indicators of gender-based violence, suggestions on how to approach enquiring about gender-based violence and simulation scenarios incorporating gender-based violence. The scenarios were designed to include indicators of violence aforementioned in the talk to enable students to practise question asking.

Pre- and post-session questionnaires were used, and students were to rate their confidence on a scale of 1–5 of how confident they felt asking these questions and recognizing indicators of violence.

Results: Twenty-three students partook in the two sessions delivered. Pre-session data suggested that students had received minimal teaching on the indicators of violence. After completion of the sessions, there was a 57% increase in the students' confidence in recognizing a victim of violence and a 51% increase in confidence in asking whether an individual had been subject to violence. Qualitative data suggested that students valued simulation incorporating indicators of violence and opportunity to sensitively enquire if someone had experienced violence. Overall, students felt better equipped to address future scenarios where an individual may have been subject to violence.

Conclusion: Our teaching session increased the confidence of final-year medical students in recognizing the indicators of violence and their ability to sensitively enquire about any violence that an individual may be subject to.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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CONTENT, SYSTEM

A3 'I HAVE HAD AN EPIPHANY' STUDENT NURSES' REFLECTIONS ON THEIR CARBON FOOTPRINT IN SIMULATION

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Background and aim: Healthcare delivery is a major contributor to the climate crisis, producing 4.4% of net carbon global emissions today [1]. The campaign 'For a Greener NHS' launched in 2020 set a road map for the National Health Service (NHS) in the UK to reach net-zero emissions for patient care by 2040 [2]. However, to achieve this, staff must be carbon literate and start by understanding the impact of their own professional practice. It follows, therefore, that carbon literacy education must be a priority for healthcare educators. There is to date no research on educating student nurses on carbon literacy or the personal carbon footprints of their practice. Using simulation could provide an innovative solution providing a system-thinking environment that could connect carbon emissions theory to actual practice and develop carbon literacy.

The aim of the study was to explore student nurses' reflections on their carbon footprint of resources used in simulation and identify the potential role of simulation in developing carbon literacy.

Methods: This study used qualitative phenomenographic methodology, underpinned by transformational learning theory to explore student nurses' awareness and attitudes towards their carbon emissions from simulation. Ten participants were asked to log the clinical resources used during a venepuncture and cannulation simulation skills station. Carbon emissions were then calculated for each participant using the Centre for Sustainable Healthcare [3] carbon emissions calculation and were shown to students during one-to-one semi-structured interviews. Data analysis was conducted, discovering the different ways participants conceptualized their carbon footprint.

Results: Students were unaware and shocked by their carbon emissions from resource use in simulation and wanted to be better educated to enable them to make an informed choice to practise sustainably. Students highlighted the crucial role of simulation educators to educate students using simulation but to role model sustainable practice and design low resource-use simulation. Finally, students were able to connect the impact of their personal clinical practice to the global climate crisis.

Conclusion: Simulation is a powerful teaching approach to develop carbon literacy, challenging students' pre-existing knowledge, and enabling them to link their personal practice to the global climate-change crisis.

Ethics statement: The authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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EDUCATION

A4 DEVELOPMENT AND EVALUATION OF A CHEST CAVITY SIMULATION MODEL FOR TEACHING SURGICAL CHEST DRAIN INSERTION

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Background and aim: Surgical chest drain insertion is indicated in pneumothorax or haemothorax secondary to thoracic trauma. It is a mandatory emergency procedure that is incorporated as a part of the core medical training curriculum [1]. However, sparse training opportunities result in low clinician competency and increased risk of complications. While simulation training can offer a solution, the affordability of commercial models and hygiene and ethical implications of animal carcasses are significant limiting factors. The aim of this project is to build a reusable, high-fidelity, low-cost human chest cavity model excluding animal use for simulation-based teaching of surgical chest drain insertion.