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INITIAL FEEDBACK ON MOSES (MULTIDISCIPLINARY OBSTETRIC SIMULATED EMERGENCY SCENARIOS): A COURSE ON TEAM TRAINING, HUMAN BEHAVIOUR AND 'FIRE DRILLS' *Davis, C.^{1,3} Gregg, A.^{1,2} Thornley, D.^{1,5} Razzaque, M.^{1,2} Woods, M.^{1,6} Ayida, G.^{1,4} Sadler, C.^{1,2}* 1. Barts and The London Medical Simulation Centre. Barts and The London NHS Trust, London, United Kingdom; 2. Anaesthesia, Barts and The London NHS Trust, London, United Kingdom; 3. Obstetrics and Gynaecology, Barts and The London NHS Trust, London, United Kingdom; 4. Obstetrics and Gynaecology, Chelsea and Westminster NHS Healthcare, London, United Kingdom; 5. Midwifery, Tower Hamlets Primary Care Trust, London, United Kingdom; 6. Acute Pain Service, Homerton NHS Trust, London, United Kingdom Escalating NHS litigation bills and a timetable to reduce by 25% the instances of harm in Obstetrics, make risk reduction strategies imperative. Lack of teamwork was highlighted in the Confidential Enquiries as contributing to substandard care, with a recommendation for units to practice 'fire drills'. Simulation centres were identified in 'Building a safer NHS' as having a role in risk reduction strategies by exposing staff to emergency situations with no actual patients involved. The goals of MOSES are to teach multidisciplinary teamwork skills and the role human behaviour can play in crisis prevention and resolution. Obstetricians, anaesthetists and midwives manage 'real time' simulated obstetric emergency scenarios in a high fidelity medical simulation centre. Trained facilitators debrief the scenarios. Clips of video recorded during the scenarios are used to encourage reflective practice and to illustrate the effects of team working and behaviour on outcome. Participants completed semi-quantitative post course questionnaires using the Likert scale (1 strongly disagree to 5 strongly agree) immediately following the course. The questionnaires were analysed using SPSS to yield mean score (\pm SEM) for each question. Eleven senior midwives, 7 consultant obstetricians and 7 consultant anaesthetists attended the first three courses. The table shows responses for selected questions. The MOSES course is achieving it's goals. Simulators are valuable tools for multidisciplinary team training. Currently, it is too early to evaluate if this form of training will have an influence on clinical practice. 1. *Why Mothers Die. Confidential Enquiries into Maternal Deaths 1998.* 2. *Building a safer NHS for Patients. Department of Health, 2001.*

Question	Mean response \pm SEM 1 strongly disagree 5 strongly agree
Behavioural issues are important for successful crisis management	4.68 \pm 0.09
Simulators are valuable tools for practising mock drills	4.44 \pm 0.12
Simulators are valuable tools for learning about team working	4.24 \pm 0.18
The scenarios prompted realistic responses from me	4.0 \pm 0.12
I feel better equipped to deal with an obstetric crisis now	4.2 \pm 0.12

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COMBINED OBSTETRIC AND ANESTHESIA JOURNAL CLUB SERIES: A FORUM FOR COLLABORATION. SHANKAR B KODALI, CAMANN WR, DEPARTMENT OF ANESTHESIA, BRIGHAM AND WOMEN'S HOSPITAL, HARVARD MEDICAL SCHOOL, BOSTON, MA 02115 *Camann, W. Kodali, B. Anesthesia, Brigham and Women's Hospital, Boston, MA* Purpose: Close collaboration between obstetric anesthesiologists and our obstetric colleagues is important for mutual exchange of professional information and high quality patient care. An understanding of issues relevant to both of our specialties can provide a collegial atmosphere for discussion of topics of mutual interest, as well as areas of controversy. Methods: A monthly series of "Journal Clubs" was instituted by joint agreement of our department of Anesthesiology and Obstetrics. Each evening session is held at the home of a faculty physician, and includes dinner and discussion of relevant articles. We alternate monthly sessions between the home of an obstetrician and an anesthesiologist. Topics included airway evaluation in Obstetrics, Maternal Mortality, VBAC, Maternal Request Cesarean Sections, Regional Anesthesia for External Cephalic Version, Anesthesia for Fetal Surgery, and the Fetal Stress Response, Infectious Morbidity in Obstetrics, and Practice Guidelines for Obstetric Anesthesia. Results: The sessions have met with extraordinary success and are well-attended. An improved interpersonal relationship among obstetricians and anesthesiologists has been observed as a result of this journal club series. Common problems viewed from alternative perspectives foster a learning environment for all. Both anesthesiologists and obstetricians have the opportunity to educate each other about our respective concerns. Conclusion: Numerous publications and guidelines from both ASA and ACOG encourage collaborative efforts. This combined journal club series has been a popular and effective educational tool to achieve this goal. Collaborative research projects can be originated and discussed in such a forum. The obstetric anesthesia and obstetric residents and fellows can use these sessions to develop and mature their understanding of interdepartmental communication. The opportunity to meet in an informal and relaxed environment further enhances the collegiality of the event.