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.

REFERENCES

1. Persico L, Belle A, DiGregorio H, Wilson-Keates B, Shelton C. Healthcare simulation standards of best practice™ facilitation. Clinical Simulation in Nursing. 2021;58:22–26.
2. Wenger E. Communities of practice: learning, meaning, and identity. 1999. Cambridge, UK, Cambridge University Press.

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

Emad Almomani[1], M Jacqueline Sullivan[1], Omar Saadeh[1], Emad Mustafa[1], Natalie Pattison[2], Guillaume Alinier[1,2,3,4]; *[1]Hamad Medical Corporation, Doha, Qatar, [2]Faculty of Health and Social Work, University of Hertfordshire, Hatfield, United Kingdom, [3]Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, United Kingdom, [4]Faculty of Weill Cornell Medicine-Qatar, Qatar, Doha*

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.
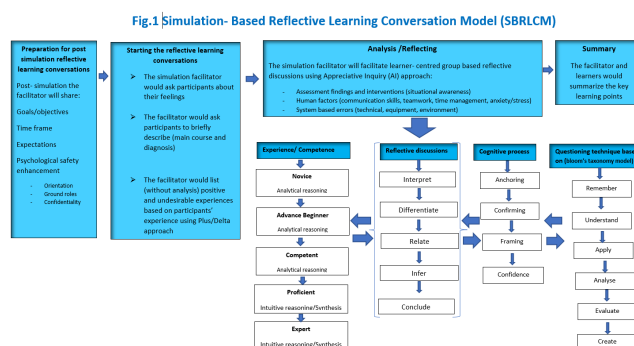

Figure 1: Simulation-Based Reflective Learning Conversation Model (SBRLCM) under development

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.

REFERENCES

1. Vahedian-Azimi A, Hajiesmaeili M, Kangasniemi M, Fornés-Vives J, Hunsucker RL, Rahimibashar F, Pourhoseingholi MA, Farrokhvar L, Miller AC. Effects of stress on critical care nurses: a national cross-sectional study. Journal of intensive care medicine. 2019;34(4):311–22.
2. Kang H, Kang HY. The effects of simulation-based education on the clinical reasoning competence, clinical competence, and educational satisfaction. Journal of the Korea Academia-Industrial cooperation Society. 2020;21(8):107–14.
3. Decker S, Alinier G, Crawford SB, Gordon RM, Jenkins D, Wilson C. Healthcare Simulation Standards of Best Practice™ The Debriefing Process. Clinical Simulation in Nursing. 2021;58:27–32.

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

Lekha Agarwal[1], Charleen Liu[1], Georgia Winnett[1]; *[1]Addenbrookes Hospital, Cambridge, United Kingdom*

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

during the debriefing [2] and the VR scenario gives a unique opportunity for self-debriefing or peer-peer debriefing in small groups [3]. However, in the current VR scenarios available to trainees, there is no provision of any link at the end of the scenario to access current best practice guidelines on the topic/scenario which the learner could use as part of their self-debriefing. The project aims to create wraparound learning module around the Virtual Reality clinical scenario to include a patient journey through the hospital, current guidelines, and teaching videos so that learners could conceptualize and consolidate their learning from the VR experience

Methods: VR scenarios available to Foundation doctors were chosen and a review of the topic and related standard best practice guidelines were reviewed on NICE, BTS, and similar resources. We also searched for real patient stories and easy to access procedural videos related to the topic and incorporated them on the module. Wraparound learning modules were created using a blended learning approach on Bridge online platform on topics like pneumothorax and infective exacerbation of Chronic Obstructive Pulmonary Disease. More modules are being created for the benefit of the Foundation doctors across East of England. Throughout the module reflection is encouraged and the topic is aligned to the Foundation curriculum and reviewed for quality assurance. A Likert scale survey would be sent out to the trainees who have completed the modules to assess the increase in their confidence in managing a clinical case after finishing the wraparound module.

Results: The results of the pre-course and post-course levels of knowledge, skills and confidence are being analysed.

