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Introduction of an obstetric simulation programme to meet training needs during the COVID-19 pandemic

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Introduction

Training and service delivery in hospitals across the UK has been profoundly impacted by the COVID-19 pandemic.

Multidisciplinary team (MDT) training has been shown to be highly beneficial, particularly in obstetric departments where large numbers of staff work together in high-stress situations.[1]

Social distancing restrictions have made existing organised training programmes with large group work and lectures impossible to deliver effectively.

Having identified a learning need, we established an in-situ simulation training programme on the delivery suite.

Methods

We established a multidisciplinary faculty of anaesthetists, obstetricians, neonatologists and midwives to develop and facilitate the sessions.

Learning needs were identified from three main categories:

1. Mandatory training that could not be delivered
2. Recent clinical incidents
3. New processes such as donning and doffing PPE and transferring COVID patients.

We created suitable scenarios to address these points from an evidence-based framework[2].

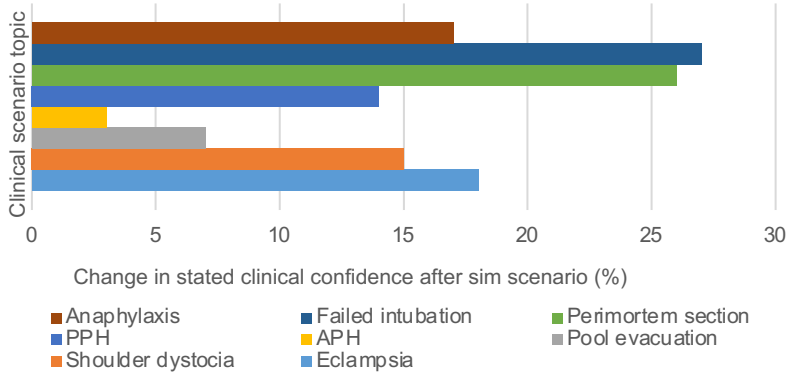
Simulations took place on the labour ward and obstetric theatre and utilised a combination of high and low fidelity mannequins.

Participants were made up of the clinical team working on labour ward that day, and sessions took place on different days of the week to maximise participation.

Actions highlighted for the simulation faculty were compiled in a 'RAG' rating. This included actions to improve future simulation sessions and changes to implement on labour ward.

Results

Figure 1: Improvement in stated confidence in managing clinical scenario



From March 2020 – January 2021, 214 staff members from labour ward and neonatal MDT have participated in 18 simulations. Two further simulation sessions took place on the antenatal unit and midwifery-led birth centre.

Feedback was requested from all participants at the end of each session. This was largely very positive, with over 90% of participants rating the sessions useful or very useful. 61% of participants reported that their confidence in managing the respective clinical scenario had improved, and a breakdown of this can be seen in Figure 1.

Learning points identified were recorded and disseminated to other staff members via communication boards. We were also able to identify aspects of departmental procedure that required improvement, or had potential to cause inefficiency or even harm. This was particularly important when sense-checking new processes introduced for COVID-19, for example, lack of easy access to PPE when attending labour room emergencies. This was quickly rectified with the introduction of a mobile PPE trolley which was immediately available to arriving staff members.

Discussion

- We delivered a flexible programme addressing many key learning needs otherwise impossible to achieve during the COVID-19 pandemic.
- There are numerous benefits to MDT simulation training, including building teamworking skills, expanding knowledge and providing a safe space to practice new skills and procedures[3].
- We are pleased to be have been able to use the latter point to develop COVID and other departmental guidelines.
- Learning themes are shared with the department and followed up by our team, ensuring action is taken where necessary to improve safety.
- The clinical scenario database is growing and under continual review and is easily adapted to best support the changing learning needs of our staff.
- Future sessions are planned to include remote areas to labour ward including the emergency department, antenatal clinic and general theatres.

References

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