

# Improving student experience in theatre by introducing quick reference handbooks

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## Background

- Theatre is an invaluable environment for learning
- Clinical skills, examinations, exposure to pathologies
- Often seen as unfamiliar to students
- Students often stay with surgical or anaesthetic team rather than maximising their opportunities

## Aims

- To improve the learning opportunities for medical students on their theatre placement

## Methods

### Step 1

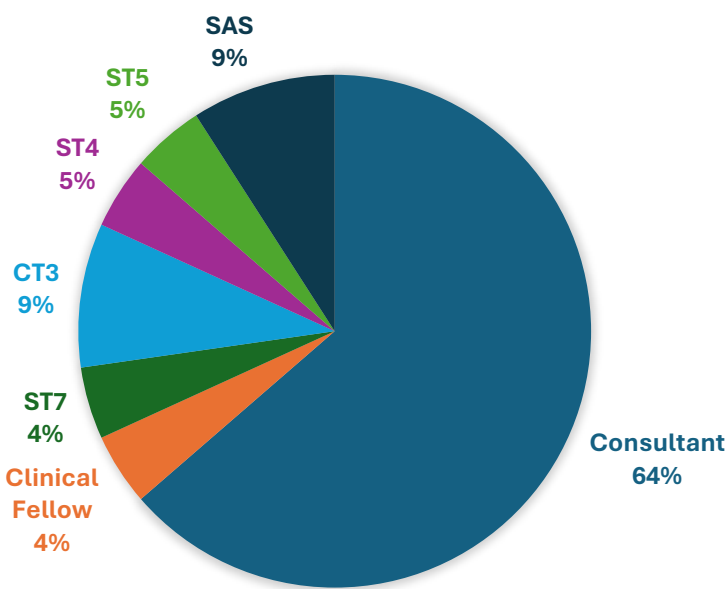
- Survey to students and educators
- Aims to identify key areas for improvement

### Step 2

- Development of quick reference guides and handbook for students and educators

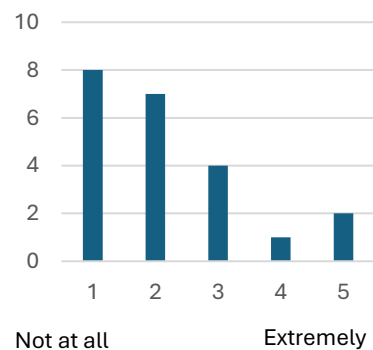
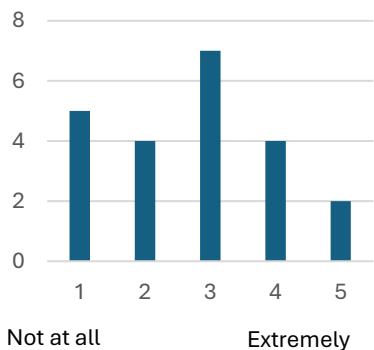
## Results – supervisors

- 22 responses from supervisors
- T+O, breast, O+G, vascular, general, anaesthesia, ICU



How familiar are you with the requirements and expectations of student doctors in different years when supervising them in theatre?

Are you aware of the medical school guidance for students performing clinical skills on patients in clinical practice?



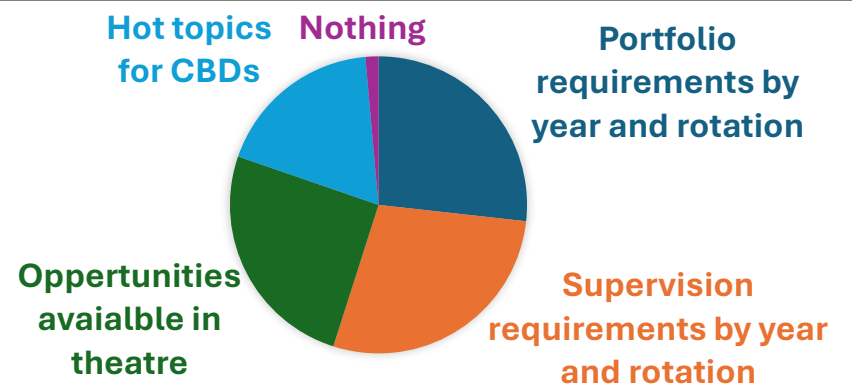
## What information/action would be useful?

