

# SimNet 2026: Multi-Professional Simulation Conference (South East)



# SimNet

## Workshop Brochure 2026

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	Using AI to Assess Clinical Skills: A Practical Introduction to Automated OSCE Evaluation	<b>Mr George Ryan</b>	<b>G36</b>
	Walking in Someone Else's Shoes: Exploring the Challenges of Everyday Healthcare Through the use of Empathy Suits	<b>Dr Jane Roome, Sue Clarke, Dr Manjiri Bodhe and the KSS Primary Care Simulation Faculty</b>	<b>115</b>
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ORAL PRESENTATIONS

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	Scaling Up Immersive Technology in Medical and Surgical Training: Our Roadmap to 10,000 Immersive Experiences in 2026	Muntaha Uddin, Arooba Ali VRiMS WinS	
	You've Been Summoned: Preparing Healthcare Professionals for Coroner's Court Through Simulation	Kathryn Proudfoot, Megan Barker, Jodie Askew, Julie Turner University Hospitals Sussex NHSFT	
	The Effectiveness of Immersive Simulation on Nurses' Recognition and Management of the Deteriorating Patient	Lyndsay Habberfield, Tom Ward University Hospitals Sussex NHSFT	
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	Disseminating Learning from a Critical Incident Through the Establishment of an In-Situ Simulation Educational Programme	Sophie C Ragbourne, A Fletcher, N Gavin Queen Victoria Hospital	
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	Evaluation of Simulation-Based Education to Improve Medical Documentation for Early Clinical Medical Students	Dr Shivani Mahapatra Dr Megan Battenfield Nottingham University Hospitals, Nottingham Medical School, Trent Simulation Centre	
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	Palliative Simulation for Resident Doctors: Improving Emotional Preparedness, Cultural Sensitivity, and Core Clinical Skills	Dr Hussain Mahmood Palliative and General Internal Medicine, London and KSS Trainee	

ORAL PRESENTATIONS

Time	Title	Authors	Room
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	Virtual On-Call Simulation to Enhance Student Preparedness for Foundation Years	Dr Oyeronke Oyerinde, Dr Beth Asante, East Sussex Healthcare NHS Trust	
	Trauma Informed Birth Simulation	Dr Natalie Crawford, Wessex Dr Elinor Carlisle, Salisbury District General Hospital, Salisbury NHSFT	
<b>Session 3</b> <b>15:00-16:00</b>	Blending Innovation and Realism: A Meta-Analysis of Virtual Reality and Traditional Healthcare Simulation	Jasmine Ann Jacob, Zoë Melham Dartford and Gravesham NHS Trust	<b>115</b>
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	Top Triage: A Simulation Based Gamified Approach to Improving GP Registrar Confidence in Remote Consulting and Clinical Prioritisation	Dr Rosie Byars, Dr Richard Davies	
	The Delivery of Simulation-Based Education to Allied Health Professionals to Help Protect Vulnerable Patients	Rebecca Newton, Jasmine Jacob, Zoë Melham Dartford and Gravesham NHS Trust	

**Dr Ceri Butler: Leading Multiprofessional Curriculum Change Through Simulation and Digital Innovation: The BSMS Offer**

**Session 1  
10:30-11:30  
  
G31**

**Affiliations**

Dr Ceri Butler, Postgraduate Director of Teaching and Learning, BSMS. Kate Bascombe, Course Lead, Physician Associates MSc, BSMS, Associate Professor in Physician Associate Education. Katie Morrigan, PA-R, BSc, PGDip, Assistant Professor in Physician Associate Education.

**Methods**

This session presents a structured overview of the postgraduate and professional development provision at Brighton and Sussex Medical School (BSMS), focusing on the Clinical Education and Health Professional programmes alongside bespoke faculty development. A case-informed, practice-based approach is used to illustrate how the postgraduate team embed simulation-based education, digital platforms, and blended learning within curricula. Faculty development strategies are outlined to demonstrate how educators are supported to design, implement, and evaluate curriculum change across multi-professional groups.

**Results**

BSMS demonstrates a coherent, multiprofessional model into postgraduate education. Outcomes include capability in simulation pedagogy and online delivery, increased accessibility through flexible learning models, and strengthened interprofessional collaboration. Programmes support the development of clinical reasoning, leadership, and educational practice aligned with NHS workforce needs, while maintaining high levels of learner engagement and pedagogical quality.

**Conclusions**

A future digitally enabled approach to postgraduate education is critical for preparing the contemporary healthcare workforce. BSMS provides a scalable and adaptable model that integrates simulation, online learning, and faculty development to support effective curriculum transformation.

**Future Implications**

Future work will focus on increasing digital and simulation capacity, strengthening interprofessional learning, and improving evaluation of impact on practice and patient outcomes. There is also scope to expand online and hybrid delivery to improve access and support workforce development.

**Dr George Ryan: Using AI to Assess Clinical Skills: A Practical Introduction to Automated OSCE Evaluation**

**Session 1  
10:30-11:30  
  
G36**

**Affiliations**

Mr George Ryan, Professor Olwyn Westwood, Professor Joy Conway, Professor Rakesh Patel: BlackFrame.ai, UK; UCL Division of Surgical and Interventional Sciences; Brunel Medical School; St Mary's Medical School

**Background**

OSCEs are resource-intensive, examiner-dependent, and offer limited opportunity for repeated structured feedback. AI-based assessment platforms are an emerging solution, but most clinical educators have little practical exposure to how these systems work, what they can reliably assess, and how to interpret their outputs. Hands-on engagement with live AI assessment tools is needed to support evidence-based adoption decisions across medical education.

**Learning Outcomes**

Participants will be able to: Describe how a multimodal AI platform captures and assesses clinical performance against OSCE-style criteria in real time, interpret AI-human agreement metrics, including Cohen's kappa and Gwet's AC1 in the context of assessment validity, and critically appraise the strengths and limitations of AI-based assessment for formative and summative contexts.

**Workshop Format: 60 minutes, three parts.**

Part 1 (15 min): Overview of the clinical assessment landscape and the BlackFrame platform, including feasibility and agreement data from a UK medical school OSCE study (n=13, kappa 0.53 0.87 across stations).

Part 2 (30 min): A BlackFrame device will be deployed live in the workshop space. Volunteer participants perform a brief clinical task assessed in real time by the AI. The group reviews AI-generated outputs alongside facilitator scores, examining agreement, disagreement, and the influence of checklist design on reliability.

Part 3 (15 min): Facilitated discussion on implementation: infrastructure requirements, faculty and student acceptance, ethical considerations, and pathways toward summative-grade reliability.

**Intended Audience**

Clinical educators, simulation faculty, assessment leads, and healthcare education researchers interested in technology-enhanced assessment. No technical background required.

**Dr Jane Roome: Walking in Someone Else’s Shoes: Exploring the Challenges of Everyday Healthcare Through the Use of Empathy Suits**

**Affiliations**

Dr Jane Roome, Lead of KSS Primary Care Simulation Faculty.

**Abstract**

Empathy suits are increasingly utilised within healthcare education to support an understanding of person-centred care and accessibility challenges and can enhance healthcare professionals awareness of their role as health advocates for patients [1]. However, there is limited shared guidance regarding best practice facilitation, psychological safety, and educational design [2].

