

Tea trolley training on the delivery suite: Can bite sized, on the job teaching facilitate effective, open multidisciplinary learning?

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Introduction

“Tea trolley training” was described in 2015¹, but little has been published about its use in maternity units². It focuses on brief, defined packages of teaching, delivered around learners’ normal work, with non-didactic presentation. Similar programmes have previously been described in theatre, recovery and ICU.

The Ockenden report stresses the value of multidisciplinary team (MDT) training, and whilst this is formally facilitated by programmes such as PROMPT and CNST, these often focus on defined simulations or lectures. We aimed to introduce and assess the impact of a programme of MDT teaching involving anaesthetists, midwives, and obstetricians on the delivery suite for effective shared learning benefitting staff development and patient safety.



Figure 1. Tea trolley set up

“

Midwives don’t always get a chance to have a break, so some training with a cuppa was perfect, plus quick, accessible, top line, just outside the room

”

Methods

- The tea trolley training project was co-created with input from anaesthetic, midwifery, and obstetric teams. An MDT scoping exercise was conducted to identify the team’s educational needs.
- The first programme focused on epidural management, ran over two weeks, and was delivered by a paired anaesthetist and practice educator midwife. Sessions were performed on the delivery suite.
- Pre- and post-session questionnaires were used to assess the learners’ confidence in domains such as “Troubleshooting an epidural” or “Offering sources of information about epidurals to patients”. We also asked learners questions about tea trolley training as a whole, including whether they had heard of such programmes before, and if they found the model useful.
- Experience from establishing the epidural management session was used to support sessions by other MDT members, such as on bladder care by the midwives.
- Standardised materials (**figure 1**) included visual prompts (e.g. anatomical epidural simulators, bladder balloons), skeleton scripts to provide a consistency of teaching, and handouts or QR codes for reference materials.
- At the end of each session, learner-led queries were addressed, and recorded to help guide future training.
- Participation certificates were provided to aid learners in demonstrating continuous professional development.

Results

- Our first session on epidural management reached 53 individuals on the delivery suite, including medical students, obstetricians of all grades, nurses, midwives, and student midwives.
- An 11 point Likert scale (0-10) assessed confidence regarding questions including (mean score from pre- to post-session by question): managing patients with an epidural (from 6.2 to 7.9), answering patient questions regarding epidurals (from 5.3 to 7.9), troubleshooting an epidural (from 5.4 to 8.3), knowing where to direct patients for information about epidurals (from 5.8 to 8.4).
- The epidural management session was judged to be “very useful” (11 point Likert scale; 0-10), with a mean score of 9.2
- 67% of participants reported having heard of tea trolley training as a teaching model.
- The future deployment of tea trolley training on the delivery suite was felt to be “very useful” with a mean score of 9.6 (0-10). All participants recorded wanting to receive further tea trolley teaching.

