THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

Thank you to

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Society for Education in Anaesthesia (UK) Registered Charity No. 1091996

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

The Society for Education in Anaesthesia (UK) is a non-profit organisation founded in 1999. The society is committed to medical education and aims to support and develop the educational needs of all Anaesthetists in the UK.

For further information about SEA (UK) please take a look at the website www.seauk.org or contact Catherine Smith SEA (UK) Administrator c/o The Rotherham NHS Foundation Trust, Moorgate Road, Rotherham, S60 2UD or by email administrator@seauk.org

Grants:

SEAUK Educational grants
We are pleased to invite members to apply for one of 4 x £500 educational grants.

Criteria:
SEA UK grants can be used towards any prospective educational research and quality improvement activities that falls within the broad interest of education in anaesthesia.

Funding may be sought for:
* Travel to undertake and educational activity that is generally not available in the region.
* Travel to present the original research activity
* Educational activities that develop education for anaesthetists and must be above the widely available activities
* Necessary fees for access to data or to complete the project that can be justified
* Applicant must already be a SEAUK member to apply (or join at time of submission)

Specific Exclusions:
No retrospective funding can be given. We cannot subsidise OOPE. We cannot support teaching on courses and postgraduate courses.
All publications must acknowledge SEA UK as a funder. On completion of the activity a report, including an 800-word article for the newsletter, is expected. You may be invited to speak at our ASM.

Application:
- Use 1-inch margins max, strictly in 11 point Arial script, single spaced, submitted as a word docx or pdf file.
- Page 1: Single page detailing title of project, applicants (names, positions, qualifications, contact numbers and emails).

Page 2: The body of application must be no longer 500 words. This should include details of the project undertaken and the costings involved. Please send applications to administrator@seauk.org. Please see our website, www.seauk.org for further details.

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

Conference Organisers' Welcome Message

Dear Colleagues

We are delighted to welcome you to Warwick/ Stratford upon Avon to participate in the 22nd Annual Scientific Meeting of the Society for Education in Anaesthesia. It has been more than 2 years since our last face to face meeting and it is wonderful to be able to meet in Warwick.

It is a beautiful part of the country, with opportunities to explore the historical and cultural richness of Warwick and Stratford-Upon-Avon. Many of you may have visited Shakespeare's birthplace or even watched a play at the Royal Shakespeare Theatre, prior to the pandemic, of course!

The SEA UK annual conference provides a platform that brings together anaesthetists and non anaesthetists of all grades, with an interest in medical education. The Programme is designed to cover a variety of educational topics tailored to trainees, non-training grades and consultants. However, the process nurturing an educational culture within the NHS requires support from senior management. This year's ASM provides us an opportunity to learn how a CEO can support high quality education within a trust. The role of the educational faculty is paramount in achieving the goal of high quality education, hence we have asked Professor Sankar to speak about how we support trainers.

As trainers and supervisors we develop techniques to improve the supervision we provide for junior doctors. Rebecca and Matt will seek to help us understand more about coaching and mentoring skills and how they can help us to enable our supervisors to achieve. The medical workforce within the NHS is changing, and with this comes a requirement for different styles of supervision and knowledge of support mechanisms. Dr Bansal will help us to enhance our supervision in this particular circumstance.

As always the debate is one which stimulates thought and is designed to make us look at how we help those requiring extra support. We look forward to Mark Stacey and Professor Byrne discussing the issue of decision making and in the process, perhaps we can pick up a few tips on how to help others.

We are confident that you will use this opportunity to network with like-minded individuals interested in education.

We wish to thank all SEA UK council members and especially the SEA UK administrator for their assistance in organising this scientific meeting. We are also grateful for all our sponsors at this meeting, their support is highly appreciated.

Have an enjoyable day, learning and sharing your experience in the field of education.

Sue Walwyn
President

Peeyush Kumar
Secretary

Cyprian Mendonca
Treasurer

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Programme

09:00: Introduction and Welcome Dr Sue Walwyn President SEA UK

Session 1: Chair: Professor Cyprian Mendonca

09:15: The role of a CEO in the provision of high quality medical education Prof. David Loughton Chief Executive The Royal Wolverhampton Trust

09:45: Supporting Educational Faculty Professor Sailesh Sankar Associate Dean, HEE, West Midlands

10:15: Questions & Answers

10:30: Refreshments

Session 2 Chair: Dr Peeyush Kumar

10:50: Sustainability in Anaesthesia Training: Meeting the Requirements of the New Curriculum Dr Cliff Shelton, Consultant Anaesthetist, Wythenshawe Hospital Senior Clinical Lecturer in Anaesthesia Lancaster Medical School

11:15: Supervision of MTI trainees and locally employed doctors Dr Sujesh Bansal Associate Director of Medical Education Consultant Anaesthetist Manchester University NHS Foundation Trust

11:40: Questions & Answers

11:50: Coaching and mentoring skills: necessities for today's doctors. Dr Rebecca Viney, Rebecca Viney Associates London

13:15: Lunch

14:00: AGM

14:15: Free Paper Session Chair: Dr Sarah Fadden

15:15: Refreshments

Session 3: Chair: Dr Claire Halligan

15:30: This house believes that poor performance is related to poor decision making Proposer - Professor Aidan Byrne Co-Lead for Quality Swansea University

Opposer - Dr Mark Stacey Consultant Anaesthetist University Hospital of Wales Associate Dean, HEIW

16:30: Presentation of prizes and closing address Dr Sue Walwyn

16:45: Close

Accredited for 5 CPD points from the Royal College of Anaesthetist

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Speaker Biographies

Dr Rebecca Viney. Rebecca believes that the NHS' most valuable asset is its workforce. She founded, crafted and led the award winning Coaching and Mentoring Service for doctors and dentists across London that had over 3000 applications to be coached or mentored. Rebecca and Professor Tim Swanwick together received national recognition in 2011, winning the National Leadership and Innovation Agency for Health Care Excellence in Human Resources award. In addition, over 650 medical educationalists were trained substantively over 3-5 days in coaching and mentoring.

Rebecca also pioneered the introduction of health coaching training for the medical profession in the UK. Since that time the concept has gone viral.

During the pandemic she started the UK wide 'Doctors' Mess', a compassionate virtual safe place to meet up and share with other doctors. Volunteer medical educationalists facilitated small groups using the principles of positive psychology and coaching. It celebrates diversity, inclusivity, kindness and self-compassion. It is now a registered charity, 'caring for carers' (CFC). Visiting speakers have included Dr Chaand Nagpaul, Dame Clare Gerada and Dr Michael Farquhar.

Rebecca has published and spoken extensively on coaching, mentoring and careers, both in the UK and abroad. She has had excellent external evaluation of the work of the two coaching organisations that she has set up; the Deanery being evaluated by Oxford Brookes and Bob Garvey and RVA by NHS England.

Rebecca has held a variety of other senior positions in the health sector and was Chairman of Sessional GPs at the General Practitioner Committee of the BMA for four years, was a Primary Care Advisor to Health Education England and Deputy Head of Education and Quality for Primary and Community Care, Health Education East of England. Rebecca continues with her passion to roll out a coaching and mentoring culture through RVA to many NHS organisations including Royal Colleges, STPs, CCGs, Trusts and Federations.

Coaching and mentoring skills: necessities for today's doctors. Beryl De Souza and Rebecca Viney in BMJ https://doi.org/10.1136/bmj.g4244 Viney says these skills are now "a key part of the armamentarium of today's doctor."

Matt Driver. Matt believes that growth and development are fundamental to human well-being as well as to success for individuals, teams and organisations. He has worked in Mentoring, Coaching and Leadership Development for 25 years, focusing on the area where the workplace and psychology meet. He works particularly well with individuals, teams and organisations facing major challenges or who need to think and behave differently. An expert on Positive Psychology at work, Matt's book 'Coaching Positively – Lessons for Coaches from Positive Psychology' (McGraw Hill/Open University Press, 2011) focuses on how this research-based but very practical field can inform and transform relationships and performance. Matt coaches and mentors people at all levels in the public, private and not-for profit sectors. He provides mentoring and coaching skills training for HEE, RCGP, RCPCH, GP's, International manufacturing and beverage companies, the English Institute of Sport and international charities. Matt lectures on Positive Psychology at Strathclyde University.

Recent and current work includes: Coaching and mentoring senior figures in the private, public and 3rd sectors. Qualification supervision of coaches in public and private sectors including health, sport, manufacturing and Law. Mentoring skills training for GP's, two Universities, two international technology companies. **In addition:** Matt values the positive in every culture and has a real skill in working with a wide range of people, particularly those who work through English but whose first language is not English. Fluent in French and Italian, Matt holds an MBA, an MSc in Organisational Psychology and Diplomas in Executive Mentoring and Coaching and Organisational Consulting.

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Speaker Biographies

Dr Mark Stacey FRCA, MSc Med Ed
Consultant anaesthetist and Associate Dean New Initiatives (Wales)

Dr Stacey is an obstetric anaesthetist with extensive clinical and teaching experience on the practical management of the 'difficult airway' - both time critical skills. For the last 17 years Mark has investigated skills, training and performance under pressure. He has attempted to enhance both our day to day performance, while also learning and teaching better methods of training to manage situations such as the 'can't intubate, can't oxygenate' scenario. Mark integrates much of the research on the performance of elite athletes, military, business and human factors. Mark works with Andy McCann, a Professor of Sports Psychology and Steve Eaton a retired special forces captain, developing a system encompassing information delivery, maximising learning practical skills, resilience and cognitive workload management to maximise our global performance. Additionally Andy and Mark have spent the last 10 years looking at a strategy to improve well-being. They have designed and delivered a high quality well-being skills workshop called Medtrim (now available on line) that can and does deliver an enhanced toolbox of skills for you to enhance your own performance.

Dr Sujesh Bansal Consultant Anaesthetist. Director - Manchester International Fellowship Programme, Associate Director of Medical Education, Manchester University NHS Foundation Trust. Email - Sujesh.bansal@mft.nhs.uk

Dr. Sujesh Bansal is a Consultant Anaesthetist at Manchester University NHS Foundation Trust and has a specialist clinical interest in anaesthesia for oncology, transplant and inpatient pain management. Dr Bansal is the Director of Manchester International Fellowship Scheme, a multi-specialty scheme. He is also Associate Director of Medical Education for the Trust with a remit of about 800 Locally Employed Doctors in the organisation. Dr Bansal has a specific interest in induction, supervision, support and career progression of international doctors. He conceptualised and developed a national online Induction for International Doctors, which is hosted at eLearning for Healthcare (e-LfH.org.uk) that won multiple national awards for its UK-wide usefulness and effectiveness.

Professor David Loughton David is one of the longest serving Chief Executive's in the NHS. He commenced as Chief Executive of University Hospitals Coventry and Warwickshire NHS Trust in 1986, he successfully led the organisation through two hospital mergers and developed with Warwick University a new medical school and reached financial close on building a new £400m hospital.

David commenced as Chief Executive of The Royal Wolverhampton NHS Trust in 2004. He has taken the organisation from one of the most financially challenged in the NHS to being financially sound+ whilst at the same time gaining a national and inter-national reputation for improving patient safety and experience.

The Trust host's the National Institute for Health Research (NIHR) - Clinical Research Network for the whole of the West Midlands, which is the largest network in the UK and currently ranks number 1 out of the 15 networks nationally for performance.

David worked with the Trust's Special Administrator Team at Mid Staffordshire Foundation Trust to desegregate and acquire a range of services from the former Mid Staffordshire Foundation Trust. In 2011 the Trust acquired the community services from the former Primary Care Trust and most recently has gone on to vertical integrate a number of GP practices.

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Speaker Biographies

Professor Aidan Byrne, has investigated the problem of teaching staff to deal with medical crises for the last 32 years. This initially involved designing/building a simulator to train staff, which clearly demonstrated the complexity of human behaviour. This led to research into educational theory and then cognitive psychology. His research over the last 10 years has focussed on the measurement of cognitive workload in clinical practice and its implications for training. He has recently retired from clinical practice, but remains a Professor at Swansea Medical School.

Cliff Shelton (Twitter: @DrCliffShelton). Cliff Shelton is a Consultant Anaesthetist at Wythenshawe Hospital and senior clinical lecturer in anaesthesia at Lancaster Medical School. His clinical interests include anaesthesia for hip fracture surgery, obstetrics, and emergencies. His academic interests include sustainable healthcare, quality & safety, and Medical Education.

Cliff is clinical lead for sustainability for the Department of Anaesthesia at Wythenshawe Hospital, and a co-opted member of the Association of Anaesthetists Environment and Sustainability Committee. He is currently leading “Greener Operations”, a James Lind Alliance research priority setting partnership on sustainable peri-operative practice. Cliff has been involved in developing environmental sustainability content for undergraduate medical education since 2011 and continues to deliver teaching on this topic to student and trainee doctors. He supervises several sustainable healthcare fellows in the North West School of Anaesthesia.

Professor Sailesh Sankar MBBS MD MRCP FRCP, MBA

Professor Sankar is a Consultant Endocrinologist at University Hospital Coventry and Warwickshire NHS Trust and Professor of Practice at University of Warwick. Professor Sankar completed his Doctor of Medicine at University of Warwick & post graduate training in the West Midlands and is currently the Associate Dean for Postgraduate training at HEEWM. He is a board member of Faculty of Medicine and the Director of Medical Education at UHCW NHS Trust. He was the Programme Director and Chair for West Midlands Endocrinology and Diabetes Training Programme and is currently the Regional Speciality Adviser. He was a member of the NICE guideline development group for Type 2 Diabetes and is an associate member of GMC’s Performance assessor panel. He completed his Exec MBA at Warwick Business School in 2020 with distinction.

Professor Sankar’s clinical interest relates to all aspects of endocrinology and diabetes. He is a practising clinician and has been a consultant for 16 years at University Hospitals Coventry and Warwickshire. During this period, he has set up a specialist thyroid clinic, adolescent growth, insulin pump service and technology enhanced clinics including glucose sensors for remote monitoring.

He has recently been selected for the HEE/Yale University, The Digital Futures Programme – “Using Education to Prepare the Clinical Workforce to Deliver the Digital Future”. He is actively involved in research and has published in various peer reviewed Journals and presented in national and international meetings.

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FREE Paper Presentations

1. #JaunAIRWAY

Helen Aoife Iliff (CT2; Health Education and Improvement Wales; Speaker), Tom Lawson (Consultant; Swansea Bay UHB) and Imran Ahmad (Consultant Guys and St Thomas' NHS Foundation Trust)

Introduction

Dr Tom Lawson first ran #JanuAIRWAY via his personal Twitter account in 2021. Following appointment as the Difficult Airway Society (DAS) Education Co-lead, and with input and support from the DAS trainee reps – DAS took on #JanuAIRWAY in 2022 with a month of daily airway educational 'tweetorials'.

Methods

A programme of airway-related teaching materials was created, that could appeal to the widest audience, from the novice to the experienced. DAS contacts were utilised to gain expert input into themed days (e.g. obstetrics, neurosurgical etc.) improving content wherever possible. A 'bitesize' learning approach was used with educational threads including a series of "One-Pagers" (single pages covering a single topic) and curated links to interesting/relevant papers for further reading. 151 One-Pagers, 85 pictures and 4 videos accompanied the 31 threads. The developed tweetorials were posted daily and all tweets carried the hashtag - #JanuAIRWAY.

Results

Between 01.01.22 and 31.01.22 @dastrainees posted 31 tweetorials and 4 weekly. Tweetorials ranged in length from 5-16 tweets. As of 01.02.2022 posts had gained 2,826,926 Impressions (IMP); 60,154 engagements; 13,712 likes and 5,322 retweets (RTs). The most popular days were Capnography [224,843 IMP; 1179 Likes; 453 RTs], Oxygenation [213,918 IMP; 1141 Likes; 425 RTs] and Tracheostomies [162,353 IMP; 797 Likes; 336 RTs]. During the month of January, the @dastrainees twitter account had 197,000 profile visits (5333% increase from December 2021 [3694]) and gained 4,799 new followers (167% increase from December 2021 [2876]). An e-book compilation of materials was concurrently produced and made freely available [1]. In the first 3 weeks of launching, it was viewed 4138 times, in 81 countries across 6 continents.

Discussion

Our experience leads us to believe social-media-based education will continue to grow, with other organisations taking on similarly styled educational events. There is a growing number of users of social media worldwide. International access encourages discussion of differences in practices while providing learning for the many, not just the few.

References

1. Iliff HA, Lawson T. #JanuAIRWAY 2022 – The Compilation. 2022. https://issuu.com/difficultairwaysociety/docs/_januairway_2022_the_compilation (accessed 01/04/2022)

Note: This work was presented at the Society of Anaesthetists of Wales Spring meeting 10th March 2022. It is being presented in part at the RCoA's Anaesthesia Conference 18th May 2022 and it has been submitted to Anaesthesia Reports for consideration for publication (outcome awaited)

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FREE Paper Presentations

2. The Management of Tracheostomy Emergencies for Non-Anaesthetists

Dr C Borkett-Jones, ST7 Anaesthetist, Royal Free Hospital, London. (At time of project)
(Now - Post CCT Fellow, Children's Acute Transport Service, Great Ormond Street Hospital)

Introduction

During the Covid-19 pandemic the Royal Free experienced a rapid increase in the number of ventilated patients admitted to the ICU. Many of these patients required tracheostomies. In March 2020 78% of the junior doctors on the ICU rota were not airway trained. A need for training in how to identify, and initially manage tracheostomy emergencies was recognised.

Methods

Training on the management of tracheostomy emergencies was developed. This included the identification of red flag symptoms and signs, and familiarisation with the National Tracheostomy Safety Project emergency algorithm. The training involved an interactive teaching session, followed by simulation scenarios.

