

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

Measure (ITEM) [2]. ITEM was formulated on a learning theory called Model for Immersive Technology in Healthcare Education (MITHE), which borrows cognitive and behavioural theories to help explain our level of immersion and enjoyment that can be facilitated by technology (see Figure 1-A9).

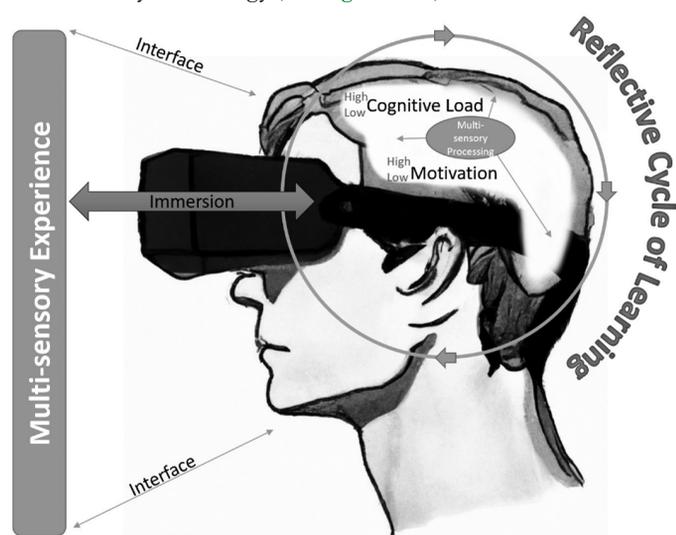


Figure 1-A9: Model of immersive technology in healthcare education (MITHE)

Methods: This single-study quasi-experimental investigation was conducted at a single site. Nine participants were recruited, consisting of medical students and healthcare professionals. Participants were trained on varied immersive devices: sepsis management using an immersive VR simulation developed by Gogglemind, and augmented reality (AR) holographic patient with respiratory distress, which included realistic patient scenarios and interactive decision-making. User experience was measured using the ITEM, which assesses user; immersion, cognitive load, intrinsic motivation, debrief and technology usability.

Results: Nine participants had high levels of immersion (mean 39.6, total 50), high levels of intrinsic motivation (mean 39.6, total 50), high technology score (mean 79.4, total 100), optimum cognitive load (average 59.5, optimum 39–61) and moderate score on debrief (mean 18.1, total 25). ITEM subscores indicated an enjoyable and immersive experience with good technology interface on usability scores. Self-directed debrief in VR had lower scores with emotional considerations and identifying domains of performance and learning.

Conclusion: The use of the ITEM provided valuable insights into the user experience of the VR simulation, which can be used to improve the design and implementation of future simulations. This contributes to an ongoing ITEM validation process. This study highlights the importance of training in healthcare and the potential benefits of using immersive technologies such as VR and AR simulations.

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

A10

PILOT STUDY LOOKING AT THE BENEFITS OF VIRTUAL REALITY (VR) SIMULATION FOR PHYSICIAN ASSOCIATES (PA)

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10.54531/ZPLJ9321

Background and aim: Simulation is a vital part of medical education [1]. It requires many resources to run successfully [2]. Recently, following the COVID-19 pandemic, Virtual Reality (VR) simulation use has increased. There are advantages to using VR now that costs are more reasonable, saving floorspace and facilitators' time. However, there are concerns about how useful the software is for Physician Associates (PA), the adverse effects of the headset and whether self-directed debriefing is valuable [3]. This study aims to pilot the questionnaire using VR simulation.

Methods: As part of teaching during September 2022 and January 2023, VR simulation was incorporated into appropriate seminars. At the end of the session, Year 1 PA students were invited to complete an online questionnaire based on the Simulation Effectiveness Tool, which was modified for VR. Before the session, all students were on-boarded to use the Oculus Quest 2 and Oxford Medical Simulation software.

Results: Twenty-one out of 25 students completed the questionnaire. 71.4% strongly agreed that VR simulation helped prepare them to respond to a change in the patient's condition and felt empowered to make clinical decisions. 85.7% felt more confident in providing interventions that foster patient safety. 66.7% felt more confident using evidence-based practice to provide care. When focusing on the self-directed debriefing, 66.7% strongly agreed that it contributed to their learning, and 71.4% strongly agreed that it provided opportunities for self-reflection on their performance. Concerning the headset and software use, 28.6% found it was not easy to log into the headset, but 65% found it easy to load the scenario. 57.1% were confident in navigating the virtual environment. This was after a briefing stage to orientate students to the environment. 70.6% felt safe in the virtual world, and 11.1% felt nauseous while in the scenario. The scenarios were also run via a desktop computer. 85.7% found it easier to navigate the virtual world, with 81% strongly agreeing that they felt immersed in the environment. Surprisingly, 52% of students preferred the desktop version, while 14% favoured it via the Oculus.

Conclusion: VR simulation is an impactful method of providing simulation-based medical education without needing a simulation suite or facilitators. Interestingly, the desktop version can provide an experience that students prefer, but this requires further investigation.

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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