Background After some protocol changes, a never event and staff changes, a need was identified to educate theatre staff in their representative multi-disciplinary teams.¹

Summary of education programme A series of dates throughout the year, convenient for the release of both the theatre space and staff, were identified by the theatre co-ordinator. Meetings took place between Simulation and theatre educator staff and successful dry runs of the simulation scenarios were held in the simulation lab prior to the chosen dates.

On the day the theatre nurse educators allocated representative teams to undertake the simulation. Their brief consisted of an introduction to the functions of the manikin, a hand-over typical of a real-life handover and instruction to work in their normal roles.² Our technician had set up equipment that mimicked the monitor on the anaesthetic machine but would allow us to change the observations depending upon what the learners did.

Summary of results Debrief brought out some interesting discussion points. All candidates bar one found the exercise educational and useful. The exception was a senior nurse whose role was to supervise two junior members of staff. She stated she didn’t feel involved. The most junior student ODP and nursing staff said they would not have spoken up directly to a Doctor even if they felt the Doctor was doing the wrong thing, in one scenario the anaesthetist insisting on performing a wrong sided nerve block. We discussed ways in which they could ask questions of the Doctor without directly challenging them and ways they could highlight their concerns that would ensure they would be heard.

Discussion, conclusions and recommendations The major problem with this use of simulation is the relatively small numbers of staff that can be involved in it at any one time. To address this, a second set-up has recently been devised to create a video that can be shown to a wider audience. It will have a patient safety focus and will show a series of typical distractions that can occur in any normal working day. These are focused around the critical times for the different team members, for example an anaesthetist drawing up drugs, a surgeon at a challenging part of an operation, the scrub and circulator when doing counts. This video will be used as part of an ongoing theatre staff education programme to include all members of the normal multi-disciplinary team.

REFERENCES
2. Padman D, Rajput Z, Wadsorth J, Baja H, Blair J. Bringing the manikin to you: piloting in situ simulation training for the multidisciplinary theatre recovery team. BMJ Simulation and Technology Enhanced Learning 2018; 4(2)

Discussion, conclusions and recommendations
As pedicle screw fixation is a specialised procedure, experts would most likely have had the most frequent exposure to this procedure as well as the highest exposure historically. This study therefore demonstrates the construct validity of the VR simulator for percutaneous pedicle screw fixation. VR simulation can be considered a valuable method of augmenting surgical training for more specialised procedures where exposure is already limited. This would be especially useful for trainees moving into a subspecialty field for the first time, where a procedure can be attempted with no risks to patients. The simulator can also be considered as a valid assessment tool of technical skill of a surgeon in this field.