Background: Debriefing is a form of ''reflective practice'' and provides a means of reflection-on-action in the process of continuous learning [1]. Debriefing and feedback have been recognized as the most important aspects of healthcare simulation [2]. It is necessary for simulation, and educators have reported that debriefing increases learners' knowledge, skill performance, satisfaction, and self-reflection [3]. The 'Advancing simulation debriefing' course was delivered in April 2022. The participants were healthcare professionals who had experience in debriefing.
Methods: The full-day course included reviewing the facilitators' experience and knowledge of debriefing frameworks and skills, and how these can be adapted and built upon to facilitate more demanding debriefings. During this engaging and interactive course, the attendees were invited to reflect on their own experiences and challenges, and build on active involvement in practising these skills live via tailored exercises. Participants were asked to complete a pre-course and post-course questionnaire rating their knowledge, confidence, and attitudes towards debriefing skills. The learning objectives covered a range of skills, such as learning different strategies for uncovering biases within debriefings and how to address these, how to maintain core psychological safety through challenging debriefings, and how psychologically informed debriefing principles, can enhance debriefing practice, for scenarios with a mental health focus as well as many others. Ethical approval was given by the Psychiatry Nursing and Midwifery Research Ethics Subcommittee at King's College London (PNM 13/14–179).
Results: Paired samples t-tests were conducted to analyze the difference in ratings between the pre-and post-course questionnaires. Of the 18 participants within the course, 11 provided eligible responses. They were healthcare professionals who were regularly involved in simulation-based education and debriefing. Results demonstrated a significant difference in the scores for all course-specific questions between pre- and post-score answers (pre-course MD=70.81, SD=9.24, post-course MD=96.82, SD=6.35) t(10) test=-7.41, $p<0.0001$, with an average increase of 37% in the total score. Open-text responses reflected improved confidence in the usage of different debriefing models, considering emotional factors, and taking the lead while debriefing.
Conclusion: The course had an impact on improving debriefing skills, especially by improving the facilitators' confidence in debriefing skills, ability to debrief, and understanding of how debriefing is related to simulation-based learning. These results demonstrate a profound benefit of the use of advanced debriefing skills as a better way to standardize participant experience across different sites to improve healthcare practice.

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SEQUENTIAL SIMULATION AROUND ONCOLOGICAL EMERGENCIES AND COMPASSIONATE CONVERSATIONS IN CANCER CARE FOR PRIMARY CARE HEALTH CARE PROFESSIONALS (HCPS)

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Background: Between 2016–2018, 375,400 people were diagnosed with cancer and between 2017–2019 167,142 people died from cancer in the United Kingdom [1]. 64% of patients with a cancer diagnosis express a wish to die at home although currently only 30% manage to do so [2]. The Primary Care team who look after a person with cancer remains the same unless they move or change practice. Their household will also, in most circumstances, be looked after by the same team. It is therefore vital for healthcare practitioners (HCP) in primary care to be able to recognise different stages in a patient's disease trajectory and be able to manage this effectively. Integral to this is a need for exemplary communication with the person and their household, in order that a therapeutic relationship with all is maintained [3].
Methods: We worked with the local Macmillan team to develop four different scenarios involving the same 44-year-old woman with a diagnosis of breast cancer. The scenarios were: neutropenic sepsis during chemotherapy, agitation caused by metastatic disease, conversations around completing a ReSPECT form and preferred place of death, and lastly end of life care and recognition of dying. Before each scenario participants were told how much time had elapsed since the patient had last been 'seen.' The simulation suite was set up as a consulting room for the first two scenarios and the patient's home for the remaining two. We used an experienced Simulated Patient with the patient's wife being played by one of the faculty.
The session was delivered to an interprofessional group of eight participants and comprised of four different HCP roles. It was jointly facilitated by the author and a member of the Macmillan team.
Results: 87.5% of attendees felt that their awareness of oncological emergencies and how they can present in primary care had increased because of the training, with 100% feeling it was relevant to their developmental needs and that it met the learning objectives for the day. There was appreciation of the value of being able to simulate breaking bad news and that the sequential nature of the day made it feel realistic to participants.
Conclusion: Sequential style simulations work well for primary care HCPs who recognise the value of simulation that replicates their own practice. We recommend exploration of further scenarios around end-of-life care and communication.

