taking collateral histories, asking for specialist advice, and updating the next of kin. Students entered the simulation suite individually and received a short verbal handover along with patient notes, then used their clinical judgement to decide who to call. The remaining students observed the live video stream with audio from a different room and also had access to the patient notes and results. A tutorial was given before the simulation session on confidentiality, how to use a hospital telephone, and how to use the 'Situation, Background, Assessment, Recommendation' (SBAR) referral tool. All students completed questionnaires before and after the simulation and confidence was measured on a 10-point Likert scale. Student-led debriefings after each scenario were facilitated by CTFs.

Results: A total of twenty-two fourth-year medical students participated. 73% had never received any formal teaching on telephone communication. 40% had never used the telephone during their clinical placements. 41% were not aware of the SBAR tool prior to the session. The questionnaire results from pre-simulation (M=4.24, SD=1.30) and post-simulation (M=6.57, SD=1.47) indicate that there was a statistically significant increase of students' confidence in communicating over the telephone, $t(22)=4.1$, $p<0.001$. Free-text feedback demonstrated an improved understanding of the most appropriate person to call in different situations.

Conclusion: Our results demonstrate the benefit of simulation in increasing the confidence of medical students in telephone communication. Formally incorporating this training into medical school curriculums may improve patient care involving FY1 doctors and ensure safer communication in clinical practice.

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WALK IN THEIR SHOES – IMMERSIVE 360-DEGREE VR EXPERIENCE OF DIVERSITY AND INCLUSIVITY IN THE NHS

Shreya Kulkarni[1], Jordan Tsigerides[1], Medha Sule[1]; [1]*Norfolk and Norwich University Hospital, Norwich, United Kingdom*

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Background: Doctors within the NHS from black, Asian, and minority ethnic (BAME), and International Graduate backgrounds face differential attainment in their progression in the NHS and share differing experiences. It has been reported by the GMC that higher rates of complains against International Graduates may reflect the lack of induction and social integration within the NHS culture [1]. Virtual Reality (VR) provides an immersive platform, with viewers able to involve themselves in realistic scenarios remotely. We utilised 360-degree VR to produce a realistic scenario on the differing experience of a BAME, International Graduated Doctor on their first day in the NHS.

Methods: We created a 360-degree VR scenario reflecting a realistic situation of a new International Graduated Doctor and the impact on the behaviours in the professional and social aspects of the NHS. The scenario whilst fictional was informed by real experiences faced by Trainees in our Trust from BAME and other minority groups. The scenario was presented through VR headsets and post-video feedback was gained with anonymous surveys to Trainers (n=16) and Trainees (n=27) from differing ethnic backgrounds.

Results: 100% of participants found the video helpful, would recommend it to colleagues, felt immersed in the scenario due to the use of VR, and would be interested in similar Virtual Reality scenarios on different diversity topics. Within ethnicities, the majority of Caucasian participants felt able to talk and raise issues regarding diversity and inclusivity whilst ethnic minorities did not (Table 1). Comments gave insight to participants and their own experiences – with a British participant reflecting 'Felt ashamed that I have never thought of what happens to my colleagues new to the system' and ethnic minority participants feeling that the scenario 'resonated with their experiences'

Table 1: Differing opinions based on ethnicity on comfort in talking about and raising issues regarding diversity and inclusivity in the workplace

Table 1 : Differing opinions based on Ethnicity on comfort in Talking about and Raising issues regarding Diversity and Inclusivity in the Workplace

	Do you feel comfortable talking about issues of Diversity and Inclusivity in your workplace / with seniors			Do you feel comfortable raising issues regarding Diversity and Inclusivity in your workplace / with seniors		
	Yes	No	Total participants	Yes	No	Maybe
Trainees	44%	56%	27	26%	56%	19%
British / Caucasian	100%	0%	8	88%	0%	13%
Asian or Asian British	25%	75%	12	0%	67%	33%
Arab or Other ethnicity	14%	86%	7	0%	100%	0%
Mixed						
Trainers	63%	38%	16	38%	38%	25%
British / Caucasian	50%	50%	6	100%	0%	0%
Asian or Asian British	17%	83%	6	0%	67%	33%
Arab or Other ethnicity	33%	67%	3	0%	67%	33%
Mixed	100%	0%	1	0%	0%	100%

Conclusion: VR and 360-degree platforms allow an extremely immersive and realistic resource for sharing difficult experiences faced by healthcare workers from various backgrounds within the NHS. Importantly viewers are able to experience and be involved in difficult scenarios within a safe and non-threatening space, allowing reflection and the empowerment for speaking up. By utilising this immersive educational tool, we were able to share the differing experiences faced within the NHS by BAME and International Graduate groups, allowing reflection for change. We hope to further utilise this platform to share the many experiences faced by healthcare workers thus providing insight into the diverse community and improving diversity and inclusion within the NHS.

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HEALTH VISITING SIMULATION TRAINING DIFFICULT CONVERSATIONS – KEEP CHILDREN SAFE

Laura Stewart[1]; [1]*Homerton Healthcare, Homerton Row, United Kingdom*

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