



SEA·UK MANCHESTER 2025

28th April 2025, Manchester Conference Centre



Annual Scientific Meeting

“Authenticity and Affirmation in Education”

- Digital Accessibility
- Medical Workforce
- Inclusive Education
- Resuscitation Training
- In-Situ Simulation
- Supporting Learners in Challenging Times
- Remote-access simulation
- Writing for publication
- Education for patients
- Poster presentations
- Trade exhibition
- Three-minute thesis competition



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SEA-UK MANCHESTER 2025

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09:15 Registration

09:45 Introduction and welcome

Session 1: From awareness to action: tackling bias and inequality in clinical education

Chair: Sarah Thornton

10:00 Digital Accessibility

Hannah Thein (Senior Academic Technologist, Warwick Medical School)

10:25 How do we 'level up' our underdoctored areas?

Liz Brewster (Senior Lecturer, Lancaster Medical School)

10:50 Inclusive education for anaesthetists and medical students

Leyla Turkoglu (Resident Anaesthetist, Royal London Hospital)

11:15 Session 1 questions and answers

11:25 Refreshments and poster viewing

Session 2: Collaborate, simulate, resuscitate: the power of simulation in practice

Chair: Cliff Shelton

11:45 Excellence in resuscitation teaching

Patricia Conaghan (Educator, ALS Group and European Resuscitation Council)

12:10 Getting the best from in-situ simulation

Kirsty MacLennan (Consultant Anaesthetist, St Mary's Hospital, Manchester)

12:50 Session 2 question and answers

13:00 Lunch and poster viewing

Includes AGM (13:00-13:20) for SEA-UK members

14:00 Keynote: How to help learners meet their goals in challenging times

Martin Minich (Consultant Anaesthetist, University Hospitals Coventry and Warwickshire)

14:30 Prize talks (10 min x 3)

Chair: Cliff Shelton (Scientific Officer, SEA-UK)

15:00 Refreshments and poster viewing

Session 3: Go big! Education for a wider population

Chair: Cyprian Mendonca

15:25 Virtual Anaesthetics: how to do simulation from... anywhere!

Kate Wainwright (Resident Anaesthetist, Wythenshawe Hospital)

15:50 Dissemination in education: what makes a good educational report?

Susannah Patey (Editor, Anaesthesia Reports)

16:15 Surgery School: patient education for improved outcomes

Imogen Fecher-Jones (Advanced Nurse Practitioner & Research Fellow, University Hospital Southampton)

16:40 Session 3 question and answers

16:55 Presentation of prizes and closing address

Welcome Message from the Organiser

Sarah Thornton, Cliff Shelton & Kate Wainwright



We are delighted to welcome you to sunny Manchester for the 25th Annual Scientific Meeting of the Society for Education in Anaesthesia. This year we are looking at authenticity and affirmation in education. 'Sounds great! But what do you mean by that?' I hear you cry.

For the first time the latest GMC workforce report shows over 50% of doctors are female and more than half come from ethnically diverse backgrounds. Our programme reflects this changing landscape, both in the speakers we have invited, and the topics we will discuss. We are talking about how to make the education we provide relevant and inclusive for all doctors and medical students, ensuring we provide a workforce for the future, one that is ready to work in under-doctored areas.

As educators we continually want to grow and develop, and we will be hearing from Hannah Thein on how we can improve our teaching through the use of digital technologies. Not only do we need to improve our ways of educating, but we need to ensure that the doctors we educate are treated fairly and the populations they will serve are catered for, so Leyla Turkoglu and Liz Brewster are going to update us on inclusive education and discuss how we can improve access to skilled doctors, especially in under-resourced areas.

Simulation has always been a favourite within our specialty, but works best when the MDT are involved both as faculty and as participants. Today we have two excellent speakers covering different aspects of simulation. Patricia Conaghan will be discussing excellence in resuscitation training and then Kirsty MacLennan will share some insights on running high impact in-situ simulation involving the MDT.

The keynote is going to be delivered by Martin Mininsh who recently received the President's Commendation for his outstanding and innovative teaching methods as College Tutor at University Hospital Coventry and Warwickshire.

Our final session will give us some new ideas on innovation in education, not just for clinicians but patients too and how we can write a more meaningful educational report.

