significantly worse at retaining novel training skills compared to their younger counterparts. It has also been suggested that there are differences in preferred learning styles, and thus learning efficacy, between males and females. Thus, this paper sought to investigate these differences within the novel training method of high-fidelity, actor-based mental health simulation training, in order to identify factors that may affect training efficacy and subsequently patient outcomes. 829 participants attended simulation training courses and completed the Human Factors Skills for Healthcare Instrument pre- and post-course. Significant changes in HFSHI scores were found between pre- and post-course data across all participants, suggesting that simulation training can be universally effective as a method of pedagogy. Individuals within the ages of 25–29 reported significantly less mean change in HFSHI scores than those between 35–45. Career stage did not seem to mediate this effect. No differences in HFSHI scores were found across gender. The study concludes that simulation is an innovative training method that is effective across a variety of courses and professions. More research should be conducted to investigate why there may be differences in learning outcomes for different ages in regard to simulation, and to identify any other confounding factors that may influence these results.

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PG113 'BIRLEY PLACE': A VIRTUAL COMMUNITY FOR HEALTH AND SOCIAL CARE EDUCATION

Leah Greene*, Claire Hamshire, Eleanor Hannan, Kirsten Jack, David Wright. *Manchester Metropolitan University, Manchester, UK*

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Introduction Logistical constraints associated with large cohorts provide barriers to the delivery of simulation-based education (SBE) in health and social care education. Williams et al. (2020) suggested that virtual simulation can alleviate these constraints whilst providing a quality learning experience. Walia et al. (2017) showed that effective learning experiences in virtual worlds can produce positive transfer of learning to real-world healthcare practice. Based on this evidence, and utilising the concepts of immersive SBE, persistent virtual worlds, and experiential learning theory, we developed a web-based virtual community to facilitate the delivery of realistic, person-centred health and social care education.

Summary of the Educational Programme The Birley Place virtual community comprises a fictional map containing three distinct neighbourhoods. Each neighbourhood incorporates homes, schools, businesses, health and social care services and leisure facilities. Services, housing, and the characters who 'live' in each neighbourhood are modelled on three areas of the city in which our institution is based, using existent socio-economic, health and lifestyle data. Characters are 'brought to life' through learning activities involving text, audio, and video case studies, as well as interactive content and scenarios with embedded decision-making. Online sessions and group work are followed by debriefs to encourage learners to reflect, conceptualise, and experiment; facilitating the transfer of knowledge through experience. As an exemplar, we use Birley Place to facilitate the delivery of a large-scale IPE programme focused on understanding the impact of health inequalities. Working in inter-professional groups, learners access statistical data for each neighbourhood and 'meet' characters living there. Using this information, learners develop a community profile and produce an inter-professional strategy to address a health or social care issue affecting a specific neighbourhood. This approach provides a holistic view of the factors that influence health, whilst the inter-professional group working develops learners' understanding of the value of other professions, and communication and team-working skills.

Discussion and Conclusions Birley Place enables virtual SBE and innovative online learning and teaching. This allows learners to develop their understanding of realistic health and social care situations. As a teaching and learning tool, Birley Place assists blended learning via realistic case studies, encouraging group and independent study. The nature of the web-based design means that learners can access content whenever and wherever required, thus overcoming timetabling challenges. It offers an enriched experience, enabling learners to use their initiative, make decisions in a safe environment, and be accountable for the results of their actions.

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PG114 THE IMPORTANCE OF SIMULATION ON PATIENT SAFETY AND HUMAN FACTORS DURING A GLOBAL PANDEMIC

Alice Trimble*, Andrew Vaughton, Lynsey Woodward, Jessica Wiggins, Dominic Smith, Ali Tattam. *Royal Bournemouth Hospital , Bournemouth , UK*

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Introduction The arrival of COVID-19 required a rapid, coordinated response by the entire theatre department at Royal Bournemouth Hospital (RBH) to adapt protocols, work in unfamiliar roles and manage increased demands on the service alongside significant anxiety amongst staff. It was recognised that team simulation training was key to addressing patient safety by embedding new guidelines surrounding the management of COVID-19 patients.

Project Description The theatre simulation faculty at RBH is a group of anaesthetists and operating department practitioners (ODPs) working together to deliver regular theatre simulation to the theatre team. A lack of engagement with simulation has, at times, limited attendance at these sessions.

Witnessing the pressures faced by critical care systems across Europe in managing patients with COVID-19 prompted the creation of new teams, protocols and ways of working. The importance of simulation to support staff training to acquire extra skills, follow new procedures and in the management of significant human factors (magnified by PPE and staff anxiety) was addressed very quickly. Patient safety was at the centre of all training.

Daily training sessions were set up, led by the simulation faculty. Staff were timetabled through a programme including simulation of 'Intubation Team' protocols, simulated proning,