The teaching increased attendee's familiarity with tracheostomies, and how emergencies might present and be managed. It included interventions to initially assess and treat emergencies, but did not recommend non-airway trained doctors aim to manage these situations independently.

Some patients undergoing prolonged respiratory weaning were discharged to respiratory wards, with tracheostomies in situ. It was recognised that clinicians outside of the ICU could benefit from training on the management of tracheostomy emergencies. The teaching was tailored to the needs of respiratory trainees and adapted to be delivered via Microsoft Teams. This was delivered remotely to respiratory trainees from the Kent, Surrey, Sussex and London deaneries at a pan-regional training day.

Results

Feedback from the trainees demonstrated the teaching was well received. Over 70% of responders rated it as 8/10 or above. The feedback also identified it was an under taught area.

Conclusion
The Covid-19 pandemic presents an increased burden of work for airway trained doctors. Equipping non-anaesthetists with tools to deal with tracheostomy emergencies, as well as an understanding of how and when to escalate concerns is vital to ensure the safe management of these patients.

National Tracheostomy Safety Emergency Algorithm. Available at http://www.tracheostomy.org.uk/storage/files/NTSP_GREEN_Tracheostomy_Algorithm.pdf (accessed on 12th November 2020)

FREE Paper Presentations

3. Multidisciplinary Training in Managing Haematoma Following Thyroid Surgery and Front Of Neck Access

Sousi E. ST6, Chinduluri P., Tribe I., Banks J., Rehman A., Talati C., Wong E.
Homerton University Hospital NHS Trust

Introduction

Following local review of two cases of post-thyroidectomy haematoma, we implemented a care pathway to include the recent DAS, ENT-UK and BAETS guidelines. We created thyroid emergency boxes which follow the path of the patient from theatre to recovery to the ward and organised two multidisciplinary teaching sessions, providing training in the new guidelines as well as hands-on practice.

Methods

We held two multidisciplinary training sessions for anaesthetists, surgeons, ODPs and recovery nurses to provide an introduction to the new guidelines on managing a haematoma following thyroid surgery.
Sixty-four candidates over two days rotated through workshops where they had the opportunity to familiarise themselves with:

- The newly introduced thyroid emergency boxes
- How to perform SCOOP
- FONA for thin and obese necks
- Cricothyroid membrane USS

FONA training was facilitated with cadaver sheep larynx, pork belly was used to simulate the obese neck. Redcurrant jelly was used to simulate the haematoma, and the skin belts were sutured and covered with steristrips. Each candidate was asked to complete a pre and post course questionnaire.

Results

Forty anaesthetists, 19 ODPS/recovery nurses and five surgeons attended the training. Forty candidates completed the questionnaires.
An improvement in knowledge of SCOOP and DESATS mnemonics was observed:

- 57% pre vs 87% post-course (SCOOP)
- 50% vs 87% post-course (DESATS)

Confident/very confident responses increased from:

- 2.5% to 58% post-course (SCOOP)
- 10% to 63% post-course (FONA)

45% of candidates were aware of the requirement to monitor patients for at least six hours post thyroid surgery and this increased to 85%.

Conclusions

Post thyroidectomy bleeding typically occurs in the first 24 hours and therefore, involvement of all frontline responders is crucial to successful outcomes. We believe our inclusion of ODPs, recovery nurses and surgeons facilitates better knowledge and skill retention, and hence, performance within the team, when these rare complications occur.

References

1) Iliff Ha et al. Management of haematoma after thyroid surgery: systematic review and multidisciplinary consensus guidelines from the Difficult Airway Society, the British Association of Endocrine and Thyroid Surgeons and the British Association of Otorhinolaryngology, Head and Neck Surgery. Anaesthesia. 2022 Jan;77(1):82-95.
2) Price TM, McCoy EP. Emergency front of neck access in airway management. *BJA Educ*. 2019;19(8):246-253. doi:10.1016/j.bjae.2019.04.002

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FREE Paper Presentations

4. Escape Rooms, Workshops and Mentoring - Developing an Effective Educational Intervention for Generic Professional Competencies

Dr N Betteridge ST7, North West School of Anaesthesia
Dr J Alfonso CT3 (Presenter), North West School of Anaesthesia

Introduction

The General Medical Council has emphasised a need for postgraduate medical curricula to place a greater focus on generic professional capabilities (GPCs) [1]. It has been suggested that education in these areas can improve patient safety standards[2]. Changes in the Royal College of Anaesthetists' curriculum have reflected these themes and now challenge medical educators to teach and fully develop these non-technical skills effectively.

Method

An inter-professional working group was formed with the aim of developing a series of four dedicated GPC study days for trainees at Core Training 3 level. The working group explored more "novel" education methods including an "escape room" game; educational workshops with a simulation of teaching airway skills to a novice trainee; and coaching and mentoring for attendees. To test the effectiveness of the methods, and to ensure appropriate learning objectives, a one-day pilot course was developed. Our methodology is a case study of the pilot day with the generation both of qualitative information from a trainee focus group and qualitative written feedback at the end of the day.

Results

A number of themes were observed from the feedback and focus group. Trainees expressed appreciation to reflect and understand their own leadership styles in relation to those around them. They recognised the importance of adaptation dependent on the situation and expressed a desire to explore leadership theory further. Feedback on the simulated teaching highlighted the importance of seeking out learner needs when planning. The escape room was universally described as an excellent tool to explore the principles of team-working.

Conclusion

There is a growing need and desire to introduce the GPCs early in a trainee's career. This pilot course has begun to demonstrate an effective educational intervention that allows trainees to reflect on, and learn theory associated with these areas.

Funding for the pilot course was provided by the North West School of Anaesthesia (Manchester Deanery) and this data has not been previously presented.

1. General Medical Council. Excellence by design: standards for postgraduate curricula. 2017.
2. Kohn LT, Corrigan JM, Donaldson MS. To Err is Human: Building a Safer Health System. Institute of Medicine,. Washington (DC): National Academy Press (US), 2000.

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FREE Paper Presentations

5. Novice Anaesthesia; Development of a Video-Based Educational Resource for Anaesthetists Preparing for the Initial Assessment of Competence

F. Pollok, C. Hellyar, A. Monteiro, S Dewan
Princess Alexandra Hospital, Harlow

Introduction

The Initial Assessment of Competence (IAC) consists of supervised learning events to demonstrate the knowledge and skills for the basis of safe, independent practice in anaesthesia. Covering these assessments can be overwhelming due to difficulty in identifying the breadth and depth of knowledge required in parallel with gaining the essential novel practical skills. We noted that there are no specific, widely available, teaching resources to aid and guide trainees in completing these assessments.

Method

A series of narrated lectures and videos were produced and the 'NoviceAnaesthesia' platforms created. The content was reviewed locally by Consultant Anaesthetists with ongoing feedback continually reviewed and used to improve the resource. The videos are available to access freely via various mediums including a dedicated website, YouTube and Vimeo channels. Awareness of the resource and how to access them have been disseminated by word of mouth and content is promoted via a paired twitter account.

Results

There has been a very positive reception to the videos amongst trainees and trainers, with reported use of content as a teaching aid. There are currently 228 subscribers to the video channels and up to March 2022 there have been 5,972 views of the collection of videos.

Image taken from 'NoviceAnaesthesia' Youtube Channel

We have created a free educational resource that can be accessed nationally by novice anaesthetists at their convenience. This has been especially pertinent during the COVID-19 pandemic, when access to face-to-face teaching has been limited.
Moving forward, we plan further expansion of the programme to include adapting the resources in accordance with the new RCOA curriculum and covering the Obstetric Initial Assessment of Competence.

6. Levelling the Medical Hierarchy: A Novel Method of Teaching Emergency Front of Neck Access

N Russell (Speaker)[1], T Miller[2], P Groom[2]
[1] ST5 Anaesthetics, Mersey Deanery
[2] Consultant Anaesthetist, Aintree Hospital, Liverpool University Hospitals NHS Trust

Introduction

Research has shown that 'a poor teaching environment endangers patient safety, hampers learning, lowers training satisfaction and amplifies stress, fatigue and burnout'[1].
Learning to perform emergency front of neck access (eFONA) is vital to practice as an anaesthetist. At Aintree University Hospital, this is taught in a novel manner where core trainees teach senior members of the MDT using high fidelity simulation. This teaching style was analysed to establish its effect upon the teaching environment, teacher stress and the learning experience for all involved.

Methods

In this observational quality improvement analysis, questionnaires were provided to teachers and learners before and after eFONA teaching. Data was collected through a Likert scale questionnaire and free text content analysis. Of particular interest were outcomes including trainee satisfaction, confidence and feelings of value.

Results

Most common emotions described by core trainees prior to teaching were 'intimidated', 'nervous' and 'excited'. Initially, 78% of participants felt stressed about teaching senior colleagues but post-teaching, 100% agreed that any previous stress felt had been positive.
All trainees reported that they were empowered by becoming experts in teaching eFONA and felt more valued within the anaesthetic department by being given teaching responsibilities. 89% were more motivated to learn so as to provide credible information to senior colleagues and had reported increased confidence after teaching.
86% of senior clinicians disagreed that being taught by those with less real-life experience reduced effectiveness of the teaching session. 93% agreed that this type of teaching benefits the department and interdepartmental working.

Conclusion

Levelling the medical hierarchy made teaching eFONA valuable for teachers and learners. There was an improvement in trainee satisfaction and feelings of stress were acknowledged as useful for longer term learning. At a time where trainee welfare is paramount, positive results suggest that this teaching model could be standardised throughout the UK for eFONA.

References

[1] PARSA, S., JACOBS, D., LEE, YH., 2020. Consequences of Medical Hierarchy on Medical Students, Residents, and Medical Education in Otolaryngology. Otolaryngology - Head and Neck Surgery
HARDEN, R., LAIDLAW, J., 2021. Essential Skills for a Medical Teacher: An Introduction to Teaching and Learning in Medicine. Elsevier
GRUPPEN, L., IRBY, D., DURNING, M., 2018. Interventions designed to improve the learning environment in the health professions: a scoping review. AMEE MedEd Pub. 7:73

This abstract has not been submitted previously for consideration at any alternative conferences.

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POSTERS FOR DISPLAY

1. Levelling the Field 2021

Dr T Wootten (Trust Doctor), Dr N Powley (Research Fellow), Dr S Ahmed (Consultant Anaesthetist)

Anaesthesia Learning in the North East

Introduction:

Levelling the Field (LtF) is a trainee-led initiative facilitating discussion and change regarding inequalities experienced by ethnic minority NHS staff and international medical graduates (IMGs). The inaugural LtF conference (2020) covered the challenges faced, pay disparity, bullying and barriers to career progression. Based on feedback, LtF 2021 focused on experiences of international nurses, doctors and allied health professionals working in the NHS.

Method:

LtF was delivered internationally, free of charge, using Zoom and YouTube platforms. The programme, digital delivery, graphic design and marketing was a collaborative effort from LtF and Anaesthesia Learning in the North East (A-liNE). Prominent national figures within medicine, leadership and ethnic organisations delivered talks and panel discussions. Live questions from attendees contributed to open and dynamic conversation. Attendees showcased projects by oral and poster presentations.

Demographic data, multi-modal feedback and social medical engagement was analysed to assess reach and impact.

Results:

LtF attracted 1085 unique Zoom attendees alongside 1205 YouTube views. 3% of attendees joined LtF internationally. Attendees represented a range of occupations and ethnicities as contained in Table 1.

Ethnicity	Percentage of attendees (%)	Role	Percentage of registrations (%)
White	30	Doctor	62
Asian/Asian British	33	*Anaesthetics/ICM*	31
Black, African, Caribbean or Black British	22	*Medicine*	18
Mixed or Multiple Ethnic groups	7	*Surgery*	14
Other (Arab, any other)	8	*General Practice*	10
		Other	27
		Nursing	10
		Managerial/Administrative	11
		Other	17

Table 1: Demographic data of LtF 2021 registrations and attendees

1214 attendees provided feedback. 88% rated the conference excellent or good. Attendees found the session “Challenges facing IMGs and international nurses” the most useful (15.4%). The online delivery of LtF was popular, with 68% stating they would prefer the same next year. 81% of attendees felt that a more equitable NHS was possible after attending LtF, and 92% felt that the conference had given them ideas to implement in their own organisation.

Discussion: Racial equality in the NHS is an important topic. Free online delivery of this interactive conference allowed international reach and dynamic discussion. Feedback was overwhelmingly positive, however further analysis is needed to determine if LtF leads to real workplace change.

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

POSTERS FOR DISPLAY

2. Safe Sedation Workshop - Targeting all Specialties using Procedural Sedation (PS) in The Non-Theatre Environment.

Dr Tamer Abouzied (ST7 Anaesthesia), Dr Luke McMenamin (ST5 Anaesthesia), Thomas Lawrence (Cons Anaesthetist), Sarah Davies (Cons Anaesthetist & sedation lead). Leeds Teaching Hospitals NHS Trust (LTHT)

Introduction: The gold standard for sedation given by non-anaesthetist is provided by the Academy of Medical Royal colleges (AoMRC).1 An update in 2021 re-emphasised the importance of formal training and education for sedation providers to acquire the knowledge and skills needed to deliver safe sedation, alongside an update on monitoring standards stating that capnography SHOULD now be used for ALL moderately sedated patients.2

Method: With the AoMRC guidelines update, we developed a Trust eLearning PS package available on the Trust intranet. After a serious incident following an unrecognised respiratory complication in a patient undergoing PS by a non-anaesthetist, a survey of sedation practice was conducted by the trust's sedation lead and distributed among the trust's Sedation Group. The results overwhelmingly supported more formal education and training, including the introduction of capnography in almost all areas. In response, we established a half day hands on workshop to teach all specialty teams using PS. The workshop is composed of lectures, covering an overview of UK National Safe sedation guidelines, airway assessment and monitoring with an emphasis on capnography.1,3 An airway skills station provides a hands-on stepwise approach to management of the airway, covering recognition of airway obstruction and its management from simple manoeuvres to the insertion of a supraglottic device. Two clinical simulation scenarios address the management of over sedation with respiratory and cardiovascular complications, and recognition of other critical incidents such as anaphylaxis.

Results: We have conducted the workshop on 4 occasions for the radiology, cardiology and endoscopy teams. We had great engagement from all the teams, including medical and nursing staff, and very positive feedback, specifically the value of capnography training, drug pharmacology and airway skills.

Conclusion: We aim to expand the faculty in order to train ALL non-anaesthetist sedation users in LTHT, by running monthly workshops in different areas. We have plans to incorporate national sedation courses into our Trust and tailor the workshop for Anaesthetic trainees, in-line with the new anaesthetic curriculum.

References:

1. Academy of Medical Royal Colleges. (2013) Safe sedation practice for healthcare procedures: standards and guidance. https://www.aomrc.org.uk/wp-content/uploads/2016/05/Safe_Sedation_Practice_1213.pdf

2. Academy of Medical Royal Colleges. (2021) Safe sedation practice for healthcare procedures an update. https://www.aomrc.org.uk/wp-content/uploads/2021/02/Safe_sedation_practice_for_healthcare_procedures_update_0521.pdf

3. Association of Anaesthetists. (2021) Recommendations for standards of monitoring during anaesthesia and recovery.https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Recommendations%20for%20standards%20of%20monitoring%20during%20anaesthesia%20and%20recovery%202021.pdf?ver=2021-05-26-141701-007

POSTERS FOR DISPLAY

3. Audit for Better Understanding of Ketamine

Mohamed Abusheashea and Kyle Pattinson, Oxford University Hospitals NHS trust

Introduction:

Ketamine is one of the unique anesthetic agents with significant analgesic effect, which could be demonstrated alone on a lower dose of 0.2-0.5 mg/kg, which could be of great value in patients with chronic pain, however many anesthetists won't use it for fear of side effects and delayed recovery.

Our audit commenced in our orthopaedic center, where most of our patients suffer from chronic pain. Our audit was preceded by a survey among the anesthetists in order to know more about the experience with ketamine and if they encountered any side effects in their patients. Then, our audit was to follow up patients who received ketamine perioperatively and assess their pain satisfaction and if they encountered any side effects.

Methods:

An electronic form was created via Microsoft office forms, and QR code for the link was printed and kept in the anesthetic room and an email was circulated among anesthetists asking them to submit data of their patients to follow them and the dose, mode of administration and if they had any immediate side effects. Patients were followed up in the first 48 hours and were asked if they have chronic pain, their pain score in the after mass of the operation, how is their pain is currently managed, how satisfied they are with it and if they had any side effects, specifically any strange dreams.

Results:

Most of the patients had good pain outcomes, matching or better than their expectation, a few had side effects with only two of them having had strange dreams.

Conclusion:

Ketamine has a significant analgesic effect in chronic pain patients, especially opioid tolerant patients, side effects and strange dreams occur in a low incident and shouldn't affect the general drug usage.

POSTERS FOR DISPLAY

4. Development of Anaesthetic Approach to Neuro-Surgical Emergencies (AANE) Simulation Course Following a local Trainee Survey

N Akhtar*, Medical Education Fellow (corresponding author), R Mittal, U Ansari, C Mendonca, University Hospitals Coventry & Warwickshire

Introduction:

Throughout our careers we encounter unfamiliar situations. Primarily occurring during training and out of hours, and whilst being the on call specialist. Depending on the location, there may be a different level of complexity surrounding situations we face, where we are deemed immediately responsible, despite possibly being ill-experienced. We realised that at UHCW, the senior registrar tier for out of hours were not all familiar with neurosurgery as a specialty due to limited availability and timing of training opportunities.

Methods:

We conducted a survey of our trainees to assess their level of confidence and concerns that they might have in managing a neurosurgical emergency whilst being on call.