This highly interactive workshop provides participants with experiential exposure to empathy suits through a range of activities while critically exploring the opportunities and limitations of empathy-based simulation. Participants will rotate through facilitated experiential stations focused on mobility, communication, sensory impairment, environmental design, and systems-based barriers. Structured debriefing and collaborative discussion will enable participants to reflect on human factors, compassionate care, and educational implementation strategies.

The workshop will also create space for regional simulation educators to share innovation and best practice in the use of empathy suits across undergraduate, postgraduate, and workforce development settings paving the way for future collaborative opportunities.

Participants will leave with implementation ideas and a deeper understanding of how empathy suits can support psychologically safe, evidence-informed healthcare education.

**Workshop Aims**

1. To showcase the educational value of frailty simulation suits in healthcare education and provide participants with practical strategies for delivering psychologically safe, impactful, and evidence-informed empathy-based simulation activities for both staff and students.
2. To capitalise on the unique opportunity that the SimNet conference provides of bringing simulation educators together from across the southeast and beyond to share best practice and consider future collaborations between organisations.

**Learning Objectives**

By the end of the workshop, participants will be able to:

1. Describe how simulation suits can support empathy, human factors awareness, and person-centred care.
2. Experience selected physical and sensory challenges.
3. Identify best-practice principles for designing and facilitating empathy suit activities.
4. Discuss the ethical considerations and limitations of empathy simulation.
5. Develop at least one practical idea for implementation within their own educational context or collaborative opportunity between organisations.

**References**

1. Lee SWH and Teh P-L (2020) “Suiting Up” to Enhance Empathy Toward Ageing: A Randomized Controlled Study. *Front. Public Health* 8:376. doi: 10.3389/fpubh.2020.00376
2. Burcu Akpınar Söylemez, Ecem Özgül, Merve Aliye Akyol, Özlem Küçükgüçlü, Effectiveness of the aged simulation suit on undergraduate nursing students’ attitudes and empathy toward older adults: A systematic review and meta analysis, *Nurse Education in Practice*, Volume 77, 2024, 103990, ISSN 1471- 5953, <https://doi.org/10.1016/j.nepr.2024.103990>.

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**Session 1**  
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**Oral Presentations - Group 1**

**Jamie Cooper- Medication Management Simulation for Final-Year Adult Nursing Students and in 2026 working with Pharmacy Students**

**Affiliations**

Jamie Cooper, Rebecca Craig, Dr Konnie Basu. University of Brighton

**Background**

Medication management is consistently identified as one of the most high-risk aspects of nursing practice and remains a significant contributor to patient harm, particularly among newly qualified nurses. Limited opportunities to practise complex medicines-related decision-making during pre-registration education are associated with increased anxiety and reduced preparedness for practice (Craig et al., 2021).

Simulation-based education is an established pedagogical approach within nursing programmes and has demonstrated improvements in confidence, competence, and medication safety behaviours through experiential learning and structured reflection (Pol-Castañeda et al., 2022; Mahou et al., 2024).

**Aim**

This project aimed to enhance final-year adult field nursing students' confidence, clinical reasoning, and readiness for practice in medication management through repeated participation in ward-based simulation delivered during 2025.

**Methods**

In 2025, ten medication management simulation sessions were delivered as part of a core practice learning module for Year 3 adult field nursing students. Each session lasted three hours and involved approximately 14 students. Two simulated ward environments were used, incorporating realistic handovers, medication charts, and clinical documentation. Students rotated through roles including staff nurse, practice assessor or supervisor, patient, and family member, supporting professional insight and empathy. Scenarios reflected complex medication-related challenges such as polypharmacy, high-risk medicines, long-term conditions, cognitive impairment, communication barriers, and intravenous therapies. All sessions included structured pre-briefing, immersive simulation, and facilitated debriefing aligned with simulation best-practice standards.

**Key Findings and Learning**

Students reported increased confidence in medication preparation, administration, documentation, and escalation of concerns. Repeated exposure supported consolidation of safe medication practices and strengthened clinical reasoning, consistent with evidence supporting repeated medication safety simulation (Craig et al., 2021). Role rotation enhanced appreciation of professional accountability and patient experience, while facilitated debriefing supported reflective learning and transfer to practice.

**Conclusion/Implications for Practice**

Repeated ward-based simulation provides a structured and psychologically safe approach to preparing final-year nursing students for medication management in practice. Building on the positive outcomes of the 2025 nursing-focused delivery, pharmacy students through The School of Applied Sciences have been invited to participate from May 2026 as an interprofessional learning initiative. Interprofessional approaches to medicines education are associated with improved role clarity, collaborative decision-making, and medicines optimisation, further supporting patient safety (Dilles et al., 2021).

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**Oral Presentations - Group 1**

**Muntaha Uddin and Arooba Ali: Scaling Up Immersive Technology in Medical and Surgical Training: A Demonstration of Technical Aspects and Our Roadmap to 10,000 Immersive Experiences in 2026**

**Affiliations**

Muntaha Udding and Arooba Ali, Brighton and Sussex Medical School.

**Background and Rationale**

Traditional surgical training is often constrained by limited access to operating theatres, hierarchical learning structures, and variability in exposure to procedures. These challenges can hinder the development of procedural confidence and anatomical understanding among trainees. The Virtual Reality in Medicine and Surgery (VRiMS) programme aims to address these limitations through structured, immersive virtual reality (VR) training. By integrating high-quality surgical videos and interactive anatomical mode ead Is, VRiMS provides a comprehensive, engaging, and highly accessible learning experience.

Currently covering over 350 surgical procedures, VRiMS has been successfully implemented across multiple institutions in the UK. Prior workshop evaluations demonstrate strong educational impact, with 91.4% of participants reporting that VR based learning was more effective than traditional surgical education methods. As demand for innovative training solutions grows, VRiMS offers a scalable and adaptable approach to standardising surgical education while enhancing learner engagement and long-term knowledge retention.

**Kathryn Proudfoot, Megan Barker, Jodie Askew: You've Been Summoned: Preparing Healthcare Professionals for Coroner's Court Through Simulation**

**Affiliates**

Authors: Kathryn Proudfoot, Senior Practice Educator. Module Lead. Megan Barker, Clinical Educator, Medicine. Co-developer Jodie Askew, Clinical Educator, Medicine. Co-developer Julie Turner, Deputy Head of Simulation & Essential Clinical Skills. Co-developer Affiliations: 1. University Hospitals Sussex NHS Foundation Trust. 2. Horsham Coroners Court

**Background/Context**

The Royal College of Nursing (1) identifies that healthcare professionals commonly experience significant anxiety, fear, and a sense of unpreparedness when summoned to attend a Coroner's Court inquest. The process is emotionally demanding and requires practitioners to articulate clinical decision-making, documentation, and professional judgement under legal scrutiny. This frequently aligns with a Patient Safety Incident Response, which focuses on understanding how incidents occur rather than attributing blame (2). Rising patient safety incidents related to inpatient falls, alongside medico-legal feedback highlighting poor preparation, staff trauma, and insufficient documentation, led to the development of You've Been Summoned; Law & Ethics in Clinical Practice at an Acute Hospital Trust.

The module's central feature is a full-day, in-situ Coroner's Court simulation hosted at the Coroner's Court and supported by real coronial staff and professional actors portraying family members. Learners participate as witnesses, receive structured debriefs, and are provided with tailored feedback. In-situ simulation promotes critical thinking, psychological safety, and team-based learning (3), addressing the emotional and professional complexity of coronial proceedings.

