

[students] in imagining performing cardiac arrest skills. The protocol had to be designed to increase the mental simulation exercise's functional equivalence and increase the possibility that learning would take place.

Methods: The protocol had several elements to improve functional equivalence, and these were: i) a narrated audio script with embedded sound effects that described the scenario. The script was based on PETTLEP mental simulation framework (physical, environment, task, timing, learning, emotion and perspective) [3]. The author used a tripartite script design. The scripts were designed between 1) the [first] author, 2) the [2015] BLS and ALS guidelines, and 3) students with real-world cardiac arrest experience; ii) a first-person [1-P] film of a cardiac arrest to assist in evoking high-fidelity images from a 1-P perspective; iii) a patient back story; iv) resuscitation algorithms, and v) a glossary of terms to help inexperienced students to understand cardiac arrest terminology. The glossary would assist students in turning language into images.

Findings: This novel approach to creating a mental simulation protocol created a scenario rich in detail and rich in stimulus, response and meaning cues that could help students learn cardiac arrest skills outside the simulation laboratory.

Conclusion: This is a new and novel way to design mental simulation protocols for learning cardiac arrest skills outside the simulation laboratory.

REFERENCES

1. Geoffrion R, Gebhart J, Dooley Y, Bent A, Dandolu V, Meeks R, Baker K, Tang S, Ross S, Robert M. The mind's scalpel in surgical education: a randomised controlled trial of mental imagery. *Int J Obstet Gy.* 2012;119(9):1040–1048.
2. Jeannerod M. Neural Simulation of Action: A Unifying Mechanism for Motor Cognition. *NeuroImage Clin.* 2001;14(1 pt. 2):S103–109.
3. Holmes PS, Collins DJ. The PETTLEP Approach to Motor Imagery: A Functional Equivalence Model for Sport Psychologists. *J. Appl. Sport Psychol.* 2001;13(1):60–83.

A BESPOKE TRAIN THE TRAINERS COURSE TO MAKE HEALTHCARE MORE INCLUSIVE FOR PEOPLE WITH LEARNING DISABILITY

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Background: People with Learning Disability (LD) often receive inequitable care within the NHS, something Mencap has described as 'institutional discrimination' [1]. The NHS Long Term Plan states the need to improve the care of patients with LD [2]. Simulation with debriefing is a useful approach for improving patient care with Human Factors teaching. To improve education around LD, we created a de novo course with concurrent LD theme for nursing educators to become trained in debriefing and simulation, to allow them to become champions in facilitating learning, especially in relation to LD.

Methods: To establish the current educational needs of our organisation around LD, we conducted a staff survey to further understand the educational needs of our colleagues. 108 professionals from a variety of disciplinary backgrounds (including nurses, dietitians, and doctors) across 4 sites within our Trust responded. Thematic analysis highlighted the need for further education, with anxiety about inequitable treatment of LD patients, and staff and patient physical safety when looking after a patient with LD. We subsequently

ran a 2-day 'Train the Trainers' course for nursing educators, which used communication scenarios (online videos and actors) and games to develop generic debriefing skills. Day 2 focused on simulation design and incorporating LD into simulation design, and at the end of the course participants facilitated a high-fidelity simulation to the rest of the group. Throughout the course, patient feedback, serious incidents, staff survey, and our Trust LD specialist nurse's expertise were incorporated.

Results: 8 nurses attended our course, taught by a diverse multidisciplinary faculty. Before the course, confidence in debriefing was on average 2.8/5 (5 being most confident). Afterwards they rated their confidence 3.8/5. Learners were asked about their confidence raising awareness of LD within their department. The rating was improved from the initial 2.6/5 to 3.6/5 after the course. To date, 1 participant has delivered LD-related teaching to their department using debriefing skills following an online LD video used on the course.

Conclusion: Our staff survey highlighted the need for further education within our organisation. The course was successful in increasing nursing educators' confidence in debriefing and their confidence in raising awareness of LD during teaching sessions. We are currently creating further resources to aid teaching, including videos with service users. We will further signpost to existing resources and request delayed feedback to assess if our nursing educators have become LD Champions.

REFERENCES

1. Mencap. Mencap.org.uk. 2022 <https://www.mencap.org.uk/sites/default/files/2016-08/Death%20by%20Indifference%20-%2074%20deaths%20and%20counting.pdf> [Accessed on 18/06/2022]
2. NHS England. NHS Long Term Plan. NHS Long Term Plan. 2022. <https://www.longtermplan.nhs.uk> [Accessed on 19/06/2022]

HOW TO INTRODUCE INTERPROFESSIONAL EDUCATION (IPE) TO CARDIAC ARREST SIMULATIONS FOR FINAL YEAR UNDERGRADUATE MEDICAL AND NURSING STUDENTS

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Background: Healthcare professionals work in a diverse community of different specialties and skills. However, most healthcare professional courses are insular and isolating in their training methods. This results in highly trained individuals, who are unfamiliar with the true multidisciplinary team (MDT) approach in health services [1], leaving them unprepared for working in the NHS. One specific area where teamwork, good communication and appreciation of others' skills sets are crucial is during medical emergencies and cardiac arrests, where multiple professions (including: Doctors, Nurses, Resuscitation officers, Operating Department Practitioners) work together to achieve the best outcome patients. We aimed to introduce Interprofessional Education (IPE) to cardiac arrest simulations for final year undergraduate medical and nursing students to improve their understanding of working as part of a MDT, to enhance their confidence in dealing with cardiac arrests and prepare them for work in the NHS.

Methods: Reviewing the literature, there are several key components required to successfully instil IPE including: