While it is reasonable to assume that most healthcare students have an empathic disposition, evidence suggests that empathy levels often decline during the period of enrolment in an undergraduate health degree. Despite the need for more attention to the development of empathy as an employability skill, many healthcare programs only pay lip service to this concept.

Against this backdrop we developed a Virtual Empathy Museum (VEM): an innovative digital resource funded by an Australian Technology Network of Universities grant. The VEM includes evidenced-based simulations, digital stories, and a range of other educational materials, designed to enhance healthcare students and practitioners’ empathy skills and enable them to make a positive impact on patient care.

This presentation will introduce the VEM with the aim of starting a conversation (or perhaps even a ‘movement’) that leads to empathy being included as an integral component of every healthcare curriculum. The relationship between empathy and patient outcomes will be explored; and the results of a systemic review that examined the effectiveness of immersive and experiential simulation-based interventions in empathy education will be presented.2

REFERENCES

'SORRY DOCTOR BUT I DIDN'T HEAR THAT…’: DEVELOPING A VIRTUAL REALITY (VR) HEARING IMPAIRMENT LEARNING EXPERIENCE FOR MEDICAL STUDENTS

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Background Hearing loss affects one in seven of our population. Having a hearing loss can have a significant impact on an individual’s life. Deafness can affect a person’s ability to communicate properly. It alters their interactions with others and may contribute to depression, loneliness, and social withdrawal. Deaf people often complain that medical professionals frequently lack understanding and empathy. Many have called for improved training methods for healthcare professionals in how they interact with individuals who have a hearing loss.

Simulating illness (e.g. wearing an ageing body suit) can afford healthy learners vicarious experiences of patienthood and develop their empathic skills. Simulating hearing impairment, and the impact this has on individuals, may provide a experiential learning experience. Patient-perspective virtual reality (VR) has been shown to enhance empathy skills relating to mental illness for example.

Summary of education project
1. Working with individuals who live with hearing impairment – we will develop a story–board of how best healthcare professionals should interact with patients who have hearing impairment
2. Following this, we will shoot 360 footage of what it is like to be a patient living with hearing impairment during a GP consultation – both when a practitioner communicates well and less so well (for comparison).
3. We will then prepare this footage to be viewed on VR headsets as a medical student learning resource. In partnership with the Sonic Arts Research Centre (SARC) at QUB we will adapt the audio of this video to provide an audio immersive experience of the various issues faced by individuals who live with hearing impairment.

This overall process will be collaborative including individuals from Deaf Charities, healthcare professionals and students. The footage will then be prepared for VR platforms and feasibility tested.

Outcomes The outcomes of this project will be to develop a VR (both a visual and auditory) immersive experience to allow learners to experience some of the sensory and emotional experiences of having hearing impairment.

Discussion, conclusions and recommendations Simulating illness gives healthy learners vicarious experiences of patienthood. Such an experience may have an impact on healthcare professionals students attitudes and behaviours of how their best interact with these individuals in the future. Future work will explore the impact of this form of simulation on healthcare professionals

SIMULATION USED TO GUIDE DEVELOPMENT OF AN EFFECTIVE PAEDIATRIC RESUSCITATION DOCUMENTATION PROFORMA

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Background Sheffield Children’s NHS Foundation Trust is a tertiary hospital with in-patients admitted across four sites. There were 31,432 in-patient hospital admissions, and 22 cardiac arrests (CA) reported and treated from April 2017 to March 2018.

Though Utstein-style documentation alongside GMC guidance is recommended when documenting cardiac arrest events, it is known to be poorly implemented.1,2. Incomplete medical records may lead to difficulties in understanding, and learning from the sequence of events, and in data collection for the National Cardiac Arrest Audit (NCAA).

Summary of education programme or project We used simulated cardio-respiratory arrests and learning from subsequent multidisciplinary team debriefings to develop a CA documentation proforma for Trust-wide use.

1. A paediatric specific CA documentation proforma was developed in line with GMC guidance, and Utstein–style reporting, with prompts to manage patients as per Advanced Paediatric Life Support (APLS) algorithms, and record events leading up to and during resuscitation.
2. This was improved following multi–disciplinary peer review by the hospital resuscitation committee.
3. The proforma was trialled during simulated CAs and subsequent debriefs and learning cycles were used to improve it.

Summary of results The first trial was during a simulated CA due to ventricular arrhythmias at a multi-disciplinary training day on the paediatric critical care unit (PCCU). Improvements made were:
1. WETFLAG added as prompt
RETURN TO WORK – AN EXTENDED EVALUATION OF A NOVEL DUAL CENTRE, MULTIDISCIPLINARY SIMULATION COURSE

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Introduction and aims An Acute Hospital Trust and Mental Health Trust, worked collaboratively to design and deliver a four-day course for multi-professionals who were planning to return to work after a period of absence of greater than three months.

We will explore the collaborative process, what we expected learners requirements were from the scoping exercise, and how these differed from real life expectations.

The evaluation of the course demonstrated that a greater weight was placed on pastoral needs by participants than was anticipated.

We aim to discuss how the utilisation of each Centre’s expertise and the extended length of the course contributed to enhanced psychological safety, and succeeded in developing the confidence, wellbeing and skills of healthcare professionals from multiple disciplines and specialties.

Learning objectives This workshop aims to generate a creative and interactive environment in which participants will achieve the following:

1. Explore the perceived needs of those returning to healthcare employment after a period of absence
2. Explore how collaboration can be achieved between centres and disciplines
3. Learn about what the experience of returning to work entailed and felt like to a returner, including how this course contributed to their successful return
4. Discuss and share experiential learning opportunities outside of traditional simulation scenarios
5. Session description

A brief didactic introduction will be used to introduce the context and content of the session.

This will be followed by breaking up into facilitated focus groups to explore perceptions of the needs of those returning to work in healthcare. Participants will then hear from a returnee who will discuss their own needs and how the course contributed to the success of their return.

Video footage will be presented to demonstrate how the strengths of each simulation centre were utilised to provide a high fidelity backdrop to a comprehensive patient journey.

Time will be built in at the end of the workshop for response to participant questions.

Educational methods There will be combination of facilitated group work to stimulate creative thinking around this topic, video presentations, service user perspective, and traditional didactic presentation.

Target audience The session is designed for all simulation staff.

References