**Aim**

In response to identified organisational need, You've Been Summoned; Law & Ethics in Clinical Practice is a five-day accredited module designed to equip nursing staff with legal literacy, ethical awareness, and practical skills to navigate coronial processes with confidence. The module aims to address gaps in preparedness, strengthen professional accountability, and support staff wellbeing following adverse events.

Legal Services, Patient Safety, Palliative Care, and Simulation Education informed a collaborative programme design. Delivery combines lectures, case-based learning, reflective practice, and simulation. Core content includes health law, liability, Fitness to Practise, documentation and statement writing, investigations such as Early Learning Reviews, Structured Judgement Reviews, and considerations following patients' death.

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**Oral Presentations - Group 1**

**Kathryn Proudfoot, Megan Barker, Jodie Askew: You've Been Summoned: Preparing Healthcare Professionals for Coroner's Court Through Simulation - Continued**

**Methods/Approach**

Day four utilises a high-fidelity, in-situ Coroner's Court simulation replicating an inquest. Learners participate as witnesses, examined by the Senior Coroner in an authentic yet psychologically safe environment. Real-time conclusions and courtroom pressures enhance interprofessional learning, emotional coping strategies, and transfer to clinical practice (4).

**Key Findings or Learning**

Participants reported increased confidence in legal processes, documentation standards, witness preparation, and understanding of events following death. Improved articulation of clinical reasoning and awareness of organisational support and restorative practice were also noted.

**Conclusion/Implications For Practice**

You've Been Summoned demonstrates the value of simulation-enhanced legal education in preparing healthcare professionals for coronial scrutiny. The programme offers a scalable, transferable model adaptable across Trusts and specialty settings.

**Lyndsay Habberfield: The Effectiveness of Immersive Simulation on Nurses' Recognition and Management of the Deteriorating Patient**

**Affiliations**

Lyndsay Habberfield- Clinical Lead for Nursing Education, University Hospitals Sussex Tom Ward- Learning Technologist, University Hospitals Sussex.

**Background**

There is a body of literature which indicates Deteriorating Patients (DP's) are not always recognised, the severity of their condition appreciated or sufficiently acted upon. Immersive simulation is an advanced educational method using technologies like Virtual Reality to create realistic, 360° synthetic environments. It safely replicates real-world clinical scenarios, allowing professionals to practice skills, improve patient safety and enhance decision-making without risk to patients. An interactive branching 360° video simulation was created based on a deteriorating patient scenario- utilising an actor, allowing nurses to work through A-E assessment and management of the septic patient. This formed part of a blended learning package, incorporating online learning and face to face simulation.

**Aim**

The aim was to assess the effectiveness of the immersive simulation on nurses recognition and management of the Deteriorating Patient.

**Method**

Post Registration Adult Nurses (Bands 5-7) were required to complete a post course evaluation after completing the immersive simulation and online learning.

**Key Findings**

428 nurses completed the post course evaluation: 92.5% found the immersive simulation improved their knowledge and was realistic, while 95.5% felt the immersive simulation would help them structure their A-E assessment and SBAR handover.

**Conclusion**

This service evaluation provides support that immersive simulation can improve knowledge and support the recognition and management of deterioration in practice. It is an innovative and experiential learning approach, which helps bridge the gap between theory and practice, enhancing the blended learning approach.

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## Oral Presentations - Group 2

### **Dr Maddie Runagall: Training together: An interprofessional (IP) approach to undergraduate simulation**

#### **Affiliations**

Dr Maddie Runagall MBBS, Rachel Whitmore RN, East Sussex Healthcare Trust.

#### **Background**

In healthcare, our day-to-day involves working with people from multiple healthcare professions. IP education (IPE) is encouraged by regulatory bodies, and enables students to learn from and about each other, flattening traditional hierarchies. So why do we teach in silos? Inspired by a trial of IP placements in our Emergency Department, we developed a simulation in collaboration with education leads from medicine, nursing, pharmacy, operating department practitioners and physician's associates, to integrate IPE into undergraduate training.

#### **Aims**

To increase students' understanding of the roles of different members of the multidisciplinary team (MDT). To increase students' confidence working in an MDT.

#### **Methods**

A half-day simulation course was developed for 14 final year students, an equal number from each profession. We began with an escape room ice-breaker, drawing out human factors concepts to refer to later. This was followed by three acute scenarios involving different professions working together to save their patients. Students completed confidence scores and rated their understanding of different healthcare profession roles pre-and-post simulation. These were quantitatively analysed using paired t-tests.

#### **Key findings**

Understanding of each profession's roles increased post-simulation, with statistical significance in all but the understanding of a doctor's role. Similarly, students' rating of their confidence working in an MDT increased post-session showing statistical significance.

#### **Conclusion/Implications For Practice**

Introduction of an undergraduate IPE simulation led to an increase in understanding of each other's roles and fostered confidence working in an MDT. This project hopes to prepare students for work in the NHS, bridging the gap between siloed education and real-life practice.

### **Haitham Ahmed: Use of extended reality tools: a substitute or an adjunct for conventional anatomy teaching?**

#### **Affiliations**

Haitham Ahmed (Lead Author) - University of Nottingham/ Dr Sadia Khan (Co-author)- University of Nottingham.

#### **Background**

Cadaveric dissection is the "gold standard" for teaching anatomy, but resource constraints have accelerated the adoption of Extended Reality (XR), including Augmented Reality (AR) and Virtual Reality (VR). While student satisfaction is high, XR's pedagogical efficacy versus traditional methods remains debated.

#### **Aim**

To evaluate the effectiveness of XR tools (AR/VR) versus traditional cadaveric prosection in teaching neuroanatomy to medical students, assessing knowledge acquisition, engagement, usability, and spatial understanding.

#### **Method**

A mixed-methods study with first and second-year medical students at the University of Nottingham. Participants rotated through AR, VR, and cadaveric prosection stations. Quantitative data from pre/post-intervention quizzes (n=36) were analysed via two-way ANOVA. Qualitative data from perception surveys (n=154) were analysed using Braun and Clarke's thematic analysis.

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**Oral Presentations - Group 2**

**Haitham Ahmed: Use of extended reality tools: a substitute or an adjunct for conventional anatomy teaching? - Continued**

**Key Findings/Learnings**

Quantitative analysis showed no statistically significant difference across modalities ( $p=0.109$ ) in terms of knowledge acquisition. AR trended highest in mean scores, VR lowest. Qualitatively, 70% of participants viewed XR favourably for interactive manipulation. Thematic analysis highlighted XR's capacity for 3D spatial visualization, despite reports of "extraneous cognitive load" with VR.

**Conclusions/Implications for Practice**

XR tools engage students and aid in visualising complex neuroanatomy but do not outperform cadaveric methods in immediate recall. XR functions best as an adjunct. We recommend an integrated curriculum: AR for accessibility, VR for spatial manipulation, and prosections for biological realism.

**Shehryar Palijo: Crisis in the Chair: Crisis in the Chair: In-Situ Simulation for Human Factors in Maxillofacial MDTs**

**Affiliations**

Shehryar Palijo, Bushra Bashir and Victoria Gray (East Kent Hospitals University NHS Foundation Trust).