Results:

Of those surveyed; 63% were not confident about managing a neurosurgical emergency and 88% had concerns about managing these emergencies in and out of the theatre area. Reasons for this included comparatively less experience with the specialty and equipment, complexity of cases and interaction with neurosurgeons.

As a result of this we formed a multi-disciplinary simulation course, which focuses on key topics with fundamental learning points, and non-technical skills (NTS) including effective communication and understanding of behaviours. Feedback from this course has been unilaterally positive, and all attendees feel better prepared and more knowledgeable to deal with acute neurosurgical emergencies. Candidates also found the sessions helped in developing awareness of human factors and NTS as a whole.

Conclusion:

Our survey demonstrated that there was a space to be bridged in preparing trainees for dealing with neurosurgical emergencies. This was positively and effectively done by formation of our AANE course. A multi-disciplinary approach in its delivery has been crucial, and has helped to build foundations for effective team working.

* Abstract has been presented at Neuro anaesthesia and critical care society Annual Scientific Meeting -April 2022".

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

POSTERS FOR DISPLAY

5. ‘Introduction to Anaesthesia’: Increasing Interest in Anaesthesia Training for Foundation Year 2 Doctors Through Group-Based Taster Days Set in the Clinical Skills Lab

Dr Tom Arjomandi, CT3 anaesthetist, Airedale General Hospital

Introduction:

For many Foundation Year 2 doctors (FY2s), their experience in anaesthetics comprises a few days during medical school, and visits to Critical Care during a ward round. Low exposure to the anaesthesia speciality can reduce the desirability of anaesthesia as a career choice. (1)

FY2s in Yorkshire and the Humber can attend 2 ‘Bridging the Gap’ (BTG) days, aimed at developing their individual learning and career interests. These days are either ‘Skills Themed’ days that focus on training in specific clinical skills, or ’Speciality Themed’ days that provide support, training, and advice about developing a career in that speciality. (2) The majority of BTG days offered were skilled based, with many specialties not represented at all.

Methods:

The anaesthetic department at Harrogate District Hospital offered an anaesthesia BTG course, the only one available for that cohort of FY2s. A clinical fellow organised the course programme and the logistical and administrative elements. Two 1-day courses were offered, with 16 FY2s able to attend each. The course comprised two parts: lectures focusing on life as an anaesthetic trainee and the application process, and small group teaching for anaesthetic practical skills.

Results:

The course was significantly oversubscribed. Post course feedback found that 100% of attendees enjoyed the course, would recommend it to others, and felt better prepared to apply for anaesthetics training. 71% said they were more likely to apply for anaesthetics after the course, with none being less likely to apply.

Conclusion:

Anaesthesia taster courses offer an opportunity for junior anaesthetists to plan a regional training programme, and develop their teaching, leadership, and managerial skills. It is an effective way to develop interest in anaesthetic training. Our findings suggest there is unmet demand for introduction to anaesthesia courses. This may be particularly relevant for regions which have difficulty recruiting sufficient trainees.

References:

1. Adudu et al; *Medical student impressions of anesthesiology and anesthesiologists.* Can J Anaesth; 2010 Aug;57(8):792-3

2. **Health Education England.** Bridging the Gap 2021-2022 Guidance. *Health Education Yorkshire and Humber Website.* [Online] [Cited: 19 January 2022.] https://www.yorksandhumberdeanery.nhs.uk/foundation/curriculum_delivery_and_teaching/teaching_and_training/bridging_the_gap.

POSTERS FOR DISPLAY

6. Hybrid Teaching in the COVID-19 Era

Dr C Bailey ST5 anaesthesia(1), Dr N Staples ST5 anaesthesia(1), Dr K Caines ST7 anaesthesia(1), Dr D Greenwood CT3 anaesthesia(1) Hull University Teaching Hospitals NHS Trust

Introduction

The COVID-19 pandemic caused cessation to all but essential activities impacting the delivery of educational activities (1,3). Within Hull University Teaching Hospitals Trust (HUTH) the need for continued educational development was identified. We examine the feasibility of delivering a curriculum based teaching programme to a wide trainee cohort during pandemic restraints.

Methods

Twice monthly, half day teaching sessions for trainees were allocated to rotas. Curriculum based anaesthetic and critical care topics were identified and delivered via hybrid training methods including live and asynchronous online modalities(2). Feedback was collated using numeric rating and free text.

Results

Between August 2021 and February 2022, sessions were delivered by a range of professionals including consultants, junior doctors, allied health professionals and external speakers.

To encourage attendance trainees were allocated on rotas and virtual meeting links were available. Feedback had an average completion rate of 51%. Medical, surgical and anaesthetic topics received positive feedback while well-being sessions received mixed reviews.

Discussions

We sought speakers from within the department, wider hospital network, and other specialities. This enabled the delivery of a varied programme and shared the demand on a singular anaesthetic department. Whilst acknowledging an average feedback compliance, feedback was generally positive, reflecting enthusiasm for formal teaching and the importance of a diverse programme.

Further progress: A separate trainee lead ICU teaching programme has developed and educational support for junior trainees sitting exams has been acknowledged and is now included in the anaesthetic teaching programme. We continue to allocate trainees on the rota and offer a virtual link to optimise flexibility. As restrictions ease, we aim to include more practical sessions and delivery of well-being support via smaller face to face groups to support engagement. Sessions are recorded and aim to build a video bank to provide a valuable asynchronous learning resource(2).

results analysis is up to date but on-going.

References:

1. Dedeilia, A. et al. (2020) Medical and surgical education challenges and innovations in the COVID-19 era: A systematic review. In vivo 34: 1603-1611
2. He, L. et al. (2021) Synchronous distance education vs traditional education for health science students: a systematic review and meta-analysis. Medical Education. 55: 293–308
3. Papapanou, M. et al. (2021) Medical education challenges and innovations during COVID-19 pandemic. Postgrad Medl J. 0:1-7

POSTERS FOR DISPLAY

7. Online Exam Preparation for the Final FRCA Examination

K Caines ST7 anaesthesia(1), Dr C Bailey ST5 anaesthesia(1), Dr N Staples ST5 anaesthesia(1), Dr R Kasipandian Consultant anaesthetist(1) Hull University Teaching Hospitals NHS Trust

Introduction
Preparation and delivery of professional exams changed during the COVID-19 pandemic (1). With exams being delivered virtually we wanted to set up a virtual preparation course for candidates.

Methods
Six days of online exam preparation were arranged, each consisting of two lectures from consultants or senior trainees in different specialist anaesthetic areas and computer based constructed response question (CRQ) and multiple choice question (MCQ) practice sessions with time for group discussion. Written feedback was collected for each session and at the end of the course.

Results
The course ran for one day a week over a six week period. There were 14 candidates who each attended a minimum of four days. Feedback for the course overall was excellent; all candidates reported that they felt more confident sitting the exam and would recommend the course to a colleague. Feedback was also positive in relation to the individual speakers, organisation and question discussions. Suggested improvements were centred around covering additional curriculum material and relevant guidelines.

Discussion
With the COVID-19 pandemic, education and training for all trainees has had to develop. We feel that delivery of an exam preparation course in keeping with the format of the exams is more useful for trainees, more environmentally aware and time efficient. The virtual nature also increased accessibility for trainees (1) and would lead itself to a larger capacity without the need for restriction due to local room capacities thus allowing greater numbers of candidates to be supported in their exam preparation. It was well received and is intended to be repeated next year for another sitting of the exam.
References:

4. Papapanou, M. et al. (2021) Medical education challenges and innovations during COVID-19 pandemic. Postgrad Medl J. 0:1-7

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

POSTERS FOR DISPLAY

8. Innovation with Jelly: A Central Venous Catheter Insertion Simulation Skills Course.

Alexandra Ballantine, Core Anaesthetic Trainee (CT2) - Speaker
Whittington Health NHS Trust.

Introduction: Central venous catheter (CVC) and arterial line insertion are core skills in anaesthetic training. Traditionally taught combining theoretical knowledge with practical application using simulation manikins. Unfortunately, many departments do not have access to costly simulation manikins, limiting this educational opportunity. This inspired the development of jelly models for CVC insertion simulation.

Method: Three simulation skills sessions were delivered at Royal Free Hospital in early 2020 aiming to provide an introduction to CVC insertion. Simulation models were prepared using long balloons inflated with red water set in the centre of the jelly. This created a round, compressible, vessel-like structure, visible on ultrasound for CVC insertion.

The programme included presentation of anatomy, indications, contraindications, and complications of CVC insertion, the Seldinger technique, ultrasound skills and step-by-step guide to insertion. The focus being CVC insertion using jelly models which allowed ultrasound guided aspiration of “blood”, passage of the guidewire into the “vessel” and wire confirmation. Using the Seldinder technique attendees could pass the catheter into the balloon.

Results: The course was attended by 34 doctors, foundation to registrar grade. All attendees strongly agreed/agreed that they gained a good understanding of anatomy, complications and steps of CVC insertion. Furthermore, 100% strongly agreed that the course provided a good foundation for further clinical learning of CVC insertion. When comparing pre- and post-course feedback, all highlighted improved skill and knowledge. The course was described by attendees as: “brilliant”, “extremely helpful” and complimented for “innovative use of sim material”.

Conclusion: This course successfully provided a foundation of knowledge and skill for a large cohort of doctors across all training grades. Innovative simulation materials allowed a realistic representation of steps involved in CVC insertion whilst being accessible, cost effective and fun. Unfortunately, the 2021 programme was postponed due to COVID restrictions however 2022 course planning is underway.

NB: submitted to Vivek Sivaraman Memorial Prize 2022 (not presented).

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POSTERS FOR DISPLAY

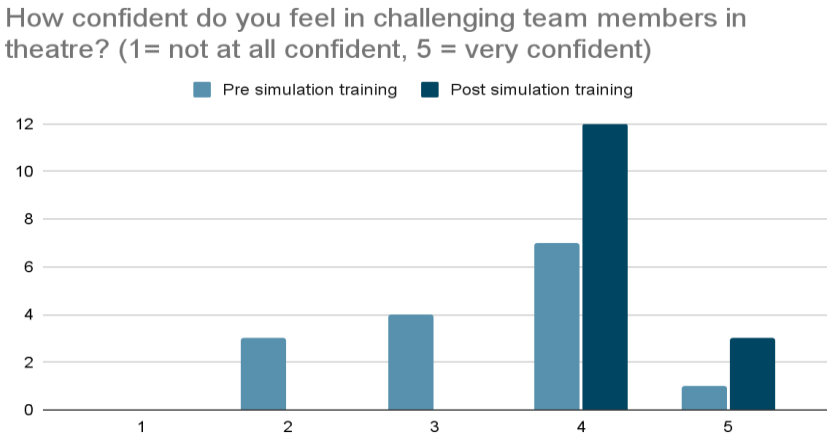
9. A Safe Space for No Trace = Wrong Place : A Simulated Educational Session on Recognising an Oesophageal Intubation

Dr Patrick Birch, CT2 Anaesthetics, Warrington and Halton Hospitals

Introduction: A joint campaign “Capnography - No Trace: Wrong Place” by the Royal College of Anaesthetists (RCoA) and the Difficult Airway Society (DAS) recently reinforced the importance of recognising oesophageal intubations which if undetected can lead to profound consequences in patient care. (1, 2) Working alongside the simulation leads at Warrington we sought to educate the anaesthetic MDT with a scenario which also highlighted the difficulties of challenging seniority.

Methods: In the scenario, a consultant becomes increasingly task focussed and fails to recognise an absent capnograph resulting in the patient deteriorating and suffering a cardiac arrest. Approximately half-way through the simulation, viewing members of the MDT are introduced. We then finished the scenario and discussed it before finishing by watching the video collaboration presented by Professor Tim Cook. We invited a large number of the MDT to the sessions. In total we ran 5 sessions and had a total of 15 participants alongside the faculty members.

Results: All participants had previously heard of the term “human factors”. After the simulation training, 11 felt more confident in their understanding of human factors whilst the other 4 felt as confident about the term. All 15 participants indicated that they would want further training on human factors. 73.3% of participants indicated that they found the training extremely useful. 40% of respondents had not heard of the term “no trace, wrong place” campaign prior to the session. There was an improvement in how confident participants felt in challenging team members in emergencies.



Discussion: The results indicate that the participants found the training sessions useful and would be more confident challenging team members should this be necessary. We achieved our primary aim of educating the participants of the importance of “no trace = wrong place”.

References:

1 (*NAP4: Major complications of airway management in the United Kingdom* (no date) *Org.uk*. Available at: https://www.nationalauditprojects.org.uk/NAP4_home (Accessed: April 12, 2022).
2 *Judiciary.uk*. Available at: https://www.judiciary.uk/wp-content/uploads/2021/09/Glenda-Logsdail-Prevention-of-future-deaths-report-2021-0295_Published.pdf (Accessed: April 12, 2022).

POSTERS FOR DISPLAY

10. Post-Pandemic Planning – A Survey of the Faculty for Coventry's Final FRCA SOE Courses

Dr Matthew Bishop MBChB FRCA (Speaker), ST5 Anaesthetic Registrar at University Hospitals Coventry and Warwickshire, Education Fellow University Hospitals Coventry and Warwickshire, Dr Nirojan Sivapathasundararajah MBBS FRCA, Consultant Anaesthetist at University Hospitals Coventry and Warwickshire

Introduction:

The requirement for social distancing produced by the COVID-19 pandemic induced the Royal College of Anaesthetists to adopt online-only examinations, and the revision courses offered at University Hospitals Coventry and Warwickshire had to adapt accordingly to an entirely online format. This provided stark contrast with the traditional face-to-face courses, with benefits and disadvantages of each format becoming clear. We surveyed faculty teaching on the most recent Final FRCA SOE courses to elucidate their motivations for teaching, and their thoughts regarding the possibility of continuing with online courses or reverting to the traditional model.

Method:

We used an online survey tool to assess the opinions of any faculty teaching on the Final FRCA SOE courses run in November 2021 and February 2022. Of the 38 faculty teaching on the courses, 20 replied to the survey.

Results:

Of the 20 respondents, 11 (55%) expressed a preference for the online course, while two (10%) preferred the face-to-face course. Seven expressed no preference. The lack of travelling time, childcare and access to course materials were the most popular reasons for preferring the online course. Social interaction and food were cited as positives of the face-to-face course, with the main disadvantage of that format being travelling time.

Discussion:

Although the introduction of an online version of the revision course was mandated by the social distancing requirements related to the COVID-19 pandemic, many faculty of these courses now prefer teaching online. The convenience of running the course from home is clear, and has been shown to outweigh the limitations in enjoyment created by reduced social interaction. As the examination format reverts to a face-to-face model, the teaching of revision courses may also revert to reflect this, but it is as yet unclear whether online, in-person or a hybrid course will be preferable to future faculty.

POSTERS FOR DISPLAY

11. Optimising the Knowledge and Skills of Operating Department Practitioners (Anaesthetic Assistants) on Confirmation of Tracheal Intubation

*Matthew Bishop**[1] ST5 Anaesthetic Registrar (corresponding author), matthew.bishop1@nhs.net
F Fazal[2], J Finnity[3], R Khunti[3], C Thompson[3], U Ansari[1], A Sajayan[2], R Shanmugam[3], C Mendonca[1]
* presenting and corresponding author
[1] University Hospitals Coventry & Warwickshire NHS Trust, Coventry
[2] University Hospitals Birmingham (HGS Sites)
[3] South Warwickshire NHS Foundation Trust (Warwick Hospital)

Introduction: The 4th national audit project of the Royal College of Anaesthetists and Difficult Airway Society recommended monitoring end-tidal carbon dioxide ($ETCO_2$) during intubation.[1] The presence of an $ETCO_2$ trace confirms correct tube placement at intubation. A two-person check of visual confirmation of tracheal tube passing through the glottis and correct interpretation of $ETCO_2$ requires knowledge, skills and the ability to speak up. This study aimed to establish the baseline knowledge of Operating Department Practitioners (ODPs) in capnography and tracheal intubation.

Methods: A 17-question questionnaire was distributed to ODPs across three hospitals over a three-week period in Jan/Feb 2022. The first section collected demographic data, including role and experience of the ODP. The second gathered data on identification of normal and abnormal capnography traces. The third section reviewed the ability of the ODP to challenge an oesophageal intubation. The penultimate section reviewed knowledge of laryngeal anatomy using a photo to identify anatomical landmarks. Finally, participants were asked if they knew of the 'No Trace=Wrong Place' campaign and if video-laryngoscopy was used routinely.

Results: A total of 96/163 (59%) ODPs responded to the survey. The capnography trace identification question was answered correctly by 62.7% of participants. A two-person check was always performed by 31 participants (19%). Only 31 (19%) participants felt that they could raise concerns if they felt an oesophageal intubation had occurred. Laryngeal anatomy knowledge was answered correctly by 68% of participants. Only 88 (54%) of participants knew of the 'No Trace=Wrong Place' campaign.

Discussion: This study highlighted shortcomings in knowledge and the ability to challenge anaesthetists in a clinical setting. Based on the results of this survey, we aim to develop an educational package for ODPs and theatre nurses. A combination of e-learning and face-to-face teaching should help increase understanding of capnography and anatomy, thereby increasing patient safety.

Reference:

1.T. M. Cook, N. Woodall, C. Frerk, on behalf of the Fourth National Audit Project, Major complications of airway management in the UK: results of the Fourth National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. https://doi.org/10.1093/bja/aer058

POSTERS FOR DISPLAY

12. 'Mind The Gap'; Improving Anaesthetic Trainee Confidence in Managing Remote On-Call Work

S. Boles[1] (CT3, speaker), S. Wood-Gismera[2] (CT3) , A. Tan[2] (Consultant), B.Lattuca[1] (Consultant)
[1]Epsom and St Helier University Hospitals, [2]Kingston Hospital

Introduction: Novice anaesthetists spend their first three months learning the fundamental skills required for safe anaesthetic theatre care, as per the Initial Assessment of Competence [1]. However, a significant proportion of their on-call work happens outside of theatre, for which they typically do not receive formalised training. The 4th National Audit Project highlighted that airway management in non-theatre locations is associated with an increased rate of airway complications [2] and some trainees are significantly less confident in airway management in these settings [3]. We devised a regional teaching programme to address this training 'gap', aiming to better prepare novice anaesthetists for remote on-call work.