- What students can and cannot do
- Learning requirements and objectives by year
- Knowing student expectations
- Re-circulation of guidance annually to ensure up to date

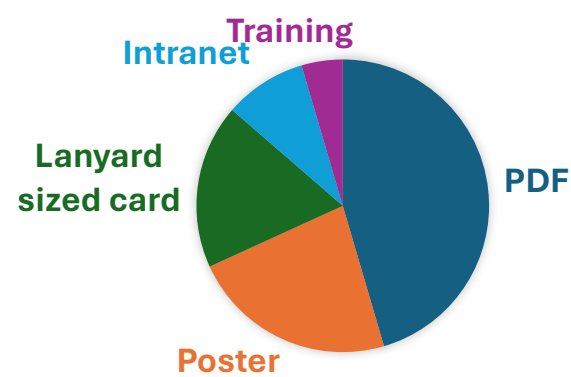
## Barriers to supervision:

- Time and efficiency pressures
- Unknown LO/expectations
- Lack of prior experience of skill on patients
- Students: not arriving at beginning of list, not introducing themselves, showing no interest

## What information would be useful in a handbook?



## What format would guidance be most useful?

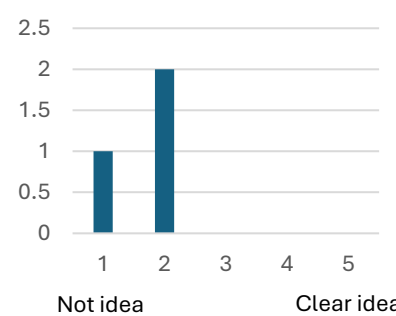


## Results – students

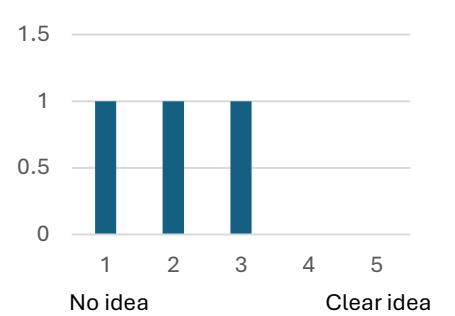
- 3 responses from students

- Generally didn't feel they had sufficient information about where to go, who to meet and when
- Unsure of expectations of them in theatre
- Knowledge of who's who improved with seniority of medical student
- Observing some skills but participating in fewer

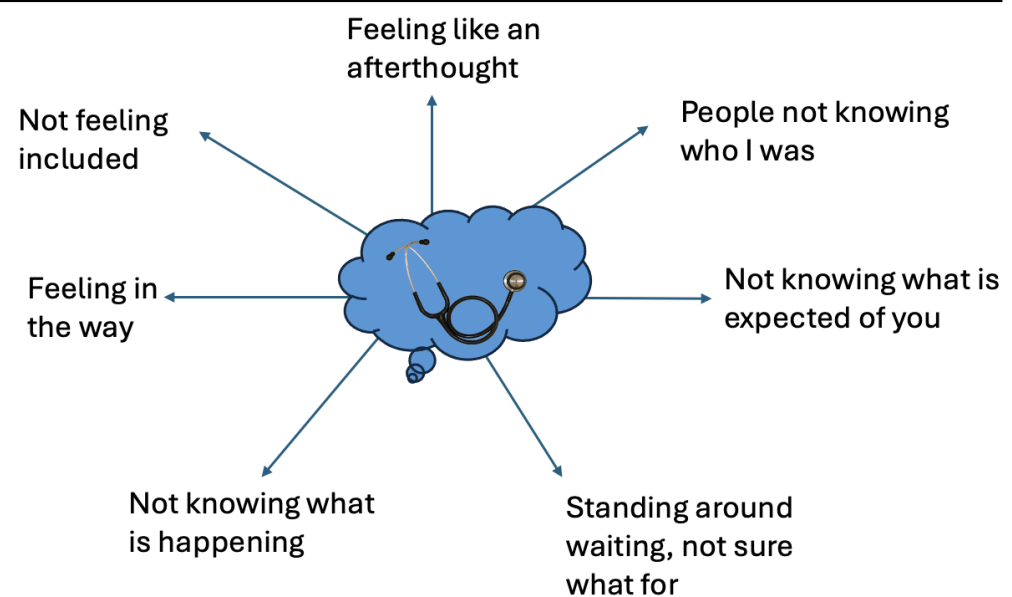
Did you have sufficient information on where to attend at the beginning of the list?



