

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.

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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

standards of proficiency acknowledge that paramedics of the future are likely to consult patients in the virtual world [1].

As universities strive to meet this demand, they are often faced with placement capacity issues. Rising student numbers, staff retention issues and competition for placements from other healthcare students can make it extremely challenging to secure placements, especially in desirable areas such as primary care.

Activity: The author, with the support from colleagues, was successful in obtaining funding from Health Education England to pilot a series of live virtual placement experiences, the first of which was successfully delivered on 20th April. On this date, 30 learners from our paramedic degree apprenticeship programme, in a classroom on our Lancaster campus, virtually attended a live clinic in a primary care setting in the south of England. The clinic was rigged with various cameras and microphones, with real patients consenting to being filmed.

The experience comprised of 5 patients, with the lead clinician providing a brief to the learners before each patient arrived for their consultation. Afterwards, the clinician would complete their clinical documentation before engaging in a two-way conversation with our learners and academic staff via Microsoft teams. Following the clinic, our apprentices had the opportunity to consolidate their learning via case study driven seminars which linked to the mornings experience.

Findings: Overall, student feedback was supportive, with the majority stating they found the experience enjoyable and engaging. The video stream of the placement was recorded for reuse in the programme's curriculum, and we hope that future live virtual placements will see other professions, such as physiotherapy and nursing, take part. Eventually, we want to develop the model for other disciplines and placement settings

Conclusion: The academic team are looking forward to the second of three experiences, in May, with the view to contributing to the growing evidence base in this area, to reflect the value that we believe 'Live Virtual Placement' experiences have in the development of our future workforce.

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

A88

DESIGNING A MULTIDISCIPLINARY CHEST DRAIN COURSE

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Background and aim: In 2008 the National Patient Safety Agency reported 12 patient deaths directly related to chest drain insertion over a 3-year period. Since then there have been calls from publications highlighting the need for better education for clinicians [1]. Simulation has been

shown to improve chest drain insertion technique [2], and multi-disciplinary simulation can encourage teamwork and communication skills [3]. Given that this procedure is an essential requirement for anaesthetic, intensive care, emergency medicine and internal medicine trainees, we decided to introduce a multi-disciplinary simulation course for the insertion of chest drains.

Activity: A basic needs analysis was carried out with stakeholders. Initially the course was designed to run for half a day, with a maximum of 12 candidates and a minimum of 3 faculty. A course timetable, course manual, equipment list and pre- and post-course feedback questionnaires were created. The course begins with a lecture, followed by three simulation-based workshops, which the candidates rotate between. These cover seldinger and surgical chest drain insertion, and the basics of chest ultrasound, using ultrasoundable chest drain manikins.

Findings: Feedback from the first course in July 2022 suggested that there should be a designated faculty team leader and healthy volunteers for the ultrasound workshop. We implemented this feedback and ran the course again in December 2022. Candidates were asked to rate their post course confidence at performing the procedure, with a score ranging between 1 and 7 (each number was assigned a qualitative value with 1 being unable to perform the procedure and 7 being extremely confident in performing the procedure). After the first course, the average score was 5 points. After the second, the average increased to 5.5. The course ran for a third time in April 2023, during which the duration of the workshops was increased and a lecture on aftercare was added. The average post course confidence score was 5.7. All candidates felt that the session fully met the learning objectives and would recommend the course to others.

Conclusion: After implementing changes to our course including assigning a faculty team leader, recruiting healthy volunteers, increasing the time spent in workshops and adding a session on aftercare, there has been an improvement in the candidates' average post course confidence at performing chest drains and qualitative candidate feedback was positive. We would recommend our course structure to others designing a chest drain course.

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

A89

PARAMEDIC PLACEMENTS: LET'S NOT FORGET THE NON-TECHNICAL SKILLS

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