

questioned [3], but the current four-year programme has been successfully maintained since the 2016–2017 academic year. Student cohorts range from 59–164 and participate in two simulation sessions per year. Logistical challenges, in addition to significant cost and time resources, have included retention of SPs to present consistent characters over years, integration of curricula revisions, and continuous updating of an extensive longitudinal simulation handbook. We aimed to explore students' attitudes towards MPharm communication and professionalism training and to understand how its elements impact on student perceptions.

**Methods:** In 2020, shortly before the coronavirus 2019 pandemic, 3 focus groups and one in-depth interview were conducted with undergraduate students from each year of the MPharm programme. A framework analysis method is being used to identify main and sub-themes from the data.

**Results:** Preliminary thematic analysis findings indicate a student focus on fear of exposure, recognition of professional values, confidence building in the application of knowledge, and the importance of integration of teaching and placement activity.

**Conclusion:** There is limited research in the use of SPs in undergraduate Pharmacy education with regards to how it helps them to develop in the domain of communication skills and professionalism and we hope our study will contribute to filling this gap.

## REFERENCES

1. Aspegren K. BEME Guide No. 2: Teaching and learning communication skills in medicine—a review with quality grading of articles. *Med Teach*. 1999 Jan 1;21(6):563–70. doi:10.1080/01421599978979
2. General Pharmaceutical Council (GPhC), Future pharmacists: standards for the initial education and training of pharmacists. London: GPhC; 2011.
3. Bokken L, Linssen T, Scherpier A, van der Vleuten C, Rethans J-J. The longitudinal simulated patient program: evaluations by teachers and students and feasibility. *Med Teach*. 2009;31(7): 613–620.

## OPINION OF NURSING STUDENTS AND LECTURERS ABOUT VISUALLY ENHANCED MENTAL SIMULATION: PRELIMINARY RESULTS OF A QUALITATIVE STUDY

Burcu Dogan<sup>1</sup>, Natalie Pattison<sup>1,2,3</sup>, Guillaume Alinier<sup>1,4,5,6</sup>; <sup>1</sup>University Of Hertfordshire, Hatfield, United Kingdom, <sup>2</sup>Herts NHS Trust, Stevenage, United Kingdom, <sup>3</sup>Florence Nightingale Foundation, London, United Kingdom, <sup>4</sup>Hamad Medical Corporation Ambulance Service, Doha, Qatar, <sup>5</sup>Weill Cornell Medicine-Qatar, Qatar, <sup>6</sup>Northumbria University, Newcastle upon Tyne, United Kingdom

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**Background:** Simulation followed by debriefing has been acknowledged as a fundamental training approach in healthcare education as it can provide safe experiential learning opportunities. Although many institutions adopt full-scale simulation (FSS), it is very costly (e.g. specialised training facilities, simulators, ...). Facilitated mental simulation which is supported by simple visual representations to involve several learners together can be used for cognitive skills rehearsal face-to-face or remotely via an online video conferencing platform. We call this approach Visual-Enhanced Mental Simulation (VEMS) [1].

This study aims to explore the perspectives of nursing students and lecturers concerning VEMS as a simulation modality.

**Methods:** This IRB-approved study (aHSK/PGR/UH/03692) used a mix method approach targeting 150 adult nursing students exposed on at least one occasion to either or both FSS and VEMS followed by debriefing and all healthcare

lecturers from a UK-based higher education institution. For further exploration of students and lecturers' perspectives about VEMS and its effectiveness, they were invited to take part in a telephone interview. The lecturers were from nursing, midwifery, and physiotherapy. All of them received a VEMS guide to get a better idea of what it is and so they could think about its application in their programme. Participating students had previous exposure to VEMS.

**Preliminary Result:** Qualitative data of the study were analysed using thematic analysis with NVivo 12. 10 students and 10 healthcare lecturers agreed to participate in a telephone interview. Both students and lecturers positively perceived VEMS. As the facilitation method of VEMS is very similar to full-scale simulation [1,2], students indicated that they were able to practise their non-technical skills. The identified downside of VEMS is that students find it difficult to communicate with a poster while the facilitator vocalises the patient's voice. Nevertheless, students agreed that this method was helpful to practise decision-making skills and should be more integrated into the curriculum. Lecturers found it was a cost-effective and easy to set up classroom-based activity which could be used as a learning activity. They also found various ways of remotely facilitating VEMS to overcome the challenges of delivering training while maintaining learners' physical distancing.

**Conclusion:** VEMS provides lecturers and nursing students a cost-effective low-technology and a practice-based activity [3]. Followed by debriefing, it can be used in a nursing curriculum to mentally practise nursing skills in a safe and engaging environment. Obtaining feedback from lecturers from other disciplines can promote its use in different settings.

## REFERENCES

1. Dogan B, Pattison N, Alinier G. A form of mental simulation with significant enhancements enabling teamwork training. *Int J Healthc Simul* 2021;1:56–61.
2. Alinier G, Meyer J, Naidoo V, Campbell C. Simplifying simulated practice for healthcare professionals and educators. *Journal of Emergency Medicine, Trauma and Acute Care*. 2016 (2-International Conference in Emergency Medicine and Public Health-Qatar Proceedings):79.
3. Alinier G, Tuffnell C, Dogan B. Simulation on a Low Budget. In *Clinical Simulation 2019* Jan 1 (pp. 667–689). Academic Press.

## IMMERSIVE SURGICAL SKILLS: TRAINING AND PREPARATION IN A SURGICAL ENVIRONMENT

Saad Azher<sup>1</sup>, Muhammad Chaudhary<sup>2</sup>, Azher Shafiq<sup>2</sup>, Kulbir Mann<sup>1</sup>, Timothy Parr<sup>1</sup>, Fizza Safoora<sup>4</sup>; <sup>1</sup>Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom, <sup>2</sup>Warrington and Halton Hospitals NHS Trust, Warrington, United Kingdom, <sup>3</sup>Macclesfield District General Hospital, Macclesfield, United Kingdom, <sup>4</sup>Lahore Medical and Dental College, Lahore, Pakistan

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**Background:** COVID-19 has reduced training opportunities for surgical trainees, foundation doctors, and medical students [1]. With elective surgery cancelled, millions of patients on waiting lists, strict requirements on physical distancing, and trainees looking to meet numbers for competencies, it is difficult to achieve the necessary exposure and experience required as per the GMC's 'Outcome for Graduates', the Royal College of Surgeons of England, and the UK medical undergraduate curricula [2,3]. Thus, a hybrid, one day surgical simulation course, aligned to the curricula was designed for attendees to assess, resuscitate, and manage unwell surgical patients.