Assessing Quality Simulated Participant Programs: A Case Study of Bond University's
Simulated Participant Program

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INTERNATIONAL
CLINICAL SKILLS
FOUNDATION

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9th International Clinical Skills Conference 2023

Sunday May 21st to Wednesday 24th 2023
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ABSTRACTS   Papers   Workshops   Posters
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9th International Clinical Skills Conference

Conversations

Prato, Tuscany
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Abstracts

KA: Keynote Address
KWS: Keynote Workshop
O: Oral Presentation
P: Poster Presentation
WS: Workshop Presentation
RTD: Round Table Discussion

The International Clinical Skills Foundation (Inc) is an Australian Registered Charity with the mission to improve the clinical education of health professionals in low-middle income countries.

Founded in 2017, the Foundation was formed by a group of academics working in health professional education to help support and disseminate the work of the biennial International Clinical Skills Conference. The conference has been held in Prato, Italy since 2005 and attracts expertise from around the world to progress the science of learning and to improve the safety of patients in health settings.

Supporting our work

If you would like to help us provide grants, scholarships and fellowships to develop clinical educators and projects in low-middle income countries please visit our website: www.InternationalClinicalSkillsFoundation.org

Mission Statement

The purposes of the foundation are to improve clinical skills teaching and learning internationally. Not just physical clinical skills but also communication and teamwork, and to enhance learning cultures within health systems.

We aim to develop clinical education expertise in lower and middle income countries to generate self-sufficient education centres that are well connected with existing networks in the rest of the world, helping health care educators in these countries to join the global conversation.

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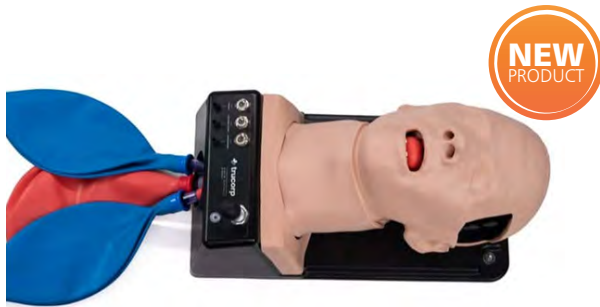
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Keynote Speaker Plenary

Interprofessional teamwork and adaptive performance

Professor Janet Anderson, Monash University, Melbourne, Australia

Recent developments in safety science have challenged traditional notions of the nature of healthcare work. Drawing on insights from systems theory and complexity science, resilient systems have been proposed as the basis of successful healthcare delivery. Resilient systems are able to cope with variability in the environment, producing acceptable outcomes despite pressures and challenges. In this perspective, the key to successful outcomes is flexibility and adaptive capacity rather than reliability and standardisation. This thinking has emerged from evidence showing that healthcare processes are not linear, knowledge is uncertain, demands are unpredictable and outcomes emergent. The focus of developments in this area has been on designing and implementing organisational mechanisms to support the adaptive performance that is needed in this environment. However, most healthcare work is team based and the ability of teams to co-ordinate adjustments to their activities in response to challenges and pressures is fundamental for resilient systems. What are the core features of adaptive teams and how can they be created and sustained? In this presentation I will review recent research on healthcare teamwork, discuss why adaptive teams are so important, how they may differ from traditional teams, and consider the implications for clinical education.

Keynote Speaker Plenary

The relevance of diversity and reflection for healthcare educators

Professor Nisha Dogra

The aims of my presentation are:

• To describe the relevance of attending to diversity and inclusion in medical education

• To consider how our own perspectives influence the teaching we develop and deliver

• To identify how we can make our educational practice more inclusive and attend to student diversity.

I will begin with some definitions and justify their usage. There will also be opportunities for the audience to engage in some exercise to reflect on their own identity and how this has perhaps led to what they teach and how they teach it. The presentation is broadly applicable to all healthcare educators although much of the work I did began with medical students. I will also offer suggestions as to how teachers can perhaps enhance their practice by addressing diversity and inclusion.

Keynote Speaker Plenary

The Important of Inclusion to Unleash Medicine

Dr. Dinesh Palipana

Harvey Cushing, once said, "I would like to see the day when somebody would be appointed surgeon somewhere who had no hands, for the operative part is the least part of the work." That day is not beyond imagination. With humanity and technology, it is inevitable that medicine changes. Our society is progressing at an increasingly rapid rate, as are its values. More than ever before, it celebrates diversity and inclusion. That celebration creates a melting pot of ideas which feeds into our progress.

With that, technology threads an intricate tapestry through our world. Where once our imagination was bound by the limits of technology, today, technology is bound by the limits of our imagination.

These two factors, technology and values, are critical parts for the progress of medicine. By keeping in step with, or even ahead of, these two things with our society, we can build a bright future for one of the most human endeavours – the practice of medicine. In this keynote, the mixture of storytelling through personal experience and future-focus will hopefully plant the seed of this idea.

Keynote Speaker Plenary

Constructing Professionalisms of Solidarity: What are the Clinical Skills of a Socially Just Professional

Professor Saleem Razack,
University of British Columbia, Vancouver, Canada

The part of Greek translations of the Hippocratic oath that states, " . . . Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they be bond or free." is often quoted as evidence of early recognition that concern for health equity is built into the code of medical professionalism. This part of the oath basically states that the ethical practitioner swears to not engage in sexual acts with men or women in the homes that he visits, even if they be slaves. No controversy there! Do physicians also have a duty to question the actual institution of slavery, i.e. the structures of society that promoted the injustice in the first place? In this plenary, the presenter will explore medical professionalism as a social construct, how this translates into a praxis of teaching, and ultimately the formation of professional identities in learners. Together, we will critique current dominant constructs of professionalism, which relate professional obligations to a social contract between physicians and society, in which physicians have expertise and must discharge their knowledge for the benefit of their patients, in exchange for societal recognition and prestige. Why might the dominant formulation of professionalism no longer work? Medicine is and has been a tool within society to perpetuate structural inequities and discrimination and constructs of professionalism have been central to providing the epistemological justifications its use this way. A new professionalism of solidarity is required. We will explore the clinical skills, habits of mind and ways of being of such a professionalism of solidarity, with practical strategies of how to develop these professional attributes within learners. We will draw on the work of Brazilian educator, Paulo Freire, as an approach to developing the emancipatory knowledge and skills for the teaching of professionalisms of solidarity.

Keynote Speaker Workshop

**Creating resilient systems:
putting the theory into practice**

*Professor Janet Anderson
Monash University, Melbourne, Australia*

Resilient systems (Safety II) are systems or organisations that successfully adapt to difficult demands to deliver acceptable outcomes. The focus is on how individuals understand and manage the complex systems in which they work, and on designing those systems to support them to do so. Understanding and learning from everyday work is therefore the basis of this philosophy. It complements traditional safety management practices (Safety I) which focus on learning from errors.
Resilient systems are able to

• anticipate future demands

• respond to disruptions such as lack of available beds or unexpectedly high patient volume

• monitor the work system to identify disruptions such as lack of staff or equipment

• co-ordinate responses involving multiple services, professions or teams effectively

• learn from experience how to manage risk

The aim of this workshop is to equip attendees with a good understanding of this new perspective, and how it can be used to design effective simulation training. Attendees will gain practical experience in

• identifying educational requirements from clinical vignettes based on resilient systems theory

• identifying key resilient systems discussion points for debrief conversations

• integrating Safety I and Safety II approaches in simulation

• considering how a resilient systems perspective can inform organisational learning and improvement. This workshop is designed for educators who are interested in the new thinking about Resilient Systems/Safety II and want to learn how to apply it in a practical way to clinical education.

Keynote Speaker Workshop

Teaching Healthcare Students about Diversity

Professor Nisha Dogra

Outcomes
To identify how our own attitudes towards diversity may influence the teaching we develop and how we deliver it. Evaluate if current diversity education in their institution meets the needs of clinicians working with diverse patient populations. Identify the benefits and limitations of "one size fits" all approach to diversity education. Identify three potential learning outcomes for diversity teaching that would apply within their institution and context.

Process
Exercise to explore diversity within the workshop group (approximately 20 minutes) Work through three cases related to diversity to identify whether their institutions provide appropriate preparation for their students to work with diversity (app 30 minutes) Work with peers to devise learning outcomes for healthcare students within their context (app 30 minutes) or delegates will also be given the option of reviewing pre-existing learning outcomes to critique (this is to cover the situation should delegates not be familiar with writing learning outcomes.

Keynote Speaker Workshop

Inclusion: Barriers or Opportunities?

Dr. Dinesh Palipana

When it comes to inclusion, barriers are often the first thing that comes into the mind. Will it be too difficult? Will it be impossible? What will be the cost? Often, these barriers are only in the mind. Rather, they present opportunities for us to think differently about the way we do things. This workshop aims to challenge our thinking.

Keynote Speaker Workshop

Learning for Solidarity: Strategies to Develop Critical Consciousness in Medical Education

Saleem Razack, University of British Columbia, Vancouver, Canada

Scenario
You are a new staff member in Adolescent Psychiatry. You have discovered that the intake form for families is 35 pages long, written in either English at the Grade 11 level. Filling out the form is an absolute requirement in order to even be placed on a waiting list for an appointment. About 35-40% of the parents in your city are not able to complete such a form by virtue of English being a second language, and for those with capacity in English, the Grade 11 level is too high. The above scenario is an example of a structural inequity. How can this issue first be fixed, but then also used as a teachable moment for the psychiatry residents under your supervision?

Oral 2

Exploring professionalism through interdisciplinary group creativity and diversity

Kwang Cham, Anu Polster, Guy Morrow
The University of Melbourne, Parkville, Melbourne, Australia

Traditional university curricula focus heavily on cultivating students' technical competencies and knowledge, and priority is given to directly relevant disciplinary knowledge and skills content, with relatively little explicit attention given to the generic professional skills such as professionalism, communication skills and teamwork. Rather than assuming these soft skills can be developed "on the job," we set out to explicitly implement a study for students to develop aspects of professionalism that include communication, interpersonal, and interdisciplinary teamwork skills. A total of 30 students from different tertiary levels and across disciplines participated in the study. They explored either a gallery or museum and examined an artefact relating to professionalism.We evaluated whether and how students experienced this activity as enhancing their creativity and learnings of professionalism via survey results and thematic analyses of their reflective essays and semi-structured interviews. Our findings showed that the group work increased students' understandings of professionalism and their appreciation of the perspectives and skills of one another. The creative aspect of the task was fun and engaging, and group diversity enabled different opinions and perspectives to be heard and shared. Themes generated from the essays were: intrinsic motivation, diversity, learnings of professionalism, and challenge encountered. In this groupwork, students were provided an opportunity to develop leadership skills, navigate group dynamics, and to ponder on the skillsets and viewpoints of students from other fields. This offered 'active' and realistic work-integrated learning experiences. This creative and diverse group work has encouraged active and collaborative learning. Students from different disciplines could better construct their own understandings of professionalism when their learning activities were performed in an authentically creative and diverse setting. It is hoped that this first piece of evidence will stimulate more studies on utilizing group creativity and diversity in healthcare education.

Oral 3

Splitting self: A grounded theory study exploring what impacts healthcare educators when assuming simulated patient roles

Johanna Rhodes[1,2], Kerry Reid-Searl[1,3], Adele Baldwin[1], Tracy Levett-Jones[1,4]
[1]Central Queensland University, Rockhampton, Queensland, Australia [2]Southern Institute of Technology, Invercargill, Southland, New Zealand [3]University of Tasmania,Tasmania, Victoria, Australia [4]University of Technology Sydney, Sydney, New South Wales, Australia

Background
Internationally changing clinical environments, shorter hospital stays, complex patient presentations, and health services funding restrictions have led to changes in healthcare education. These changing environments have become a stimulus for healthcare educators to increasingly use simulation as a learning and teaching method for the development of clinical skills. However, evidence of psychological harm and emotional discomfort has occurred for students and voluntary or paid people during simulation encounters. While concerning, best practice strategies are suggested to minimize risk to these cohorts. But, healthcare educators also assume simulated patient roles; yet their experiences are seldom contemplated.

Aim
This qualitative study aimed to provide an understanding of what impacts healthcare educators experiences of assuming simulated patient roles through the construction of a substantive grounded theory. The research questioned; How does assuming simulated patient roles impact healthcare educators?

Research Design
This study, guided by constructivist grounded theory gathered data internationally from fourteen healthcare educators who assume simulated patient roles through intensive interviews. Simultaneous data generation and analysis by coding, memo writing, and category development led to the construction of a theory. The Theory of Splitting Self.

Results
The results provide evidence that healthcare educators' experiences are impacted by coexisting altruistically and egoistically. The subcategories include professional and personal responsibilities to student learning, transference, and personal immersions, and internal conflicts.

Significance & Implications
This presentation offers thought provoking consideration of healthcare educator safety and wellbeing when assuming simulated patient roles.

It is important to remember that it is not the patient the educator is playing that experiences the pain and suffering, it is the educator. The availability of the results from this study potentially will guide the development of simulation policies, guidelines, and health professional curricula adding to best practice in clinical skills education using simulation internationally.

Oral 4

PAUSE, CONSIDER, AND DECIDE: A solution to achieving successful diversity and inclusion in clinical simulations with large student cohorts

Johanna Rhodes
Southern Institute of Technology, invercargill, Southland, New Zealand

Background
A continuing challenge when teaching clinical skills using simulation modalities is working with large cohorts of students and maintaining the diversity and inclusion of the students who are observing the simulation as the audience. The development and implementation of Pause, Consider and Decide: Audience Led Simulation is based on 'choose your own adventure books', also known as 'pick a path' books. The audience decide the clinical skills and interventions during the simulation at specific pause, consider, and decide moments.

Aim
The aim of this study was to develop, implement, review, and evaluate Pause, Consider and Decide: Audience Led Simulation through a cyclic process.

Methods
This research was guided by action research and involved a series of continuous improvement phases. Data gathered from educators and students included observations and questionnaires, resulting in continuing reflective processes and improvements to Pause, Consider, and Decide, Audience Led Simulation.

Results
The positive results of this research offer a simulation method that is specifically designed for large cohorts of students, enabling increased diversity, engagement, and promotion of active inclusion. The use of Pause, Consider and Decide: Audience Led Simulation promotes a shared responsibility for patient outcomes as students pause, consider, and decide the clinical skills and interventions needed during simulated learning experiences. The flexibility of this simulation method is its usability with many different simulation modalities.

Conclusions
Pause, Consider and Decide is an approach that enables observers and participants active inclusion in simulation-based teaching. This presentation offers you an opportunity to participate in a Pause, Consider and Decide: Audience Led Simulation, enabling you to consider using this in your education practice.

Oral 6

Consensus Marking: Building an Educational Alliance and Fostering Evaluative Judgement

Bridget Henderson, Lucy Chipchase, Robyn Aitken, Lucy Lewis
Flinders University, Adelaide, South Australia, Australia

Introduction
Consensus marking is a new assessment model for evaluating the clinical performance of students. The findings of two research studies (retrospective and prospective) that evaluated the use of consensus marking in an online clinical viva for nurses enrolled in a post-graduate (PG) emergency nursing course will be presented.

Background
Fostering evaluative judgement facilitates a student's journey to independence so they can make decisions about the quality of their clinical performance and become less reliant on the judgement of others. Our study used consensus marking as a method to engage students in self-evaluation and grade negotiation through calibration and a feedback dialogue with the educator.

Method
A retrospective and prospective study was undertaken to evaluate PG nursing students' perceptions of consensus marking used for evaluating their clinical performance during an online clinical viva, a capstone assessment for the degree. The first study was a qualitative study using retrospective student interviews about their perceptions of consensus marking. The second study was a convergent mixed-methods parallel research design comparing consensus marking with conventional methods of assessment.

Discussion
Students perceived that consensus marking was less hierarchical and similar to a collegial debrief. They noted a shift in the power dynamic between student and educator enhancing their accountability for learning and facilitating reflection and self-evaluation, capabilities that underpin the development of evaluative judgment.

Oral 7

Together – Diversity and Inclusion: Improving diversity in clinical skills teaching materials as part of decolonising the curriculum

Janet Lefroy, Alison Irvine, Catherine Stephenson
Keele, Newcastle-u-Lyme, Staffordshire, United Kingdom

Background
Our medical school have been 'decolonising' our curriculum (1). Students have been informed that this is a school priority and have been provided with a feedback portal via which they can comment on meaningful representation, language and omissions in their PBL cases, lectures and skills teaching sessions. One student concern was the lack of diversity in the pre-learning materials for skills classes.

What we did
We took team action to review all our pre-learning sways and clinical skills manikins with a view to increasing diversity. We reviewed our pre-learning materials and tutor notes to find anatomical and other medical terminology associated with historical (largely male European) figures (2). We convened a representative student panel to look at our skills teaching in a strategic prospective review.

Results
Diverse images and videos were successfully substituted and added to our clinical skills pre-learning Microsoft Sways, with permission to use images from the Skin Deep website(1). New clinical skills manikins when needed were ordered with more diverse skin tones. In substituting eponyms it was decided that change should be introduced slowly to ensure students are prepared for the clinical years. This has involved using more universally inclusive alternatives with the option of putting the (often well-recognised) eponym in brackets. The student panel gave encouraging feedback and added some new ideas.

Conclusions
It is important to students to see a diverse representation of medical students/doctors in images presented to them as well as examples in patients of how particular clinical conditions would manifest on any other skin colour than Caucasian. Clinical prediction tools were also highlighted as applying largely to white males. We have shifted the importance of any historical names by only including named references within brackets so that students can be more aware of the deliberate move to inclusive language.

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2. Singer, C. (1959) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1034442/pdf/medhist0018 0005.pdf
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Oral 8

Threshold Concept Theory as a Framework for the Adoption of the Professional Nurse Role

Julia Greenawalt[1], Suze Kardong-Edgren[2]
[1]Indiana University of Pennsylvania, Indiana, Pennsylvania, USA. [2]MGH Institue of Health Professions, Boston, Massachusettes, USA

Nursing is often defined as an art and a science. Introduced to Threshold Concept Theory (TCT) in 2017 at the Prato Clinical Skills Conference, TCT will be used to guide an exploration into the use of art based pedagogy, in the adoption of the professional identity of fledgling nursing students. TCT has been used extensively in the literature to assist in the adoption of key skills and tasks, but there is a paucity in the literature about the use of TCT in the adoption of the professional nurse role. TCT concepts are characterized by being transformative, integrative, irreversible, troublesome, bounded and discursive. Often, ethics and professional identity formation are taught through case study and exposure to clinical scenarios, and posited with a "what-if" for classroom discussion. In an effort to standardize the learning process a quasi-experimental mixed methods cross over design will be piloted on a convenience sample of about 37 junior level nursing students during the debrief of three scenarios adhering to the Baird Decision Model, using art-cards. Art cards are emotive pictures attached to a 6x8 cards. The art-cards will be used to assist nursing students with their reflections on the take- away message from three clinical scenarios that present a dilemma. Research will address the differences in the number and type of words used when students debrief with and without the use of the art-cards. We will briefly share our research findings as part of the discussion focusing on their relevance to the teaching/learning of clinical skills related to:

1. Exploring and discussing the relevance of Threshold Concept Theory in relation to professional role adoption for the professional healthcare person.

2. Exploring and identify threshold concept theory, art based pedagogy and the Baird Decision Model in the process of debriefing with various debriefing frameworks used in simulation.

Workshop 10

Teaching clinical reasoning

Nicola Cooper[1], Mini Singh[2], Simon Gay[3], Anna Hammond[4], Jo Matthan[5]
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Category

Excellence in Teaching and Learning Skills – What's working. Students and postgraduate trainees largely learn the knowledge, skills and behaviours required for effective clinical reasoning implicitly, through experience and apprenticeship. There is a growing consensus that medical schools and postgraduate training programmes should teach clinical reasoning in a way that is explicitly integrated into courses throughout each year, adopting a systematic approach *consistent with current evidence*. However, the clinical reasoning literature is 'fragmented' and evidence can be difficult for medical educators to access. The purpose of this workshop is to provide practical recommendations that will be of use to all medical teachers and schools, and adaptable to their local context. The workshop will be led by committee members of the UK Clinical Reasoning in Medical Education group (CReME). www.creme.org.uk ... Intended learning outcomes - by the end of this workshop, participants will be able to 1) Describe teaching strategies that facilitate clinical reasoning development most effectively, 2) Develop their own ideas for a faculty development programme in their own institution, 3) Use ideas from one medical school (Manchester) to create a longitudinal clinical reasoning curriculum in their own programme, 4) Discuss the implications for assessment in their own local context. Intended audience: curriculum leads and teachers in the healthcare professions. The presenters are clinical academics who regularly present and run workshops at national and international conferences, including most recently, a popular workshops at AMEE in Lyon. We can easily acommondate 40+ people, and would be happy to run the workshop twice if there is high demand. We subscribe to the mission statement of the ICSF and will link our workshop to its 'areas of clinical skills development'.

Workshop 11

The SHERPA model for multimorbidity consultations: its use in education and practice

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[2]School of Medicine, Cardiff University, Cardiff, Cardiff, United Kingdom

Background
Health professionals and students are traditionally taught to use a consultation model which focuses on eliciting the patients' main reason for consulting 'today'. This can leave them ill- prepared when faced, increasingly, with patients who have complex multiple morbidity and psycho-social issues. What issue should they focus on first? And how can they achieve holistic, patient-centre care when time is limited? There is a lack of specific frameworks to help doctors and learners develop the high-level communication skills required for these consultations. The SHERPA model, first described in the Lancet (Jack, Maskrey & Byng, 2018) was developed to address this gap. It offers a visual, biopsychosocial framework which supports health professionals and their patients to identify the patient's multiple health issues and understand how they interact. In doing so, it facilitates shared decision making, goal setting and prioritisation. This interactive workshop will be delivered by educators and researchers involved with SHERPA. We will share the SHERPA framework and relevant literature, demonstrate its use in practice and provide guidance and opportunities for participants to rehearse SHERPA, identify the communication skills needed and opportunities and approaches for sharing this effectively with learners.

Objectives
Using e-voting, discussion, video clips, small group work and rehearsal we will encourage you to:*Explore the SHERPA framework and its underpinning principles *Understand, using case studies, how SHERPA can be implemented and taught in practice *Discuss which health profession/student groups may benefit from learning about SHERPA and approaches you could use for doing soWe will share our own experiences of promoting learning about SHERPA to undergraduates, GP trainees and trainers and our evaluation findings. Intended audience: This workshop is designed to be suitable, for all levels. It is particularly o health professionals who work and/or teach in settings where patients have multiple morbidity (e.g. primary/community care, care of the elderly), people who teach consultation skills, or trainees/students who will work with complex patients in the future.

Workshop facilitators
We are clinicians who have considerable experience of teaching and curriculum development and of educational and primary care research. We have contributed to developing and publishing the original SHERPA model, delivered training workshops to GP Trainees and Trainers, incorporated the model into medical student training and published an educational evaluation. [Max participants: 40]

Workshop 12

Escape rooms: Promoting learning through teamwork, collaboration, and critical thinking

Johanna Rhodes
Southern Institute of Technology, Invercargill, Southland, New Zealand

Background
Preparing students for chaotic and unpredictable health-care environments is arguably challenging. There is a need to create innovative and engaging teaching strategies that promote learning through teamwork, collaboration, and critical thinking. A New Zealand school of nursing introduced on-campus educational escape rooms and then with the rapid transfer to on-line learning due to Covid-19, redesigned the on-campus educational escape rooms to an on-line format. Both formats had students solving puzzles and completing activities collaboratively in groups, to 'escape' before a set time limit was reached. Overall, students found on-campus and on-line escape rooms to be impacting, engaging, frustrating, and challenging, while enabling them to think critically under pressure. Having the option of on-campus and on-line educational escape room formats potentially will contribute to learning material as curricula evolves and increased accessibility to learning prospers.

Workshop Aim
The aim of the workshop is to provide participants with:

(1) An overview of educational escape rooms.

(2) The opportunity to participate in on-line and on-campus escape rooms.

(3) To begin to develop an escape room for their teaching context.

Workshop Objectives
At the completion of this workshop participants will:

(1) Gain an understanding of educational escape rooms.

(2) Gain an awareness of the different applications of educational escape rooms.

(3) Have experienced educational escape rooms in two formats, on-line and on-campus.

(4) Begun to develop an educational escape room for integration in their teaching context.

Intended Audience

This workshop is for educators in health-related disciplines who are looking for different ways to educate either on- campus or on-line.

Prerequisites
(1) An interest in considering educational escape rooms as part of their teaching repertoire.

(2) An open mind.

(3) A willingness to share ideas.

Number of participants
Forty participants can attend this workshop.

Conclusion
The use of educational escape rooms is gaining momentum. However, in more recent times their use on-campus has been challenged resulting in the need to develop on-line formats also. This workshop offers an opportunity to experience on-campus and on-line to continue to promote learning through teamwork, collaboration, and critical thinking. Hence, offering collaboration of clinical skills education and practice.

Summary of qualifications and prior experience
The presenters qualifications include teaching, education, and nursing. She is currently employed in the tertiary sector as a Head of Nursing, and Acting Head of Faculty. These roles involve presenting multiple workshops and working with educators to develop teaching opportunities for a vast range of learners.

Oral 13

Unconscious Bias Training for Simulated Patients: Showcasing a new and innovative workshop

Anna Hammond, Jane Whittaker, Tom Frere, Cal Stockbridge
Hull York Medical School, York, North Yorkshire, United Kingdom

Oral Presentation objectives
1) To develop awareness of our innovative workshop delivered to our Simulated Patients to increase their understanding of unconscious biases, how these might impact their work as Simulated Patients in our teaching and assessments and to equip them with skills to challenge and interrogate their automatic thinking.
2) To consider Simulated patient feedback and reflections and my own critical reflections on the Workshop
3) To share best practice with delegates regarding their own experiences of developing Unconscious Bias training to Simulated Patients / other groups in their own institutions.

Oral Presentation
Hull York Medical School has a large bank of Simulated Patients who interact with our students in teaching and assessment across all five years of our MBBS course, and were mindful of their different backgrounds and experiences when developing this session. Both large group and breakout sessions were used in this interactive, multimedia two hour workshop delivered via Zoom to our Simulated Patients.
The training was positioned as a safe space to share and learn, emphasising that, because we are human, we all have unconscious biases, and our swift automatic responses are impacted by our previous experiences, upbringing and environment. Every day and clinical reasoning theory were used to help describe illustrate that we all have unconscious biases. These beliefs, attitudes and stereotypes can affect our understanding and decisions in a way that we are not aware of – if steps are not taken to avoid acting on such biases it can lead to unfair treatment and discriminatory practice (General Medical Council).
The presentation will describe an aide memoire (STAR) developed to help Simulated Patients challenge their automatic thinking when responding to students, checking whether their responses are being influenced by unconscious biases.
Simulated Patent Feedback/reflections and my reflections will be presented.

Oral 14

Final year Australian Medical Students' perceptions of spiritual care learning needs

John Wenham[1], Megan Best[2], David Kissane[2]
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Research has shown discordance between doctors' perception and patients' desires in the domain of spiritual care needs. A 2015 systematic literature review (Best et al.) demonstrated that a median of 70% of patients declared an interest in discussing spirituality with their physicians, whereas only a median of 15% of consultations with their doctors actually included it. The aims of this research were to: identify final year medical students' learning needs in the domain of spiritual care, explore barriers and enablers of learning, and compare the students' level of spirituality with their desire to engage with spiritual care. A questionnaire was designed to elicit medical students' understanding and learning needs in the spiritual domain, level of confidence in taking spiritual histories, current practice, barriers and enablers. Questionnaire development was informed by the literature and the personal experience of the researchers. Students from Adelaide, Notre Dame, Sydney and Wollongong were invited to take part in the research. Two hundred and sixty students completed the questionnaire which included the modified non-illness FACIT-SP score to measure the students' spiritual well-being. Analysis showed that 11% of final year students had seen a clinician take a spiritual history and 10% had been given the opportunity to take one themselves. Reported enablers of such discussions included the issue being raised by the patient, an end-of-life scenario and previous spiritual care training. 50% of students agreed that spiritual care was an important part of the medical consultation and 55% believe that medical students should receive training in this field as part of their core curriculum. These results, combined with previously collated data from the authors' literature review of spiritual care programs internationally will be used to design future medical curricula within Australian universities.

