P-EGS11 The Theatre Training Checklist: A Toolkit to Revive **Post Pandemic Operative Training**

Joanna Aldoori¹, Andrew Robson¹, Adam Al-Attar², Josh Burke¹, Lolade Giwa³, David O'Regan¹, Mark Peter⁴

¹Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom, ²Health Education North West, Manchester, United Kingdom, 3 Royal Free London NHS Foundation Trust, London, United Kingdom, 4 Calderdale and Huddersfield NHS Foundation Trust, Huddersfield, United Kingdom

Background: The COVID-19 pandemic has had a significant negative impact on operative surgical training, with trainee logbook numbers reduced by more than 50% compared to 2019. The operating theatre is expensive, costing approximately £1200 per hour to run. It is a crucial learning environment for many different trainees: anaesthetists, surgeons, operation department practitioners and surgical first

 Prior to attending the operating list, trainees should be familiar with and have reviewed the patients listed Prior to the theatre brief, individual trainees should identify 1 and discuss their learning goals with their trainers During the theatre team brief, identify all trainees within the operating theatre Ask the team "What are the training goals today?" explain in brief terms which procedure or aspects of the procedure each trainee is going to perform 3 Rarely, differences of opinion may arise, in such cases a discussion between the most senior members of the team should take place 4 Use the theatre de-brief to reflect on the training achieved and as an opportunity to complete assessments 5

P-EGS11 Figure 1

assistants. For individuals to achieve their training requirements, the operating theatre as a training environment must be shared between all trainees. This requires excellent teamwork and leadership. The recovery phase of the COVID-19 pandemic is a unique opportunity to adopt novel training strategies.

Methods: The Theatre Training Checklist is a simple framework that aims to facilitate awareness, understanding, coordination and cooperation of training for all members of the team (Figure 1). It is a practical strategy that can be adopted in any setting. Usually, trainers discuss informally with their trainees about their individual Skills, Experience, Expectationsand what is Achievable in a planned theatre list (SEEA). However, there currently is limited opportunity to discuss this between different disciplines and the wider team. This tool aims to refine communication, optimize training, manage expectations and ensure equity across the board. The checklist has been introduced and trialed locally.

Results: The checklist is completed at the start of the list during the theatre brief. It identifies all trainees and their specific needs within the operating theatre session to the whole team. An agreed strategy is developed on how to achieve identified training goals (figure 2). Sometimes it may not be possible to allow a trainee to perform a particular procedure. However, other opportunities for training in theatre exist, such as: patient positioning, choice of equipment, types of techniques, discussions around consenting and complications etc. Feedback undertaken from the multiprofessional team after local trialing of the checklist has been positive.

Conclusions: The Theatre Training Checklist aims to create dialogue and shared understanding of training needs among all parties within the operating theatre. The Theatre Training Checklist Toolkit is available for use and consists of the checklist tool and an instructional video. The Theatre Training checklist is being piloted in some centers and we hope to have the opportunity to present some early findings at AUGIS 2021.

		Dote	AM	PM	1			
TRAINING CHECKLIST Sone Lead Constant Asserbets			_					
		Consultant Surgeon:						
Who are the	Ameritetic	Surgical	00P/Scrub	Other learners				
Trainecs /								
teavers?						Date	AM	PM
rt Case								
		TRAINING CHECKLIST			Scrub Lead			
nuel Live					Consultant Anaesthetist:			
					Consultant Surgeon:			
rol Cana	es#		Who are the		Anaesthetic	Surgical	ODP / Scrub	Other learner
			Trainees /	C12		C71	New Scrub nurse	5th year medical
			Learners?	33633370		574		student
			First Case					
			3,000,000			less of the state of	I make the bit of	l mi
		Umbilical hernia CT1 – Gene		rai anaesthetic	ST4 - Performs with CT1	Go through tray with scrub	Glove and gown	
			repair with sutures			Consultant unscrubbed but in theatre	nurse while performing the	under supervisio
							count	
			Second Case					
			Laparoscopic CT1 – Intubation		ation	CT1 – induction of pneumoperitoneum,	Observe and help with the	Skin closure und
			chalecystectomy			place gallbladder in bag and retrieve	setting up of lap stock	supervision
						ST4 - Calot's dissection		
			Third Case					
			Paraoesophageal	CT1 - Insertion of orogastric tube		CT1 – port placement	Scrub under supervision	Closure of port
			hernia repoir	Bougie		ST4 - insertion of optical part &		sites
				Consultant	– Performs anaesthetic	laparoscopic suturing		
				and intuba	tes patient			