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.

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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DESIGN

A84	**MEDICAL ESCAPE ROOMS AS A NOVEL APPROACH TO SIMULATION**

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10.54531/YXBG7320

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.

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

A85	**JAKE'S STORY: TEACHING INTERPROFESSIONAL WORKING THROUGH THE DELIVERY OF A LIVE PATIENT MULTI-DISCIPLINARY TEAM MEETING**

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10.54531/NDKH4990

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

and tertiary care service. A round table discussion was held related to Jakes's inpatient care and decisions regarding hospital discharge. Jake has quadriplegic cerebral palsy and substantial medical, social and occupational needs. Jake's mum is also present, demonstrating the need to have patient and carer collaboration. The session was observed live by students but also filmed and edited into an ongoing simulation learning resource with both clinical and non-clinical learning objectives. A facilitated debrief was held after the session.

Findings: Feedback and anecdotal analysis of the session showed greater student engagement and understanding of the needs for interprofessional collaboration when discussing patient care and decision-making. The use of a real and living patient meant students could immerse themselves in Jake's story and feel true empathy with his clinical case. For some students' knowledge of interprofessional working and the roles of other disciplines proves a challenging concept to master.

Conclusion: It is feasible and effective to utilize simulation (live and virtual) as a method of teaching hard to grasp but vital concepts of healthcare practice including interprofessional working and interdisciplinary role awareness.

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

A86	**USING VALUE BASED SIMULATION TO RECRUIT HIGH SCHOOL STUDENTS INTO THE MORE DIFFICULT TO FILL ROLES WITHIN HEALTH AND SOCIAL CARE – CONTACT AUTHOR (CARLA)**

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Background and aim: Simulation based education (SBE) has been used to help attract school students into healthcare previously but commonly this is in a try it and see format using manikins to gain insight into history taking or physical examination. Also traditionally we tend to focus on more traditional healthcare professions such as nursing medicine and physiotherapy as common examples.

In our region we have been working closely with our national youth academy looking at novel ways to attract and recruit our young people into more difficult to fill roles within health and social care such as home care roles and healthcare support worker roles.

There are many good examples across the general workforce where simulation training can aid successful transition into the work place [1]. We are aware that certain areas of health and social care are more difficult to recruit to and wondered if values-based simulation could aid successful recruitment in this area?

Activity: An immersive simulation session was designed based on 2 scenarios with space for reflection on who am I and what matters to me as a human. The first scenario was based on a reablement opportunity and focussed in on mutual goal setting giving space to express needs in the social care environment. The young learner was able to explore what skills they had and whether they were true to their own values. The second scenario was based in a hospital and looked at a health care support worker accompanying a patient to theatre. The school students had a chance to practice active listening and looking after a person who was anxious. It was amazing to see the skill set that the young people brought to both scenarios.

The session has been delivered in schools, colleges and a national event. There are plans to bring the immersive simulation session to recruitment fairs.

Findings: The take home messages from the sessions have been in alignment with the individuals and social care core values reflecting compassion, motivational techniques and mutual goal setting. Comments such as 'I am astonished that I could make a difference to that person' and 'I hadn't thought about a career in social care before but now I know how rewarding it feels I'm considering it' reflect these findings. We will also look at the effect on recruitment as we roll out and scale up the work.

Conclusion: Immersive simulation respects the young person's core values when enabling them to make meaningful and lasting choices about careers in health and social 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

A87	**LIVE VIRTUAL PLACEMENTS: AN ALTERNATIVE TO TRADITIONAL 'IN PERSON' PLACEMENTS**

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Background and aim: The role of the paramedic is diversifying, and universities need to respond by developing curriculums that support paramedic graduates to meet future workforce needs. Placements are key to our students developing the necessary competencies to become qualified paramedics and the pressure is on universities to offer a wide range of placements to reflect professional diversification. In addition, Health and Care Professions Council's new