

Table 1: Reported impact of attending ABT simulation on final year medical students

Type of Impact	Number of Students	Percentage of students
Positive	141	94.0%
Mixed – both positive and negative	7	4.7%
Negative	0	0.0%
None	2	1.4%
Total	150	100.0%

2. York M, Langford K, Davidson M, Hemingway C, Russell R, Neeley M, Fleming A. Becoming active bystanders and advocates: teaching medical students to respond to bias in the clinical setting. *MedEdPORTAL*. 2021 Aug 19;17:11175.

A NOVEL METHOD OF IMPROVING ATTENDANCE: SWITCHING TO ONLINE BOOKING FOR FY1 AND FY2 SIMULATION SESSIONS

Chantal Roberts¹, Mary Holding¹, Bruce Kerr¹, Ratna Makker^{1,2}; ¹West Hertfordshire Teaching Hospitals NHS Trust, Watford, United Kingdom, ²Association for Simulated Practice in Healthcare, United Kingdom

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Background: Prior to 2021 within West Hertfordshire Healthcare Trust, mandatory simulation sessions were pre-allocated to foundation trainees. If sessions clashed with trainees' schedules, trainees would be expected to liaise with simulation faculty to rearrange verbally or via email. This created a significant burden on the faculty as there was no dedicated administrator or time. Moreover, this caused trainee burden on those unable to attend, and a significant proportion did not re-book these sessions. This impacted the efficiency figures for the simulation centre. We aimed to have rigorous adherence to the schedule and wanted the simulation programme to be efficient and work to full capacity. Within this service improvement innovation, the objective was to establish a better method of booking trainees into simulation sessions aiming to alleviate the faculty burden and provide flexibility for the trainees.

Activity: For the 2021–22 academic year, an online booking system for simulation was established. This was achieved using the Acorn 2 system. Trainees were then permitted to book a date that suited them for their mandatory training, and re-book if their commitments clashed with the booking schedule. This innovation removed the use of faculty as a medium for booking and rescheduling, freeing them to provide more simulation activities by alleviating this administrative burden. Datasets were compared between the 2020–21 and the 2021–22 academic year to determine the extent to which this innovation improved learner attendance within our simulation programme.

Results: Within this study we found that overall, there was a greater level of attendance from trainees following implementation of the new system than prior to this. We found 6% more simulation sessions were attended (from 87% attendance 2020 – 2021 to 93% attendance 2021 – 2022), and of those not attended, 20% more were rescheduled compared with the previous system (from 41% in 2020 – 2021, to 61% in 2021–2022).

Conclusion: It is evident from this innovation that a significant impact can be made on learner engagement when we allow trainees flexibility to self-determine their learning timeline. This is echoed within the literature, as adult learning theories emphasise learner led learning and learner driven orientation of their own learning narrative [1, 2]. By placing the onus on trainees, we de-burdened them of the stress of trying to re-allocate their clinical commitments whilst attributing greater accountability to the trainees. Overall, we believe this leads to greater faculty and trainee wellbeing and engagement in simulation-based learning.

REFERENCES

1. Knowles, M. S. *The Adult Learner: A Neglected Species* (3rd Ed.). Houston, TX: Gulf Publishing; 1984.
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STRATEGY FOR PHARMACY SIMULATION-BASED EDUCATION (SBE) IN NHS SCOTLAND – FACULTY DEVELOPMENT

Seonaid McIntyre¹; ¹NHS Education for Scotland, Edinburgh, United Kingdom

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Background: New General Pharmaceutical Council (GPhC) Initial Education and Training (E&T) Standards for Pharmacists set the ambition from 2026, all pharmacists will be prescribers on registration [1]. There is an increased requirement for simulation-based education (SBE) to support trainees and newly qualified pharmacists to develop key skills required for prescribing, particularly around confidence and tolerance of ambiguity. There is a need to provide this training in a 'safe space' without harm to patients. Development of a Pharmacy Faculty for SBE is crucial to creating a safe learning environment and facilitate increased delivery of quality simulation in pharmacy education.

Methods: In October 2021, NHS Education for Scotland (NES) recruited 3 Regional and 1 National Pharmacy Simulation Leads who were tasked with implementing SBE within pharmacy teams across Scotland and developing faculty. Training is based on the Clinical Skills Management Educational Network (CSMEN) [2] 3-tiered approach.

Tier 1: Awareness to Simulation for Educators: an e-learning and bespoke in person 'Pharmacy SIMstart' course was developed and delivered to introduce the concept of SBE to pharmacy teams.

Tier 2: Introductory programme for Simulation-Based Learning Educator: an e-learning and existing 2-day in person 'Introduction to Simulation – Making it Work', run by the Scottish Centre for Simulation and Human Factors (SCSHF) was made more widely available to pharmacists.

Tier 3: Advanced programme for Simulation-Based Learning Educator (in development).

