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SIMULATING CONFIDENCE: A PILOT PROGRAMME FOR SURGICAL MULTI-DISCIPLINARY TEAM TRAINING IN PERI-OPERATIVE COMPLICATION MANAGEMENT

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Introduction: The role of the surgical multidisciplinary team (MDT), particularly surgical resident doctors and nurses, extends far beyond the confines of the operating theatre. The peri-operative ward environment presents unique clinical and communication challenges that demand a distinct skillset to manage complications in unpredictable, high-pressure situations. Formal team training in peri-operative complication management can lead to increased confidence among healthcare professionals, improved team cohesiveness, and positively impact on patient care [1]. Despite this, structured training for MDT members in managing such scenarios is limited. Simulation-based education provides a safe, reflective environment for healthcare professionals to develop these skills without compromising patient safety [2]. Recognising a gap in peri-operative simulation training for surgical MDTs, we developed a targeted programme to address this need.

Methods: A structured simulation-based teaching programme was implemented at Newham University Hospital, within Barts Health NHS Trust. The programme was designed for the surgical MDT, with particular focus on resident doctors and nursing staff. Scenarios were based on the CCriSP (Care of the Critically Ill Surgical Patient) framework and aligned with the surgical portfolio's learning outcomes. Scenarios focused on common peri-operative challenges, including clinical deterioration, communication breakdowns, and ethical dilemmas. Participants completed pre- and post-session confidence surveys using Likert scales, analysed using a paired T-test. Qualitative feedback was collected anonymously via an online feedback form.

Results: Thirteen MDT members (12 surgical residents and 1 student nurse) participated in the simulation sessions. Of these, four submitted feedback forms. Preliminary analysis showed a statistically significant increase in self-reported confidence in managing peri-operative scenarios, rising from 50% pre-session to 95% post-session ($p=0.0182$). All respondents found the sessions and debriefs beneficial to their learning, and 75% expressed interest in receiving post-session summaries. Logistical barriers, especially concurrent clinical commitments, limited attendance during working hours. The small number of nursing participants also highlighted the need for broader MDT engagement.

Discussion: Initial findings suggest that simulation is an effective educational method for improving confidence and preparedness in managing peri-operative complications among surgical MDT members. Despite the small sample of formal feedback, positive trends and qualitative responses indicate this model fills a critical gap in surgical education. Barriers to attendance and limited nursing involvement prompted plans to transition to in-situ simulation delivery within clinical areas. This shift aims to increase realism, reduce simulation artefact, and facilitate greater MDT participation. Ongoing evaluation will support iterative improvements and inform integration into broader surgical education frameworks.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable

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