

consolidate the fundamental skills required to be confident and competent in their future roles [2].

We are currently awaiting formalised evaluation from a partnering university who undertook pre- and post-evaluation from all 'players'. Immediate feedback included the students using language such as 'empowered', 'empathy', 'unity', and 'team spirit' to describe their experiences. Furthermore, the students identified that the exercise had high-fidelity and enabled them to embark on interprofessional learning to test not only their physical skills but also their emotional intelligence.

Conclusion: Following the success of SIMEX 2022, discussions surrounding SIMEX 2023 have commenced and it is hoped the event will expand to a larger number of students across the Faculty, in line with Nursing and Midwifery Council Standards [3].

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USING EXPERIENTIAL-BASED SIMULATION LEARNING TO DEVELOP ADULT NURSING STUDENTS' COMMUNICATION SKILLS TO SUPPORT PRACTICE

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Background: In the light of the practice placement limitations due to COVID-19, the Faculty Practice Simulation Group at a University in South West England, commissioned a pilot programme of simulated practice components for 200 second year adult nursing students over five consecutive days. The aim was to support the development of communication skills required by the Nursing and Midwifery Council Standards [1].

Methods: In partnership with an external communication skills organisation, the University provided each student with 37 hours of simulated practice placement, focused on communication skills through participative simulation with simulated patients (SPs) in bespoke, authentic scenarios. This included facilitated participation, structured live feedback from SPs, discussion with students, debriefing and reflection according to ASPIH guidelines for best practice in simulation [2]. Scenarios were designed to challenge and explore the range of skills required in Annex A of the Standards [1], at a level expected of first year students. Learning outcomes included the development of caring conversation techniques, patient management and colleague communication in multiple, varied situations. Students interacted with SPs and relatives who reflected diverse characteristics and ages, and a range of physical and mental health challenges. Students also interacted with simulated colleagues in a variety of professional situations. 106 students completed feedback questionnaires consisting of 41 5-point Likert items, before and after their sessions.

Results: Facilitators noted that students described the simulation as a meaningful learning opportunity which allowed them to explore and develop their communication skills and better prepared them for the practice element of their degree. They also noted that students said they preferred simulation as it gave them time to stop and think and to get advice and ideas from their colleagues. This was particularly so in 'breaking bad news' scenarios as most had never had to approach this and appreciated the opportunity to consider and practise their response. Consequently, students stated that simulation would have been even more beneficial had it been timed prior to attending practice placement. Facilitators observed the improvement in communication skills was in student's confidence and their awareness and sensitivity, particularly in complex multi-factorial situations. Evaluations for the programme have yet to be analysed.

Conclusion: Experiential learning through simulation-based education with SPs provides a powerful approach, offering a safe and supportive environment, which avoids unsafe situations and enables students to effectively practise and prepare for real world experiences.

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TRUE DISTANCE LEARNING – AN EVALUATION OF A VIRTUAL SIMULATED PLACEMENT (VSP) FOR INDONESIAN NURSING STUDENTS

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Background: VSP uses browser-based virtual environments to simulate life-like and challenging clinical scenarios. They are an innovative and creative way to develop proficiency capabilities of healthcare professionals as an adjunct to their studies and practice placement. Evidence suggests that a simulated environment can better equip nursing and allied health professional students for practice [1–3]. The concept of VSP may have been brought forward by the COVID-19 pandemic but was inevitable with the increasing access to technology-enhanced learning and the emerging evidence of its benefit.

Methods: This VSP was a collaboration between UK simulationists and Indonesian academics with a two-month deadline. Work was completed online using videoconferencing and translation services, the evaluation (with ethical approval) was completed using a JISC online survey in March 2022. The Indonesia VSP consists of four patient scenarios, one scenario from each of the fields of children and young people, adult, mental health and learning disability nursing and is set within the emergency department and is aimed at learners in their final year of a nursing programme in Indonesia. The Indonesia VSP scenarios were designed in line with the UK Nursing and Midwifery Council (NMC) proficiencies and the Indonesian equivalents and were designed based on clinical scenarios that are not commonly seen in clinical practice or may be particularly challenging to enhance learners' skills

and build their confidence with managing such situations. The VSP was designed for 10 hours of learning and was made available to adult nursing students from 37 Poltekkes across the Indonesian continent.

