

# WMER

## **EPACCMAN : enhancing physician associate core competencies through medical associate and non-medical MDT simulation : a quality service improvement (QSI) project**

Item Type	Internal Poster
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Citation	Gorman P, Harmer L, Vickers E, Kerswell L, Stretton J. EPACCMAN: Enhancing Physician Associate Core Competencies through Medical Associate and Non-Medical MDT Simulation. A Quality Service Improvement (QSI). Internal poster: George Eliot Hospital NHS Trust; 2025.
Publisher	George Eliot Hospital NHS Trust
Download date	2026-03-10 03:19:10
Link to Item	<a href="https://westmid.openrepository.com/handle/20.500.14200/7933">https://westmid.openrepository.com/handle/20.500.14200/7933</a>

# EPACCMAN

EPACCMAN: Enhancing Physician Associate Core Competencies through Medical Associate and Non-Medical MDT Simulation.  
A Quality Service Improvement (QSI) Project.

## PROJECT TEAM

Pete Gorman Physician Associate Tutor, Louise Harmer Head of Medical Education Services, Emma Vickers Clinical Simulation and Immersive Technologies Education Lead, Laura Kerswell Clinical Skills and Simulation Tutor, Jordan Stretton TEL Administration Assistant.

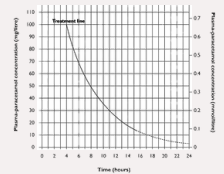
Simulation Delivery Faculty:

Pete Gorman Physician Associate Tutor, Laura Kerswell Clinical Skills and Simulation Tutor, Carl Dowling, Rachael Hajdu & Angie Payne, Clinical Skills and Simulation Facilitators

## BACKGROUND

GEH currently provides clinical placements for Physician Associate (PA) students from two different universities. As part of the drive to continuously improve clinical education delivery the team investigate new and innovative ways to support learners to meet their learning outcomes.

EPACCMAN was designed as a new, research informed learning tool, which embraces technological advances of simulation within education. It provides an exciting experience for Physician Associate (PA) students, where their confidence in the application of Knowledge Skills and Attitudes (KSA's) as outlined by the General Medical Council (GMC) regulator, can be safely and formatively improved. The subject of the first EPACCMAN was management of deliberate overdose (OD). This subject aligns with the curriculum, clinical practice and the PA National Exam (PANE).



## LEARNING DESIGN

Staged learning improves retention, understanding and application (1,2)

**Stage 1 – Knowledge:** Pre session participants are sent preparatory theoretical information.

**Stage 2 – Application:** Delivery of 3 stations, each run by a Health Care Professional with the appropriate knowledge and skills. Stations follow the PANE format of 2 minutes planning time followed by an 8-minute task. Stations are: 1) Focused history taking and management utilising an actress, 2) A-E assessment utilising the HAL manikin, 3) Knowledge-based station reiterating theoretical concepts E.g. the physiological effects of toxic agents and their antidotes.

**Stage 3 – Feedback and reflection:** 10-minute structured feedback section after each station. This includes student reflection / faculty insight (2). And feedback in the form of a marking scheme and Pendleton model (3).

### Feedback is key:

What do you think went well?  
What could be improved?  
This is what I think went well...  
This is what I think could improve.  
(Pendleton 1984)



## FINDINGS

Six participants took part in the project, for this QSI. Efficacy was evaluated by self-reported pre and post confidence Likert statements related to six key learning outcomes (LO's). Post confidence scores improved markedly. See table 1

"It was so informative and encouraging"

"came out with lots more information & a lot more confidence"

"The feedback was very helpful"



● pre session ● Post session

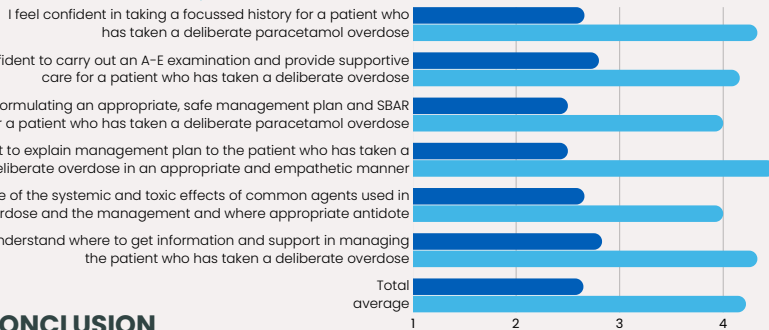


Table 1: Learning Outcome Confidence

In terms of a patient who has taken an OD 'I feel confident in'	No of participants that agree or strongly agree (pre EPAC)	No of participants that agree or strongly agree (post EPAC)
Taking a focussed history	1	6
Carrying out an A-E assessment	1	5
Formulating a management plan and structured handover	0	5
Communicating the management plan to the patient	0	5
Awareness off systemic effects of OD agents and relevant antidote	1	6
Finding information about management of OD	1	6

## CONCLUSION

Results from this small project are encouraging, it will be extended to capture a minimum of 30 participants. We predict significant improvement in post learning confidence and plan to extend the concept to educating other learner groups.

## REFERENCES

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