

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

of their unique ‘first-hand’ experiences. A small purposive sample of clinical nurse educators who facilitated IPSBE was recruited to take part in semi-structured interviews. Data were inductively analysed using a systematic, step-by-step approach, generating meaningful themes and concepts that can be applied to the context of practice [3].

Results: Four master concepts were derived from the interpretative analysis of the interviews: ‘looking at things through a different lens’; the centrality of the debrief; ‘we are actually learning all the time’ and personal and professional growth. It was evident from the interviews that the clinical nurse educators learned from the participants and fellow faculty members when facilitating IPSBE. There was a recognition of the significance and importance of working, learning and teaching together. IPSBE creates a safe space for learning that promotes an opportunity for shared learning to occur which can positively influence inter-professional relationships and practices, which can influence patient care and safety. In addition, the clinical nurse educators expressed that their experiences had enabled them to develop a deeper insight, understanding and respect for educational theory that underpins adult learning which has been transformational to their teaching practices.

Conclusion: IPSBE creates a safe space for learning that promotes an opportunity for shared learning amongst faculty to occur which can positively influence inter-professional relationships and practices. These positive team-based behaviours are transferable to educational and clinical practice. The detailed analysis and interpretation of the research findings led to recommendations for practice, education, policy and research.

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

A8

MENTAL HEALTH PROFESSIONALS’ LIVED EXPERIENCES OF SIMULATED LIGATURE TRAINING: A PHENOMENOLOGICAL STUDY

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Background and aim: Ligature and death by hanging represent critical issues in nursing practice that necessitate ongoing vigilance and assessment from healthcare practitioners [1–3]. This study delves into the lived experiences of healthcare professionals participating in a simulated ligature training and management workshop at a London university. The phenomenological research aims to offer an in-depth

comprehension of the benefits and challenges associated with employing a simulation-based approach to ligature management training for mental health care professionals.

Methods: A purposive sample of 10 healthcare professionals working in in-patient settings were invited to partake in a 2-day simulation-based ligature management workshop. Participants were aged 18 years or older and were able to provide written informed consent. Qualitative data were gathered following the 2-day simulation workshop through audio recordings and verbatim transcriptions, which were subsequently thematically analysed and interpreted by the research team.

Results: Thematic analysis of in-depth interviews unveiled three principal themes: (1) transformative experience, (2) altered perspectives on ligature training, and (3) patient-centred risk management and empowerment. The study offers valuable insights into the lived experiences of healthcare professionals within a simulated learning environment, contributing to a more profound understanding of effective training strategies for handling ligature-related situations in clinical practice.

Conclusion: The findings indicate that simulation-based training can bolster the competence, resilience and preparedness of mental health professionals in managing ligature-related situations. Moreover, involving patients in devising their own risk management plans and delivering individualized care can result in improved patient outcomes and diminished staff burnout. This study sheds light on effective training strategies for mental health professionals in tackling complex and challenging circumstances in mental health care.

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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TECHNOLOGY

A9

IMMERSIVE TECHNOLOGY EXPERIENCE MEASURE (ITEM): PILOT STUDY ON PARTICIPANT EXPERIENCE USING NOVEL QUESTIONNAIRE AND VR SCENARIO

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Background and aim: A scoping review identified a significant growth in research with immersive technology in healthcare education. However, there are few validated measures that capture the user experience of participants [1]. This study aims to investigate the use of an immersive virtual reality (VR) simulation on sepsis management and measure user experience using a validated tool, the Immersive Technology Evaluation