Methods: Seven topics covering typical remote on-call work were identified and incorporated into a teaching programme. This included simulations, tutorials and practical's, as displayed in Figure 1. Eight novice anaesthetists from three different hospital trusts participated. Questionnaires were used to measure participants' pre and post session confidence levels in management, rate the course content and gather feedback.

Results: The trainees had low pre-course confidence levels, all of which improved after the course (Figure 1). The course content was rated highly with a median score of 5/5 across the teaching sessions. Participants commented positively on the opportunity to practice relevant on-call scenarios in a controlled environment.

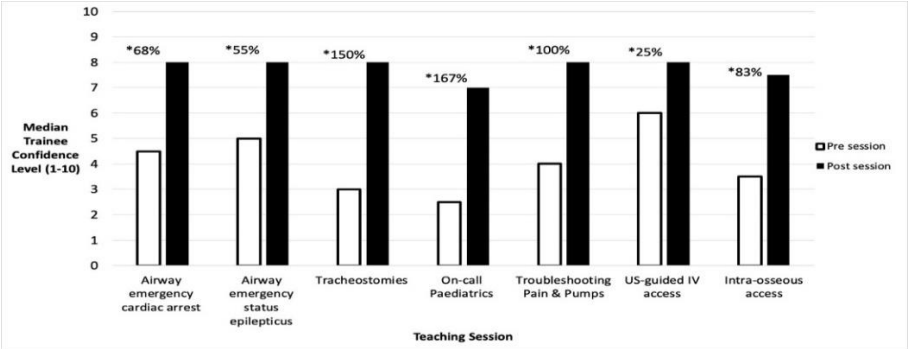


Figure 1 Trainee confidence levels in management pre and post sessions. *Median percentage change. N=8.

Discussion: Remote anaesthetic work is an important part of trainees' on-calls yet teaching on how to manage it is often lacking. This project demonstrates that novice trainees' low confidence in this setting can be improved with a structured teaching programme. We suggest that a formalised teaching programme involving remote on-call scenarios should be incorporated into anaesthetic core training. We aim to refine and repeat the programme to cover a greater number of novices across the deanery.

References: 1. Royal College of Anaesthetists. Initial Assessment of Competence (IAC), Entrustable Professional Activities 1 and 2. London: Royal College of Anaesthetists: 2021. Available from: https://rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-1and2-workbook.pdf

2. Cook TM, Woodall N, Harper J, Benger J, Project FNA. Major complications of airway management in the UK: results of the Fourth National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. Part 2: intensive care and emergency departments. British Journal of Anaesthesia. 2011;**106**(5):632-42.
3. Wijesuriya J, Brand J. Improving the safety of remote site emergency airway management. BMJ Quality Improvement Reports. 2014;**2**(2):u202785.w1275.

POSTERS FOR DISPLAY

13. Instigating an Integrated Primary and Final FRCA Teaching Programme in a DGH

Dr Rachael Cresswell, ST7 Anaesthetics, Birmingham School of Anaesthesia

Introduction:

Postgraduate teaching in smaller institutions can lack structure and continuity due to the limited numbers of facilitators and low numbers of trainees. Facilitators tend to focus on their specific area of interest which leaves large gaps of curriculum uncovered. Returning to Hereford County Hospital as a senior anaesthetic registrar, I wanted to create a structured teaching programme to avoid this pitfall and improve postgraduate education in anaesthesia.

Methods:

I began by sending a questionnaire to all of the anaesthetic trainees at Hereford. I noted their level of training and next examination. I asked about preferred teaching styles as a multiple-choice question in order to create an engaging and bespoke programme suited to the trainee's needs. I designed, organised and instigated a weekly teaching session, combining topics for both primary and final examinations. Sessions were systems-based and structured around anatomy, physiology, physics, pharmacology, equipment and clinical topics as per the RCOA curriculum. Trainees were offered a choice of the subdivisions to prepare as a presentation to the group. Group MCQs were used to consolidate knowledge at the end of sessions. In addition to the main group teaching, I facilitated regular SOE practice for trainees. Feedback was collected electronically via a survey at the end of each session.

Results:

Of the trainees who participated in the teaching programme, 100% were satisfied, felt more prepared for their examinations and felt it met their needs as a learner. All those who sat FRCA examinations during the programme passed first time.

Conclusion:

Teaching in smaller hospitals can be challenging, however, facilitators have the advantage in being able to adapt to the trainees' personal educational requirements. Through clear structure and organisation, a curriculum-based programme can lead to excellent results.

POSTERS FOR DISPLAY

14. Developing a High-Fidelity Simulation Curriculum for Novice Anaesthetists To Achieve The IAC

Dr Stephen Dean (Clinical Education Fellow/CT4 Top-up), Dr Carol Downs (Consultant Anaesthetist)
Employing institution: George Eliot Hospital NHS Trust

Introduction:
The change in anaesthetic curriculum in 2021 moved away from a traditional sign-off based process for achieving the IAC and IACOA to “Entrustable Professional Activities”. A key factor in these is the use of simulation for both novice anaesthesia skills and the failed intubation drill. Our trust used limited simulation, with no formal or structured simulation curriculum for anaesthetists in place. We describe the development of a new simulation curriculum to achieve the aims of the IAC and IACOA.

Methods:
An education fellow post was created within the department with a split education/clinical role. As per the EPA workbook[1,2], the AAGBI quick reference handbook was utilised to produce a series of 8 different categories of scenarios based on the “unknowns”. Scenarios were then developed from these utilising a high-fidelity mannequin and equipment. Feedback was obtained from both students and faculty to allow for improvement of the scenarios.

Results:
The creation of the post allowed for a dedicated member of staff to create and facilitate the simulations, allowing consultants to focus on providing high-quality feedback and assessment. The core-trainee candidate achieved the IAC after the completion of the full simulation curriculum. Overall feedback was positive, with high scores for realism, appropriateness and usefulness. The same training was cascaded to non-training anaesthetists to good success. This was then utilised to create a series of scenarios within obstetric anaesthesia, initially used for middle-grades/stage 2 obstetrics, but also to be used in the future as part of the IACOA.

Conclusion:
The development of a dedicated simulation curriculum allowed for more formalised training and assessment for anaesthetics trainees. It is very useful for assessment at key milestones in training, such as the IAC/IACOA and for training/development for non-training grades of anaesthetists. We plan to continue to develop this simulation curriculum further using feedback.

References:
1. Royal College of Anaesthetists. (2021) *Initial Assessment of Competence (IAC) Entrustable Professional Activities 1 and 2 Workbook*. Available from: https://www.rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-1and2-workbook.pdf (Accessed 10th January 2022). London: Royal College of Anaesthetists.
2. Royal College of Anaesthetists. (2021*) Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) Entrustable Professional Activities 3 and 4 Workbook*. Available from https://rcoa.ac.uk/sites/default/files/documents/2021-06/EPA-3and4-workbook.pdf (Accessed 20th March 2022) London: RCOA

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POSTERS FOR DISPLAY

15. Improving Training Post-COVID At George Eliot Hospital

Authors: Dr Stephen Dean (Clinical Education Fellow), Dr Ajay Sathyanarayana (ST7 Anaesthetics), Dr Devan Williams (ST3 Anaesthetics), Dr Carol Downs (Consultant Anaesthetist)
Employing institution: George Eliot Hospital NHS Trust

Introduction: The COVID-19 pandemic severely impacted training as a result of re-deploying anaesthetic trainees to support the provision of care in Intensive Care Units (ICUs).
Feedback from our trust has shown that ST3-7 trainees were spending a considerable amount of time in the ICU and struggled to gain sufficient theatre experience, as the middle-grade on-call rota covers the ICU. This was exacerbated by a shortage of Specialty doctors on this rota and by the reduced theatre activity caused by the pandemic.
As the pressure on ICU has eased over the last few months, recommencing training in theatre is of paramount importance as most trainees have lost significant training time.

Methods: To address this, the department implemented multiple changes. This included:

- The department rapidly expanded Specialty doctor numbers to separate the ICU and Obstetrics out-of-hours cover.
- A Senior Trainee was given management responsibility to allocate trainees' daytime sessions according to their training needs.
- A Speciality Doctor or Trainee on their ICU module covered ICU during the daytime, allowing other trainees to have time in theatre and return to ICU for the evening portion of their Long Day shift.

We were then able to compare training time for current trainees and assess satisfaction with training using questionnaires.

Results: With full implementation, training time in theatres increased by 14% (figure 1). Surveys showed a marked increase in satisfaction scores (2.93 increase), supervision ratings (3.13 increase) and an improvement in training versus service provision (2.46 increase).

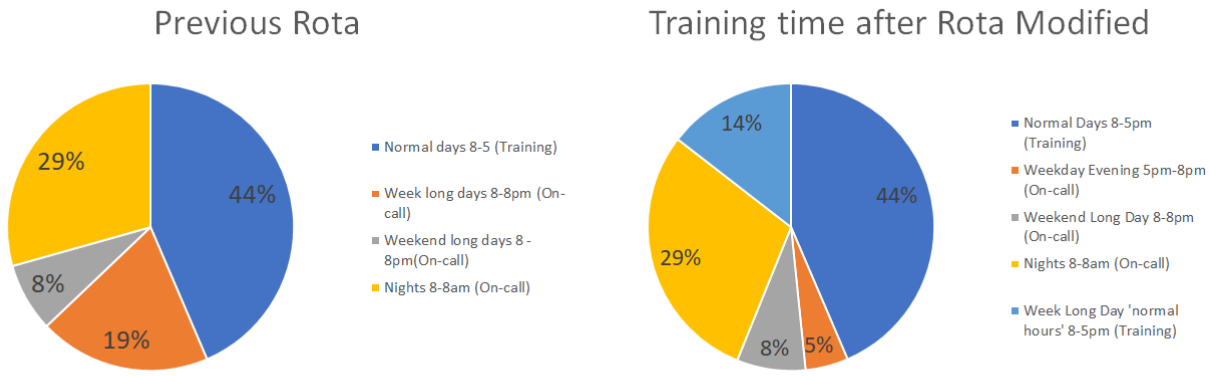


Figure 1: Pie-charts showing the distribution of hours to different duties on the rota before and after changes were made to the rota

Discussion: We have made a significant difference to the anaesthetic training experience at George Eliot Hospital. Involving a senior trainee in rota-planning had the benefit of both exposure to management experience and an improved tailored experience for each trainee. We plan to continue with this current model for rota planning and assess trainee satisfaction regularly.

POSTERS FOR DISPLAY

16. A-liNE VivaMatch

Iain Ross Dryburgh[1], Jonathan Smith-Williams[2], Rachel Butterworth,[2,3] & Chris Browell[4]

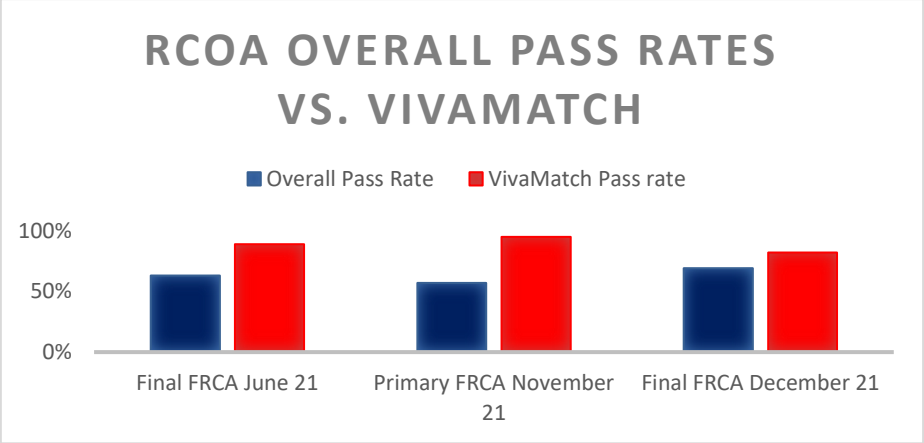
1 – ST7 trainee in Anaesthesia, Northern Deanery
2 – ST6 trainee in Anaesthesia, Northern Deanery
3 – Advanced A-liNE Education Fellow
4 – Consultant anaesthetist, Royal Victoria Infirmary, Newcastle-upon-Tyne & Director of A-liNE

Introduction: The Coronavirus pandemic has changed the way post-graduate examinations are conducted. Specifically, the Royal College of Anaesthetists (RCoA) moved from face-to-face to virtual examinations for both Primary and Final Structured Oral Examinations (SOE) FRCA examinations. In order to prepare candidates for this change in examination modality, whilst simultaneously accommodating limitations in social interaction, A-liNE developed VivaMatch.

Methods: VivaMatch pairs candidates, using their own personal availability, over a 5 week 'match period' leading up to the examination. Each candidate receives up to 25 hours of peer-peer mock examination, delivered over private Zoom meetings, to replicate the examination. This is supported by a faculty led introductory session and useful exam focused 'hints and tips'.

VivaMatch was first developed in preparation for the Final Structured Oral Examination (SOE) in June 2021 and has since been expanded to both the Primary and recently the Fellowship of the Faculty of Intensive Care Medicine (FFICM) SOEs. Initial runs of VivaMatch accommodated Northern Deanery trainees however it has since been expanded nationally and internationally.

Results: Forty-two candidates have participated in 3 VivaMatch 'match periods' and pass rates to date have been encouraging when compared with the national mean. The overall VivaMatch pass rate is 91%.



In addition, we have received strong positive feedback from candidates.

Discussion: The provision of a platform which offers structured and high volume exam preparation has resulted in high pass rates amongst VivaMatch candidates. In addition, the candidates experience frequent exposure to virtual meetings and therefore the modality of examination. We are confident this structure benefits candidates for both online and face to face examinations.

THE SOCIETY FOR EDUCATION IN ANAESTHESIA UK

POSTERS FOR DISPLAY

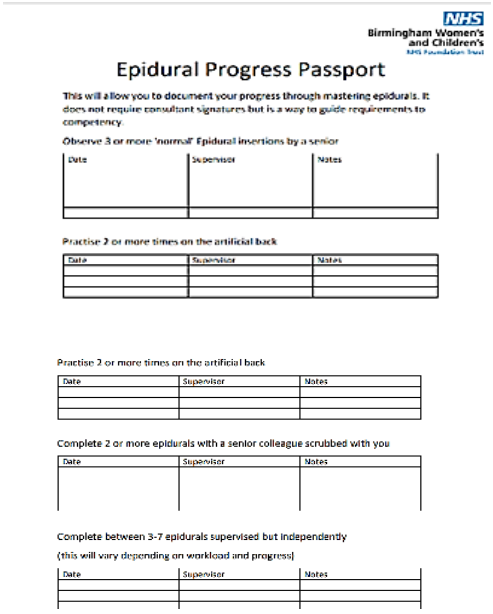
17. 'Where Are You At With Epidurals?' - A Project To Provide a Standardised Answer

R. Dunham – Clinical Fellow, Selwyn Crawford Department of Anaesthesia, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

Introduction: The question posed to so many junior anaesthetic trainees as they embark on their journey to obstetric competency. My aim with this project was to enable individuals learning this new skill to be able to give an independent objective measure of how developed their technique was using the Epidural Progress Passport.

Methods: A short survey was completed by junior registrars locally in order to gauge the common practise while mastering epidurals. This determined case numbers for observing and being assisted by seniors as well as practise on the artificial teaching back for loss of resistance feel and number of witnessed independent completed epidurals. Additionally, a survey was done of the Anaesthetic Consultants within the department for what appropriate numbers would be from trainees. This project has been peer-reviewed by Anaesthetic Consultants within the department the passport is now being trialled in.

Results: The results from the surveys were hugely varied. There was significant range among trainees regarding the case numbers completed for each aspect of training towards Epidural competence. Some trainees had never practised on the artificial back or had a senior scrub with them the first time they completed the procedure; others had much larger case numbers in their portfolio prior to being deemed capable. The anaesthetic consultants also had very varied opinions particularly regarding the number of observed solo epidurals which should be completed by a trainee.



NHS
Birmingham Women's and Children's

Epidural Progress Passport

This will allow you to document your progress through mastering epidurals. It does not require consultant signatures but is a way to guide requirements to competency.

Observe 3 or more 'normal' Epidural insertions by a senior

Date	Supervisor	Notes

Practise 2 or more times on the artificial back

Date	Supervisor	Notes

Practise 2 or more times on the artificial back

Date	Supervisor	Notes

Complete 2 or more epidurals with a senior colleague scrubbed with you

Date	Supervisor	Notes

Complete between 3-7 epidurals supervised but independently
(this will vary depending on workload and progress)

Date	Supervisor	Notes

Figure 1 – Epidural Progress Passport document

Conclusion: From the above survey information and discussion, the Epidural Progress Passport was created. This details a rough estimation of case numbers to be completed on each step of the journey to Epidural proficiency, while allowing for individual variation. It also permits trainees to answer the original question which sparked the project - where are you at with Epidurals? - in a succinct and objective format.

POSTERS FOR DISPLAY

18. Understanding How Junior Doctors Provide Feedback To Medical Students When In Clinical Environments

Dr Thomas Foulcher, ACCS Anaesthetics CT3, Airedale General Hospital.

Introduction
As a junior doctor one of our responsibilities is to teach medical students, and providing feedback is an important part of the learning process. The objective of this study was to explore how junior doctors provide feedback to medical students. This study aims to find out which techniques are used and how they are developed by the medical educator.

