A one off robotic emergency simulation session within the operating theatre: a practitioner perspective

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Background
The introduction of robotic surgery has revolutionised a number of surgical specialities, contributing to reduced hospital stays and a decrease in complications (Coratti and Annecchiarico 2014).
These trends indicate the potential to increase the uptake of robotic surgery across healthcare establishments. As such, the implications for education and training are substantial.
The intermittent and unpredictable nature of healthcare presents major potential for gaps in knowledge, particularly with regards to specialist and emergency situations (Lateef, 2010). To curb this weakness many institutions have drawn upon simulation to train practitioners. This approach can provide an authentic, high fidelity environment, protecting patients and practitioners from potentially dangerous situations, whilst enabling the technical skills acquisition associated with their role (Kyle and Murray, 2010).

Methods
In order to expose practitioners to an emergency situation a purposive sample of robotic theatre staff was taken from the colorectal and urology theatre teams (total n=7). All staff were consented and informed of the project objectives.
On commencing the simulation, staff undertook regular ‘day to day’ preparation for robotic surgery. In addition computer systems and monitoring further added to both context and psychological fidelity. The patient’s vital signs and a recording were then manipulated to simulate a major haemorrhage with participants undertaking the necessary steps to control the situation.

Patient Care
By their very nature operating theatres present potential for knowledge attenuation, particularly within emergency situations and with the introduction of new technology (Lateef, 2010).
The simulations enabled participants to experience and reflect upon a one off robotic emergency situation, providing protection for both patients and practitioners. Simulation is recognised as an appropriate training technique and included in a number of curricula across healthcare settings (HCPC, 2014). However, the difficulties of quantifying the transference of such techniques to patient outcomes are also widely recognised, yet such training is imperative in order to protect patients and maintain high standards of patient care.

Aim
To understand if the implementation of a one off robotic simulation is perceived as beneficial to perioperative practitioners.

Participant views
"It’s an unknown thing to happen, we don’t get these with robots, it’s good to practice it.”
"I personally think that more people should be given training on moving the robot because if you don’t do it often, you forget.”
"It was good to experience a situation like this, the robot restricts access because of its size.”
"I think the whole situation, you need to work as a team and I think it’s a good exercise, people understand what needs to be done during that situation.”

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