

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.

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

Angelus Cyrus<sup>1,2</sup>, Rebecca Chubb<sup>1</sup>; <sup>1</sup>North Staffordshire Combined Healthcare, Stoke-on-Trent, United Kingdom, <sup>2</sup>Keele Medical School, Stoke-on-Trent, United Kingdom

10.54531/IQOL1686

**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.

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

Brian Rafferty<sup>1</sup>, Fiona Fraser<sup>1</sup>, Jean Ker<sup>2</sup>, Allison Robertson<sup>3</sup>, Mary Brown<sup>4</sup>, Mark Cooper<sup>5</sup>; <sup>1</sup>NHS Education For Scotland, Edinburgh, Scotland, <sup>2</sup>University of Dundee, Dundee, Scotland, <sup>3</sup>Department of Urology, Ninewells Hospital, NHS Tayside, Dundee, Scotland, <sup>4</sup>Department of Urology- NHS Greater Glasgow and Clyde, Glasgow, Scotland, <sup>5</sup>University of Glasgow, Glasgow, Scotland

10.54531/TDRT7263

**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