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194 IMPLEMENTING A SIMULATION TRAINING PROGRAMME FOR PHYSICIAN ASSOCIATES

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Background: The physician associate (PAs) profession is a relatively new profession to the NHS. As such, there is no official national or regionally agreed further training to support PAs transitioning from PA school into clinical practice once they have graduated. Simulation training has proved to be an effective tool for developing clinical and non-clinical skills in other groups of clinicians [1,2]. We have adapted an already implemented simulation programme for junior doctors to make it suitable for the PA profession with the aim of improving the confidence and skills of PAs working in primary and secondary care. We have evaluated the perceived beneficence of our initial work and have so far observed a perceived positive impact.
Aim: We aimed to describe the development and implementation of a novel PA-specific simulation training programme and present the evaluation of our initial work.
Method: We designed and implemented a bespoke simulation training programme based on existing training for junior doctors. This model has three separate simulation sessions, spaced over 2 years, each session has three different clinical scenarios. Seventeen PAs have undergone the first two sessions. The first session contained three scenarios that highlighted important local protocols such as the major haemorrhage protocol and the sepsis [6]. The second session contained three clinical scenarios which followed the same patient's journey: diagnosis of myocardial infarction, cardiac arrest scenario and breaking bad news. We then collected feedback from candidates' written feedback and Likert-scale questions.
Results: At this point in time, we have feedback from 16 candidates from session 1 and 11 from session 2. The results are overwhelmingly positive showing improved confidence, better team-working skills and a perceived perception of improved patient safety following the simulation training, as shown in graphs 1 and 2. The majority of candidates partaking in the session found the simulation training beneficial to their practise. The main negative feedback given was the lack of 'senior support' (i.e. from a senior doctor) in the scenarios that were unrealistic to actual practice.
Implication for practice: The introduction of a novel PA simulation training programme has demonstrated improvements in clinical and non-clinical skills. This supports our aim of improving post-graduate PA training. Work continues to further develop our PA simulation programme and further evaluate its effectiveness with the aim of making this as a regional simulation programme that PAs can undertake when joining the healthcare workforce.

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79 IMPORTANCE OF DELIVERING A FACE-TO-FACE COURSE DURING A PANDEMIC

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Background: During the COVID-19 pandemic, most face-to-face courses were cancelled in line with government and trust guidelines reducing the risk of virus transmission and, if possible, delivered virtually. Given that this is not feasible for all courses, cancellation would have resulted in suspension of essential training for healthcare staff subsequently impacting on career progression.
Aim: We aimed to deliver Internal Medical training skills and simulations course, face-to-face with measures taken to minimize virus transmission as well as maintain good-quality teaching.
Method: COVID-19 measures:

- Fewer delegates per course to accommodate social distancing – infection control guided
- Temperature check on registration
- Wearing appropriate Personal Protective Equipment (PPE) whilst inside the teaching centre
- Email instructing to notify if exhibiting symptoms of COVID-19, and advise not to attend
- Maintain social distancing during course
- Increase ventilation of rooms
- Cleaning of equipment after each use and encouraged regular use of hand sanitizer
- Use of register for track and trace purposes

Data collection: Feedback forms of courses that were run pre-pandemic (2019/20) and during pandemic (2020/21) were collated and compared.
Results: Four editions of the course were run over a period of 3 months and a total of 19 participants in 2019/2020. Four editions of the course were run over a period of 7 months with a total of 17 participants in 2020–2021. Feedback response was on a Likert scale ranging from 'strongly agree' to 'strongly disagree'. For ease of comparison, Figure 1 shows 'strongly agree' and 'agree' responses only. The pre- and post-SARS-COVID-19 results from the feedback are similar across the board.
Implications for practice: The results from the feedback forms are very similar for both courses run pre- and post-SARS-COVID-19. Free-text feedback and feedback on the day from the delegates were positive. The results suggest that the changes made to the course during the pandemic to allow for social distancing and to ensure that the courses were run COVID secure have not affected the quality of the teaching and the learning opportunities for delegates. Furthermore, written feedback showed that most candidates appreciated the opportunity to practice new skills and gain confidence and work fatigue did not dampen their motivation to learn. This highlights the importance of continuing to run face-to-face courses during the pandemic.