

IN PRACTICE

A69

**RUNNING THE SHOW: A BLENDED LEARNING
APPROACH TO SIMULATION SOFTWARE TRAINING**

Emily Thorley¹; ¹*The Shrewsbury and Telford Hospitals NHS Trust,
Shrewsbury, United Kingdom*

Correspondence: emily.thorley@nhs.net

[10.54531/ISQI8883](https://doi.org/10.54531/ISQI8883)

Introduction: LLEAP (Laerdal Learning Application) by Laerdal Medical is the software used to control our interactive manikins during simulation. External courses are not specific to our technology, so the need for training and opportunities for practice in this area were evident. Since the COVID-19 pandemic, much training has moved online. The use of the cognitive apprenticeship model described by Collins, Brown and Newman [1] has proven to be effective in the delivery of online faculty development programs [2]. The aim of this blended learning approach was to increase the confidence of new faculty, using the same model to provide online software training followed by hands-on practice.

Methods: The digital aspects of training were two-fold; a screen-recorded video created using Microsoft Stream was distributed to relevant faculty via email, and an interactive screenshot was accessed through an online tool called

ThingLink. The video covered features of the software relevant for our Foundation doctor simulation days. The interactive screenshot provided an opportunity for learners to explore at their own pace, answering questions along the way to articulate learning and build confidence. In-person training and live supported experience within simulation delivery followed to allow exposure of learners to all six methods described in the cognitive apprenticeship model [1].

After the training was complete, anonymous feedback questionnaires were distributed via Microsoft Forms to four new teaching fellows and six existing members of simulation faculty. This assessed the impact of the additional digital components on confidence and identified areas for improvement.

Results: The questionnaire received seven responses. 86% (six respondents) strongly agreed that blended learning was a good approach to this training and that they felt more confident using the LLEAP software after watching the video.

Open response questions revealed that using digital tools added interactivity to the learning, aided learning at their own pace and provided a source of information for reference or troubleshooting. Suggested improvements included making the cursor more visible in the video and to apply this type of training to other aspects of facilitation.

Discussion: Addition of digital resources prior to hands-on training improved the confidence of new faculty in running the manikin during simulation and value for existing faculty was also demonstrated. Going forwards, these resources, with a few adjustments, will be used for the next intake of new faculty. Similar techniques may prove useful for other training such as introduction of the manikin and its functions.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable

REFERENCES

1. Collins A, Brown JS, Newman SE. Cognitive Apprenticeship: Teaching the Crafts of Reading, Writing and Mathematics. In: Resnick LB (editor) *Knowing, Learning and Instruction* [Internet]. United Kingdom: Routledge; 1989. p.453–494. Available from: <https://doi.org/10.4324/9781315044408-14>.
2. Eltayar AN, Eldesoky NI, Khalifa H, Rashed S. Online faculty development using cognitive apprenticeship in response to COVID-19. *Medical Education* [Internet], 2020 Jul [cited 2025 April 24]; 54 (7): 665–666. Available from: <https://doi.org/10.1111/medu.14190>.

Acknowledgements/Funding Declaration: I would like to thank the Postgraduate Medical Education Team at The Shrewsbury and Telford Hospitals Trust for their support in the delivery of this training.