

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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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,

training and assessment of doctors [1,2]. This study aimed to introduce and evaluate a novel Palliative Medicine simulation session as a tool for Foundation Year 2 (FY2) doctors to gain competency and confidence in the assessment and management of life-limiting illness.

Methods: We designed the palliative care (PC) simulation session based on the FY2 curriculum. The three scenarios involved management of opioid toxicity, breaking bad news and shared decision-making with a role-play patient with a gastrointestinal bleed. Session faculty included a mix of healthcare professionals, but always included a PC specialist. We evaluated the session using a pre- and post-session questionnaire collecting data using 5-point Likert scales and free-text comments. We analysed qualitative data using content analysis. Researcher and methodological triangulation increased the credibility of the findings.

Results: The three prevalent themes noted from the pre-content analysis were Communication, Prognostication and the Process of complex decision-making. Comments such as ‘Senior colleagues hesitant to have escalation discussions’ and ‘I find it difficult when the patient has a very different idea of how poorly they are’ were examples of quotes given by candidates as pre-session challenges. 95.6% of our candidates felt that the session addressed these challenges, mainly through the debrief process. The main learning points articulated were in relation to prescribing and communication skills. Candidates expressed the importance of ‘picking up communication techniques and phrases’. The debrief was the most highly valued, and frequently mentioned positive element of the content analysis. ‘Open discussions’ was mentioned on numerous occasions, ‘I felt comfortable asking questions’ and ‘Discussion after SIM was very useful’, all support the importance of skilled debrief.

Conclusion: FY2 doctors identified communication as their biggest concern when managing Palliative Care patients. Our session addressed this through open and frank debrief discussion. This allowed reflection on previous experience and peer-to-peer learning of key vocabulary when talking to patients with a limited prognosis. Further qualitative evaluation of the impact of this session on clinical practice and how peer learning could be incorporated into day-to-day skills development on the wards would be of value.

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

A17

DIGITAL PATIENT SIMULATION VERSUS PATIENT ACTORS – WHAT DO PARTICIPANTS PREFER?

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Background and aim: Nottinghamshire Healthcare Medical Education delivers simulation-based learning to over 500 medical students and junior doctors each year. The scenarios for these sessions are co-produced and delivered with a simulated patient actor. In January 2023, we introduced a new type of simulation allowing participants to interact with a digital patient. The AVATr digital patient received good feedback delivered remotely [1], but we intended to use it face to face. Our aim was to find out whether participants found the digital patient more or less useful than the patient actor. A secondary aim was to explore if the digital patient was helpful in preparing for simulation with a patient actor.

Methods: The digital patient simulation was delivered in the morning of a full-day session to a cohort of F2 doctors. Participants sat on a chair in front of a green screen with a go-pro filming them. Participants were able to see themselves in a third-person perspective on a TV screen and interact with a digital patient. The digital patient was controlled by a facilitator who chose responses from a grid depending on what had been asked and how it had been asked. The participants experienced two scenarios – one around assessing psychosis and one on adult self-harm. The participants also had a simulation later that day with a patient actor. We collected qualitative and quantitative feedback via digital forms and analysed the results.

Results: Ninety-two participants attended the sessions between January 2023 and March 2023. 70% of participants Agreed or Strongly agreed that the virtual patient was useful, compared to 100% for the patient actor. If facilitator familiarity with technology was adjusted for 68% of participants, Agreed or Strongly agreed the digital patient was useful. Eighty-six per cent of participants believed that digital patient simulation helped them prepare for the patient actor simulation. Total numbers in [Figure 1-A17](#). Reasons participants gave for not finding the digital patient useful fell into four main themes: the limited nature of the responses the patient could give, the artificiality of the arrangement, the awkwardness of the technology and the relevance of being able to see yourself in the third person.

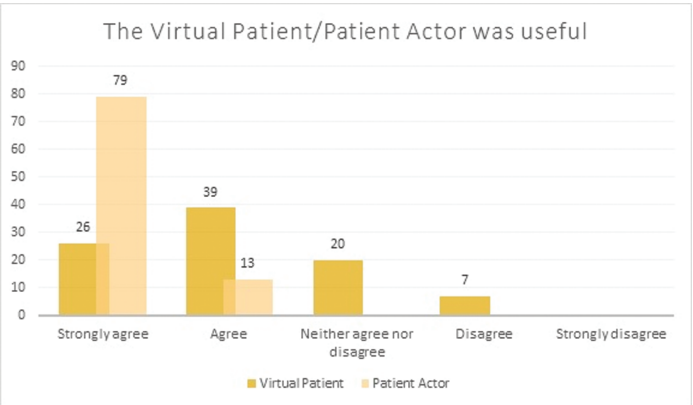


Figure 1-A17: Clustered bar graph comparing Likert-scale responses to the statements The Virtual Patient was useful and The Patient Actor was useful

Conclusion: We found that whilst participants overwhelming preferred simulation with a patient actor to simulation with a digital patient, the digital patient played a role in helping prepare participants for simulation with a patient actor.