(RCPCH) curriculum [1]. Child Protection (CP) simulation training was commissioned following trainee feedback around unpreparedness when carrying out CPMA. The COVID-19 pandemic forced delivery of online CP simulation. Initial learners were paediatric trainees; with newly qualified school nursing and health visiting colleagues in subsequent delivery; allowing for multi-professional learning in the simulated environment. The session aims were to:

- increase familiarity with professional conversations in the CP context
- formulate an evidence-based opinion in cases of suspected NAI
- rehearse discussing outcomes of CPMA with parents/carers and social workers

Methods: We rehearsed, modified, and then, using Zoom as a synchronous platform, with a trained simulated patient (SP) and faculty as role players created three 10-minute community-based CP scenarios for a twice-yearly programme. Pre-course information and a pre-briefing explained the online limitations and opportunities, including how we co-create psychological safety, the option of a wellbeing 'wobble' room, also outlining the Diamond debriefing model [2]. Pre- and post-course surveys were sent to the 18 participants. Likert scale ratings on confidence and anxiety levels when approaching a CP medical; familiarity with and likelihood of using the HEADSSS tool [3] was analysed using paired T-test probability.

Results: 94% (17/18) had no previous CP simulation experience. Confidence in carrying out CPMA increased post-simulation (p= 0.00418) Anxiety going into the CPMA decreased post-simulation (p=0.00624). 44% were familiar with HEADSSS tool pre-course and 94% were more likely to use it post-course (Likert rating 4or5). Confidence in expressing concerns to parent/carer rose from 11% to 82.3% post-course (Likert rating 4or5). Free text learning points included 'Use what you can agree on (parent and doctor) as a foundation for developing rapport.' '... very useful in preparation for community.' '... very helpful in giving me more confidence in carrying out medicals.' 'Never undertaken a simulation with an actor, it felt real (I was surprised)', 'interesting to share learning... as practitioners have different perspectives.'

Conclusion: Despite sensitivity of the subject and the emotive realism brought by the SP's, psychological safety was achieved in this online interprofessional CP simulation training through detailed preparation in course design and faculty preparedness. The pilot was successful in preparing participants to fulfil their safeguarding role. Online training continues to be a synchronous induction for 2022.

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AN ALL-WALES VIRTUAL REALITY PROJECT-INNOVATION, DESIGN AND COLLABORATION TO ENHANCE HEALTHCARE EDUCATION

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Introduction: The potential for immersive technologies to augment healthcare training is gaining significant interest. However, its applicability and effectiveness are yet to be fully understood. This project was a response from a bid released by the Cardiff Capital Region to undertake a rapid innovation project, consisting of 3 main phases: 1) feasibility; 2) development; and 3) testing, across Welsh Health Boards.

Background: Project governance was provided via the Small Business Research Initiative (SBRI) in Clinical Excellence, a project board, and a project team with clinical and educational expertise, alongside Virtual Reality (VR) industry and academic partners. We aim to explore the formation of a virtual reality training package with a multi-centred collaborative project to overcome the current challenges of respiratory education, with a particular focus on tracheostomy care, to meet the challenges of the COVID-19 pandemic and beyond [1].

Methods: Phase 1 focused on the development of minimally viable solutions with a key focus on clinical content accuracy and education standards for single user learners. Phase 2 progressed to further develop the VR-based solutions including a multi-player system and virtual debriefing room, allowing the team to focus on key simulation-based learning best practice standards within the design and build [2]. Phase 3 is when system testing occurred over an 8-week period, across 6 Health Boards in NHS Wales involving over 100 multi-professional clinicians commencing in February 2022.

Results: On site hospital clinical education session feedback regarding use of the system and perceived opportunities were highly favourable in terms of ease of use, potential for VR in practice, and providing flexibility for mass training needs. Multi-user training was particularly well received. The limitations were lack of resource and time to combine a formal research project regarding the educational impact within busy health boards. This is planned for the next phase.

Conclusion: Empirical evidence from other industries demonstrates VR technology is an effective and efficient way of improving training [3]. Developing VR solutions to support healthcare training needs involves a collaborative approach with Health Boards, industry, and academic partners. The design, build, and implementation approach can embed simulation best practice standards to form innovative educational solutions to the challenges seen in the delivery of mass healthcare education. Formal research is required to begin to measure such factors as education transference, patient care impact, and return on investment questions.

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A UNIFIED APPROACH TO FACULTY DEVELOPMENT

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