

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