

Results: Feedback from learners about the Programme has been positive. This is not a research project so we will not be presenting 'data'. A result in progress is rolling Wood Brooke out to other Programmes, including Medicine and Dentistry, as part of curriculum review. Discussion may focus on the potential benefits of healthcare students having shared visibility of patient narratives/experiences where that patient is accessing care under more than one service.

Conclusion: Inclusivity and designing a 'community' reflective of the population has been central. The vertical development of patient narratives over several years enables adaption of the programme to meet new priorities and needs (including, e.g., shift to remote working for COVID-19, and evolving patient demographics).

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DESIGNING LEARNING SIMULATIONS FOR COGNITIVE ABSORPTION

Adam Bancroft¹, Debbie Holley¹, John Moran¹; ¹Bournemouth University, Bournemouth, United Kingdom

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Background: 'The future of learning is immersive. In the future, learning will take the shape of a story, a play, a game; involving multiple platforms and players; driven by dialogue and augmented with technology, an interplay of immersive experiences, data, and highly social virtual worlds' [1]. Our simulation was designed to raise aspirations as to what is 'possible' for our wider faculty as we expand our simulation-based education (SBE). The 'Godzilla' multi-casualty exercise offered a fun and engaging theme to the serious focus on student development and assessment. Facilitated at a music venue enabling creative visual and audio backdrops, to a dynamic and immersive learning space. This exploited sensory boundaries in the form of challenging environments, whilst focusing expectations for our student cohorts to demonstrate clinical praxis. The directing staff (DS) included academics, Critical Care Practitioners, Nurses, and Paramedics who ensured a multidisciplinary overview of students' safety and feedback discussions, appraising decision making, treatment, and management of multiple patient scenarios.

Methods: Drawing upon the multimedia and interdisciplinary expertise from the faculty, a holistic set of skills brought together the creation of an authentic educational experience, with the evaluation of the students against clinical expectations of a modern healthcare response. The main points of contact were at 'handover' post patient extraction and assessment, to senior clinicians. This exercise modelled inclusive approaches, reflected in the seminal Delphi study that identified requirements and opportunities in Immersive Learning namely: Facilitating Authentic Learning Experiences and Developing the Capabilities of the Future Workforce [1]. This approach aligns with the NHS Simulation Strategy [2] but also with the psychological concept of flow and deep absorption in learning proposed by the Open University Innovating Pedagogy report [3]. Premised on the innovation of best learning moments, our student tasks were designed

to engender deep involvement through memorable learning activities.

Results: 36 level 4 Paramedic students and 24 level 6 Paramedic students undertook the simulated challenges. Facilitators and learners reported high levels of satisfaction and attainment of praxis. Comparisons were recognised between cohorts that informed future adaptations and design, evaluating tasks for future ambitions, fusing interdisciplinary endeavours.

Conclusion: This successful exercise met the key learning objectives and students identified this as a 'memorable' point in their learning. Inclusion of our allied health professions had handover scenarios filmed with 360° and conventional cameras, and videos were edited for future curricular inclusion. The learning from this inaugural event will inform the diversity and complexity of future tasks set for students. Further feedback capture methods will be used to quantify further investment into future simulation-based educational endeavours.

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THE AWARE PROJECT (FAMILIARITY WITH WORKPLACE AND RESUSCITATION EQUIPMENT)

Akshay Bhargav¹, Anuprita Harne¹, Helen Higham², Ravi Pattanshetty¹; ¹Oxford University Hospitals, Oxford, United Kingdom, ²OxSTAR Oxford Simulation Teaching And Research, Oxford, United Kingdom

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Background: Doctors joining Emergency Departments (ED) have individual training needs based on their experience and background of working in different countries or hospitals, and a large proportion of junior doctors work for less than a year in a single ED. We designed the AWARE project to analyse the challenges associated with familiarity with the physical workplace and resuscitation equipment for doctors new to an ED environment. The goals of the project were to assess the diverse learning needs [1], impact of unfamiliarity with environment and equipment on physician confidence, ability to participate in resuscitation scenarios, and to develop a simulation-based intervention to support new doctors in ED.

Methods: We developed a questionnaire for multidisciplinary staff to explore problems with workplace unfamiliarity and its impact on different aspects of performance during resuscitation. We included questions (tailored to professional background) about the management of resuscitation and the location of vital equipment under the broad headings of: preparation, airway, breathing, circulation, and other critical interventions.

Results: We collected 104 completed questionnaires (67 from doctors, 37 from nurses). Over 90% of staff felt that lack of workplace familiarity negatively affects performance and leads to delay in performing procedures. 92% of the nurses felt that it was easier and more efficient to work with doctors who were familiar with the workplace. Quantitative data revealed issues with locating equipment such as:

60% Doctors did not know where to find mechanical-CPR device (LUCAS). 81% of the Senior House Officers did not know where to find end-tidal CO₂ monitors. Qualitative data revealed additional important insights into the risks of lack of familiarity: 'It's been 2 days since I started (and) I don't know where the equipment or the drugs are stored.' 'A simple task such as catheterisation takes a lot of time – trying to get access to the equipment room, access to drug cupboard etc.'