**Background**

Cadaveric dissection is the "gold standard" for teaching anatomy, but resource constraints have accelerated the adoption of Extended Reality (XR), including Augmented Reality (AR) and Virtual Reality (VR). While student satisfaction is high, XR's pedagogical efficacy versus traditional methods remains debated.

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## Oral Presentations - Group 2

### **Sophie Ragbourne: Disseminating Learning from a Critical Incident Through the Establishment of an In-Situ Simulation Educational Programme**

#### **Affiliations**

Sophie C Ragbourne, A Fletcher, N Gavin; Queen Victoria Hospital.

#### **Background**

We established a simulation-based educational programme following a postoperative critical incident that led to a patient death. The case was a 55-year-old, previously fit and well male post right hemi-mandibulectomy, right neck dissection and fibula free flap reconstruction for oral squamous cell carcinoma. Reflecting available literature(1,2), the postoperative multidisciplinary decision was for overnight tracheal intubation; extubation on day one was uneventful. Acute airway obstruction secondary to concealed haemorrhage occurred out of hours day two postoperatively. Anaesthetic plans A - C failed and the patient suffered a hypoxic cardiac arrest. Emergency surgical front of neck access (FONA) was extremely challenging. Return of spontaneous circulation occurred but the patient suffered refractory hypoxic brain damage.

#### **Aim**

**Following the incident, the multidisciplinary team endeavoured to identify targeted changes to enhance patient safety.**

#### **Approach**

The clinical scenario was simulated three times with collaborative debriefs. Resulting actions comprised the implementation of standardised anaesthetic and surgical emergency airway trolleys with an emergency airway management shadow board, together with the establishment of a simulation programme incorporating skills stations, a simulation and debrief. Skills include setting up the anaesthetic and emergency surgical airway trolleys; shadow board; videolaryngoscopy; and assisting a difficult surgical FONA. The simulation replicates the clinical event with representative out of hours staffing.

#### **Key Findings**

Regular training conducted every 6-8 weeks has successfully upskilled over 100 staff across two years. The airway shadow board reduces cognitive load and significantly streamlines emergency responses. Moreover, the programme has improved clinical confidence and reduced staff stress during high-pressure scenarios. Development has commenced for a dedicated emergency surgical FONA shadow board to further standardise emergency care.

#### **Conclusion**

We hope that by sharing our simulation, it can be adopted in other head and neck centres to disseminate learning in a safe environment, improve patient safety and ultimately prevent future deaths.

#### **References**

1. Coyle MJ, Tyrrell R, Godden A, et al. Br J Oral Maxillofac Surg 2013; 51: 493-6
2. Myatra SN, Gupta S, Rajnala V, et al. Br J Anaesth 2020; 125: 204-5

**Dr Signe Hassan: Beyond Assumptions: Building Bridges in NHS Communication**

**Session 2  
11:45-12:45**

**G31**

**Affiliations**

Signe Hassan, Kent and Medway primary care simulation faculty: Leone Walker, Rosie Byars, Tiwalola Atti, and Stephanie Estabrook.

**Background/Rationale**

Cultural competence is essential for safe, effective care in the NHS, yet teaching often remains theoretical and lacks engagement. This workshop builds on a digitally animated learning module and scenario-based simulation (including shadowbox decision-making) to create an interactive, practice-focused learning experience. It reframes cultural competence as a shared responsibility, exploring how communication styles, hierarchy, and system pressure shape behaviour, particularly across a diverse workforce and patient cohort.

**Learning Outcomes**

**Participants will be able to:**

- 1) Recognise how cultural and organisational factors shape communication and clinical decisions
- 2) Apply reflective strategies to navigate complex interactions with patients and colleagues
- 3) Implement practical techniques to improve communication within diverse teams

**Description of Workshop format**

This 60-minute interactive workshop integrates short, animated clips with facilitated discussion and scenario-based learning. Participants engage with realistic cases highlighting common challenges (ie indirect communication, lack of awareness around cultural diversity and norms, workplace culture and hidden curriculum) Using a shadowbox approach, they select response at key decision points, followed by structured debrief exploring reasoning and alternative perspectives. Facilitators guide reflection, linking insights to everyday clinical practice. The focus is on active participation, peer learning, and immediately applicable strategies.

**Sarah Glass: Low-Fidelity, High Impact Approach: Showcasing Table-top Simulation as an Accessible, Scalable MTD Teaching Method**

**Affiliations**

Sarah Glass, Sarah Brennan, Abi Graves-Cooper and Dagmar Ludewig. Sussex Community Foundation NHS Trust. Staff Education and Development.

**Background/Rationale**

Low-fidelity table-top simulation can deliver high-impact and high-engagement learning for multidisciplinary teams. In a safe, inexpensive, flexible environment, to practise communication, coordination, and decision-making. It is a portable simulation activity, without the need for specialist equipment or high-tech simulation labs.

Table top simulation equipment is made up of low-cost materials (laminated Character cards, event cards, photos of clinical equipment/situations, organisational workflows, guidelines etc). All to replicate simple or complex team-based clinical or organisational challenges. This method supports scalability, accessibility, and promotes Multidisciplinary working.

**Key strengths**

Psychological safety: participants feel less intimidated.

Rapid iteration: scenarios can be reset or modified instantly.

Cost-effective: ideal for departments with limited budgets. Portable: can be delivered anywhere—meeting rooms, classrooms, community settings. Inclusive: supports diverse disciplines, roles, and experience levels. High participant engagement in debriefing.

**Learning Outcomes**

- 1) Attendees will be able to explain the principles and benefits of low-fidelity table-top simulation
- 2) Articulate why table top sim, is an effective, scalable method in simulation education.
- 3) Identify how table top simulation could be developed and used in their area of practice.

**Description of Workshop Format**

\* Power-point: Brief introduction to the principles and evidence of table top simulation as a low-fidelity simulation.

\*Live demonstration: Short table-top scenario. Attendees observe or take part in the simulation, experiencing how the simple materials in table top sim can support simple or complex clinical or organisational challenges.

\*Hands on participation: Attendees take part in either: Structured table top formalised case study scenario. or Unstructured free flow table top- used where there is a need for an on-the spot education session.

\*Workshop debrief: Attendees discuss both the conceptual understanding and practical tools to implement this approach in their own practice settings.

**Session 2  
11:45-12:45**

**G36**

**Dr Georgios Arealis: Beyond the Theatre: AR/MR Live Surgical Teaching to Close Training Gaps**

**Affiliations**

Muhammad Tahir, Momna Raja, Jackie Knight, Georgios Arealis. East Kent Hospitals University NHS Foundation Trust, BSMS (Brighton & Sussex Medical School) / NHS England South East, Canterbury Christ Church University.

**Background**

Surgical training is increasingly challenged by reduced clinical exposure, geographic separation, and patient safety constraints. Augmented Reality (AR) and Mixed Reality (MR) technologies offer innovative, immersive approaches to enhance remote surgical education.

**Methods**

We conducted a pilot study to assess the feasibility and effectiveness of AR-based remote surgical teaching following institutional ethics approval. Patient CT imaging was processed using 3D planning software to generate patient-specific holograms, visualised via HoloLens. Live intraoperative teaching was streamed to remote trainees via Microsoft Teams, enabling real-time interaction. Quantitative and qualitative feedback were collected from participants.

