

programme's content, in an effort to encourage them to select the right university.

Activity: The initiative was developed and conducted over six months (Dec 2022 - May 2023). It consisted of five Saturday morning sessions, each included taster lectures, clinical skills sessions, and simulations with actor role players. Offer-holders attended one rotation, while the parents/partners of offer-holders attended another rotation. The facilitated simulations were collaboratively designed by the University branch specialists and the education provider, and involved actor role players. In order to cover child, adult and mental health branches, for aspiring students, the scenario content was broad based and applicable to all.

- Scenario 1: Communication with relatives of a baby failing to thrive
- Scenario 2: Communication with an adult patient and her husband

Both simulations were conducted as forum theatre and aligned with NHS values.

Findings: Evaluation forms completed by potential nursing students and their parents/partners were overwhelmingly positive. Attendees reported that the sessions were informative and enjoyable, with the simulations being a particular highlight. The use of actor role players helped to make the simulations more realistic and engaging. Attendees felt that the sessions assisted them to better understand what to expect from the nursing programme, which would aid them in making a more informed decision about which university to choose.

Conclusion: Offer holders and their families need to make an informed decision when choosing a nursing programme. The study showed that providing a comprehensive overview of the programme's content through taster lectures, clinical skills sessions, and simulations can be an effective way to encourage students to select the right university. The use of actor role players in the simulations helped to create a realistic and engaging learning experience for attendees. Overall, this initiative highlights the importance of providing potential nursing students with the necessary information to make a decision about their education. By making an informed decision, the fit is likely to be right and the chances of attrition reduced. Further studies will be conducted by the university admissions teams to establish if these tasters assist with retention.

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

A112

VITAL CONVERSATIONS FOR STUDENT PODIATRISTS: A 'REAL' SIMULATED PLACEMENT

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Background and aim: It is recognized that clinical placements are sometimes limited for allied health professionals (AHPs) [1]. This, coupled with the 'People Plan' [2], which highlights the need for increasing numbers of AHPs in the workforce, has led to considerations of alternatives to traditional clinical placements. We were approached by a podiatry undergraduate programme to assist with delivering a podiatry simulated placement, for BSc and separately for MSc podiatry students, each for three days, for the academic year 2022/2023.

Activity: Development of the simulated placement took five weeks; it was collaborative, with input from HEI academics, subject specialists, and simulation-based educationalists. Six scenarios were created which aligned with the HCPC Standards of Proficiency for Podiatrists [3]. These reflected the breadth of experiences students might have experienced in a clinical placement; they focused on communication and behaviours. Actors were involved in playing the roles of simulated colleagues, patients, and relatives, with experienced facilitators setting up a safe, non-threatening, immersive learning environment, covering triggers and time outs in the pre-brief. The following were areas covered:

- Scope of practice and autonomous practice
- Professional judgement
- Culture, equality, diversity and non-discriminatory practice
- Confidentiality and professionalism
- Team working
- Communication skills, face to face and telephone
- Safe practice environments

The learning was underpinned by a communication skills framework enabling students to structure their conversations and behaviours appropriately. Reflection was used post debrief and explored the subsequent day. All scenarios were presented as either forum theatre or fishbowl simulation, with all students being present in the same space as the simulation.

Findings: Evaluation was positive from both BSc and MSc groups. Students highly rated the structured approach provided by the communication framework stating it helped them converse effectively and build rapport with patients, relatives and colleagues. The inclusion of actors, although daunting for some initially, added hugely to their learning experience. Students commented on how they felt more prepared for real-world situations and how they hadn't appreciated the breadth and impact of their practice.

Conclusion: Simulated placements can offer a safe and controlled environment for podiatry students to develop their skills and engage in vital conversations with patients, relatives and colleagues. Facilitators should adapt to different confidence levels and learning styles of the students and actors fully briefed and in line with these adaptations. These simulated real-life placements are replicable and can help in preparing a workforce fit for purpose.

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CONTENT, DESIGN, EDUCATION, QUALITY, SYSTEM, TECHNOLOGY

A113

A PILOT COURSE AMALGAMATING THE BENEFITS OF PSYCHOLOGICAL SAFETY, CIVILITY, AND HUMAN FACTORS IN A STRUCTURED DEBRIEFING MODEL IN SIMULATION-BASED EDUCATION

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Background and aim: Simulation-based education (SBE) is one of the leading teaching methods in healthcare. Debriefing is the cornerstone of effective simulation-based medical education. Debriefing is considered vital part to learning from simulation, and for the transfer of learning so that it can be applied to other situations [1]. Feedback from four simulation faculty development days identified that debriefers lacked the confidence to address conflict or use the principles of civility to enhance their debriefs. Teaching which has structured debrief covering civility and human factors are the cornerstone to deliver sessions that instil confidence and patient safety within the organization [2]. Human factor principles that employ psychological safety were introduced in the debriefing course with the purpose of upskilling the debriefers.

Activity: There are various models of debriefing however, the focus was to provide the three-phase conversation structure. The course covered human factor principles alongside debriefing techniques using the three-phase conversation structure and interactive workshops. We enlisted the services of a specialist human factor/civility lecturer, simulation lead and a simulation lecturer to deliver the course. At the end of the course, the participants had to undertake a debrief to consolidate their learning in a supportive environment and immediate evaluation was obtained using a structured questionnaire (see [Table 1-A113](#)).

Additionally, a pilot study of five participants who had attended the course were randomly selected for a face-to-face interview twenty-four hours after the course. Three open-ended questions were asked. These focussed on whether the application of psychological safety and human factors enhanced their debriefing skills and suggestions for further course development.

Findings: The results highlighted the value of the inclusion of human factor principles. Both evaluation methods were positive. Attendees commented on the value-added to

their simulation training and wanted these principles to be adapted as a structured course. Acknowledging the fact that the sample recruited was small and may not be statistically significant, a future study will include a bigger sample size.

Conclusion: Currently, this is the only organization within the North-East of England that offers standalone debriefing course. There was an overwhelming demand for a course aimed at educators who are engaged in SBE with emphasis on debriefing to consolidate learners' experience. This course is intended to be delivered to all educators across the North-East region and beyond.

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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Table 1-A113: Evaluation themed responses

Themes emerged from the immediate evaluation feedback.	Well structured, relevant information. Lovely supportive facilitators. Human factors session was very insightful thank you. The flexibility to explore different approaches to feedback and practice. Learning about different debriefing formats.
Main themes from interviews	More scenarios to debrief during the session. Felt prepared to deal with challenges from seniors and learners. Definitely prepared me better from the faculty development course as this is more in depth of how to debrief.

DESIGN

A114

MULTIPLE TRAUMA SIMULATION - AN INTRODUCTION FOR MEDICAL AND NURSING STUDENTS

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Background and aim: In a number of medical schools, students often feel unprepared to manage acutely unwell trauma patients, with a majority of students reporting they had received less than five hours of trauma-based teaching and clinical skills exposure [1]. Despite the lack of previous training, newly graduated doctors are often one of the first professionals to initiate assessment and management of trauma patients on arrival to hospital [2].

Our scenario design aims to help both medical and nursing students gain experience of multiple trauma patients in a simulated environment. We wished to incorporate the skills of prioritization, leadership, role allocation and delegation whilst also covering some technical skills of trauma management. This scenario aims to simulate a high-pressure, busy clinical environment where students can practise