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#### There is an urgent need to understand and optimise surgical teams' experiences

COVID-19 presents an unquantified risk for operating theatre teams, and surgeons have some of the highest mortality rates for healthcare staff exposed to the virus. It is unclear how teams should function, how risk is distributed by specialty, procedure and technology, and how risk is mitigated. What is clear, however, is that in these situations surgeons and teams are often creative and innovate.

# New ideas emerge in the face of adversity

It is well recognised that innovation can occur during adversity. <sup>1</sup> Sharing good ideas and lessons learnt from novel solutions to overcome risk will disseminate good practice. Currently guidelines are emerging which are valuable. <sup>2</sup> We propose that qualitative interviews about these complex situations will provide important and rich insights into surgical teams' experiences of current practices. <sup>3</sup> This will complement and add to the evolving guidance.

# Virtual focussed qualitative research

We are undertaking a focussed and dynamic qualitative project to understand present experiences in the NHS as they evolve, and the international response by surgical teams, with the aim of improving outcomes for staff and patients. We will conduct 'virtual interviews' with a multidisciplinary cohort of surgeons, theatre nurses, ODPs and anaesthetists. This will take the form of semi-structured interviews to explore experiences, perceptions of risk, and responses/innovations to reduce risk. These valuable discussions will generate themes around the main challenges, concerns, and potential solutions. The international theatre team response will be particularly important in identify how 'best practice' has evolved outside the UK, particularly in those nations 'ahead of the curve'. We will also generate hypotheses to be tested by high impact, targeted followon interventional research.

### A collaborative approach to COVID-19

The work will be led by the Surgical Innovation Theme of the Bristol NIHR BRC in collaboration with the NIHR Academy Incubator for Robotic and Minimally Invasive Surgery, the NIHR Surgical MedTech Co-operative and the Royal College of Surgeons of England. It will collaborate with other groups (e.g. Operation COVID) to share findings and optimise emerging guidance in real-time.

### References

- 1. Elster, EA, FK Butler, TE Rasmussen, Implications of combat casualty care for mass casualty events. *JAMA*, 2013 **310**(5): 475-6.
- 2. https://www.rcseng.ac.uk/coronavirus/joint-guidance-for-surgeons/
- 3. Green J, Thorogood N. Qualitative methods for health research: Sage; 2013.