Oral 15

Establishing nursing excellence through pedagogical innovations focusing on the development of professional capabilities

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Introduction
From inception to implementation, we developed a new nursing program that has received a number of university and national teaching awards. The program was underpinned by the modern integrated philosophy of 'Strengths Based Nursing' (SBN) (Gottlieb, 2013) with an emphasis on developing professionalism as a clinical capability.

Method
We created and implemented a student centred, novel blended learning curriculum aligned with current industry expectations, after identifying gaps in existing Bachelor of Nursing programs in Australia, innovative, contemporary, and sufficiently agile to respond to the changing needs of 21st century healthcare professionals. Four pillars of our assessment were utlised across the program enhance employability focusing on development of clinical capabilities, oral communication capabilities, writing capabilities inclusive of academic writing and professional capabilities. As a result, we graduated professionally capable nurses applauded by the profession.

Discussion
One of the cornerstones of the program was the Implementation of the concept of professional capabilities through our authentic simulation strategy. This approach was scaffolded through the program by prioritising the use of simulated patients to mimic real world clinical and non-technical aspects of nursing e.g. cultural capabilities, empathy and mental health. The clinical reasoning cycle was purposefully integrated in the simulation across year levels to build decision making and critical thinking capabilities as well as reflection on professional capabilities. This has allowed students to experience realism in a safe learning space to enhance their preparation for placement. This approach has been validated through outstanding student and industry satisfaction during clinical placements. Furthermore, significant improvements in cultural capabilities, working with mental health patients and interprofessional teams were identified in research outcomes. This presentation will examine the challenges and strengths of a focus on professional capabilities as part of clinical competence across an undergraduate nursing program.

Oral 16

Dental Immersive Reality for Healthcare Teams: Development of a Mixed Reality training package to help healthcare teams identify common dental issues, to optimise patient care and appropriate referrals

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We have created an immersive virtual reality experience where healthcare professionals (HCPs) can "walk" into a mouth and see what a healthy oral cavity looks like. HCPs can also observe a range of common dental issues, to empower them to offer advice about the optimal course of action for individuals with dental issues. The need for this project comes from data identifying 'toothache' as the top avoidable visit to hospital Emergency Departments. We aim to reduce these visits by providing HCPs with a transformative learning experience, so when asked about dental issues by their patients they can advise on appropriate dental referral pathways. The pedagogy behind our project is via Simulation Based Education where learning is enhanced through simulated immersive experiences. We have created an immersive experience with sufficient conceptual fidelity to demonstrate a healthy mouth, as well as showing common dental issues such as caries, gum disease, cracked teeth, impacted wisdom teeth, oral ulcers, abscesses, draining sinuses and loose orthodontic wires. The mouth is a complex area and the conceptual fidelity gained from an immersive experience is superior to the current practice of didactic learning or still images. We have a range of mouths from different ethnicities, as we know that common dental issues look different in people with different skin tones, for example oral cancer. The scope of our project is cross-pollination of knowledge from Dentistry to medicine, physician associate, diagnostic radiography, nursing, midwifery, dietetics, occupational therapy, optometry, paramedicine, physiotherapy, podiatry, social work and psychology programmes of study.

Round Table Discussion Group 17

"Using and teaching remote consultation skills. How confident are we?" Innovations to advance Clinical Skills, Education and Practice: delivering remote patient-centred consulting experiences in the classroom and General Practice placements for Year 1 medical students

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Background
The COVID pandemic catapulted NHS intentions for "Doing things Differently" (NHS 2018) into an era where remote consulting became the norm. This required major re- conceptualisation of our year 1 undergraduate programme, to balance student learning of new remote consulting skills with safety/social-distancing and required pragmatic solutions for legitimate peripheral participation, within a stretched and challenged clinical workplace (MSC 2020).

Theoretical approach
Principles guiding the educational programme were that it should be student-centred, employ an initial flipped classroom approach (Perksy and McLaughlin 2017), active learning of new skills initially in a simulated environment ahead of tiered patient exposure; with use of reflection and feedback to cultivate self-awareness.

Innovations
We used a remote consulting simulation-based practical session, supplemented by students videoing their interviews to support reflection-on-action; a telephone and video tele-health interview for each pair of students with a Patient Volunteer; then remote consulting in General Practice placements, GP hosted Virtual Primary Care Group Tutorials supplemented by role play scripts, video play lists and expert talks.

Evaluation
All students had the intended Patient Volunteer Interviews, 97.6% rated these as good/very good for practising communication skills, 98,8% for enjoyment and 95.1% for boosting confidence (2021/2022). In 2021/2022 in semester 1 GP Placement Evaluations, 80% students were satisfied and 72% met their learning objectives.

Conclusion
Shared vision, evidence-based design, alignment of classroom with placement skills practice, close collaboration between teams and educational partners, realism and adaptability were key to the successful delivery of a practical, acceptable remote consulting skills teaching programme.

Roundtable Discussion Group objectives
Intended audience (experience level and pre-requisites): Clinicians and educators involved in the teaching and facilitation of consultation skills to undergraduate medical students.

Objectives
To engage clinicians and educators in discussion regarding the use and teaching of remote consultation skills using small group discussion with the support of polling technology to allow anonymous answers to questions, for example; What experiences do clinicians have using remote consultation technology? How confident are clinicians in using remote consultation technologies? What experiences do clinicians and educators have in the teaching of remote consultation skills? How confident do clinicians and educators feel regarding the teaching of remote consultation skills? What has worked and what has not worked so well in your experience of remote consultations, and the teaching of remote consultation skills? Sharing of polling responses, experiences, and strategies to enable participants to develop and reflect upon their own practice and teaching.

Oral 19

Student Interprofessional Facilitator Training (SIFT) program: building capacity in clinical education leadership

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Background

While there are many teacher training programs for health professional students, few are interprofessional, and few integrate assessment and feedback prior to participation as peer teachers. In 2021, The Student Interprofessional Facilitator Training (SIFT) program was developed to allow senior students, already trained in peer teaching, to revise, build on, and practice their newly acquired skills in an interprofessional context. The aim of this study was to explore participant perception and performance, and the contextual factors that influence student aspirations as clinical teachers.

Methods

Alumni of the 2021 Peer Teacher Training program (n=74) were invited to participate in the SIFT program. Those who participated were invited to attend individual semi- structured interviews. Thematic analysis was used to code and categorise data into themes, using Communities of Practice as a conceptual framework. Skills in interprofessional facilitation were observed, assessed and students were provided with individual feedback. Assessment data were analysed using descriptive statistics.

Results

Sixteen students from six disciplines joined the SIFT program, and 13/16 (81%) completed. Students were from medicine, nursing, diagnostic radiography, medical imaging, dentistry and speech pathology. Students reported an increased recognition of teaching as a learned skill, development of clinician identity formation as educators, improved communication skills and an increased understanding of leadership. Participants expressed a desire for additional opportunities for interprofessional networking and peer teaching. A good level of competence in facilitation skills was reached by participants.

Conclusion

The SIFT program provided a sustainable framework for health professional students to develop and evidence their teaching and leadership skills in an interprofessional context. This study highlighted the important role of observation, assessment and feedback in student teacher training programs. The process of clear assessment guidelines, direct observation with feedback from supervisors provided a way to ensure quality improvement in peer teaching. The SIFT program will help to build capacity of interprofessional programs where large numbers of teachers are required for small group teaching.

Oral 20

Undergraduate students' experiences of development into professional nursing

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Nurses are placed in situations based on trust, and it is crucial that their patients have confidence in them to provide professional care. Therefore, it is essential for nursing students to develop professionalism in nursing during education. The development of professionalism during training occurs when students gain the knowledge and skills that separate professional nurses from laypeople. To investigate nursing students' experiences of professional competence development during education we interviewed 34 students enrolled in a Swedish three-year nursing program on four occasions, from August 2015 to January 2017. We found that students' professionalism developed gradually, starting with dreams and a naive understanding of the profession. Students understanding of the complexity of the nursing profession gradually evolved when becoming theoretically equipped at the university and developing clinical skills through clinical practice. A solid theoretical education before entering clinical training offered students possibilities for reflecting on evidence-based practice in clinic. Students identified a lack of evidence-based practice in the clinical settings, indicating a discrepancy between the content of the theoretical education and the clinical settings. The students' focus shifted, from initially to master medical technology, to developing into a more holistic approach in nursing. At time of graduation, students felt ready but not fully trained. The realization that there is always potential for professional improvement can be interpreted as an emerging awareness, and a development of professionalism. It is clear that students could benefit from increased collaborative work between clinical supervisors and faculty staff at the university. Lundell Rudberg, S., Westerbotn, M., Scheja, M., Lachmann, L. (2022). Views on education and upcoming profession among newly admitted students at a Swedish baccalaureate nursing program: A descriptive mixed method study. Nurse Education in Practice, Volume 63, 103393, ISSN 1471-5953.

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Workshop 21

Faculty Development - Equipping clinical tutors with the skills to assist students to develop their clinical reasoning in patient consultations

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Workshop

To consider the particular challenges for clinical tutors (experts) in helping medical students (novices) develop their clinical reasoning skills.
To develop awareness of innovative approaches to faculty development to help tutors develop their skills in facilitating students development of their clinical reasoning skills in patient encounters.
To encourage delegates to share best practice and reflect on faculty development in their own institutions.

Workshop

(Note that this is one of two workshops submitted by the UK Clinical Reasoning in Medical Education Group (UK CReME). The presenters are co-founders of the UK CReME group and co-authors of the Consensus Statement on the content of clinical reasoning curricula in undergraduate medical education (1).
They are experienced presenters at local, national and international conferences including ICSC 2013, 2015 and 2019. They will present on behalf of the UK CReME group. The UK Consensus statement details five domains - clinical reasoning concepts, history and physical examination, choosing and interpreting diagnostic tests, problem identification and management and shared decision making. It recommends specific teaching strategies aimed at building students' knowledge and understanding. Helping students develop their clinical reasoning skills should be integrated horizontally and vertically through undergraduate medical curricula and be underpinned by a specific approach to teaching. This should be supported by a programme of faculty development. This interactive and multimedia workshop will showcase different programmes of faculty development in UK medical schools with reference to the UK Consensus statement and delegates will have the opportunity to discuss faculty development in their own institutions.
Experienced clinicians spend most of their time doing swift/Type 1 pattern recognition drawing on an extensive bank of illness scripts from many years of clinical practice. Novices spend considerable time doing the more effortful /Type 2 clinical reasoning using a more hypothetic deductive approach. The workshop will draw upon the presenters experiences of some of the challenges faced during faculty development, particular around making the clinical reasoning approach explicit.
There will be an opportunity to explore the UK Consensus Statement in more detail.
Consensus statement on the content of clinical reasoning curricula in undergraduate medical education.

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Poster 22

Clinical empathy - a sliding scale rather than a recipe?

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Background
Clinical empathy is regarded as an essential skill. It's definition has evolved from a predominantly cognitive, to a more holistic understanding, including attitudes and behaviour. Undergraduate medical curricula include empathy in consultations skills training, but in postgraduate (specialist training) it is less clear how much attention is given to this topic, or how such trainees view the practice of empathy in patientcare.

Summary
We explored how surgery residents understood clinical empathy and how they practiced it. We followed an interpretive, multi case study design to generate qualitative data from in-depth, semi-structured interviews. Surgery residents from two academic institutions were approached using convenience sampling. The interviews were recorded, transcribed verbatim, and data thematically analysed.

Results
Nine interviews provided four main cross case themes that categorised the understanding and actions of the residents with regards to their practice of clinical empathy: History/background of the person, Understanding of empathy, Modifying factors and Enactment of empathy. Discussion/ Conclusion In describing their practice of empathy, examples extended beyond typically defined empathy- related processes and actions, to displaying respect, building rapport, and sharing information with patients. The latter are more commonly viewed as important patient-centred communication skills, rather than empathic skills. This highlights the complex nature of clinical empathy and how it is placed within other interactions between the doctor and the patient. It would seem that the practice of clinical empathy comprises skills and dispositions that extend from basic communication skills to advanced empathic responses. A clinician's practice of empathy will also be influenced by several factors. We suggest that the practice of empathy is a continuum of processes and actions, not a single way of engaging with a patient. Educators should be careful not to teach empathy as a recipe, but rather as nuanced and contextual, a sliding scale that needs to be adjusted per patient and situation.

Oral 23

Interprofessional Learning: building social capital among faculty, are we there yet?

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Background
Interprofessional Education (IPE) is advocated by governments, health professional bodies and universities as key to health professional education, and improvement in patient safety and care. Higher education institutions have recognised the need for IPE and training as a required skill for optimising collaborative skills within healthcare teams, supporting shared case management, and promoting patient centred care. Although many universities have implemented IPE curriculum models, few have reported the associated successes and challenges. This study sought to explore faculty perceptions in response to a new IPE curriculum model using the theoretical lens of social capital theory.

Methods
In 2021, key faculty from across the Faculty of Medicine and Health (FMH), University of Sydney involved in the delivery and facilitation of IPE at the University participated in interviews 11/24 (46%). Faculty were from nursing, medical imaging, pharmacy, oral health, dentistry, applied science, health science, dietetics, medical science and occupational therapy. Thematic analysis was undertaken using Framework Analysis.

Results
In total, 11/24 (46%) of invited FMH faculty attended interviews. A number of positive elements were identified, including a feeling of connectedness, clear communication and management of learning events, recognition of a scaffolded approach to IPE integrated in existing coursework, and growing interest of early career academics. However, a number of challenges were identified, such as structural barriers in course design, inequity in distribution of workload, and needing further faculty development in IPE.

Conclusion
Using social capital theory as a conceptual lens, this study provided an opportunity for faculty across the health professions to reflect on the IPE curriculum, identifying strengths and areas for improvement in coming years. The cultivation of social capital may help to increase faculty awareness of IPE more broadly encouraging engagement and collaboration in relevant activities. However, the need for increased resources, and recognition of the importance of IPE in curricula and formal shared workload was highlighted.

Poster 24

A health promotion innovation by nurses for children: The Poop It Kit

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Introduction

Teaching nursing students the value of research and health promotion can be challenging. Finding interesting topics can be an incentive to participate. In 2020, the topic of encopresis captured the attention of students and academics at a university in Queensland Australia. This came with the realization that encopresis affects 30 percent of children globally, potentially leading to chronic bowel-related issues in adulthood.

Aim

The aim of the study was for nursing students and nurse academics to design, develop and implement an innovative and fun health promotion resource focused on healthy bowel functioning for children and evaluate its effectiveness.

Research Design

The study began with a think tank session involving undergraduate nursing students, academics, and paediatric nurses collaborating to design a resource. The resource would include a kit with seven different poop related characters (reflecting types of stools), a poop focused game, six story books, a digestive system apron, and an adapted children's Bristol stool toilet chart. Parents/caregivers trialed the kit with children and were then invited to complete a questionnaire. Data analysis involved a mixed methods approach. Quantitative data was analysed using descriptive statistics and qualitative data was analysed using thematic analysis.

Results

Findings revealed that 'The Poop it Kit' was an impressive and useful tool that increased children's and parents/caregivers' understanding of bowel health in a fun and enjoyable way. Positive behavioral changes in children in relation to bowel health were reported.

Conclusion

Involving undergraduate nursing students with nurse academics in health promotion and research activities with real world application has proven worthwhile. The Poop it Kit proved to be a fun resource that had a positive impact on children. Further research and implementation to a wider audience is now underway for refinement of this.

Oral 25

Students learning from First Nations Peoples to implement culturally responsive clinical practice in remote Australia

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There are two challenges for clinical skills learning that we are addressing in a very remote Australian First Nations context. Firstly, the diversity, capability and strength of culture in Australian First Nations is overshadowed by a deficit discourse of health, educational and socio-economic contributors. So when student health professionals are learning to provide care to First Nations people, the students must also learn that culturally responsive care respects culture. Secondly, health services, particularly allied health services, are under-supplied in remote regions populated by First Nations people, and this contributes to health inequity. We addressed this challenge by working with community members and health services to co-design a student-implemented interprofessional health service. The priority is that First Nations people educate the students in culture while the students learned to provide culturally safe and responsive clinical services that met the person's expressed need. To date more than 100 First Nations people, local cultural consultants, community organisations, a First Nations peak body, and university staff have worked with 17 students (physiotherapy, speech pathology and occupational therapy) to co-create a service in which culturally safe and responsive clinical practice is embedded. Evaluation outcomes on the student and community perceptions of reciprocal learning about culture, health and clinical skills in a remote region where limited allied health services had contributed to health inequities will be shown. The students and community reported that learning clinical skills and cultural responsiveness were both critical for success. (Project funders: CRC Northern Australia; The Primary Health Network Northern Territory)

Oral 26

Changing patient safety culture together: The effect of simulation-based training depending on length of education and type of hospital

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Note: Data is based on findings from two published studies

Introduction
A growing body of evidence supports an association between safety culture and patient outcomes. Patient safety culture (PSC) refers to shared perceptions and attitudes towards the norms, policies, and procedures related to patient safety in a team or an organization. Existing literature shows that PSC varies among healthcare professionals. However, little is known on how PSC can be improved.

Objective
We aimed to study the association between simulation-based team training and PSC, depending on length of education and type of hospital

Methods
A repeated cross sectional intervention study was conducted at two general hospitals (one elective, one emergency). 1,230 healthcare professionals were invited to participate. Of these, 53 healthcare professionals completed a four day instructor course. After the course, instructors performed simulation-based training in their department. The Safety Attitude Questionnaire (SAQ) was gathered from all employees prior to the intervention, and four and eight months after intervention. Analyses were performed to determine the association of simulation- based training and PSC and furthermore, if PSC depended on type of hospital (emergency versus elective) and educational background (doctors versus nurses and midwives).

Results
At baseline, mean scores were highest in all SAQ-dimensions among doctors and staff working at the elective hospital, though mean scores did not improve significantly ($p \leq 0.05$) after performing simulation. Nurses and midwives and staff working at the emergency hospital had the lowest PSC mean scores. However, this group improved significantly ($p \leq 0.05$) in PSC after performing simulation.

Conclusion
The association of a simulation-based intervention and PSC depended on type of hospital (emergency versus elective) and length of education (doctors versus nurses and midwives). These findings are useful when planning future interventions aiming to improve patient safety culture in a clinical environment.

Oral 27

An interdisciplinary simulation with a focus on communicating for patient safety

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Background
Ineffective communication between health professionals contributes to patient harm. The School of Nursing at University of Tasmania (UTAS) identified that a focus on communication between disciplines was missing within the curriculum. To address the latter, the three-shift simulation was designed. The simulation involved nursing, medical and pharmacy students working together across three different shifts collaboratively caring for a deteriorating patient. Throughout each shift students would communicate with each other and respond to the unfolding patient situation.

Aim
The aim of the study was to firstly provide nursing, medicine, and pharmacy students with an exposure to a simulation which necessitated skill delivery and communication between disciplines and secondly to gain an understanding of their experiences in participating in the simulation.

Research Design
Following ethical clearance, participants were recruited from all disciplines via the UTAS learning platform. Students were invited to volunteer to be active participants in the simulation with an option to participate in the research. Willing participants were invited to complete a questionnaire following the simulation. The questionnaire collected quantitative data and qualitative data. Data analysis involved a mixed methods approach.

Results
Preliminary results indicate that participants felt that that the simulation developed their clinical reasoning skills, clinical decision-making abilities and helped to recognize patient deterioration early. Participants agreed that the simulation helped to practice communicating with other healthcare professionals and the exercise was regarded as a valuable learning experience. Finally, all participants agreed or strongly agreed that the facilitators summarised important issues and that reflecting on and discussing the simulation intervention enhanced their learning.

Conclusion
Three shift simulation is highly valued by all disciplines, preparing students for future safe patient care in their employment. Integrating disciplines who represent the culture in which employment occurs value adds to the curriculum.

28 Oral

What is the impact of a taught clinical reasoning programme in 3rd year medical students?

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Background
Leicester School of Medicine has a clinical reasoning programme built into its first and second year MB ChB course. This has proved very successful in preparing medical students for what Flexner might have called their "clinical years". However, overt clinical reasoning tuition in the final 3 years of the MB ChB was conspicuous by its absence. Therefore, in academic year 2021-22 a year 3 clinical reasoning programme was developed and piloted at Leicester in order to build on the excellent work being performed in years 1 and 2. Aston Medical School, a near neighbour of Leicester's, currently uses the Leicester MB ChB Curriculum and therefore provided the perfect opportunity for a comparison with and without the 3rd year clinical reasoning pilot.

Methodology
The pilot clinical reasoning programme was evaluated using a mixed methods approach:

1. Pre and post programme Diagnostic Thinking Inventories were completed. The diagnostic thinking inventory (DTI) measures structure of memory and flexibility of thinking, believed to be relevant in clinical reasoning(1). The DTI offers an inventory of manageable length which asks questions that medical students can answer.

2. Semi-structured qualitative interviews were conducted.

Results
85 Leicester and 38 Aston students completed DTIs. 69 useable DTI data pairs resulted. (35 Leicester, 34 Aston). Semi-structured interviews were conducted with 10 Leicester students. Data analysis demonstrates multiple benefits of providing the year 3 clinical reasoning programme.

Discussion and conclusions
At the Conference we will present the DTI trajectories within each medical school together with the findings of the qualitative inquiry, discuss the results and offer possible explanations for them.

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Poster 29

'She would wash the patients as if she was scrubbing a dirty plate in the sink': Students' experiences of poor care

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Whilst much is known about nursing students' clinical placement experiences in general, less has been reported about their specific encounters with poor care delivery. A few small-scale qualitative studies have been undertaken, which suggest that nursing students do witness poor care but often decide not to act on what they see (see for example, Fisher and Kiernan, 2019). This study sought to explore a wider international perspective on this issue and to explore nursing students' experiences of the care delivery practices witnessed during clinical placements. The study sample included nursing students from undergraduate pre-registration nursing programs across three universities, two in the United Kingdom (UK) and one in Australia. A qualitative/quantitative survey design was utilised, and data were descriptively analysed. Two hundred and sixty-five students participated in the study. Overall the results were positive, and students had witnessed compassionate and caring practices. Nevertheless, the participants provided multiple and recurring examples of poor nursing care which related to a lack of compassion, poor communication, unkind and indifferent provision of personal care, and patient safety. Reporting of poor care was viewed as difficult and many participants highlighted potential repercussions should they take this course of action. This research provides contemporary international insights into care delivery practices from the perspective of many nursing students. The results, although mainly positive, outline multiple examples of poor and ineffective practice. It remains a challenge for educators, both in academic and clinical settings, to support nursing students to challenge poor care delivery and promote compassionate and person-centred care.

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Oral 30

Adapting the Clinical Reasoning Cycle to enhance utility, clinical skills and practice in a forensic mental health setting

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To date the systematic guide for patient-focused care across the Victorian statewide forensic mental health service has been guided by the Nursing Process. In a recent study, experienced nurses from Forensicare participated in a Nominal Group Technique designed to explore the Nursing Process and Clinical Reasoning Cycle to determine the most suitable framework. Participants unanimously selected the Clinical Reasoning Cycle. There were however, some suggestions that indicated a possible need to make adaptations to enhance utility in a forensic mental health setting, as some of the prompts in the cycle were considered to be very acute-health focused, with little attention to pertinent forensic mental health factors (Maguire et al., 2022). This presentation will introduce the next phase of the research where adaptations where generated as suggested from the previous study. These adaptations were then explored in a further Nominal Group Technique with experienced senior forensic mental health nurses to reach consensus. Several focus groups were then held with a range of disciplines including the lived experience workforce exploring the cycle and the adaptations. Finally the adapted version was explored via focus groups with international forensic mental health nursing experts. Results from this study confirmed a need to make adaptations in particular the addition of prompts to consider cognitive bias, recovery-oriented practice, offending behaviour and risk issues to enhance nursing skills and practice in a forensic mental health setting. There was some reluctance from nurses to own the cycle, possibly due to issues associated with professional identity, however, the adapted Clinical Reasoning Cycle may assist nurses to highlight their unique contribution to care and assist in articulating forensic mental health nursing practice (Maguire et al., under review). Furthermore participants suggested the inclusion of the adapted version in undergraduate and postgraduate nursing education to enhance transfer of clinical skills and practice.

Poster 31

Newly graduated nurses self-rated professional competence, academic emotions and stress before, during and after participating in a hospital structured introduction course

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Background
Health care has challenges that require competent professional registered nurses, prepared for interprofessional collaboration that give possibilities to provide safe evidence-based patient care. It is recognised that stress and insecurity about competence can be linked to reductions in willingness to take responsibility, challenges to patient safety, and nurses changing workplace. This leads to nurses consider changing workplace. An introduction course was provided to newly graduated nurses at one university hospital. The course was based on core competencies and real and formal competences which included time for discussions and reflection about nurses vs. clinics expectations. Thus, to improve that nurses' meet contemporary complex care needs, situations, and willingness to remain in the profession. It is therefore of great importance to examine the effects of an introduction course.

Aim
To investigate an introduction course for newly graduate nurse's effects on their self-rated professional competence, academic emotions, and stress.

Method
Questionaries were used to investigate participant experience and attitude concerning interprofessional collaboration. A sample of 110 was invited to participate, they met eight times, were asked to fulfilled questionaries at three times and 60 completed the course.

Result
Analyses are in progress. Preliminary results indicates that the newly graduated nurses felt more confident to meet and communicate with patients, but their level of stress, 'academic awareness', 'readiness for action' and confidence in student supervision remained low.

Oral 32

Team Emergency Assessment Measure (TEAM) for assessment of non-technical skills: Validity testing in a distributed team context

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In rural areas, the leader sometimes participates in acute care situations via telemedicine. Thus, teamwork in remote areas can be more challenging than in hospitals, where all staff can be present in the same room. Training personnel to participate in geographically distributed acute care teams in safe and effective teamwork is essential for patient safety. To develop improved training strategies to prevent errors resulting from poor teamwork, we need instruments to assess team performance in distributed team settings. The objective of this study was to test the validity and reliability of TEAMTM (an instrument for assessing non-technical skills, validated in traditionally collocated settings) in distributed teams where the physician is remote and participates via telemedicine. Method Simulation-based team training sessions in which the physician was remote and participated in patient care via telemedicine. Totally 27 participants (students, and medical staff) were organised into nine three-person teams based on their experience level (beginners, intermediates, and experts). Each team participated in two scripted scenarios and training sessions were video-recorded and scored by three independent raters. Measures TEAMTM assessments were analysed for internal consistency, interrater reliability, and concurrent validity. Results Cronbach´s Alpha in TEAMTM domains leadership, teamwork, and task management were 0.94, 0.97, and 0.89, respectively. Intraclass correlation ranged for each TEAMTM domains; 0.74 (CI 0.42-8.89) for leadership, 0.92 (0.81-0.97) for teamwork, and 0.85 (CI 0.67-0.94) for task management. Variation in TEAMTM scores across the team levels of experience was significant ($p < 0.001$). No significant difference was found (minimum $p = 0.43$) depending on the cases and the team levels of expertise. A positive correlation between scores in the three domains and the 12th item (overall) was found. Conclusion Strong interrater reliability and internal consistency have been shown, indicating that TEAMTM can be used to assess team performance in a distributed team setting.

