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.

## REFERENCES


1. Grant J. Learning needs assessment: Assessing the need. Br Med J. 2002;324(7330):156–9.
2. Health Education England. Simulation immersive technologies. https://www.hee.nhs.uk/our-work/technology-enhanced-learning/simulation-immersive-technologies [Accessed on 24/06/2022]


## STEP UP TO ST3 EMERGENCY MEDICINE SIMULATION COURSE


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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'.

## REFERENCES


1. The Royal College of Emergency Medicine, 2021. Curriculum 2021. https://res.cloudinary.com/studio-republic/images/v1633447432/RCEM_Curriculum_2021_Master/RCEM_Curriculum_2021_Master.pdf?_i=AA [Accessed on 14/06/2022].
2. Walthall K, editor. Introduction to ST3; Course Guide. 2019. https://www.researchgate.net/publication/334250058_Introduction_to_ST3_Chapter_1. [Accessed on 14/06/2022].
3. Focus Games, 2022. The Floor Game. https://thefloorgame.com/ [Accessed on 14/06/2022].


## INNOVATIVE FORUM THEATRE ON DEMENTIA IN A CARE HOME SETTING


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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

use of Forum Theatre created an enjoyable and valuable learning experience and that all of the care workers felt more confident communicating with residents with dementia after the session. Thematic analysis of the care worker responses in the ethnographic data recorded demonstrated themes including building meaningful connections with residents and recognising burnout in care workers.

**Conclusion:** We believe that the use of Forum Theatre to teach Communication in Dementia creates an insightful learning experience for care workers, promoting active involvement in the session. We were disappointed that so few care workers were relieved from duties to attend the session on the day. This may indicate the pressures that the workforce are experiencing. We hope that in sharing the learning from this event, we may promote the use of Forum Theatre in care homes as a means of developing care workers to enhance their skills and ultimately to improve the experience of residents with dementia in care homes.

## REFERENCES


1. Wittenberg R, Hu B, Barraza-Araiza L, Rehill A. Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040. London: London School of Economics. 2019 Nov.
2. Smith SJ, Parveen S, Sass C, Drury M, Oyebode JR, Surr CA. An audit of dementia education and training in UK health and social care: a comparison with national benchmark standards. BMC health services research. 2019;19(1):1–9.
3. Middlewick Y, Kettle TJ, Wilson JJ. Curtains up! Using forum theatre to rehearse the art of communication in healthcare education. Nurse education in practice. 2012;12(3):139–42.


## USING VIRTUAL REALITY TO EDUCATE HEALTHCARE PROFESSIONALS ON PATIENTS' EXPERIENCE OF DELIRIUM


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**Background:** Delirium is an acute onset confusion that has fluctuating consciousness symptoms such as hallucinations, mood changes and distractibility. It is experienced by around 2 in 10 patients within the hospital [1]. Amongst these patients, 96% are older adults and their outcomes are consistently worse due to the delirium alone, including increased mortality rates [2]. It can also be extremely frightening and distressing. Hence, the attitudes and knowledge of healthcare professionals surrounding delirium is an important topic to address in order to aid prevention as well as manage delirium. Despite training, delirium is under reported and generally poorly managed. Studies have found that the use of virtual reality in medical education has improved empathy, depth of knowledge, and self-awareness [3]. Using a 360° camera and virtual reality headsets, an in-patient scenario was created whereby the effects of delirium such as hallucinations and disorientation were depicted. The aim of the project was to establish whether virtual reality can be used to improve healthcare professionals understanding and awareness of patients' experience of delirium. The virtual reality video and the interviews can be found on YouTube.

**Methods:** Eight people were recorded using the VR and five of them were interviewed afterwards. The interviews were conducted using an unstructured approach in which the topics of how the virtual reality tool changed their perception of dementia, what they learnt from the tool, and whether they thought the tool was useful, were discussed. Thematic analysis was carried out retrospectively.

**Results:** The thematic analysis of the qualitative data highlighted four key themes amongst the healthcare professionals' responses. These themes were education, insight, empathy, and future practice. The most common theme was insight, with comments such as 'having the virtual reality, it breaks that barrier between you and them,' 'you realise how just isolated that person is,' and how the virtual reality made them feel like they are 'in the room,' emphasising this theme.

**Conclusion:** The outcome has been to prove concept and highlight the usefulness of virtual reality as a method of educating healthcare professionals. We have been emboldened by the feedback received. We are looking to incorporate the VR film as part of a broader simulation-based training. The training is already being adopted by local clinical teams and our local university partners.

## REFERENCES


1. Combined NHS (National Health Service). Delirium Training Video (Virtual Reality). 2022. https://www.youtube.com/watch?v=J-jT5AtsmOo [Accessed on 16/06/2022]
2. Royal College of Nursing. Delirium | Older people | Royal College of Nursing. The Royal College of Nursing. 2013. https://www.rcn.org.uk/clinical-topics/older-people/delirium [Accessed on 6/06/2022]
3. Dyer E, Swartzlander BJ, Gugliucci MR. Using virtual reality in medical education to teach empathy. Journal of the Medical Library Association. 2018;106(4):498–500.


## BOOT CAMPS AND ACADEMIA: ODD BEDFELLOWS FOR A NATIONAL COLLABORATIVE APPROACH TO TRAINING NON-MEDICAL CYSTOSCOPISTS


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**Background:** Scottish cystoscopy service provision faces significant challenges in the years ahead driven by COVID-19's impact on diagnostic waiting times, the development of national treatment centres to expand infrastructure/service delivery, and limited short-term medical capacity to support recovery. These factors have greatly increased demand for the rapid development of a supportive non-medical cystoscopist workforce [1]. There is currently no agreed national approach to non-medical cystoscopy training in Scotland despite clear guidance on competencies from the British Association of Urology Nurses (BAUN). Our proposed solution has been to collaboratively develop and pilot an accelerated learning programme, including a simulation 'bootcamp', that pump primes adaptation to the role and clinical training requirements through technical and non-technical skill rehearsal.

**Methods:** We invited experts from clinical practice, education, and simulation to form a national short life working group (Figure 1) with two aims: To collaboratively develop a national education programme and oversee implementation, governance, and evaluation. Through an iterative process, the team reviewed current education provision, training frameworks, workforce recruitment and retention data, evidence on simulation accelerated training, existing