

discussion. Participating in debriefing as both the facilitator and learner, the participants reported that they felt more comfortable about critiquing care that learning how to use open questions.

Conclusion: The students created their own community of practice [2] and actively sought literature and evidence-based practice to create the designs and the parameters and behaviours for their own cases that they facilitated. The debriefing sessions evolved into reflection surrounding their identity and the agency of practice in the clinical arena. As faculty, the expectations prior to this project were that the designs created would be trauma only and found all were authentic and professionally written. The faculty will be implementing this project across all years of undergraduate training for paramedics. Supporting students to write and deliver their own SBES at intervals allows them to be involved in their own learning. This additional knowledge and skills will assist them into professional practice.

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CO-DESIGN: A GUIDED REFLECTIVE LEARNING CONVERSATION MODEL FOR SIMULATION-BASED EDUCATION

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10.54531/RWPZ1005

Background: The critical care environment is stressful with complex clinical cases and high levels of workload [1]. Adequate exposure to various clinical experiences is essential to develop effective clinical reasoning skills [2]. Taking into consideration the risk of clinical practice mistakes and the importance of patient safety, simulation is an effective method to immerse learners in scenarios that mimic clinical situations with focused learning opportunities. Guided reflection through reflective learning conversations following simulation activities is recognized as an effective method to develop clinical reasoning skills [3]. We describe a co-design process to develop a simulation guided reflective learning conversation model to optimize the clinical reasoning skills for critical care nurses attending simulation-based activities. **Methods:** A co-design working group of 10 critical care nurses of varying levels of seniority, experience, nationality, and gender; two critical care doctors; three patient representatives; 2 researchers, and 5-6 critical care educators are working collaboratively to co-design the guided reflective learning conversation model, in which clinical reasoning can be optimized with consideration to a wide range of case complexity, subspecialty, and competence levels. The co-design working group is meeting online for 4-6 workshops of 4 hours. The co-design process is built on valid and reliable clinical reasoning and educational theoretical frameworks and models. The inputs to the process, exercises, and activities

are taking place during the workshops and the outputs of the workshops are described to establish the co-design process. The final draft of the model will be validated and tested. The study sample will be grouped into experimental and control cohorts of critical care nurses who attend critical care simulation-based courses (N=300). Data will be collected through surveys, focus groups, and simulation-based objective assessment and observations. The study has received Institutional Review Board approval from the Hamad Medical Corporation Medical Research Centre (MRC-01-22-117) and the University of Hertfordshire (HSK/PGR/UH/04728).

Results: The first draft of the co-design model is presented in Figure 1. The final draft of the model will be released, validated, and tested in the near future using mixed methods research with comparative quasi-experimental and pre-test/post-test design.

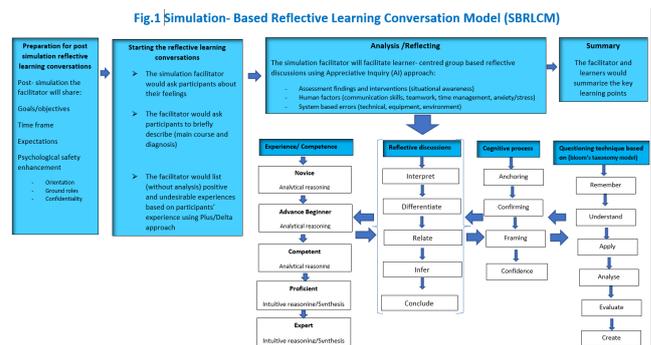


Figure 1: Simulation-Based Reflective Learning Conversation Model (SBRLCM) under development

Conclusion: Clinical reasoning is multidimensional with difficulty to structure and evaluate during debriefing. Developing a guided reflective learning conversation model in which clinical reasoning skills are actively and effectively embedded, would therefore enable critical care nurses developing clinical reasoning skills to meet the special demands of critical care.

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VIRTUAL REALITY WRAPAROUND LEARNING MODULES: AN INNOVATIVE APPROACH TO SELF-DEBRIEFING TO AUGMENT LEARNER EXPERIENCE

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10.54531/NMWA2039

Background: Virtual Reality (VR) simulation has opened to a lot of trainees an ability to experience various clinical scenarios in a virtual space at a time and place that suits them [1]. It also gives an opportunity for deliberate practice as one can repeat the scenario as many times as one likes till proficiency is reached. Research over the years has shown most of the learning occurs