

IN PRACTICE

A10 **PRIMARY CARE EMERGENCY SIMULATION: HELPING OUR TRAINEES WITH QUALITY IMPROVEMENT IN A FUN AND “SIMULATING” WAY.**

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Introduction: The UK government has mandated 50% foundation doctors complete a 4-month placement in General Practice (GP) [1]. This means that GP trainees have completed most of their previous training in a hospital environment. As a result they have less exposure to primary care systems and ideas for quality improvement projects (QIP) which may be completed by other members of the health care team within the hospital setting.

During the coronavirus pandemic a GP emergency simulation course was developed to support trainee wellbeing and enhance induction. We have continued this course as part of our ST1 induction and over time we have adapted our debriefs to help trainees identify some quality improvement projects they could complete as part of their mandatory training [2].

Methods: We use 5 scenarios and use reflective questions to suggest potential QIP ideas.

- Scenario 1 – Hypoglycaemia in a diabetic patient during Ramadan

Does your practice have a policy for diabetic patients during Ramadan?

- Scenario 2 – Anaphylaxis

Do you know where your emergency drugs are located and are these monitored?

- Scenario 3 - Baby with meningitis

Does your practice have a protocol for managing unwell children and summoning colleagues for help?

- Scenario 4 - Acute psychosis

Does your practice have a protocol for managing patients who are agitated/ potentially aggressive and may require detention?

- Scenario 5 - Palliative care home visit

Does your practice update key information for palliative patients including their wishes for final place of care.

Results: Many trainees have subsequently introduced quality improvement ideas which will improve patient safety and communication within their practice, and are evidence of transformative simulation [3].

Examples include:

- Introducing anaphylaxis bag – protocol/ drug doses and medication all stored within one area and checked on a regular basis.
- Introducing meningitis bag – as above.
- Developing leaflet for patients with diabetes practising Ramadan
- Protocol within practice highlighting Ramadan and potential changes to diabetic medications for all clinical staff.

Discussion: Whilst quality improvement is not the primary objective of this course it appears to be a positive outcome. Prior to this many trainees commented that they thought quality improvement projects were “completing an audit.” Following this course, they felt positive about practical ways to improve patient safety and systems within the practice, and actually make a difference. We will continue to encourage trainees to participate in quality improvement and aid patient and practice safety and trainee development.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. Department of Health. Delivering high quality, effective, compassionate care: developing the right people with the right skills and the right values: A Mandate from the Government to Health Education England. 2013.
2. Royal College of General Practitioners. WPBA: Quality Improvement Project (QIP). 2024. Available from: <https://www.rcgp.org.uk/mrcgp-exams/wpba/qip>. [Accessed 30 April 2024].
3. Weldon SM, Buttery AG, Spearpoint K, Kneebone R. Transformative forms of simulation in health care – the seven simulation-based ‘Ts’: a concept taxonomy review of the literature. 2023.