**Results**

The 60-minute session was broadcast from the elective orthopaedic centre to trainees located at a separate hospital site. The operating surgeon simultaneously delivered teaching, including 3D hologram visualisation, imaging review, and procedural explanation. The simulation fellow and a trainee facilitated moderation at the transmitting and receiving sites, respectively. Trainees rated the first-person surgical perspective highly (mean 9.0/10) and reported improved confidence (mean 8.2/10). Qualitative feedback described the experience as “unique,” “novel,” and highly engaging. Technical challenges included occasional limitations in visualising the surgical field via HoloLens, as well as latency, audio quality issues, and calibration affecting hologram alignment.

**Conclusions**

AR/MR-based live surgical teaching is a feasible and effective method to bridge geographical gaps in training. The immersive, first-person perspective enhances engagement and confidence, though reliable infrastructure and careful setup are essential.

**Future Implications**

Wider implementation across institutions, integration with AI-driven tools, and incorporation into formal curricula may improve accessibility, standardisation, and overall training quality.

**Session 2  
11:45-12:45**  
  
**&**  
  
**Session 3  
15:00-16:00**  
  
**118**

**Session 2**  
**11:45-12:45**  
**144**

**Oral Presentations**

**Dr Ibrahim Elsherbini: Surgical Skill Development through High-Tech Simulation-Based Constructivist Learning**

**Affiliations**

Dr Ibrahim Elsherbini- Surgical Registrar, Conquest Hospital East Sussex NHS trust.

**Background**

Traditional surgical training faces increasing challenges, such as decreased operative exposure, an increase in trainee burnout, and inefficiencies in skill acquisition. Although simulation, virtual reality (VR), augmented reality (AR), and 3D printing are increasingly available, they are often implemented in isolation without a unifying educational framework. Constructivist learning theory, which emphasises personalised, stepwise knowledge construction through reflection and experience, offers a foundation for integrating these technologies into a cohesive training model.

**Aim**

To propose a trainee-centred, constructivist simulation framework integrating VR, AR, and 3D printing to enhance technical skill acquisition, training efficiency, and patient safety.

**Method**

We describe a conceptual educational model in which individual trainee performance is assessed following real-time operative experience and specific procedural deficits are identified. Targeted remediation is delivered using a two-stage simulation approach: (1) immersive VR/AR rehearsal of the problematic surgical step, enabling repeated cognitive and visual practice, and (2) hands-on repetition using low-cost, 3D-printed anatomical models to reinforce tactile and technical skills. Training progression is guided by structured feedback, performance recording, and reflective practice. The framework is supported by current evidence on simulation efficacy, skill transferability, and patient-specific rehearsal.

**Results**

Published evidence demonstrates that simulation-based training improves technical accuracy, decreases operative errors, shortens learning curves, and improves patient safety. Combining immersive VR with physical simulation shows superior skill transfer compared with either modality alone.

**Conclusion**

An integrated constructivist simulation model using VR, AR, and 3D printing represents an innovative and feasible direction for surgical education, with potential to improve training efficiency, support trainee wellbeing, and enhance patient safety.

**Dr Shivani Mahapatra: Evaluation of simulation-based education to improve medical documentation for early clinical medical students**

**Affiliations**

Dr Shivani Mahapatra, Dr Megan Battenfield, Nottingham University Hospitals, Nottingham Medical School, Trent Simulation Centre.

**Background**

Accurate medical documentation is fundamental to safe patient care. The General Medical Council (GMC) mandates that newly qualified doctors elicit and record patient histories accurately as a core graduate outcome. Despite this, documentation deficiencies remain widespread within the NHS, with errors identified in a substantial proportion of patient records and poor record quality linked to systemic failures in communication and patient safety. Foundation Year 1 (FY1) doctors complete most ward documentation, yet fewer than half of UK medical graduates report feeling adequately prepared for clinical work upon qualification. Documentation is frequently neglected within the curriculum, with significant inter-institutional variation in training quality. Structured educational interventions have demonstrated measurable improvements in documentation skills and student confidence.

<p><b>Session 2</b> <b>11:45-12:45</b> <b>144</b></p>	<p><b>Oral Presentations</b></p>
<p><b>Dr Shivani Mahapatra: Evaluation of simulation-based education to improve medical documentation for early clinical medical students - Continued</b></p> <p><b>Aims</b> We aimed to evaluate a longitudinal simulation-based approach to medical documentation education for third-year medical students, aiming to address this gap in undergraduate training.</p> <p><b>Method</b> Undergraduate medical students undertaking their medicine rotation in Year 3 and 4(FFP) were given small group teaching interpreting and writing medical notes as part of their professional development student forum. Further teaching was delivered to students during induction starting their junior assistantship in larger groups to tackle barriers to them documenting in the notes followed by a video simulating a ward round to help students to document in realistic scenarios. The student confidence and qualitative data was measured using menti-meter.</p> <p><b>Results</b> There was an average improvement in the student confidence in interpreting medical notes from 3.36 to 4.12 and an improvement in confidence of documenting medical notes from 2.66 to 3.75. However, the confidence at the start of the junior assistantship was lower. Student feedback on the barriers to them documenting in a clinical documentation identified a lack of confidence in the electronic notes system.</p> <p><b>Conclusions and Discussions</b> The data showed that FFP students are underconfident in documenting in medical notes. Small group can improve confidence however confidence falls in the interim after teaching. Barriers to use of electronic notes were identified, and further initiatives will include the use of electronic notes to improve student confidence.</p>	
<p><b>Mr George Ryan: Feasibility and Agreement Evaluation of an AI-Based Clinical Skills Assessment Platform in a Simulated OSCE Setting</b></p> <p><b>Affiliations</b> Mr George Ryan, Professor Olwyn Westwood, Professor Joy Conway, Professor Rakesh Patel: BlackFrame.ai, UK; UCL Division of Surgical and Interventional Sciences; Brunel Medical School; St Mary's Medical School.</p> <p><b>Background</b> Clinical skills assessment in medical education depends on trained human examiners, limiting scalability and frequency of feedback. AI-based platforms offer potential for automated, standardised assessment, but require feasibility and agreement evaluation before adoption.</p> <p><b>Aim</b> To evaluate the feasibility, usability, and AI-human examiner agreement of an AI-based clinical skills assessment platform (BlackFrame) in a simulated OSCE environment.</p> <p><b>Methods</b> An exploratory feasibility and agreement study was conducted at Brunel University London. Thirteen medical students completed three mock OSCE stations: respiratory history, abdominal examination, and cannulation. AI-generated scores were compared to independent trained human examiner scores using Cohen's kappa, Gwet's AC1, and raw percent agreement. Feasibility was assessed via post-session Likert questionnaire.</p> <p><b>Key Findings</b> Binary agreement ranged from 0.857-0.910 across stations. Gwet's AC1 ranged from 0.726-0.889, and Cohen's kappa from 0.530-0.702, within ranges typical of human inter-rater reliability. Major disagreements were rare (7.7%) and fell further following AI scoring refinement, with kappa reaching 0.872 for the respiratory history station. Participants reported high usability, perceived fairness, and supported wider adoption.</p> <p><b>Conclusions</b> BlackFrame demonstrated high feasibility and agreement with human examiners comparable to published human inter-rater benchmarks. These findings support further multi-centre validation of AI-based assessment as a scalable adjunct to clinical skills training.</p>	

**Session 2**  
**11:45-12:45**  
**144**

## Oral Presentations

### **Dr Hussain Mahmood: Palliative Simulation for Resident Doctors: Improving Emotional Preparedness, Cultural Sensitivity, and Core Clinical Skills**

#### **Affiliations**

Dr Hussain Mahmood, ST4 Palliative and General Internal Medicine, London and KSS Trainee, BSMS Leadership and Education Fellow, Frimley Park Hospital.