Oral 33

Performing together: Technical and Non-Technical Learning Objectives in Simulation Based Surgical Training

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The surgical skills needed in the operating room (OR) include both technical and non-technical skills [1]. Literature point to that these skills can be seen as intertwined [2]. Most research, however, investigates the skills as separable [3]. In this study we set out to explore the relationship between technical and non-technical skills in surgery.

Methods
This mixed-method study consists of a scoping review and a simulation-based intervention. First a scoping review, was conducted according to the PRISMA guidelines. PubMed, Web of Science, Embase, and Cochrane Library, were systematically searched for empirical studies on simulation based surgical training. Empirical studies addressing both technical and non-technical learning objectives in surgery were included. Second, we developed a simulated-based training intervention, targeting both technical and non-technical skills. The intervention is based on surgical team performance on animal models. Each team consists of two surgical residents and two OR nurses, who together will perform 12 procedures over the course of three days. In total, 5 teams will be recruited. Each procedure will be recorded and the technical and non-technical skills will be assessed by blinded raters using OSATS [4] and NOTTS [5].

Results
Our review identified 3144 articles and included 106 for further analysis. Only 45 of the 106 articles addressed the relationship between technical and non-technical skills. The majority of these articles found that improved non- technical skills, increased technical performance. Data collection on the intervention study is ongoing. The findings from the review will be compared to the analysis of the recorded surgical performances.

Conclusion
Included articles suggest that integration of non-technical and technical skills enhances performance and skills acquisition. We created a simulation-based intervention to investigate if a combined skills training course will enhance

performance. At the ICSC 2023 we will present our findings from 60 simulated procedures assessing both technical and non-technical skills in surgical teams.

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Workshop 34

Empathy Circles – a strategy to enhance mutual understanding and connection

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'An empathic way of being can be learned . . . the ability to be accurately empathic is something which can be developed by training' - Carl Rogers. The psychological and physiological benefits of empathic communication are well established with over 200 studies describing the positive impact of empathic interactions on peoples' psychological and physiological well-being [1]. Empathic communication, which conveys a healthcare professional's understanding of the patients' situation and responds to their needs, has been implicated as a positive factor that can significantly influence a person's health status [2]. Consequently, over recent years there has been increased focus on the quality of healthcare professionals' therapeutic communication with patients. Empathic listening is foundational to effective communication and a skill that can be learnt. This workshop will introduce participants to what is known as an 'Empathy Circle'. An Empathy Circle is a structured process that effectively supports meaningful and constructive dialogue in a non-judgmental, authentic, open and receptive way. Empathy Circles allow people to tell their stories and offer their own perspectives and, by so doing, increase mutual understanding and connection. Empathy Circles have proven to be an effective way of learning, practicing and deepening listening skills, as well as nurturing an empathic way of being. In this workshop participants will be invited to join an Empathy Circle, experience the process, and practice empathetic communication. Participants will also be provided with resources on how to facilitate their own Empathy Circles.

Workshop objectives

To increase participant's understanding of the process and purpose of Empathy Circles. To provide an experiential opportunity for attendees to participate in an Empathy Circle.To develop the skills to conduct an Empathy Circle. There are no pre-requisites for this workshop, apart from a willingness to participate meaningfully in an Empathy Circle. Attendees are limited to 20. Both facilitators are internationally recognised for their expertise in empathy education and research.

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Oral 35

Supporting healthcare practitioners to deliver positive messages for better patient outcomes

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Background
Positive provider communication has been shown to enhance communication in patient care, resulting in beneficial clinical outcomes. A review and meta-analysis of empathic communication and patients' expectations of interventions has shown that if positive messages are delivered there is a small but measurable reduction of pain and anxiety and some improvements in physical outcomes. Health related quality of life and patient satisfaction was also positively impacted.

Aim
To develop a concept map of key features and themes of positive messages to incorporate into education programs for all health professionals, designed to improve patient outcomes.

Methods
A qualitative analysis of a systematic review investigating the health effects of positive messages was undertaken. Data regarding the positive health messages were extracted from each study and analysed following the principles of thematic analysis. A concept map was developed from results.

Findings
Central to effective positive messages was: good communication skills including the use of clear language, effective listening transparency and negotiation; collaboration; and personalised information and advice. Five key features of the positive messages were identified:
1) inflict no surprises;
2) reassurance;
3) build clear illness representations;
4) highlight the patient role;
5) being a part of something bigger.

Discussion
The thematic analysis conducted enabled us to identify key features of patient and practitioner communication that are positive. The non-treatment care categories such as cognitive care and emotional care can significantly influence health outcomes across a range of interactions.

Conclusion
To implement these findings, there is a need for all healthcare practitioners, to know what the common themes of positive messages are, as well as how to deliver effective messages. Strategies to facilitate positivity can be incorporated into education programs designed to improve patient outcome in all clinical settings.

Oral 37

Adaptive expertise in workplace-based clinical skills training: The role of clinical supervision

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Background
Residents must develop knowledge, skills, and attitudes to handle a rapidly developing clinical environment [1]. To address this need, adaptive expertise has been suggested as an important framework for health professions education [2], as a means for supporting the development of clinical skills and decision-making [3]. However, research has yet to explore the relationship between workplace learning and adaptive expertise. This study sought to investigate how clinical supervision might support the development of adaptive expertise in the workplace.

Methods
The present study used a focused ethnography [4] in two emergency departments. We observed 75 supervising situations with the 27 residents resulting in 116 pages of field notes. The majority of supervision was provided by senior physicians, but also included other healthcare professionals.

Results
We found that supervision could serve two purposes: closure and discovery. Supervision aimed at discovery included practices that reflected instructional approaches said to promote adaptive expertise, such as productive struggle and metacognitive instruction. Supervision aimed at closure, included practices with instructional approaches deemed important for efficient and safe patient care, such as verifying information. Our results suggest that supervision is a shared professional practice and responsibility between the supervisor and the resident.

Conclusion
We argue that setting and aligning expectations before engaging in supervision is important. Furthermore, results demonstrated that supervision was a dynamic process, shifting between both orientations, and that it was appropriate to apply both modes of supervision in the most demanding clinical situations. Adaptive expert skills can be developed during

clinical supervision, and is dependent on the supervisor and resident working together towards that aim.

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Oral 38

The Immersion Room: How can we best use new technology to develop non-technical skills for Obstetrics and Gynaecology trainees?

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Immersive technologies are frequently used in healthcare education and our understanding of how to utilise these technologies continues to develop. The immersion room (IR) is the 1st of its kind in Scotland and allows projection of footage onto walls around learners to situate them in any environment. With audio and visual stimuli, learners interact with information presented on the walls through 'touch screen' technology. Unlike other technologies, such as virtual reality, an IR allows learners to work together as a team and undertake not only physical tasks but demonstrate non-technical skills (NTS) behaviours, immersed in a technology generated environment. This added complexity requires educators to understand how best to apply it. Team working is an integral component of NTS training. Yule et al (2006) defined NTS training in surgery and devised a taxonomy to rate behaviours and frame feedback conversations in the workplace. As 43% of adverse events in surgery were found to be due to poor communication between team members, NTS training is essential (Gawande, et al., 2003). Whilst this training is required, how we deliver this can pose a challenge. The IR provides an innovative solution to simulate the clinical space and explore how to optimise team training in busy clinical environments. A simulation was designed using local clinical footage in the immersion room to allow an inter-professional group of learners to work together in a busy Emergency Department to manage an acutely unwell gynaecology case. The simulation was researched in two ways. Firstly, the learner's feedback was sought via a questionnaire and focus groups. Secondly, the simulation was captured on video and analysed by simulation experts; the Scottish Immersive technology in Simulation Collaborative, to explore the impact the IR has on simulation design in team training scenarios. We will share the results from this research.

Oral 39

Learning across contexts: Where does interprofessional learning happen?

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Background
Collaborative health care is a skill that must be deliberately scaffolded during health professional courses through repeated instruction, modelling, and practice (Anderson et al., 2015). In recent years, Monash University established an interprofessional curriculum framework and multiple IPE initiatives have been introduced at the novice, intermediate and entry to practice levels. Some of these interprofessional activities have been formally evaluated and subsequently embedded within the curriculum (Kumar et al., 2018), with others evaluated through a quality improvement process. This research took a whole of course approach to understanding the impact of using an interprofessional framework to prepare graduates for collaborative working. This presentation focuses on one section of the results, which explored the contexts in which learning occurred.

Method
Semi-structured interviews were conducted with graduates (n=24) in their first year of practice and their clinical supervisors (n=18) across 11 health professions to explore graduate readiness for interprofessional collaborative practice. Framework analysis according to the learning outcomes was employed.

Results
Students described learning to work collaboratively in three contexts: in the classroom, during placement or clinical rotations as a student, and after graduation in the workplace. University based tasks were key to establishing foundational knowledge about the purpose and opportunities of collaborative care. However, meaningful learning commonly occurred later within clinical placements, facilitated by both dedicated learning tasks, and opportunistic participation in team interactions and practices. After graduation, workplace learning consolidated graduates' knowledge of professional roles, with new awareness of the differences in professional roles related to clinical context.

Conclusions
These findings offer insights into the value of interprofessional learning activities formally embedded within the curriculum and the importance of supported learning in the workplace as students and graduates to ensure readiness for collaborative practice.

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Oral 41

Implementing a student elective program in medical education

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Background
Electives play an important role in student learning, where students explore areas of healthcare that interest them. Elective placements usually occur overseas. However, in 2021 the disruption of COVID-19 dramatically impacted the traditional format of elective clinical placements, including both local and global mobility for students. We established an 'Elective in medical education', and sought to explore participants' perceptions and outcomes of the newly created elective.

Methods
All final year medical students (n=270) were invited to enrol in the medical education elective. Students were required to complete an extended version of the Clinical Teacher Training program (modules 1-13), with the option of completing an education project (module 14), across either 4 or 8 weeks, either part-time or full-time. Assessable activities included: preparation of a teaching plan, small group teaching, preparation of a skills teaching video, journal club presentation, and participation in discussion boards. Peer and facilitator feedback were provided. Focus group data were collected from 20 students at the end of the term. Thematic analysis was used to code and categorise data into themes.

Results
Forty-nine final year students completed this elective. Of these students, 25 completed 14 modules as a full-time elective across 4-weeks; 5 part-time across 8- weeks in combination with another elective; 19 students completed modules 1-13 only across four-weeks, in combination with another elective. Students appreciated the dedicated time period for medical education, and the flexibility of online learning. They found the activities and peer learning developed their teaching and feedback skills, and knowledge in various of topics on health, education technology, and critical appraisal. Participants felt better prepared to enter the workforce.

Conclusion
The Elective in medical education provided a dedicated time period for students to focus on new knowledge and skills. It provides opportunities to increase student interest as teachers of the future.

Oral 42

Interprofessional student-led clinic: volunteer patient experience

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Background
Learning from patients and gaining an understanding of their lived experience plays an important role in improving health professions education. However, opportunities for students to engage in interprofessional learning activities involving patients as partners remain limited. In 2018, we developed an interdisciplinary student-led clinic where people living with Parkinson's Disease voluntarily participated as 'patient-partners'. The aim of this study was to explore the patients' experience and motivation for participation.

Methods
In 2018 the clinic was implemented five times. Four patient volunteers and six to eight senior students from a mix of disciplines pharmacy, medicine, physiotherapy, occupational therapy, or speech pathology), attended each clinic. Qualitative data were collected via semi-structured focus groups with patients. Data were analysed using thematic analysis.

Results
Eleven patients participated in the focus groups. Patients felt the interprofessional nature of the clinic to be beneficial. Their interactions with students from different disciplines helped to build their healthcare knowledge and confidence to ask additional questions of health professionals. Patients felt that they offered unique perspectives to students of their own lived experiences. They found sharing their stories with students and each other built a sense of community.

Conclusion
Patients felt they enriched the learning environment, helping students to build their knowledge and skills by providing authentic patient perspectives. The interprofessional aspect enhanced the patient experience in a number of ways. Patients found the multiple perspectives of healthcare helped them to build their own knowledge, and reflect on their changing needs. Warranting further investigation, our findings indicate that participation in the clinics may have positively influenced patients' health seeking behaviours.

Oral 44

Patient safety: engaging students in interprofessional Team-based learning (TBL)

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Background
Medical errors are commonly associated with the complexity of healthcare and uncertainty of clinical decisions, indicating a need for increased training within healthcare curricula. Team-based learning (TBL) is being increasingly used as a pedagogy to deliver interprofessional education (IPE). We utilised TBL to pilot a new interprofessional patient safety module for senior health professional students: "Understanding and learning from errors", developed from the World Health Organisation Patient Safety Curriculum Guide.

Methods
Using social capital as a conceptual framework, we sought to explore participant and observer perceptions of module delivery, and student learning outcomes. Our specific research question was: How does use of TBL within the interprofessional context help to achieve student learning outcomes? Twenty seven students from pharmacy (n=11), nursing (n=8) and medicine (n=8) participated in the session. Data were collected via questionnaire, focus groups, class observation and student test scores. Quantitative data were analysed using descriptive statistics. Framework analysis was used to code qualitative data, using social capital as a conceptual framework.

Results
In total, 26/27 (96%) of participants completed the questionnaire, and 20/27 (70%) attended focus groups. The learning environment was enriched by the TBL model, enabling students to prepare, practice, problem-solve and interact with the facilitators. The TBL pedagogy and interprofessional framework enabled the development of social capital among students. There was no significant difference between the disciplines with respect to individual students' performance on the test.

Conclusions
Participation in the module has the potential to shift knowledge and attitudes towards a greater appreciation of patient safety issues, and better prepare our health professional students for the workforce. Our results indicate that the TBL pedagogy strengthened the sharing of knowledge and fostered collaboration across disciplines.

Oral 46

Ten Years of the DASH tool- Looking Backwards and Moving Forward

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Healthcare educators, while keen to improve feedback and debriefing skills, often lack peer communities or rigorous feedback processes to build skill. Time constraints and uncertainty about where to start with peer mentoring or feedback are also barriers. For the last 10 years, the debriefing assessment for simulation in healthcare, the DASH, has provided a way to address these challenges. With its guiding rubric, DASH peer feedback and rater training has nurtured small groups of peers around the globe to have feedback conversations on their debriefings. The Debriefing Assessment for Simulation in Healthcare (DASH) suite of rater evaluation tools was first published in 2011. Since then: 44 publications show how the DASH can be used in faculty development communities of practice, 1000 raters have been trained in the use of the DASH in an online course, and the DASH has been translated into 6 languages with another 4 languages are currently in translation. Building on this momentum an international community of practice is inventing new synchronous and asynchronous methods for self-and peer-guided debriefing skill improvement. Results of 9 years of course rater reliability and validity data will be presented as well as plans for a course upgrade, using new technology. The DASH Community of Practice concept will be presented.

Workshop 47

The Future of consulting: – Impact of changing practice on our cognitive load as experts and educators & insights into the novice perspective

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Objectives

1) To consider current & future impact of remote consulting & the covid pandemic on our cognitive load as clinical reasoning 'experts'

2) To consider & reflect on the insights this has provided us as clinicians & educators into the student perspective (clinical reasoning 'novices') & their clinical reasoning development

3) To analyse delegates' own experiences where this & similar transformative learning experiences could be deployed to drive effective learning

4) To recognise & describe the impact on traditional curricula structures

Dual process theory is a widely accepted model of clinical reasoning [1]: positing that as experienced clinicians, much of our clinical decision making uses swift thinking (pattern recognition). However, when patients present with symptoms/signs that "don't quite fit," we switch to the more conscious, effortful second type of thinking, which, allows us to be systematic, reflect, and think hypothetically. [2] The covid pandemic necessitated swift transition to remote consulting and a change in approach for managing patients with familiar conditions (using multimedia approaches). We were dealing with patients with covid, an illness for which we did not have an extensive bank of illness scripts. This disorientation increased our cognitive load contributing to significant fatigue. [3][4] and impacted on educator and student satisfaction. This disorientation was arguably transformative (Mezirow), encouraging critical self-reflection and recognition of the discomfort caused by such disorientation.

We will reflect on:

- the unique insight covid provided into the students' (novices) experiences who spend more time in the more tiring deliberate/Type 2 clinical reasoning and into their discomfort with similar transformative educational approaches.

- our own experiences as clinicians and educators and the impact this had on their understanding of the student perspective and in subsequent curricular developments.

The workshop will provide student perspectives (in person//remote/recordings).
Delegates will share experiences/reflections of the pandemic on their clinical reasoning/cognitive load considering areas of their own curricula which have/may be refined as a consequence.

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Poster 49

The introduction of an intensive attendance mode and scaffolded enrolment pattern to a Bachelor of Nursing program

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Background

The traditional enrolment pattern for students entering a Bachelor of Nursing (BN) program in Australia includes four subjects timetabled across each semester or session. In 2021, The University of Technology Sydney launched a new BN program with an innovative approach to timetabling. Students commenced study with two theoretical subjects, completed in an intensive mode of a four hour tutorial per week for five weeks. They then transitioned to the remaining two subjects, including a clinical subject, in a similar intensive pattern.

This approach aims to:

1.Increase the sense of belonging of students;

2. Ease the transition of students to university;

3. Bridge the practice-theory gap by introducing students to content in a foundation subject while freeing time in the corresponding clinical subject for students to apply these skills.

Methods

A survey was developed and disseminated to all students at the end of their first five weeks in the program to determine their perceptions of this approach and to seek their feedback. This include use of a validated belongingness survey. Statistical analysis was performed on the quantitative data and free- text answers were analysed using thematic analysis.

Results

A total of 140/550 students completed the survey, a response rate of 25%. The majority of students (135/140; 96%) reported that studying in an intensive mode as opposed to the traditional mode of study was a positive experience and one that enhanced their feelings of belongingness – both within the subject and Bachelor of Nursing as well as with the wider university community. This experience helped ease the transition to university life and study, as one student remarked " . . . It allowed for a smooth introduction into nursing and university in general . . . ". Students valued the links between the foundational, science and clinical subjects, including the use of the same patient stories.

Workshop 50

Oral health assessment education: Together putting the mouth into a head-to-toe assessment

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Oral health care education remains one of the most neglected aspects of health professional education across the board. This is despite oral health being fundamental for overall wellbeing. A major barrier to health professionals implementing oral care in their practice is a lack of training in how to undertake an oral health assessment, thus better ability to assess oral health will improve their clinical skills and confidence to identify clients' oral health needs. To address this need, we developed a systematic approach, called Simplified Oral Health Assessment Tool (SOHAT), that is designed to equip health professionals with the skills to confidently perform oral health assessments. Our previous research identified that SOHAT, together with onsite oral health therapist (OHT) support, was effective in increasing nursing student confidence in assessing and delivering oral health care. There are three key features of SOHAT. One is its development and use for interprofessional collaboration and education. The second is an easy-to-use oral health assessment tool developed specifically for use by nurses called Oral Health Care and Assessment Planning (OHCAP). The third is a telehealth tool, TelScope (https://hollandhealthcareinc.com/products/telscope-oral-telehealth-system/), that attaches to a mobile phone to provide intraoral illumination, along with retraction and depression of the tongue and cheeks, thus improving oral cavity visibility during oral examinations. In this workshop our interprofessional team will demonstrate our simple and effective SOHAT approach for undertaking oral health assessments using both the innovative TelScope, as well as classic tools. This practical workshop will begin with some background information about the development of SOHAT. We will then provide a brief theoretical overview of how to perform oral health assessments using OHCAP and TelScope, followed by a demonstration of these techniques. Finally, there will be an interactive, practical session in which participants will be invited to try the assessment tools and will have time to practice oral health assessments on each other, all under the direction of a registered nurse, a nurse educator, and an OHT. Our SOHAT workshop is designed to upskill non-oral health professionals, including educators and those in clinical settings, in oral care assessments, therefore it will be of interest to all who would like to learn how to incorporate effective oral health assessment into their care.

Workshop 51

An introduction to Team-based learning (TBL) for interprofessional learning activities

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Clear description of the workshop objectives: Both Team-based learning (TBL) and Interprofessional Education (IPE) have emerged as important student-centred pedagogical approaches for preparing health professions students for future practice, particularly in providing patient care in collaborative team environments. Using a flipped classroom approach, and specific steps, within an interprofessional context TBL promotes: collaborative peer learning in small groups, student accountability, and provides standardisation across large student cohorts. The facilitators have developed and implemented TBL within interprofessional contexts on various topics. The purpose of this workshop is to empower attendees to explore the relative merits of TBL, particularly in the interprofessional setting, and how these may be applied to their own medicine and health science curricula. This interactive workshop will utilise the TBL format to explore the application of readiness assurance testing, immediate feedback, clinical problem-solving, and student peer-review. This workshop will provide the tools needed to design and implement TBL within health professions curricula and interprofessional activities. Participants will gain an understanding of the application of TBL, and leave with the tools to apply best practice in the implementation of TBL, to suit the needs of their students, faculty, curriculum, and institutions. Intended audience (experience level and pre-requisites): Any individual (student, staff, faculty, dean's level) involved in health education and training may benefit from this workshop. We will facilitate an interactive workshop in TBL format, designed to share our experiences, and allow participants to discuss best practices and instructional strategies that will align with their curriculm outcomes, and promote student engagement in TBL desgined classes. Summary of the instructor's qualifications or prior experience in similar presentations: All facilitators have developed and implemented TBL within interprofessional contexts on various topics. Annette Burgess, Audrey Menezes, Antonia Clarke and Elie Matar have presented workshops on TBL at AMEE and ANZAHPE conferences. Annette has published extensively on TBL, and is a Certified Trainer-Consultant of Team-Based Learning Collaborative (TBLC). Jacqueline Bloomfield and Christie van Diggele have expertise in Interprofessional Education, leading IPE at The University of Sydney. Maximum number of participants in the proposed workshop: 60 particants. Small tables and chairs would be need for approximately 5-7 participants per table/group. The ability to project Powerpoint is also needed.

Oral 52

Understanding underperformance in a high-stakes clinical-based simulation assessment in physiotherapy: a descriptive analysis

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Objective
High-stakes assessment of professional competency is often used as a 'gate-keeper' for entry into a profession, particularly for evaluating overseas professionals. The aim of the study was to explore if there were common areas of underperformance of international physiotherapists seeking entry to the profession in Australia who were assessed with high-stakes clinical assessments, conducted in a simulated environment with standardised actor patients.

Methods
A retrospective mixed methods analysis of clinical assessments completed in a one-month period in 2021 that were deemed as not meeting competency. The clinical assessments were completed in one of the three practice areas: cardiorespiratory, musculoskeletal, or neurological rehabilitation. Each assessment was scored by two independent assessors, who come together to complete a moderated assessment form. The assessment forms used to score competency cover seven domains including from initial assessment, effective treatment, communication skills, and risk management.

Results
Fifty-one clinical assessments graded as not competent were analysed. Across the practice areas, a high failure rate was found in the domains related to interpreting assessment findings and developing a plan. This trend was similarly observed in the qualitative data suggesting candidates struggled to meet competency in areas of planning and prioritising for the specific patient, interpreting and implementing the information gathered, and selecting and evaluating effective treatments.

Conclusion
These findings aligned with published data on the underperformance of Australian physiotherapy students in clinical placement settings, suggesting these issues are not specific to high stakes assessment of overseas physiotherapists, and that education needs to focus on improving these skills within the profession at all levels. With the identified areas of underperformance aligning with the ability to use higher order thinking and skills integral to clinical reasoning, improvements in the education and implementation of clinical reasoning may be a place to start.

Roundtable Discussion 53

In-person versus online clinical assessment of physiotherapy students' clinical competency

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The Australian Physiotherapy Council conducts in-person simulated clinical competency assessments of overseas qualified physiotherapists to determine eligibility for registration in Australia. However, clinical assessments were shut down during the COVID pandemic, highlighting the need to investigate a suitable online alternative. The aim of this study was to investigate whether an Online Clinical Competency Assessment (OCCA) could distinguish between competent and non-competent performance in a sample of physiotherapy students compared to the current reference standard of assessing competency (In-person Clinical Competency Assessment or ICCA). An additional aim was to investigate the feasibility of the OCCA from the perspective of students and assessors. An initial comparative study and cross-sectional, observational study using physiotherapy students and trained assessors from Melbourne, Australia, were utilised. Students were selected as the sample to allow for initial testing of the model with a population likely to contain a variety of competency levels. Seventeen students completed an OCCA and ICCA in a randomly allocated practice area of either musculoskeletal, neurological- rehabilitation, or cardiorespiratory. Thirteen female assessors with an average of 9 years experience as an assessor were recruited. The assessment outcome of the students (pass or fail) was the same for both the OCCA and ICCA for 14/17 (82.4%). The largest difference in performance between the OCCA and ICCA related to students' skills of communication and risk management, with students performing better in these skills on the OCCA. The perceived feasibility of the OCCA compared to the ICCA was mixed. Positive views were recorded regarding feasibility in the areas of implementation, process, practicality, and resources, with concerns around adaptation and limited efficacy. The OCCA model demonstrated early comparability to the ICCA. The OCCA appeared to be feasible from the perspective of students and assessors. However, larger cohort studies are needed to confirm these findings and investigate any areas of difference.

Oral 55

Obstetric neonatal emergency simulation workshops in remote and regional South India: a qualitative evaluation

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Background
Healthcare facilities in remote locations with poor access to a referral centre have a high likelihood of healthcare workers needing to manage emergencies with limited support. Simulation-based education is an effective training method for healthcare workers to develop technical, problem-solving and interprofessional teamwork skills relevant to managing emergencies. However, clinical training opportunities to manage childbirth emergencies are scant in remote locations, especially in low- and middle-income countries. This study aimed to explore the factors that influenced healthcare workers' experiences of attending birth emergencies in remote and regional areas of South India, and the perceived impact of attending the Obstetric and Neonatal Emergency Simulation (ONE-Sim) workshop on these factors.

Methods
A qualitative descriptive study was conducted using pre-and post- workshop surveys. ONE-Sim workshops were conducted across three primary healthcare facilities in remote/regional settings in South India, using simulation equipment and immersive scenarios. Participants were interprofessional teams of medical and nursing staff and students. A total of one hundred twenty-five healthcare workers attended the workshops, with eighty-five participants completing the pre- and post- workshop surveys included in this study. Thematic analysis was applied to the free-text responses obtained in response to the surveys' open-ended questions.

Results
Participants identified their relationship with the patient, the support provided by other health professionals, gaps in knowledge and experience, and the scarcity of resources as factors that influenced their experience of birth emergencies. Following the workshops, participant learning centred on improving personal and interprofessional team performance, as well as approaching future emergencies with greater confidence.

Conclusions
Challenges experienced by healthcare workers across sites in remote and regional South India were generally around patient experience, senior health professional support and resources. The technical and interpersonal skills introduced through the ONE-Sim workshop may help to address some of these factors in practice.

