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

user groups is limited. In a UK university, a programme of virtual simulation has been utilized since 2020 as a part of the undergraduate pharmacy curriculum. A mixed-methods study was run which aimed to evaluate the alignment of views of students, faculty and stakeholders (who were individuals involved in the design or implementation of virtual simulation products) on the potential uses, intended learning outcomes, and perceived benefits and weaknesses of virtual simulation.
Methods: Following approval by the school research ethics committee, an electronic questionnaire was sent to final-year undergraduate pharmacy students who had experienced a programme of virtual simulation including a mixture of qualitative and quantitative questions relating to student perceptions of the use of virtual simulation in the curriculum. Semi-structured interviews were conducted with faculty members and stakeholders exploring their views on virtual simulation. Quantitative data were analysed by simple descriptive statistics, and a critical review of free-text responses was performed through grounded theory to identify emergent key themes.
Results: A total of 25 responses to student questionnaires were received. A total of seven interviews were performed, including three members of academic staff familiar with virtual simulation and four stakeholders responsible for the design or implementation of virtual simulation products. Students most commonly believed that virtual simulation could benefit their development of consultation skills, clinical history taking and physical assessment. Significant alignment between the perceptions of stakeholders and students on the uses and benefits of virtual simulation was demonstrated, but faculty members articulated a more limited list of perceived uses and benefits.
Conclusion: The views of final-year undergraduate pharmacy students aligned strongly with stakeholders involved in the design or implementation of virtual simulation. The more limited views of faculty may represent a barrier to the full implementation of virtual simulation.
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

A15 VIDEO REVIEW AFTER SIMULATION-BASED EDUCATION – PERCEPTION OF PARTICIPANTS

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10.54531/SYNC1715

Background and aim: Simulation debriefing plays an important role in knowledge synthesis [1]. Although there is evidence to suggest that video-assisted debriefing improves outcomes, at least in nursing simulations, there is a wide variability in the practice and perceived effectiveness of video-assisted debriefing [2,3]. There is a paucity of literature about participants' perspectives on the use of video review for simulation debriefing. The aim of this study is to explore participants' perceptions and experience of the use of video review post-simulation.
Methods: The study received ethical approval from the ethics committee at Anglia Ruskin University. We used qualitative research methodology to answer our research question. Foundation year trainees attending simulation as part of the curriculum were included in the study. This study involved focus group interviews with simulation participants prior to their simulation-based education. Post-simulation training, participants reviewed their simulation video clip in their own time and filled in a structured qualitative questionnaire about their video review experience.
Results: This is an ongoing research and initial results are presented here. Data were collected from 13 participants over a period of 3 months from February 2023 to April 2023 in the simulation centre of a tertiary teaching hospital in the UK. The audio recording and the questionnaire were pseudonymized and analysed using inductive thematic content analysis. Important themes identified were the emotional aspects of watching their video, the learning opportunities available with video review, level of support needed for video review and ideal time to review the video. Unexpected emergent themes included foundation doctors' views about simulation education, reflective practice post-simulation and peer pressure during simulation.
Conclusion: This study explored foundation trainees' perceptions (cognitive, kinetic and affective) about video review after simulation and several interesting themes were identified. We believe this study adds value to simulation-based medical education in helping to understand foundation doctors' views about simulation and video-assisted debriefing.
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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QUALITY

A16 'NOT BEING AFRAID OF SAYING DYING': SHARING KEY VOCABULARY FOR PALLIATIVE CARE DISCUSSIONS THROUGH SIMULATION DEBRIEF

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Background and aim: Simulation as a learning platform is recognized internationally as beneficial in terms of education,