commitment to IPE, expert facilitation, understanding of roles in different professions, and positive role modelling [2]. When designing the course, we obtained each profession's learning outcomes for cardiac arrest and planned them into the course; paying particular attention to equal weighting of learning outcomes for both professions and mutual learning outcomes. Furthermore, we identified key skills which we wanted students to demonstrate and designed simulations to incorporate these. For example, nursing students using the defibrillator in manual mode independently and medical students to independently use the defibrillator in automatic mode. To add value to the course we wanted high quality role modelling and profession specific feedback. To do this, we ensured both qualified nurses and doctors with experience in delivering feedback and real-life cardiac arrest cases were present for all sessions.

Results: Feedback collated from students and faculty positively supported the introduction of IPE in cardiac arrest simulation, with students specifically commenting on the benefits of teamwork, understanding each other's competencies, and benefits of workings as an MDT.

Conclusion: Due to these simple changes and keeping IPE at the centre of our design and implementation of the cardiac arrest simulation course, we were able to successfully introduce IPE to final year undergraduate medical and nursing students.

REFERENCES

1. Choudhury RI, Mathur J, Choudhury SR. How interprofessional education could benefit the future of healthcare–medical students' perspective. BMC Medical Education. 2020;20(1):1–4.
2. Buring SM, Bhushan A, Broeseker A, Conway S, Duncan-Hewitt W, Hansen L, Westberg S. Interprofessional education: definitions, student competencies, and guidelines for implementation. American journal of pharmaceutical education. 2009;73(4).

PREPARING FINAL YEAR MEDICAL STUDENTS FOR THEIR TRANSITION TO FOUNDATION YEAR 1 USING SIMULATION

Wuraola Obadahun[1], Rania El Matary[1], Sean Warburton[1]; [1]Dartford and Gravesham NHS Trust, Dartford, United Kingdom

Background: The transition from medical student to Foundation Year 1 (FY1) doctor represents a vital stage in the development of a newly qualified doctor. It is well established that medical students struggle with this transition [1]. There is evidence that simulation-based education (SBE) improves competence and confidence [2]. At our Trust, medical students undergo a Transition to Foundation Year 1 (TTF1) placement to prepare them for their upcoming roles. This study's aim was to improve the confidence of final year medical students beginning their FY1 jobs in August 2022 by introducing them to common FY1 situations like prioritising tasks, handing over, being part of the on-call team, and practising clinical skills to improve patient safety as per the General Medical Council (GMC) outcomes for graduates [3]. We designed and implemented a simulation-based training day during their TTF1 placement.

Methods: We collected feedback from a focus group of nine final year medical students regarding what would help best prepare them. We mapped these against their medical school's curriculum and the GMC's framework [3]. They reported they were inadequately prepared for FY1 and all

agreed to have a training day covering different domains to increase their confidence. We designed a TTF1 training day that included lecture-based teaching on how to survive FY1, three scenarios based on common FY1 situations and a teaching session on ultrasound guided cannulation. The training day was delivered to five cohorts (29 medical students) during their TTF1 placements in 2022. During this training day, medical students completed a pre- and post-programme questionnaire which measured self-reported changes in confidence levels via a 5-point Likert scale across domains: verifying deaths, prioritising tasks, cannulation, handing over, and being part of the on-call team. The questionnaire also explored their expectations of the day and what they had learnt from the day. This was analysed using the framework analysis.

Results: Quantitative results revealed: increased preparedness for their FY1 role (+24%; <0.001) and being part of the on-call team (+58.7%; p<0.001), increased confidence in prioritising tasks (+28.6%; <0.001), verifying deaths (+131.5%: <0.001), and cannulation (+50%; <0.001). Analysis of qualitative results revealed common themes of improved confidence in ultrasound guided cannulation, increased knowledge-base, clearer understanding of handling common FY1 situations, and 100% of participants agreed that this training day was useful.

Conclusion: The implementation of a TTF1 training day proved to increase the students' confidence and levels of preparedness for their upcoming jobs.

REFERENCES

1. Cameron A, Millar J, Szmidt N, Hanlon K, Cleland J. Can new doctors be prepared for practice? A review. Clin Teach. 2014;11:188–192.
2. Lateef F. Simulation-based learning: Just like the real thing. Journal of Emergencies, Trauma and Shock. 2010;3(4):348.
3. General Medical Council. Outcomes for Graduates 2018. 2018. https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf [Accessed on 1/06/2022]

GAMIFICATION IN OPHTHALMIC SURGERY SIMULATION

M. Bilal Malik[1], Sehrish Nizar Ali Momin[1]; [1]Aga Khan University, Karachi, Pakistan

Background: Recent advances in simulation have yielded great outcomes in training ophthalmology residents worldwide [1]. However, repetitive tasks may lead to burnout and loss of interest. The safe learning environments provided by surgical simulation create space for exploring creative practices and the introduction of gamification [2]. We held one such tournament for ophthalmology residents to compare and compete on their cataract surgery skills [3]. The aim was to generate interest and sportsmanship amongst the residents, and engage senior surgeons on the utility of simulation.

Methods: We designed a knockout tournament with 3 rounds, for 8 participants (Figure 1). Specific tasks for each round were selected on the EyeSi course software (V3.0.6). Round 1 was 'Capsulorhexis-high tension', round 2 'Capsulorhexis-errant tear', and round 3 'Milky-White Cataract'. Rules were displayed to the participants before the event and the highest score of three consecutive attempts was considered a passing score. A live performance was projected on a screen with an audience, along with a scoreboard display keeping track of scores and progression of participants.