

Keeping obstetric simulation fresh: the ongoing development of regional obstetric simulation training for core anaesthetic trainees



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Introduction

Simulation has been shown to be a powerful learning tool to achieve higher levels of competence and safer care.¹ By bringing members of the team together in a simulation environment, communication, decision-making, judgement and leadership skills can be practiced in a safe space.¹

In 2014 two trainees and a consultant in the Thames Valley deanery created a simulation course providing training in obstetric anaesthesia to better prepare core trainees for emergencies in obstetric anaesthesia. The scenarios were drawn from real world examples, and developed with consultant obstetrician and anaesthetic input. The course is a blend of simulation and lectures designed to complement learning for those commencing training in obstetric anaesthesia.

The course is delivered by a multiprofessional team, comprising anaesthetists, obstetricians, ODPs and midwives. All aspects trace outcomes from the RCoA initial assessment of competence in obstetric anaesthesia.

Methodology

Feedback from the course is routinely collected and acted upon and it regularly highlights the additional value this has brought to the course.

In addition to this, a survey was sent to candidates who had attended the ROSTA course over the last 3 years, to identify whether the learning from the course was helpful in the longer term and any areas for improvement, since trainees had started on calls.

Results

Since inception, 116 candidates have undertaken the course. Course leads have changed hands and a global pandemic has come and gone but feedback on the day of the course remains overwhelmingly positive (mean rating of the course 4.89/5). All candidates agreed with questions posed in feedback on the day (fig 1).

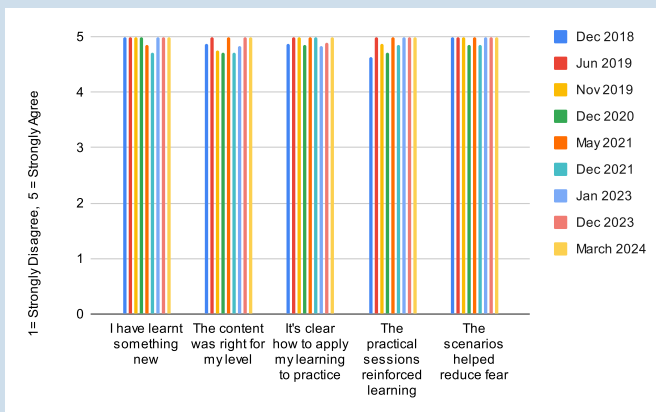


Figure 1: Collated feedback from courses since 2018 (feedback online rather than paper)

Follow-up Survey Results

9 candidates responded to the follow up email (45%). 100% of respondents agreed that learning from the course had remained helpful for on-calls.

The simulations rated as the most useful included: failed regional anaesthesia; post-partum haemorrhage; pre-eclampsia/eclampsia and maternal collapse.

Feedback for further development included more discussion on the management of failed regional anaesthesia and consideration for the use of skills trainers for epidural and lumbar spine ultrasound.

Conclusions

Starting obstetric anaesthetic on-calls can be a daunting prospect, and it has been clear that the course, in addition to robust training through the IACOA, has helped alleviate some of those worries.

Over the last ten years the content of the course has been updated to accommodate feedback from candidates, guideline updates and the 2021 anaesthetic curriculum. This regular review and remodelling of the course has aimed to ensure the course has remained relevant and helpful for candidates.

The success of the course has rested on a number of factors:

- multi-professional faculty
- flexibility to adapt the course as required
- keeping faculty involved in delivery of the course to maximise engagement and enthusiasm
- succession planning to allow handover and thus smooth running.

Going forward we intend to incorporate the principles from the ASPIH standards for simulation-based practice² and to pilot the use of skills trainers into the session.

Acknowledgements & References

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