

academic models, and the Scottish Government guidance on advanced practice. This was used to collaboratively construct the programme.



**Figure 1:** Diagram of the national short life working group

**Results:** A unified model for pilot was developed, integrating clinical simulation, theory, and work-based learning (WBL). It focuses on core cystoscopy skills initially, providing the necessary knowledge and 'hands on' ability required for independent practice. The process is primed by a two-day 'cystoscopy bootcamp' using simulation-based education (SBE). This comprises of a variety of methods including high volume cystoscopy skill rehearsal of increasing realism, progressing to cadaver. Non-technical skills are simulated through bespoke scenarios relevant to the role including obtaining informed consent, team communication, and delivering bad news. Expert discussion and debriefing is interwoven throughout. Formal evaluation is ongoing with early reports of increased preparedness and quicker adaptation to the clinical environment. In addition to the anticipated benefits, bootcamp also established early peer support mechanisms and, through the engagement and networking of diverse faculty, fostered integration with the wider community of practice, and a commitment to building a continually improving, user-informed simulation programme. **Conclusion:** The method provides a cost-effective collaborative way to explore research, educational models, and the challenges of implementation in real time, through a multi-professional lens. The approach has been crucial to ownership, commitment and acceptance of the programme while fostering integrated cross discipline delivery.

#### REFERENCE

1. Scottish Government Endoscopy and urology diagnostic recovery and renewal plan. 30 Nov 2021 Endoscopy and urology diagnostic: recovery and renewal plan – gov.scot ([www.gov.scot](http://www.gov.scot)) [Accessed on 21/06/22]

#### THE MEDICAL KITCHEN: DEVELOPING CLINICAL SKILLS THROUGH TRANSDISCIPLINARY SIMULATION

Jakub Radzikowski<sup>1</sup>, Natasha Houghton<sup>1,2</sup>,  
Oliver Armstrong-Scott<sup>1,2</sup>, Jozef Youssef<sup>3</sup>, Aynkaran Dharmarajah<sup>1</sup>,

Roger Kneebone<sup>1,2</sup>; <sup>1</sup>Imperial College London, London, United Kingdom, <sup>2</sup>Chelsea and Westminster Hospital, London, United Kingdom, <sup>3</sup>Kitchen Theory, London, United Kingdom

10.54531/BQIZ7246

**Background:** It is ethically impermissible for medical students to perform invasive procedures on patients before being competent to do so safely [1,2]. Simulation offers obvious benefits, yet established simulation approaches can over-focus on technical tasks and overlook the need for simultaneous communication with patients and colleagues. Transdisciplinary Simulation (TS) addresses these issues by creating a safe, 'low stakes' learning environment based on an apparently unrelated field which in fact offers close parallels with medicine, in this case the kitchen. Expert chefs, like clinicians, must be skilled in preparing and organising their workplace (mise-en-place) [3], constantly attending to hygiene, precision, dexterity, and communication with colleagues and diners.

**Activity:** The Medical Kitchen is an affordable and scalable instance of TS, developed to help second year medical students acquire psychomotor clinical skills while simultaneously communicating with a patient or colleague. The Medical Kitchen comprises self-guided learning of two new clinically-relevant skills followed by peer assessments; a subsequent whole class synchronous debrief; and individual guided reflections. Our team (clinical educators and a professional chef) selected 'turning' vegetables as a core skill, teaching students to shape courgettes or potatoes into regular and consistent shapes using a suitable knife. This requires dexterity and control, gained through repeated practice, and presents similarities with clinical skills. The knowledge gained from turning vegetables is then applied to the clinical skill of suturing while talking to a colleague, highlighting the need to integrate physical skills with sensitive communication.

**Findings:** The Medical Kitchen programme has been delivered to over 700 second-year undergraduate medical students at Imperial College London over the course of two years. It is versatile and adaptable, having been delivered in both online and live session formats in response to the COVID-19 pandemic. Student feedback through guided reflections on perceived value has been overwhelmingly positive (though it is too early to establish the long-term effect on students' clinical skills).

**Conclusion:** The Medical Kitchen offers an innovative approach to clinical skills acquisition, using the world of professional gastronomy to simulate the clinical environment. It is an affordable and scalable programme grounded in theories of psychomotor skills development and has the potential for widespread implementation. As an example of transdisciplinary simulation, it raises wider possibilities for simulation design and innovation within clinical education.

#### REFERENCES

1. Reznick RK, MacRae H. Teaching surgical skills – changes in the wind. *New England Journal of Medicine*. 2006;355(25):2664–2669.
2. Sadideen H, Kneebone R. Practical skills teaching in contemporary surgical education: how can educational theory be applied to promote effective learning?. *The American Journal of Surgery*. 2012;204(3):396–401.
3. Schlegel C, Flower K, Youssef J, Käser B, Kneebone R. Mise-en-place: Learning across disciplines. *International Journal of Gastronomy and Food Science*. 2019. 16:100147