We are also very grateful to all our sponsors, for their invaluable support in helping to deliver this ASM. Kate Wainwright is going to do an in-situ Virtual Anaesthetics simulation and get you involved. Susannah Patey will tell us all how to get published! Finally, Imogen Fecher Jones is going to show us how better education of patients leads to better outcomes.



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Message from the President



I am highly delighted to welcome you to Manchester to participate in the 25th Annual Scientific Meeting of the Society for Education in Anaesthesia. It is an immense pleasure to extend my warm welcome to past Presidents of SEA UK on this special occasion of celebrating the Silver Jubilee. 25 years ago, the Society was founded with a clear and passionate vision: to champion excellence in anaesthesia education, to support and inspire educators, and to foster a collaborative community dedicated to lifelong learning.

Dr David Greaves served as founding President and Professor Chandra Kumar served as founding Secretary. The Society has been inspirational in developing excellence and innovation in the field of education.

Through collaboration with the Association of Anaesthetists, the Royal College of Anaesthetists, and other organisations SEA UK has continued to deliver educational activities across the nation. Through educational grants, SEA UK strongly encourages research and quality improvement projects in education. Annual essay competitions have motivated resident doctors and medical students to develop an interest in education. Over the years, we have grown in numbers and a steadfast commitment to educational excellence has continued.

This year, the 25th ASM is taking place in Manchester, a vibrant city in northwest England. Manchester is well known for leading in educational technology and modern teaching methods. It is a great opportunity for networking of like-minded anaesthetists with an interest in education. The conference theme is authenticity and affirmation in education. An excellent programme been put together by local organisers, Professor Cliff Shelton, Dr Sarah Thornton and Dr Kate Wainwright. ASM provides an opportunity to learn from leading speakers on tackling bias and inequality in clinical education, role of digital accessibility in learning and teaching, getting best out of in situ simulation and publishing educational projects. Also, we can hear about tips on how to help our resident doctor to learn at a challenging time.

This year, we have received a good number of abstracts on educational projects and research reflecting the educational interest amongst our resident doctors. The top seven abstracts have been selected for oral presentation and there are 36 poster presentations. I am sure these abstracts will form a good foundation to develop further research in the delivery of education.

I wish to thank all SEA UK council members and the SEA UK administrator for their ongoing support in organising this scientific meeting and delivering SEA UK activities. We are also grateful for all our sponsors at this meeting, their support is highly appreciated. We sincerely thank local organisers, Professor Cliff Shelton, Dr Sarah Thornton and Dr Kate Wainwright who have been working tirelessly in organising this ASM. Have an enjoyable day, learning and sharing your experiences in the field of education.

Professor Cyprian Mendonca

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Meet the Speakers



Hannah Thein is an experienced Senior Academic Technologist at Warwick Medical School, where she has spent over four years enhancing educational experiences and improving academic processes. With a Master's degree in digital transformation from Stockholm University, Hannah specializes in integrating digital strategies that support both faculty and students. Before joining Warwick Medical School, Hannah worked in the central Academic Technology team of the University of Warwick and before that in the government and non-governmental sectors, where she focused on creating rich and inclusive learning experiences, optimising and digitising organisational processes and fostering collaborative environments. Her work involves engaging with diverse teams, leading initiatives to streamline operations, and driving innovation through effective change management. This people-centric approach allows Hannah to effectively support and guide the Warwick Medical School community in navigating the digital landscape, ensuring that technological advancements are driven by the needs and goals of educators and learners alike.



Dr Liz Brewster is a Senior Lecturer in Medical Education at Lancaster University Medical School. She currently leads the NIHR-funded research project, Mapping underdoctored areas: the impact of medical training pathways on NHS workforce distribution and health inequalities. Her research examines the intersections between medical workforce, access to healthcare and quality of care. She previously worked in medical education and healthcare research at the University of Leicester



Dr Leyla Turkoglu BA LLB MBBS FRCA

Dr Leyla Turkoglu is an anaesthetic resident working in North London. Her professional interests are education, improving access to medicine, and paediatric anaesthesia.

She was an honorary teaching fellow at UCL Medical School for a number of years, teaching on how to improve healthcare for LGBTQ+ patients, and being an inclusive doctor.

