ORIGINAL RESEARCH

A59

EXPLORING THE IMPACT OF INTEGRATING TECHNICAL AND NON-TECHNICAL SKILLS TRAINING IN A SIMULATED OBSTETRIC ON-CALL: A QUALITATIVE RAPID ETHNOGRAPHIC STUDY

Aditi Siddharth[1], Nadia Muspratt Tucker[2], Divya Nambiar[2], Danica Sims[3], Helen Higham[1]; *[1]OxSTaR And Nuffield Department Of Clinical Neurosciences, University of Oxford, Oxford, United Kingdom, [2]Stoke Mandeville Hospital, Aylesbury, United Kingdom, [3]Department of Education, University of Oxford, Oxford, United Kingdom*

Correspondence: draditisiddharth@gmail.com

10.54531/FTMC1018

Introduction: Obstetric training requires a multifaceted skill set, encompassing both technical skills (TS) and non-technical skills (NTS) [1]. TS refers to procedures (e.g., performing a caesarean section) and obstetric knowledge, while NTS are socio-cognitive skills (e.g., communication, situational awareness). Effective integration is vital for patient safety in high pressure environments like the labour ward [2]. This study aimed to develop a simulation that combined both TS and NTS learning.

Methods: This was a rapid ethnographic study that explored the training experience of trainees who participated in a simulated labour ward on call that required the demonstration of TS and NTS skills. Specialist trainees' years 1-2 were assigned the roles of consultant, senior house officers, patient, and observer. A simulated labour ward board, operating theatre, maternity assessment unit and antenatal ward were set up (Figure 1-A59). The participants led the ward round, prioritised patients, performed a forceps delivery in theatre, etc. (40 minutes), followed by a focus group discussion (30 minutes). Data consisted of faculty observations, focus group

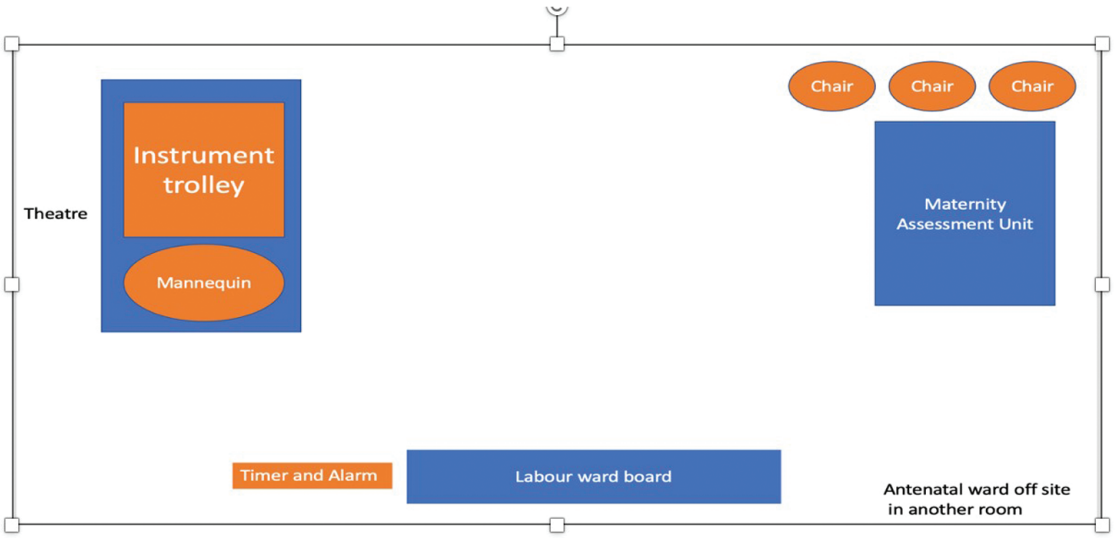

Figure 1 Layout for the simulation

Figure 1-A59. Layout for the simulation

interviews, ethnographic researcher's field diary, and audio recordings.

Results: This simulation was run twice with 14 trainees in total. Thematic analysis was performed on the qualitative data and analysed in context of Kopta's three phases of skill learning: cognitive phase, the associative or integrative phase, and the autonomous phase [3]. The decisions trainees made in the simulation were compared to expected best practice. Cognitive skill learning was evidenced by trainees' expressions of hesitancy and anxiety for new tasks (e.g., performing the antenatal ward round and consenting the patient for a rotational forceps delivery). The simulation was dominated by integrative skill learning where trainees were more familiar with TS (e.g., performing the rotational forceps delivery) and could practice NTS simultaneously (e.g., managing patients on the labour ward). Transition to the autonomous phase was seen in the episiotomy repair, where trainees exhibited confidence and competence in this task. They appeared relaxed, carried out casual conversation, and thought of case complexity beyond the routine.

Discussion: Combining TS and NTS in one simulation maximises the learning opportunities of a single simulation session. It does not hugely increase the resource burden and can be used at any stage of training.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. Johannsson H, Ayida G, Sadler C. Faking it? Simulation in the training of obstetricians and gynaecologists. Current Opinion in Obstetrics and Gynecology. 2005;17(6):557–561.
2. Ahmed F-U-A, Ijaz Haider S, Ashar A, Muzamil A. Non-technical skills training to enhance performance of obstetrics and gynaecology residents in the operating room. Journal of Obstetrics and Gynaecology. 2019;39(8):1123–1129.
3. Kopta JA. The development of motor skills in orthopaedic education. Clinical Orthopaedics and Related Research (1976-2007). 1971;75:80–85.