

IN PRACTICE

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“TERRIFYING BUT INVALUABLE”: USE OF MIXED METHOD SIMULATION-BASED EDUCATION AND TRANSFORMATIVE SIMULATION TO ENABLE EXPANSION OF IN SITU MEDICAL EMERGENCIES IN PRIMARY CARE SIMULATION TRAINING

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Introduction: Simulation based education (SBE) within undergraduate health care professional courses and secondary care is acknowledged to be an essential component to train individuals and teams to deliver safe and effective patient care [1]. Acceptance of SBE's role and value within primary care (PC) settings is evolving, but widespread endorsement and recognition of its transformative potential for education and training is lacking [2]. This is despite the long tradition for General Practitioner (GP) training to include working with simulated patients (SPs) to develop consultation skills as a fundamental concept, and the adoption by the Royal College of GPs of the Simulated Consultation Assessment as part of membership examination [3]. Simulation around emergencies which can occur in PC is an area where traction to expand is being observed. **Methods:** Emergencies in PC simulation training sessions were offered to practices across the region over the last 12 months. The sessions were facilitated by members of the regional PC simulation faculty, who all hold clinical roles within PC, and are trained in simulation methodology. Broad learning objectives were set, and educators were enabled to feel these were fluid to allow for participant's own experiences and views to be heard as the experts in their own practice environment, team, and culture.

All staff were invited to attend, including administration staff. SPs portrayed either the relative or patient and were integral to the debrief. Production of outcomes and changes identified to be made was owned by the practice team with support from the faculty. An end of course questionnaire was given to all participants.

Results: Over the 12-month period 58 sessions were delivered and responses received from 630 learners in 55 different PC roles.

98% agreed or strongly agreed that it was relevant to their development needs. Emergent themes from qualitative feedback concerned increased awareness of exemplary communication as a team, with the patient and relative and other organisations. That the simulation illuminated the value of all staffs' roles and improved the sense of team and working on a shared goal was a strong theme, with evidence this was due to the programme being designed, led and delivered for PC-by-PC. A final theme around leadership and followship was also identified.

Discussion: Simulation on emergencies which can occur in PC is valued by staff and has potential to enable SBE to be adopted within PC to the benefit of patients and practices.

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

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