Methodology
Ethical approval was granted from the University of Edinburgh in 2019, semi- structured interviews were carried out and sixteen junior doctors were interviewed. Constructivist Grounded Theory methodology was the methodology used and the interviews were analysed iteratively.

Results
The key themes were that feedback techniques were commonly used to provide feedback following a learning experience. There was no consensus to ascertain the selection of a superior feedback technique. Four different feedback techniques were identified in the interviews. The different formats in which the feedback was given varied from verbal feedback, which was most frequently used, written feedback, and recorded audio and video feedback were also described.

Discussion
There was no clear route for the clinicians' professional development in the provision of feedback. It was evident that although many of the educators use broadly the same feedback technique, the way the feedback was provided varied, depending on the type of learning event and the personal experiences of the medical educator, these factors influenced how feedback was given.

Conclusion
The development of feedback techniques was unique to each clinician and the methods used were influenced by previous experience and their own professional journey. There was not a "one size fits all" feedback technique, the clinical educator needed to adapt any technique employed depending on the type of teaching session.

POSTERS FOR DISPLAY

19. Novel Virtual Anaesthetic Clinical Teaching For Undergraduate Medical Students

R. Hawes – Anaesthetic Clinical Fellow (presenter)
G. Thomas-Kattappurathu – Anaesthetic Consultant
S. Richards – ENT Consultant
J. Lee – Anaesthetic Consultant
Rotherham Undergraduate Medical Education Team

Rotherham NHS Foundation Trust

Introduction:

The COVID-19 pandemic disrupted the well-established clinical teaching methods for many UK medical students[1]. The pausing of face-to-face teaching by medical schools severely impacted certain specialties such as anaesthesia, that previously relied heavily on hands-on teaching. To mitigate the impact on student education, anaesthetic departments had to rapidly develop new learning environments. At Rotherham Hospital a novel virtual learning environment was developed to provide education within a COVID secure manner.

Methods:

Medical students from the University of Sheffield were invited to attend a virtual anaesthetic session in the undergraduate medical education centre at Rotherham Hospital. Approval from the trust and patient consent were secured to livestream a perioperative journey. Multiple iPads were positioned on wheeled stands within the theatre to capture real-time anaesthetic and surgical interventions. Students were situated in a lecture theatre where a facilitator was able to provide context and discussion around the livestream.

Discussion:

During the pandemic virtual learning became the new ‘norm’ for most medical students. This novel method of teaching undergraduate anaesthesia combined virtual and traditional teaching methods to provide students with the opportunity to experience events that otherwise were not accessible. Similar methods have been successfully used for postgraduate regional anaesthetic teaching[2]. This technology enabled rare events to be experienced by many students. Feedback highlighted the importance of the session facilitator for their learning, with them being able to mitigate limitations of sound quality due to the PPE worn by theatre staff. Although a virtual learning environment can provide a platform for undergraduate medical education it is unable to substitute fully the experience that can be gained in the clinical environment.

References:

1. Papapanou M, Routsi E, Tsamakis K, Fotis L, Marinos G, Lidoriki I, Karamanou M, Papaioannou TG, Tsiptsios D, Smyrnis N, Rizos E, Schizas D. Medical education challenges and innovations during COVID-19 pandemic. *Postgraduate Medical Journal*. 2021. doi: 10.1136/postgradmedj-2021-140032.
2. Ramlogan RR, Chuan A, Mariano ER. Contemporary training methods in regional anaesthesia: fundamentals and innovations. *Anaesthesia*. 2021. doi: 10.1111/anae.15244.

POSTERS FOR DISPLAY

20. Regional Anaesthesia In Welsh District General Hospitals

Dr R Hryniv CT2 (speaker), Dr L Chan CT3, Dr A Funnell Consultant Anaesthetist
Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board.

Introduction:

Erector spinae plane (ESP) blocks and catheters are a relatively safe and effective regional technique for patients with rib fractures which can pose a high risk of morbidity and mortality.1 ESP blocks also form part of the Plan A blocks2 so are important to be familiar with given the increased focus on regional anaesthetic techniques in the 2021 curriculum. In our health board, which is composed of three district general hospitals (DGHs), enquiry has shown low experience with ESP techniques. Issues raised included lack of familiarity and difficulty in maintaining competence due to infrequent training and practice opportunities.

Methods:

We facilitated a hands-on session using a pig's back carcass which allowed supervised practice of scanning, needle placement and catheter insertion into the ESP. This was supplemented with a memory aide detailing the vital points in safely performing ESP blocks and siting ESP catheters.

Results:

Eleven anaesthetists took part in our most recent session and provided feedback. There were 4 consultants/SAS grades, 2 ST3-7 grades and 5 CT1-3 grades. In the preceding 6 months, 7 attendees had no experiences with single shot ESPs, and 9 had no experiences with siting ESP catheters. Average confidence in the cohort increased from 2.1/10 to 6.1/10 for the single shot ESP technique and from 1.2/10 to 5.5/10 for the catheter siting technique. The average score for the usefulness of the provided memory aide was 8.9/10. Recurrent practical teaching sessions and easily available memory aides were anticipated to be helpful in increasing confidence to administer these techniques by 11/11 and 10/11 attendees respectively.

Conclusion:

Following success in two of our board's DGHs, we plan to extend this session to the third acute hospital and repeat this training at regular intervals in order to maintain technical skills, familiarity and confidence.

References:

1. Williams A, Bigham C, Marchbank A. Anaesthetic and surgical management of rib fractures. BJA Education. 2020;20(10):332-340.

2. Turbitt L, Mariano E, El-Boghdadly K. Future directions in regional anaesthesia: not just for the cognoscenti. Anaesthesia. 2019;75(3):293-297.

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POSTERS FOR DISPLAY

21. Bite-Size Teaching For The Initial Assessment Of Competence (IAC) Period

Natasha Jacob ACCS Ct 2, Dr Omar Jundi : Anaesthetic and ICU consultant**,** Bradford Teaching Hospitals NHS Trust

Introduction: During The IAC period for 2021 at BRI, it became apparent that the educational output of the anaesthetic department needed increasing, due to the reduction in clinical exposure as elective activity reduced during the pandemic.

This is where 'bite-size teaching' was introduced. I aimed to have several 1-hour teaching sessions each week. This was to help facilitate some of the new concepts to 'novice' trainees, myself included.

Methods: Teaching covered the period of **23/08/2021- 10/10/2021.** 15 topics were covered during this period with bite-size learning, fitted around 10 topics already arranged by the anaesthetic department.

A timetable was developed ensuring a mixture of physiology, pharmacology, and physics.

The sessions were mainly lecture-based, with one practical skills session.

Results: There were 8 'novice' IAC trainees at our institution this year. Feedback was collected after 9 of the 15 sessions. Trainees were asked how they felt, on a 5-point scale, from 'strongly agree' to 'strongly disagree', on the following statements:

The teaching relevant to my practice

The teaching was it interesting

The teaching was it well taught

The teaching has made me more confident.

At the end of this teaching programme a final survey was submitted to the trainees.

Overall: 77% of the trainees agree, and 19% strongly agree with the above. In the final survey,

100% said a suitable number of topics have been covered for the IAC period, and that their confidence has improved thanks to this teaching.

Conclusion: The results of our post-session feedback and the final survey support the efficacy of our bite-size teaching programme. It was considered by trainees to be both relevant and helpful, making trainees feel more confident in this difficult initial period. The department aims to continue with this format of teaching for novice trainees going forward.

This presentation has not been submitted or presented anywhere else

POSTERS FOR DISPLAY

22. Multi-Disciplinary Simulation Of Theatre Emergencies

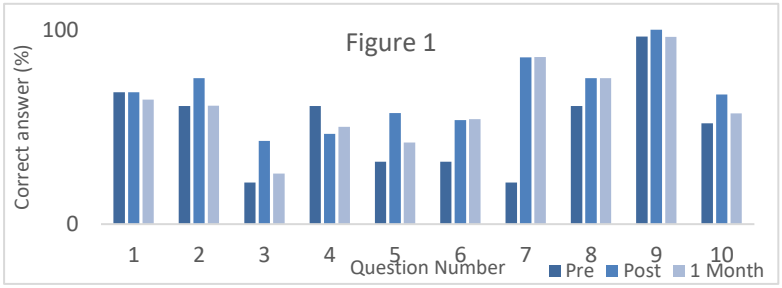
Dr Rakesh Khunti *(Clinical Fellow/CT3 Anaesthetics, Warwick Hospital, South Warwickshire Foundation Trust),* Dr Jonathan Finnity *(Speaker, Clinical Fellow/CT3 Anaesthetics, Warwick Hospital, South Warwickshire Foundation Trust),* Dr Rama Natarajan *(Consultant Anaesthetist, Warwick Hospital, South Warwickshire Foundation Trust)*

Introduction: The benefit of multidisciplinary simulation for technical and non-technical skills has been demonstrated (1) along with an improvement in patient outcomes (2). With recent changes in surgical theatre environments and also many newly qualified and re-deployed staff there's unfamiliarity with local emergency procedures. These sessions attempt to address these training requirements.

Methods: Two half day sessions were held in September and November 2021 with 27 and 28 attendees respectively. The participants were included anaesthetic operating department/scrub/recovery practitioners, clinical support workers and novice anaesthetic trainees. The faculty consisted of an anaesthetic consultant, anaesthetic/simulation clinical fellow and two clinical skills staff. The simulation took place within a surgical theatre using a high-fidelity simulation manikin (SimMan3G). The scenarios were important anaesthetic or surgical emergencies. The candidates completed a pre, post and one month follow up questionnaire consisting of six questions on a likert scale assessing non-technical skills followed by factual short answer questions.

Results: There was a significant improvement in the likert scores between the pre and post questionnaire for team working (3.4 Vs 4.1, p 0.002) and prioritisation (3.7 Vs 4.1, p 0.03) with no difference in team leadership, communication, situation awareness or decision making. There was an improvement in the factual question scores between pre and post questionnaires however at the one month follow up approximately 50% of the questions were scored close to prequestionnaire levels (figure 1).

Discussion: The results indicate that the sessions had a beneficial impact on the candidates' non-technical skills and knowledge base with regards to local and national management protocols. These benefits appear to be waning with time. This could demonstrate the requirement for more frequent training to ensure skill and knowledge levels are maintained. We aim to have surgeons and consultants from the specialties in future sessions to ensure complete multidisciplinary inclusion.



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1. Tan, SB. et al. (2013). Multidisciplinary team simulation for the operating theatre: a review of the literature. ANZ Journal of Surgery. Vol 84, Issue 7-8, 515-522.
2. Sevdalis, N. et al (2012) Improving patient safety in the operating theatre and perioperative care: obstacles, interventions, and priorities for accelerating progress. British Journal of Anaesthesia. 109 (S1): 3-16.

POSTERS FOR DISPLAY

23. Ultrasound Guided Cannulation QIP Abstract

Ed Knights CT2 Anaesthetics Mid Yorks Hospitals Trust

Background:

Cannulation is the most frequently performed invasive procedure in hospitals worldwide and is a vital skill for all anaesthetists. Difficult venous access and its associated complications can prove detrimental to both patient experience and care.
At Mid Yorkshire Hospitals Trust (MYHT) difficulty with gaining venous access is referred to the on call acutes anaesthetic team.

Aims:

Primary aim – To assess workload burden of difficult venous access referred from the wards at MYHT
Secondary aim – Introduce an intervention to help reduce this workload and improve patient care.

Methods:

Initial data was collected for all cannula calls referred to the acutes team from 2/9/2020- 31/10/2020.
A survey was distributed to all foundation doctors to assess their experience with difficult cannulation.
After analysis of the first data set an USS guided peripheral venous access teaching course was developed and delivered to foundation doctors.
Following delivery of the teaching course further data was collected for all cannula calls between the 15/6/2021- 03/08/2021 to assess if improvement had been made.

Results:

43 cannula calls were received in the initial 8-week period with 94% successfully sited by a member of the anaesthetic team (58% required USS guidance).
40 foundation doctors responded to the initial survey with 93% reporting difficulty with cannulation on an average shift.
36 foundation doctors attended the USS guided cannula course with 97% stating they felt more confident with the technique following the teaching.
21 cannula calls were received in the second 8-week period, over a 50% reduction.

Conclusion:

Difficult venous access is a frequently encountered problem at MYHT.
Foundation doctors positively received the USS guided teaching course and a reduction in cannula calls was seen following the teaching.
The USS teaching sessions have continued to be delivered to foundation doctors at MYHT with scope to widen the programme.

POSTERS FOR DISPLAY

24. Improving Undergraduate Airway Teaching Using Simulation-Based Mastery Learning

Loh D (Medical Student) *speaker; Tait J (Anaesthetics Teaching Fellow); Ruscitto A (Anaesthetics Registrar); Fettes P (Consultant Anaesthetist)

Introduction: Studies have shown that Simulation-based Mastery Learning improves; time to effective bag/mask ventilation,[1] success of advanced airway placement and retention of airway skills in medical students.[2]

Objectives: Evaluate undergraduate medical student understanding of airway management after implementation of Mastery Learning Airway Teaching at Dundee University.

Methods: This cross-sectional quantitative research study distributed a phase-one anonymous questionnaire to 4th & 5th year *(n=356)* Dundee University medical students. This questionnaire contained Likert scored and extended response questions. The data was analysed using statistical and thematic analysis. After implementation of Mastery Learning Airway teaching, a phase-two questionnaire was distributed to a focus group of Year 4 students receiving this updated teaching from January to April 2022.

Results: The first survey had a 6% response rate. Results were underpowered but thematic analysis showed strong patterns of student requests e.g. more equipment, focused resources, and more time practicing procedures. This resulted in development and implementation of the Mastery Learning Airway Teaching package (reading material, video and simulation session) based on the DAS postgraduate material developed here in Tayside.[3] After implementation, 18 students were selected with 89% survey completion. This workshop was the first formal airway teaching for 75% of surveyed students. Student's knowledge across airway learning outcomes was evaluated both before and after delivery of this Mastery Learning Airway Session (Figure 1).

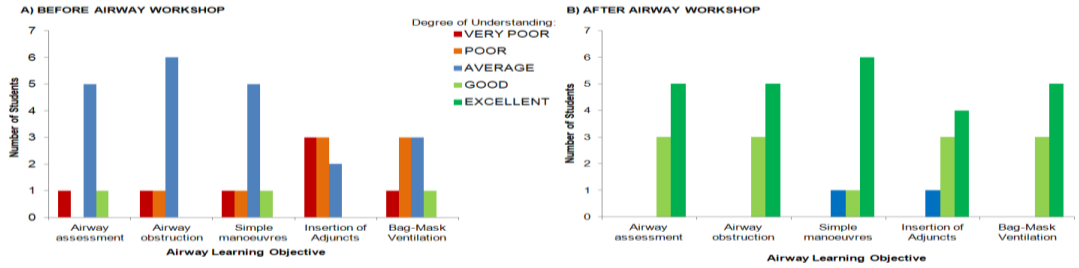

Figure 1. Degree of understanding of Airway Teaching Objectives Before (A) and After (B) delivery of Mastery Learning Airway Workshop.

Conclusions: Initial evaluation of medical students' experience of Airway Teaching at Dundee University identified areas for improvement which included increased duration of practical sessions with improved equipment/resources. This feedback, alongside increased evidence for mastery learning in novice airway teaching[1], resulted in the development of our novel undergraduate airway teaching. Results show its implementation to an undergraduate cohort has proved effective. This teaching is augmented by clinical experience (although difficult to standardise) and requires further evaluation of skill acquisition and retention.

References:

1 Clark C, Mester R, Redding A, Wilson D, Zeiler L, Jones W et al. Emergency Subglottic Airway Training and Assessment of Skills Retention of Attending Anesthesiologists With Simulation Mastery-Based Learning. Anesthesia & Analgesia. 2022;Publish Ahead of Print.

2. McMurray H, Kraemer L, Jaffe E, Raiciulescu S, Switzer J, Dosal G et al. Development of a Simulation Surgical Cricothyroidotomy Curriculum for Novice Providers: A Learning Curve Study. Military Medicine. 2021

3. Fettes P, Crawley S and McGuire B. Difficult Airway Society (DAS): Introduction to Airway Management.Tayside Mastery Learning Programme.
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https://das.uk.com/files/2020/page/Tayside%20Mastery%20Learning%20Programme%20combined%20final-Aug26.pdf

POSTERS FOR DISPLAY

25. Electroconvulsive Therapy: Improving The Teaching Of The Multi-Disciplinary Team

R Lovett (SAS 'CT3 top up'), P Purewal (ST3), K Morrison (ST3), E Horne (Psychiatry Charge Nurse), L Carragher (Consultant) St John's Hospital, Livingston

Introduction: Electroconvulsive therapy (ECT) has long been recognised as an effective treatment option in cases of severe depression, catatonia and other psychiatric conditions, but it is still regarded by some as a controversial therapy. National audits in the 1990s by both Royal Colleges of Anaesthetists and Psychiatrists demonstrated the need for improvements in the training and provision of ECT within the UK [1]. In Scotland, 210 patients continued to receive ECT during the Covid-19 pandemic in 2020, undergoing 2711 treatment episodes [2]. Despite the many improvements in the last 20 years, there continues to be a considerable gap in some healthcare professionals' knowledge of this treatment. Restrictions to training opportunities have also occurred due to the pandemic. This quality improvement project was undertaken to investigate current understanding of ECT within our hospital and to ultimately inform staff of the actual ECT process in a modern setting, despite ongoing Covid-19 restrictions.

Methods: A short survey was conducted across the multidisciplinary team (MDT) involved in the care of patients undergoing ECT. The survey was composed of ten questions, a mix of multiple choice, Likert scale and free text, rating knowledge and experience of ECT. A training video, demonstrating a real ECT patient's journey was piloted to a small group. A further survey, assessing feedback on the video, was then undertaken.

