



Abstract Template – Poster Presentations

Tuesday 23rd May 2017

Clinical Skills Facility, Hull Royal Infirmary

Please complete all relevant boxes below and send with submission checklist and declaration to emily.clappison@hey.nhs.uk

Please do not exceed the word count limit of 500 words

A pilot training programme for the On Call Emergency Respiratory Physiotherapy Service at Scarborough General Hospital
Ben Richardson and Laurence Webb
York Teaching Hospital NHS Foundation Trust
ben.richardson@york.nhs.uk

Introduction:

In 2014, only 49% of the eligible staff at Scarborough General Hospital (SGH) were contributing to the Emergency Respiratory Physiotherapy On-Call Service (ERPOCS). There was no structured training programme in place for the service, meaning it was taking up to six months for new starters to reach the level of competency required for independent safe clinical practice. The sustainability of the ERPOCS at SGH was questioned because existing team members were having to cover in excess of their allocated quota of shifts. As a result of a change in clinical leadership in 2015, a new training programme was designed in order to achieve at least 75% staffing of the ERPOCS team at SGH and reduce the shift quota of the existing team to no more than five weekday nights and two weekend shifts per quarter.

Methods:

A new accelerated 12 week training programme was piloted in Autumn 2016 at SGH which was aimed at developing the knowledge base, practical skills and decision making abilities required to effectively recognise, assess and manage the acutely unwell and deteriorating adult patient (Boling and Hardin-Pierce, 2016). The training programme consisted of three phases including traditional didactic teaching methods, high-fidelity simulation scenarios and experiential learning in the clinical setting (Ohtake et al., 2013). Phase one was a four week period of self-directed study using a new pre-course workbook intending to consolidate baseline knowledge in order to optimise learning. The second phase (Induction day, see Figure 1) consisted of structured face-to-face teaching and high-fidelity simulation scenarios aimed at developing practical skills and decision making in a safe and supportive learning environment. Phase three provided the experiential learning opportunity to work in critical care and on the acute wards to gain patient exposure.

| ON CALL TRAINING AND INDUCTION DAY TIMETABLE | | | |
|--|--|--|---------------------|
| TIME: | TOPIC / ACTIVITY: | | LEAD: |
| 08:30 → 08:45 | Introduction & Setting the scene | | BR |
| 08:45 → 09:45 | Patient Assessment using "ABCDE" Approach | | BR |
| 09:45 → 10:00 | Patient Assessment Demo | | BR + B6 |
| MORNING BREAK 10:00 → 10:15 | | | |
| 10:15 → 10:45 | Group 1 (BR) Patient Assessment | Group 2 (B6) Patient Assessment | BR & B6 |
| 10:45 → 11:15 | Arterial Blood Gasses | | BR |
| 11:15 → 11:45 | Chest X-Rays | | BR |
| 11:45 → 12:15 | The Deteriorating Adult Patient, Escalation of Care & SBAR | | BR |
| LUNCH 12:15 → 12:45 | | | |
| 12:45 → 13:15 | Interventions 1 Group 1 | Interventions 2 Group 2 | Interventions 1- B6 |
| 13:15 → 13:45 | Interventions 2 Group 1 | Interventions 1 Group 2 | Interventions 2- BR |
| AFTERNOON BREAK 13:45 → 14:00 | | | |
| 14:00 → 14:45 | Simman ON Call Scenario's- Group 1 | | BR & B6 |
| 14:45 → 15:30 | Simman ON Call Scenario's- Group 2 | | |
| 15:30 → 16:15 | Simman ON Call Scenario's- Group 3 | | |
| 16:15 → 16:30 | Reflection of the day, Summary, Feedback & Close | | |
| Interventions 1: Oxygen Airways & Suction | | Interventions 2: Chest clearance techniques Breathlessness management | |

Figure One. Induction Day Timetable

Results:

Qualitative feedback in the form of questionnaires was collected from all participants upon completion of the training programme, 100%

rated it as excellent and would recommend it to their colleagues. Following the introduction of the new training programme at SGH, the ERPOCS team staffing had increased to 74% of the eligible members of the team by January 2017 and the target of reducing shift quotas to five weekday nights and two weekends had been achieved with no member of the team working in excess of this for the first quarter in 2017.

Discussion/Conclusion:

The qualitative feedback from participants was consistent with previous research which has demonstrated that inexperienced physiotherapists working in acute respiratory care face personal and contextual factors which can impact greatly on the decision making process when assessing and managing acutely unwell adult patients (Smith et al., 2008; Smith et al., 2010). The results of this pilot project suggest that this three phase delivery training model potentially can meet the needs of the participants, patients and the ERPOCS. Overall, this pilot has been a positive experience for all key stakeholders, improved the long-term sustainability of the ERPOCS, reduced the burden on existing contributors and increased the confidence and competence of our new staff members.

Acknowledgements

Many thanks to Sandra van der Kooij, Victoria Adams, Melanie Liley, Amol Gaikwad, Victoria Watson, Ian Millard, Megan MacDonald, Maria Wilkinson, Meg Ievers and Louise Parker for all their support with this project.

References

1. Boling, B. Hardin-Pierce, M. (2016) The effect of high-fidelity simulation on knowledge and confidence in critical care training: An integrative review. Nurse Education in Practice. 16(1) – 287-293.
2. Ohtake, P. Lazarus, M. Schillo, R. Rosen, M. (2013) Simulation experience enhances physical therapist student confidence in managing a patient in the critical care environment. Physical Therapy. 93(2) – 216-228.
3. Smith, M. Higgs, J. Ellis, E. (2008) Characteristics and processes of physiotherapy clinical decision making: a study of acute care cardiorespiratory physiotherapy. Physiotherapy Research International. 13(4) – 209-222.
4. Smith, M. Higgs, J. Ellis, E. (2010) Effect of experience on clinical decision making by cardiorespiratory physiotherapists in acute care settings. Physiotherapy Theory and Practice. 26(2) – 89-99.