

ENHANCING CONFIDENCE IN MANAGING INTRAOPERATIVE COMPLICATIONS

CAMPBELL, R., MILFORD, K., BAIN, A., THOMPSON, E., COLERIDGE, S.

OBJECTIVE

- To evaluate the impact of a regional simulation training day on self-reported confidence levels in managing intraoperative complications among Obstetrics and Gynaecology trainees.

DESIGN

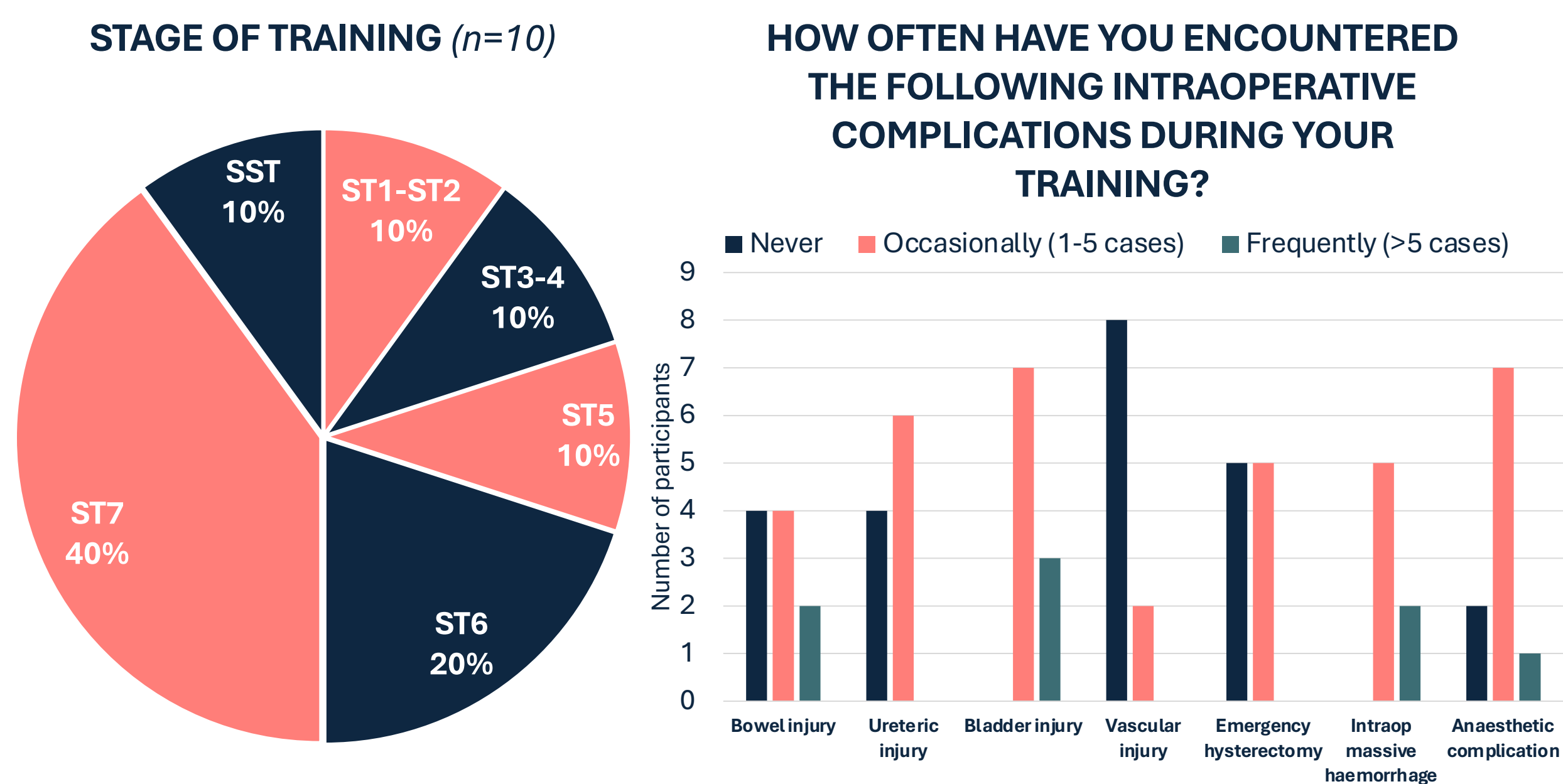
- A prospective cohort study evaluating pre- and post-course confidence levels and qualitative feedback from participants attending a simulation-based training day.

