ALRSGBI & ALRTS Pre-Congress Workshop ASM 2026

Team Response in Robotic Emergencies
A Structured Emergency Undocking Framework

Saturday 5 December 2026
The Christie NHS Foundation Trust, Manchester, UK
Course Lead: Carmine Civilli
CPD Points: TBC

TIMETABLE	PROGRAMME	SESSION DETAIL
08:50–09:15	WELCOME & WORKSHOP INTRODUCTION	Programme overview, learning objectives and introduction to simulation-based learning.
09:15–10:00	HUMAN FACTORS APPLIED IN ROBOTIC SURGERY	Recognition of the human factors shaping performance in robotic operating theatre, and the strategies available to address them.
10:00–10:45	STRUCTURED ROBOTIC EMERGENCY RESPONSE The Framework: Conversion and Robotic Management in Emergency	Understanding the structured, rehearsable framework for emergency undocking and conversion in robot-assisted surgery.
10:45–11:00	REFRESHMENT BREAK	
11:00–11:20	SIMULATION-BASED LEARNING INTRODUCTION	Briefing on scenario structure, roles, psychological safety and structured debrief method.
11:20–11:30	TRANSFER TO THEATRES	Delegates move to allocated simulation theatres.
11:30–12:45	SIMULATION SCENARIO 1	Team simulation → Debrief → Role rotation.
12:45–13:30	LUNCH	
13:30–14:45	SIMULATION SCENARIO 2	Team simulation → Debrief → Role rotation.
14:45–15:00	REFRESHMENT BREAK	
15:00–16:15	SIMULATION SCENARIO 3	Team simulation → Debrief → Role rotation.
16:15–16:30	TRANSFER TO INDUCTION ROOM	
16:30–17:00	CONSOLIDATION, REFLECTION & CLOSE	Whole-team reflection, key learning points, translation into local robotic practice and workshop evaluation.

LEARNING OBJECTIVES

On completion of this workshop, participants will be able to:

1. Analyse the human factors that shape team performance during robot-assisted surgery, and identify strategies to mitigate their effect under time pressure.
2. Describe the structured, rehearsable framework for emergency undocking and conversion, and the decision points that govern its use.
3. Perform emergency undocking and establish immediate patient access within a simulated robotic theatre environment.
4. Demonstrate role clarity, task allocation and closed-loop communication across the whole theatre team during a deteriorating intraoperative situation.
5. Coordinate concurrent clinical priorities where emergency undocking must proceed alongside other time-critical interventions.
6. Participate in structured debriefing and identify specific, actionable changes arising from each simulation cycle.
7. Translate workshop learning into local robotic emergency protocols, team briefing practice and departmental training.