To set up simulation sessions to assist with the confidence and competence of physiotherapists for on-call training

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Current on-call training mainly consists of theoretical teaching and discussion with only shadow shifts offered when therapists are about to placed on the on-call rota, at PRH and RSH. The CSP (2023) have proposed that simulation-based learning may assist physiotherapists to achieve competence across different patient presentations, in preparedness for professional practice. Therefore, a gap within the current on-call training programme was identified.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To improve physiotherapy staff self perceived competency and confidence in line with the therapy on-call standards of practice by the end of March 2024.

PLAN

An initial self evaluation of competence questionnaire (ACPRC) was completed by all physiotherapy staff, the results were then collated by the clinical leads in a database, prior to project start date. From this, areas were identified where further training was required. This was then planned into the scenarios, for example; tracheostomy management, inserting airways and chest x-ray interpretation. It was planned that groups should be of small size and staff share a similar knowledge base. It was identified that both self perceived competence and confidence were going to be measured pre and post simulation, using a shortened version of the ACPRC competency document (based on content of scenarios) and a self efficacy scale questionnaire (treating a acute respiratory patient). In order to understand satisfaction from simulation and gain feedback, both the satisfaction with simulation (SSE) and open feedback was planned to be completed anonymously, post simulation. It was planned participants would attend a half day simulation session, consisting of three on-call scenarios. Scenarios would be completed in pairs, whilst observers would still engage in the session by completing peer feedback forms and watching from another room, to contribute ideas within debrief to facilitate learning. This was planned to be streamed over MS Teams via laptops.

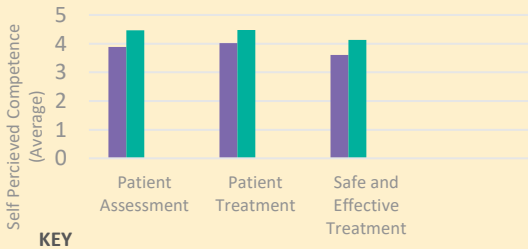
DO

Areas were identified where gaps existed in physiotherapists knowledge, this was then written into scenarios by specialist therapists. Following this, a condensed version of the ACPRC competence questionnaire was created, consisting only of questions that were wrote into the scenarios. A self efficacy questionnaire was also composed in relation to treating a acute respiratory deteriorating patient. All scenarios had; medical notes, obs charts, additional wider MDT roles and results or scans to interpret. Sessions were then ran at University of Wolverhampton (UoW) simulation lab. Group sizes were no more than 6 per group, allowing each therapist to complete one scenario, in pairs, and observe two other scenarios. Therapists came to the session with the completed pre- simulation questionnaires and were randomly allocated a number, to allow for data comparison. Scenarios were ran with someone controlling observations, a therapist playing a role of family or a member of the wider MDT and someone sitting with the other observers. Each SIM scenario was ran for 20 minutes with debrief lasting a further 40 minutes. Scenarios all started with a phonecall to replicate on-call and within one scenario a part task trainer was used when SIM-Man function was limited. All participants completed the same paperwork post simulation to allow data analysis and were given two further feedback forms (SSE and open question form).

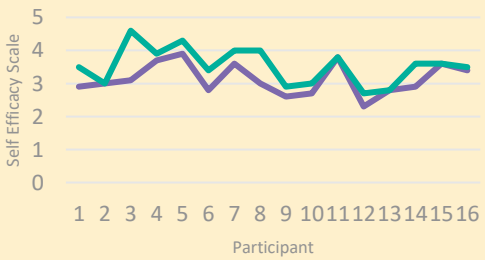
STUDY

Graph One demonstrates that self perceived competence of physiotherapists participating in on-call training increased post simulation. With the average increasing by; 13% (patient assessment), 10% (patient treatment) and 13% (performing a safe and effective treatment). Not highlighted in graph one are the self assessment of therapist's treatment skills eg. Suction which self perceived competence increased by 13%. Graph two demonstrates that self efficacy also improved post simulation by on average 11%. These were both planned results. .

1. ACPRC Competency Questionnaire



2. Self Efficacy Questionaire



Overall satisfaction with simulation experience was on average 99% in all 3 categories: Debrief, Clinical Reasoning and Clinical Learning. This demonstrates that scenarios allowed learning to take place and tested clinical ability.

Quote from feedback:

"Thankyou so much, I really enjoyed the training and have benefited from it"

Physiotherapists completing SIM scenario on SIM-Man and part task trainer

ACT

Simulation for on-call training is going to be ADOPTED because of the increase to self perceived confidence and competence of practioners. Training will be adapted based on feedback: more paediatric scenarios, improvement in the streaming quality and soft simulation to cater for limitations with SIM man. Training should also be adapted to allow for workshop stations, so all therapists can practice each skill. Next steps for project: run sessions with UoW students, further sessions for SATH physio's, write new scenarios and rollout simulation alongside SIM lead to the wider therapy workforce.

Physiotherapists watching SIM

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