METHODS

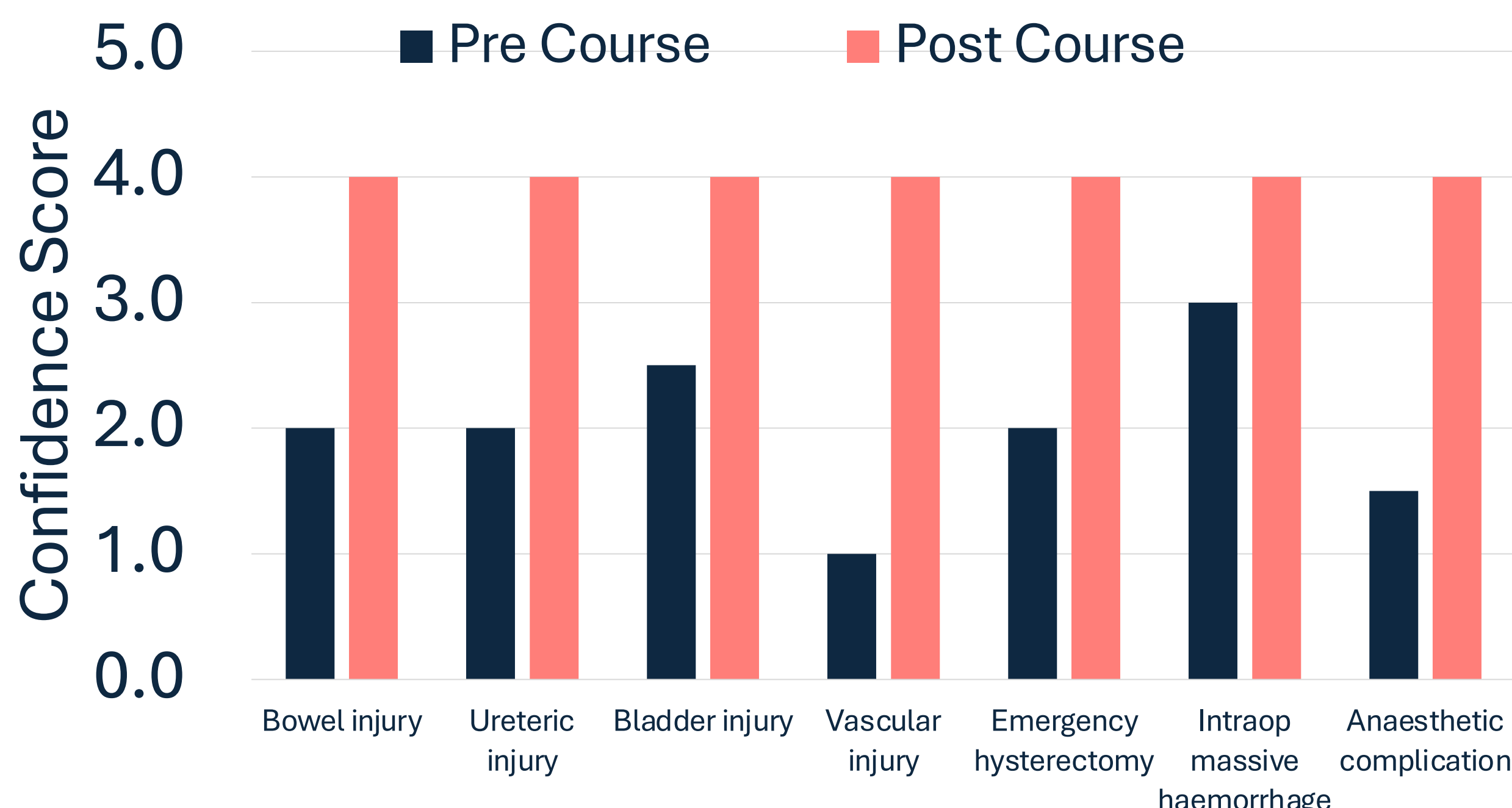
- A single-day training event was conducted for 10 trainees from two UK deaneries (Severn and Peninsula).
- The course included morning lectures and afternoon simulation-based scenarios conducted in a theatre-simulated environment.
- Participants completed pre- and post-course questionnaires that assessed confidence across seven complication categories on a Likert scale and provided qualitative feedback.
- Quantitative data were analysed using the Wilcoxon signed-rank test, and qualitative data underwent thematic analysis.

RESULTS

QUANTITATIVE DATA



ON A SCALE OF 1 TO 5, RATE YOUR CONFIDENCE IN MANAGING THE FOLLOWING COMPLICATIONS INTRAOPERATIVELY:
(1 = Not confident, 5 = Fully confident) (median scores, n=10) (p=0.00506)



- Statistically significant increases** in confidence were observed across all seven intraoperative complications following the simulation training (p = 0.00506 for all comparisons).
- Greatest relative improvements were seen in **vascular injury** and **anaesthetic complication** management, typically lower-exposure, high-risk scenarios.

QUALITATIVE DATA

- Infrequent Exposure & Low Confidence**
 - Complications happen too infrequently to build confidence or hands-on skill.
 - Lack of familiarity with the steps once an injury is recognised.
- Escalation and Decision-Making Challenges**
 - Difficulty knowing what to do first when a complication is identified.
 - Delays in recognition and decision-making impact outcomes.
- Uncertainty and Lack of Standardisation**
 - No clear consensus on how to manage certain intraoperative injuries.
 - Lack of guidance on what kit or instruments are needed in an emergency.
- Technical Skill Gaps**
 - Desire for training in visceral and vascular injury repair.
- Simulation as a Solution**
 - Strong appetite for more simulation training.
 - Simulations improve confidence in recognising and managing complications.
- Post-Operative Considerations**
 - There is a need for a better understanding of how to manage complications post-operatively.



SHARE YOUR
THOUGHTS

should this be in the RCOG curriculum?

DISCUSSION

- Despite their high-risk nature, intraoperative complications receive little structured training.
- Trainees and even consultants often feel underprepared, especially for rare events like vascular or anaesthetic injuries.
- While obstetrics benefits from **PROMPT**, gynaecology has no equivalent. **RCS have mandatory courses such as CCRISP**; however, RCOG lacks a national model.
- Our findings show that simulation bridges the gap between theory and practice, boosting confidence across all complication types.
- Despite small numbers and no long-term follow-up, this pilot strongly supports wider adoption of simulation to improve trainee readiness.

CONCLUSION

- The simulation-based training day significantly enhanced participants' confidence in managing intraoperative complications and identified critical gaps in prior training.
- We propose that RCOG embed mandatory complication training into the curriculum structured, practical, and nationally standardised.**
- Future efforts should focus on increasing course fidelity, expanding trainee access, and integrating longitudinal assessments to measure the impact on clinical outcomes and patient care.

