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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