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

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Poster Abstract

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

Introduction

EPACCMAN is 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 of EPACCMAN

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) Focussed history taking and management, 2) A-E assessment, 3) Knowledge-based station reiterating theoretical concepts

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

Methods

A mixed method study where efficacy was evaluated by self-reported **pre** and **post** confidence Likert statements related **to six key learning outcomes (LO'S)** and pre and post administered PANE style SBAs.

Results

Six participants took part in the trial. SBA performance did not significantly improve. However, pre and post confidence scores improved markedly (see below).

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

Discussion

Results from this small trial are encouraging in terms of improved participant confidence, 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.

The finding of improved confidence post simulation without a significant improvement in knowledge is supported by other studies ⁽³⁾. However, it is felt that improved training of faculty may ensure that the knowledge being tested is conveyed effectively and consistently and this along with redesign of poorly functioning questions may SBA improve performance. Further participants will undertake this improved process to test this hypothesis.

References

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3. Massoth, C. Röder, H. Ohlenburg, H. Hessler, M. Zarbock, A. Pöpping, D. Wenk, M. High-fidelity is not superior to low-fidelity simulation but leads to overconfidence in medical students. BMC Medical Education. 2019 19 (29) Available from: <https://doi.org/10.1186/s12909-019-1464-7>