

Background

Since 2021, all physician associate (PA) programmes have been asked to follow the standards outlined in, ‘Promoting Excellence’ as published by the General Medical Council (GMC). As such, there is emphasis on experiential learning through simulation-based teaching and interprofessional learning (IPL).

Aims

To develop confidence and build clinical skills in IPL through active learning for student physician associates and paramedics.

Methods

We collaborated with the Paramedic Science (PS) team to design an interactive afternoon of IPL including a 30-minute peer-led activity and a one-hour medium-fidelity simulation activity. We compared and evaluated the clinical skills of students in both groups before developing a clinical scenario that was appropriate to deliver. The faculty then worked closely together to design tutor notes to accompany the session which included logistics and timings, manikin set-up instructions, and debriefing prompts for use on the day. A survey was designed to evaluate the students understanding of simulation and inter-professional working before the session, and another to evaluate the impact of the session on their understanding.

The peer-led activity was a small-group discussion between PA and PS students, where they were encouraged to be curious about each other’s roles, training, placements and experiences. The students were asked to tackle misconceptions and stereotypes around each other’s professions. They then were divided into small groups with both student groups represented. Each group was assigned two facilitators who asked for a PS and PA student to volunteer to run the scenario. The case was a patient in the community with signs of sepsis and they were required to perform an A-E assessment. This was debriefed by experienced faculty with a focus on interprofessional working and the benefits for patient care. Students completed a survey both before and after the session to evaluate their impressions on interprofessional working.

Format: Each group = 5 students from each course. 10 students per group with two circuits running concurrently.

Group	Room	14:00-14:15	14:15-15:00	15:00-16:15	16:15-16:30
Circuit one					
A		Students complete the pre-simulation questionnaire	A-E Assessment	Discussion: Roles of a PA and paramedic	Students complete a post-sim survey
B	JB19		Discussion: Roles of a PA and paramedic	A-E Assessment	
C			A-E assessment	Discussion: Roles of a PA and paramedic	
Circuit two					
D		Students complete the pre-simulation questionnaire	A-E Assessment	Discussion: Roles of a PA and paramedic	Students complete a post-sim survey
E	JB19		Discussion: Roles of a PA and paramedic	A-E Assessment	
F			A-E assessment	Discussion: Roles of a PA and paramedic	

Figure 1. Logistics for the Student Interprofessional Simulation Session

“Today has been a great experience. I enjoyed the chance to work with other healthcare professionals, learn about their role in community and learn what they can do for patients”
Paramedic Science Student

“I would love to have further sessions like this, really enables us to understand how we work together in real life. Breaks the stigma around each other so we can benefit from one another”
Physician Associate Student

Scenario 1 – A-E Assessment (Sepsis - Cellulitis)

Manikin Set-up

General	Observations	Comments/Findings	Interventions
	“Patient X’s daughter has called their GP stating they are very unwell and can’t get out of bed. You have been called to assess them at home and begin a management plan”	Manikin set up: Elderly patient M or F – age 78. In dressing gown, sat up in bed/trolley. In own pyjamas or hospital gown (no exposed skin). Observations as below/moulage as below If asked – has been unwell for several days, not sure why. Feels shivery but not in pain. Can’t really explain it. Has been in bed for 2 days not really eating and drinking, PMH: HTN DH: not sure what medications she is taking, but takes 3 pills a day, NKDA	
A		Talking, no additional airway noises	None indicated
B	RR – 21 SpO2 96% air	No chest finding, clear, equal expansion	Could put on high flow O2 due to unwell patient
C	HR 105 BP 114/75	Normal heart sounds, pulses palpable	Cannula +/- bloods/cultures/lactate IVF
D	GCS – 14/15 PEARLA	Drowsy and slightly muddled CBG – 7.8	
E	T – 38.9	Right leg red and swollen (covered with blanket so students have to expose)	Antibiotics/paracetamol Catheter/urine monitoring
		S – 70yr old patient presenting with sepsis B – As above A – As above R – Recommend sepsis tx D – Transport to hospital/admit pt for sepsis tx	Escalate to senior Transport to hospital

Figure 2. Manikin set-up instructions



Figure 3. Physician Associate Students and Paramedic Students undertaking the simulation



Figure 4. The inter-professional faculty



Figure 5. Students engaging in discussions around their roles



Figure 6. Physician Associate faculty prepare the manikin

Results

100% of PS and 89% of PA students found the simulation session either useful, or, very useful to their learning, and reported increased confidence in undertaking an A-E assessment. The students reported enjoying and benefitting from practice assessing unwell patients, but also exploring and understanding other healthcare professions. Their recommendations included scheduling more medium/high fidelity simulation sessions to continue to implement learning. Significantly, 100% of PA and PS students wanted more experience in interprofessional simulation.

Conclusion

Both PA and PS students valued the professional role discussion alongside the assessment of an unwell patient. All students want to undertake further interprofessional simulation, and we are already planning further IPL for the next academic year.