Oral 56

Interprofessional Education Day: Five Health Disciplines Students Learning About, From, and With Each Other

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IPE Day is an innovative approach to teaching interprofessional education and collaboration. The nursing department at Grossmont College partners with other allied health departments on campus to plan and implement a large-scale simulation experience which now happens annually. For each event, 125-150 students from five health care professions come together to care for a patient as an interdisciplinary team. Teams are comprised of students from cardiovascular technology (CVT), occupational therapy assistant (OTA), orthopedic technology (OTC), registered nurse (RN), and respiratory therapy (RT) programs.
In addition to participating in a live patient-actor simulation, the students also work in their interdisciplinary teams to address ethical and end-of-life topics, participate in teambuilding activities, and explore the roles and skills of each discipline. The objectives of the experience focus on 1) Values/Ethics of Interprofessional Practice, 2) Roles/ Responsibilities, 3) Interprofessional Communication, and 4) Teamwork. The objectives are based on the Core Competencies for Interprofessional Collaborative Practice developed by the Interprofessional Education Collaborative (2016). The enthusiasm surrounding this project has been infectious, so this presentation promises to share information on the planning steps used to create an innovative project like this. Organizational pearls, example simulation scenarios with tips for standardization, and data showing the success of this project will also be included. The SPICE-R2 survey measures professions students' perceptions of interprofessional education and interprofessional collaborative practice before and after IPE Day. The ten questions are organized into three domains, interprofessional teamwork and team-based practice, roles and responsibilities for collaborative practice, and patient outcomes from collaborative practice. Statistically significant differences between pre-surveys and post- surveys have been found in all categories, five years running.

Oral 58

Let's talk about fun in IPE

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Background
Despite IPE being incorporated into preregistration courses, not all IPE is effective. More information is needed about the links between educational theory, interprofessional interventions, and learner outcomes to optimize the design of these multi-faceted programs. A good understanding of what educational approaches work for whom, and why this is so, could help optimize the design of IPE. In turn, programs incorporating these educational approaches could promote interprofessional collaboration and teamwork, reduce healthcare errors and improve patient outcomes.

Method
A realist evaluation of IPE for senior medical and nursing students was undertaken. Realism is a theory-driven research method that focuses on understanding causation, including how mechanisms function in various social contexts to facilitate outcomes. Initial program theories were drawn from social identity theory and contact theory. Quantitative survey data (n=2136) using the validated ICCAS and qualitative interview data (n=14) were synthesised to develop a refined program theory to explain, what works, for whom, in what circumstances, and why?

Results
Multiple mechanisms promoted learning such as; interdependence, embodiment, insight and application, scaffolding, challenging, give and receive feedback, role clarification, rapport development, participant reflection and observation. One novel finding was that purposefully incorporating fun into IPE programs can optimise the effectiveness of IPE by reducing student apprehension interacting with another profession. This functioned to increase rapport and improve relationships and therefore facilitating learning through the creation of a safe learning environment. An understanding of the role of fun in interprofessional programs will enable educational designers to enhance student learning outcomes and memory of their IPE experience. Examples of the learning design and delivery will be shared.

Conclusions
Interprofessional interventions incorporating fun and these specific learning design features seem likely to enhance the impact of IPE, thus making the best use of limited institutional resources and student time.

Poster 59

Advancing undergraduate nursing skills through QR codes and videos

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Undergraduate nursing aims to prepare students for clinical practice via fundamental clinical skills teaching. Traditionally, skills are taught through face-to-face classroom sessions and clinical laboratory practice. This teaching can however be perceived as didactic, with students wanting more student-centred active learning. Moreover, increasing nursing student enrolments and limited accessibility to appropriate teaching space has provided a catalyst for the re-design of clinical skill education. The use of video in learning clinical skills is considered beneficial by students, with mobile devices in nursing education providing student familiarity and ease of use, along with improvements in the confidence and knowledge of skill learning. With this understanding, nursing academics at the University of Tasmania began providing students clinical skill education through short skill demonstration and equipment explanation videos; with videos delivered in class via QR codes that could be accessed by the students on their mobile devices. The highlighted benefits of using clinical skill videos via QR codes, along with their development, application, practical uses, and future plans will form the basis of the clinical skills poster presentation. Whilst still in its infancy, anecdotal reports from students and staff confirm the value of this approach and the usefulness in having easily retrievable, contemporary resources that are specific to their university. Basic video analytics further supports the use of the videos delivered via QR code. Following an increased roll out of the QR code delivered clinical videos, research is planned to evaluate the use of and student experience with using this teaching innovation.

Poster 60

Adolescent Trafficking: Implementation of an Interprofessional Education (IPE) Program for Medical Professionals

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Background
Human trafficking (HT), is an epidemic affecting 2.4 million people globally and disproportionately affects vulnerable populations, including Indigenous women and children. Despite studies showing that up to 88% of physicians have encountered a trafficked individual[1], HT education is often ignored in health care curriculums[2]. As such, most medical professionals are ill-equipped to engage with this population. We are proposing an HT interprofessional education (IPE) course that will provide tools and training to help physicians identify and intervene in HT cases. IPE, which fosters collaboration amongst 2 or more types of professionals, is invaluable to healthcare education, and studies showing improvement in patient satisfaction, teamwork, and error rates. Therefore, an IPE course on HT should improve medical professional's knowledge of HT and assist with intervention.

Intervention
The IPE will include best practice guidelines, using simulation-based teaching combined with case studies to improve the professional's understanding of HT cases[1,3]. We conducted a literature synthesis to determine:
1) critical topics and interdisciplinary professionals including HT survivors to conduct the course.
2) effective educational tools for educating trainees about HT. We identified five domains necessary to ensure effective care of trafficked individuals, and these will be included in the training:
1) screening for potential HT patients,
2) partnership with allied healthcare professionals
3) intersectionality with marginalized groups, including indigenous peoples and LGBTQ2S+
4) psychological impacts and stigma, 5) legal intersectionality.

Evaluation of IPE course
Using simulation in case studies to evaluate participants' understanding and identification of HT cases.

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Poster 61

Simulation Based Mastery Learning (SBML); A novel approach to airway training for novice anaesthetists

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Airway management is a key component in the provision of safe anaesthesia. The traditional 'apprenticeship' approach provides variable and inconsistent training for novice anaesthetists, and the need for a more structured approach has been recognised.1 Simulation Based Mastery Learning (SBML) for teaching practical procedures has a strong evidence base.2 A SBML training package was discussed pre-pandemic but 'fast-tracked' in May to July of 2020 in response to reduced clinical exposure for trainees. It includes five core components of airway management; pre-oxygenation, bag- mask-ventilation, supraglottic airway devices, intubation, extubation and emergency front of neck airway. In August 2020, ten novice anaesthetists (Group A) underwent the training. They were given comprehensive written information and a video demonstration of each skill. Clinical skills sessions allowed practice on equipment and manikins, with specific feedback provided by senior anaesthetists. A questionnaire using the five-point Likert scale evaluated their knowledge and understanding before and after training. The questionnaire also collected feedback from trainees in their second year of training (Group B), who had experienced traditional clinical teaching. Consultant feedback was collected to assess perceived differences between groups. Post-course feedback from Group A demonstrated improved knowledge (mean 2.4) and confidence (mean 2.24) in all core components. Group B feedback showed a smaller improvement; knowledge (mean 1.81) and confidence (mean 2.14). Consultants surveyed (8 respondents); all recognised improvement in knowledge, understanding and confidence, 86% agreed/strongly agreed Group A were more prepared for airway management than previous cohorts of trainees. These differences did not reach statistical significance. Trainee and consultant feedback indicates benefit to the SBML method; improvement in knowledge and confidence experienced by trainees, despite reduced clinical exposure enforced by COVID-19 restrictions. The programme is endorsed by the Royal College of Anaesthetists and Difficult Airway Society (DAS), and hosted on the DAS website.3 This approach has much wider application.

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Roundtable Discussion Group 62

Post-Covid Educational Seismology – how can we future proof our curricular "houses" whilst keeping them open and inclusive?

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At the 2019 International Clinical Skills Conference our round table discussion asked how we "future proof" students. If only we had asked how we future proof our teaching!! None of us saw the pandemic coming, but . . . "The past is behind us unless we fail to learn from it." – L.M.Fields
This RTD will explore how we can strengthen our curricular "houses" before the next pandemic occurs. As adversity prompts adaptation, we will explore changes to curricula and their delivery experienced by attendees because of Covid-19. We will also explore risk of divergence between our changing curricula and our students, whose inclusion in education is now less predictable. Facilitators will then encourage delegates to consider what "innovations" we need to keep for the future, and which ones we need to throw away. Discussion will also seek additional strategies we might adopt to make our respective curricula more resilient in the face of the next educational "earthquake" to come along.

RTD will explore
Future-proofing of curricula against pandemics yet to come. What Schools of Healthcare and other organisations: have done, will continue to do, and might want to introduce in the future . . . to help make their curricula more resilient.

Intended audience
All levels of experience would be welcome, but some experience of curriculum modification would be an advantage.

Summary of prior experience
Simon is a practicing GP for 30 years, is a Deputy Head and Professor in Medical Education at Leicester Medical School. Active in undergraduate and postgraduate healthcare education, he is Editor-in-Chief of Education for Primary Care. Interests include reflection, professionalism, clinical reasoning and skills development.
Lucy is a GP and MB BS Programme Director and Professor in Medical Education at Hull York Medical School. Her MD in Medical Education from Dundee looked at reflection in patient safety training for medical students. Her interests include human factors, clinical reasoning and skills development. Andy is a GP and an Associate Professor at the University of Auckland. He moved to NZ in 2001 to set up the Auckland Clinical Skills Centre, following an initial academic career in UK general practice. He has been Director of Assessment, Deputy Head and Head of the medical programme. His educational interests are in skills, professionalism, assessment and learning. He has an eclectic mix of publications in health professional education and primary care. He's an Associate Editor for FoHPE (Focus on Health Professional Education), the journal of ANZAHPE.

Oral 65

Enhancing Clinical Skills Training in Physical Therapy Education Using a Distributed Education Model

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Distributed health professions education is increasingly being implemented and has been shown to increase recruitment and retention in underserved areas, but physical therapy (PT) programs have not expanded their model of training at the same pace as medical programs. Currently, in Canada, only two PT programs have implemented distributed education. The extent of practical clinical skills training required in PT differs significantly from medical education hence requiring innovation and adaptation. We describe the model used to enhance clinical skills education in the distributed PT program at the Faculty of Medicine of the University of British Columbia. The infrastructure includes skills labs at three sites connected via videoconference on an internet backbone. The rooms are equipped with pairs of large screens that display live videos of the lead instructor and teaching slides. Each skills lab has microphones in several zones for the learners to interact with other learners across all sites and with the lead instructor, and cameras that highlight the speaker on all large screens. Finally, mobile demonstration and document cameras are used to project close-up images. The clinical skills labs are led by a lead instructor supported at each site by clinical skills assistants (CSAs), who are physical therapists working clinically in the area. The ratio of students to CSA ratio averages 12 students to one CSA across all sites. Finally, Site Leads oversee the distribution at each site with support from an admin team in the organization of equipment and rooms for each lab. The model also includes an invisible team of technology assistants that support the video connection. This model of distributed PT education has shown early indicators of success in student academic learning and preparation for clinical education. Evaluation continues regarding clinical practice, recruitment and retention in underserved areas.

Oral 67

Integrating Interprofessional Education into the Core Clinical Skills/Labs for Health Professions Students

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In the distributed Health Care Professional (HCP) programs of the Faculty of Medicine, University of British Columbia in the rural area of Northern British Columbia, interprofessional education (IPE) has found its place in soft skills such as professionalism, conflict resolution, HC ethics, and communication skills, but not in core clinical skills/labs. The objective of this project is to explore the feasibility and students' perceptions of integrating IPE into core clinic skills/labs in the curricula, which has not been explored in our context.

Methods
A meeting between 3 faculty members (Physical Therapy (PT), Medical and Nursing Program), who designed and executed the IPE activities in the previous year, was convened. IP sessions were designed around ambulatory aid training for PT and Nursing students and Gross Anatomy labs for PT and Medical Students. Post IPE sessions students were given the Readiness for Interprofessional Learning Scale survey to complete. Students who volunteered would also be asked to participate in the focus groups to explore perceptions and experiences. A structured SWOC (Strengths, Weaknesses, Opportunities, Challenges) framework will be used to facilitate the discussion. Data from the focus groups will be analyzed qualitatively and identified points will be categorized into each SWOC category.

Results
The faculty meeting showed that the implementation of IPE into the different curricula is a major undertaking with several challenges that require invested time to overcome. The survey results highlight the importance of incorporating IPE into the HC curricula of the different HC professionals (collaborative practice, teamwork, trust). Focus group meeting organization is in progress.

Conclusion
Though implementation of IPE clinical skills across different HCP education can be challenging to start, it offers great benefits for future HC professionals and their communities. Identifying shared clinical skills competencies domains is the first important step to implementation.

Oral 68

Are the Arts effective for enhancing healthcare students' empathy skills: Findings from a systematic review

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Empathy is a required attribute for all healthcare professionals and integral to quality patient care. Indeed, there are over 200 studies that demonstrate the positive impact of empathic interactions on patients' psychological and physiological wellbeing [1]. However, a body of research indicates that a generalised lack of empathy pervades many healthcare environments, with reports describing patient experiences that too often portray indifference, neglect, callousness and cruelty [2]. In response to these issues, there has been growing recognition of the need to ensure that healthcare students graduate with the requisite empathy skills to provide safe and effective care. Consequently, the need to develop learners' empathy skills has received increasing attention in healthcare education [3]. A proliferation of educational resources focused on the Arts has emerged to enhance healthcare students empathy levels, however there is limited evidence of their effectiveness. To address this issue, we conducted a mixed methods systematic review to explore the impact of the Arts for teaching empathy.
The research questions framing the review were:
1. How are The Arts utilised to enhance healthcare students' empathy skills?
2. How effective is use of the Arts as a strategy to enhance healthcare students' empathy skills?
3. What are the key features of Arts programs in healthcare education that are used to enhance students' empathy? Thirty studies were included in the review, with participants being predominantly nursing and medical students. Arts interventions included visual arts, literature, drama, creative writing and, film, photography, digital story-telling, music and dance. This presentation will outline the key findings from the review including evidence of effectiveness of the various Arts interventions. Examples from the Arts will be used throughout the presentation to illustrate key findings.

Oral 70

Build it and they will come! Encouraging Students to Conduct Procedural Skills in the Workplace

Carmel Tepper, Kirsty Forrest
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The final two years of Bond University Medical Program is a clinical immersion where students rotate through a variety of clinical opportunities; hospitals, general practices and community healthcare providers, engaging with patients in active learning in all healthcare settings. Evidence of their clinical skills development is supported by completion of multiple workplace-based assessment each placement, including procedural skills. To encourage students to actively seek out and conduct procedures on patients and to evidence their skills competency, a multi-year plan was devised. In conjunction with medical stakeholders, a suite of five core procedures were determined to be most useful for intern-readiness. In 2018, students were required to evidence at least one incidence of conducting each of these skills on patients, observed by a supervising clinician who provided feedback on their skills technique and gave a global 'entrustment' rating. The variety of skills to be conducted was increased year-on-year in consultation with stakeholders. In 2022, students were required to conduct a minimum of 14 skills theory modules and 8 procedures on patients in the clinical setting, across a 2-year period, receiving real-time feedback from observing clinicians via mobile-enhanced assessment technology. Data will be shared to show how, year on year, students have successfully completed and evidenced their growing procedural skills activity, with 947 incidences of procedural skills activity being conducted on patients by 121 final year medical students across 2021-2022. Key to the success of this program is requiring students to evidence their procedural skills activity, giving clear expectations of completion requirements, increasing the timeframe for completion to support student choice in which procedure they conduct when they feel ready, and the use of mobile-enhanced assessment technology.

Oral 71

The role of hospitals in developing work skills for young people with disability

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Participating in the paid workforce is important for income and security, and is intrinsically linked to a person's wellbeing, standard of living and autonomy (Romualdez et al., 2020). Hiring people with disability can increase a company's profitability and improve workplace culture, yet internationally, employment rates remain low amongst youth with disability. The Victorian Government in Australia set a target for disability employment across all Government departments as 12% by 2025. To achieve this many organisations, including health care settings, developed disability action plans. These aimed to identify and remove barriers to create an accessible and inclusive environment for people with disability. In 2018, we partnered with a large children's hospital in Melbourne to implement a supported employment scheme. This focused on the development of students' employment skills in a professional workplace. Hospitals were the best place for this program because of the diversity of opportunities. Students accessed personal on-the job placement support and received employment coaching from a specialised Disability Employment Service. Students were placed in a range of departments within the hospital, for example, the Central Sterile Supply Department, the Allied health hydrotherapy pool, Medical Records, Support Services, Human Resources, and an Early Learning Centre. Students identified the program as having a significant impact on the development of their confidence, initiative, maturity, trust, reliability and independence. The program also resulted in positive employment outcomes (Kiegaldie et al., 2022). The program drove the agenda to create the Hospital's Disability Action Plan. This was focused on promoting an inclusive workplace culture and the participation of people with disability throughout the employment cycle. It demonstrated an inclusive and holistic health services capable of meeting the diverse needs of patients and their families with disability (Royal Children's Hospital, 2022). The program is in its 5th year at the children's hospital and has now been extended to other organisations in Melbourne, including a large adult hospital.

Oral 73

Pain Assessment Practices in the Intensive Care Setting: A Cross-sectional Survey

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Background
There is a compelling evidence pain assessment in intensive care is suboptimal; a substantial gap exists between guidelines and clinical practices which has implications on patient outcomes.

Aims
This study explored intensive care nurses' pain assessment practices to suggest recommendations relevant to education and training regarding this clinical skill.

Methods
A cross-sectional survey was piloted then advertised on the Australian College of Nursing website to collect quantitative and qualitative data.

Questions were organised into five sections:

(a) demographics

(b) training and governance

(c) clinical practice

(d) knowledge

(e) attitudes

Quantitative data was analysed non-parametrically while narrative responses were analysed utilising inductive content analysis.

Results
The 92 completed surveys showed 58.7% employed behaviour observation tools. Respondents acknowledged using analgesia to complete nursing tasks (49, 53.3%) and perceived the need to administer more opiate analgesia when patients' physiologic parameters were elevated (n=48, 52.1). The first line pharmacologic agent to treat pain was subject to doctor's preference (n=63, 68.5%). Half the respondents administered non-opioid medications first then opioids (n=42, 45.7%) and reacted by bolusing sedatives when patient was agitated (n=50,54.3%). There was no statistically significant difference in participants' knowledge although participants from major tertiary hospitals had a slightly higher knowledge mean rank. Spearman's rank correlation assessed the relationship between a) knowledge scores and years of ICU experience, b) knowledge scores and hours of practice and revealed weak positive correlation r= [0.081], p= [0.441]and weak negative correlation r=[-0.119], p=[0.260] respectively. Lack of training, paucity of policies, patient acuity,

access to funding and casual employment were acknowledged barriers. Doctors were the major decision makers and pain management skills diverged from evidence for practice.

Conclusion
The results highlight the importance of training and education, governance, policy implementation and nurse empowerment to ensure pain assessment skills are optimised and prioritised.

Poster 74

Innovative addition of portable ultrasound to aid medical student jugular venous pressure teaching

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Please note that this electronic poster can be presented with only the data collected in the pilot study in 2022, but it is also a work in progress; we may have additional data to present. We plan to gather data in Jan 2023 to directly compare the addition of the USS teaching aid to standard teaching, to answer the question, 'does the portable ultrasound teaching aid enhance the JVP teaching?'.

Introduction
Identification of the jugular veins and clinical measurement of the jugular venous pressure (JVP) can be challenging (Kearney et al., 2022). Competency in identification of anatomical landmarks is important in physical examination (Sugand et al., 2010). Ultrasound (USS) is widely available, inexpensive and can be learned by a novice to demonstrate anatomical landmarks (Lipton, 2000). This pilot study examined a novel use of USS as an aid to medical student clinical skills JVP teaching. It explored efficacy, student-reported acceptability, and staff-reported feasibility.

Methods
The ultrasound probe was operated by tutors to confirm the location of the internal jugular vein (IJV). Dynamic features, including compressibility and filling were demonstrated. Data was gathered in January 2022 using two questionnaires:
1. Student-reported levels of satisfaction and confidence that learning outcomes were met.
2. Staff-reported feasibility and effectiveness.

Results
Students reported high satisfaction and were confident that learning outcomes were met.
Staff reported good feasibility and effectiveness.

Conclusion
The addition of USS IJV identification to conventional clinical skills JVP teaching was feasible, acceptable, effective, and learning outcomes were achieved. A future control group study will assess if the addition of USS enhances teaching compared to standard.

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Oral 75

From the Ground up- Designing a comprehensive integrated Clinical and Communication Skills Course for a new graduate entry Medical Degree

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The author has lead a team to design, deliver and evaluate a comprehensive, fully integrated course in clinical and communication skills for a new graduate entry medical degree. This presentation describes the scholarly underpinning, the design process, the creation of content and delivery and evaluation of the programme, as well as useful lessons learned. Clinical skills courses now play a key curricular role in the training and development of most healthcare professionals, training both novice healthcare professionals, as well as those extending and advancing skills. Many courses have emerged in a way that has often been driven by constraints of location, facilities and staff budgets, rather than a pedagogy-driven approach. This has often had the unintended consequence of reductionism and fragmentation of clinical consultation skills. Another unintended consequence is that some skills are side-lined as only relevant to certain contexts such as primary care/family medicine or palliative care. This presentation demonstrates that a pedagogy -driven approach can create integrated and comprehensive curriculum which avoids stereotyping and reductionism, resulting in high skills acquisition, high student satisfaction and improved staff satisfaction. The integrated design will be explored, with practical tips on achieving integration, even in existing programme frameworks. Participants will be encouraged to consider this design process presentation to reflect on their own contexts; the primary ethos of the course, the likely workplace context of graduates, and alignment with other elements of their programme. Participants will be encouraged to consider the explicit and hidden curricula and what intended and unintended consequences could emerge from the design. This will be relevant for systematic, CBL or PBL based curricula and for a wide range o healthcare professions clinical educators.

Oral 78

A unified student, staff and faculty approach to the creation of IPE-4-IPCP (Interprofessional Education for Interprofessional Collaborative Practice) online learning modules

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Complex clinical environments require healthcare professionals to work both autonomously and collaboratively. Although tertiary education providers are committed to preparing health graduates to work in multidisciplinary teams, education is generally delivered within a specific discipline. In addition, education faculty require skills to conduct IPE and foster IPCP in the workplace. This multi- methods project aimed to accelerate IPE and IPCP across the intersectoral partner organisations (University of the Sunshine Coast, TAFE, Griffith University and Sunshine Coast Hospital and Health Service) of the Sunshine Coast Health Institute (SCHI). Concurrent projects have resulted in a SCHI Model of IPE and highlighted the need for a unified, consistent approach to faculty development. However, within each partner organisation, the level of sophistication of IPE varies and few staff have the training and skills to facilitate IPE. In response, we have developed a suite of IPE-4-IPCP online learning modules, informed by four scoping reviews conducted to establish evidence for best practice. The first IPE-4-IPCP module provides an overview of IPE and IPCP to establish a common IPCP competency framework and is intended for all staff and students of the SCHI partners. Four subsequent IPE-4-IPCP modules are focused on development of IPE expertise for those staff with teaching roles (whether formal or informal) and address the IPE domains of design, implementation, assessment and evaluation. The content validity of the five IPE-4-IPCP modules has been assessed using adapted response scales and three participant groups; an expert panel group, health care staff group and health education faculty group. These results have informed further refinement of these modules. Development of cross-sectoral interprofessional education is demanding, particularly in an intersectoral partnership. This presentation will provide a realist account of the highlights, challenges and opportunities in the development of IPE-4-IPCP modules across an intersectoral partnership.

Oral 79

Paramedic and medical student's experiences and perceptions of interprofessional communications skills workshops: a qualitative study

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Introduction
Communication is a core clinical skill embedded in every healthcare interaction. Interprofessional communication is a key domain of interprofessional education (IPE) and interprofessional collaborative practice (IPCP). IPE occurs when "students from two or more professions learn about, from and with each other"(1). IPE can assist students to transition into healthcare workplaces with the knowledge, skills and ability to function within multi-professional teams.

Aims
The aims of the study were to understand the discipline-specific student experience and perceptions of IPE communication workshops.

Methods
Qualitative. First-year students enrolled in a post-graduate entry medical degree attending compulsory communication skills workshops, and third-year students enrolled in a Bachelor of Paramedicine that participated in a series of simulated communication skills workshops were eligible to participate in the study. Data collection was via discipline-specific focus groups and analysed using inductive thematic analysis.

Results
Five medical students and five paramedic students took part in the project. Six themes emerged: patient-centred care; perceptions of one's own and each other's professions; communication; patient assessment; learning, and; scope of practice. Participants described overcoming pre-conceived ideas about the other profession, building skills and confidence by observing and interacting with the other profession and te importance of recognising the other professions strengths to facilitate effective patient-centred care.

Discussion
IPE workshops centred around communication with standardised patients were an effective way to increase student confidence and understanding of the styles, roles and abilities of other professions. Students focussed on how the lessons learned from these IPE activities could inform future healthcare delivery and IPCP.

Reference
(1) World Health Organization. Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: WHO 2010.

Round Table Discussion Group 80

To be or not to be (present), that is the question

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Practical classes and skills labs where students learn, practise, and demonstrate key professional and technical skills are essential to health professional education. These classes are regarded as an important means by which students acquire key competencies, often before they progress to the clinical setting. As such, attendance at practical classes has historically been mandated and, in some cases, attendance is a "hurdle" requirement in subjects where practical classes are a core part of the teaching. In some cases, students who fail to meet attendance requirements are required to 'make up' this time resulting in an additional burden for both student and academics. We need to be sure that attendance hurdle requirements at practical skills classes are based in pedagogy, with students and evidence at the centre of this approach. This roundtable will pose 4 key questions related to practical class attendance hurdles/mandates:

Q1. What are your current experiences, beliefs, and attitudes about practical class attendance hurdles/mandates? Participants will be asked to discuss their experiences, beliefs and attitudes about attendance hurdles in the development of technical and professional skills. This question will be supported by anonymous real-time online polling.

Q2. Why do we have attendance hurdles in skills-based teaching? This question will build on responses given in question 1, asking participants to consider more deeply the origins and basis for their experiences, attitudes, and beliefs. Are attendance hurdles for practical classes based in sound pedagogy or are they an ingrained paternalistic, and hierarchical approach to learning?

Q3. Do attendance hurdles represent a student centric and inclusive approach to learning? Participants will be asked to consider the student population who balance demands of study, life and work as well as the motivation that drives their learning and attendance.

Q4. Can technical and professional skills be taught without mandatory attendance in practical classes? Changes in technology, access to digital skills libraries and the ways students learn and engage with content suggest that there are multiple ways to acquire competency of required professional and technical skills. Participants will be asked to consider if an alternative model(s) to attendance-driven

practical sessions is feasible and to propose what would be needed to make it successful. Questions will be asked sequentially, and participants will be given discussion time for each question which will be followed by a facilitated group discussion and supported with current evidence. *Roundtable objectives/audience/facilitator experience available, not added here.*

Workshop 81

Embedding electronic prescribing into undergraduate curricula and assessment

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Workshop host:
Kurt Wilson, Professor of Medical Education at University of Manchester (UoM) & Chair of the Assessment Board for the UK Prescribing Safety Assessment (PSA - see prescribingsafetyassessment.ac.uk), with UoM medical school prescribing and medicines safety team: Hiten Mitha & Jodie Tyrrell (Senior Lecturers), Ellen Haslam & James Mallon (Clinical Teaching Fellows). The PSA is a high stakes exam, delivered as a two-hour online assessment and sat by all final year undergraduates (5000+ students/year) across all UK medical schools. The PSA platform is also used for local teaching at UoM and in undergraduate examinations held across Europe and Australia. This workshop is highly relevant to all delegates involved in undergraduate teaching related therapeutics, medicines prescribing and safety, competent use of drug information and preparation for practice in 21st century healthcare.

