

Emergency gynaecology simulation training for Early Pregnancy Unit (EPU) staff

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Objectives & Design		Results (Post- course participant feedback)		
<p>In Oxford, the nurse led Early pregnancy assessment unit (EPU) was relocated to a community setting to improve patient experience. As a result, rapid access to medical support in an emergency is limited. It is therefore important to ensure that EPU staff have regular training to maintain their emergency skills.</p> <p>We designed and delivered a simulation training session for EPU staff and focussed on management of early pregnancy emergencies in the community.</p>		<p>What went well?</p> <p><i>“Everything, really enjoyed the whole thing”</i></p> <p><i>“All scenarios were relevant and informative”</i></p> <p><i>“Really enjoyed the scenarios – interactive + enjoyable. Good feedback”</i></p> <p><i>“The debrief of each scenario”</i></p> <p><i>“All went well except for the cannula practice arm”</i></p> <p><i>“Well structured, useful topics. Good range of scenarios”</i></p>	<p>On a scale of 1 (terrible) to 5 (excellent), average rating for usefulness?</p> <p>5</p> <p>How would you rate the session with respect to enjoyability?</p> <p>4.7</p> <p>How would you rate the session with respect to interactivity?</p> <p>5</p>	<p>Was the feedback provided helpful?</p> <p><i>“Great use of speculum and arm simulation”</i></p> <p><i>“Yes it was good to hear what I say”</i></p> <p><i>“Yes very, it was useful to hear feedback from different perspectives”</i></p> <p><i>“Really helpful, as fairly new to post, systematic planning essential, yes constructive and more than one person giving feedback also good”</i></p> <p><i>“Yes, highlighted things to think about if you had that situation for real”</i></p>
Method				
<p>The training session was delivered in EPU to 6 participants. The resources the staff would have access to, were used to simulate the real situation. Training commenced with a session on the management of gynaecology emergencies. We provided hands on training of blood-taking, intravenous cannulation and speculum examination using mannequins. Multiple simulation stations were used with common early pregnancy emergency scenarios. Participants were observed. Feedback was provided on individual performance, communication and teamwork.</p>				
Conclusion		<p>Simulation training is well-established in obstetric emergencies. There is limited emergency gynaecology training. We have had to delay more training sessions due to the pandemic. We are planning to offer the same package to junior doctors as part of department induction and a yearly refresher for all EPU staff as part of their Statutory and Mandatory Training.</p>		