and two questions on digital device/browser. The questionnaire had 10 qualitative 'free response' questions to allow candidates to elaborate, expand, clarify or illustrate their answers.

Results: The collaboration with staff across the Faculty of Medicine Health & Life Sciences resulted in the establishment of four additional IPE workshops to complement an established six. Total number of IPE workshops, n = 10. These workshops were positively evaluated by both students and staff and one workshop contributed to a national IPE award. Importantly, the video-based, reflective, summative assessments submitted following participation in the IPE workshops were of a high standard with students reflecting on the importance and value of having the opportunity to engage with other professions and on how the IPE simulated workshops adding to their learning.

Conclusion: Interprofessional opportunities that utilize a reflective video-based assessment contribute positively to the student experience and are a welcome addition to the undergraduate nursing curriculum.

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, TECHNOLOGY

A13   **MIXED REALITY SIMULATION TRAINING IN THE ASSESSMENT AND MANAGEMENT OF ACUTELY UNWELL PATIENTS IN UNDERGRADUATE MEDICAL EDUCATION: A PILOT STUDY**

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Background and aim: Development and enrichment of the undergraduate simulation experience is needed due to its utility in developing the aspiring clinician and their ability to assess and manage acutely unwell patients. However, with its heavy resource demand, and the desire for technologically enhanced learning by 'Generation Z', novel simulation modalities must now be considered [1]. Mixed reality (MR) technology provides a platform to deliver such simulation training; however, it is yet to be studied in this context. To evaluate this, we conducted an observational cohort study to assess if MR simulation improves students' perceived ability to assess and manage acutely unwell patients.

Methods: We recruited 32 undergraduate medical students and asked them to rate their ability to assess and manage acutely unwell patients out of 10, before delivering a 2-hour MR simulation teaching session using the Microsoft HoloLens head-mounted device and HoloScenario software produced by GigXR [2]. They were then asked again to rate their assessment and management ability alongside their experience of the MR system and its usability. Data were analysed using paired t-tests to assess for significant improvement.

Results: Analysis of the MR teaching session showed a statistically significant improvement of student scores in their perceived ability in assessment (p = .00) and management (p = .00) of the acutely unwell patient. In self-rated ability to assess the unwell patient, mean scores improved by 1.09 on the 10-point scale (95% CI [0.67, 1.52]) with 89% of students feeling more confident in assessment. In self-rated ability to manage the unwell patient, mean scores improved by 1.63 (95% CI [1.15, 2.10]) with 84% of students feeling more confident in management. Sixty-nine per cent of the students did not find the MR system easy to use, with 75% of students having technical issues and 38% experiencing side effects. Eighty-eight per cent of students believed the teaching experience to be beneficial to their learning.

Conclusion: MR shows promise in its ability to deliver simulation training and improve students' perceived ability to assess and manage acutely unwell patients. Advances in software availability and simulation exercises are required for complete integration into undergraduate medical curricula. Further research is required to assess if MR simulation objectively improves student performance in this area.

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

A14   **DOES EVERYONE SEE IT THE SAME? AN EVALUATION OF THE ALIGNMENT OF PERCEIVED BENEFITS OF VIRTUAL SIMULATION BETWEEN UNDERGRADUATE PHARMACY STUDENTS, FACULTY AND STAKEHOLDERS**

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Background and aim: In the aftermath of the COVID-19 pandemic, where access to traditional simulation environments and experiences was necessarily restricted, increasing focus has been placed on the use of technology in simulation. The use of virtual patient simulations has been shown in literature to increase interest as well as provide opportunities to practice clinical reasoning [1]. Opportunities to develop clinical reasoning are of notable importance in undergraduate pharmacy education currently owing to ongoing changes in pharmacy education, where newly qualified pharmacists will be annotated as independent prescribers from 2026 [2]. Evidence on the extent to which views on the perceived uses and benefits of virtual simulation align between different