

and tertiary care service. A round table discussion was held related to Jake'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.

## REFERENCES

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## EDUCATION

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

Jamie Dickson<sup>1</sup>, **Julie Mardon**<sup>1</sup>; <sup>1</sup>Scottish Centre For Clinical Simulation And Human Factors, Larbert, United Kingdom

**Correspondence:** [julie.mardon@nhs.scot](mailto:julie.mardon@nhs.scot)

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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.

## REFERENCES

1. European Commission, Directorate-General for Employment, Social Affairs and Inclusion, High-performance apprenticeships & work-based learning: 20 guiding principles, Publications Office, 2017

## TECHNOLOGY

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### LIVE VIRTUAL PLACEMENTS: AN ALTERNATIVE TO TRADITIONAL 'IN PERSON' PLACEMENTS

**Richard Ward**<sup>1</sup>, Antony Freeman<sup>1</sup>, Tom Davidson<sup>1</sup>, David Brown<sup>2</sup>, Charles Everard<sup>2</sup>, Alex Martin-Verdinos<sup>2</sup>, Catherine O'Leary<sup>3</sup>; <sup>1</sup>University Of Cumbria, Lancaster, United Kingdom, <sup>2</sup>Digimed, Southend, United Kingdom, <sup>3</sup>Modality Mid Sussex - Ship Street Surgery, East Grinstead, United Kingdom

**Correspondence:** [richard.ward@cumbria.ac.uk](mailto:richard.ward@cumbria.ac.uk)

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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