Results: The table summarises the results:

Pre-educational video survey					
Respondents by job title (N=61)		Involved in ECT (%)	Training received to date		Want more education (%)
			No training (%)	Training (%)	
Nurse	27	89	30	70	67
ODP	7	100	0	100	86
Consultant	11	91	9	8	55
Nursing assistant	5	100	80	20	80
Trainee anaesthetist	5	100	20	80	100
Student nurse/ODP	4	75	50	50	75
CSW	2	100	0	100	100

Post-educational video survey				
Respondents by job title (N = 18)		Involved in ECT (%)	Better informed post video (%)	Comments
Trainee anaesthetist	8	61	94	Really insightful for patients & familes.
Consultants	3			Good overview of the procedure
Trainee psychiatry	3			Relevant for all members of MDT
Student Nurse/ODP	3			Including the patient interview was great.
Nurse	1			Not better informed of procedure but was from patient/relative perspective.

Figure 1. Pre- and pots- video survey results

In summary, the video was well received with multiple positive but also useful constructive comments.

Discussion: Despite multiple improvements in our hospital in ECT provision and staff training, our survey provides evidence that knowledge and experience remain suboptimal. The informational video feedback demonstrated that more training would be well received, such that his video will now be incorporated into a more structured teaching programme for all staff and students involved in ECT.

References:

1. Editorial. Anaesthesia and electroconvulsive therapy (ECT). Anaesthesia 1998; 53: 615 -617.
Scottish ECT Accreditation Network (SEAN) 2021 Accessed on 13/04/22 Available at:
https://publichealthscotland.scot/media/10034/sean_2021_management_information_report.pdf

POSTERS FOR DISPLAY

26. SCAN ONE, SCAN ANOTHER ONE, SCAN ANOTHER ONE: SONO CLUB AT FRIMLEY PARK HOSPITAL

Jonathan Major[#], ST6 Trainee and Clinical Fellow in Regional Anaesthesia, Frimley Park Hospital
Agata Kapuscinska, Specialty Doctor in Anaesthesia, Frimley Park Hospital
Franklin Wou, ST6 Trainee and Clinical Fellow in Regional Anaesthesia, Frimley Park Hospital

Introduction

Regional anaesthesia is growing as a subspecialty for a host of well-established reasons and its evolving importance is reflected in the Royal College's 2021 curriculum. Trainees' confidence at delivering ultrasound-guided regional anaesthesia is related to their stage of training but is generally patchy. A local survey attracted 14 responses and supported this statement. 'Protected teaching sessions' was the top-requested format of teaching.

Methods

A timetable was curated focusing on 'Plan A' blocks, in recognition of their relative simplicity but high impact[1]. Sessions occurred during established protected teaching time. A one or two-station set-up depended on the availability of the Fellows. The initial session covered basic needling skills and the choice of local anaesthetic agents; subsequent sessions focused on one 'Plan A' block with or without related 'Plan B/C/D' blocks depending on the skill mix of that week's group. After each session, trainees scanned a QR code which linked to a Microsoft Form designed to act both as a record of attendance and as a repository of feedback.

Results

The session's maximised hands-on scanning time to build familiarity and confidence with ultrasound. They also offered an excellent forum for related discussion, including block choice, catheter techniques and troubleshooting partially effective or failed blocks. Between September 2021 and January 2022, 9 sessions were run covering all 'Plan A' blocks at least once, each one attended by an average of 7 trainees. An overall star rating was requested (1 star = rubbish, 5 stars = excellent) with a mean rating of 4.9.

Conclusion

Sono Club has been met with widespread praise within the department, reflected in formal and informal feedback. It has contributed to the successful application to the Deanery for a large grant to procure new ultrasound machines, dedicated for use by the Regional Fellows and for teaching and training purposes.

References

1 Turbitt LR, Mariano ER, El-Boghdadly K. Future directions in regional anaesthesia: not just for the cognoscenti. *Anaesthesia*. 2020; 75(3):293-297

27. Peer Mentoring Scheme For New International Medical Graduates

Neethu Billy Graham Mariam, IMT1 Doctor, Sujesh Bansal Consultant Anaesthetist, Chetan Gupta, Consultant Paediatrician, Georgia Tingle[4], Amy Oliver, Locally Employed Doctors Hub, Cassandra Ng, Consultant Geriatrician, Manchester University NHS Foundation Trust

Introduction:

Over 50% of doctors joining the GMC register are new International medical graduates (IMGs). IMGs may lack adequate information about UK clinical practice as well as social and legal aspects[1], particularly during the initial part of their working life[2]. The Peer Buddy Scheme, which runs across the Manchester Foundation Trust (MFT) hospitals, is a programme that was commenced in order to support IMGs.

Methods:

A survey of new IMGs working at MFT found that 60% had not received formal support from a peer, yet >90% felt this would be helpful. Hence, a Trust-wide 'Peer Buddy Scheme' was initiated to address this need. New IMGs employed by MFT were matched to a Peer Buddy (a mentor) based on country of origin and/or specialty and/or area of work within the Trust. This is a rolling programme, and thus far 67 IMGs have been paired with mentors since its launch in August 2021. Subsequently, we surveyed mentors and mentees for feedback.

Results:

13 responses were received from mentees and 10 from mentors. Topics discussed include local knowledge of the Trust, social issues including accommodation, HR aspects, career progression and specialty training. 58% of IMGs were contacted prior to arrival in the UK, 8% within the first week, 17% within 2 months and 17% within 6 months. 90% of interactions took 15-30 mins and 10% <15 mins. 80% of mentors felt confident with supporting mentees and 90% reported that they would mentor again. Overall, 75% of IMGs found it useful having a Peer Buddy.

Conclusions:

Preliminary results suggest that the Peer Buddy scheme to support IMGs has been successful. In order to improve the programme, we are using feedback to design and deliver dedicated teaching to future mentors. We will continue to evaluate and reform the scheme.

References:

1. Slowther A, Lewando Hundt GA, Purkis J, Taylor R. Experiences of non-UK-qualified doctors working within the UK regulatory framework: a qualitative study. J R Soc Med. 2012 Apr;105(4):157-65. doi: 10.1258/jrsm.2011.110256. Epub 2012 Mar 9. PMID: 22408082; PMCID: PMC3343706.

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POSTERS FOR DISPLAY

28. How Was the Top-Up Year Incorporated into the Junior Doctor Rota At Rotherham Hospital

Dr B Marshall (Senior Clinical Fellow, RDGH), Dr A Colhoun (Consultant Anaesthetist, RDGH)

Introduction: As part of the Royal College of Anaesthetists (RCOA) 2021 curriculum change it was predicted there would be a significant number of doctors who needed to obtain stage 1 competencies outside an official training programme. A feasibility project was conducted to see if Rotherham was able to offer these posts.

Methods: The first step was to identify the average number of clinical training days, considering on-call commitments, annual leave and (estimated) study leave. 102 days per annum.
Once the expected competencies were published by the RCOA in March 2021 (see Table 1), we identified how this could be achieved in our hospital.

Area	Competences needed (according to RCOA)	How will this be Achieved?
POM	Increased POM exposure required e.g. attendance in clinics, greater knowledge of guidelines	Plenty of POM clinics without trainees, easy to attend CPEX
Regional	Minimal change from 2010 Confidence in simple US guided blocks	Should have enough exposure to US guided blocks from ACCS however could be put in trauma/any UL list if deficient
Resus / transfer	Minimal Change Inter-hospital transfer	Should have enough from ACCS or get ample numbers of transfers from on-call duty
Sedation	Minimal Change	
Pain	Minimal change	Should have enough from ACCS
ICM	6 months of total ICM time	Will have a lot of experience of ICU as 2OC however an additional three months placement would be needed
Emergency	Greater exposure to ASA 1-3 for **emergency** anaesthesia	Would need dedicated time in emergency theatres. Exposure to this on-call
Obstetrics	Able to be first on-call for labour ward dealing with ASA 1-3 parturients	Will need dedicated time on labour ward for teaching lists as well as on-call provision
Obese/Frail/Elderly	Greater exposure to obese, frail and elderly patients	Unlikely to be an issue given the demographics of Rotherham as long as adequate time in emergencies and general lists
TIVA	Confidence with TIVA	Not a problem in Rotherham given how many of the consultants do TIVA as first line
Paediatrics	Greater exposure and confidence with children 5 and over for non-complex surgery	Likely to be the most difficult to achieve (1 x list per week, some ENT/ OMFS lists with regular paeds, 1 x regular eye list.)

Table 1: RCOA domains and plan to achieve competence

We also recognised the need to gain experience in non-clinical training for stage 1 sign off including: research, quality improvement, teaching, and clinical governance. Fellows were given dedicated administration time. Soon after starting, we understood that there was ample capacity for multiple fellows.

Results: One non-trainee has already been signed off and all other non-trainees are well on the way to completing stage 1 equivalence.
The fellows have spent a lot more time on ITU than originally planned due to COVID and therefore the separate ITU block was not needed. The provision of second-on-call duties (obstetric and ICU) is now covered by two doctors resulting in adequate exposure to obstetrics anaesthesia.
Furthermore, through a pragmatic approach and dedicated teaching lists for fellows the accumulation of the required competencies has been straightforward.

Discussion: As a fellow this was my first foray into management and service provision. Prior to conducting this project, I had little idea of how much organisation is needed to incorporate significant change.

This has been a successful project and all the clinical fellows are likely to be in a position where they achieve the competencies prior to ST4 recruitment.
References: RCOA CT3 equivalent training guidance. https://rcoa.ac.uk/documents/ct3-equivalent-training-guidance/introduction

POSTERS FOR DISPLAY

29. Foundation Years Medical Education Project: Anaesthetist Lead Training in Managing Acute Pain And The Deteriorating Patient On The Wards

Kate R Millar (Speaker), Charlotte Brathwaite-Shirley, , **Elinor Charles[a], Victoria Bion,** Anaesthetic trainees (CT2, ST3) **Anu Dixit,** Foundation Year 2 Doctor **Asootosh Barry** Anaesthetic Consultant, Queen Elizabeth Hospital, Woolwich, London

Introduction: Deterioration of unwell patients and prescription of analgesia commonly fall to the newly qualified foundation doctor[1,2]. We recognise that as anaesthetists we have skills and experience in these areas which should be used to support the training of these doctors.
We aimed to establish whether analgesia prescribing and managing the acutely unwell patient are areas that would benefit from targeted teaching for foundation doctors, and then deliver teaching sessions addressing knowledge gaps.

Methods: In January 2021, two questionnaires were distributed to foundation year doctors in one hospital. This assessed current knowledge, level of confidence, prior teaching and what they would like covered in a teaching session on prescribing analgesia and managing unwell patients. Two one-hour teaching sessions were delivered to cover the knowledge gaps identified. Feedback assessed the confidence levels, effect on clinical practice and suggested improvements for future sessions, which was used to develop the programme for the following year.

Results: Despite 74% of foundation doctors prescribing analgesia at least every day, 23.5% felt 5/10 or less confident in their ability to prescribe analgesia. Only 61% felt at least 7/10 confident in recognizing an unwell patient and only 54% felt at least 7/10 confident in managing an unwell patient. We found an increase in average confidence of junior doctors across all domains following the teaching sessions (Figure 1). This was reproducible the following year.

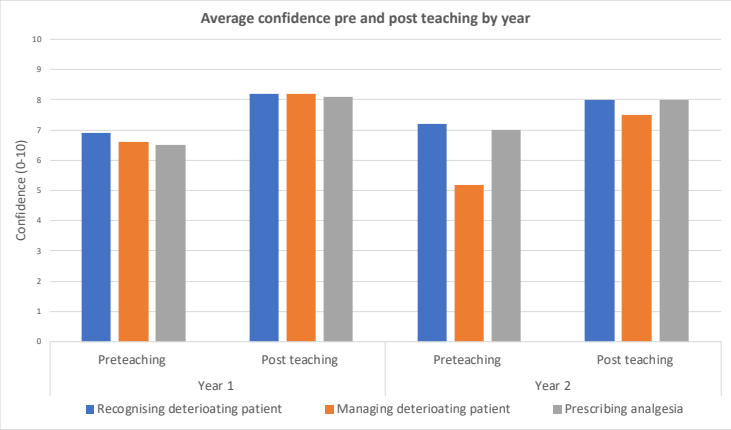

Figure 2: Average confidence pre and post teaching sessions by year

Discussion: Through teaching sessions, we demonstrated an increase in the confidence level of foundation doctors in both analgesia prescribing and managing the acutely unwell patient. This has resulted in a sustainable change in the form of anaesthetist lead training being added to the local foundation teaching programme. Our aim is that by improving the confidence of junior doctors in managing these common clinical scenarios, we improve patient care.

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2. Healthcare Safety Investigation Branch. HSIB Report: Recognising Responding Critically Unwell Patients. 2019;(May).

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POSTERS FOR DISPLAY

30. Was The Covid Pandemic A Good Thing?

Hazel Owston, ST6 Anaesthetic Trainee, The Walton Centre, North West Deanery
Martina McMonagle ST7 Anaesthetic Trainee, Liverpool University Foundation Trust, North West Deanery

Introduction: In Mersey, there is an educational meeting held alternate months – the Post Fellowship Meeting (PFM). From summer 2020, we organized four diverse meetings with local, national and international speakers on a new virtual platform. Feedback suggested trainees appreciated working from home, enjoying the variety of topics and speakers. As we headed into summer 2021, we wondered if trainees would want to attend the PFM in person again.

Methods: We conducted a questionnaire asking trainees about virtual versus in-person learning, with 25 responses.

Results: The positives of a virtual environment were highlighted, including watching recordings (52%), flexibility (60%) and increased productivity (72%). 30% said they found in-person learning more interactive. Over 70% would enjoy meeting up with colleagues. This resulted in almost all (88%) of trainees wanting to move to a hybrid platform in the future. No-one wanted to go back to face-to-face learning only.

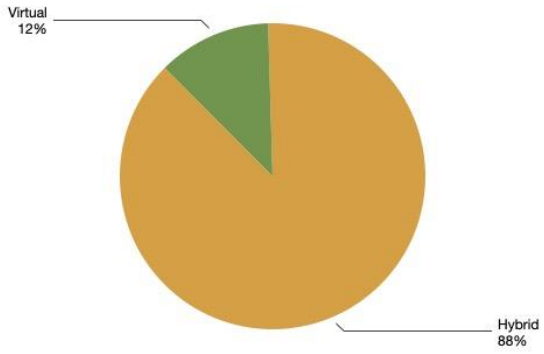

Figure 1 Percentage of respondents who favoured a return to face-to-face teaching versus online only versus a hybrid approach.

Discussion: Prior to March 2020 the PFM took place in person at a local hospital. Covid has challenged this conventional method of teaching. Reflecting on these results, the pandemic may ultimately improve the teaching experience. Trainee and clinician wellbeing is important and may be benefitted by offering a more flexible way of learning and teaching. A hybrid method would allow trainees to be given the choice of where they best learn and offer an opportunity to gain CPD points at a later date. Should an in-person event be deemed unsafe, it can be changed to a virtual online platform, such as the Annual Congress in September 2021(1). Although many are looking forward to returning to a 'pre-covid' era, perhaps we can move forward from this pandemic armed with educational tools to provide a new and diverse way of learning?
Reference:

1. Association of Anaesthetists. Annual Congress 2021. 2021. https://anaesthetists.org/Home/Education-events/Find-an-event/Annual-Congress-2021 (accessed 09/02/2022)

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POSTERS FOR DISPLAY

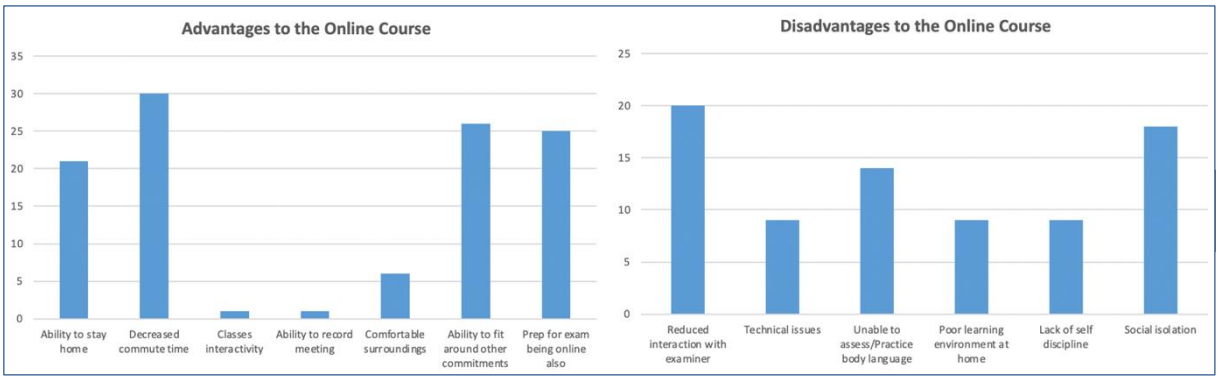
31. Learner Perspectives On Transitioning To A Virtual Course Format

M Raja, A Sadeghi, N Bhudia (speaker ST7), C Daniels. Work carried out as part of the North West London School of Anaesthesia

Introduction: The Imperial Final FRCA Viva Course started in 2010 to provide peer and consultant led face-to-face final FRCA viva preparation. The covid pandemic significantly disrupted medical education and examinations worldwide. With the sudden change in exam format from in-person to online, we rapidly adapted our course, transitioning to a virtual format using Zoom with multiple breakout rooms.

Methods: We conducted a survey of candidates undertaking the virtual course, covering four exam sittings, to understand how it was received. Consent for use of answers in research was gained.

