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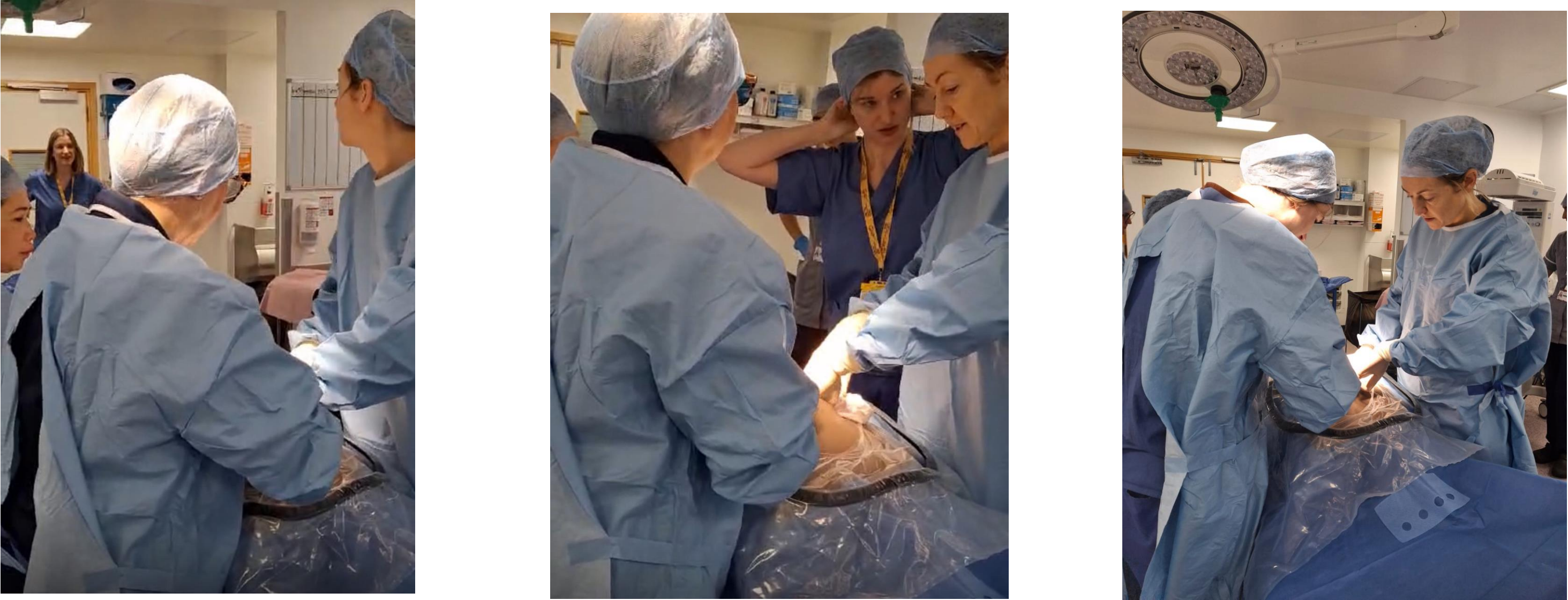
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Background and aim:
Incivility is a broad term for any social behaviour that lacks respect, and causes feelings of discomfort. Incivility within the healthcare setting has been shown to reduce team functioning, clinical decision making and patient outcomes¹. The objective of this in-situ simulation was to demonstrate the impact of incivility of one team member on the whole team, and to discuss how to address poor behaviours. The aim was to raise awareness, encourage multidisciplinary team discussion and to improve the team working environment and wellbeing of staff.

Design:
An in-situ simulation was set up in obstetric theatres, with a video link to another room with staff working in obstetric theatres, including doctors, nurses, theatre staff, midwives, and students. In both scenarios, a resident doctor was struggling during simulated caesarean section and called a senior for assistance. Everyone in the team was briefed to act as themselves except the consultant. Observers watched the two different scenarios, and were asked for words to describe the scenario. There was then a presentation on the impact of incivility in the healthcare setting, and a discussion about how to address such behaviours when observed. Feedback forms were sent out following the session.

Scenario 1:

In the first scenario, the consultant was helpful and supportive when called, and checked the team was OK. They scrubbed to assist but allowed the resident to continue to operate with support and guidance, and the atmosphere was pleasant throughout, with the whole team interacting. The consultant stayed until the resident stated they were happy to continue.





Scenario 2:

In the second scenario, the consultant was rude and belittling to the trainee. They were reluctant to scrub, and when they did, they pushed the resident aside to take over, creating a very different environment for the team. They then stormed out of theatres, and the resident felt unable to call them back despite having further concerns during the simulated procedure.





Results:
Feedback from 25 attendees across all staff groups, showed that **92% had either witnessed or personally experienced incivility in the past 12 months**. Key messages taken away included: **“It only takes one person to be uncivil, to change the feeling of the whole team”**, **“The only way to see change is to challenge poor behaviour”**, and **“The importance of a civil response”**. Comments included **“As a student I found it very helpful and empowering”**, **“This session needs to be repeated more”**, and **“Really engaging- I’m proud to work somewhere that values a kind and supportive working culture”**. The rating of how likely attendees were to address poor behaviours increased from a mean of **2.9/5** before the session, to **4.2/5** following the session. This suggested people would go from being passive, to actively challenging poor behaviours using the compassionate frameworks highlighted during the session.

Conclusions:
Simulation can be used to demonstrate poor and good team working and highlight the significant impact of incivility on a team and on patient safety. Emphasizing the importance of not accepting a permissive environment and of giving tools on how to address this will hopefully reduce the incidence of poor behaviours in the workplace. Sessions like these can be easily repeated with minimal resources and should be considered across all trusts and working areas.