

“Buddy operating” – Improving surgical skills by mutualistic cooperation.

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Objective

An RCOG position statement¹, states that 90% of cases can be performed by newly qualified consultants with 10% requiring more experienced operators due to complexity.

This qualitative study looks at the experience of ‘Buddy operating’ within the Obstetric & Gynaecology consultant body at a busy District General Hospital.

Methods

Design

Retrospective Review of cases presented at the complex benign gynaecology meeting between May 2020 and May 2022 where following buddy operating had been undertaken.

Method

There were 9 cases of Buddy operating in this period, Information was garnered on the complexity, complications, duration of operative time, admission length and any specifically improved outcomes . This was followed up with a 17-point questionnaire to evaluate the buddy operating.

Gynaecology out of hours operating

Gynaecology operating cases performed out of hours

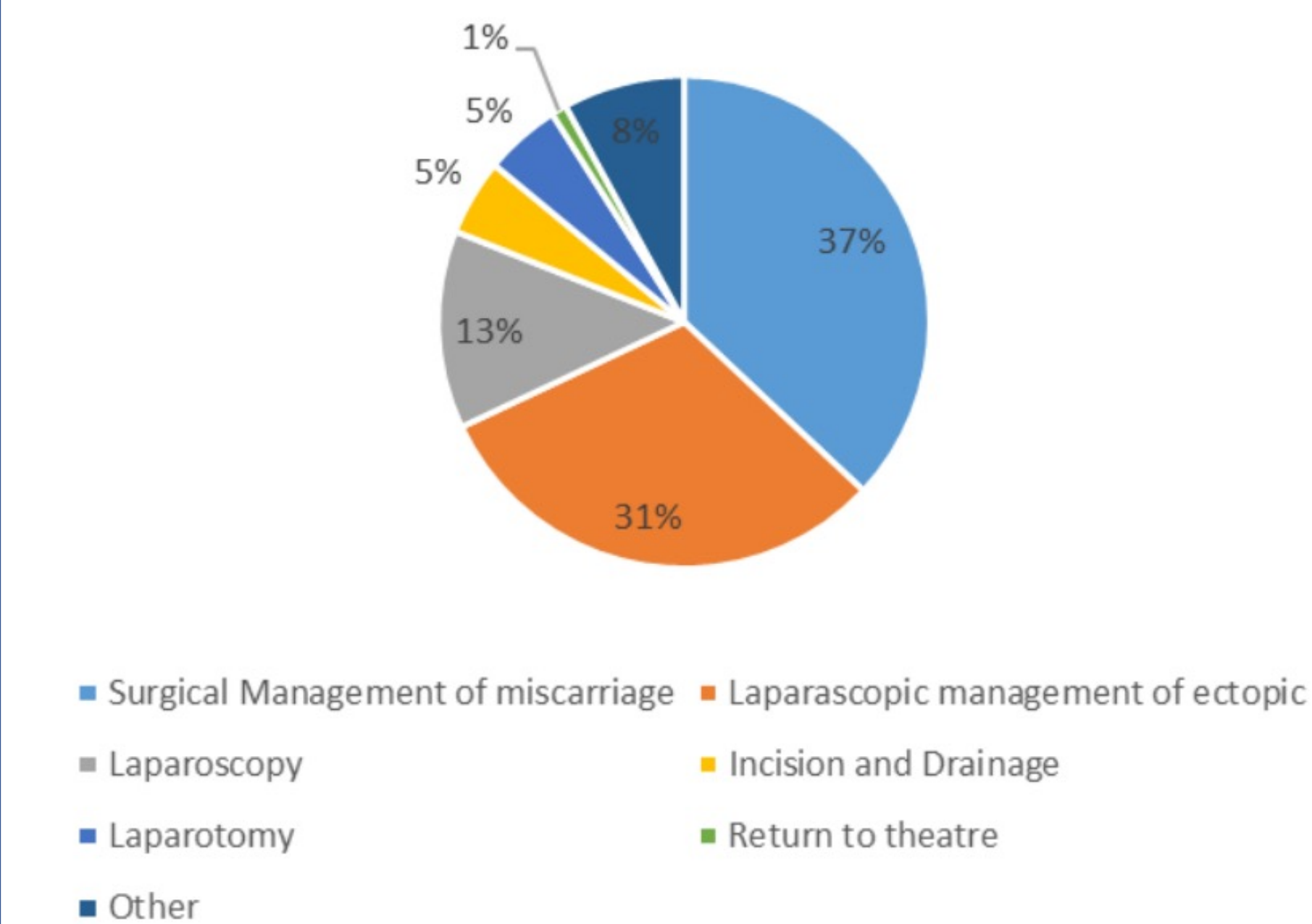


Figure 1: taken from the RCOG position statement about safe out of hours operating 2022.

KEY POINTS ABOUT BUDDY OPERATING

- Does not increase operating time
- Does not affect patient outcomes including time in theatre
- Both senior and junior consultants enjoyed the experience
- May decrease the number operations unable to be undertaken out of hours below 10% that had been predicted by the RCOG Position statement.
- Further research and programs across different sites are required to assess its effectiveness.

Results and conclusions

Results: There w Within the audit there were 9 cases undertaken between an experienced and inexperienced consultant, there was a varying degree of complexity. The average operative time was 97 minutes. 8/9 cases were hysterectomies. Average admission length was 1.3 days’ and no adverse events were recorded. Following the questionnaire there was a 60% response rate with overall satisfaction score of 8.25/10 (10 very helpful).

All consultants reported a desire to gain different skills, 66% had already undertaken buddy operating, with the only negative comment being organisation of mutual time to operate.

Conclusion: Following the pilot study, we can say that overall, the experience of those involved was positive for both patients and staff. There were no adverse changes to the patient’s outcome with duration of admission or extended operating time. In addition, there was no change to the number of patients listed.

The authors now suggest a robust process for buddy allocation within the surgical decision-making process of the benign gynaecology MDT. Thereby producing a supportive network of senior and junior consultant who can work together to develop complex operative skills. Decreasing the number of operations not able to be carried out due to complexity out of hours.

References

1. RCOG Position statement – ensuring safe out of hours support for complex emergency obstetrics and gynaecology surgery July 2022