Results: Of 37 responses, 95% were very satisfied with the online format; the main advantages comprising decreased commute times, ability to fit the course around other commitments and preparation matching examination format. Important disadvantages ranked by candidates encompassed reduced examiner interaction, social isolation, and inability to practice body language. Importantly 27% of candidates felt less included with the online format and 19% felt less well able to participate due to either physical or mental reasons. Two candidates commented that they felt, going forwards the course format should mirror the exam format set by the Royal College of Anaesthetists.



Conclusions: We believe online courses can provide numerous advantages to candidates from all disciplines, however the negative psychological impact, technical considerations, and potential limitations of assessment (body language, visual demonstrations etc) cannot be discounted. [1,2,3] With courses, conferences and exams now returning to in person formats, perhaps a hybrid format will allow a balance of the factors considered above.

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3. Idris F, Zulkipli IN, Abdul-Mumin KH, Ahmad SR, Mitha S, Rahman HA, et al. Academic experiences, physical and mental health impact of COVID-19 pandemic on students and lecturers in health care education. *BMC Med Educ* 2021; **21**(542). https://doi.org/10.1186/s12909-021-02968-2

POSTERS FOR DISPLAY

32. Improving Non-Technical Skills In Damage Control Surgery

Sarah Rehman ST7, Ethlinn Nia Patton, Lisa Victoria Wee Consultant
Manchester Royal Infirmary Hospital, Manchester University NHS Foundation Trust.

Introduction:

Damage control surgery (DCS) in major trauma is a dynamic evolving situation which can be stressful for all multidisciplinary staff. Non-Technical Skills (NTS) have a key role in coordinating interventions efficiently, which underpins success. Although Snap brief (abbreviated WHO checklist) and Sit Reps (situational reporting) have been used in other major trauma centres (MTC), our MTC has no validated communication tools. We set out to implement these in DCS by simulation of all multidisciplinary teams (MDTs) as recommended by NHS guidelines for major incidents.

Methods:

Different simulation scenarios of DCS in major trauma were created and shared with the theatre staff. The staff were encouraged to use Snap brief and regular Sit Reps as the main forms of communication. We allowed for feedback and system checking to give staff the opportunity to be involved in progression of the communication tool and we adapted accordingly.

Results:

Prior to introducing the communication tools, delays were seen due to duplication of WHO checklists, inability to recall data and noise levels in theatre. Following analysis of feedback forms and simulations, we adapted our communication tools. The Sit Rep and Snap briefs provided silence in theatre for a concise and efficient handover between MDTs and documentation of data.
To consolidate and educate further, a multidisciplinary DCS video with Snap brief and Sit Reps was constructed. This has been published trust wide to improve adherence and ultimately communication in these highly stressful scenarios.

Discussion:
Advancement in use of NTS in major trauma have shown to improve outcomes [2].
Communication tools are required to effectively coordinate interventions by MDT during DCS. Following introduction of Snap brief and Sit Reps during simulation, we have implemented a dynamic protocol to aid communication between staff, thus, improving quality of care.

Acknowledgements:

This work has also been submitted to the Associations of Anaesthetists.

References
[1] S Groves, K Willett. NHS Clinical guidelines for major incidents and mass casualty events. Version 2. September 2020; IMED/4.
[2] P.F Stahel, L Cobianchi, F Dal Mas et al. The role of teamwork and non-technical skills for improving emergency surgical outcomes: an international perspective. Patient safety in surgery 16. February 2022.

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POSTERS FOR DISPLAY

33. Improving The Perioperative Pathway Of Patients With Diabetes Undergoing Surgery A QI Project

Dr Shalini Saini (SAS Doctor), Dr Tomide Owomoyela, Dr Anand Kulkarni, Prof Edward Jude

Tameside & Glossop Integrated Care NHS Foundation Trust

Background: Over 323,000 operations take place in the UK each year in Diabetic Patients, accounting for 15% of all operative procedures. This group continues to have a longer length of stay and higher rates of adverse postoperative outcome. As per 2019, National Diabetes Inpatient Audit (NaDIA), Our Trust currently operates below the bench mark (Staff knowledge & patients' ability to take control of their diabetes) [1]. Length of stay for elective diabetes patients in Our Trust was 0.36 day above the national average. CPOC 'Guidelines on Perioperative Care for People with Diabetes Mellitus Undergoing Elective & Emergency Surgery' released in March 2021[2].

Methods: Data was collected prospectively in Diabetic patients undergoing elective surgery between 1st to 30th September, 2021. Pregnant, paediatric and non-elective patients were excluded. Patient characteristics and information relevant to perioperative management was collected and analysed against CPOC recommendations.

Results:

Characteristics of study subjects. Values are given as mean or n (%)	
n	27
Age	69 (49-89)
BMI	30.4 (18-38.8)
ASA 1	0
2	14 (51.8%)
3	12 (44.4%)
4	1 (0.037%)
DM 1	1 (0.037%)
2	26 (96.2%)
Preop HbA1C <69 mmol/L	22 (81.5%)
>69 mmol/L	5 (18.5%)
Fasting > 10 Hrs	15 (55.5%)
Not first on list	20 (74%)
WHO Checklist Completed	27 (100%)
Anaesthetic Technique	
GA	15 (55.5%)
Other	12 (44.4%)
CBG Not Measured	
Intraoperatively	12 (44.4%)
Postoperatively	4 (14.8%)
Duration in Recovery	
<1 hr	20 (74%)
>24 hr	1 (0.037%)
Postoperative Diabetes Management Plan	
As per Protocol	21 (77.7%)
No Plan Identifiable	6 (22.2%)
Discharged	
Day Care	18 (66.6%)
Ward	8 (29.6%)
HDU	1 (0.037%)

Conclusions: Compliance with CPOC guidelines was variable with some evidence of good practice and some requiring further improvement and education. To improve delivery of care in this group of patients, Perioperative interventions were recommended including introduction of Individualized Perioperative care plan for Diabetic Patients, Flash Cards designed for glycaemic management, development of Trust Guidelines for perioperative Diabetes management. Emphasis on Teaching and training of nursing staff and educating patients about perioperative journey and Diabetes management.

References:

1. National Diabetes Inpatient Audit. NHS Digital, 2019
2. Guidelines for Perioperative Care for People with Diabetes Mellitus Undergoing Elective And Emergency Surgery, CPOC,2021

POSTERS FOR DISPLAY

34. Oxytocin Dose In LSCS: Are We Giving More Than Needed?

Dr Shalini Saini (SAS Doctor), Dr Deepak Rangappa, Tameside & Glossop Integrated Care NHS Foundation Trust

Background:

Oxytocin is routinely given as an uterotonic drug following delivery of neonate during caesarean section. There is considerable variation in the dose of Oxytocin used in Caesarean delivery (CD). Over the years, numerous articles have been published recommending a lower dose of Oxytocin with minimal side effects. Based on scientific evidence, we suggested the introduction of lower dose of Oxytocin in CD.

Methods:

We carried out a literature search on the dose of Oxytocin being used for CD. To gather more information on this subject, we carried out a region wide short survey.

Results:

We received 71 responses from the survey. Out of these, 62 respondents worked regularly in Labor ward. Nearly 10% anaesthetist mentioned the use of either 2IU or 3IU in CD as a first and as a second dose of Oxytocin. However, the majority of anaesthetist still use 5IU. Sadly, 43% of anaesthetists mentioned that there is no protocol for the dose of Oxytocin in their department. Results of this survey and scientific evidence was presented in the Divisional Meeting of the Department and to other stakeholders.

Conclusion:

Trust Guidelines have been modified to a lower dose of Oxytocin in Elective CD. New dose of Oxytocin has been introduced in Elective CD, which is 3IU. A repeat dose 3IU can be given if there is inadequate uterine tone. Hence, a change in clinical practice has been introduced to improve patient care.

References:

1. Baliuliene, V. Prophylactic Dose of Oxytocin for Uterine Atony during Caesarean Delivery: A Systematic Review. Int. J. Environ. Res. Public Health 2021, 18, 5029.
2. Heesen et al. | Consensus statement on uterotonic agents during caesarean section Anaesthesia 2019, 74, 1305–1319.

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POSTERS FOR DISPLAY

35. Managing The Aftermath Of Death In Theatre: Introduction Of A Simulation-Based Workshop In A Tertiary Hospital

Dr Sreyashi Sen (ST7 Anaesthesia and speaker), Dr Tamer Abouzied (ST7 Anaesthesia), Dr Olga Plotnikova (Cons Anaesthetist). Leeds Teaching Hospitals NHS Trust

Introduction: A catastrophic event in theatre causes significant effect on professional and personal lives alongside a lasting psychological impact[1]. The anaesthetic curriculum emphasises on teaching early identification and management of critical incidents. However it does not incorporate formal training on managing the aftermath of an unfortunate and unexpected death.

Method: We conducted an online survey of anaesthetic trainees across all grades to assess this deficit in training and necessity to bridge the gap. Among forty respondents, three had received formal training and 73% agreed they would benefit from a simulation training to empower them in dealing with such events better. We organised a simulation workshop as a pilot event with six trainees. An advert was emailed and places booked on first come basis. The course was held over half a day. Consultant colleagues with experience in medicolegal procedure volunteered to facilitate the workshop. The programme constituted a simulation scenario with candidates participating as a group. This was followed by a discussion on the procedures to be undertaken, process of debrief, writing a medicolegal statement, encountering the coroner's inquest and ensuring psychological wellbeing.

Result: Pre and post course feedback collected showed an increase in the mean score of the group on a scale of 1 to 10 by 4 and 5 points for confidence and knowledge respectively in managing a similar situation in real life.

Conclusion: Incidence of death under anaesthesia is a rare event occurring 1 in 100000 general anaesthetics[2]. The feedback demonstrated the lack of formal training and importance of simulation which can be used as an effective educational tool to navigate this challenging situation under a controlled environment and allow better preparedness for an unfortunate event in future.

References

1. White, S. M. (2003). *Anaesthesia* volume 58, issue 6, P515-518 2003 DOI: 10.1046/j.1365-2044.2003.03241.x
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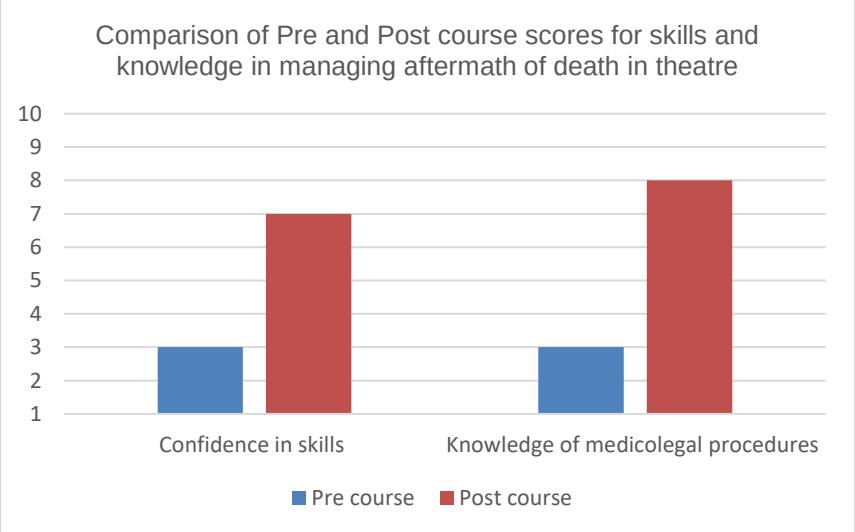

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POSTERS FOR DISPLAY

36. An Audit Of Anaesthetic Supervision

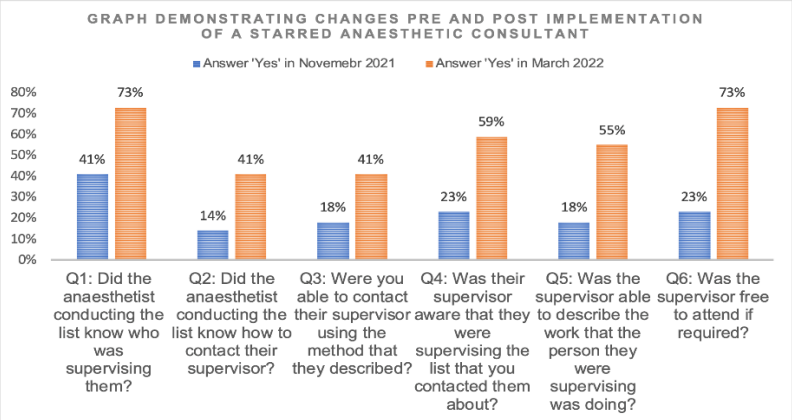
Dr Oliver Smith, Anaesthetic CT3, Wrexham Maelor Hospital. Never previously presented.

Introduction: In 2019 the Royal College of Anaesthesia (RCoA) published guidelines for the provision of anaesthesia services (GPAS) stating all patients undergoing an anaesthetic are under the care of a consultant anaesthetist. In situations where the trainee or staff grade and specialty (SAS) anaesthetist is supervised by an anaesthetic consultant they should be aware and available to attend the list they are supervising. It is the responsibility of the non-consultant anaesthetist to know their supervisors identity, location and how to contact them (1). This came from the coroner's verdict following the death of Frances Cappuccini, where the supervision arrangements, with respect to the anaesthetist, were undefined and inadequate.

Method: The RCoA advised an audit using 3 questions for the trainee/SAS grade and 3 questions for the supervisor that reviewed GPAS requirement compliance (2).

This was first audited in November 2021, and results used to demonstrate the requirement for a starred consultant independent of other duties which was implemented in January 2022. In March 2022 the cycle was re-audited.

Results: 22 supervised anaesthetic lists were audited in each cycle and presented graphically below.



Discussion: On 11 of the 22 sessions, on the second cycle of auditing, there was no starred consultant because of inadequate staffing or used to cover absence on other theatre lists. The starred consultant role was criticised because of lack of requirement and therefore a wasted expenditure but key in patient safety. The starred consultant could be found out by the non-consultant using an online rota but this was often not done. A baton bleep for the starred consultant would allow the method of contact to be simpler than the current individual bleep system.

Conclusion: The implementation of the starred consultant did align the department closer with GPAS guidelines, but more changes are required before standards are met.

References: 1. Chapter 3 Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Anaesthesia Services for Intraoperative Care 2019. (n.d.). [online] Available at: https://www.rcoa.ac.uk/sites/default/files/documents/2019-11/GPAS-2019-03-INTRAOP.pdf.

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POSTERS FOR DISPLAY

37. Knowledge Of Interaction Of Sugammadex And Hormonal Contraception Amongst Anaesthetists In Nine East London Hospitals

Sousi E (ST6), Tribe I., Milovanovic Z., Mulchandani H. Pramitha Chinduluri
Homerton University Hospital NHS Trust

Introduction: Sugammadex is a modified gamma-cyclodextrin used for the reversal of the neuromuscular blockade of rocuronium or vecuronium. It also binds to progesterone with high affinity, as such, may interfere with hormonal contraception. A single dose of sugammadex is equivalent to one missed dose of the oral contraceptive pill and reduced efficacy of other hormonal contraceptives for 7 days. This has significant implications with the risk of unintended pregnancies.

Methods: An online anonymous questionnaire was distributed from November 2021 to January 2022, to the anaesthetic departments of nine East London based Hospitals. The questions explored the use of sugammadex, knowledge of its interaction with hormonal contraception, and patient counselling practices.

Results: There were 167 participants of which 56% were Consultants and the rest were anaesthetists of all grades. 92% agreed to using sugammadex within their clinical practice but only half (52%) were aware of its interaction with hormonal contraceptives. More importantly, only 25% reported that they would routinely inform patients of childbearing age using hormonal contraception that they had received the drug and the need to take extra precautions. On asking when the best time to counsel patients would be, 32% felt after surgery, 41% before surgery and 27% felt both before and after surgery.

Discussion: Despite the widespread use of sugammadex, only a minority of anaesthetists appear to be discussing the potential risk of contraceptive failure following the administration of the drug. This questionnaire has highlighted not only the lack of awareness regarding the interaction amongst anaesthetists, but also the need to improve consistency in fully informing patients. We have since delivered education to staff at our local anaesthetic department and created a patient information leaflet to support the patient counselling process. We hope to audit the use of the leaflets to further improve the communication with patients.

References:

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2) Bailey CR. Sugammadex: when should we be giving it? Anaesthesia 2017; **72:** 1170-5

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POSTERS FOR DISPLAY

38. Virtual pOSCEs: The Low Cost, Accessible Revision Tool That Is Here to Stay!

Dr L E Stephenson, ST3 Anaesthetic Trainee, Leeds Teaching Hospitals NHS Trust. Yorkshire and the Humber Deanery.

Introduction: Practice OSCEs (pOSCEs) are a commonly used revision tool for trainees approaching a high-stakes OSCE assessment[1]. POSCEs for the Primary FRCA OSCE moved to virtual delivery during the pandemic in response to the RCOA's pivot to virtual assessment[2].

Existing literature exploring perceptions of pOSCEs overlooks postgraduate trainees' experiences, neglects to explore providers' decision-making, and lacks critical and detailed evaluation. Furthermore, virtual OSCE research focuses on how to conduct the OSCE without understanding its value or potential influence post-pandemic[3].

Methods: I conducted virtual semi-structured interviews with Primary FRCA pOSCE providers and Anaesthetic trainees who attended virtual pOSCEs during the pandemic. Interviewees were asked about their motivations in seeking or providing virtual pOSCEs and their virtual pOSCE experiences. I transcribed the audio interview recordings verbatim and analysed the data using thematic analysis.

Results: Trainees and providers positively perceived the virtual pOSCEs. Trainees seek pOSCEs that simulate the actual exam and reassure them of adequate performance before summative OSCEs. Trainees valued suggestions for quick wins over detailed feedback.

