

Multi-disciplinary simulation training for the novice obstetric anaesthetist: 6 years of feedback

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Introduction

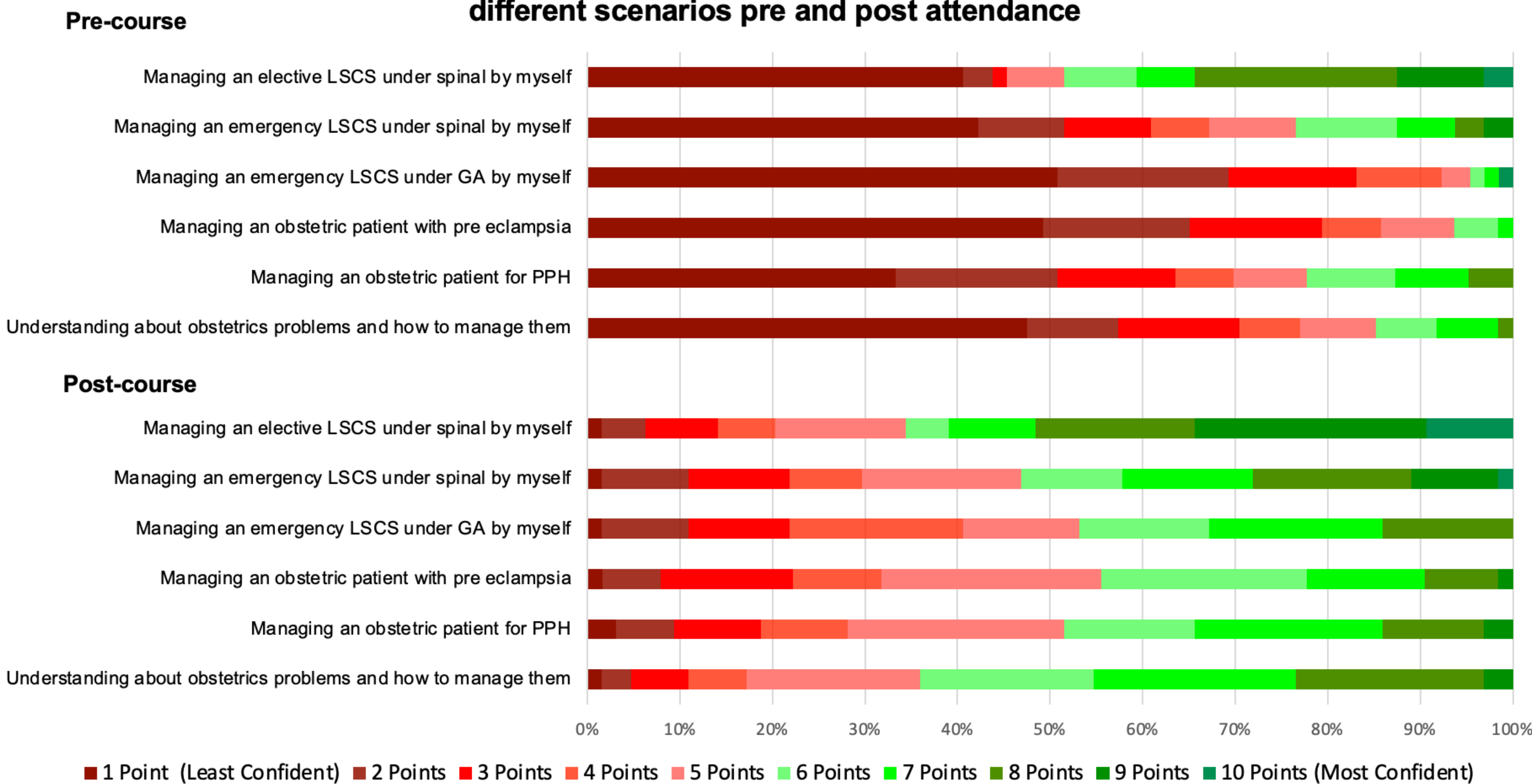
Multi-disciplinary obstetric simulation such as the PROMPT course has been shown to improve neonatal and maternal outcomes¹. Anaesthetists play a vital role in the care of the pregnant woman with anaesthetists in training (AiTs) undertaking obstetric on call relatively early in their training. The Severn deanery has been running the Novice Obstetric Anaesthesia Course (NOAC) since 2017 and this poster will outline the feedback and success of this course.

Methods

The Severn deanery runs the annual NOAC for AiTs who are rotating through their first obstetric block. The course is delivered by consultant and senior registrar anaesthetists with an interest in obstetrics as well as a senior registrar in obstetrics. Through the day, AiTs rotate through different simulations either focussed on a general anaesthesia scenario or a regional anaesthesia scenario. The simulations are supported by small group teaching sessions afterwards to debrief and highlight key learning points. A pre course and post course questionnaire is completed by each AiT to capture demographics and assess confidence on manging the covered scenarios solo. This was done by a ten-point numerical scale with one being the least confident and 10 being the most confident.

Results

A graph showing changes in self-rated confidence levels on a scale of 1 to 10 for different scenarios pre and post attendance



Six years of data were collated and analysed from 2016 to 2023. Data was unavailable for 2017 and the course did not run in 2020 due to COVID-19. Of the 64 trainees that had completed the course, the most common training grade was CT2 with most trainees (48%, n=31) having completed < 5 obstetric sessions. 19% (n=12) of trainees were on the obstetric on call rota and the average number of epidurals attempted was less than five. Confidence in managing all scenarios solo was increased with the greatest confidence increase in managing elective LSCS under spinal. Thematic analysis of comments showed that presence of an obstetric registrar was one of the key strengths of the course. Overall, 87% (n=56) of AiTs felt their confidence had improved.

Discussion

Obstetric departments are often busy with an unpredictable workload making them a challenging place to learn new skills. The AiTs attending this course were very junior, as shown by low numbers of epidural insertion and sessions in obstetric anaesthesia, but the feedback shows that they benefit hugely from the course. The multi-disciplinary nature of the course provides a safe space for AiTs to learn more about obstetric decision making as well as learning from experienced obstetric anaesthetists. The future of this course is to extend the training to twice a year to capture all eligible AiTs and to add in more members of the multi-disciplinary team.

References

1. Weiner CP, Collins L, Bentley S et al. Multi-professional training for obstetric emergencies in a U.S. hospital over a 7-year interval: an observational study. Journal of Perinatology. 2016 Jan;36(1):19-24. doi: 10.1038/jp.2015.136.

