pre-course material were sent. The scenarios were combined with contracting rules and links to interactive polls to form a presentation that could be shared on the screen throughout the day. Links to post-course feedback surveys were also included to evaluate participant satisfaction of the course design. From October 2020 to May 2021, we delivered eight virtual teaching sessions to a total of 67 multi-professional candidates ranging from nursing staff, police officers and doctors. Candidates were asked whether the course addressed their learning objectives or whether the course had increased their knowledge and 53 (79%) candidates 'strongly agreed' with these statements. Including those who 'agreed' with these statements, 66 out of 67 (98%) of the candidates perceived this course addressed their learning outcomes or improved their knowledge. The results from the evaluation of these courses indicate that the adaptation of our face-to-face courses have not impaired the quality of the content and have been beneficial to the targeted audience. Despite the challenges that online teaching can pose, we have overcome these by ensuring that we contract behaviour to ensure psychological safety, included interactive aspects such as live word clouds and polls and used a modality of learning such as the use of role players and modified scenarios to guide debriefs and learning.

| 118 | **SIMULATION FOR NOVICE ANAESTHETISTS: ADDRESSING TRAINING GAPS CREATED BY A GLOBAL PANDEMIC** |

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Background: It is well documented that the COVID-19 pandemic is having a huge impact on doctors in training. Much of novice anaesthetists' training is delivered during high turnover, elective theatre lists of low-risk patients [1]. List cancellations and staff redeployment have significantly reduced these opportunities [2]. In our department, amendments to standard operating procedures within theatres have created further training barriers. Supervisors find it challenging to offer anything more removed than direct supervision due to difficulties accessing the clinical environment in emergencies. These constraints drove us to find alternative methods of providing this practical experience.

Aim: The aim of the study was to create a trust-wide high-fidelity simulation course for novice anaesthetists, focussing on confidence building and preparation for on-calls, together with clinical and non-technical management of specific anaesthetic complications.

Methods/design: A pre-course questionnaire aided a learning needs analysis and informed the learning objectives. Poor confidence due to lack of training was a common theme. Issues identified included limited case numbers, exposure to common emergencies and difficulty progressing to more distant supervision. Using a standardized scenario authoring platform (IRIS) we collaborated with a multi-professional faculty group to design a 1-day simulation course. To ensure an authentic learner experience, scenarios were designed for delivery in a high-fidelity simulation suite using Laerdal SimMan3G with LEAP software. Familiar clinical equipment, such as a Datex Ohmeda anaesthetic machine, was used and

access to typical cognitive aids provided to mirror a real theatre environment.

Implementation outline: Initially, participants prepared for an anaesthetic induction following standard operating procedures, including performing the World Health Organisation Surgical Safety Checklist. They then carried out this uncomplicated induction with the assistance of a trained Operating Department Practitioner. This aided in embedding good clinical practice and promoted patient safety. A second scenario followed, during which an emergency unfolded. The group observed each scenario through a video link and contributed to a consultant-led debrief. To assess course impact participants completed post-course questionnaires. Confidence universally improved after the course. Every attendee found the course useful and was highly likely to recommend it to a colleague. For several participants, this provided their first experience carrying out an emergency anaesthetic induction without direct supervision. In this setting, simulation has been used as a valuable tool to supplement clinical exposure where there were significant barriers to traditional training methods. We intend to further develop this course to become an integral part of novice anaesthetic training within our trust.

REFERENCES
1. Sen S (n.d). Progression through the pandemic. Available from: https://www.rcoa.ac.uk/training-careers/training-anaesthesia/training-during-covid-19-pandemic/progression-through [Accessed 16 June 2021].
2. Sneyd JR, Mathoulin SE, O'Sullivan EP, et al. Impact of the COVID-19 pandemic on anaesthesia trainees and their training. Br J Anaesth. 2020;125(4):450–455.

| 94 | **PHYGITAL SIMULATION FOR A LARGE GROUP OF LEARNERS IN A REGIONAL TEACHING** |

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Background: Over the years, knowledge-based simulation has been a valuable way of delivering certain content of the syllabus in medical education. There have been challenges to undertake any form of educational activities during the COVID-19 pandemic due to a global shutdown [1], let alone face-to-face teaching. Digital education has endeavoured to fill this gap via the increased use of different online platforms to prevent the spread of COVID-19. Nonetheless, one facet of educational strategy that has remained challenging to provide online is teaching and learning with simulation. Currently, a phygital [2] method of teaching is being utilized; some learners are with the instructor in the classroom (physical presence) and others are online (digital presence.) The inclusiveness and participation from the online audience have been seen to be poor.

Aim: The aims of the study were to deliver an inclusive and effective simulation session to a large cohort of trainees in emergency medicine and to provide an immersive learning environment to learners by enhancing their feeling of being present in the simulation hub.

Method/design: We delivered a phygital simulation with the aid of digital technology in a way that encouraged participation from all attendees. We sought to overcome known challenges of simulation teaching during the peak period of COVID-19 and identified newer challenges unique to the situation and suggestions for future improvements or simulation.

