basic Life Support (BLS) must be performed proficiently and accurately. Proficient performance relies on repetitive practice, but time without practice results in skill decay [1]. Mental simulation offers the opportunity for repetitive, solitary, deliberate practice. Mental simulation is a quasi-perceptual experience in the absence of stimuli and overt physical movement [2]. Mental simulation has been well researched within healthcare education with promising results. Mental simulation has previously been shown to objectively improve performance of cardiopulmonary resuscitation (CPR) skills [3]. We aim to: 1) understand how participants integrate mental simulation into their busy lives over several weeks; 2) understand how the participants experience imagining a cardiac arrest and what this means