

scenario by multiple characters. The scenario also unravels around the participant and allows, in some cases, actors to speak or appeal directly to the viewer. Maudsley Learning's work with Kings College London on the Tackling Inequalities and Discrimination Experiences in health Services (TIDES) videos implements these ideas. The role of the debriefing is comparable to the role of a theatre audience where powerful experiences shown allow you to process, before giving space to replay and re-examine from other viewpoints as we leave the theatre. Themes of Race inequality were shown through the TIDES 360° videos followed by debriefing to enhance the learners' experience.

**Results:** Users reported being unable to take a step back from the action, which can be applied as bystander training when paired with content around themes such as discrimination and equality. Users reported being left with a feeling of helplessness or desire to intervene. When discussed, participants described feeling exposed, at the centre of the action happening around them. In a real-life scenario, a person would re-position themselves to where they feel more comfortable but are unable to do so with a 360° video.

This, along with the use of ambisonic sound, resembles the theatre in the round, where actors, have their backs to audience members, creating a more intimate and realistic dynamic for staging.

**Conclusion:** 360° video is an innovative tool that replicates the principles of theatre in the round to immerse learners in scenarios with a range of benefits. Producers encourage users to autonomously choose to follow a path from multiple available storylines, which creates rich debriefing discussions that enhance the learning value.

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## EMBEDDING INTERDISCIPLINARY IN-SITU SIMULATION IN CRITICAL CARE: ONSITE INNOVATION, CHALLENGES, AND SOLUTIONS

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**Background:** Over the last decade, research has demonstrated the positive impact of providing clinical simulation-based training (SBT) to both undergraduate students and clinical staff [1]. In-situ SBT is useful for skills improvement and team development [1]. We deliver SBT within our Intensive Care Unit (ICU) during clinical shifts. However, there are challenges to providing this education in the busy NHS environment [2]. Our aim was to address these and find solutions.

**Methods:** An interdisciplinary team was formed to explore clinical simulation within a 20 bedded ICU. Our ICU is within a large inner-city teaching hospital, employing over 100 nurses and 14 consultants.

We deliver scenario-based simulation during clinical shifts with members of the interprofessional team. Scenarios include: unplanned extubation and major haemorrhage [3].

Evaluation of sessions is undertaken through anonymous questionnaires of those involved in the SBT. PDSA (Plan, Do, Study, Act) cycles have been adopted to test the change and improve delivery.

**Results:** To date, 16 sessions have been carried out (from July 2018) involving a total of 51 members of the interprofessional team. Evaluation response rates are 100% (n= 51). These sessions have proven popular with staff, with feedback such as: 'Learning under stress has helped me focus more, especially as it is a safe environment.' Staff welcomed the opportunity to undertake this training in the 'real' clinical environment.

Challenges included risk of delay in care to our patients, increased unit workload, and establishing and maintaining a circle of trust. However, senior team 'buy in' has enabled sessions, consequently demonstrating the value placed in SBT. The COVID-19 pandemic created significant critical care skills gap. In-situ SBT addressed this by bringing teams together to explore cross-discipline working within the real clinical environment.

**Conclusion:** We have demonstrated that the delivery of this type of education is safe and effective, and staff found it useful and accessible. Feedback suggests the impact of SBT alongside traditional competency-based teaching is beneficial in achieving different educational goals. In-situ simulation ideally enables a team of experts to become an expert team. Having a simulation champion to promote in-situ within the unit and demonstrate a return in investment to senior managers and participants of effort and time against clear educational goals for critical care.

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## MAJOR INCIDENT SIMULATION FOR NURSING STUDENTS: REFLECTIONS ON TEAMWORK, LEADERSHIP SKILLS, AND RISK MANAGEMENT

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**Background:** COVID-19 enforced change in ways universities design and deliver undergraduate nursing programmes. Students who trained throughout the initial outbreak of COVID-19 had to embrace a different learning experience both in practice and during their theory block [1]. As the UK was reducing their restrictions on COVID-19, universities reviewed their regulatory procedures by allowing students (limited numbers per session) to return face to face on campus. A group of lecturers took this opportunity to design an interactive simulated crisis (major incident) based in secondary care.

**Methods:** Lecturers created a 'snapshot' of a major incident and created a table top interactive activity. Students had the opportunity to work as a team and take on leadership roles to solve problems and manage risk in prioritising patient