Conclusion: We have identified familiarity with workplace and resuscitation equipment as a key learning need. The data from Phase 1 of the project have informed the development of scenarios for new induction processes in phase 2. Simulation is an important tool for education but also for induction and analysis of systems and pathways [2]. Phase 2 will also use novel technologies including 360° videos to allow staff new to the department to access ED environments and equipment virtually and at their convenience. Future work will involve monitoring the success of the interventions in phase 2.

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STEP UP TO ST3 EMERGENCY MEDICINE SIMULATION COURSE

James Keitley¹, Dan Rajan¹, Kirsten Walthall², Annemarie Brown¹;
¹Liverpool University Hospitals NHS Trust, Liverpool, United Kingdom,
²Lancashire Teaching Hospitals NHS Foundation Trust, Preston, United Kingdom

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Background: The UK Emergency Medicine training pathway has three phases; Core (CT1-2), Intermediate (ST3), and Higher (ST4-6) [1]. The transition from Core to ST3 can be daunting – whilst not 'registrars', ST3s are often on 'middle grade' rotas. Trainees are expected to manage complex adult and paediatric cases with new portfolio requirements to demonstrate these competencies. They further develop leadership skills when supporting junior doctors and managing the department [2]. An 'Introduction to ST3' course was developed initially in the North West Deanery to address this transition. Using the original concepts, course content and format were adjusted for a Merseyside step up course.

Activity: The redesigned three-day course contained workshops including ST3 challenges, paediatrics, night shifts, and wellbeing. 12 scenarios were organised into 'leadership' (sick medical and trauma patients), paediatrics (including major trauma and safeguarding), and 'challenges' (e.g. behavioural disturbance, burns, managing conflict with colleagues and supporting juniors). They took place in a simulation suite with either manikins or simulated patients. Data were analysed pre-course, post-course, and at one to two years post-course with thematic analysis used for free-text responses.

Results: 47 candidates took part in 2019–2021. Pre-course questionnaires showed a key concern was caring for paediatric patients. Other themes were supporting juniors, management skills, being an isolated leader, and confidence. Contemporaneous feedback showed the simulations and talks were rated positively throughout. Simulations were challenging and rated as a useful aspect. The highest rated

talks have been night shift work (9.78/10, n=18), supervising others (9.67/10, n=12), and paediatrics (9.67/10, n=12). Improved confidence particularly in challenging situations has been a common theme. Lower rated talks from 2019 were replaced subsequently, and the course remains receptive to feedback. In 2021, 'The Floor' game [3] was incorporated for departmental management skills and participants found this particularly useful. One to two years later, candidates reiterated the importance of the course in their transition, particularly regarding paediatric cases. They highlighted the benefit of discussing portfolio requirements and the value of networking with peers.

Conclusion: The step up course has been an important aid when transitioning to ST3 with feedback consistently positive at the time of the course and subsequently. Analysis of this feedback has informed improvements for the 2022 iteration happening shortly, and reinforced aspects including 'The Floor', to provide a supportive transition for trainees. As one trainee reported, the course 'made me excited for ST3, [a] reminder why I'm an ED trainee'.

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INNOVATIVE FORUM THEATRE ON DEMENTIA IN A CARE HOME SETTING

Carmel Wills¹, Ian Douglas¹, Emma Williams¹, Susan Clarke¹, James Wilson¹; ¹Thames Valley and Wessex Primary Care Training Hub, Health Education England, Otterbourne, United Kingdom

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Background: With the ageing population in the UK, we have found a rising number of our patients are being diagnosed with dementia [1] and a significant proportion live in care homes. Education to care home staff to help support these residents has been inconsistent despite a need to continue to improve skills managing residents with dementia [2].

Methods: We developed an interactive training event, 'Communication in Dementia', based on the learning needs from a local care home. We opted to use Forum Theatre as a tool to deliver this training. Forum Theatre is where a challenging real-life scenario is dramatised by actors using a pre-written script in front of a group of participants. The group is then facilitated to reflect on what they have observed and explore solutions in a safe environment. This method has been applied successfully in teaching of healthcare professionals such as in nurse education, but its use in the care home setting is uncommon [3]. Despite offering and confirming places to twelve care workers for a two-hour in-person session, only four were able to attend the session on the day. We collected pre- and post-session qualitative and quantitative feedback from the care workers and a written ethnographic reflection of the session.

Results: Prior to this session, none of the care workers had experience of Forum Theatre. After the session, the feedback received was positive, particularly about the interactive element of the session, demonstrating how the