

from a 'fishbowl style' to a theatre forum to increase capacity. We have updated the online learning programme to be used as a supplementary learning resource before and during the simulation week. The content has been organized into inter-professional and profession-specific learning materials so that the site is easily navigated and accessible.

Conclusion: By combining the immersive simulation with the online learning, we have created a sustainable and achievable approach to better prepare AHP students for clinical placement, and this combined approach may help to reduce the burden for our clinical educators.

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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EDUCATION

A6

VIRTUAL REALITY SIMULATION AS A TOOL FOR ENT TRAINING: AN AUTOETHNOGRAPHIC STUDY

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Background and aim: Autoethnography is an emerging category of qualitative research that seeks to connect the rigorous analysis of traditional science with the undeniable influence of human experience [1]. Despite remaining under-utilized within surgical and simulation-based education research [2], autoethnography has great potential for sharing systematic, personal reflections with the wider readership, particularly with surgical trainees who rely on experiential learning as a cornerstone of their training. This study examines the use of autoethnography to investigate virtual reality (VR) temporal bone (TB) drilling simulation as a learning tool for Ear, Nose and Throat (ENT) training from the perspective of a surgical novice.

Methods: The primary researcher undertook 16 three-hour sessions learning to perform a virtual cortical mastoidectomy on the Voxel-Man TempoSurg (VMT) TB simulator from October 2021 to July 2022. Qualitative data including field notes and reflective journal logs were collected using a template. These data were coded using NVivo12 and analysed using inductive thematic analysis. Additional quantitative data on surgical simulation performance derived from the Modified Welling Scale and Modified Stanford Assessment were plotted using Microsoft Excel and statistically analysed using simple linear regression.

Results: Six themes were ultimately yielded relating to the learning experience: (1) VMT as a surgical learning tool, (2) internal and external causes of rushing leading to inaccuracy, (3) overcoming VMT technological issues, (4) reflecting on reflection and the importance of feedback, (5) the physical impact of surgery on the operator and (6) overcoming demotivation. The author's reflections on each theme were subsequently discussed in detail and analysed in the context of the current literature to meet the study objectives.

Statistical analysis of the quantitative data demonstrated statistically significant improvements in procedural skills and ability over the 16-session period ($p < .001$).

Conclusion: This study demonstrates a novel application of autoethnography showing VR TB simulation to be an effective ENT training tool for learning anatomy and technical skills when used in combination with the regimented reflection and feedback of autoethnography. We found that rushing caused by assessment-driven behaviour and hunger led to errors. These errors led to demotivation and stress, emotions frequently experienced by operating surgeons [3]. Therefore, we have also demonstrated that VR TB simulation can successfully model several human factors commonly found in operating theatres which must be self-identified and prompt seeking senior support to prevent patient harm. This evidence should provide a springboard for future autoethnographic research in the field of surgical and simulation-based literature.

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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EDUCATION

A7

'WE ARE ALL HERE TO LEARN' – AN INTERPRETATIVE PHENOMENOLOGY ANALYSIS STUDY OF THE LIVED EXPERIENCES FOR CLINICAL NURSE EDUCATORS FACILITATING INTERPROFESSIONAL SIMULATION-BASED EDUCATION

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Background and aim: There is a plethora of research on the benefit of a collaborative learning amongst participants in inter-professional education and simulation-based education [1,2]. It would be insightful to explore how this concept of shared learning extends to the faculty members facilitating these educational sessions. From the perspective of the clinical nurse educator, this research study offers a unique insight into the nature of the collaborative teaching experience, processes of knowledge acquisition, and transferability of learning and their influence on both clinical and teaching practice.

Aim: To illuminate the lived experiences of clinical nurse educators facilitating inter-professional simulation-based education (IPSBE) to gain deeper insight into how this approach can influence their future practice.

Methods: An interpretative phenomenology analysis (IPA) was chosen as the qualitative research approach for this study as it sought to illuminate the experiences of clinical nurse educators through the interpretation and validation