

Evaluating interprofessional simulation in the operating theatre

NAYLOR, Sarah and FOULKES, Denise

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/16096/>

This document is the Presentation

Citation:

NAYLOR, Sarah and FOULKES, Denise (2017). Evaluating interprofessional simulation in the operating theatre. In: UK Radiological and Radiation Oncology Congress 2017, Manchester, 12-14 June 2017. [Conference or Workshop Item]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

Evaluating interprofessional simulation in the operating theatre

Dr Sarah Naylor DProf, MSc, DCR & Denise Foulkes Pcc, DCR

Sheffield Hallam University

Introduction

The operating theatre is an area of practice that newly qualified Diagnostic Radiographers find challenging (1). Socio-historical issues like imbalances in power and status are particularly prevalent in the operating theatre environment, and add complications to interprofessional working (2).

Failures in interprofessional communication are well-documented with poor communication an established cause of medical error and negative health outcomes (3). Interprofessional education (IPE) and simulation are becoming widely used in healthcare education in order to prepare students for practice (4). These education strategies can increase self-efficacy (5), confidence (6), interprofessional team working and communication skills (7).

"I think that it would be more useful at the end of the first year as that is when people are going into theatre for the first time. (student reflection)"

Method

As part of an action research study to develop and pilot an interprofessional simulation experience for Operating Department Practitioner (ODP) and Diagnostic Radiography (DRAD) students. Diagnostic Radiography students took part in a simulation in the mock operating theatre on the university campus with an ODP student, ODP and Diagnostic Radiography lecturers. Action research is a cyclical practice-based methodology used for change (8).

A purposive convenience sample of 48 second year Diagnostic Radiography students participated in the simulation. A de-brief took place following the simulation. Later, students were asked to give feedback on the session using Padlet.



Acknowledgements

We would like to thank the students and staff from Sheffield Hallam University who contributed to the development of the project and took part in the simulation.

Findings and discussion

During the de-brief the students were asked what they were most worried about going into theatre. The response from most was that they were worried about being shouted at by the surgeon or other staff. As a result of this a discussion took place around relationships within the theatre and the value of effective communication. De-brief is an important step in the simulation process as this is where much of the learning takes place as students reflect on their experience (9).

Feedback from the students via the Padlet identified that they found the session useful, some would have preferred to have had the session earlier in the programme whilst some had no experience of theatre yet, and would have liked a more basic simulation before hand, covering setting up the equipment. This highlights the point that the timing of the simulation experience in relation to the students development is important in order for them to gain from the experience (10).

"Without giving me a chance to explain he began to shout and was quite rude. This was extremely off-putting to me and a little upsetting." (student reflection)"

Conclusions

The simulation was a positive experience. The timing and organisation of the simulation is important for the students to get the most out of the experience. There are benefits of being immersed in a high fidelity simulation and the realism plays a role in preparing students for real life experiences.

References

- (1) Naylor S, Ferris C, Burton M. Exploring the transition from student to practitioner in diagnostic radiography. Radiography 2016 05;22(2):131-136.
- (2) Palaganas JC, Epps C, Raemer DB. A history of simulation-enhanced interprofessional education. J INTERPROF CARE 2014 03;28(2):110-115 6p.
- (3) Francis R. Report of the Mid Staffordshire NHS foundation trust public inquiry: executive summary. : The Stationery Office; 2013.
- (4) Gough S, Hellaby M, Jones N, MacKinnon R. A review of undergraduate interprofessional simulation-based education (IPSE). Collegian 2012 2012;19(3):153-170 18p.
- (5) Saylor J, Vernoony S, Selekman J, Cowperthwait A. Interprofessional Education Using a Palliative Care Simulation. Nurse Educ 2015 10/21.
- (6) Paige JT, Garbee DD, Brown KM, Rojas JD. Using simulation in interprofessional education. Surg Clin North Am 2015;95(4):751-766.
- (7) Sok YL, Siau C, Wen TZ, Tang CL. Interprofessional simulation-based education program: A promising approach for changing stereotypes and improving attitudes toward nurse-physician collaboration. Appl Nurs Res 2014 11;27(4):258-260 3p.
- (8) Titchen A. Action research: genesis, evolution and orientations. INT PRACT DEV J 2015 05;5(1):1-16.
- (9) Smithburger PL, Kane-Gill S, Kloet MA, Lohr B, Seybert AL. Advancing interprofessional education through the use of high fidelity human patient simulators. Pharm Pract (Granada) 2013 04;11(2):61-65.
- (10) King S, Carbonaro M, Greidanus E, Ansell D, Foisy-Doll C, Magus S. Dynamic and Routine Interprofessional Simulations: Expanding the Use of Simulation to Enhance Interprofessional Competencies. J Allied Health 2014 Fall2014;43(3):169-175 7p.

**Sheffield
Hallam
University**