E-learning was accessed using the TURAS Learn system (a centralised digital platform developed by NES for products and services). Health boards were asked to identify staff who would be supporting trainees locally to attend the course relevant to their needs. The NES Pharmacy Simulation Leads linked with SBE medical education teams and simulation centres to allow Faculty to develop these newly acquired skills.

Results: Attendees (Table 1) at these training events were from:

Table 1: Numbers of pharmacists trained in simulation (Aug 2022)

Level of Training	Number of Pharmacists
Tier 1	67
Tier 2	21
Tier 3	0

- All pharmacy sectors; Hospital, Primary Care and Community
- 11 out of the 14 NHS Scotland Health Boards
- NES (various pharmacy (E&T) workstreams)

Excellent feedback has been received and captured by post-course questionnaires.

Conclusion: Interest, enthusiasm, and faculty skills in SBE are growing within Scotland's Pharmacy services, with a national and regional educational infrastructure to support pharmacy simulation being developed.

Future plans:

- Implement a Faculty development framework within Pharmacy
- Form specialist working groups to design scenarios to meet requirements in Pharmacy E&T
- Ensure research underpins the development of Faculty and simulation delivery to inform future advancement

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VIRTUAL REALITY CHAMPION DEBRIEFING TRAINING

Alina Cuhraja¹, Emma Baxey¹, Helen Welsh¹, Marta Ortega-Vega¹, Hannah Iannelli¹; ¹Maudsley Learning, South London And Maudsley NHS Foundation Trust, United Kingdom

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Background: The NHS is the largest employer of black and minority ethnic (BAME) people, yet research shows that BAME staff experience greater levels of workplace harassment and discrimination [1]. Phase 2 of the Tackling Inequalities and Discrimination Experiences in Health Services Study (TIDES) focuses on the impact of COVID-19 on inequalities experienced by BAME people working in health and social care. Virtual Reality (VR) training was produced by Maudsley Learning as part of this, and we present the VR champion debriefing train the trainer project.

Methods: A full-day digital debriefing champion training was developed. This incorporated a session on VR technology, background of the TIDES project, and the importance of debriefing in patient safety and outcomes. This was followed by an introduction of a modified TALK debriefing model [2] and essential debriefing skills training. Participants watched a series of VR videos of 3 characters, focusing on discrimination occurrences for BAME staff occurring during the COVID-19 pandemic (e.g. lack of personal protective equipment availability during night shifts). The champions then participated in a demonstration of a modified TALK debriefing model, after which they practiced leading a

debriefing of one of the VR videos themselves. After the course, each VR champion agreed to train at least 10 staff within their clinical teams in-situ, using VR headset kits which were provided to them.

Results: To date, we have gathered data from 6 participants from various professions. Participants completed a pre- and post-course survey rating their confidence in the skills of focus of the course, including debriefing skills, building psychological safety, using VR, and delivering training. The findings showed an increase in confidence for all participants, with an average increase of 14% from pre-course (M = 29.67) to post-course (M = 35.33) scores. All participants agreed that the course met their learning needs and would be useful for their practice. Preliminary follow-up data shows that the VR videos have been watched 88 times, implying that the champions are actively training staff in their clinical areas. Initial feedback has been very positive and some champions have a waitlist of staff to be trained.

Conclusion: VR headsets allow viewers to fully immerse themselves in a 360° view of the scene, elicit more emotions, and therefore help to create a richer debriefing discussion. This training has been successful at equipping VR champions with the skills needed to facilitate debriefings in their clinical areas.

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HERE'S THE SCOOP! – DEVELOPMENT OF A LOW-COST SOLUTION TO SIMULATE AIRWAY COMPLICATIONS ARISING POST-THYROIDECTOMY

Sharon Butler¹, Jason Ramsingh¹, Thomas Hayes¹; ¹The Newcastle Upon Tyne Hospital NHS Foundation Trust, Newcastle Upon Tyne, United Kingdom

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Background: Neck haematomas are a recognised complication of thyroid surgery. In the most severe events, the haematoma can compromise the airway resulting in hypoxic brain injury or death. While experienced members of the surgical team may be confident in dealing with these complications, others in the multidisciplinary team may require additional training to familiarise themselves with correct emergency procedures. These complications are relatively infrequent, presenting in 1–2% of thyroid surgery patients [1], meaning there are limited opportunities for less experienced staff to learn from real life examples. A simulation-based teaching session was developed by members of the surgical and simulation teams and showed positive results in multidisciplinary training. The teaching was based around a task-training manikin that could be easily transported allowing for training and demonstrations to be delivered away from the simulation centre.

Methods: The technique for evacuating post-thyroidectomy neck haematomas can be remembered using the mnemonic 'SCOOP':

1. Skin exposure
2. Cut sutures
3. Open skin
4. Open muscles
5. Pack Wound.