

IN PRACTICE

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A BESPOKE SIMULATION COURSE ON YOUNG PEOPLE'S MENTAL HEALTH FOR PHYSICIAN ASSOCIATES IN PRIMARY CARE**Alistair Cannon**¹, Antonia Winney¹; ¹*Maudsley Learning, South London and Maudsley, United Kingdom***Correspondence:** thisisalistairsemail@gmail.com

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Introduction: We designed and delivered a course for physician associates (PAs) working in primary care [1]. The commissioner saw a learning need around young people's mental health. Their own training analysis identified gaps in knowledge around: school refusal; effective engagement with adolescents; neurodivergence; de-escalation; and managing dynamics within appointments. The commissioner funded a one-day course and wanted simulation-based training for the 18 PAs.

Methods: We agreed a one-day online simulation course would best suit the learners, using a modified Pendleton's debrief model. The learning outcomes were: understanding common mental health presentations and associated risks; the role of family involvement in assessment and management; engaging teenagers and families effectively;

de-escalation techniques; relevant legal frameworks; and when and how to escalate concerns.

We structured the day as follows: icebreakers for psychological safety [2], introduction to simulation and debrief, five clinical scenarios (simulated patients played by actors) covering a range of ages and mental health presentations, and structured debriefs led by faculty.

We wrote two completely new scenarios, drawing from clinical experience and following the identified learning needs. We adapted three scenarios from previous courses, ensuring they were relevant to the learners' knowledge and skill levels as well as their clinical setting.

In pre- and post-course questionnaires, participants rated their knowledge and confidence levels, giving data on effectiveness. They also gave free text responses about satisfaction.

Results: The participants rated their knowledge, skills, and confidence in relation to the learning outcomes. They also rated the course in terms of effectiveness, efficiency, and relevance to their job.

Post-course, participants rated their knowledge, skills, and confidence on the learning outcomes. 70-100% of participants felt they achieved the various learning outcomes. 90% felt the course met its stated aims and objectives, and 100% found it useful for their practice.

Participants suggested longer scenarios. One wanted more didactic input, noting that the group were slow to speak in the debriefs.

Faculty reflected that the participants were reluctant to volunteer for the scenarios, but felt that we established psychological safety.

Discussion: The feedback was positive about content and delivery, with evidence of effectiveness. The commissioner joined as participant, which may have affected psychological safety. We wondered whether we could have more directly encouraged participants to volunteer, or called on individuals for comments in debriefs.

We will consider the merits and drawbacks of longer scenarios.

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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