Background
Competent prescribing is a key skill for newly qualified doctors. The extensive use of electronic prescribing systems (EPS) throughout primary and secondary care settings means that all undergraduate medical students need to learn with and alongside such technology, rather than through the creation and review of handwritten practice prescriptions. Introduction of EPS into undergraduate education has several advantages beyond exposure to technology encountered in professional practice; EPS can be designed for medical education rather than direct clinical care. EPS for education can facilitate formative and summative assessment of student prescribing practice and progress, automatic marking of student prescriptions produced in assessments, delivery of questions through embedding of the EPS within University Virtual Learning Environments, and opportunities for remote learning and tailored feedback. The PSA platform addresses these course requirements at UoM.

Workshop outline
Participants will hear how UoM has integrated electronic prescribing into teaching, learning and assessment within the undergraduate medical course and explore how to achieve this at their institution. They will gain hands on experience of the PSA platform to create educational content and assessment, using laptops or mobile devices for live access and demonstration during the session. Workshop hosts will help participants review

some platform content already in use for medical undergraduates at UoM. Participants will have the opportunity to design clinical case vignettes, devise associated question and answer banks, and learn how to manage and embed content for feedback, formative and summative assessment. Content created during the workshop will be shared with all participants with opportunity for peer review, feedback and discussion. Question sharing within and across institutions will be discussed. Up to 40 participants may attend.

Oral 82

Beyond 3rd-Person Personal Pronouns: Reworking grammatical Subject-Object language in written healthcare communication

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Background
Language choice in healthcare communication is integral and fundamental to ensuring safe, effective, person-centred, and holistic care. Moreover, awareness of, and sensitivity regarding, diverse gender identities when providing health care is seen as essential in affirming dignity and maintaining respect for persons. Particularly, failure to affirm gender identities of transgender and non-gender-conforming community members may hamper attempts to adequately provide care, and may also lead to greater harms to individuals and to society. Some people are worried about using incorrect or potentially offensive third-person personal pronouns (TPPPs) or gendered language, whereas initiating conversations about gender identity and pronouns can sometimes seem awkward and disruptive to the natural flow of interactions. Additionally, asking individuals about pronoun preferences 'singles-out' transgender or gender-non-conforming individuals, since cisgendered individuals would be less likely to want this asked or clarified.

Methods
An innovation trialled in our clinical practice to mitigate against the incorrect use of gendered language and TPPPs was to remove TPPPs from all written communication. This would reduce the risk of misgendering individuals, and potentially change attitudes and the way we think about those in our care. Going beyond using gender- neutral TPPPs (They/Them/Their) to use first-person collective pronouns (We/Us/Our) changed our advocacy from "advocating for" to an "advocating with" approach. Sometimes, the structure of sentences needed to change to avoid the need for TPPPs and more substantive grammar change was necessary.

Findings
With practice and increasing familiarity, we noticed that community members took up a more grammatical 'subject' rather than "object" status in written communication, leading to more person-centredness overall. This demonstrates an example of when sensitivity to the needs of marginalised and diverse members of our communities can often lead to benefits for all of us, regardless of where we sit in the wide arrays of those diversities.

Poster 84

Clinician of the Week – helping students and staff confront Imposter syndrome through highlighting hidden figures in history of medicine

John Frain, Justice Mundy
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Background

"I just can't see myself, in Medicine" - a common feeling among medical students but particularly those from minority groups (1). Up to half of students experience imposter syndrome during training (2-3). It is a risk factor for burnout and underachievement. Feelings of imposter syndrome intersect with under-representation in teaching and content resource, bias, and exclusion (4). Methodology To improve representation in our Clinical Skills teaching, we identified figures from the history of medicine particularly doctors from minority ethnic, women, LGBTQ+ and disabled groups – 85 people in all. An individual is celebrated at each session highlighting barriers overcome, achievements and contribution to healthcare. Many have intersecting marginalised identities. All provide excellent role models for us.

Results and discussion

We discuss how we identified these individuals and possible pitfalls and controversies to be considered in highlighting the achievements of these figures. The initiative has contributed to improving inclusion in our teaching and been educational for staff.We have surveyed student feedback: "I had never seen positive examples of doctors who looked like me. This list of people was incredibly vindicating for me"A QR code will provide access to a presentation of our Clinicians of the Week.

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Oral 85

Benchmarking 'adequate professionalism' at different stages of undergraduate clinical training: perspectives of medical students and clinicians

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Introduction

The assessment of professionalism forms an important component of undergraduate medical student clinical attachments. However, the definition of 'adequate professionalism' remains vague, and the waypoints through the transition from 'novice' to 'fully qualified professional' are unclear. This study explores medical students' and clinicians' perceptions of what constitutes 'adequate professionalism' at different stages of undergraduate clinical training. This enables more granular benchmarking of professionalism during undergraduate training and supports students in their professional development journey.

Method

A cohort of undergraduate medical students and (separately) a cohort of clinicians are being asked to benchmark adequate professionalism at different stages of clinical training. This is achieved using a series of vignettes containing detailed descriptions of behaviours and characteristics, and under a number of key domains highlighted in the literature. Participants' responses will be distilled to consensus using a Delphi approach.

Discussion

This is a work in progress. The study is currently pending Ethical approval. We anticipate having a full dataset at the point of presentation. The findings will inform adaptations to how professionalism is assessed in our medical student cohort during their clinical placements. With time, this will enable the provision of more detailed student feedback and enhanced opportunities to support students on their professional development.

Poster 86

Developing educational materials to facilitate professionalism teaching during clinical attachments

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Introduction
Professionalism is a core component of most UK medical school undergraduate curricula. Our local faculty development process has identified a need for additional teaching materials to support this aim. This paper describes a strategy for developing such educational resources.

Methods
A multifaceted approach to teaching material development was utilised. Topics were identified from the literature and through faculty development workshops. We designed a series of fact sheets, podcasts and modular teaching packages to suit a range of teaching styles and educational scenarios.

Results/Discussion
Three initial topics were identified: consent, capacity and confidentiality. Fact sheets were designed summarising key information drawing upon published literature and regulatory guidance. These were distributed electronically and physical copies posted around learning environments. Podcasts discussing the practical elements of each topic were recorded. Tutorial packages relevant to each topic have been created and clinical teaching fellows briefed on their use.

Conclusion
Together these measures have allowed professionalism teaching in the existing clinical attachments. We plan further evaluation of these benefits in terms of student knowledge acquisition and tutor confidence in their use.

Poster 87

The Clinical Active Bystander: Developing a peer-assisted audiovisual resource to help medical students tackle discrimination in healthcare environments

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Background
Annually, there is a 0.1% chance of an in-hospital cardiac arrest (1) but a 13% incidence of discrimination in the NHS in 2020. While students receive Basic Life Support training to deal with the former, training on practical ways to challenge discrimination doesn't exist in the UK at present. In Good Medical Practice, the General Medical Council identifies challenging discrimination as a key issue for doctors. Discrimination in healthcare includes job-based hierarchies, difficulties interfering with the doctor/patient relationship and unique discrimination within healthcare such as refusal of medication. Active bystander training has good evidence underpinning it and is used globally as an approach. Much centres on either racist or sexual/gender-based abuse(3). The 5Ds model is one model of active bystander training (4).

Methods
We piloted an audio-visual resource demonstrating the 5Ds of being an active bystander. These include: Direct, Delegate, Delay, Distract and Document. This resource was created by medical students with staff support. We filmed scenarios demonstrating these techniques being used in a variety of clinical settings and for different forms of discrimination. Following Ethics committee approval, in September 2022 we offered students in all years of the Graduate Entry programme at the University of Nottingham access to the resource.Anonymised feedback is being sought via MS Forms on ease of use and educational impact of the pilot resource. Respondents are invited to participate in a focus group to develop the resource further for wider use and to discuss perceived barriers to being an active bystander. Focus group data is being collected by audio recording and 'mind maps' following informed consent by the participants. Analysis will be facilitated by NVivo 12.

Results
Our presentation will include themes and sub-themes identified from the survey and focus

group, and strategies for future development including barriers to active bystanding.

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Workshop 89

Being an active bystander - idealistic or delusional?

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Background
The BMA Charter on Racial Harassment asks us to be 'Active Bystanders' when we encounter discrimination (BMA, 2020). The 5Ds approach is one model and is effective in the training of medical students (York, 2021). There is a clear need for active bystanding particularly on behalf of minority groups. Students welcome this training. However, while we can identify discrimination, we are less confident about being active. This reflects human nature but also the culture of healthcare which seemingly penalises those who speak out. We worry understandably about the consequences of speaking out. A recent UK survey of doctors showed that 42% of those who experienced or witnessed sexism chose not to act (BMA, 2021). Trainees worry about addressing issues due to impacts it might have on career progression. Cases such as Marjan Jahangiri, a UK Professor of Cardiac Surgery, who spoke up about patient safety and was sacked, discourage our junior colleagues from speaking out. (BMJ 2019).Clearly, challenging discrimination is essential in safeguarding patients and staff well-being. We need to be confident our students feel enabled to do so without themselves then being victimised.

Discussion objectives
Following an introduction, we will spend 15 minutes discussing questions based on the following objectives: Are we correct to encourage student and junior clinicians to speak out? Why do sometimes lack 'courage' to speak out? Are there negative outcomes to being an active bystander? Can they be overcome? Do the benefits outweigh the problems? Should we simply tell them to keep quiet and put up with it?

Previous experience
John Frain is GEM Director of Clinical Skills and Co-editor of ABC of Equality, Diversity, and Inclusion in Healthcare (2023). Anna Frain leads on EDI for the Derby Speciality Training Scheme for General Practice. Nicholas Miller, Final Year Medical Student, is author of an online Clinical Active Bystander Resource

Intended audience
Clinicians, students, and teachers.

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Poster 91

Evaluation of Utility of WardWatch Software for Management of Clinical Teaching Sessions

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Background
Autonomous learning for medical students has been shown to positively impact student wellbeing, retention of 1,2,3,4 information and patient outcomes scheduling application which allows students to choose clinical sessions whilst on placement. The aims of this study were to evaluate WardWatch from the perspective of students and staff.

Methods
Comparative study with two groups of students and staff, one utilising WardWatch and the other traditional timetabling. Both groups were invited to complete a questionnaire, a log of educational sessions and a focus group.

Results
There were 8 students for the student WardWatch group and 1 for the traditional timetabling group. There were 2 respondents for the staff WardWatch group and 1 for the traditional timetabling group. Students utilising WardWatch appreciated the flexibility and autonomy to choose based on their interests. Numerous technical issues arose for both staff and students.

Conclusions
There is scope for tools such as WardWatch, to encourage student autonomy. WardWatch may be a useful method of tracking number of students to clinical sessions available. Overall students expressed interest in autonomy to create their own timetable. This was a small pilot study and there may be benefit of a larger scale study to re-assess the role of the WardWatch application.

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Oral 92

Usability and quality improvement of a clinical skills smartphone app based on medical student (end-user) feedback

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Background
Simulation of clinical skills prior to clinical practise is a safe educational method. Once in the clinical environment recalling the equipment/steps required may be challenging. To address this, a clinical skills smartphone application (app) resource was developed. The app includes photos/checklists of required equipment, plus training videos, of how to perform procedures in the local clinical environment.

Methods
The app was released in 2018 and 4th year medical students (≈100/year) are asked to download it. They are surveyed for app usage and feedback at the end of each academic year using a standardised free-text survey, analysed using manifest content analysis and reported as range (not year order) or change (between years).

Results
App downloads increased from 43% to 93% by 2021. Feedback across academic years reported the app as being: easy (range: 33-37%), convenient (range: 20-34%), quick (range: 11-22%), concise (range: 9-23%), with a simple interface (range: 12-19%). Up to 41% considered the app a good reference guide. There was a reduction over time (2018-2021) in reported benefits of equipment photos (change: 29%-13%) and checklists (change: 39%-28%) once videos were introduced (2019), with their benefit increasing (change: 21%-45%) in the corresponding years. Suggestions of adding video voice-overs (range: 2-4%) were counter-acted by the preference of no audio (up to 23%) as it enabled use on the wards. App improvement suggestions were more videos/procedures (up to 63%), with specific requests for catheterisation (17%), injections (14%), sensitive exams (7%), and oxygen therapy (4%).

Conclusion
Benefits of this clinical skills app have changed over time in line with the iterative design process, with user feedback informing sequential changes. Over time, the higher download numbers, and requests for additional content, suggest it is increasingly being utilised as a learning tool to supplement clinical skills teaching. This may reflect reduced exposure to real patients on whom they can practise procedures and upskill.

Oral 94

Flat Michael – how theory and practice can be enhanced

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Background
The ability to assess a Glasgow Coma Scale (GCS) score is a skill that medical students and health care practitioners require. Medical students were introduced to GCS via a case in SGL/PBL with the associated learning outcome to be achieved via self-directed learning. The PBL case did not provide a GCS score and the level of discussion about scoring is not known. It is known that understanding is built from basic foundations, which did not appear to be well supported here.

Problem/Purpose
Empirical data from studies conducted both nationally and internationally has revealed that newly graduated doctors are inadequately prepared for the complexities of clinical practice. GCS is a universally recognized and fundamental skill necessary for the assessment of the neurological status or conscious level.

Methods
This study aimed to improve the knowledge and skills of preclinical students, utilizing scenarios with an authentic focus to capture engagement in learning, fostering a sense of achievement. Reusable learning objects were employed in the 30-minute scenario. Sixteen cards provided clinical context requiring students in a game-based setting to assess, score, document, and communicate the three aspects of GCS and translate into practice. Students rotated roles within each new scenario facilitating learning.

Results
Students gained skills and understanding in determining a GCS facilitated in this rich and dynamic learning environment that can be transferable to other clinical settings. This study highlighted the need to improve the SGL strategy for comprehending clinical situations. It provides a clear direction on how it can be achieved, translating theory to practice. Preclinical years spent mainly on campus can prove difficult in acquiring the necessary clinical knowledge and skills. We present our experience of implementing 'Flat Michael' designed to complement existing SGL opportunities in the simulated clinical environment.

Take-home message
SGL needs to be reinforced with context for the application and use of GCS scoring.

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Oral 95

Translational simulation to improve massive transfusion in a quaternary obstetric hospital using failure mode effect analysis

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Summary
Massive transfusion is a rare but serious occurrence in obstetric anaesthesia, occurring about 10-20 times per year in large hospitals (>10,000 births per annum). Our organisation implemented a new electronic medical record (EMR) with substantial changes to the way blood transfusion was administered in the operating theatre and wards, including three separate workflows for prescribing and administering blood.

Methods
We used in situ simulation and failure mode effect analysis to identify latent safety threats, with member checking by clinicians.

Results
We identified multiple areas for improvement and implemented multimodal strategies to improve practice. We performed a second simulation 24 months later to evaluate impact of these strategies.

Conclusion
We describe the input, process and output we used in this translational simulation exercise and the outcomes for massive transfusion in a quaternary obstetric hospital.

Oral 96

Intercultural clinical communication through translanguaging: interdisciplinary and critical approaches for medical education

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Healthcare communication should be tailored to the needs, understandings, and socio-historical contexts of communities that healthcare professionals serve, including culturally and linguistically diverse (CALD) communities. However, intercultural communication holds a tenuous space in many medical courses. For example, approaches to teaching interpreter-mediated communication tend to focus on behavioural aspects, without taking account of CALD communities' languaging preferences (Li et al., 2017). Education for intercultural healthcare often fails to draw on the multilingual resources already present within the student cohort. This paper reports on a research project which fosters dynamic languaging practices embedded in socio-historical contexts (translanguaging) as part of interpreter-mediated communication skills. The findings inform the pedagogy of a new Discovery subject in the Melbourne MD - Language and Communication for Inclusive Healthcare.

Methods
Informed by a translanguaging in medical education framework (Prada & Woodward-Kron, submitted), we designed an intervention utilising peer learning with volunteer medical students with some knowledge of Mandarin and Master of Interpreting and Translation students at the University of Melbourne. Role-played interpreter-mediated student-patient interactions were video-recorded and used as stimulated recall to explore student experiences of the pedagogy, learning, and interactional discourse patterns. Discourse and thematic analyses were used.

Results
Preliminary findings suggest three broad areas: Translanguaging: building interactional language repertoires in English and Mandarin, and co-construction of the interpreter mediated interaction, Conceptual: relationship-centred care, and ethical practices, Schematic: discourse structure of interdisciplinary healthcare encounters, negotiated interactions, and IPEP peer- learning dynamics.

Discussion
While the current intervention is aimed at students with knowledge of Mandarin, the preliminary findings show implications for broader interprofessional learning with the health professional student cohort. The more critical approach from the humanities framework can foster a rethinking of the intersection between medical education and ideologies, language and cultural practices to foster more humanistic, inclusive and realistic communication and learning.

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Poster 97

Mask Ed Simulation- thinking differently to cater for classroom and online teaching

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Problem
In recent times internationally nurse academics have had to rethink the design of teaching strategies to cater for lockdowns, student and academic isolation and restrictions to face-to-face classroom settings due to the Covid 19 pandemic. The design of realistic and engaging simulation activities has been significantly challenged due to the need for teaching via online learning platforms.

What was done
To maintain student participation, five tertiary providers across the globe worked together to design various simulation activities teaching with the Mask Ed simulation modality.

Mask Ed simulation involves the nurse educator transforming into a character using silicone props. The knowledgeable character becomes the platform for teaching. Each institute reported students responding in positive ways, with students feeling the realistic characters were a part of their learning journey during Covid times.

Why the work is important
Mask Ed simulation has gained momentum over the past 10 years, however in more recent times due to lockdowns, its use in face-to-face classrooms has been challenged. The pandemic facilitated a new way of thinking about its use and application. As a result, the application of Mask Ed simulation is broader than originally thought. It is a teaching technique that has been shown to realistic and engaging for students in both face-to-face and online contexts.

Workshop 98

Finding realism and student engagement in simulation in an online platform

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Introduction
In recent times nurse academics across the world have learnt to design teaching strategies to cater for lockdowns, student isolation and restrictions in face-to-face classroom settings due to the Covid 19 pandemic. The design of simulation activities has been especially challenged with the loss of realism due to an online environment. To maintain student participation, five tertiary providers across the globe worked together to design simulation activities using the Mask Ed technique to engage students in an online context and maintain active participation with realistic simulations.

Aim
This workshop aims to provide participants with an overview of Mask Ed simulation and its breadth of differing teaching and assessment techniques and for participants to work with facilitators to identify the applicability in their own programs. Workshop

Objectives
At the completion of this workshop participants will; Gain an understanding of the Mask Ed technique. Gain an awareness of the different applications of Mask Ed during a pandemic. Describe the value of narrative storytelling and connection to engage participation with Mask Ed simulation. Identify opportunities for integration of Mask Ed simulation in both online and face to face context in their own programmes.

Intended Audience
This workshop is suitable for educators in health-related disciplines who are required to use simulation in both online and face to face contexts. There is no pre-experience required.

Prerequisite
An interest in tertiary academic teaching.
A willingness to explore Mask Ed simulation as part of their teaching and assessment repertoire.
An open mind Number of participants- Because there will potentially be five facilitators, the numbers for the workshop could be 50.

Conclusion
The Mask Ed simulation technique continues to gain momentum since its inception, in more recent times its use in face-to-face classrooms has been challenged. For some however the pandemic

facilitated a new way of thinking about its use and application. This workshop provides participants with possibilities that Mask Ed simulation holds for engaging and connecting with content for use in their own programmes.

Workshop 99

Learning together: A Peer Coaching Exercise for Clinical Educators

Melanie Forbes
Bond University, Gold Coast, QLD, Australia

Intended audience and number of participants
Clinical educators from medical or nursing background. All experience levels welcome. The session will divide participants into groups of 4-6 per small group. The facilitator will guide participants to work through the activities in small groups. Each group will work through a set of peer coaching exercises where they will discuss topics relevant to small group teaching. Participants will have an an opportunity to connect and share their experiences as clinical educators in a collective learning process. The aim is to improve their understanding of small group dynamics, understand their role as a small group facilitator and explore effective questioning and feedback strategies. The workshop is also designed to build relationships and support networks for future learning.

Specific Workshop Outcomes include
Modelling and practicing a healthy small group learning experience; Employing diverse educational experiences as a resource for collective learning; Reflecting on how these experiences could be used in our own context; Building relationships and networks for future collaboration. This will be achieved by exploring strategies to:
1. Keep the group safe by creating a positive learning environment and understanding the role of a facilitator.
2. Keep the group working by exploring effective questioning in medical education and feedback strategies. This workshop models the practices of facilitating a safe small group learning environment by using: Ice breaker / introductions; Agreeing on a group contract; Assigning roles; Encouraging all group members to participate actively; Maintaining a respectful conversation and testing ideas to learn from each other; Reflecting on the experience and considering how we might do things differently in future. This session will link into the Conference Theme, 'Together' and be directly relevant for supporting excellence in teaching and learning skills as well as interprofessional collaboration in clinical skills education and practice.

Materials & Equipment
The following materials will be required to complete this lesson: Peer coaching booklets (supplied by presenter); Pre reading (can be done online prior to the session); Whiteboard and markers; PowerPoint presentation facilities.

Reference Materials
Robbins, P. (1991). How to plan and implement a peer coaching program. Association for Supervision and Curriculum Development.

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Poster 101

Moving away from mannequins: Simulating 'on-call' as part of final preparations for practice

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On-call shifts are challenging areas of transition for newly qualified doctors, causing significant anxiety. A standardised simulated on-call session for all final year students was provided at all four campuses within Manchester Medical School as part of preparations for practice. Each campus had previously piloted a variety of smaller scale sessions. The simulated on-call was designed to incorporate elements of locally piloted work that had performed well. Key aims were to increase confidence and promote safe working by enhancing understanding of the role of a Foundation doctor, including recognition of limitations, knowing when to escalate care and how to access help from seniors and the multidisciplinary team. Simulation ran over a half a day including pre-brief and debrief. Students received handover of patients to prioritise and were called in pairs to a series of commonly encountered on-call scenarios, including a patient who had fallen, fluid balance review, a confused patient, post-operative pain management, verification of death and discussion with relatives. This allowed students to practise time management, answer calls, prioritise tasks, give handover, and practice teamworking skills during their clinical assessment and formulation of management plans for patients. Details of the workshop and evaluation findings are presented in the poster.

Oral 102

Development of a standardised, international, universal course for airway assistants

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"Airway Management: Beyond BASIC" is an advanced airway course for doctors working in Critical Care areas. It is one of a number of BASIC courses developed by the Chinese University of Hong Kong. Over the last decade, this two-day course has been run in 15 countries and four continents. Nevertheless, there is an increasing awareness that airway management is a 'team sport' [1]. The original course does not address the education of the airway assistant (usually a nurse). They have a unique role in preparing, planning, anticipating problems and troubleshooting when they arise. In most airway incidents there is an element of failure in non- technical skills. The main focus of the Beyond BASIC airway (nurses) course is to develop expertise in communication, rescue techniques and decision making. A one-day course was developed and trialled in Melbourne based on the structure of the parent course. The teaching faculty includes Critical Care Liaison Nurses, Anaesthetists and Intensivists covering situation awareness, decision making in a crisis and graded assertiveness predominantly using video simulations and real-life case studies. Hands-on skill stations in rescue techniques are included to empower the airway assistant to prompt, and call for help in an airway crisis. Feedback has been uniformly positive for all aspects of the course. Future development will explore how to integrate the two courses to maximise both uniprofessional and interprofessional learning.

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Oral 104

A leadership programme for postgraduate medical trainees

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The importance of strong clinical leadership in healthcare organisations cannot be understated, but opportunities for authentic leadership training can be lacking in busy clinical environments. Senior doctors in training in NHS Scotland, including those appointed to leadership roles designated as 'chief residents', are invited to attend four training days across the academic year. These are broadly themed as:

1) Leadership and Management in NHS Scotland,

2) Safety and Adverse Events,

3) Clinical Governance and Implementing Change,

4) Preparing for the Future.

Each session features invited guest speakers, group discussion and workshop components. A diverse faculty including senior academics, clinicians and NHS managers introduce a range of academic content and practical examples of leadership in action. Candidates are challenged to work with their local management teams to pursue mutually beneficial quality improvement projects and develop business cases to overcome local challenges. Approximately 100 senior trainees from across NHS Scotland have participated in the programme over the last 6 years. Attendance has increased year on year, and widespread participation was partly aided by the adoption of an online format during the recent pandemic. Participant feedback is almost universally positive, with negative comments mostly relating to occasional technical issues with the online platform. Project work arising from the programme has included 'staff wellbeing' sessions, rota management initiatives, junior doctors' mess improvement. In addition, participants from the last two programme cohorts have each been inspired to submit manuscripts about their experiences of leadership training to peer-reviewed journals. The only cost of the programme are the nominal staff time of the faculty and delegates. The programme thus provides an inexpensive, authentic and effective means of clinical leadership training for junior doctors.

Poster 105

The power of IPL simulation: Development of an in-situ, fully immersive MDT simulation programme within a Trauma Unit

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Aberdeen Royal Infirmary is a Major Trauma Centre, providing both tertiary care for complex trauma patients from across the North of Scotland, and immediate care of local patients with various Orthopaedic injuries. A large proportion of these patients present with hip fractures on a background of significant frailty. As such, acute Orthogeriatric care is essential in the perioperative period and beyond. We developed a fortnightly IPL simulation programme, incorporating low-frequency, high-acuity topics. These include Orthopaedic issues such as compartment syndrome, and also acute medical simulations, consolidation sessions on use of key equipment (e.g., hoists), and difficult communication encounters with patients and families. Sessions occur on the ward, with participants acting as they would clinically, all working together within the scenario. Medical, nursing and AHP staff and students are all included, in their 'normal' clinical roles. Feedback has been overwhelmingly positive from both participants and facilitators. Candidates have commented on how useful they find the in-situ nature and team-based approach – 'everyone can learn from everyone'. We plan to continue this indefinitely on a rolling basis, with a bank of well-planned scenarios available through ongoing development throughout this year. There have been significant challenges, which we wish to share to aid other departments in setting up this invaluable learning environment for our staff.

Workshop 106

Intended Learning Outcomes as a function of psychological safety in simulation: Dry? perhaps, but like a fine wine!

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United Kingdom

Attendees will explore intended learning outcomes (ILOs) as a fundamental component of psychological safety for successful healthcare simulation. We are passionate about framing ILOs as the cornerstone of the design of simulation. We believe in setting an appropriate challenge level for learners, ensuring constructive alignment, and therefore explicitly sharing ILOs as a core element of the simulation pre-brief as a requirement for psychological safety. However, in our experience of working internationally with healthcare simulation educators, the approach to the construction and sharing of ILOs with learners prior to simulation activities seems to vary considerably from being overtly detailed to deceptively vague. Recent debates challenge the myth that shrouding information in simulation and introducing surprises to learners enhances learning [1] and that deception can be a positive feature of simulation design [2]. We respect and wish to add to these discussions by affirming that clarity about ILOs is pivotal in simulation design and delivery, to promote effective learning and psychological safety. We propose that insightful appreciation of the appropriate challenge point for learners [3] is key to the construction and transparency of ILOs in simulation and, therefore, the learner's experience of simulation.

The objectives for this workshop are to

1. Discuss the participants experiences and practice of construction of ILOs for simulation.

2. Explore the potential impact of ILOs on simulation experiences for learners.

3. Develop a consensus for best practice in designing ILOs for simulation.

The intended audience, number of participants
Any health and social care staff involved in or intending to design and deliver SBE, and at any level of experience to stimulate debate. We will anticipate supporting the proposed number of 40 participants. The Instructor Qualifications and experience - Neil Harrison - MBChB, MMed - Director of the Clinical Skills Centre has extensive experience of healthcare simulation. Steven Lewis - MBChB - GP and Clinical Skills Teaching Fellow. Susan Somerville - RGN, PhD - Lecturer in Medical Education is Simulation Lead with the Centre for Medical Education.