Implementation outline: During the simulation, we utilized a standardized patient (SP) (who did not require further training for our method) and various equipment/components of the room including cameras for the different views required. The room had a limit of five persons (as per COVID-19 restrictions) so we designed a teaching method that enabled us to cater efficiently for the remaining 33 participants of the scheduled regional teaching session. A volunteer candidate was chosen from the online audience to lead in the simulation. Prior to selection, all candidates were shown the brief which explained the expectation of leading and the different camera views available to aid their performance. They viewed the whole room with separate focuses on the SP, the device required to perform a procedure, and their appointed physical presence (PP) who they will instruct to perform the procedure. We identified advantages, challenges and areas of future development and believe that this type of teaching can be applied to a wide range of simulations that required demonstration.

REFERENCES

1. Olasile Babatunde Adedoyin & Emrah Soykan. COVID-19 pandemic and online learning: the challenges and opportunities. Interact Learn Environ. 2020. Doi: 10.1080/10494820.2020.1813180
2. Monas University. Monash Business school Marketing Dictionary. Available online at https://www.monash.edu/business/marketing/marketing-dictionary/p/phygital [Assessed 19 June 2021].

| 98 | **'AOSIM': A DECISION-MAKING SIMULATION COURSE FOR ACUTE ONCOLOGY NURSES** |

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Background: Simulation-based education (SBE) as a learning tool is becoming more prevalent, as is the recognition of the importance of non-technical skills. With this insight comes a desire to improve clinical practice using these techniques. 'AOSim' has arisen from an intrinsic desire to achieve this from within an Acute Oncology Service (AOS). Wishes to improve confidence, decision-making and teamwork have guided the design and implementation of a novel simulation course in this field.

Aim: The purpose of the course has been guided by the candidates. The hope is to be able to provide a safe learning environment to explore decision-making, improve confidence in clinical practice and strengthen teamwork.

Design: The course design was informed by direct stakeholder analysis. Pre-course surveys aided in planning the course and scenario design. The course would run over half a day and comprise three scenarios, each followed by a debrief. The candidates invited were nurses working in the local AOS and the AOS coordinator. Each scenario was designed with a particular focus in mind; 'Respectful Challenging', 'Clinical Prioritisation' and 'Treatment Escalation'. The clinical context of the scenarios was based on oncology to provide a familiar environment for the candidates. This would also enable the focus to be paid to the non-technical skills related to the aims of the course. The scenarios were to be run in a high-fidelity setting using a mixture of role players, mannikins and plants. Faculty roles had been assigned prior to the course date.

Implementation outline: A course overview was sent to the candidates including the planned date for running the course to allow the candidates to plan for handover of their clinical duties; this allowed protected time for the course to run. 'AOSim' was run in a simulation suite in the high-fidelity setting with an experienced faculty. The candidates were introduced to the simulated environment and the importance of psychological safety was explained. The three scenarios ran as planned to include subsequent informative debriefs. Immediate and post-course feedback were positive, particularly with increased confidence levels and team-working ability. This has led to aspirations to run the course again for a different candidate group in the future.

| 117 | **MURDER ON THE LABORATORY FLOOR** |

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Background: As leaders are now being encouraged to work across different organizations and in more complex ways, a Systems Leadership programme was developed. The programme required a final module to consolidate the learning which was simulation based. The candidates attending the 'murder on the lab floor' module were a mixture of clinical and non-clinical senior leaders from public and third sector organizations.

Aim: The aim of the study was to design a half-day course utilizing the simulation structure of pre-brief, scenarios and debrief which enable the candidates to reflect on their own learning in the areas of leadership, communication decision-making and collaborative skills.

Method/design: We formed a working group to design the scenarios, which were a series of games, build prototypes, run pilots to assess suitability, identify modifications and ensure consistency. Games were linked to leadership traits to aid reflection through debriefing. Games were designed to be played face to face, or remotely, thus promoting inclusivity for shielding staff. A short pre-brief or introduction was filmed.

Implementation outline: In our first cohort, all candidates attended the 3-hour session in person. The pre-brief film was played to the candidates setting the scene of an industrial scientist collapsed on a laboratory floor. It outlined the aim to collect as many golden syringes as possible by completing seven 5-minute activities. The candidates were given 5 minutes to nominate which candidate would complete which of the seven games set out in the laboratory. The games were categorized as mental, physical, mystery and skill. The nominated candidate entered the laboratory fitted with a radio headset. Audio and video were fed to the debrief room and to remote candidates via Teams. Once the candidate entered the laboratory the timer was activated. Candidates in both rooms were expected to work together to solve the puzzle and demonstrate team dynamics, communication and strategic thinking. On completion of all games, the candidates participated in a structured debrief led by two of the faculty. This reflective process highlighted the intended learning points and also brought about a discussion examining the effects of COVID-19 on the individuals and their teams.

Qualitative feedback was collected. Candidates stated that