FRCA pOSCE opportunities remain limited despite high demand. Course cost and location can deter trainees from taking up pOSCEs. Trainees seek courses that are low cost and accessible.

Discussion: POSCEs which simulate the summative OSCE are highly valued revision opportunities for anaesthetic trainees. Trainees' desire for less detailed feedback reduces demand for resources to upskill examiners, keeping running costs low. Trainees and providers prefer the convenience of virtual pOSCEs and are prepared to compromise on other design features in favour of virtual provision.

With virtual learning becoming the 'new norm', the benefits of virtual pOSCEs in revision have become apparent. The virtual pOSCE could be the perfect low cost, accessible solution to trainee revision needs, even when the exam is no longer online.

References

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2. RCOA 2020. *Summary of changes to the delivery of FRCA OSCE and SOE.* [Online]. [Accessed 23 March 2022]. Available from <https://www.rcoa.ac.uk/documents/taking-osce-soe-online-guidance/summary-changes-delivery-frca-osce-soe>
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This study formed part of Master's in Clinical Education research undertaken at the University of Leeds, supervised by Dr A Ledger. It will be presented at a university clinical education networking event on 27th April 2022. Other findings have been submitted to the RCOA College Tutor's meeting 2022 as an abstract.

POSTERS FOR DISPLAY

39. eLearning: Bridging A Knowledge Gap In Perioperative Care

Dr Clementine Stubbs, ST6 anaesthetics trainee, University Hospitals Birmingham - speaker
Dr Katie Ramm, ST5 anaesthetics trainee, University Hospitals Coventry and Warwickshire
Dr Paul Hughes-Webb, Consultant Anaesthetist, South Warwickshire NHS Foundation Trust

Introduction: The traditional model of multidisciplinary healthcare can give rise to silo-working and prevent knowledge sharing between groups.[1] Different goals and cultures emerge; the team no longer works cohesively and misinformation is perpetuated. Interprofessional Education is essential in breaking down educational silos, with translation of shared learning into cohesive service delivery being key to the future of healthcare.[2]

This project began in South Warwickshire NHS Foundation Trust (SWFT) with a patient awaiting fixation of her fractured neck of femur. Ward staff were unaware of the importance of ensuring that Parkinson's disease medications were given, but certain of the importance of preoperative starvation. Discussion of this educational blind-spot with the perioperative lead for SWFT revealed further unmet learning needs amongst staff. This inspired a project to improve interprofessional knowledge of perioperative care.

Methods: The online training system, Rise, was employed to create highly interactive content with eye-catching infographics, videos and drag and drop tests of knowledge.
The course was designed to be accessible and acceptable to a variety of learners. Basic content is mandatory in order to progress, whilst advanced topics can be bypassed. Links to reference material affords the learner further knowledge if desired.

Results: Data was collected by SWFT's eLearning Developer. The course was first accessed on 6th August 2020 and since then 173 users have engaged with the content.

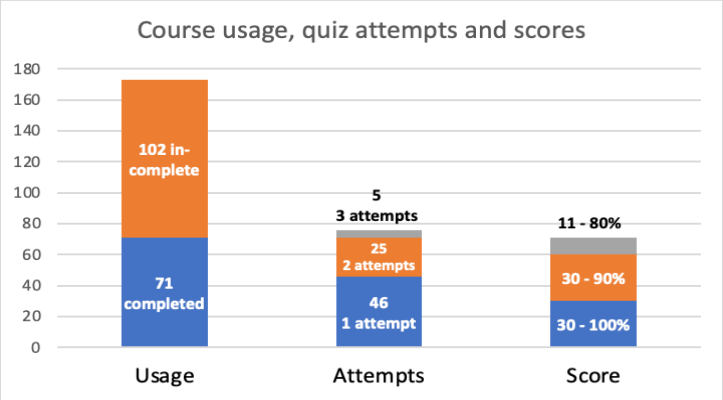

Figure 3: graph showing course usage and completion, number of attempts of the post-course quiz and scores.

Discussion: Students, nurses and doctors of varying grades have accessed the course. 93% of learners passed the post-course quiz, which may indicate successful knowledge acquisition, however more in-depth feedback is needed.

The authors recognise limitations in the delivery and assessment of the eLearning and improvements to this are required. One such update will be the incentivisation of feedback with a certificate upon completion. Feedback will inform future content and delivery to ensure that it remains relevant to the needs of all users.

References

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2. World Health Organization, 2010. Framework for action on inter-professional education and collaborative practice (No. WHO/HRH/HPN/10.3). World Health Organization

POSTERS FOR DISPLAY

40. Level Of Education Of Mothers Regarding Analgesia And Anaesthesia During Delivery

Taylor J, Foundation Year 2 Doctor (Speaker); Alex J, Speciality Doctor Anaesthetics; Chaudhari S, Consultant Anaesthetist. George Eliot Hospital, College St, Nuneaton.

Introduction: Patient education is imperative to allow patients to make informed decisions about their care. Specifically, women should be able to make informed decisions about their care during pregnancy and childbirth. To ensure this, healthcare professionals should provide information regarding their analgesic and anaesthetic options. This should be given early in pregnancy to ensure they have sufficient time to process and consider their options. The Royal College of Anaesthetists (RCoA) recently published an audit recipe book recommending that information about neuraxial analgesic and anaesthetic services should be made available in the early ante-natal period.[1]

Methods: A study was conducted of 100 post-natal patients. BMI, method of delivery, form of education given during ante-natal period and documentation of this were reviewed. Level of satisfaction with the information received was also reviewed.

Results: Overall 63% of women received education regarding analgesia and anaesthesia. Other results are displayed in the table below.

N=100	Received education and what form	Satisfied with education	Would have liked to receive a leaflet	Satisfied with analgesia/ anaesthesia*	Documented
BMI >30 at booking: 30	20 (66%) (W7, V6, B7)	20/20 (100%)	16/23 (69%)	15/16 (93%)	7/20 (35%)
BMI >30 later: 42	24 (57%) (W8, V10, B6)	24/24 (100%)	27/34 (79%)	15/17 (88%)	9/24 (38%)
ELCS: 22	17 (77%) (W5, V9, B3)	16/17 (94%)	11/17 (65%)	7/8 (88%)	7/17 (41%)
EMCS: 23	19 (82%) (W4, V12, B3)	15/19 (78%)	14/19 (74%)	6/8 (75%)	6/19 (32%)
NVD with epidural: 17	9 (52%) (W3, V5, B1)	9/9 (100%)	11/14 (79%)	6/8 (75%)	2/9 (22%)
NVD no epidural: 38	22 (57%) (W0, V10, B12)	21/22 (95%)	20/38 (52%)	24/26 (92%)	0/22 (0%)

*Only 50% of cases were assessed W- Written information V-Verbal information B-Both ELCS- Elective caesarean section EMCS- Emergency caesarean section NVD- Normal vaginal delivery

Discussion/Conclusion: The results show that there are large number of women who are not receiving patient education regarding their 'analgesic and anaesthetic options for delivery' in the antenatal period. They also indicate a high level of demand for more information. The vast majority of pregnant women will not encounter an anaesthetist until labour. Following this study, the authors decided to involve midwives and obstetricians to educate patients regarding analgesia and anaesthesia during early ante- natal period. They agreed to direct the patients to labourpain.com website[2] through recently introduced Badgernet system. This early education during ante-natal period will empower women to make informed decisions during labour.

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POSTERS FOR DISPLAY

41. Delivering A Novel Anaesthetic Teaching Module In A Covid-Safe Environment

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Background

A standardised method of delivery, or even the inclusion of anaesthetic teaching within undergraduate medical curricula appears to lack consensus among both medical schools and literature[1,2]. Despite being a traditionally postgraduate specialty, anaesthetics can encourage broad-ranging skills and attitudes that are relevant to both medical students and newly qualified doctors[3]. Our aim was to pilot an anaesthetic teaching module for undergraduate medical students that was both readily accessible, tailored to their needs and deliverable in a Covid-safe manner.

Method

A needs assessment questionnaire was sent to both qualified anaesthetists and undergraduate students to identify previous knowledge and exposure to the specialty, the appropriate level of training for the module and key learning objectives. 7 online modules utilising Microsoft PowerPoint with audio voice-over including formative pre-and-post knowledge quizzes were then developed and sent out to final year medical students. Core topics included an introduction to anaesthetics, pain management, pre-operative assessment, assessment of the airway, post-operative management, altered mental state and cardiac arrest. These modules were completed remotely and complemented by small-group simulation sessions covering basic airway management, venous access and assessment and management of the unwell patient.

Results

Evaluation of the module was via a Microsoft Forms survey including Likert scales and free-text boxes. Following 12 student responses, the average rating given to the online modules and both simulation sessions was over 4/5 (range 4.17 – 4.7) with particularly good feedback regarding the ‘assessment of the unwell patient’.

Discussion

Teaching of anaesthetic topics and skills are well received among medical students and may provide invaluable skills for their upcoming Foundation years. Using mixed-method teaching including distant e-learning complemented by in-person simulation, allows both improved accessibility for students within Covid guidance, as well as the possibility for standardisation and effective roll-out of such a module across different hospital sites.

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POSTERS FOR DISPLAY

42. Prep4CCT A Course To Improve Transition To Consultant Roles

Dr Carolyn Thomas [1.] (Education fellow and Anaesthetic registrar ST6), Dr Caroline Brown [1.] (Deputy Director of Postgraduate Medical Education and Consultant Paediatrician)

1. Nottingham University Hospitals NHS Trust

Introduction: The transition from registrar to consultant can be challenging with compelling evidence registrars feel underprepared, especially with leadership and management aspects (1). Non-clinical skills are increasingly recognised as key capabilities in undergraduate, foundation and specialty curricula. Trainees and educators already recognise the difficulties of balancing service provision with clinical skill acquisition, and the need to deliver non-clinical capabilities is even harder; barriers cited include time, rotations, and available sessions (2). To address this gap in training Nottingham University Hospitals Postgraduate Medical Education department has developed a new training course, Prep4CCT, for senior registrars.

Method: Prep4CCT consists of 8 sessions over a day delivered by senior board members and senior consultants with a leadership role. A pre-course questionnaire was sent out to establish baseline data including specialty, grade, previous leadership and management experience/training and a series of confidence questions covering key aspects of NHS management, finance and other consultant leadership skills. This was followed by a post-course questionnaire containing the same series of confidence questions to assess the value added by the course.

Results: 19 senior registrars (ST6-8) attended the course with overwhelming positive feedback on utility with 67% very satisfied and 37% satisfied. The course improved registrar self-reported confidence in starting a consultant role from not so confident/somewhat confident border with average score 2.5 to somewhat confident/ very confident border with average score 3.3; an increase of 0.8.

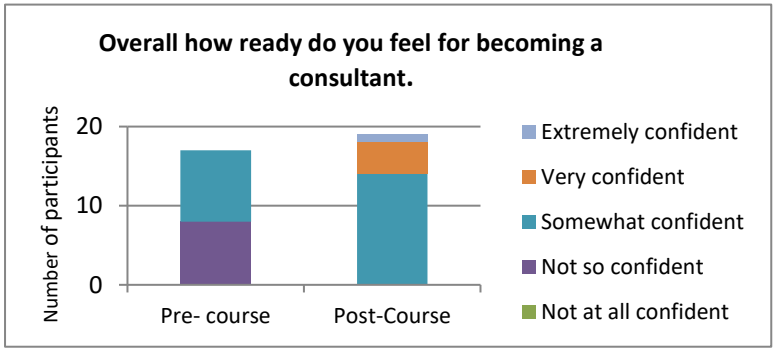

Figure 1. Confidence levels of registrars pre- and post-course.

Discussion

Prep4CCT allowed the registrars to focus solely on leadership and management capabilities to develop their non-clinical portfolios. It provided key management knowledge with signposting to further develop the practical aspects within the Trust, and there was clear evidence of an improvement in self-reported confidence.

References:

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POSTERS FOR DISPLAY

43. Returning To Practice Anaesthesia Following A Period Of Absence Is A Challenging Time For All Grades Of Anaesthetist. Never More So Than In The Midst of a Global Pandemic

Sarah Todhunter, Anaesthetic Registrar, Hannah Wilson, Anaesthetic Consultant, Christina Laxton, Anaesthetic Consultant, Sarah Mortimer, Anaesthetic Consultant, University Hospitals Bristol and Weston NHS Foundation Trust

Introduction: The Return to Anaesthesia course has been running successfully in Severn since 2015. The standard format of this course consists of a series of lectures, workshops and simulation scenarios designed to ease the transition. We were determined to do what we could to safely support those returning to clinical practice during the pandemic.

Methods: In summer 2020 we created the website www.returntoanaesthesia.com . Our faculty recorded refresher lectures and updates in Anaesthesia. We included a dedicated well-being section with a session recorded by a psychologist with specialist interest in doctors returning to practice. We also provided links to the latest COVID guidance, Health Education England (HEE) support and Severn Deanery SuppoRTT. The most popular component of our standard course is the simulation scenarios which are not possible to deliver remotely. Each iteration of the course during this period had a bespoke course timetable to reflect the changing national and HEE guidance.

Results: Over courses in July and September 2020 and January 2021 we hosted a total of 19 candidates with a minimal faculty. In July 2021 we were able to welcome more of our usual faculty, increased face to face content and host a further eight candidates.

Logistical challenges included the venue being reallocated to the vaccination effort a week prior to the course in January 2021 and losing a faculty member to Covid isolation mid course in July 2021.

Discussion: Through innovation and adaptation we have continued to safely run the Return to Anaesthesia Course during the pandemic.

Feedback from candidates has been universally positive. Candidates have been enormously grateful for the course at a uniquely stressful time.

References:

https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/ReturnToWork2015.pdf

www.returntoanaesthesia.com

Thanks must go to the Return to Anaesthesia Faculty, the Simulation Team and Donna Paddon Medical Education Manager at North Bristol NHS Trust and support from the Severn Deanery without whom none of this would have been possible.

POSTERS FOR DISPLAY

44. Ultrasound-Guided Vascular Access: Anaesthetic Sub-Speciality Or Basic Medical Skill?

Dr Komal Verma (Clinical Fellow in Intensive Care and Education), Homerton University Hospital
Presented at the Anaesthetic Specialty Quality and Safety Meeting; Barking, Havering & Redbridge University Hospitals NHS Trust, March 2022.

Rationale: Anaesthetic trainees are often the go-to for difficult intravenous access. However, it is often found that many cannulation attempts by ward doctors have not been performed under ultrasound-guidance (USG). With improved accessibility to ultrasound machines on medical wards, this project looks at training medical doctors will skills to perform USG venous access to (1) reduce the number of attempts to cannulate patients, (2) help medical trainees develop a skill set for daily use, and (3) provide a foundation for learning other more invasive procedures under USG, such as central venous catheter (CVC) insertion.

Method: A half-day teaching session was organised for IMT doctors. The first half of this was a lecture on the physics behind ultrasound, vascular access equipment, and use of local anaesthetics in invasive procedures. Following this, a pre- and post-session questionnaire was distributed to assess IMT confidence regarding performing procedures and knowledge base. 8 IMT doctors at Queen's Hospital, Romford, were included in this initial teaching session in February 2021.

Results: Key findings were 71% increase in average confidence using local anaesthetic to assist with invasive procedures, 2.86x more confident in performing USG cannulation, and 2.5x more likely to attempt USG cannulation prior to contacting the anaesthetic team.

Discussion: The results show an overall increase in confidence regarding USG vascular access post-session. IMT doctors were also more likely to attempt ultrasound-guided cannulation prior to contacting the anaesthetic team. However, this project has not formally investigated a reduction in the number of cannulation referrals to anaesthetics post-teaching. Furthermore, limitations include the small sample population and distribution of pre- and post-teaching questionnaires simultaneously. Future scope for this teaching includes repeating the session for IMT doctors throughout the year, particularly prior to their compulsory ICU placements, as well as inclusion of Foundation Year trainees.

POSTERS FOR DISPLAY

45. Airway Demonstration Videos

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Introduction: In a heavily procedure-driven specialty like anaesthetics, teaching and training has always been hands-on. Recent developments like Covid and a growing interest amongst learners for media focused educational tools, led us to develop a set of airway skills demonstration videos. The positive contribution similar videos have had on timely and proficient airway management skills acquisition amongst medical students and specialty trainees has been well established.[1,2] We postulated that videos demonstrating valuable techniques like the use of ultrasound to identify the cricothyroid membrane, the Bonfils rigid endoscope, and the use of the Aintree exchange catheter for endotracheal intubation would provide the beginning of a useful airway skills library.

Methods: We selected three airway techniques, cricothyroid membrane ultrasound, Bonfils endotracheal intubation, and Aintree exchange catheter for endotracheal intubation. A thorough literature review of their use including multiple approaches was conducted. Manufacturers' recommendations were sought and applied to each demonstration. The scripts were written by the authors with extensive input from the lead airway consultant (SC) at our trust. Each video was then filmed by the medical illustrations videographer, again based in our trust.

Results: The resulting demonstration videos were 5-7mins in length and provided a detailed overview of each technique (table 1).

Technique	Video content detail
Bonfils	• Description of instrument • Indications and contraindications • Retromolar technique • Golecki modification (of retromolar) • Midsagittal technique
Neck ultrasound technique	• Anatomy identification • Longitudinal string-of-pearls approach • Transverse thyroid-airline-cricoid-airline (TACA) approach
Aintree exchange catheter	• Description of exchange catheter • Placement of endotracheal tube using catheter and iGel

Conclusion: The benefit of demonstration video in airway management is well documented.[3] As a tertiary centre for head and neck disease, trainees can often face complex airway challenges out of hours. We have developed these demonstration videos to begin creating a readily accessible and appropriate library to address those trainee needs.

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