References
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Oral 107

Orthopaedic Clinical Simulation- Meeting the Needs of Different Groups

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Simulation in orthopaedics has previously focused on key operative skills, rather than on the clinical skills required to manage pre- and post-theatre orthopaedic emergencies. This project focuses on orthopaedic simulation in undergraduate and postgraduate learners. To prepare doctors and students for foundation training, it is essential that they are able to recognise and manage emergency scenarios. Throughout the recent pandemic, both of these groups have been restricted in their ability to receive face-to-face training experiences. Simulation can be used to bridge the gap between available clinical experiences and learning needs. We developed two one-day intensive courses at NHS Lanarkshire Medical Education and Training centre. The undergraduate course, with learning outcomes aligned to the Glasgow University curriculum and the postgraduate course, with outcomes aligned to the UK Foundation Program Curriculum (2021). The day consists of short lectures and practical skills, including joint aspiration and backslab application, followed by immersive simulation scenarios. Scenarios are debriefed by experienced facilitators, using the ALOBA method. All candidates are sent feedback questionnaires electronically at course completion. Learners assessed the courses using Likert scales and blank space questions. Both were rated highly in terms of usefulness and quality of teaching. Feedback indicated that both groups felt stretched, but not unduly challenged with the course, despite using the same simulation scenarios. This is an innovative simulation programme, which addresses a gap in the orthopaedic learning experience. The use of the same learning materials across different trainee groups, with good feedback, demonstrates their versatility. The fact that the Foundation trainees and medical students felt similar levels of challenge within these scenarios may reflect a lack of orthopaedic experience among Foundation doctors or could represent the "unconscious incompetence" frequently seen in students. Further research is needed to evaluate the impact of this course on post- covid learner groups including Orthopaedic ANPs.

Poster 108

Preparing undergraduate healthcare students for the use of electronic health records: a systematic review

Fatima Nadeem, Ellen Haslam, Kurt Wilson, Angela Davies
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Aim
Electronic Health Records (EHRs) are replacing handwritten notes in digital healthcare environments. Despite this, undergraduate healthcare curricula lack formal teaching to develop skills required to use EHRs effectively and ensure a safe and effective transition from classroom-based learning to clinical practice. This review describes and evaluates the impact of interventions used to teach EHR skills to medical, nursing, pharmacy and midwifery students.

Methods
Five databases were searched and publications included if undergraduate teaching interventions aimed at developing skills related to use of EHRs were described. Search limitations excluded articles published prior to 2011 and papers without full-text or not in English. Two independent reviewers found 27 articles meeting inclusion criteria. Ongoing review using thematic analysis in NviVo and PRISMA guidelines will report findings.

Results
Review so far has identified reports of commercially available EHR platforms used in teaching. Interventions include independent modules on EHRs and EHRs integrated into consultation skills teaching or into case-based discussions. Key themes already identified include improved confidence in information retrieval/inputting and perceived preparedness for practice. Some studies have also demonstrated an improvement in communication skills after incorporating EHRs into simulated consultation environments. The findings of this study will inform future endeavors at incorporating EHR education into the undergraduate healthcare curricula to equip students with the skills essential for clinical practice.

Oral 109

Clinical Sensemaking: Advancing a conceptual learning model of clinical reasoning

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[2]Karolinska Institute, Stockholm, Stockholm, Sweden
[3]Uppsala Universitet, Uppsala, Uppsala, Sweden

Introduction
Clinical reasoning research has traditionally strived to elucidate the complex cognitive machinery involved in the reasoning processes of physicians. There is a growing appreciation however that the cognitive processes can not and should not be studied in isolation without taking into consideration the wider clinical context they occur. In this study we embrace a interpretational epistemological standpoint. We study clinical reasoning as an act of interpreting a clinical situation whereby the medical practitioner attempts to make sense of a what is happening with the patient and how this could be appropriately managed. In our previous study, the results of which were presented in Prato 2019, we proposed a conceptual learning model of clinical reasoning.

Aim
The present study builds on this work and aims to advance the model further. Our work aims in particular to examine the medical students' sensemaking process in patient-encounters.

Method
In our previous study we employed grounded theory to develop a conceptual learning model of clinical reasoning. A total of 23 medical students in their 3rd academic year were recruited. Qualitative data was gathered from semi structured interviews, participant observations and field interviews, during clinical clerkships. The current study builds on this work and involves a secondary analysis of the empirical data and findings from our previous study.

Results and Conclusions
Central to the students sensemaking activity is the activity of framing the problem whereby a student transforms the unarticulated experience of a clinical situation into a medical problem. This is accomplished by discerning the essential situational elements and weaving them into a meaningful and potentially manageable problem. Students experience considerable tensions during their sensemaking activity in their efforts to identify which elements are significant, how these can be linked together into explanatory relationships as well as which should be discarded as noise.

Roundtable Discussion Group 110

When, where and how should we assess professionalism in undergraduate medical education?

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While historically most undergraduate medical students learnt about 'professionalism' from the hidden curriculum, nowadays 'professionalism' is a core component of most formal UK medical school curricula. Its importance is increasingly acknowledged in the literature and underscored by its inclusion in the forthcoming 'UK medical licensing assessment'. Although there is no single definition of professionalism, most authors consider it an amalgamation of behaviours, attributes and adherence to standards: *the manner in which medicine is practiced by a virtuous individual.* Despite these positive connotations, in reality professionalism teaching often focuses on 'avoiding unprofessional behaviour'. Similarly, assessments of professionalism often take the form of global rating scales about student conduct, while more granular techniques are reserved for logging 'professionalism lapses' and more technical curricular topics. As professionalism moves increasingly into the formal curriculum it becomes important to consider how it might be comprehensively assessed, and indeed what the nature, timing and purpose of this assessment should be. In previous work we have explored how professionalism is learned and how it might be taught in the undergraduate medical education context. In this roundtable discussion we will address the issues of when, where and how professionalism might be assessed. Are there specific topics that lend themselves towards traditional (didactic) teaching and (written) examinations? Can we adequately gauge students' ability to demonstrate professionalism in a checkpoint examinations or coursework, or are more longitudinal strategies required? At a strategic level can we define what constitutes 'adequate professionalism' at different stages of training, or is it simply enough for students to meet a set of standards by the conclusion of training? Are carrot or stick approaches best, or are blended strategies more fruitful? And what is the ultimate purpose in assessing undergraduate professionalism: to support the achievement of a given standard by graduation, or to prevent students encountering difficulties later in their careers? This discussion will inform the redesign of assessment processes, faculty

development planning, and inspire research question development. It will interest colleagues concerned with undergraduate assessment, professionalism and fitness to practise. The lead facilitator is Director of Professionalism for a UK medical school, chairs the UK Council of Educators of Medical Professionalism, and has extensive experience speaking at major national and international events. The co-facilitators are experienced medical educators from varied clinical backgrounds, who participate in an active professionalism academic workstream.

Poster 111

Teleconsultation Clinics: A Method to Preserve Medical Student Clinical Experience during Covid-19

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Introduction

The Covid-19 pandemic led to a rapid transition in the delivery of outpatient consultations on an international scale. In Scotland, UK, traditional face to face outpatient consultations were rapidly reinstated as teleconsultations. Local medical education leads incorporated these remote access clinics into the senior medical student clinical placements. A qualitative study was undertaken to ascertain how medical students valued the experience of outpatient teleconsultations in comparison to face-to-face consultations during the pandemic.

Methods

Data was collected through online surveys emailed to all medical students attending clinical placements utilising teleconsultations. Surveys were advertised as voluntary and anonymised. Students were asked to compare face-to-face consultations attended with video consultations and telephone consultations. Thematic and statistical analysis was performed on the collected data. Results: 100% (n=46) of students attending face to face consultations agreed that this style of consultation enabled learning, with 69.2% (n=13) of students attending video consultations and 57.1% (n=14) of students attending telephone consultations valuing the learning from these styles of consultations. Qualitative analysis revealed that there were plentiful learning opportunities in virtual consultations; students mentioned development and observation of non-technical skills, improving history taking and acquiring knowledge of different medical conditions. Factors were highlighted that maximised student learning, including discussing clinical cases seen with senior clinicians to scaffold learning and active involvement in the consultation. IT difficulties frequently hindered learning.

Discussion

In this National Health Service Health Board, teleconsultation was an effective learning environment for medical students during the coronavirus pandemic, and enabled student exposure to real patients during periods of lockdown and social distancing. As telehealth use continues to expand in healthcare, this study is optimistic that student involvement in such

teleconsultations is a useful method to support student learning and provide access to clinical exposure which is becoming increasingly limited with annually increasing medical student numbers.

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Workshop 112

Inclusion in Clinical Reasoning – who and what are we overlooking?

Magdy Abdalla[1,2], John Frain[1], Anna Frain[1]
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Objectives
Understanding the role of medical education in preparing doctors to practice in a diverse world. Understand where inclusion is essential in a clinical reasoning curriculum. Understand how addressing bias in clinical reasoning improves outcomes for marginalised groups. Consider how inclusion in clinical reasoning can improve the experience of women, ethnic and LGBTQ+ patients.

Background
The UK Clinical Reasoning Consensus Statement identifies five domains – clinical reasoning concepts, history and examination, diagnostic tests, problem management and shared decision making (1). The Manchester Clinical Reasoning Tool emphasizes 'Who?' at the outset (2) This requires engagement with the patient's individual, cultural and socioeconomic context. 'Who?' is relevant also to management and shared decision making. Medical education has a responsibility to prepare future doctors for medicine in a diverse world. Healthcare professionals who recognise the impact of sociocultural factors on diverse patients' health experiences, including diagnosis and management, have improved patient–doctor interactions, impacting positively on patient health outcomes and reducing health disparities. There is a lack of cohesion in the development and delivery of cultural diversity teaching in medical schools (3). Inclusion should be embedded across the curriculum (4). Given all patients deserve diagnosis and management, inclusion should be particularly embedded in clinical reasoning education.

Aims
We will address specifically. Faculty development. Effects of bias and cultural stereotyping on diagnostic accuracy and management. Effect of knowledge gaps and inaccurate assumptions about marginalised groups. Developing inclusive case studies for teaching. Accounting for the 'Who?' in diagnosis and shared decision making. We will consider how bias and discrimination impacts diagnosis and decision-making in women, ethnic minorities, and LGBTQ+ patients by exploring evidence for inclusive clinical reasoning in these three areas and how to create valid resources.

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Roundtable 113

Women in Healthcare: Why is there still a gender gap for clinicians, academics, and patients?

Anna Frain, Olivia O'Connell, John Frain
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Background
Women represent more than 70% of the global healthcare workforce yet occupy less than 25% of senior healthcare leadership positions. Historically female clinicians, academics and patients have been less prominent in research (Cleghorn, 2021), with health outcomes for female patients in some diseases, for example heart disease, being worse for female patients (Maas, 2021). In the UK, Sexism is experienced by 91% of female Medical Students, (BMJ, 2021). Ten per cent of midwives experience sexual harassment at work (Ford 2019). The Chartered Society of Physiotherapy have developed an 'Equality and Diversity Toolkit' acknowledging the need for risk assessment with reference to the menopause and perimenopause.How can we bridge the gap? With 42% of doctors witnessing or experiencing an issue relating to sexism in medicine choosing not to act (BMA 2021), can we improve the experience of women in healthcare including patients? Some of our medical students entering their Clinical phases in 2022 have already experienced sexism and felt unable to act. Why is this the case? We wish to discuss these issues with our international and interprofessional colleagues, and start to develop a strategy for teaching students, ourselves, and senior colleagues about why a gender gap exists in healthcare and it impacts both patients and professionals? What can we say to students – of all gender identities and sexual orientations – to facilitate their understanding of how this leaves us all poorer? Can we enable junior clinicians to overcome sexism, sexual harassment, bias in leadership and research? Topic guide In 2023, why do significant problems still exist? Are there interprofessional or international differences?Are current senior clinicians and academics to blame? Should female patients, clinicians and academics just accept this situation and not try to change it? How could we develop our interprofessional teaching to try to bridge the gap? Would a top down (teaching the teachers and clinicians) as well as bottom up (teaching the students) curriculum help and how could we approach this?

Experience
Anna and Olivia are authors of 'Women in Healthcare' a chapter in the ABC of Equality, Diversity and Inclusion in Healthcare (2023)

edited by John Frain. Audience Clinicians, Teachers, and Students.

References
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Poster 114

Evaluating methods of clinical procedural skills training of medical students: a systematic review

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Background
Procedural skills are a core competency requirement by governing organizations to be achieved by graduation (e.g., Australian Medical Council., 2010). Competency in healthcare has become a priority for achieving the goals of quality and safety in patient care delivery (Mitchell et al., 2017). Currently, there is limited data available and insufficient evidence regarding the best approach to ensure medical students achieve competence in requisite clinical and procedural skills to permit them to practice safely and competently within the clinical environment. Despite this growing body of work, there is no systematic review of this literature. The aim of this review was to systematically evaluate the evidence for teaching and assessment methods and maintenance of competency of procedural skills in medical curricula. The selected principles were training for competency in procedural skills in medical curricula (i.e., medical students in training, either pre-clinical or clinical years) MethodsSix electronic literature databases were systematically searched for eligible studies using predefined keywords. Included studies were evaluated on their risk of bias with MERSQI and MMAT tools.

Results
From 3830 articles, title/abstract screening was performed with 2685 following deduplication. 2160 were excluded leaving 510 assessed for full-text eligibility. A total of 112 studies were selected for data extraction. Resuscitation studies comprised 65% of the total. There were 48 studies with clinical students. Maintenance of competency was reported in 64 studies of between 1 and 104 weeks. Four studies reported competency teaching in more than one procedure, the remainder were for one procedure.

Conclusions
The majority of procedural training is in the undergraduate period and provides results that indicated the teaching and assessment was effective, however common structure/s that educators can identify the procedural competencies required at all stages of training with a learning strategy to achieve these competencies, track the progress of individual students was not yet identified.

Oral 115

How does intensive simulation experiences influence final year nursing student perceptions of their ability to provide care in acute situations: an embedded mixed methods design

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Aim
To examine the influence of intensive simulation experiences on students perceptions to provide care in acute situations.

Background
Evidence indicates that recognition and response to patient change can be challenging in nursing practice and especially for undergraduate students (1). Additionally, COVID19 in Victoria, Australia in 2020 interrupted the preparation of undergraduate nursing students with only critical face-to-face clinical skill education sessions undertaken and many clinical placements postponed. It is suggested that intensive clinical skills practice can enhance clinical skills, confidence and time management (2). However, little is known about the value of these intensive experiences on the perceived ability of nursing students to provide care in acute situations.

Methods
An embedded mixed methods design was employed with a quasi-experimental repeated pre-post design using the Perception to Care in Acute Situations (PCAS) scale (3) and qualitative focus groups. The intensive intervention comprised 4 hours of technical skills simulation and 2 hours of immersive simulation. Data were analysed using descriptive and inferential statistics and inductive thematic analysis.

Results
From 130 final year nursing student who participated in the simulation activities, 73 responses to the survey were obtained. Fifty-four responses from student before the simulation activities and 19 responses after. Notable shifts in the student perceptions of their abilities to provide care in acute situations were noted both negative and positive. Three focus groups were conducted with five themes recognised in the qualitative data including interrupted preparation, COVID-19, factors that promoted learning, student outcomes and recommendations.

Conclusion
COVID-19 interrupted student preparation for clinical placement. Participation in simulation activities enables student to develop student reflect on their current competence and develop realistic insights into the perceived capabilities and opportunities for reflection to make connections.

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Oral 116

Don't tell me what's wrong, teach me what works: A positive approach to understanding empathic encounters with healthcare professionals

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Background
"People will forget what you said, people will forget what you did, but people will never forget how you made them feel" (Maya Angelou). Empathic encounters can be powerful, both for consumers and for healthcare professionals. Feeling seen, heard and understood through empathic encounters has a positive impact on healthcare consumers' physical and emotional wellbeing (Burkhartzmeyer, et al., 2021). Although, researchers have explored positive and negative examples of empathic encounters, making suggestions on what works and what doesn't, consumers' experiences of what denotes a person-centred and positive empathic encounter are rarely described.

Aim
The aim of this presentation is to profile a study that explored examples of positive empathic encounters from the consumer perspective.

Method
A survey was distributed to consumers seeking their narratives on positive experiences of empathic encounters and the results were thematically analysed.

Results
This is a work in progress, and preliminary results will be shared at the conference.

Conclusion
The results of this study can be used to inform clinician education, including nurse, medical and paramedical education. Additionally, the results may inform future studies into the impacts of providing empathic care on clinician wellbeing.

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Oral 117

Soul care: Supporting clinicians to provide person-centred pastoral and spiritual care

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Background
Holistic person-centred care involves providing care for the body, mind and spirit. As clinicians it is easy to focus on providing evidence-based physical and psychological care, but less attention is given to pastoral and spiritual care. Spirituality supports individuals to seek and understand meaning and purpose, and how they connect with themselves and the world beyond themselves (Puchalski et al., 2014). Furthermore, we are seeing new trends in the global spiritual and religious landscape including moves toward and away from traditional religion depending on the culture, and the emergence of groups identifying as spiritual but not religious (Pew Research Center, 2017). Considering the considerable evidence demonstrating the impact of one's spiritual or religious beliefs on their health, equipping clinicians to meet these needs is essential.

Aim
The aim of this presentation is to provide an overview of the current evidence on pastoral and spiritual care, and propose how the key themes may inform clinician education to better equip staff to provide person-centred spiritual care. Method: A review of the relevant literature was conducted to examine the impact of spirituality on health and wellbeing, as well as current trends in evidence-based spiritual care in healthcare settings.

Results
Themes on clinician-led pastoral and spiritual care include (1) what are the key elements of pastoral and spiritual care clinicians should consider; (2) why do we need to include spiritual care in holistic models of care? (3) who can provide pastoral and spiritual care in healthcare settings and where can clinicians go for additional guidance and support; (4) what are the barriers and facilitators to the provision of pastoral and spiritual care.

Conclusion
Understanding the current evidence in pastoral and spiritual care allows educators to design and implement programs to better support clinicians in delivering evidence-based care, therefore enhancing their patients' health outcomes.

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Oral 118

Assessing Quality Simulated Participant Programs: A Case Study of Bond University's Simulated Participant Program

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Assessing the quality of Simulated Participant Programs (SPPs) has long been a challenge for health professions faculty. A number of frameworks exist to determine markers of quality in SPPs, such as the Association of Standardised Patient Educators (ASPE) Standards of Best Practice (SOBP) and the UK Simulated Patient Common Framework (Lewis et al, 2017; Gough et al., 2015). Both frameworks present domains for assessing quality in the areas of working environments, program management, training, risk assessment and other quality assurance issues. This abstract presents the review of the Bond University Simulated Participant Program in 2021 and 2022, which utilised the UK Simulated Patient Common Framework.

Results
Over the course of the review, the Bond University Participant Program demonstrated significant improvement between the first and second reviews. In 2021, the 5 domains (Resource considerations, recruitment and selection process, training requirements, risk assessments and quality assurance procedures) were either not met or partially met. In 2022, 4 out of 5 domains were met, with one area remaining partially met - challenges remain with regards to issues of ensuring staff diversity and minimising stereotypes.

Conclusions
The framework was a useful tool for evaluating the quality benchmarks of an SPP, however there were gaps in the framework that present opportunities for the simulation and health professions community to explore.

Authors
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Oral 119

Evaluating clinical practice programs: A scoping review of evidence

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Introduction
Program evaluation is mandated by the Australian Medical Council as an integral component of accreditation standards[1]. There is paucity of evidence-based evaluation frameworks for whole-of-program and clinical practice (CP) evaluation.

Objective
To develop a comprehensive framework to evaluate the CP program within a pre-registration medical program.

Methods
A preliminary search was conducted to retrieve literature on CP program evaluation. As there was insufficient literature, the search was broadened to whole-of-program evaluation. A scoping review was conducted to critically analyse current pre-registration medical education program evaluation frameworks. Keywords in selected articles were used to develop a comprehensive search strategy for MEDLINE (Ovid) with librarian assistance. This search was translated for Embase and ERIC using the Polyglot Search Translator[2]. Snowballing was used to screen for grey literature. The inclusion criteria were articles describing utility/steps/frameworks/guidelines of medical program or specific domain evaluation or evaluation of program/domain via major stakeholder perspective; methodological studies on development, implementation, or validation of an evaluation framework and articles published from 2000 to 2022. The exclusion criteria were abstracts; articles relevant to specialist training programs, graduate medical education and evaluating specific educational interventions. Title/abstract and full text screening were performed using Covidence (Veritas Health Innovation, Melbourne, Australia).

Results
Out of 2261 articles, title/abstract screening was performed in 2258 following deduplication. 2160 were excluded and 98 were assessed for full text eligibility. A total of 55 studies were selected for data extraction.

Conclusion and future directions

The lack of literature on CP program evaluation, emphasises the importance of current research. Results of the review will be used to identify essential components in medical education program evaluation framework and knowledge gaps within existing frameworks. Data will be used to develop a comprehensive framework for CP program evaluation, which will be presented at the conference.

Oral 120

Collaborative online international learning: developing intercultural and global health skills for nursing students and faculty

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Background

An essential component of becoming a professional nurse is an international perspective of global health issues and an awareness of diverse populations (1). Collaborative online international learning (COIL) using digital technologies, offers meaningful and rewarding opportunities to develop international partnerships between nurses from other countries, without economic, organisational or geographical barriers (2,3). The aims of this study were to develop, implement and evaluate a COIL program between Australian and Canadian nursing students.

Methods

Participants were recruited from nursing programs at an Australian Institute and a Canadian Polytechnic. Four specific research interventions were developed. For students this included: (i) an online virtual community using Padlet to allow students and teachers to communicate, socially connect and share resources with each other; (ii) five virtual reality (VR) immersive simulation scenarios, and (iii) a virtual global classroom (VGC) to promote collaborative, intercultural learning. For faculty, a virtual community of practice (VCoP) provided a platform for faculty to share education and research ideas and to participate in collaborate research opportunities. The study utilized a mixed methods approach incorporating pre and post-test surveys, focus groups, and semi- structured interviews of key stakeholders. Measures included general COIL project outcomes, student learning outcomes in the VR and VGC, perceptions of the teaching and learning processes and evidence of faculty research collaboration in the VCoP.

Results

Preliminary results revealed COIL to be a highly motivating experience for students and faculty. Students valued the opportunity to collaborate with a different culture and to learn about other perspectives of nursing care. Faculty enthusiastically engaged in collaborative research teams and are currently preparing six publications for peer reviewed international journals.

Conclusion

Our experience of COIL has strengthened the partnership between the two organisations and provided an evidence-based template for the design and delivery of future COIL initiatives and other collaborative research projects.

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Poster 121

Where to now? A systematic review of moulage in health professions education

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The use of moulage in medical education dates to 17th century Europe. The word moulage means "to mould", describing the technical process of making a negative mould of a body part and then filling it with wax. Despite its long history in medical education, moulage has been underappreciated in modern teaching. There has been very little research to inform the theoretical and practical application of moulage. This abstract describes a systematic review that explored the effects of moulage interventions in simulation- based education and training, for learner experience. A secondary aim was to understand which pedagogical frameworks were embedded in moulage interventions.

Method

Four databases (PubMed, CINAHL, EmBase, Proquest Central) were systematically searched to October 2021 for studies utilising moulage in simulation- based education experiences. There were no date exclusions, however manuscripts other than English language were excluded. Outcomes we sought to explore focused on learner satisfaction, confidence, immersion, engagement, performance or knowledge.

Results

A total of 19 studies (n=7490) were included in the study. These studies were primarily conducted in medicine (n=9 studies) and nursing (n=4 studies) and less frequently across other health disciplines. The findings demonstrated greater learner satisfaction, confidence, and immersion when moulage was used against a comparator group. Minimal improvements in knowledge and performance were identified. Only one study underpinned the intervention with a pedagogical theory.

Conclusions

Moulage contributes to improved learner experience in simulation training, but not knowledge or clinical performance. Gaps in the literature remain in areas outside of medicine and in work that includes strong learning theories.

Workshop 122

Setting up a large scale interprofessional learning program for pre-registration healthcare students

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Introduction & aims
With a long history in healthcare education, interprofessional (between professions), and intraprofessional (within professions) learning (IPL) has become an essential feature of undergraduate healthcare education. IPL can prepare future health care workers to work in teams and develop capabilities for interprofessional practice. The rise of the quality movement, the imperative for patient safety to prevent medical error and the subsequent need to train health care students to communicate and collaborate more effectively has led to many IPL initiatives. Despite its long history, challenges still exist as to how to design, implement and evaluate IPL to large cohorts of students using evidence-based methods. This workshop will provide participants with an opportunity to design, a comprehensive evidence-based IPL program in the context of large group teaching in pre-registration healthcare courses.

Learning objectives
By the end of the workshop participants will be able to: (a) Identify the features of inter and intra professional learning and practice. (b) Explore teaching modalities best suited to IPL. (c) Examine the enablers and barriers of implementing IPL to large groups of students. (d) Discuss the steps of quality education design in IPL using the 4Ps model of IPL curriculum development (presage, planning, process and product). (e) Design an IPL program

Educational methods
The workshop will use interactive small group methodologies such as discussions, brainstorm activities, paired exercises, and small group practical 'hands on' activities such as video analysis to develop participants' knowledge and skills in creating a teaching program. In addition, a comprehensive workbook outlining the workshop materials, resources and exercises will be provided. Intended audience and level: Pre-registration course planners and teachers at all levels of experience. Maximum number of participants: 40

Instructors
Professor Debra Kiegaldie PhD, MEd, BEdSt, RN. Debra has held senior leadership positions in health professions education for over 30 years. She has worked in all sectors of medical education and has extensive experience in delivering highly successful workshops at international medical and nursing education conferences. Melissa Ciardulli MAdEd, AdvClinNur, BNAppSci, RN. Melissa has a background in paediatric ICU nursing and education over many years. She is the current Faculty lead for simulation and IPL education at Holmesglen Institute and has a wealth of experience facilitating highly engaging and experiential workshops.

Oral 123

Behind the mask: Teaching communication skills to Australian undergraduate nursing students while wearing facemasks

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The importance of communication is highlighted in the Australian Registered Nurse (RN) standards for practice, being based on purposefully engaging in effective therapeutic and professional relationships (1). It is the foundation for healthy, effective and meaningful interactions and arguably one of the most important clinical skills a RN will learn. Facial expressions and cues play a significant role in ones' ability to communicate effectively and nursing students have fewer experiential lessons from which to draw upon in this area. Overcoming the barriers of reluctance to speak can be challenging, especially when English is a second language (2). COVID-19 saw a major change in the way our Bachelor of Nursing (BN) degree was delivered with academic lockdowns and remote learning being implemented. While Virtual Reality (VR) learning materials helped to provide students the opportunity to practice clinical skills in an immersive simulation during periods of remote learning, the challenge to motivate them to engage was real. Despite easing of restrictions, mandatory facemask wearing continued in our Australian classrooms and appeared to be another barrier in the learning of the skill of communication for the nursing student. Therefore, we wanted to explore how this impacted learning of communication skills for nursing students. Whilst the "hard skills" learned in this environment could be covered, did we miss the importance of the "soft skills" that come from face-to-face interactions? Were the cues of facial expressions lost in this VR and mask wearing landscape? Our project examined the barriers surrounding learning the skills of communication from behind the screen of the surgical mask in the context of a post COVID-19 learning landscape. We explored students' perceptions of their experiences being taught by academics wearing masks while wearing facemasks themselves. This understanding has helped inform teaching requirements for our new BN curriculum commencing 2023.

