

Written feedback from students suggested active participation in a simulated learning environment together with a detailed debrief and facilitated discussion was a powerful learning experience.

Conclusion: This workshop has now been embedded into the teaching timetable at NUH. A-E assessment is a key template doctors of all grades use when facing the most critical situations.

Considering the feedback, introducing more junior students to the structure of an A-E assessment early is essential for creating a scaffold in their long-term memory, ingraining this into their professional practice. This will prepare them for their OSCEs and the new GMC mandated MLA examinations [3] and, more importantly, for when they start their roles as foundation doctors.

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

A83

ASSESSMENT OF THE USE OF ASSORTED METHODS OF SCENARIO PRESENTATION IN COMMUNICATION SKILLS SIMULATION

Anne McKay¹, Claire Langridge¹, Neil McGowan¹; ¹*Queen Elizabeth University Hospital Glasgow, Glasgow, United Kingdom*

Correspondence: anne.mckay@ggc.scot.nhs.uk

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Background and aim: FY2 doctors in Greater Glasgow and Clyde (GGC) participate in simulation-based learning [1] to improve communication skills in difficult consultations. COVID-19 pandemic restrictions from 2020 – 2022 meant actors could not be present in person for this. Scenarios were therefore adapted to run as remote consultations - two were conducted using Zoom video calls and one by telephone with professional actors, and one ward-based manikin scenario with faculty as actors. We compared the effectiveness of the session, and of each scenario, in improving confidence in communication.

Methods: Questionnaires were completed before and after simulation. Confidence levels were assessed using a Likert Scale (1 – 5) for each scenario. Participants were also asked to rank each scenario (1 – 4) for engagement, realism and relevance to practice at the end of the session, and for which of the three Intended Learning Objectives (ILOs) for each scenario they had gained most information.

Results: Over 10 days, 126 FY2s (6 - 8 per group) and 23 Faculty members participated. 92 completed questionnaires were obtained. ‘Take Forward Messages’ (TFM) from scenario debriefs from 12 groups were correlated with the ILOs.

Overall, there was a significant improvement in confidence in dealing with difficult communication scenarios after the session; (mean ± SEM) score pre 2.87 ± 0.11, post 3.69 ± 0.08, $p < 0.01$. These values did not differ significantly from 2019 when actors were present in person.

When asked to rank which scenario was most effective in different aspects, the case on how to deal with an angry patient (Zoom video call) performed best overall (Figure 1-A83). The manikin-based scenario was lowest rated, but confidence in being ‘assertive under pressure’, one of its ILOs, did improve by 44% from baseline. Confidence levels improved to a lesser degree in the other scenarios on evidence-based medicine (Zoom) and safeguarding a vulnerable adult (telephone). The ILOs participants rated best achieved best by the session were ‘Managing Confrontation and Anger’ (69%)

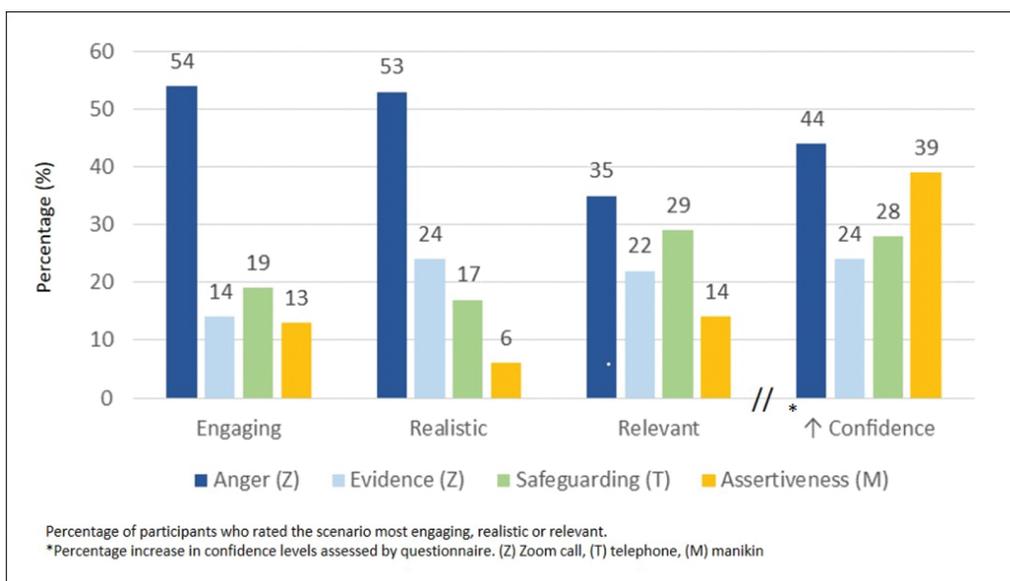


Figure 1-A83: Scenario Quality Assessment and Improvement in Participant Confidence Levels

and 'Assertiveness under Pressure' (52%). These ILOs were also the most frequently mentioned in TFMs, 100% (12/12) and 92% (11/12), respectively. All other ILOs were mentioned < 50 % of the time in both participant questionnaires and TFMs.

