

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.

REFERENCES

1. World Health Organisation. Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: World Health Organisation; 2010
2. Dismukes RK, Smith GM. Facilitation and debriefing in aviation training and operations. Routledge; 2017.

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

Aishah Anas¹, Rosemary Arnott¹, Gemmel Ayer², Katie Ward², Daisy Wiley², Rajesh Dwivedi¹; ¹Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom, ²Nottinghamshire Healthcare NHS Trust, Nottingham, United Kingdom

10.54531/LZAC7527

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.

REFERENCE

1. Mueller PS, Hook CC, Fleming KC. Ethical issues in geriatrics: a guide for clinicians. *Mayo Clin Proc.* 2004 Apr;79(4):554-62. doi: 10.4065/79.4.554. PMID: 15065621.

IMPROVING EMOTIONAL PREPAREDNESS BY INTEGRATING MOULAGE INTO SIMULATIONS

Naomi Shiner¹; ¹University Of Derby, Derby, United Kingdom

10.54531/FIHY7815

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

supported the imaging of a patient who had suffered an open fracture. Quantitative data was collected before and during placement using Visual Analogue Scales (VAS) to measure students' feelings. Qualitative data was collected at two stages. Firstly, twenty-four small focus groups (n=5) were conducted at the debriefing stage of the simulation and were thematically analysed. Secondly, semi-structured interviews were conducted with students (n=7) following their experience of seeing an open wound in clinical practice. These were analysed using Interpretative Phenomenological Analysis (IPA). All three stems of data collection were triangulated to identify new meta-inferences.

Results: Statistically significant changes were identified following the simulation, with improved emotional preparedness and a reduction in negatively valenced emotions. Six themes were identified following the simulation: emotion, realistic simulation, pain, difficulty communicating, developing teamwork and patient-centred care. Five superordinate themes emerged from the IPA interviews: experiencing a new environment, navigating new relationships, preparation, engagement with wound, and emotional management. Three meta-inferences were established: simulation to reality, knowledge is power, and emotional support.

Conclusion: The simulation provided a safe space to encounter an open wound ahead of clinical practice, reducing students' anxiety and improving their emotional preparedness. The use of moulage enhanced the authenticity of the simulation promoting a similar emotional reaction to those experienced in a real situation. Students gained a better understanding of their role in providing quality patient-centred care, allowing them to consider adjustments to their practice and behaviours before working with real patients. Peer support and teamwork were developed through the simulation, and this was sustained into clinical practice. Evidence indicates the implementation of a simulation using moulage, would have a positive impact on emotional labour, improving the student and patient experience.

REFERENCES

- Hyde E, Strudwick R. How prepared are students for the workplace? *Imaging Therapy Practice*. 2017 September;5-11.
- Jeung DY, Kim C, Chang SJ. Emotional labor and burnout: A review of the literature. *Yonsei medical journal*. 2018;59(2):187-193.

THE IMPORTANCE OF THE MODERATOR-TECHNICIAN ROLE IN THE ONLINE SIMULATION REVOLUTION

Kiran Virk¹, Gareth Evans¹, Helen Welsh¹, Hannah Iannelli¹, Marta Ortega-Vega¹; ¹South London and Maudsley NHS Trust, London, United Kingdom

10.54531/VEEK5094

Background: Maudsley Simulation has successfully pivoted to digital delivery of mental health simulation-based education (SBE) and developed a growing portfolio of digital courses, having trained over 2,000 participants online since 2020. During this time, the team have identified new training needs for faculty and technicians, to successfully adapt to online delivery of SBE. The Moderator-Technician role has emerged as essential in managing the many challenges relating to participant engagement, which is crucial to success and long-term knowledge retention [1]. These challenges include infrastructure availability, online comfort, and creating a psychologically safe space.

Methods: To reduce the technical burden during courses, there was a front-loading of responsibility to participants by specifying the technical requirements by email in advance. This pre-course intervention also ensured specialist access needs could be met, such as implementing live captioning for a hearing-impaired participant. Moderator-Technicians played an active and assertive role during digital deliveries and were responsible for welcoming participants and delivering a platform orientation and troubleshooting session. Participants were supported with Audio-Visual connectivity, which helped to ensure that technical issues did not derail the fluency of the delivery. The process of building psychological safety and creating online comfort was also an important component of the introductory session, which included talking participants through online etiquette, the importance of visibility, recording of the session, and use of direct message functionality within the Zoom platform. The limitations of online training were also acknowledged. Course participants were asked to complete pre- and post-course evaluation forms which included quantitative feedback on the technical components of online simulation courses.

Results: The end of day participant feedback was overwhelmingly positive about the online experience. Out of 332 participants, 95% reported benefits of having a Moderator-Technician, with emerging qualitative themes around finding it easier to engage due to clear guidance from the Moderator. A total of 94% reported a good experience in terms of platform accessibility.

Conclusion: Online simulation has emerged as a valuable modality for mental health simulation-based education (SBE) and the Moderator-Technician role has proven to be indispensable in maximising engagement and reducing cognitive load for facilitators. Further research is needed to assess the value of the Moderator-Technician role in online simulation. Moderator-Technicians should continue to harness new technologies to further enhance engagement and support sustainability. For example, trialling the use of mixed modality simulation through hybrid learning delivery.

REFERENCE

- Liu Q, Mo S. Is Social Distancing Law the New Normal? Forced Shift to Media Online Learning and Its Effectiveness: A Moderating Role of Student Engagement During the Pandemic of COVID-19. *Frontiers in Psychology*. 2022. 13; 923996.

MEDICAL SIMULATION FOR REFUGEE DOCTORS IN WALES

Farzad Saadat¹, Graham Picton¹, Jong Eun Son¹; ¹University Hospital of Wales, Cardiff, United Kingdom

10.54531/UTOD4446

Background: There are more than 600 refugee doctors living in the UK, who face many obstacles on the path to the General Medical Council (GMC) registration [1]. Assisting this group to pass the GMC required examinations, the Professional and Linguistics Assessment Board (PLAB), not only helps displaced individuals find fulfilling and dependable employment, it would also contribute to alleviating the shortage of doctors in the UK. In Wales, refugee doctors receive classroom teaching of English language and some UK medical concepts, but practical training and clinical opportunities remain limited. Simulation-based training is long established in providing practical medical education [2]. Our goal was to set up a