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Oral 125

Transitioning to clinical practice: Enablers and barriers to engaging with medical imaging

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Introduction
The transition to clinical practice from medical school is fraught with challenges. From increasing responsibility for patient welfare to navigating complex, bureaucratic and often archaic systems, the transition to internship is challenging. In radiology, junior medical staff face the added challenge of learning about the importance of imaging which is not often part of the medical school curriculum.

Method
This Australian study sought to identify enablers and barriers to engaging with medical imaging in the transition to clinical practice. This qualitative study involved semi-structured interviews with six junior medical staff employed In Gosford, New South Wales from a variety of medical schools across the state. Interviews were transcribed and analysed thematically.

Results
Five themes were identified during analysis:
(1) Junior medical staff confidence regarding their radiology knowledge;
(2) the impact of prior education and workplace learning;
(3) time pressures;
(4) communication; and
(5) patient safety concerns.
These themes cover two domains, the first being the impact of prior education and background radiology teaching and the second being the effects of hospital culture.

Conclusion
This study identified several considerations which impact the ability of junior medical staff to engage effectively with medical imaging departments during transition to clinical practice. These concerns were consistent across graduates from several medical schools across the state, implying greater generalisability of these concerns. These concerns could be addressed, in part, by estabilishing a medical school radiology curriculum which supports students to identify appropriate imaging, have meaningful interactions with medical imaging departments and appropriately identify critical imaging findings, commensurate to their level of clinical responsibility. Transitions to clinical practice are difficult and while changing hospital culture is a multifaceted and difficult endeavour, adjusting the radiology curriculum is an achievable goal, which may ease some of these difficulties for future junior medical staff.

Poster 126

Using Tag Team Patient Safety Simulation to prepare students for an acute cardiac event

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Abstract

Early recognition and response to deterioration, is vital to patient survival. However, preparing nursing students for a confronting situation like this can be challenging. Thus, practice through simulation is important. Traditionally, case study scenarios have been used in small group simulation, with students interacting with a mannikin. Anecdotal reports from academics and students suggested that this approach required students to be working independently in their group and because of class size the nurse academic is not always able to provide immediate feedback, potentially losing valuable teaching moments. In 2016 academics from four Australian universities developed an innovative approach to simulation called Tag Team Patient Safety Simulation (TTPSS) (Andersen et al., 2021; Guinea et al., 2019; Reid-Searl et al., 2019). This approach was designed to maximize student engagement and deal with large cohorts in a simulation context. A template was created for other academics to design their own simulations using this pedagogy.

Method

This poster will present TTPSS in the context of an acute cardiac event prepared by an academic in the school of Nursing at University of Tasmania, exploring the design, development, implementation, and evaluation from students.

Results

Although TTPSS implementation is in its infancy it has proven to be an effective approach in preparing nursing students to respond to an acute cardiac episode. Of students who have participated, 95% identified TTPSS as a valuable learning experience. Thinking outside the box in learning and teaching strategies cannot be underestimated in preparing our graduates for the challenges in the industry.

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Oral 127

The perceptions and experiences of healthcare students participating in a Interprofessional High-Fidelity Simulated Paediatric Patient Scenario: Findings from a pilot study

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Background

Effective teamwork, communication and collaboration are paramount for the delivery of high quality, safe healthcare. It is now crucial that interprofessional education (IPE) that facilitates opportunities for interprofessional socialisation and collaboration is embedded within the curricula of all healthcare students (WHO, 2020; Lucas et al, 2020). Inter-professional simulation can be used to promote teamwork, understanding of roles and to facilitate the development of technical and non-technical clinical skills (Livne, 2019). Sound pedagogical practice requires evaluation of teaching activities. Understanding students' perceptions of the educational value of the simulated activity is also imperative.

Aims

To explore changes in student attitudes towards interprofessional collaboration after participating in a high fidelity simulated patient scenario. Students' perceived value of the interprofessional simulated patient scenario in the context of their education, clinical skill development and preparedness for practice were also evaluated.

Study Design

A pilot study employing a mixed method design comprising pre/ post surveys and focus groups

Setting and Participants

A convenience sample of final year nursing, physiotherapy, medicine, diagnostic radiography and, social work students at the University of Sydney.

Methods

Students participated in an innovative high-fidelity interprofessional simulation focused on a paediatric trauma scenario. Students were required to work collaboratively to demonstrate safe patient management for a 15-year-old patient including systematic assessment, implementation of child/ family-centred care and accurate documentation. The Interprofessional Socialization and Valuing Scale Version 9A (King et al, 2016) was completed pre and post simulation. Data will be analysed using descriptive and inferential statistics. Focus groups will be conducted to explore in greater depth issues identified in the survey responses and will be thematically analysed.

Findings

Data are currently being analysed. It is anticipated that findings will add to current evidence regarding the educational outcomes and student perceptions of high-fidelity interprofessional simulation for the development of communication, collaborative teamwork and clinical skills.

Oral 128

The use of virtual simulation to enhance clinical learning prior to placement during the Covid-19 pandemic

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Background

In 2021 as a result of the restrictions imposed to counter the spread of Covid-19, some students were unable to attend campus to complete labs. To enable these students to attend their placements as planned, a program of virtual simulation (vSim) was introduced.

Method

Virtual simulation was included in clinical subjects across the three years of the program. Students completed four vSim scenarios and attended a Zoom tutorial. Students were required to achieve a score of at Least 80% on the simulation and post-sim quiz. The Zoom tutorial consisted of activities designed to reorient students within the scenarios using the clinical reasoning cycle and to develop then challenge their critical thinking skills with regards to prioritisation. In Navigating Transitions, the capstone subject, we took this one step further. The Zoom tutorial consisted of activities focused on identifying priority problems for each patient and then prioritising care, imagining that all four patients were allocated to the one RN. This discussion highlighted the importance of teamwork and decision making around delegation.

Results

Students were asked via written reflection questions what they had learned from both the vSim scenarios and from the tutorial. Thematic analysis of this data identified five themes:

1: Prioritising Care and critical thinking;

2: Simulating real life/ using Sim feedback to learn from mistakes;

3: Being independent and responsible for own actions;

4: Specific case or nursing knowledge;

5: Staying calm and responding in an emergency/ deteriorating patient.

Conclusion

The use of vSim had a positive impact on our nursing students and has been retained in our BN program. "I learnt and was able to demonstrate independent clinical decision making. I wasn't prompted by an RN or tutor with the answer and was able to directly apply my clinical knowledge into nursing actions and interventions." (3rd year student).

Poster 131

Planning for a potential national bronchiolitis surge: how Inter-Professional Education (IPE) was used to build a collaborative practice-ready workforce

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Background
Bronchiolitis is the most common cause for paediatric respiratory hospital admissions in young children in the UK. Following the relaxation of international SARS-Cov-2 lockdown measures a potential national surge was predicted, highlighting a need for a more collaborative practice-ready workforce[1]. This prompted the use of Inter-Professional Education (IPE) to provide an intervention that would develop the essential clinical knowledge, skills and attitudes needed to care for these patients[2].

Methods
An inter-professional team delivered a teaching session focused on caring for the sick child with bronchiolitis across the patient journey from the Emergency Department to the Intensive Care Unit. The session included a lecture on bronchiolitis; a paediatric skills and drills tutorial; and a simulation scenario derived from clinical practice.

Evaluation of findings
135 healthcare professionals from a range of disciplines attended the teaching session which was delivered twelve times over a 3-month period. They completed a feedback questionnaire. Areas of professional development were highlighted across the following themes: gaining theoretical knowledge; understanding key equipment; performing drug calculations; preparing for intubation; assessing the need for chest physiotherapy; and team-working.

Message
This intervention highlights the importance of IPE in developing a skilled, collaborative practice-ready workforce and it will be utilised as a template for further planned teaching on common paediatric presentations.

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Oral 132

"Ella does not like needles"- a simulated learning experience for pathology students

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Simulation-based education is designed to replicate real-life situations that students are likely to face when on clinical placement or in their future work environments (1). Whilst simulation is heavily embedded in higher education healthcare courses, it is less utilised in the vocational education sector. The Faculty of Health Sciences at Holmesglen Institute is home to a world class simulation centre that provides support to teachers in how to use all forms of simulation modalities. Of note is the work that is done in providing students with opportunities to learn alongside highly skilled simulated participants (actors) in our nursing, allied health, and community services courses. The Certificate III in Pathology Collection traditionally relies on student-to-student role play for practising pathology techniques. An immersive simulation was introduced as an alternative method to develop these skills. A carefully scripted scenario was written, with input from experts in blood collection and our simulated participants. The experience aligned with subjects and modules on workplace health and safety and infection control. Students were briefed on the scenario and the simulation apartment reflected a typical blood taking room in a pathology service. "Ella" was an anxious 15-year-old, portrayed by an adolescent actor. She was compliant but nervous, traumatised by a negative blood taking procedure in the past who became increasingly anxious. Students were required to follow the correct method of blood collection as taught in class, whilst managing a potentially difficult scenario, requiring therapeutic communication skills. The students were required to identify and responding to clinical risks in pathology collection, demonstrate effective communication skills, and respond appropriately to situations where communication constraints were present. Outcomes revealed that students not only developed skills in blood taking techniques but gained valuable insights into the patient experience and in working within a challenging clinical scenario.

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Poster 133

Winning hearts and minds: motivating students for healthcare careers

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The problem
The skills shortage in healthcare today is largely driven by three challenges:

(i) the increased demand for services,

(ii) the ageing workforce,

(iii) difficulty in attracting and retaining healthcare workers (1).
There is a clear need to attract the youth of today to consider a range of traditional and non-traditional healthcare career opportunities.

What was done
We partnered with a large secondary school consortium to deliver an immersive, skills-based, industry immersion day. The program was delivered by healthcare experts and healthcare students in a simulated healthcare environment. Students who showed an interest in STEM, and were motivated to pursue a healthcare career, were selected for participation. They received a digital certificate on completion of the program. Activities included ice-breakers, "nursing skills", "slides and scopes", practice with manikins and learning about the healthcare team.

Why is the work important
The program offered an opportunity for students to gain early exposure to different areas of healthcare careers such as nursing, allied health assisting and laboratory services. It provided a snapshot of healthcare careers to help them make an informed decision on their desired career pathway.

Findings
Most students rated the program as fantastic, or excellent (67%) with 76.2% of students being motivated to pursue a health or science related course because of the experience.

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Oral 134

"She says her name is Grace": working with, and learning from transgender simulated participants

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The problem
Significant focus is now placed on promoting diversity and inclusion in healthcare education (1). For transgender people, real or perceived stigma, oppression and discrimination within health care can result in adverse mental health outcomes (2). There is a need for educators and learners to engage with members of the transgender community to ensure learning experiences are safe, effective, and respectful.

What was done
We developed an innovative learning experience on therapeutic communication with transgender people. We engaged with several transgender actors to develop the simulation scenario and script to ensure it was reflective of their lived experience. The aim of the program was for students to gain empathy for transgender people and to demonstrate respectful language and communication skills. The actors portrayed the role to over 600 pre-registration Diploma and Bachelor and Diploma of Nursing students.

Why is the work important
By equipping our students for appropriate gender-affirming care, it is envisaged that this will have a positive impact amongst the transgender community in our healthcare system, improving their mental health and quality of life.

Findings
Students explored respectful language and gained a deeper understanding of transgender health issues. They gained an awareness of what transgender people face when navigating the healthcare system, and how they can better support transgender patients.

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Oral 135

Making sense of medical students' unprofessional behaviours of practising invasive procedures through the lens of the Theory of Planned Behaviour

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Background
The major benefit of medical students learning in simulated environments is improved patient safety (Ker & Bradley, 2010) but this assumes that initial efforts in clinical practice will be properly supervised. Bai et al (2016) found that 22% and 12% of undergraduate New Zealand medical students were unsupervised when undertaking invasive procedures such as venepuncture and intravenous cannulation for the first time on patients and peers.

Aim
To see if these results could be replicated in an Australian graduate medical course and to analyse these unsafe and unprofessional practices through the lens of the Theory of Planned Behaviour (TPB). This theory (Ajzen, 1991) strives to connect intention with behaviour by studying three influences on intention: attitude towards the behaviour, subjective/societal norms, and perceived behavioural control.

Method
An on line survey of graduating medical students was undertaken to determine their practices of learning invasive procedures on peers and patients, their supervision, and any comments about difficulties or ethical issues.

Results
Qualitative data demonstrated that 25% and 28% of students undertook invasive procedures such as phlebotomy and intravenous cannulation on patients and peers without supervision. The qualitative data demonstrated students' attitudes of ensuring safety towards peers and patients (not wanting to cause harm) which contrasted with the subjective norms of the hidden curriculum, where withholding information that the student was not a doctor or that this was their first time was accepted and promoted. In terms of perceived behavioural control, students discussed the general difficulty of performing procedures but there was a general air of confidence, probably due to sampling effect.

Conclusion
Similar degrees of unsafe and unsupervised practices were found. Analysis with TPB allows us to view this demonstration of unprofessional behaviour as a consequence of the hidden curriculum. Further research to clarify is proposed.

Workshop 137

The shifting sands of psychological safety in clinical and simulated settings: Strategies to optimise learning

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Psychological safety has surfaced as a key consideration for promoting learning. Commonly described as " . . . a shared belief that the . . . relationship [between teacher and learner] is safe for interpersonal risk taking" which creates "a sense of confidence that [the teacher] will not embarrass, reject or punish [the learner] . . . due to mutual respect and trust." (Edmondson, 1999) Psychological safety occurs when individuals hold others in "positive regard". Recent literature emphasises the dynamic and individualised state of psychological safety. Simply declaring a learning environment as "safe" does not mean that it is. Instead, psychological safety needs to be actively fostered through clinical teaching events or through each stage of a simulation-based learning activity (and beyond). This workshop explores the considerations clinical and simulation educators can make for creating conditions for psychological safety so that clinical skills learning can be optimised. We draw on a range of literature to inform the workshop content including concepts of briefing, scaffolding, fidelity/realism, individual meaning making, expected performance, observation, feedback and debriefing. Through shared scenarios and participants' own experiences, we will explore the dynamic nature of psychological safety. With participants we will identify strategies that clinical and simulation educators can use to monitor and respond to the shifting states of psychological safety with the goal of promoting learning.

After this workshop, participants will be able to:

1) Describe the the concept of psychological safety and its relationship to learning

2) Discuss factors influencing psychologically safety before, during and after a clinical or simulation-based learning activity.

3) Outline strategies to foster a psychologically safe environment before, during and after clinical simulation-based-education activities.

Intended audience (experience level and pre-requisites)
The workshop is suited to anyone who teaches clinical skills in clinical or simulation- based

settings. The workshop is suited to uni-, multi- or interprofessional practice. There are no pre-requisites. Collectively, the instructors are very experienced teachers in clinical and simulated settings. They have all completed relevant doctoral studies. Two are practising clinicians, one has a clinical background.In various combinations, the instructors have worked with each other. However, this is the first time the four of them will work together and brings together a rich combination of experience. They each have experience of running workshops at international conferences. We can accommodate up to 40 participants as indicated as preferred by conference organisers. With four instructors we are confident of providing a meaningful experience irrespective of participant numbers.

Workshop 138

Experiential learning in online clinical skills education – Opportunities for faculty development

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The COVID-19 pandemic served as a catalyst for innovation online education presenting both opportunities and challenges for health professions educators to adapt and evolve their practice. Educators found themselves in a position of needing to develop effective online and hybrid pedagogy across the curriculum and in the particularly challenging space of clinical skills development where psychomotor and psychosocial learning outcomes require the considered use of learning technologies. Whilst sophisticated immersive reality technologic solutions promise to revolutionise future educational experiences, they remain speculative, costly and time consuming to develop and implement. Low technology, human-based solutions are more affordable and accessible to a wider range of educators and learners across national and economic contexts and can still achieve high levels of relevant contextual fidelity whilst providing greater flexibility for learners. In this workshop, faculty from graduate programmes in surgical education, clinical education and clinical simulation (Imperial College London, University of Melbourne and Monash University), share their experiences of designing and implementing low technology, human-based online pedagogy around topics such as educational design, feedback practice, psychomotor skills development with their health professions education students. Our goal is to equip workshop participants with tools to develop their own practical teaching designs for online delivery. After this workshop, participants will be able to:

1) Outline approaches to delivering online clinical skills teaching and developmentIdentify strategies to promote engagement in online low technology human- based experiences

2) Apply ideas around constructive alignment and purposeful simulation design toward an online clinical skills teaching problem

3) Discuss opportunities and challenges of delivering online low cost, human-based learning experiences

Intended audience
Educators with some experience of delivering online education or clinical skills teaching

Workshop facilitators
KD and DN are longstanding directors of surgical

education Master's programmes in the UK and Australia with decades of experience designing and delivering programmes and workshops for HPE in a range of contexts including international conferences. SG and DN work together in graduate programmes in clinical and simulation education in Australia. SG has delivered conference and professional development workshops in clinical education in online and face to face formats for national and international audiences KD and AB work together in graduate programmes in surgical education in the UK Maximum number of participants in the proposed workshop: 40.

Poster 139

Evidence-based practice: an opportunity for interprofessional learning?

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Introduction
Implementation science is growing momentum but are practitioners prepared in understanding and using evidence-based research. This study sought to explore nurses, midwives, allied health, and medical practitioners' beliefs about evidence-based practice (EBP) and their confidence and competence in using EBP in their everyday practice. A secondary focus explored key stakeholders' perceptions regarding the barriers and enablers to implementation of EBP in their health service.

Method
A mixed method design was utilised. Healthcare clinical practitioners across four regional healthcare services were invited to participate in an on- line survey via REDCap. Survey responses were exported into IBM SPSS Statistics 27 for analysis. The survey contained a series of demographic items and Melnyk et al.'s (2008, 2017) Evidence-based Practice (EBP) Beliefs Scale, EBP Competencies Scale, and the EBP Implementation Scale. Key stakeholders e.g., managers, directors of research and education were also invited to participate in a one-on-one interview. Interview transcripts (n=9) were thematically analysed.

Results
Analysis of survey responses (n=67) revealed that the majority of clinicians (97%) believe that EBP guidelines can improve clinical care. In contrast, only 7.5% believed they could overcome barriers in implementing EBP. One of the five interview themes, 'A bit of a culture shift' encapsulates elements of practice that need to change. These centre on unravelling the mystique, being brave and the need to prioritise. As one interviewee shared "I think it's just, it's creating the time and recognising the importance of it" and another stated: "when the commitment is there it will happen over and above existing needs, but . . . you can't expect all staff to just to do everything as an extracurricular activity".

Conclusion
Knowledge and skills in EBP is essential for ensuring appropriate care delivery. Development of interprofessional learning opportunities in the in EBP might be one avenue for overcoming barriers and creating a research culture where research is not just 'an add-on if there is time'.

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Poster 140

Using a collaborative approach to develop evidence-based clinical procedures: A qualitative exploratory descriptive study

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Nursing practice requires the integration of various categories of knowledge that work together to ensure safe patient care (Walter & Styhre, 2020). To promote expert nursing practice and high-quality patient care the continuous evolution of nursing knowledge is important (Bender & Elias, 2017). To advance the nursing profession and redefine and generate critical new nursing knowledge, nurses need to employ diverse ways of thinking and innovative approaches. There is limited evidence on the barriers and enablers when using innovative approaches to create nursing empirical knowledge, and how nurse academics working as a team can use their ethical, esthetic and personal knowledge to inform empirical knowledge in the form of evidence-based procedural clinical skills. Using a qualitative exploratory-descriptive approach, this research investigated the experiences of nursing faculty who collaborated as a team to synthesise empirical nursing knowledge to create evidence-based clinical practice procedure guidelines. In this project, a team of nursing faculty, with various levels of clinical and academic experience, updated or created forty evidence based clinical skill nursing procedures. Following ethical approval, de- identified qualitative data were collected from individual reflective journals completed by faculty submitted at completion of the project, and team meeting notes. Using content followed by thematic analysis, three themes with five subthemes were recognized in the qualitative data. Themes included creation of nursing knowledge, communicating nursing knowledge and collaborating to develop nursing knowledge. Creating nursing knowledge carried with it obligations and responsibilities that can impact patient outcomes. Additionally, there are challenges experienced in communicating esthetic knowledge into written procedural knowledge. Finally, there can be challenges when collaborating and working with colleagues in a team environment.

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Poster 141

Innovations in clinical simulation: Video recording assessments using body-worn cameras – experiences and future implications

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Context
The Australian Physiotherapy Council (the Council) transitioned from a hospital-based assessment of overseas qualified physiotherapists' (OQP) clinical skills, to a simulation-based model following a research trial completed in 2017. As part of the

transition, it sought to introduce video recording of OQP assessments to enhance procedural review and quality control. However, the assessment is unique in its requirement for OQPs to move across a number of rooms within the simulated environment, making traditional fixed-camera setups unsuitable.

What we did
To meet the needs of the assessment, the Council decided body-worn cameras were the most viable option. A number of different body-worn camera system were considered against the needs of the assessment. The AXON body camera system, used in law enforcement and training, was eventually trialled. Assessors are required as part of the assessment to follow the OQP during assessment as they move through the simulation environment, and do so while continuously recording OQP using one body-worn camera on the assessor's clothing. The body-worn cameras eliminated the need for post-production of the recordings, which would be needed for footage from multiple cameras in a fixed camera system. Assessors also had greater autonomy in choosing the most appropriate angles for capturing video, changing positions and 'zooming-in' to focus on key activities during the assessment.

Future implications and directions
There is potential to use video- recordings from body-worn cameras to enable assessment of OQPs by remotely located assessors. Future evaluation is required to determine the validity of this process.

Oral 142

Developing a longer station OSCE - a mixed methods study

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Objective
Structured Clinical Examinations (OSCEs), an assessment tool based on objectivity and standardisation, are widely used because they offer the opportunity to evaluate a range of clinical and professional skills commonly required of healthcare professionals in practice (Khan et al 2013). The number and length of OSCE stations are critical to the reliability of the assessment of clinical competence (Vass et al 2001). Currently, students have 11 minutes to complete each station task within our own institution and stations are designed with tasks or parts of tasks that can be completed within this timeframe. This limits the breadth of skills that can be assessed. Longer stations may allow for more authentic whole tasks performed by healthcare professionals to be assessed. This study explores the impact on the utility of the assessment when the station length is increased to 20 minutes. Fifty-two, final year students sat one of two, 4-station OSCEs allowing the testing of eight, 20 minute stations. Following the OSCE, examiners and students were asked to complete a questionnaire and to take part in a focus group. Using a mixed methods approach based on questionnaire responses and a thematic analysis of the focus groups, we examined the utility of a longer station OSCE. Preliminary analysis of the results indicates that assessing whole task skills meant student preparation needed to be patient-facing, not practising on each other. The longer stations enabled students to demonstrate time management and prioritisation skills compared to shorter stations. Longer OSCE stations allow for the assessment of more whole-task, authentic clinical skills and may offer a better method of assessing realistic clinical competence. However, such a change poses challenges in terms of curriculum design, question writing and delivery of the assessment. Further work is needed to explore the wider implications.

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Poster 143

Looking to the future: Prescribing Safety Assessment (PSA) question authors' opinions on how to keep the PSA relevant

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The prescribing safety assessment (PSA) is an established international exam, already sat by over 36,000 final year students (British Pharmacological Society, 2022). Exam design has remained largely unchanged since its introduction in 2014. However, the educational landscape in which the PSA operates is continually developing, through plans for the 'Medical Licensing Assessment' and more 'non-medical' prescribers graduating. The PSA needs to ensure that it remains a valued, trusted, and rigorous assessment. This report presents the views of PSA question authors, with opinions gathered at the annual 'PSA peer review conference' 2022 through a series of scenarios and group work. A total of 39 people attended as representatives from 11 UK medical schools. Participants came from various clinical backgrounds, including medical doctors representing a breadth of training, and clinical pharmacists. Four key themes identified from discussions were how to:

(1) keep the PSA relevant?

(2) make the PSA representative of foundation practice?

(3) promote engagement with the PSA? and

(4) ensure the PSA is valued?

Suggested solutions included opening the assessment and the associated resources to other healthcare students such as pharmacists and physician associates, expanding the formulary and resources used, and more integration of the PSA into local undergraduate curricula.

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Poster 144

'Developing the Clinical Teacher': how a postgraduate course can prepare Foundation doctors for delivering clinical skills teaching to undergraduate medical students in a district general hospital

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Background
GMC guidelines state that doctors must gain the experience required to teach, and that those delivering teaching to medical students must be appropriately prepared and trained[1]. A group of Foundation doctors at The Royal Berkshire Hospital in Reading demonstrated an interest in undergraduate teaching and learning, and as a result the 'Developing the Clinical Teacher' course was established.

Methods
'Developing the Clinical Teacher' is an 8-hour peer-led course which took place across four evening sessions in March and April of 2022. The focus was on the planning, teaching, and assessing of undergraduate clinical skills for individuals or small groups, with other sessions including consideration of the philosophy of medical education and practical advice on how to deliver a lecture, tutorial, and simulation scenario. In addition, participants produced a 5 minute 'skills-teach' at the end of the course which was peer-assessed.

Evaluation of findings
10 Foundation doctors attended the course and completed a feedback form. All the participants felt that the course was relevant to their level of training, meeting their own needs for personal and professional development or assessment. 80% were teaching clinical skills once a month of less prior to the course, but 100% felt that the sessions encouraged them to actively teach these more often due to a reported increase in competence and confidence.

Message
This course helped to meet the need for undergraduate assessment and clinical progression whilst developing medical teachers of the future.

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Workshop 145

Experiential learning in online clinical skills education – Opportunities for faculty development

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The COVID-19 pandemic served as a catalyst for innovation in online education presenting both opportunities and challenges for health professions educators to adapt and evolve their practice. Educators found themselves in a position of needing to develop effective online and hybrid pedagogy across the curriculum and in the particularly challenging space of clinical skills development where psychomotor and psychosocial learning outcomes require the considered use of learning technologies. Whilst sophisticated immersive reality technologic solutions promise to revolutionise future educational experiences, they remain speculative, costly and time consuming to develop and implement. Low technology, human-based solutions are more affordable and accessible to a wider range of educators and learners across national and economic contexts and can still achieve high levels of relevant contextual fidelity whilst providing greater flexibility for learners. In this workshop, faculty from graduate programmes in surgical education, clinical education and clinical simulation (Imperial College London, University of Melbourne and Monash University), share their experiences of designing and implementing low technology, human-based online pedagogy around topics such as educational design, feedback practice, psychomotor skills development with their health professions education students. Our goal is to equip workshop participants with tools to develop their own practical teaching designs for online delivery.

Clear description of the workshop objectives
After this workshop, participants will be able to:

1. Outline approaches to delivering online clinical skills teaching and development,

2. Identify strategies to promote engagement in online low technology human-based experiences,

3. Apply ideas around constructive alignment and purposeful simulation design toward an online clinical skills teaching problem,

4. Discuss opportunities and challenges of delivering online low cost, human- based learning experiences.

Intended audience
Educators with some experience of delivering online education or clinical skills teaching.

Summary of the instructor's qualifications or prior experience in similar presentations
KD and DN are longstanding directors of surgical education Master's programmes in the UK and Australia with decades of experience designing and delivering programmes and workshops for HPE in a range of contexts including international conferences.SG and DN work together in graduate programmes in clinical and simulation education in Australia. SG has delivered conference and professional development workshops in clinical education in online and face to face formats for national and international audiences. KD and AB work together in graduate programmes in surgical education in the UK.