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PREPARATION FOR PRACTICE: 'WE DON'T PRACTICE IN ISOLATION, SO LET'S TRAIN TOGETHER'

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Background: Historically, simulation-based education (SBE) has been delivered to uniprofessional groups by uniprofessional faculty. This does not reflect the way we

work in delivering patient care. There is international agreement that pre-registration healthcare students should experience interprofessional education (IPE) to prepare them for practice [1]. Within the United Kingdom, Higher Education Institutions (HEI) are embedding IPE as part of pre-registration curriculums. The aim of this project was to develop and evaluate an interprofessional clinical simulation course to explore the concepts of teamwork. The course was delivered to pre-registration medical, nursing, and pharmacy students.

Methods: A group of interprofessional simulation educators from three HEIs in the West of Scotland worked collaboratively to develop the intended learning outcomes (ILO) and design the simulation-based course. During the course, up to six students (three medical, two nursing, and one pharmacy) worked in a simulated medical ward scenario to prioritise and deliver care to patients. Following the session, interprofessional faculty co-facilitated a structured debriefing. The 'Plus/Delta' model of debriefing [2] was used and output analysed using qualitative content analysis. Ethical approval was granted by University of Glasgow medical school ethics committee to evaluate the learning experience utilising a mixed methods approach.

Results: A total of 65 courses were delivered over eight days with 232 student participants (178 medical, 33 nursing, and 21 pharmacy students). A framework for content analysis was developed using the ILOs which was used to code the take-home messages (THM) recorded as part of each debriefing. There were 148 THM that related to teamwork and collaboration. A further 51 THM were related to understanding what each team member brings to patient care. Finally, 53 THM related to factors that may influence teamwork such as feeling afraid, resulting in a lack of confidence.

Conclusion: Evaluation of the THM suggests that the ILOs were met. It is recognised that to enable healthcare professionals to work together to deliver safe, effective patient care, they should learn together. Delivering IPE to pre-registration healthcare students builds a foundation for life-long interprofessional learning.

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FEEDBACK ON AN ETHICS AND MULTIDISCIPLINARY TEAM (MDT) SIMULATION WORKSHOP FOR FOURTH-YEAR MEDICAL STUDENTS IN HEALTHCARE OF LATER LIFE

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Introduction: Fourth-year medical students undertook five weeks of clinical placement in healthcare of later life (HCOLL: Geriatric and Stroke Medicine, and Old Age Psychiatry). These specialities manage older patients with complex medical and psychosocial needs, often resulting in challenging ethical dilemmas [1]. Hence, effective multidisciplinary teamwork and communication with patients and their next-of-kin (NOK) become essential in delivering person-centred care. We aimed to provide a safe environment for the participants to have in-depth discussions on some of these ethical issues, develop relevant communication skills, and better understand the roles of the Multidisciplinary Team (MDT) members in HCOLL.

Methods: We conducted fourteen half-day sessions between August 2021 and May 2022. Each session involved small-group discussions facilitated by educators/specialists from HCOLL background. The participants were presented with four scenarios relating to the hospital admission of an older patient following an acute stroke. Their tasks included:

- Obtaining a collateral history from the NOK, which was role-played by a simulated participant. Initially the simulated participant would join the sessions via MS Teams due to COVID-19 physical distancing rules. However, since April 2022 the sessions transitioned to face-to-face encounters.
- Discussing capacity assessment and communicating Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision to NOK.
- Discussing Advance Decision to Refuse Treatment (ADRT).
- Discussing the ethical/medico-legal issues surrounding artificial feeding including discussing feeding at risk with NOK.
- Discussing the role of the MDT in the discharge planning process and communicating discharge plans with NOK.

Results: 143 participants completed the pre- and post-workshop questionnaires. An overwhelming majority (93.5%) reported increased understanding of ethical issues and the roles of the MDT within HCOLL after the workshop and improved confidence in having difficult discussions with patients and their NOK. The DNACPR and risk-feeding scenarios stood out the most for the participants, with the majority describing it as 'very challenging but useful.'

Conclusion: The joint simulation workshop is an effective method of improving medical students' understanding of the MDT and common ethical dilemmas within HCOLL as well as their confidence when addressing these issues.

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IMPROVING EMOTIONAL PREPAREDNESS BY INTEGRATING MOULAGE INTO SIMULATIONS

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Background: Diagnostic radiography students find working with patients that have suffered trauma or are severely ill, particularly challenging [1]. There is potential for vicarious trauma and poor reactions or behaviours to have a lasting negative impact on the patient. The practice of emotional labour is used to display an organisationally acceptable demeanour; however, this is associated with burnout [2]. This research aimed to evaluate the use of a simulation using moulage in preparing students for these encounters in advance of clinical placement.

Methods: This research used a longitudinal quasi-experimental design and mixed methods approach. Data collection involved two consecutive first-year cohorts starting in 2018 and 2019. Students (n=97) were randomised into a control and simulation group. The simulation group