

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.

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

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**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.

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## GAMIFICATION IN OPHTHALMIC SURGERY SIMULATION

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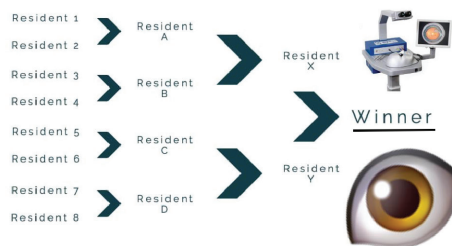
10.54531/BZFW9599

**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.

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EyeSI, CIME  
by Residents of  
Ophthalmology,  
Department of Surgery



**Figure 1:** Illustration of the knockout tournament in three rounds.

**Results:** Round 1 scores for the 8 participants ranged from 0 to 94 out of 100, and the top 4 scorers who qualified for the next round scored 94, 94, 94, and 90 in their highest scoring attempt. The mean time taken per task in round 1 was 2 min 24 sec. Round 2 highest scores were 89, 86, 79, and 74, and the mean time taken was 2 min 18 sec. Final round 3 scores were 69 and 65, and a champion was declared. The whole event took 3 hours and successfully generated sportsmanship spirit and significant interest in surgical simulation. Furthermore, the simulator noted a total injured corneal area of 18.78 mm<sup>2</sup> and capsular damage of 4.7 mm.

**Conclusion:** The design of the tournament not only ensured excitement amongst all participants but also encouraged participants to excel in the tasks in the provided course by bringing sportsman spirit, boosting the confidence of performing live surgery in front of an audience, and by collecting and analyzing their cumulative data. Gamification of surgical simulation allows residents to compete in a safe learning environment. We recommend this exercise to all centers equipped with surgical simulators. In the future, different surgical themes and future international tournaments may be explored.

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## USING SIMULATION TO IMPROVE CONFIDENCE IN THE ESCALATION OF PATIENTS WITH LEARNING DISABILITIES BY NURSES IN THE ACUTE CARE SETTING

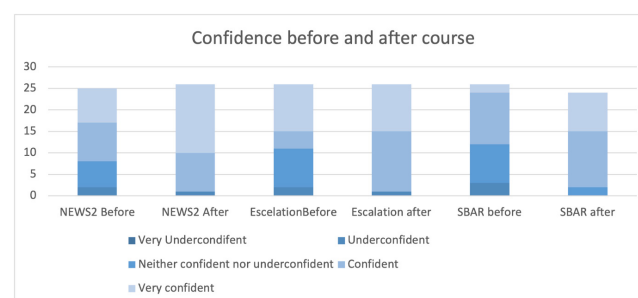
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**Background:** The National Early Warning Score (NEWS) is used to collate measurements of patients' vital functions, identifying patients who require management to prevent deterioration [1]. Not following NEWS escalation protocols is linked to adverse events and may occur due to prioritising clinical judgement over scores and communication failures [2]. Patients with learning disabilities are even more at risk of avoidable adverse events in hospital, but education to improve the understanding of the needs of these patients may be a protection against this [3]. This research assessed the improved confidence of nurses in escalation following a simulation-based course focused on escalating an unwell patient with learning difficulties.

**Methods:** The course started with an interactive talk on how to measure NEWS by a nurse educator. A simulation-based video we created of a mismanaged scenario involving a patient with learning disabilities was shown, followed by a discussion about handover using the SBAR structure. The simulation required the attendee accurately calculating a NEWS score of an actor connected to a monitor we could control and escalate to a doctor over the phone. This simulation was shown in real time to the other attendees, and the debriefing was facilitated by a doctor trained in debriefing. Pre- and post-course questionnaires were completed by attendees to assess their nursing experience, confidence in assessing NEWS, and escalation rated on a scale of 0 (very unconfident) to 5 (very confident).

**Results:** The course was run 6 times for a total of 26 nurses. The median length of nursing experience was 17 months (range 1–249 months). More attendees were confident (defined as 4 or 5 out of 5 in the confidence scale) in assessing NEWS, escalating to the medical team, and using SBAR post-course (96%, 96%, and 93% respectively) compared to pre-course (68%, 57%, and 54% respectively), which can be seen in figure 1. Improvements were seen in calculation of NEWS and the use of SBAR in freeform written handovers between pre- and post-course questionnaires. Five respondents suggested involving doctors or other members of the multidisciplinary team in the course.



**Figure 1:** Confidence of the participating nurses before and after the course.

**Conclusion:** This simulation-based course focusing on care of a patient with learning disabilities has improved confidence in assessing NEWS and escalation with a structured handover to the medical team. Further research should be focused on multidisciplinary simulation on escalation in the acute care setting, and how including cases involving learning disabilities improves outcomes in this at-risk group.

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## MEANINGFUL SIMULATION: SERVICE USER AND ACADEMIC COLLABORATION SUPPORTING PHYSIOTHERAPY STUDENTS WITH HEALTHY CONVERSATIONS

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