#### **Background**

Palliative and end-of-life care is a core competency for resident doctors; however, many report feeling underprepared and experiencing significant emotional burden when managing dying patients. National initiatives such as the Getting It Right First Time (GIRFT) programme emphasise the need to better prepare clinicians for such instances, including improving culturally and religiously sensitive care.

#### **Aim**

To improve resident doctors' confidence and competence in managing common palliative and end-of-life care scenarios encountered on call, with a focus on communication, emotional preparedness, and culturally sensitive care.

#### **Method**

I developed a half-day simulation programme involving four resident doctors participating in four high-fidelity scenarios. Each participant completed a 15-minute simulation followed by a 30 minute structured debrief facilitated by palliative care faculty. Scenarios included withdrawal of treatment, complex symptom management, and recognition of dying and were contextualised within common on-call scenarios. The FHFT simulation service helped facilitate the scenarios and case notes were created on SimEPR. Debriefing focused on communication, prognostication, emotional responses, and cultural and religious considerations.

#### **Key Findings**

Confidence improved across all domains. The greatest improvements were seen in culturally sensitive care (+28%), managing emotional responses (+25%), and multidisciplinary team working (+25%). Moderate improvements (~20%) were observed in communication, escalation decision making, and anticipatory prescribing.

#### **Conclusion/Implications for Practice**

Simulation-based training led to meaningful improvements in confidence across key palliative care domains, particularly in complex communication and emotionally challenging situations. Structured debriefing and realistic scenarios are effective in preparing resident doctors for real-world end-of-life care and should be incorporated into postgraduate training programmes.

	<p align="center"><b>Dr Simran Singh: Towards Neurodiversity-Inclusive Simulation: INCLUDE Framework and 5P Toolkit</b></p>
<p><b>Session 3</b> <b>15:00-16:00</b></p> <p><b>G31</b></p>	<p><b>Affiliations</b></p> <p>Dr Simran Singh, with facilitators from Medway NHS Foundation Trust, Matthew Taiano, Resuscitation Officer and RCUK Instructor, Manisha Shah, Simulation Lead, Consultant Anaesthetist Ashike Choudhury, Director of Medical Education, Consultant in Emergency Medicine.</p> <p><b>Background/Rationale</b></p> <p>Simulation-based education is central to clinical training, yet it often assumes a uniform learner experience. Increasing recognition of neurodiversity within the healthcare workforce highlights a critical gap in how simulation is designed and delivered. Our pilot questionnaire and learner-informed insights confirmed consistent barriers, including sensory overload, perceived scrutiny, cognitive and communication load, and limited opportunities to request adjustments.</p> <p>Despite growing emphasis on inclusive learning (NHSE’s Safe Learning Environment Charter), practical simulation-specific guidance remains limited. In response, we developed a learner-informed approach: the INCLUDE framework (facilitator behaviours) and the 5P Toolkit (People, Preparation, Place, Process, Psychological Safety) to operationalise inclusive simulation design.</p> <p><b>Learning Outcomes</b></p> <ul style="list-style-type: none"> <li>- Identify common barriers experienced by neurodivergent learners in simulation</li> <li>- Apply the INCLUDE framework to adapt facilitation and enhance psychological safety</li> <li>- Use the 5P Toolkit to design or adapt inclusive simulation sessions</li> </ul> <p><b>Description of Format</b></p> <p>This interactive workshop is grounded in active and experiential learning. Participants will engage with anonymised learner narratives to explore lived experiences and identify barriers within simulation contexts.</p> <p>Through facilitated small-group discussion and case-based learning, participants will apply the INCLUDE framework to real-world scenarios. A structured redesign exercise using the 5P Toolkit will support translation into practice.</p> <p>A live demonstration will contrast facilitation approaches to encourage discussion. The session concludes with guided reflection and individual action planning to support implementation in participants’ own contexts.</p> <p><b>Intended Audience</b></p> <p>This workshop is aimed at simulation faculty, clinical educators, and healthcare professionals involved in delivering or designing simulation-based education. No prior experience in neurodiversity or inclusive education is required.</p>

**Dr Helen Higham: Simulation-Based Education in Surgery**

**Affiliations**

Helen Higham, Johanna Thomas; Patrick Garfjeld-Roberts; Luke Solomons.

**Background and Rationale**

Simulation-based education (SBE) is increasingly central to surgical training, enabling the development of technical and non-technical skills in safe environments. Ongoing service pressures, reduced operative exposure, and increasing clinical complexity have intensified the need for scalable training solutions.

Since the previous Oxford Brookes conference, advances in simulation technologies and regional initiatives have expanded opportunities for integration. A recent scoping project identified variation in access, gaps in provision, and the need for more structured embedding of SBE within curricula. This workshop addresses these challenges by examining implementation barriers, enabling factors, and innovative approaches, alongside emerging partnerships with industry.

**Learning Outcomes**

This interactive workshop will:

- Provide an update on progress in surgical simulation since last year’s conference at Oxford Brookes University
- Review training needs analysis revealed by scoping project
- Discuss facilitators and barriers to the expansion of simulation-based education in surgery
- Share ideas for innovative approaches to embedding simulation in both technical and non-technical skills teaching in surgery
- Offer opportunities to explore technologies for use in surgical simulation with industry partners

**Workshop Format**

Interactive session including short expert updates, facilitated group discussion, case examples, and hands-on exploration of simulation technologies with industry partners.

**Intended Audience**

Medical and surgical educators, healthcare professionals, and simulation faculty involved in training and workforce development.

**Session 3  
15:00-16:00**

**G36**

**Session 3**  
**15:00-16:00**  
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**Oral Presentations - Group 1**

**DrRaya Al-Jawaheri & Dr Nick Harvey: Bringing Expert GP Consulting to Life: Evaluation of a Live Clinical Experience (LCE) Pilot within KSS GP Specialty Training**

**Affiliates**

Dr Nick Harvey, Dr Raya Al-Jawaheri, Dr Pavan Uppal, Dr Liz Norris. KSS Primary Care Department and Educators' faculty with thanks to Global Health Education Group (GHEG).

**Background**

GP Registrars need to develop complex consulting, communication, and clinical reasoning skills within pressured and unpredictable environments. Traditional educational approaches such as simulation, role play, and recorded consultations may not fully capture the authenticity and uncertainty of real-world general practice. LCE was utilised as a novel educational intervention enabling GP Registrars to observe live, unscripted consultations with patient consent.

**Objectives**

To evaluate the educational value, feasibility, and acceptability of LCE as a scalable postgraduate educational intervention within GP specialty training.

**Methods**

Three pilot LCE sessions were delivered using differing facilitation models, including small interactive and larger facilitated group formats involving approximately 54 GP registrars across ST1-ST3 training grades. Evaluation data included 51 standardised feedback forms using common Likert scale questions, additional qualitative responses, facilitator reflections, and pre-session learner expectation capture.