Did you have sufficient information of what was expected of you in theatre?



## What made students uncomfortable in theatre?



## Who, what, where? Top tips for students

Multidisciplinary Team		
<b>Surgical Team</b>	<b>Anaesthetics team</b>	<b>Recovery</b>
Surgeons Scrub nurses Health care assistants Theatre support workers	Anaesthetists Operating department practitioners (ODPs)	Recovery nurses Porters
<b>Surgeon</b>	<b>Theatre Sister/Nurse</b>	<b>Operating Department Practitioner (ODP)</b>
<ul style="list-style-type: none"> <li>Consents and prepares patient for surgery</li> <li>Performs operation</li> <li>Provides post-op care</li> </ul>	<ul style="list-style-type: none"> <li>Coordinates theatre team and leads huddle</li> <li>Ensures relevant operating equipment available</li> <li>Ensures smooth running of theatre</li> </ul>	<ul style="list-style-type: none"> <li>Assists the anaesthetist</li> </ul>

Suggested timings for the day:

Anaesthetics	Surgery
07:50/12:50 Arrive in theatre + change into scrubs	08:20/13:20 Team introductions + WHO checklist in theatre
07:55/12:55 Attend TAL/pre-assessment in JDSC to find anaesthetist – the pre-op nurse will point them out if you give them their name	08:30/13:30 Patient in anaesthetic room – meet + consent patient
08:20/13:20 Arrive back in theatre	08:45/13:45 WHO sign in, Surgery starts, surgery finishes, WHO sign out, patient then goes into recovery
	13:00/17:00 Team debrief

## Theatre Top Tips

- Prepare for the list by finding out where/when you should meet the anaesthetist, and read up around the cases on the list if possible.
- At the beginning of the list, mention to the anaesthetist that you are keen to do clinical skills if possible. Read your study guide and peer feedback to refresh your memory. Discuss prior experience with supervisors prior to performing the skill.
- Ensure appropriate consent is obtained and documented for your involvement.
- Be proactive, appear interested, ask questions, get there early, and avoid using your phone.

Please note  
You must be taught by CSTLC team + practised in sim before being observed directly in practice.  
Any skill on children must be completed as an adult DOPS beforehand.  
Consent for anaesthetised or sedated intimate skills (breast/genital/catheter) must be written

Year 3+	Year 4+	Year 5+
<b>Anaesthetic Room</b> Arterial or venous blood gas sampling NEWS 2 recording Perform/interpret ECG Venopuncture  <b>Theatre</b> ANT/ surgical scrubbing up Application/removal of plaster Blood Glucose IM injection NEWS 2 recording Urinary catheterisation  <b>Recovery</b> 12 lead ECG Arterial/venous gas BH NEWS 2 recording Oxygen administration SC injection  <b>To observe or discuss</b> Anaesthetic pre-op Catheter care Drain management Fluid and electrolytes Handover MDT working Pain Management Patient journeys Stoma care Wound care/dressing	<b>Anaesthetic Room</b> Airway assessment Eye drops (eye list) IV cannulation IV fluid line preparation IV injections Reconstitution of drugs  <b>Theatre</b> Swabs Urinary catheterization Wound closure with strips/glue Wound care + dressing  <b>Recovery</b> Airway assessment	<b>Anaesthetic Room</b> Airway manoeuvres Blood cultures Intubation IV injections LMA/Get airway IV injections  <b>Theatre</b> Suturing  <b>Recovery</b> A-E assessment Oxygen administration  <b>To observe or discuss</b> Arterial lines Blood transfusion Central lines NG tube Peripheral nerve blocks Point of care ultrasound Sedation vs Anaesthesia US-guided cannulation of large vessels