Conclusion: Wraparound learning modules could potentially improve learners' experience of the VR scenario and improve learning and confidence in the clinical setting.

REFERENCES
1. Cheng A, Kolbe M, Grant V, Eller S, Hales R, Symon B, Griswold S, Eppich W. A practical guide to virtual debriefings: communities of inquiry perspective. Advances in Simulation. 2020;5(1):1–9.
2. Rudolph JW, Simon R, Dufresne RL, Raemer DB. There's no such thing as 'non-judgmental' debriefing: a theory and method for debriefing with good judgment. Simul Healthcare. 2006;1(1):49–55.
3. Pottle J. Virtual reality and the transformation of medical education. Future healthcare journal. 2019;6(3):181–185.

SIM-STEPS: A STRUCTURED TRAINEE EDUCATOR PROGRAMME IN SIMULATION – AN INNOVATIVE, BLENDED LEARNING APPROACH FOR SIMULATION FACULTY DEVELOPMENT

Lekha Agarwal[1], Georgia Winnett[1]; [1]*Addenbrookes Hospital, Cambridge, United Kingdom*

Background: At present there are limited resources for simulation faculty development and educators are unable to access face-to-face courses uniformly across the region. Currently available online resources lack interactive reflective activity and recorded faculty videos which leads to a less engaging and effective learner experience. We aimed to create a structured and accredited simulation faculty development course on the Bridge online platform for educators who are novice in simulation-based education using a blended learning approach by incorporating recorded faculty videos and current available resources on eLearning For Healthcare (eLFH), Scottish Simulation framework and provide a platform with links to online resources.

Methods: A scoping review was conducted to review current available online resources and face to face courses across the East of England region. Faculty across the region were contacted to understand the learning objectives, outcomes, and content of their courses. A survey was sent out to Bridge users across the region to determine how best to deliver the simulation faculty development course and whether they would find a Bridge course useful. We received 158 responses of which 94% respondents were keen to develop their simulation education skills, 74% had not received any formal training, and nearly 90% wanted a blended learning course. SIMSTEPS has been developed following a detailed gap analysis and scoping review. The course has been designed incorporating the eLFH learning modules, the Scottish framework for Simulation Faculty development. It does not replace face to face teaching but gives a starting point to develop the learners' knowledge and skills about simulation-based education which can be enhanced further in face-to-face courses or workshops. Modules have been developed on key topics relevant to simulation-based education [1] with links to videos, recorded Faculty sessions, and online educational resources. Learners are encouraged for continuing reflective practice [2] and prompted to reflect after modules. The course would be accessible to all Bridge users (Interprofessional educators) in the East of England at no cost and can be completed by them at their own pace and time. We planned meticulously to ensure the course content meets learning objectives and ensured quality assurance by independent review of the course by established and experienced faculty.

Results: Post-course evaluation by learners will be done on course completion.

Conclusion: A blended learning course like SIM-STEPS can potentially provide an effective resource on Simulation faculty development and improve learner experience and engagement.

REFERENCES
1. Motola I, Devine LA, Chung HS, Sullivan JE, Issenberg SB. Simulation in healthcare education: a best evidence practical guide. AMEE Guide No. 82. Medical teacher. 2013;35(10):e1511–1530.
2. Brydges R, Manzone J, Shanks D, Hatala R, Hamstra SJ, Zendejas B, Cook DA. Self-regulated learning in simulation-based training: a systematic review and meta-analysis. Medical education. 2015;49(4):368–378.

VIRTUAL SAFETY: USING ONLINE SIMULATION TO PREPARE TRAINEES FOR THEIR COMMUNITY SAFEGUARDING ROLES

Nkiru Asiegbunam[1], Colette Laws-Chapman[1], Stacy John-Legere[1]; [1]*Guys and St. Thomas Foundation Trust, London, United Kingdom*

Background: Conducting child protection medical assessments (CPMA) where there are concerns of non-accidental injury (NAI) is a key clinical skill for paediatricians and part of the Royal College of Paediatrics and Child Health