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Meet the Speakers



Patricia Conaghan is a Senior Lecturer in Adult Nursing, University of Manchester. Patricia Conaghan is a Senior Lecturer in Adult Nursing at the University of Manchester with extensive expertise in resuscitation education. She served as the former Co-Chair of the Science and Education Committee for the European Resuscitation Council, demonstrating her leadership in the field. Her career includes roles as an Educator for the Resuscitation Council UK (RCUK) and Advanced Life Support Group (ALSG), as well as the European Resuscitation Council. She has written extensively on education in resuscitation and is a co-author of the European Resuscitation Council Guidelines on Education in Resuscitation.

Patricia's contributions to nursing education and resuscitation training have helped shape best practices and educational standards across Europe. Beyond her academic and professional achievements, Patricia holds a Guinness World Record!



Dr Kirsty Maclellan graduated from the University of Birmingham in 1999. She initially entered internal medical training, attaining her MRCP. Following anaesthetic training in the North West, she was appointed as a consultant anaesthetist with specialist interest in head, neck and obstetric anaesthesia at Manchester University NHS Foundation trust, in 2010.

Kirsty is active in medical education, having held a number of roles including College Tutor, Training Programme Director and Associate Director of Medical Education. She has published and contributed to a range of anaesthesia books, including *Core Topics in Obstetric Anaesthesia*, *Decision making and Simulation in Obstetrics*, *Maternal Acute Illness Management* and *Handbook of Clinical Anaesthesia*. She has a particular interest in simulation and patient safety.



Martin Minich is a consultant anaesthetist working in Coventry, with an interest in regional anaesthesia, non-theatre anaesthesia and education and training. Martin has been an educational supervisor, college tutor and is currently a training programme director. Martin is speaking about some practical approaches to helping learners meet their training goals in challenging times.

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Meet the Speakers



The Society for Education in Anaesthesia UK



Dr Kate Wainwright is a Resident doctor with the Northwest School of Anaesthesia and is currently undertaking doctoral research at Lancaster University. Combining her experience as a trainee and a passion for programming and creative design, Kate has been collaborating with Lancaster University to develop innovative, interactive virtual simulation resources. Her work focuses on creating effective, sustainable, scalable learning opportunities and providing accessible simulation.



Imogen Fecher-Jones is an Advanced Nurse Practitioner who has led the Perioperative Medicine Programme at University Hospital Southampton since its inception in 2014. She is currently undertaking a doctoral fellowship funded by in part by the National Institute of Academic Anaesthetists. Her research interests are preoperative education, behaviour change and prehabilitation.

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Meet Our Past Presidents



Professor Chandra M. Kumar: A Founder and Leader of SEAUK

The Society for Education in Anaesthesia UK (SEAUK) was established in 2000 as a non-profit educational organisation dedicated to advancing anaesthesia education. Its core objectives include:

- Enhancing the skills of anaesthesia educators.
- Keeping educators informed about new technologies and educational methods.
- Providing strategies to improve the recruitment, training, and evaluation of anaesthesia trainees.
- Offering techniques to enhance medical student rotations in anaesthesia departments.
- Organizing meetings and seminars tailored to the needs of anaesthetists.

Dr David Greaves served as the founding President of SEAUK until March 2005. Professor Chandra M Kumar, consultant anaesthetist, at James Cook University Hospital, Middlesbrough, served as the founding Secretary until March 2005 and later as President from 2005 to 2008.

Professor Kumar organised the inaugural National Annual Conference in Middlesbrough on November 16-17, 2000, featuring invited speakers from the Society for Education in Anaesthesia (SEA, USA), including Dr. Mike Olympio and Dr Berend Metts. This annual scientific meeting continues to be held in various locations across the UK.

During his presidency, Professor Kumar maintained the SEAUK website and secured the organisation's charitable status. Concurrently, the Royal College of Anaesthetists (RCOA) established its Institute of Education and appointed an Education Director, facilitating collaboration between SEAUK and the RCOA. Mr. David Bowman from the RCOA joined the SEAUK council, enabling SEAUK to contribute to the RCOA's educational strategies.