Maximum number of participants in the proposed workshop
40 participants

Roundtable Discussion Group 146

Prescribing skills in undergraduate medicine – what is the best approach to prepare our students safely and effectively?

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Prescribing medication is one of the most common forms of intervention undertaken by clinicians (1). The EQUIP study highlighted the prevalence and nature of prescribing errors by foundation doctors in the UK. Researchers found a mean error rate of 8.4% in Foundation Year 1 doctors and 10.3% in Foundation Year 2 (2). Prescribing errors are not a problem exclusive to the hospital setting and 4.9 % of prescriptions written in general practice in the UK contain an error (1). Research shows junior doctors feel inadequately prepared to undertake prescribing tasks (2). They place too much reliance on errors being identified by hospital pharmacists and nurses before harm occurs and are inadequately supported when prescribing (2). Errors occur due to a complex mixture of events and contextual circumstances (2). Given the complexity of the cause of the errors, how do we train our students to reduce future errors? At our own institution, we have been assessing prescribing skills via supervised competency-based logbooks and have recently developed an eportfolio based approach to the assessment of prescribing high-risk drugs (such as opioids and insulin). In addition, this year students are being asked to provide further portfolio evidence of workplace based prescribing learning and reflection. The authors believe that learning to safely prescribe is required at undergraduate level in a supported environment with full supervision and reflects the prescribing initiatives introduced in the final year of the course (3). There is a wide variation between medical schools in terms of teaching and learning prescribing skills and this roundtable discussion will explore what can and should be done to further develop this essential aspect of undergraduate learning. Attendees will rotate among tables where questions are posed about the controversial area. Facilitators will help the discussion and debate the areas of the arguments. the facilitators will sum up the arguments and controversial points and try to collate learning and best practice.

Roundtable discussion group objectives
To gain a better understanding of the following questions: Are we preparing our students to prescribe safely and effectively? What are the barriers? What are the most effective methods for preparing junior doctors to prescribe safely? How can we integrate further prescribing skills learning within in an often overcrowded curriculum? To share experiences and best practice in terms of what has worked well in our own institutions. To form a working group to share and develop best practice following the conference.

Oral 147

Can Simulated Patients in an OSCE, Reliably Contribute to Medical Student Assessment?

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Introduction
Evidence suggests that Objective Structured Clinical Examinations (OSCEs) can have improved reliability when simulated patients (SPs) scoring is used in conjunction with OSCE examiner scores (Homer and Pell, 2009). With the drive to include stakeholders in the assessment of medical students, through the implementation of the UK Medical Licensing Assessment (UKMLA) (GMC 2021), we sought to examine whether SP scoring could reliably contribute to a students' score in an OSCE with long station duration.

Methods
Fifty- two, final year medical students undertook one of 2 pilot OSCEs, comprising four, 20 minute stations. Stations were examined using a domain based marking system. SPs in 7 of the 8 stations were asked to mark student performance on 2 domains, based on communication and relationship building. The reliability of SP scoring was calculated.

Results
Inter-rater reliabilities between SP and examiners marking the same domain, based on the students ability to show respect and respond to concerns in a professional manner, suggest that reliability differs dependent upon the station scenario. Comparison of the SP scores to a second domain, 'I would be happy to see this student again', revealed strong correlations. Data suggests that the two domains scored by SPs measure a similar construct.

Discussion
Results suggest that it may be possible to include SP marks within a students' OSCE score. However, more qualitative work is needed to understand the subtle differences being observed and reflected in scores awarded by SPs and examiners in different station tasks.

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Poster 151

When words lose meaning: promoting professionalism & inclusion through a novel game-based workshop to challenge jargon use by medical students in Scotland

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Background

Medical professionals use medical terminology to facilitate efficient communication between colleagues but can sometimes overestimate patient understanding when using such "jargon" in care discussions. This can have detrimental effects on health and wellbeing (Rimmer, 2014). Use of jargon excludes the patient, heightens anxiety and can lead to poorer health outcomes. Patient-centred communication is a key competence for healthcare professionals, but can be challenging to teach or embed in practice.

Method

Inspired by the commercially available game, Dr Jargon © (Rodulson & Focus Games, 2017) we developed an interactive workshop to promote medical student understanding of the risk and impact of jargon in communication. Using a team-based approach, students were challenged through role-play, competition and interactive discussion to simulate interprofessional and doctor- patient communications, promoting understanding and empathy for the patient perspective.

Findings

Participant feedback indicated that prior to the workshop, there was a wide range of confidence on this topic, while the post-intervention score indicates that 34 out of 35 participants considerably improved in confidence. All participants perceived benefit from the session and indicated an intention to modify their communication to promote patient engagement and inclusion.

Going forward

We have shown that a novel game-based intervention can improve healthcare students' awareness of jargon with potential to influence future practice. We propose to develop interprofessional workshops and longitudinal follow-up to explore impact across professions and practice.

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Oral 154

How best to score an OSCE? Study of inter-rater reliability using checklists and domain scoring for a formative undergraduate OSCE

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The OSCE is widely utilised in health education for performance assessment. When the OSCE was first conceived by Harden in Dundee in the 1970s, a checklist was employed to mark each station[1]. Subsequently, domain-grading tools entered assessment practice, seeking to make use of examiner expertise to provide a holistic score for overall performance [2]. The intent was to increase OSCE validity without compromising the supposed reliability checklists provide. In Dundee, the ASSESS domain-grading tool was introduced into the undergraduate assessment strategy a decade ago, in which candidates are graded on a Likert-like scale in the five areas of: Accuracy, Skilfulness, Supportiveness, Efficiency & Structure, and Safety. To date, there is very little in the OSCE literature directly comparing the reliability between checklists and domain approaches to scoring candidates[3]. A study was therefore designed to provide an evidence base for using domain scoring tools, and specifically Dundee ASSESS. This experimental study, in the psychometric tradition, sought to provide reliability evidence for which approach was superior in terms of inter-rater reliability when scoring a three-station formative OSCE for undergraduate students. 190 students sat this OSCE in January 2022, whose stations comprised difference aspects of performance assessment: clinical communication, examination skills, and procedural skills. Examiners double marked each candidate using checklists and ASSESS, resulting in 330 pairs of checklist scores, and 328 pairs of ASSESS scores. Statistical analysis was then performed with SPSS to calculate the inter-class correlation efficient, as a function of inter- rater reliability. This oral presentation will present the findings of this study.

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Oral 155

Developing a professionalism framework for teaching optometry students in Australia and New Zealand

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Professionalism is a complex concept. Although being professional is well recognised as intrinsic to practice, a challenge remains on how to explicitly integrate professionalism and its importance into medical and health professional curriculum to realise discernible outcomes for students. Currently, there is a lack of clarity about what should be included in the optometric curriculum about professionalism and how it should be taught. Ideally, the learning, teaching and assessment of professionalism would be horizontally and vertically integrated within optometry programs. Identifying a gap in the curriculum, educators from Deakin University and University of Melbourne secured a Victorian Optometrists Training and Education (VOTE) Trust Grant to address this issue. A number of workshops were run using this funding. The dual purpose of the workshops was to seed an agreed definition of professionalism and draft a curriculum framework. The three main themes around professionalism in optometry were determined to be:

1. Providing care which is optimal for the patient and their carers.

2. Participating in the healthcare environment in a way that warrants the respect and trust of the community.

3. Maintaining and improving clinical knowledge and skills. This presentation will help provide further detail of the process and mapping of a professionalism framework for optometrists in Australia and New Zealand and how we have progressed this process in curriculum design both in University and clinical environments.

Poster 157

Developing a video library for interprofessional and interdisciplinary paediatric clinical skills; The Paediatric Toolkit

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Paediatrics requires the interprofessional team to maintain competence and confidence in many clinical skills. Access to opportunities to observe and revise procedures is unpredictable and the pandemic has further impacted. Furthermore, interprofessional, interdisciplinary teams involved in paediatric care, often have differing priorities, experience and guidance on how to achieve best practice. Previous studies suggested that the quality of freely available online clinical skills videos is variable. Authors found a lack of trustworthy instructional videos for paediatric clinical skills and rarely did they address the interprofessional needs. The paediatric medical education team aimed to create a series of freely accessible online videos to enable the interprofessional team to revise important clinical skills as required.A list of paediatric clinical skills was collated through discussion with the interprofessional team and aligned to RCPCH and paediatric nursing curriculum. GP and A&E curriculum were also considered. Using freely available video editing software and mobile smart phones and Ipads, 14 videos were recorded and edited. The videos were reviewed by senior, 'expert' staff to ensure accuracy and agreement that they aligned to gold standard practice. The Paediatric Toolkit is freely available to students, clinicians, nurses and AHPs within the trust. The resource has been accessed by undergraduates, new clinicians, experienced clinicians who wish a "just in time" revision, nursing staff and AHPs. It has been used in paediatrics, A&E, GP and by anaesthetic teams. There have been requests from outwith the trust to access the Toolkit, and it is now recommended as pre course and supplementary course material in local paediatric themed training days. Initial feedback has been positive. The project has demonstrated that a high-quality virtual clinical skills revision can be achieved using smartphones/ iPads to record and produce instructional videos with ease and improve confidence in users.

Oral 158

Evaluation of an online simulation workshop for medical and midwifery students in a low middle-income setting using Community of Inquiry (CoI) framework

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Background

The novel coronavirus pandemic forced a rapid transition of medical and nursing undergraduate teaching, including simulation-based training to an online format. Delivery of simulation team training via an online platform is challenging especially in low- middle income countries (LMICs). We aimed to evaluate key learning acquired by undergraduate medical and midwifery students attending an online simulation workshop on management of perinatal emergencies, and explore the role of Community of Inquiry (CoI) (1) framework in understanding key principles of Crisis Resource Management. CoI offers a collaborative-constructivist theoretical framework to understand the dynamics of an online learning experience. constituting three interdependent elements essential to educational transactions—cognitive presence, social presence and teaching presence.

Method

The study was conducted in a university teaching hospital in a LMIC. The simulation workshops were live streamed from a high- fidelity simulation centre in Melbourne, Australia to students' homes in Uttar Pradesh, India. One hundred sixty medical and nursing students attended the online simulations. Qualitative thematic analysis of student perceptions was performed inductively, and later data was subjected to a deductive analysis based on the
ºCoI framework.

Results

One hundred sixty medical and nursing students who attended the online ONE-Sim workshops completed the questionnaires. Five key themes and 29 sub-themes emerged following analysis of student learning by performing inductive analysis. The key themes included teamwork characteristics, situation responsiveness, experiential learning, communication and leadership. There was evidence in the data to support all three aspects
of the CoI framework—social, cognitive and teacher presence.

Conclusions

Interprofessional simulation training delivered online for a LMIC is a feasible alternative to in-person training. The use of the Community of Inquiry framework for evaluation of an online workshop helps to describe key learning, and may be considered for evaluation of educational programs.

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Oral 161

Full-scale simulated interprofessional training of examination, interpretation and communication of failing vital signs - a pilot model

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Background

Before entering workplace based practice, undergraduate medical students express anxiety about performance and capability of management and their role as a member of the patient care team. We hypothesized that interprofessional pre workplace-based-practice training of examination of vital signs (NEWS2 scoring) in the role as medical students will help students master feelings of anxiety, insecurity and contribute to the students ability to communicate adequately with other team members. In addition, the students will acquire a tool for interprofessional communication about patients with challenged vital signs and the activity will serve as an introduction to fullscale-simulations.

Method

National Early Warning Score 2 (NEWS 2) is a concept for early detection of patients with failing vital signs to prevent deterioration and cardiac arrest.The model is created to predict mortality in in-house patients from scoring of vital signs such as heart rate, respiratory rate, blood pressure, temperature and Sat O2- saturation. The system is implemented nation- wide and used by health care personnel for patient risk assessment. Undergraduate medical students were offered the opportunity to train control of vital signs in groups of 6 (3 actors and 3 observers) on a SimMan 3G simulator, and communicated the NEWS2 score to a nurse in a pre- set simulated patient-scenario with mildly challenged vital signs. The students task was to score and to report to a nurse using the Situation Background Assessment Recommendation (SBAR) algorithm. Together with the nurse they then decided how to proceed and if appropriate activate the alarm systems. After the scenario a short debriefing was held.

Results

75% of the students reported that they felt secure in measuring and reporting vital signs and that their competence in structured reporting improved significantly.

Conclusion

Early interprofessional training in NEWS2 scoring and SBAR reporting is suitable for pre workplace practice training.

Poster 162

Surgical familiarisation in undergraduate medical students; the implementation and outcomes of a standardised course protocol

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Aim of poster

Poster will present method, results and concise discussion relating to the design and delivery of a standardised surgical familiarisation course to undergraduate medical students across all teaching hospitals in NHS Lanarkshire with a focus on technical and non-technical surgical skills.

Background

Medical students have consistently reported low levels of confidence in performing basic surgical skills. Increased levels of anxiety due to inexperience and feelings of under preparedness leads to potential comprise in patient safety.(1,2) The use of 'surgical bootcamps' has increased significantly over recent years (3). Providing concise, focused and immersive courses has been shown to improve students' competence, performance and confidence levels (4).

Methods

Study population: Undergraduate medical students in years 3 and 4 commencing their general surgical clinical placement.

Setting

Hospital theatre suite and training rooms on each site A standardized course manual and brief was delivered to all faculty across three sites ensuring consistency in course learning objectives, materials and delivery. Prior to delivering the course, student consent was obtained and faculty disseminated a pre-course questionnaire to students; assessing levels of confidence and perceived ability in both technical and non-technical surgical skills.

Results

To be collated and presented as a narrative analysis.

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Poster 164

The General Medical Council (GMC) UK Practical Skills and Procedures: Creation of Undergraduate Teaching Materials at the University of Dundee

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Background
In 2019, the GMC published a recommendation of 23 practical skills and procedures that all UK medical students must be able to perform before graduation. These skills must either be performed under direct or indirect supervision in a clinical environment, or demonstrated within a simulation setting(1). A need was identified to develop a standardised teaching resource for these skills to promote consistent teaching delivery. Simulation Based Mastery Learning (SBML) for teaching practical procedures has a strong evidence base (2)(3). The written material created is designed to be used both for SBML and traditional teaching methods.

Aims
To create a comprehensive SBML teaching resource for GMC core procedures. This resource will provide medical students with the necessary background information, alongside virtual demonstrations of skills, prior to clinical skills teaching, i.e., adapting a mastery learning approach.

Methods
New material, consisting of information sheets and checklists, was created for the procedures. These are structured, concise and unambiguous, and aim to describe best clinical practice.

Collaboration
In order to optimise alignment amongst educators, feedback was sought from medical school faculty, as well as local clinicians from both medical and surgical specialties.

Media
University of Dundee art students created illustrations for our materials, and there are plans to create a demonstration video for each procedure. Delivery & Evaluation: The '23 Core Procedures' will inform clinical skills teaching and subsequent assessment for students. Primary evaluation is outstanding.

Discussion
This major project presents one UK medical school's response to a new GMC requirement for graduating medical students. The format of this resource was designed for SBML, but also

complements traditional teaching. It allows a large number of educators to teach a range of skills in an agreed and consistent way, and provides students with a clear outline of how to perform these skills.

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Oral 166

Teaching clinical skills online: Handwashing and peer assessment – an experience across three countries

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Effective handwashing in the clinical setting is an essential step in preventing healthcare-associated infections (HAIs). Globally, it has been estimated that 10% of patients are affected by a HAIs and are at an increased risk of death 1,3. Patients with HAIs usually have a longer hospital stay, and the cost of managing a patient with a HAI is higher than a patient without 2,3. Studies have suggested that pathogen transmission in health care can be reduced by 50% by improving hand hygiene practices 3. The gold standard handwashing technique is the World Health Organisation (WHO) approach to hand hygiene. Queen Mary University is responsible for the education of medical students at Barts and the London Medical school, our Malta medical programme and also in China, as part of a Joint Programme with Nanchang University. Handwashing is usually taught to first year medical students in face-to-face sessions. During the Covid-19 pandemic, necessity drove the search for an innovative solution to allow students to learn this core clinical skill online. For this online learning, we used Moodle's Workshop tool. Firstly, the students completed a dedicated e-learning package about handwashing, including watching videos and a presentation. Next, the students recorded a video of themselves washing their hands and uploaded it to Moodle (the university's Virtual Learning Environment). Finally, the students graded their peers anonymously using a pre-determined mark scheme. By the summer of 2023, handwashing will have been taught online to over 1000 students in 3 different countries. The process was not without challenges! We will present the process, results, and challenges of this experience. This will be of interest to anyone interested in online teaching and assessment of clinical skills, or interested in the challenges of transnational education.

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Oral 168

Preoperative warm-up exercise routine (POWER) in Gynaecological Laparoscopy

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Background
Surgery is a high stake "performance." Yet, unlike athletes or musicians, surgeons do not engage in routine "warm-up" exercises before "performing" in the operating room. We are proposing to study the impact of a preoperative warm-up exercise routine (POWER) on trainee performance during Gynaecological laparoscopic surgery (Salpingectomy) using self-assessment tool and OSALS (Objective Structured Assessment of Laparoscopic Salpingectomy) tool (Larsen C et al, BJOG 2008) done by trainer immediately following procedure.

Materials and Methods
A randomized crossover design was used. Participants were randomised to warm-up (+POWER) or no warm-up (-POWER) and then act as their own controls at least 1 week later. POWER consisted of completing repeatedly a simple task Thread Transfer on the eoSim SurgTrac laparoscopic simulator. The participants are asked to complete as many tasks as possible in 20 minutes and record best completion time and number of repetitions. For each clinical case (Salpingectomy), the trainee performed a modified visual analogue self-assessment scale pre-simulation (+POWER) or pre-operative (-POWER) and again post procedure for pre-determined criteria. Post- operatively the trainer evaluated the trainee operative performance on a validated OSALS tool. The trainer was blinded to participants preprocedural warm-up or no warm-up Results 5 Obstetrics and Gynaecology trainees were initially recruited to the study. In the no warm up branch of the study participants confidence was lowest when asked about hazard perception and more positive after completion of the surgical procedure. The Trainers scored highest the economy of movement and presentation of anatomical structures with lower scores given to confidence, economy of time and flow of the operation. The introduction of warm-up (+POWER) shows an increase in scores on OSALS chart relating to confidence of movement and flow of the operation. Participants scored higher their hazard perception at the beginning of the surgical procedure when compared to no warmup branch.

Conclusion
The POWER routine is reproducible and allows trainees to reach necessary level of readiness for safe laparoscopic practice. The number ofrepetitions is likely to help refine accuracy and hand-eye coordination despite using basic surgical training models.

Poster 169

Small Group Teaching: Maximising Opportunities for Laparoscopic Training in Gynaecology

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Consistent benign gynaecology surgery has been limited during the pandemic, with consequent adverse impact on the trainee experience. Our aim was to provide small-group teaching to prepare trainees in advance of in-vivo surgical practice, focusing on technical skills, communication, teamwork and critical reflection.

Background
A laparoscopic training course was developed based on RCOG core curriculum, with three components: pre-course lectures, small group round table discussion and targeted hands-on practical session. Individual training targets were identified during the round-table discussion.

Methods
Delegates had access to pre-recorded voiceover powerpoint presentations covering relevant theory. The course consisted of a 40-minute facilitated small group discussion around knowledge, problem cases and personal targets, followed by hands-on warm up with dry specimens and then 1:2 mentored session using wet lab specimens. Multiple stations allowed ample practice of hand-eye coordination, dexterity and tissue/instrument manipulation.

Results
Seven trainees at ST3-7 level attended the pilot course. Participants used digitised forms to feedback on their perception of skills and knowledge improvement. All agreed or strongly agreed that confidence and knowledge improved with the discussion group allowing them to express and achieve personal goals.

Conclusion
The focus of the course was case based and problem based facilitated learning, which maximised participants' learning, promoted communication skills and encouraged collaborative work. Pre-course theory allowed more hands-on time with wet-lab and facilitated discussion allowed targeted training and improved understanding of theoretical concepts.

Oral 170

Perspectives of students, examiners and simulated patients, for evaluation of online simulated clinical skills assessment

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Background
The Covid-19 pandemic resulted in minimizing in- person interactions, with insufficient time to observe each student through their clinical discourse with patients. Hence, Monash University introduced Monash Online Simulated Clinical Examination (MONSCEs) for summative student assessment, involving a student, Simulated Patient (SP) and an examiner to be present together in a virtual clinical encounter. Through the interaction, the students demonstrate their clinical consultation, problem solving and counselling skills in an online format. The aim of the study was to evaluate the role of Monash Online Structured Clinical Exam (MONSCEs) in relation to Feasibility and application Student, tutor and SP acceptance and satisfaction Future role in student assessment

Method
The research follows a social constructivist approach, to explore perspectives of medical students, examiners and SPs. The study involved conducting two student focus groups eight examiner and eleven SP interviews which were transcribed and inductively thematically analysed using Ritchie and Spencer method.

Results
Analysis of transcripts demonstrated overlapping perspectives with three common themes in the study groups – "fit for purpose" assessment, dynamics of online discourse and realism in learning clinical skills. Students' focus was on impact on student performance. Examiners' focus was on rigour, evaluating role of MONSCEs and OSCEs, and replicating chaos and complexity of real life. The SPs thought that students were more "task focussed" than "patient focussed", considering examination environment with virtual presence of examiner and recognising student frame.

Conclusion
MONSCE assessments appear to be useful for student assessment of skills like history taking and clinical counselling. Their role was reported to be more complementary to in person clinical skills assessment but not replace the complexity of real life or replicate skills assessment of empathy, physical examination, and difficult communication, which may be more suited to in-person assessment.

Oral 172

Graduates' preparedness for complex clinical decision making

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Background
Clinical decision making is a core part of high-quality patient care and a fundamental activity for new doctors. But what makes clinical decisions 'complex' and how well prepared are graduates for making them? Monrouxe et al identified clinical decision making as a core skill underpinning preparedness for practice of Foundation doctors (Monrouxe 2014) but there has been limited further exploration of this by other investigators. This study explores 1). multiple stakeholder perspectives on what makes clinical decisions complex for newly graduated doctors and 2). in what ways medical graduates are prepared for making complex clinical decisions.

Methods
We conducted a national qualitative study involving semi-structured interviews with multiple stakeholders across the UK. Interviews lasting 45-60 minutes were conducted with 67 stakeholders including doctors in the first two years of practice, patient representatives, educational and clinical supervisors, postgraduate Deans, education programme leads, medical educators and other healthcare professionals. The interviews were audio recorded, transcribed, coded in NVivo and analysed thematically.

Results
Types of complex clinical decisions that new graduates made included those relating to; co-morbidities and social problems, acute or time-pressured situations, end of life, do not resuscitate and discharge. Graduates felt prepared for understanding their own knowledge and professional limits and knowing when to escalate. There was mixed preparedness reported for dealing with uncertainty and prioritising tasks. Doctors were less well prepared for leadership in acute scenarios and complex clinical decision-making in acute settings or 'out of hours' situations

Conclusion
Current medical education provision is producing doctors that are prepared for many aspects of future anticipated practice. More focus could be applied to: Complex clinical decision making in acute settings, Difficult / complex communication and Leadership / followership. Opportunities to improve training include more use of Interprofessional education, simulation training and clinical experience 'out of hours'.

Poster 173

Can laparoscopic box training improve junior Gynaecology trainee confidence in surgical skills?

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Introduction
Opportunities to perform live Gynaecological Surgery has been markedly reduced secondary to the Covid-19 pandemic. Gynaecology specialist trainee registrars at the most junior levels are those who are least likely to be exposed to live surgical training. The West of Scotland training programme introduced Eosim laparoscopic trainers encourage trainees to continue to develop laparoscopic skills. Our aim was to provide a structured introduction to training focusing on trainee's confidence in laparoscopic skills.

Methods
The course began with an introduction to laparoscopic skills and Eosim application. This was followed with hands on practice using the Eosim digital package which gives set tasks and allows mentors to grade handling of instruments, flow of procedure, respect for tissues and time. Multiple stations allowed ample practice of different tasks. Ten Specialist Trainees at ST 1-2 attended the course. All completed pre and post- course electronic feedback forms. Trainees were asked to grade confidence in laparoscopic skills out of 5.

Results
In post course feedback trainees rated confidence 4.7 when asked if Eosim programme improved confidence in laparoscopic skills. The course was rated as 4.8 in terms of usefulness. All trainees showed increased levels of confidence in performing laparoscopic tasks following this course. Trainees reported reduced levels in anxiety about laparoscopic skills and skill levels compared to their peers in post course follow up.

Conclusion
The focus of this course was to familiarise junior trainees in the use of the Eosim laparoscopic box training. All showed increased confidence in its use and in their individual skill levels. Importantly this course appeared to reduce levels of anxiety around development of skills and learning progression compared to contemporaries. This course will be repeated in 6 months following introduction of trainers to each unit and aptitude in laparoscopic skills will again be assessed along with confidence.

Poster 174

Child nursing students experience of learning Clinical skills and simulation in a pandemic

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The problem
The study was undertaken in response to the need for immediate change and suspension of face to face delivery of an undergraduate children's nursing programme due to the declaration of a public health crisis caused by the Covid-19 Pandemic (WHO 2020).

The aim
The aim of this study is to capture the experiences of children's nurses who were undergraduate children's nursing students in England from March 2020 to February 2022, to understand the impact, the affect and development of knowledge and confidence when learning clinical skills and simulation during a global pandemic.

Method
A Mixed methods approach of questionnaire devised and adapted based on a validated questionnaire (Alconero-Camarero et al., 2016), with the option for participation in a follow up 'zoom' interview. Study information disseminated through faculty, forums and social media. Open questions and comments being analysed for themes.

Interim analysis
NVivo qualitative analysis. Challenges linked to missing clinical skills and simulation, lack of preparation which impacts on practice, lack of knowledge, impact on confidence, concern about competence and lack of peer/academic support. Challenges communicating with children and families when wearing PPE.

Why the work is important
The study informs educational practice, contributing to a body of knowledge for the healthcare workforce. It is relevant to the impact, influence on attrition, retention and preparation of current and future workforce.

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Oral 175

Using the PLUS Framework to support practice educators make the most of placement supervision

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Background

Practice educators are required to manage daily clinical activities alongside providing students with suitable learning opportunities and supervision. Thus, they need to focus their limited time on areas that will optimise students' learning opportunities. The Professional Learning through Useful Support (PLUS) Framework (Dancza et al., 2021) is an educational tool that describes a set of guidance strategies used by skilled practice educators, whilst acknowledging the critical influences of workplace and university contexts. Developed from occupational therapy practice in the UK and Australia, and informed by educational theory, the PLUS Framework consists of three key focal points:
(1) guiding learning, (2) making the theory-to-practice links explicit, and (3) supportively challenging students. This study evaluated the suitability and usefulness of the PLUS Framework to guide novice and experienced occupational therapy practice educators in Singapore in their support of student learning.

Method

A prospective qualitive descriptive design was used with a convenience sample of novice (n = 7) and experienced (n = 6) practice educators. Introductory materials on the PLUS Framework were shared with all participants. Perspectives about the usefulness of the Framework were gathered via semi-structured interviews with novice practice educators at three time points during a placement period, and experienced practice educators at two time points. Data were transcribed verbatim and analysed using template analysis (King, 2004). Findings and implications for practice Preliminary findings indicate that for experienced practice educators, the PLUS Framework provided a way to explain what they were intuitively doing in supervision, particularly when supporting less experienced educators. Novice practice educators valued the structure of the PLUS Framework in helping them gain confidence and reflect on their supervisory approach. Challenges related to how the PLUS Framework could be implemented and fully utilised in practice. Further research will trial ways to contextualise and embed the PLUS Framework in services.

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