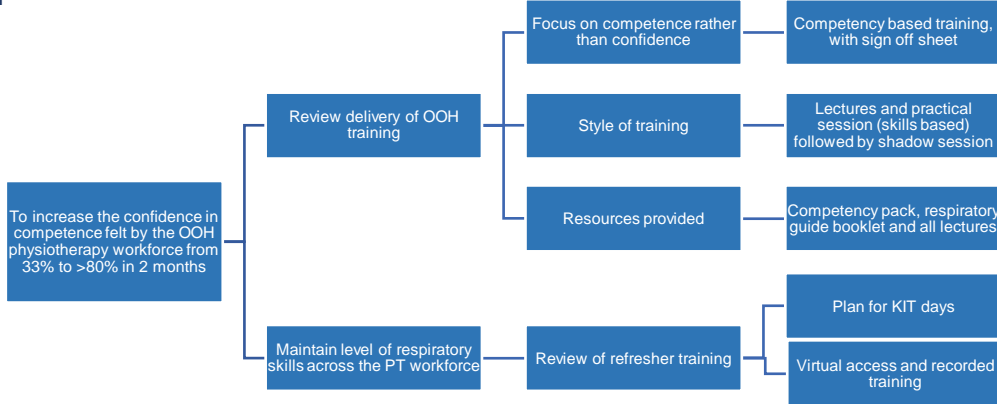


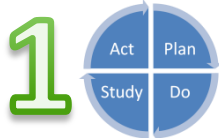
## Background

The recent Covid-19 pandemic highlighted the lack of specialist respiratory skilled physiotherapists that we had at Homerton, making redeployment to teams difficult and training needs extensive in order to meet the needs of this complex patient group. Our pre-existing OOH training needed reviewing as concerns were raised amongst our physiotherapy redeployed staff regarding poor confidence and competency levels to undertake the skills required in our OOH service. Local challenges include a lack of regular exposure to respiratory patients for the majority of the physiotherapy workforce. Therefore the way in which we trained and maintained these competencies needed to be reviewed. As the hospital entered subsequent waves of the pandemic, this needed to be re-reviewed to improve accessibility and reduce training delivery time from our specialist respiratory workforce already stretched due to the pressures of the pandemic.

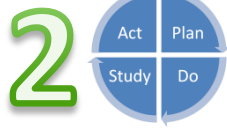
## Aim



## Methodology



**Plan:** Run existing HUH OOH training and review impact on confidence and competence via a questionnaire.  
**Do:** Carried out training and questionnaire sent out to ascertain further information re: competency and delivery of current OOH training.  
**Study:** Analysis of questionnaire findings  
**Act:** Questionnaire findings fed back to management and the need for an update of the training discussed. Consider need for competency based training.



**Plan:** Update of OOH training, including the production of lectures, resource packs, practical sessions and shadow days.  
**Do:** Delivery of updated OOH training to 100% of the OOH staff. Subsequent questionnaire sent out to all OOH staff.  
**Study:** Analysis of questionnaire findings and comparison made with PDSA 1 findings.  
**Act:** Change was well received and adopted by the physiotherapy workforce, without any content adaptations. Plan for regular review of content and accessibility to meet needs of HUH.



**Plan:** Demands of the subsequent surges led to a review of the way we maintained competence levels and training delivery times.  
**Do:** Lectures recorded to allow virtual access and reduce workforce delivery time. Subsequent questionnaire sent to original cohort of redeployed team, one year on.  
**Study:** Analysis of the questionnaire data  
**Act:** Original cohort reported maintenance of their competency levels so no changes made.

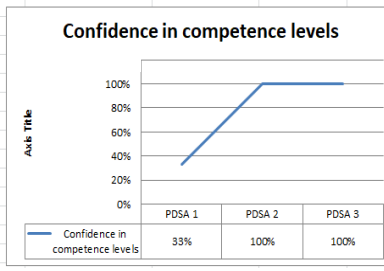
## Results

Feedback received via a questionnaire **PDSA 1** and **PDSA 2**.

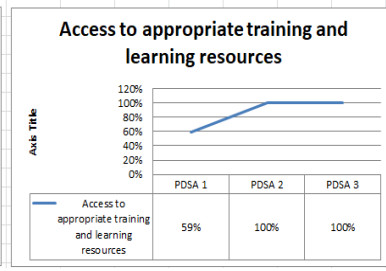
- 100% felt the training provided was adequate to become competent at on call working, as opposed to only 33% prior to changes being made.
- 100% felt they had access to an appropriate level of learning resources and supporting documents for on call working, as opposed to only 59% prior to changes being made.
- 100% felt able to complete a detailed A-E assessment, as opposed to only 67% prior to changes being made.
- 100% felt able to provide an appropriate treatment plan, as opposed to only 58% prior to the changes being made.
- 100% felt that they knew the OOH procedure (including escalation and handover), as opposed to only 25% prior to the changes being made.

Feedback received via course questionnaire

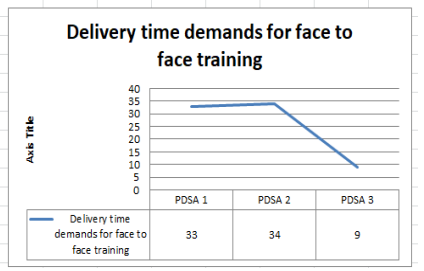
The course met all the objectives	ALL 100%	NONE	SOME
The trainer clearly explained all the relevant concepts during the training	ALL 100%	NONE	SOME
The course has been a worthwhile investment of my time	YES 100%	NO	FAIRLY
How useful was the training material	USEFUL 100%	AVERAGE	POOR
I feel competent I will be able to use the skills and knowledge gained in the work place	YES 78%	NO	FAIRLY 23%
Please rate the difficulty of the material	JUST RIGHT 100%	TOO BASIC	TOO ADVANCED



Outcome measure: 100% of our cohort were confident in their competence levels directly following training and at one year post (compared to only 33% before)



Process measure: 100% of our cohort felt they had access to appropriate training and learning resources both immediately after the training and one year later (compared to only 59% prior).



Balancing measure: PDSA 3 addressed the initial increase of delivery time making the training sustainable during the on going demands of the pandemic

## Conclusion

The changes made across PDSA1-3 to the OOH training programme have been successful in increasing the confidence in competency of the physiotherapy OOH workforce. These have evolved over time to meet the changing demands of the pandemic and the needs of the workforce at Homerton. The training was well received by the attendees. A year on, confidence levels were maintained at 100%. Virtual access dramatically decreased delivery time therefore positively impacting on the sustainability of the training during the on-going pandemic.

## Reflection

This training should continue to be reviewed to meet the caseload demands and match our workforce needs. Regular review of content should also occur to ensure content remains in line with evidence based practice. Keeping in touch (KIT) days should be encouraged across the workforce. The next stage should be to investigate the current cohort of physiotherapy OOH staff who have only received virtual lectures, and review the levels of competence and confidence maintained.