Results: The VSP project was delivered on time with the evaluation from the pilot group being overwhelmingly positive with 82% of respondents being satisfied with the quality of VSP (response rate of 30% n=51/171). The key themes identified were: 'real-life patient scenarios based on holistic and patient-centered care' and the VSP enabling learners to use 'critical thinking skills and relate the content to previous knowledge' gained on their course so far.

Conclusion: VSP is a meaningful way of enhancing exposure to experiences that are not guaranteed for all learners leading to greater equity of experience. The reflective and blended nature of the VSP leads to a better understanding of difficult topics. The VSP platform enables knowledge transfer that allows our team to take our in-house digital innovations to a global platform to support the training of the future nursing workforce of Indonesia.

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USING SIMULATION TO INCREASE MEDICAL STUDENTS' EXPOSURE TO TRAUMA CARE IN A DISTRICT GENERAL HOSPITAL

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Background: When placed in District General Hospitals, medical students have reported limited exposure to major trauma, which is a key part of their Acute and Critical Care curriculum. Several studies have been conducted showing that simulation-based trauma education for undergraduate students can effectively prepare medical students for trauma resuscitation [1]. Targeting 4th year medical students, we sought to enhance their knowledge of, and confidence in, assessment and management of major trauma presentations in an Emergency Department setting through simulation. Key learning outcomes were to understand and perform a primary survey, identify key life-threatening injuries, and perform early interventions in life and limb threatening situations.

Methods: A one-day session was designed, including a pre-course video, practical demonstrations, and an introductory presentation covering primary surveys and management of common trauma presentations. 5 scenarios covered situations across the trauma spectrum, such as tension pneumothorax, severe intracranial bleed and loss of airway, major haemorrhage, and spinal injury. Students were expected to independently assess patients and perform practical procedures if required. Self-reported confidence in trauma management was measured with a pre- and

post-course questionnaire. Responses were recorded on a 7-point Likert scale with open fields for direct feedback.

Results: In the pre-course questionnaire, students reported low levels of confidence in their assessment and management of trauma. In the post-course questionnaire, students reported feeling substantially more confident in assessing, investigating, and managing common diagnoses in trauma patients. Many reported feeling they had insufficient teaching about traumatic presentations during medical school and little prior exposure to simulation-based teaching. After the session, students reported feeling better prepared to work within a trauma team. All students who attended the day found simulation-based teaching to be a useful part of their learning experience.

Conclusion: Targeted trauma teaching introduced as a direct response to students' expressed needs improved knowledge of, and confidence in, managing common and serious trauma presentations. Simulation sessions such as these can help fill gaps in experience that may be associated with placements in non-specialist centres.

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DEVELOPING AN ALL-WALES DEFINITION OF SIMULATION-BASED EDUCATION

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Background: Health Education and Improvement Wales's (HEIW) simulation team is in the process of developing a Simulation-Based Education (SBE) strategy for Wales which will include a definition of SBE. The simulation team originally agreed a working definition of SBE for Wales when the team was formed. However, numerous definitions of simulation or SBE exist in the literature. A shared understanding of SBE is required to optimise its use as an educational strategy [1]. We aimed to reach consensus upon an All-Wales definition of SBE.

Methods: Ethical approval for the study was granted by Cardiff University. A participant information sheet was provided and informed consent obtained from all participants. A modified Delphi technique was used [2], comprising three rounds of online surveys. Definitions and characteristics of simulation described in the existing literature formed the basis of the first survey round [3]. Any statements not reaching consensus and any new statements offered by participants during round one were included in the second survey round. In the final round, participants were asked to rank all statements which reached consensus in rounds one and two in order of priority from 1- the most important to 10- the least important. Responses were inversely scored and collated. Three members of the research team reviewed and validated the consensus statements at the end of each round.

Results: A total of 27 participants from a range of professional backgrounds (nurses, doctors, allied health professionals, and simulation technicians) agreed to be part of the expert panel, of whom 26 (96%) completed the round one survey, 26/26 (100%) returned the round two survey, and 22/26 (81%) responded to the round three survey. Participants reached