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In situ Inter- professional Team Simulation for Operating Theatres

Team work is of paramount importance for safe and effective patient care in the operating theatres. However, traditionally, the training of team members has mostly occurred in silos of professional groups. Following the Elaine Bromley incident,[4] and with the recent introduction of human factors training in the healthcare industry, the need for team training for non-technical skills has become imperative for high risk settings[1] like the operating theatre. Simulation helps improves team working abilities while allowing the team to practice in a safe learning environment.[2]

Benefits of in-situ simulation[2]

- **Improves fidelity.**
- **Immersive**
- **Better access to team and equipment.**
- **Relatively low cost.**
- **Can identify latent issues in systems.**
- **Helps long term retention.**

Requirements/ Challenges

Faculty

Team:
- Surgeon and assistant
- Anaesthetist
- Anaesthetic practitioner
- Scrub and circulating practitioner

Operating theatre

Equipment:
- Sim man
- Surgical instruments
- Anaesthetic equipment

Learning Outcomes

Demonstrate effective communication	Demonstrate situational awareness	Identify patient deterioration/ specific issues	Delegate roles appropriately	Escalate

Encourage use of critical language 'STOP' and 'SILENCE'

S-Specific
M-Measurable
A- Achievable
R- Relevant
T- Time Based

Scenario design

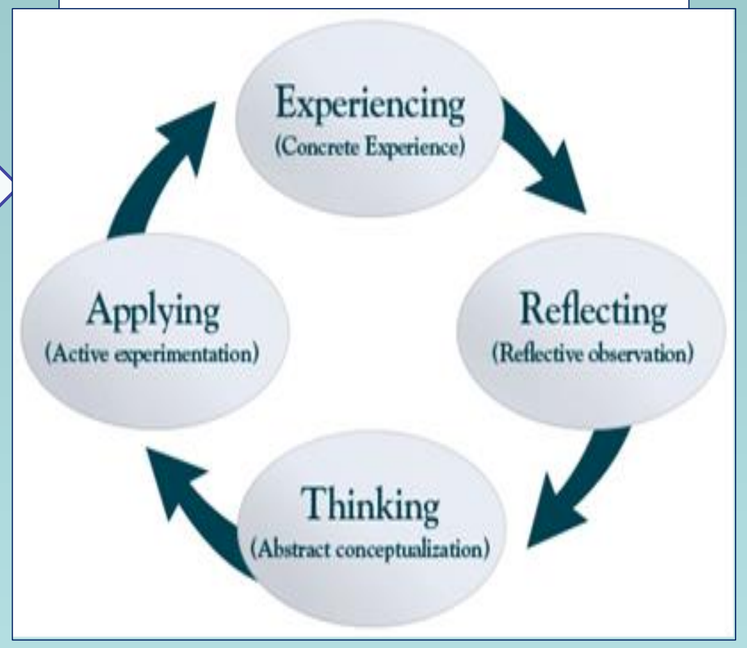
- Incidents/ Clinical Governance issues/Processes
- Faculty/ Participant experiences/ feedback

Plan : 4 sessions per year
Pre-brief: 5 -10 minutes
Scenario : 20 minutes
Debrief : 30 minutes

Post-Scenario Faculty Debrief

- **Evaluation of the learning outcomes.**
- **Feedback forms.**
- **Make changes accordingly.**

Debrief/ Evaluation



Kolb and Fry's Experiential Learning Cycle (1975).[3]

References

1. Flin, R. (2014) 'Nontechnical skills: enhancing safety in operating theatres (and drilling rigs)' ***Journal of Perioperative Practice,*** 24(3), pp.24-60.
2. Hssain, .I, Alinier, .G, Souaiby, N. (2013) 'In-Situ simulation: A different approach to patient safety through immersive training' ***Med Emergency***, MJEM 15: pp.17-28.
3. Kolb, D. and Fry, R. (1975) 'Towards an Applied Theory of Experiential Learning', in Cooper, C.L. (ed). *Theories of Group Processes*. Wiley pp. 27 – 56.
4. Reid, J., and Bromiley, M. (2012) 'Clinical human factors: the need to speak up to improve patient safety' ***Nursing Standard,*** 26(35), pp.35-40.