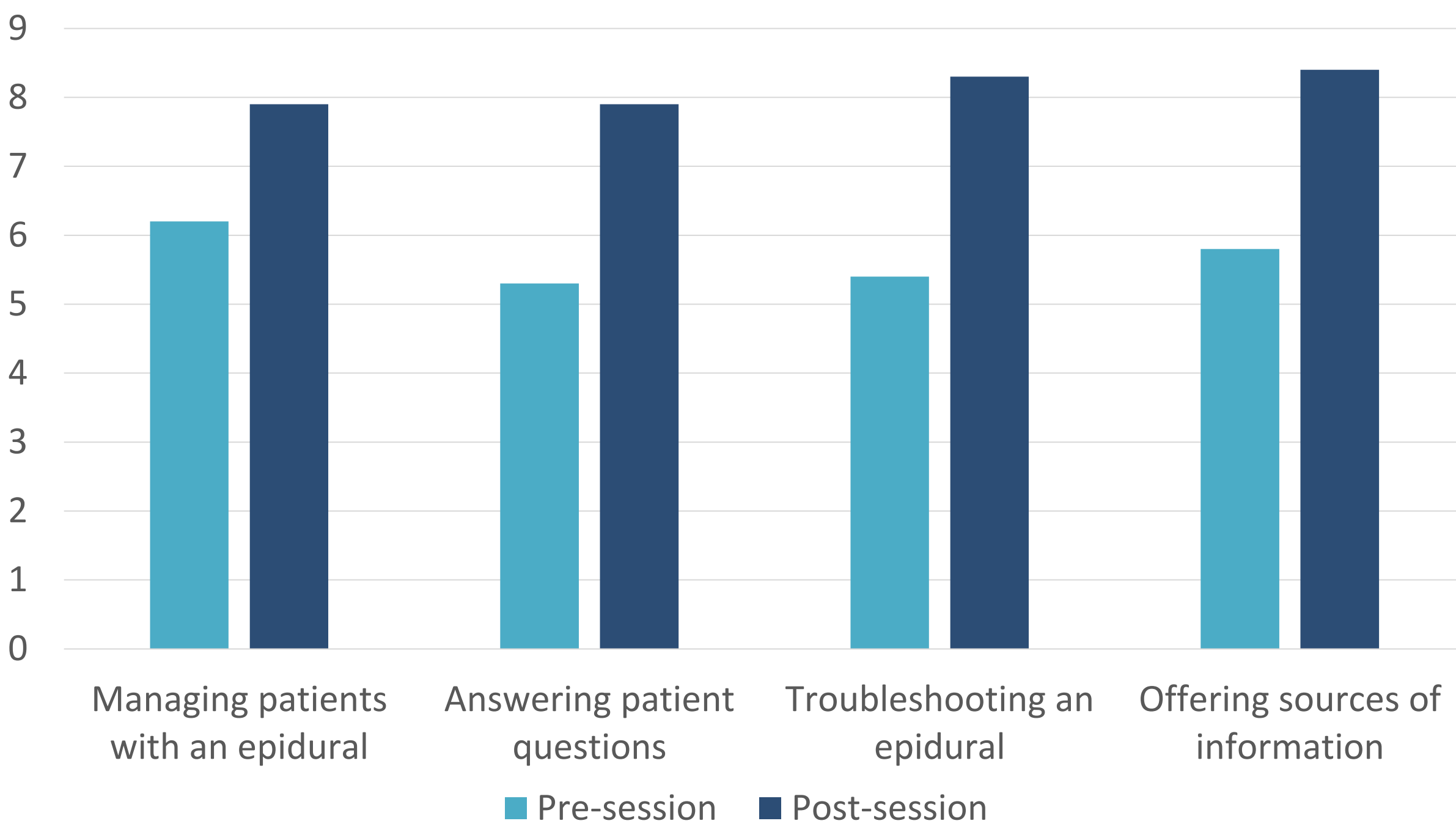


Chart 1. Pre and post intervention confidence scores

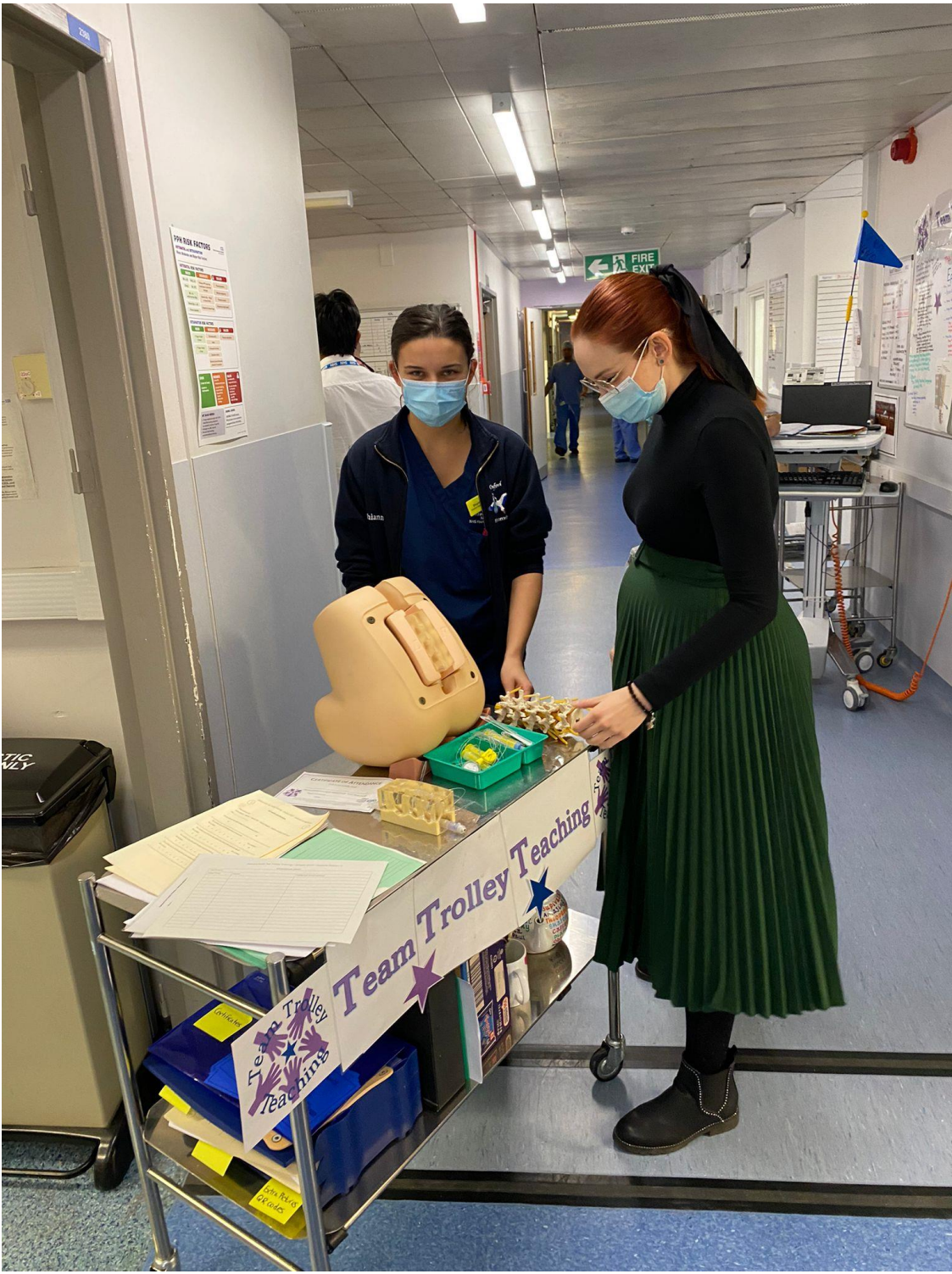


Figure 2. Teaching on delivery suite

Discussion

- The programme was warmly received by all members of the multidisciplinary team on our delivery suite, who felt that tea trolley training was both useful as an educational tool and that content was relevant to their clinical practice. Our initial session on epidural management demonstrated increased confidence in helping to care for parturients with epidural analgesia amongst all members of the MDT.
- The chance for learner led questions at the end of sessions provided a valuable insight into conceptual frameworks regarding epidural analgesia amongst professional groups.
- We feel that the early MDT engagement and shared ownership of our tea trolley training programme has helped nurture this as opportunity for open and shared interprofessional learning.

References

1. O'Farrell G, McDonald M, Kelly FE. ‘Tea trolley’ difficult airway training. Anaesthesia. 2015; 70: 104-104.
2. Hyder S, Rich E, Misra J. P.159 A quality improvement project looking at the use of tea trolley teaching on a busy labour ward. International Journal of Obstetric Anaesthesia. 2022; 50, 84.

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