**Learning**

Overall educational ratings were highly positive, with a mean score of 4.32/5. The highest-rated domain was relevance to GP training (4.61), followed by the educational value of observing multiple consultations (4.57). Registrars particularly valued the authenticity of real consultations, observation of experienced GP consulting styles, management of uncertainty and multiple agendas, and reflective debrief discussions. Key areas for improvement included protected debrief time, technical reliability, and balancing authentic consultation flow with learner interaction.

**Conclusion**

LCE appears to be a distinctive, educationally credible, and potentially scalable teaching model for GP training. The intervention makes expert generalist practice visible in ways difficult to reproduce through simulation alone and may offer an important complementary approach within modern postgraduate GP education.

**Dr Josephine Valsa Jose: Practicality and Value of In Situ Simulation in a Tertiary Hospital Setting: A Scalable Model for Education and System Improvement**

**Affiliates**

Dr Josephine Valsa Jose, Dr Sugeeth Joseph. Queen Elizabeth the Queen Mother Hospital, Margate, East Kent NHS Foundation Trust

**Context**

Simulation is often constrained by time, space, and resource demands, limiting its integration into routine clinical practice. In situ simulation (ISS), delivered within real clinical environments, offers a potentially scalable solution that bridges education and patient safety by embedding learning directly into care delivery systems. However, evidence demonstrating feasibility and impact at organisational scale remains limited.

**Aim**

To evaluate the feasibility, educational impact, and system-level value of a multidisciplinary ISS programme, and to explore its potential for wider implementation.

**Session 3**  
**15:00-16:00**  
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**Oral Presentations - Group 1**

**Dr Josephine Valsa Jose: Practicality and Value of In Situ Simulation in a Tertiary Hospital Setting: A Scalable Model for Education and System Improvement - Continued**

**Method**

Prospective service evaluation of ISS conducted between Feb 2025 and April 2026 across seven clinical areas including emergency, intensive care, paediatrics, maternity, anaesthetics, theatres, and ward-based teams. Data included session delivery, cancellations, learner groups, and attendance. Quantitative survey data were analysed descriptively, while qualitative feedback underwent thematic analysis. Latent safety threats (LSTs) were identified and categorised during simulation and structured debrief.

**Key Findings**

Thirty-four ISS sessions engaged 253 multidisciplinary staff, demonstrating feasibility. Fifteen cancellations reflected real-world pressures, mainly acuity and staffing (n=10), space (n=4), and faculty constraints (n=1). ISS required minimal cost and moderate faculty input, supporting scalability. Participants reported increased confidence (25%), competence (18%), realism (19%), teamwork (16%), and communication (15%). Qualitative themes highlighted improved leadership, role clarity, and situational awareness. Multiple LSTs were identified, informing targeted system improvements.

**Implications for Practice**

ISS is a scalable, high-impact intervention integrating education with real-time system testing. It enhances team performance while identifying safety risks, supporting its role as a transferable model for healthcare organisations. Sustained implementation requires organisational alignment, protected time, and faculty development.

**Dr Oyeronke Oyerinde- Virtual On-Call Simulation to Enhance Student Preparedness for Foundation Years**

**Affiliations**

Dr Oyeronke Oyerinde and Dr Beth Asante, East Sussex Healthcare Trust.

**Background**

The transition from medical school to Foundation Year 1 (F1) is widely recognised as a challenging period, with approximately 46% of graduates reporting that they do not feel adequately prepared for their first post. This lack of preparedness is often attributed to limited clinical experience and uncertainty regarding the expectations of the role. To address this gap, we implemented a Virtual On-Call (VOC) simulation designed to provide a safe, structured environment in which students could experience the responsibilities of an F1 doctor. This study will assess the confidence of students before and after their participation in the VOC.

**Methods**

A semi-structured questionnaire was distributed to 11 final-year medical students prior to the VOC to assess baseline confidence and identify learning needs. Confidence was measured using a 1-5 Likert scale across five domains, including prescribing, prioritisation, escalation, and managing acutely unwell patients. Then after the VOC took place, another questionnaire was subsequently administered, and the whole process was repeated for a second cohort. Quantitative data were analysed using an independent t-test.

**Findings**

Overall confidence significantly improved from a mean of 2.54 to 3.69 (p=0.004). Statistically significant improvements were observed across most domains, including managing patients independently, prescribing, referrals, and reviewing acutely unwell patients. Confidence in completing an on-call shift alone increased but did not reach statistical significance. Qualitative feedback demonstrated a shift from fear and anxiety to more specific clinical concerns, suggesting improved insight and cognitive framing of the F1 role.

**Conclusion**

Despite limitations including small sample size and potential selection bias, VOC simulation appears to be an effective educational intervention. It enhances confidence and supports the transition from medical student to junior doctor by fostering experiential learning and preparedness.

**Session 3**  
**15:00-16:00**  
**144**

**Oral Presentations - Group 1**

**Dr Natalie Crawford: Trauma-Informed Birth Simulation**

**Affiliations**

Dr Natalie Crawford, ST7 Obstetrics and Gynaecology Trainee, Education and Learning Fellow, Wessex. Dr Elinor Carlisle, Consultant Obstetrician and Gynaecologist, Simulation Fellow, Salisbury District General Hospital

**Background**

Birth trauma is increasingly recognised as a significant issue within UK maternity services, with adverse birth experiences contributing to psychological distress, postnatal post-traumatic stress disorder, and long-term impacts on women and families. National reviews have highlighted the need for improved trauma-informed maternity care, with greater emphasis on communication, consent, compassion, and psychological safety. The Birth Trauma Association provides educational resources to improve healthcare professionals' understanding of birth trauma and support implementation of trauma-informed practice.

**Aim/Objectives**

To evaluate whether simulation-based multidisciplinary training, informed by Birth Trauma Association educational resources, improves clinicians' confidence, knowledge, and application of trauma-informed care principles in obstetric practice.

**Methods/Approach**

A multidisciplinary simulation training package was developed using resources from the Birth Trauma Association website. Participants completed pre-course questionnaires assessing baseline confidence, understanding of birth trauma, perceived relevance, and ability to apply trauma informed principles in clinical care. Small-group immersive simulation scenarios were then undertaken, involving actors and participants in patient, birth partner, and multidisciplinary team roles during a traumatic operative vaginal delivery in theatre. Structured debrief focused on comparing observed practice with trauma-informed care principles, including communication, consent, validation, and psychological safety. Post-course questionnaires evaluated changes in participant confidence, knowledge, and intended practice.

**Key Findings**

Participants reported increased confidence in reducing birth trauma and greater understanding of trauma-informed care principles following training. Post-course evaluation demonstrated improved self-reported ability to apply communication strategies, enhance patient-centred decision-making, and incorporate trauma-informed approaches into obstetric care. Participants consistently identified acquisition of practical skills that could be directly translated into clinical practice.

**Conclusions/Implications for Practice**

Simulation-based trauma-informed care training is an effective educational approach for improving maternity clinicians' confidence and capability in delivering compassionate, psychologically safe obstetric care. Expansion of this programme across the Wessex region to include midwifery, anaesthetic, and theatre teams offers an opportunity to embed trauma-informed care within multidisciplinary maternity simulation training at scale.