Dr Alison Cooper - Past President SEAUK, Retired Consultant Anaesthetist

In December 1999, I was invited to join the inaugural committee for SEAUK, founded allegedly as a result of a discussion one night in a pub. The first meeting was held in Newcastle in April 2000, organised by David Greaves, who was the first president, ably assisted by Chandra Kumar. It was the first UK medical society devoted to teaching and learning in a specialty and was founded and run by real enthusiasts. It was a pleasure to join, and I enjoyed enormously the fresh approach to teaching in the workplace, the "can do" attitude and the opportunity to rethink and challenge how to support the professional development of all anaesthetists.

As a council member I was involved in organising meetings, designing and delivering workshops and later held the posts of Treasurer and then President. From the beginning there was a strong emphasis on collaboration and ensuring everyone was welcomed and valued as members. Time to network at meetings was seen as equally as important as formal sessions and we actively promoted teaching in small groups and encouraged debate and challenge.

As President I was involved in collaborating with a wide range of other organisations and individuals outside the specialty and indeed outside of the medical profession, inviting contributions to inform a wide debate. SEAUK members were engaging and enthusiastic participants and also guided and informed choices with active feedback. I learnt so much and continued to run workshops until I retired. I thoroughly enjoyed my time with the Society. Training anaesthetists is not an ivory tower job. Every anaesthetist in clinical practice has a vital role to play in creating and supporting a good learning environment. As SEAUK celebrates its first 25 years, I am delighted to see that the enthusiasm and energy to support the original aims of the society remains as strong as ever.

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Meet Our Past Presidents



Dr Janet Barrie became president in March 2016 following on from the very big shoes of Alison Cooper and Teresa Dornan. Membership continued to thrive and we continued to run the annual scientific meeting, although one was severely disrupted by the 'beast from the east'. We also continued with regular editions of the newsletter and articles in the RCoA bulletin. Much of my time as president was involved in the nitty gritty of running the society: redrafting the governance manual, ensuring compliance with GDPR and organising the SEAUK archive. We increased the diversity of the committee with additional seats for trainees, including one for a pre-fellowship trainee and another for locally-employed doctors. We began to offer small research grants (although applicants were few) and travel grants (much more popular). We re-established our role on the CPD committee of the RCoA and the National Institute for Academic Anaesthesia. We also assumed

responsibility for the Anaesthetists as Educators Advanced ES course with the course lead being invested in the SEAUK president. This re-established a formal link between SEAUK and the Anaesthetists as Educators programme, which started as an SEAUK initiative but which diverged over time. We also ran ad hoc workshops on wellbeing, covering resilience and mindfulness.

I was generously and ably supported by the committee members and Cath as administrator - thank you. I passed the baton to Sue Walwyn in 2019 and continued to support her as immediate past president for a further 12 months.



Dr Sue Walwyn is a consultant anaesthetists at Mid Yorkshire NHS Teaching trust. She has been involved in education since the year dot having completed a diploma in post graduate education, and has had various roles including supervisor, college tutor, TPD and RA. As president of SEA UK she was fortunate to work with dedicated educationalists who currently run SEA UK, including the current and outgoing president, Dr Cyprian Mendonca. Currently working very closely with the RCOA in the role of lead RA and chair of the Development and Innovation group as part of the Portfolio Pathway Executive committee

Whilst not at work Sue is happiest walking and travelling.

Manchester 2025

Oral Presentations



1. How to Set up an Obstetric Regional Teaching Programme to Ensure Equal Educational Opportunities for Anaesthetic Residents Across the North West Deanery

Bryony Patrick¹, Amr Shaaban², Khaled Mohamed³, Danielle Eusuf⁴

Anaesthetic resident, North West School of Anaesthesia
 Anaesthetic consultant, Royal Oldham Hospital, Northern Care Alliance NHS Foundation Trust
 Anaesthetic consultant, North Manchester Hospital, Manchester University Foundation Trust
 Anaesthetic consultant, Wythenshawe Hospital & St Marys Hospital, Manchester University Foundation Trust.

