

longer-lasting beneficial impacts on both education and clinical care.

Aim: Our aim was to demonstrate the feasibility of utilizing a novel approach to interactive, online simulated history-taking.

Method/design: The session was designed for students attending a virtual work-experience programme and is founded upon gamification principles. History-taking is a humanistic social process requiring effective communication skills and recognition of verbal and non-verbal cues. The session enabled students to directly instruct a passive clinician to take a history from a simulated patient actor, incorporating both verbal and non-verbal actions. This novel teaching method is analogous to Freire's work, highlighting the importance of the learner being an active participant, thus enabling experiential learning^[2].

Implementation: This interactive approach required a simulated patient actor, a passive clinician and a verbal instructor to be present. Students were presented with a case scenario and viewed the interaction between the simulated patient actor and passive clinician online via a video conferencing service (in this case, Zoom). Students provided instructions to the passive clinician using the typed chat function. These typed instructions were relayed by the verbal instructor to the passive clinician via an earpiece and the passive clinician would then embody these instructions. This allowed students to work as a group to directly elicit a history and witness their instructions being actioned. Examples of instructions included questions to verbalize, adjustments to body language and alteration of the tone of voice. Following good student instruction, the passive clinician gradually grew in competence and confidence throughout the scenario, thus allowing real-time, interactive feedback of their history-taking approach. The session concluded with a reflection of the communication traits that helped to gain an effective history from the patient using a debrief model.

REFERENCES

- Al Samaræe A. The impact of the COVID-19 pandemic on medical education. *Br J Hosp Med (Lond)*. 2020;81(7):1-4. doi: [10.12968/hmed.2020.0191](https://doi.org/10.12968/hmed.2020.0191).
- Freire P, Ramos MB. *Pedagogy of the Oppressed*. 1970. New York: Continuum.

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THE EFFECTIVE MANAGEMENT OF RESOURCES IN A BUSY SIM CENTRE

Tim Lawler¹, Claire Condrón¹, Michelle Scott¹, Galina Meshcherskaya¹, Adam Roche¹, Simon Horne¹, Rebecca Kirrane¹, Miroslav Voborsky¹, Clare Sullivan¹, Caoimhin O'Conghaile¹; ¹Royal College of Surgeons in Ireland, Dublin 2, Ireland

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Background: The efficient working of a busy, multi-faceted Healthcare Simulation Centre that caters to many different stakeholders requires a repertoire of protocols and procedures. Standard Operating Procedures (SOPs) ensure all resources are managed as effectively as they can be so that teaching can be continuously delivered at the optimum level.

Aim: The aim of this wide-ranging project was to devise a collection of SOPs and accompanying files that regulate the efficient management of resources in a Sim Centre.

Method/design: A template for SOPs was created, with entries for background, purpose, scope, procedures etc. ensuring each SOP would meet a universal standard for the department. They also must be approved by the Simulation Manager and reviewed annually. Accompanying documents, spreadsheets and online forms to facilitate that the processes outlined in the SOPs would also have to be created.

Implementation outline: The SOPs include maintenance and servicing of equipment, loaning of equipment, booking of equipment for teaching and self-directed practise, inventory, management of Simulation spaces and storage areas, stock-taking and ordering of consumables. A suite of instructional documents, data management spreadsheets and online forms have been prepared and are updated regularly in accordance with the procedures outlined in the SOPs. Much of what simulation staff do is learned on the job and losing that institutional knowledge can be devastating for a program. To combat this the SOPs capture the essential steps to efficiently run our centre. The SOPs are useful tools to communicate the correct way of carrying out an activity and are used to orientate and train new technical staff in our centre. Importantly, the SOPs are an integral part of our quality enhancement process, updated regularly, and used to communicate innovations and improvements amongst the wider centre user community. These SOPs and associated resources will be made available to the simulation community upon request.

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A VIRTUALLY PERFECT DEBRIEF? THE UNDERGRADUATE COVID-19 SIMULATION CHALLENGE

Lyndon Wells¹, Emily Frost¹, Annabelle Waller¹, David Newbold¹, Victoria Gray¹; ¹East Kent Hospital University NHS Foundation Trust, Ashford, UK²King's College London School of Medicine, London, UK

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Background: Feedback from undergraduate medical students recognizes high-fidelity immersive simulation-based education (SBE) as an opportunity to put clinical reasoning and behavioural skills into practice whilst guaranteeing patient safety. The tool used in SBE to bridge event experiences with meaningful reflection is the debrief. Debriefing is a facilitated reflection to guide learners through a process of detecting performance issues and exploring rationales for behaviours^[1]. A systematic review of high-fidelity simulation literature identified feedback, including debriefing, as the most important feature of SBE^[2]. During the COVID-19 pandemic, all simulation training was temporarily halted for undergraduate students. Some students collaborated with the simulation team to create an alternative delivery method, maintaining social distancing and minimizing mixing of different student cohorts, whilst preserving the educational yield created through debriefs.

Aim: The aim of the study was to create pre-recorded high-fidelity simulation scenarios with the involvement of course participants, final-year medical students. Use the recorded scenarios to observe simulation, create meaningful discussion and explore both clinical and human factors.