

ORIGINAL RESEARCH

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THE PRACTICAL MANAGEMENT OF EMERGENCIES IN PRIMARY CARE; EVALUATION OF A BRIEF SIMULATION-BASED TEACHING FOR GPs IN TRAINING

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Introduction: GPs are increasingly expected to manage acutely unwell patients presenting in the community setting¹. Evidence suggests that simulation-based training (SBT) for the management of the deteriorating patient is valuable for qualified GPs^{2,3}. GPs in training rotate through hospital posts so are likely to have had recent exposure to acutely unwell patients, so we wanted to know would a similar approach using SBT be valuable to GPs in training?

Methods: We surveyed a cohort of GPs in their final training year about their experiences of managing common emergencies in hospital and in primary care settings. We also asked them to rate their confidence in the theoretical and practical management of emergencies in the primary care setting. Participants then engaged with a SBT on the management of eight common emergencies. This took place in a classroom, but participants were asked to consider their current GP workplace and only equipment obtainable in this setting was available in the SBT. Following the session, participants re-rated their confidence in the management of emergencies and provided free-text comments.

Results: The pre-training survey revealed participants had some experience of managing emergencies in hospital; but

very few had experience in the GP setting. Our before and after training demonstrated an increase in confidence in both the theoretic (av. 27%) and practical (av. 49%) management of all scenarios. When asked what they found most valuable, participants' comments gave an insight into why and how their confidence had been enhanced; "practical skills - setting up nebs machine, giving IM adrenaline, making up antibiotics". Participants particularly valued the SBT approach; "role play helped in visualising the situation in primary care", "it's really good to have actual clinical scenarios rather than just slides and to see actual stuff in real life".

Discussion: These findings echo studies evaluating SBT for qualified GPs and support the notion that SBT is valuable, but also highlights organisational and equipment issues which have the potential to delay life-saving treatment in medical emergencies [1-3]. By providing this SBT to GPs in their final year of training it is anticipated that this will facilitate a more confident primary care workforce, however, we advocate, as others have, that regular SBT would be beneficial to maintain safe management of time critical emergencies in the community [2,3].

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable

REFERENCES

1. Gauznabi S. Impact of emergency simulation training in primary care: a rapid review. *Journal of Primary Health Care*. 2024 June.
2. Maloney A, Field PE. In situ simulation training for management of emergency situations and deteriorating patients in GP surgeries. *BMJ Simul & Technol Enhanc Learn*. 2018;4(2):A32-33.
3. Forde E, Bromilow J, Jackson S, Wedderburn C. Managing emergencies in primary care: does real-world simulation-based training have any lasting impact? *BMJ Simul Technol Enhanc Learn*. 2018 Nov 29;5(1):57-58.

SUPPORTING DOCUMENTS – TABLE 1-A52

Table 1: The practical management of emergencies in primary care; evaluation of a brief simulation-based teaching for GPs in training.

The practical management of emergencies in primary care; evaluation of a brief simulation-based teaching for GPs in training.

SBT Emergency Scenario theme	% of participants with experience of managing emergencies in hospital (n=25)	% of participants with experience of managing emergencies in a GP setting (n=19)	% improvement in self-rated confidence in the theoretical management of emergencies after SBT	% improvement in self-rated confidence in the practical management of emergencies after SBT
Acute coronary syndrome	84%	47%	22%	33%
Cardiac arrest	80%	0%	21%	31%
Hypoglycaemia	80%	11%	27%	52%
Seizure	72%	0%	53%	72%
Anaphylaxis	24%	5%	29%	45%
Severe asthma	84%	32%	31%	49%
Sepsis	100%	63%	5%	40%
Meningitis	6/25	0%	29%	71%