confidence in IMTs to carry out remote consultations in the post-pandemic era as well as equip them with clinical and non-clinical skills to manage a specialty clinic. Expanding this course design to other specialties will go a long way in improving confidence and skills of IMT trainees in managing online clinics as well as bridge gaps in opportunities to mandatory SBE in the region.

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ADDRESSING OUR BLINDSPOTS: A MIXED METHODS STUDY LOOKING AT MEDICAL STUDENTS' VIEWS AND EXPERIENCES OF SIMULATION-BASED EDUCATION TO SUPPORT THEIR RECOGNITION OF IMPLICIT BIAS

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Background: Outcomes for Graduates mandates that newly qualified doctors should be able to recognise and manage their own Implicit Biases and the impact it has on individuals/groups [1]. Implicit bias (IB) refers to attitudes unconsciously affecting our understanding, actions, and decisions. Implicit Bias Recognition and Management (IBRM) strategies have included using online tests, lectures/workshops, and more recently simulation-based education (SBE) [2]. Literature suggests that SBE offers an approach that will lead to a change in perspectives for IB but more evidence is needed to ascertain whether SBE is an acceptable and effective method for medical students [3]. This study aims to firstly compare SBE to workshop-based teaching and secondly to explore medical students' views and experiences of an SBE session aimed to support their recognition of implicit bias.

Methods: This mixed method study is a pilot head-to-head trial of the two IBRM strategies followed by qualitative analysis of SBE. Following voluntary recruitment and consent of fourth- and fifth-year medical students (n=18), covariate adaptive randomization is used to assign them to a group. Both the SBE scenario (simulated ward round) and the interactive workshop were designed using learning objectives and constructive alignment theory. During the simulated ward round, a series of events demonstrating escalating IB were witnessed, and student experience and recognition were explored during the debriefing. The 1-hour interactive workshop covered theory (definitions, impact of IB and microaggressions, and challenges to confronting) followed by two case-based discussions. Post-session participant questionnaires (5-point Likert scale and free-text questions) are collected and analysed quantitatively using averages and Mann-Whitney U test. Following interviews, free-text responses and transcripts are coded by independent researchers into transformative learning framework using template analysis via Qualitative software NVivo. Ethical approval has been sought (SERB/2021/12/2236).

Results: The preliminary results from this pilot (n=6) suggest that the workshop is better than SBE at raising awareness (4.3 Vs 2.7). Qualitative feedback suggests that SBE provided a powerful experience (Table 1).

Table 1: An extract sample of results to date, exploring medical students' view on participating in simulation-based education to explore recognition of IB

Sub-theme	Quotation
Validating experience	Respondent 1: 'As a future BAME doctor myself, it was validating for [Implicit Bias comment] to be flagged up as explicitly inappropriate rather than brushed under a carpet.'
SBE facilitates a transformative learning experience	Interviewee 1: 'It definitely challenged me to think a bit more deeply about the impact of the things we say about patients… I find myself also guilty of doing this from time to time, making jokes at the patients' expense, when they're not there. I think that medicine is quite (pause) well, I wouldn't know yet, but from my placement experience, I do know that it can get quite overwhelming at times, and I guess, you know, sense of humour is what people usually resort to. To try to lighten the atmosphere, to try to cope with the stress.'
Incorporating implicit bias into simulations	Respondent 2: 'I did not recognise the [*Implicit bias example*] comment till the debriefing, as it was mentioned by the facilitator. But this is more of a reflection on my own implicit bias than the design of the sim' Respondent 3: 'I liked that the session was only titled 'Professionalism' so you had no idea what the simulation would involve. It was a very realistic way to facilitate.'
Challenges of confronting and dealing with microaggressions	Interviewee 1: 'But I guess that kind of shows that this is how I've always, you know, dealt with these sorts of incidents. Whether it's big or small, whether it's just a passing comment or whether it's a full-on confrontation, I've always. I've always been just not quite sure of how I should react to it, because there's, there's never *(pause)*… There's no code of conduct. There's no phrase I can say that, you know, like, just rip up my book and just say, OK, [they] are telling me this and I, my, response should be this and this.'

Conclusion: At present, participant numbers from the pilot are too small to make meaningful conclusions. Ongoing recruitment and post-session semi-structured interviews with students will help to inform which method is better at short-term awareness raising, however further follow-up will be required to identify longer-term impact. This will guide instruction on IBRM for medical students and whether witnessing IB events can be embedded in their current simulation curriculum.

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ADVANCING SIMULATION DEBRIEFING – A ONE-DAY COURSE

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