**Session 3**  
**15:00-16:00**  
**115**

**Oral Presentations - Group 2**

**Jasmine Ann Jacob- Blending Innovation and Realism: A Meta-Analysis of Virtual Reality and Traditional Healthcare Simulation**

**Affiliations**

Jasmine Ann Jacob, MSN, BSN, RN, PG Cert MedEd. Co Author: Zoë Melham, MSc, CertHE ParaSci.

**Background**

Simulation-based learning is a cornerstone in modern healthcare education. While traditional simulation suites have long provided realistic, hands-on experiences, virtual reality (VR) is quickly emerging as a flexible and scalable alternative.

**Objective**

This meta-analysis aims to systematically evaluate and compare the effectiveness, advantages, and limitations of traditional simulation and VR in healthcare education, and to assess the benefits of integrating both approaches.

**Methods**

A review and synthesis of meta-analyses, systematic reviews, and randomized controlled trials (RCTs) published between 2010 and 2024 was conducted. Studies were included if they compared VR and traditional simulation or evaluated their impact on clinical education outcomes.

**Results**

Both VR and traditional simulation significantly enhance clinical knowledge, technical skills, and learner confidence compared to conventional teaching. Traditional simulation is superior for realism, teamwork, and communication, whereas VR excels in accessibility, scalability, and repeatability. Blended approaches offer additional benefits, increasing learning flexibility and optimising resource use.

**Conclusion**

Combining VR and traditional simulation leverages the strengths of both, providing a comprehensive and adaptable framework for healthcare training.

**Will Hall- Enhancing Urgent Care Education: Integrating Simulation-Based Education (SBE) in a Level 7 Minor Injury Module**

**Affiliations**

Will Hall, Learning and Development Lead, Oxford Health NHS Foundation Trust (OHFT). Dr. Jackie Knight, Programme Director: BSMS-NHS England SE-KSS Multi-professional Fellowship Programme & Multi-professional Simulation Fellowship Programme. Dr. Chris Kowalski, Consultant Child and Adolescent Psychiatrist & Trust Simulated Learning Lead, OHFT Merry Patel, Learning and Development Lead for Simulation, OHFT

**Background**

Urgent care practitioners often manage low-frequency but high-acuity clinical presentations. Traditional Level 7 pedagogy often relies on didactic methods, which struggle to replicate real-world cognitive pressure and diagnostic biases. A needs assessment (N=18) confirmed significant demand for SBE, specifically for promoting patient safety, practice of technical skills (100%) and diagnostic decision-making (72%).

**Objectives**

To integrate and refine an SBE component into an existing module. To strengthen decision-making, enhance patient safety, and foster reflective practice among student urgent care practitioners.

**Methods**

A two-stage implementation was conducted: an initial pilot (N=3) followed by a timetable-integrated session (N=2). Scenarios were mapped to local adverse incident reports. Realism was prioritised for genuine experiential and reflective learning. A standardised patient with moulage to simulate injuries was used in both iterations. Second stage refinements included separate examination and observation rooms, remote-controlled vital signs, and inclusion of the actor within the debriefing sessions to offer a patient-centred perspective.

**Session 3**  
**15:00-16:00**  
**115**

**Oral Presentations - Group 2**

**Will Hall- Enhancing Urgent Care Education: Integrating Simulation-Based Education (SBE) in a Level 7 Minor Injury Module - Continued**

**Results**

Participants (N=5) unanimously rated the experience as 'Excellent,' with data showing measurable confidence gains in managing higher-acuity trauma. Qualitative feedback highlighted realism of the simulations. Practitioners reported shifts in clinical intent, increased "alertness of red flag presentations" and commitments to "thoroughness" in assessments.

**Conclusion**

Grounding SBE in real-world governance data created a highly relevant and effective learning environment. This iterative model successfully bridges the gap between theoretical risk and clinical competence, providing a robust framework for permanent curriculum inclusion.

**Dr Rosie Byars- Top Triage: A Simulation Based Gamified Approach to Improving GP Registrar Confidence in Remote Consulting and Clinical Prioritisation**

**Affiliations**

Dr Rosie Byars and Dr Richard Davies

**Background**

Remote consulting now represents a substantial proportion of UK primary care activity, accounting for approximately 38.5% of GP appointments in England in 2025. Despite this, GP registrars report limited formal training and low confidence in safe and efficient remote consultation skills, particularly in triage, risk assessment, and time critical decision making. Simulation based education offers an opportunity to address this gap in a structured, risk free environment.

**Aim**

To develop and evaluate a gamified simulation ("Top Triage") designed to improve GP registrar confidence, prioritisation skills, and clinical decision-making in remote consulting.

**Methods**

"Top Triage" is a competitive simulation-based learning activity delivered to GP registrars, who are divided into teams and allocated real-world primary care cases. Participants prioritise cases and review initial consultation transcripts under time pressure to decide appropriate management. Points are awarded for safe prioritisation and clinical decisions aligned with evidence-based learning outcomes derived from key remote consulting risk domains. Pre- and post-session confidence was assessed using Likert scales.

**Key Findings**

Following the "Top Triage" simulation session, mean confidence increased from 4.7 to 7.6 (+2.9), with over 80% of participants reporting improvement. This was accompanied by a marked shift from low to high confidence (21.7% to 60.9%). Qualitative feedback highlighted high engagement, realism, and perceived relevance to clinical practice.

**Conclusions/Implications for Practice**

Simulation-based gamification significantly improves GP registrar confidence in remote consulting and clinical triage. "Top Triage" provides a scalable, engaging, and safe educational model that directly addresses identified training gaps in modern primary care, with potential for broader implementation and digital expansion.

**Session 3**  
**15:00-16:00**  
**115**

**Oral Presentations - Group 2**

**Zoe Melham: The Delivery of Simulation-Based Education to Allied Health Professionals to Help Protect Vulnerable Patients**

**Affiliations**

Rebecca Newton, Jasmine Jacob, Zoë Melham

**Abstract**

Simulation-based education (SBE) is an effective method for developing clinical skills, communication, and multidisciplinary teamwork within healthcare settings. Allied Health Professionals (AHPs) play a vital role in caring for vulnerable patients and are increasingly required to identify and respond to acute clinical deterioration across a range of settings.

This presentation describes the development and implementation of a simulation-based education programme for the AHP multidisciplinary team (MDT). The primary aims were to increase the confidence and competence of AHP staff in the identification, assessment, escalation, and treatment of acutely unwell patients through the use of realistic simulated clinical scenarios. A further objective was to establish SBE as a sustainable and accessible resource for ongoing AHP education and training.

The programme incorporated immersive simulation scenarios, structured debriefing, and multidisciplinary learning opportunities to enhance clinical reasoning, communication, teamwork, and decision-making. Scenarios focused on the management of deteriorating patients, enabling participants to practise assessment and escalation skills within a psychologically safe learning environment.

Participant feedback demonstrated improved confidence in recognising and responding to patient deterioration, increased understanding of MDT roles, and greater preparedness to manage challenging clinical situations. The programme also highlighted the value of embedding sustainable simulation training within AHP professional development pathways.

This presentation will share key learning from programme delivery, including barriers, facilitators, and practical considerations for implementation. It will demonstrate how sustainable SBE can strengthen workforce capability, improve collaborative practice, and support the delivery of safe, patient-centred care for vulnerable patients.