

medical meat, models, and part-task trainers. The other half provided immersive simulation-based scenarios covering additional presentations and skills. Each session was facilitated by senior faculty who are experts in their respective domains. A high-definition audio-visual system streamed the simulation to the other candidates viewing it from the debriefing room. Each scenario was followed by a structured debriefing discussing technical and non-technical objectives. Pre- and post-course questionnaires were completed. The course ran in November 2021, March, and April 2022.

Results: All trainees (n=29) provided scores on how useful they found the day, with an average score of 9.8 out of 10. The pre-course questionnaire highlighted that the trainees were looking to be more confident in approaching high acuity, low occurrence (HALO) procedures. In the post-course questionnaire, majority of the trainees described increased confidence and safe techniques learnt from being able to practise skills and drills on appropriate models and medical meat.

Conclusion: The post-course questionnaires were reflective of our course meeting SLO 6 and 7 of the new RCEM curriculum. The majority of trainees commented on feeling a lot more confident in approaching HALO procedures after having had the opportunity to practise during the course. Our plans are for all ED ST3/4s to attend in the next few months, with a view to this becoming a regular part of their training programme. Furthermore, we plan to develop advanced courses for higher speciality trainees, as these would be beneficial in meeting the RCEM curriculum outcomes but also ensuring trainee satisfaction and encourage confident and safe practice.

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VIRTUAL REALITY SIMULATION FOR THE FOUNDATION PROGRAMME

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Background: Recent events have resulted in widespread migration to technology-enhanced learning (TEL) including virtual reality (VR). Simulation remains essential [1] for foundation year doctor (FYD) training but access is dependent on significant resource and faculty requirements. VR allows FYDs to interact safely with virtual patients/healthcare professionals in 3D with a headset. This could complement existing simulation-based training. Over 200 FYDs work across the sites of Oxford University Hospitals NHS foundation Trust (OUHT). They already receive high-fidelity simulation and online teaching. We aimed to identify the best way to add VR to this teaching programme and assess its value in the context of anticipated challenges such as cohort/faculty sizes, space/equipment limitations, and available teaching time.

Methods: The Oxford Medical Simulation (OMS) VR platform was used [2] as we already have extensive experience with this system in undergraduate education. FYDs were consulted in the design of teaching models with varying faculty and equipment requirements (Figure 1). Sessions involving faculty were offered on a voluntary sign-up basis. Feedback was requested from FYDs and educators.

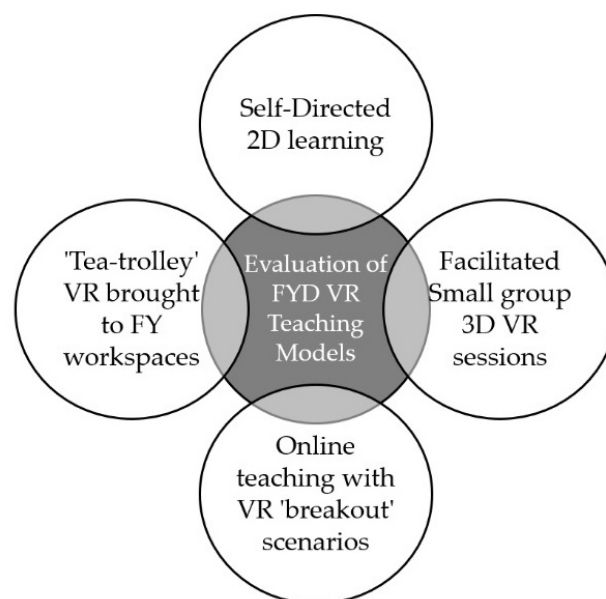


Figure 1. Virtual Reality (VR) Teaching Models for the Foundation Year Doctors (FYD)
Virtual Reality Simulation for the Foundation Programme

Figure 1: Virtual Reality (VR) teaching models for the Foundation Year Doctors (FYD). Virtual Reality Simulation for the Foundation Programme.

Results: Initial reaction was encouraging. An FYD consulted at the design stage remarked: '...the scenarios were all really useful and enjoyable to work through. I think they are pitched at exactly the right level for FY1/ FY2 ... I also found it straightforward to access any of the investigations and resources that I needed in the scenarios and found the guided feedback really helpful too.' Despite this, participation was surprisingly low, thereby limiting model evaluation. Early qualitative feedback suggested a preference for 3D over 2D this is supported by only 39/208 FYDs requesting home access. In response 3D sessions were increased but attendance remained low. Ongoing efforts are being made to maximise exposure and evaluate the programme as well as investigating the low participation level. Availability of dedicated teaching time and proximity to the end of the academic year could be important contributors.

Conclusion: The negative impact of the pandemic on trainees' wellbeing and burnout risk has been nationally recognised alongside the reduced ability of trainers to protect training time [3]. Although the limited initial response was positive, technology and novelty alone cannot be relied upon to support training recovery. Learning from this project is being used directly to improve models for the next cohort and feedback to those involved in organising FYD education at the Trust.

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