Conclusion: Zoom and telephone consultations, and manikin-based scenarios can be used to provide effective simulation sessions to improve communication skills. Perception of scenario quality does not always correlate with success in achieving the learning objectives.

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DESIGN

A84

MEDICAL ESCAPE ROOMS AS A NOVEL APPROACH TO SIMULATION

Aalia Pagarkar¹, Alicia Griffin¹, Chloe Pace¹, Dom Fernandes¹, Peter Springbett¹; ¹Maidstone And Tunbridge Wells NHS Trust, Tunbridge Wells, United Kingdom

Correspondence: aalia.pagarkar@nhs.net

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Background and aim: Medical escape rooms have risen in popularity for their ability to teach various skills to medical students in a gamified context [1]. We designed two simulation-based medical escape rooms in which students could enhance their clinical and non-clinical skills, and learn about human factors. The escape room mimicked the complexity of a real patient with multiple pathologies, unlike traditional simulation, which usually focuses on one. This created a fun, realistic approach to experiential learning whilst enhancing psychological safety, collaboration, teamwork and communication.

Learning outcomes for the escape room incorporated clinical reasoning, prescribing, data interpretation, synthesis of management plans, practicing effective communication, teamworking, leadership and situational awareness skills. These were mapped to the General Medical Council's outcomes for graduates.

The aim of creating the escape room was to create a realistic complex scenario, incorporate teamworking and clinical and non-clinical aspects of patient care, whilst maximizing engagement and easing the stress of traditional simulation.

Activity: The escape room simulations were themed for Christmas and Valentine's day with an underlying non-medical mission. The simulation was designed to ensure students practiced their A-E assessments. When students made the correct assessments and requested the correct investigations and management, clues would reveal answers to complete a puzzle or unlock a box that would slowly allow them to solve their non-medical mission.

Findings: Feedback was collected from all 40 students who participated in the two escape rooms, using Likert scales and open answer text. 97% of students agreed or strongly agreed that the Escape Room enhanced their clinical reasoning skills. 98% agreed or strongly agreed that the session addressed nonclinical skills e.g. leadership, communication and

teamworking and that the session will benefit patient care in future clinical practice. 95% agreed or strongly agreed that the debrief enhanced their clinical knowledge. Students enjoyed treating realistic multiple pathologies and completing several tasks, allowing for prolonged, in depth simulated practice. Students appreciated the teamworking opportunities, quizzes, puzzles and lateral thinking opportunities. They found the Escape Room simulation more fun and relaxing than traditional simulation, yet just as relevant.

Conclusion: The positive feedback validates the potential of medical escape rooms as a unique teaching modality, and the scope to promote teamworking within a complex simulation scenario beyond that of traditional simulation. There is the potential to diversify and use escape rooms to promote interprofessional learning.

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CONTENT

A85

JAKE'S STORY: TEACHING INTERPROFESSIONAL WORKING THROUGH THE DELIVERY OF A LIVE PATIENT MULTI-DISCIPLINARY TEAM MEETING

Jodie Bryant¹; ¹Birmingham City University, Walsall, United Kingdom

Correspondence: jodie.bryant@bcu.ac.uk

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Background and aim: The World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010), states 'Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes' [1]. When healthcare students enter the practice workplace, they are required to work in an interprofessional team and make collaborative decisions to provide safe and effective patient care. With the increasing complexity of patient presentation, increase in life expectancy and disability years coupled with the challenges of resource and delivery within the healthcare system it is vital that practitioners have solid foundational skills in interprofessional working.

To facilitate this healthcare educators are being required to think of innovative, authentic and contemptuous pedagogical tools to demonstrate interprofessional working, collaboration and interdisciplinary role awareness.

Activity: To provide healthcare students with meaningful exposure to interpersonal working educators at Birmingham City University embarked on the design and delivery of a live simulated patient case conference. To promote authenticity the case conference was designed (with consent) around a living patient (Jake) with complex medical and social needs. A team of healthcare educators each took the roles of clinicians from both health, social