Anaesthetic residents complete their Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) during stage 1, after 12 months of anaesthetic training¹. This is often residents first exposure to obstetric anaesthesia, and poses new challenges due to the physiological changes which occur in pregnancy and time pressured clinical situations. Informal feedback from residents revealed that obstetrics teaching was variable between delivery units. After setting up a local structured IACOA educational programme at Wythenshawe Hospital with excellent feedback, we expanded this, so all residents could access it across the entire North West deanery.

Residents learn from different teaching and learning techniques², so we aimed to set up a programme which used a variety of educational methods including virtual live presentations, group peer led discussions and face to face simulation sessions. The IACOA teaching programme runs over 9 weeks, which residents completing their IACOA module attend each week during their supporting professional activities (SPA) time.

Each week covers a different key area in obstetrics anaesthesia, including management of obstetric surgical cases, labour analgesia and anaesthetic emergencies. Over the last 3 cycles, live virtual tutorials received an average feedback score of 4.8/5 for presentation and 4.6/5 for content. A peer led group discussion called 'learning through challenges', allows residents to discuss cases they have seen.

The programme concludes with a full day face to face simulation workshop, where residents get to use their new clinical knowledge and skills to run through common clinical emergencies on delivery suite. Residents scored this session 5/5, and their confidence level for starting obstetric on-calls improved from 2/5 to 3.9/5 after the simulation day.

This IACOA teaching programme ensures that all residents receive consistent educational opportunities in obstetric anaesthesia in the North West deanery, which runs along their IACOA module, allowing residents to build their clinical knowledge alongside their clinical skills.

1. RCOA curriculum 2021. IACOA.

<https://www.rcoa.ac.uk/sites/default/files/documents/2023-11/EPA-3-4-2022.pdf>

2. Challa K T, Sayed A, Acharya Y. Modern techniques of teaching and learning medical education: a descriptive literature review. MedEdPublish. 2021. Jan 21:10:18.

Manchester 2025

Oral Presentations



2. Developing and Delivering a Successful Local Postgraduate Teaching Programme in Anaesthetics: A Decade of Experience from a UK District General Hospital

V. Mahadevan, O. Duffey, K. Roser, J. Blenkinsopp

Introduction: Postgraduate teaching is a cornerstone of medical training; high-quality programs are essential for professional development and workforce retention. Local postgraduate teaching programs are employed to meet educational needs as outlined in the General Medical Council (GMC) capabilities framework (1,2). This study outlines the development of a successful local teaching programme within the anaesthetics department at University Hospital of North Tees (UHNT), which has achieved consistently excellent feedback from trainees since 2012.

Methods: A 9-point framework was created to address three key areas: learner needs, educator engagement and administrative support. Educators were allocated non-clinical teaching time, and a core group of senior anaesthetists received formal pedagogical training. The curriculum cycled topics 6-monthly to align with resident doctor rotations. Alongside core subjects, broader themes relevant to examinations and critical appraisal were incorporated. Simulation-based learning, feedback mechanisms and reliable scheduling were implemented to maximize participation. Quantitative assessment of the program was performed using GMC National Training Survey (NTS) data from 2012 to 2023 (3).

Results: UHNTs local anaesthetics teaching consistently ranked above the national average score throughout 2012–2023 (Fig 1). Furthermore, linear regression analysis demonstrated significant improvement in local teaching scores with a clear trend over the time-period studied ($R^2 = 0.74$, $P < 0.001$). These results place UHNT as the only department in the UK with sustained scores in the top quartile for the entire period under review.

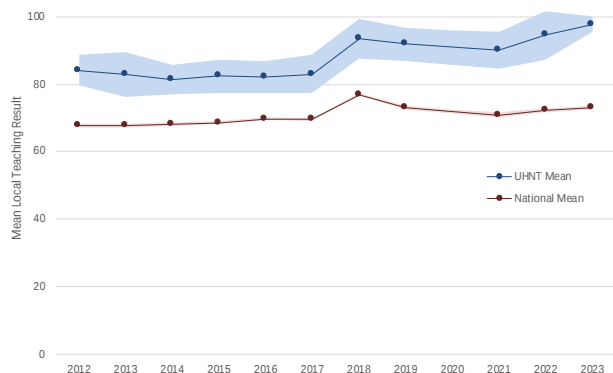


Figure 1: Local teaching feedback scores compared to national means from GMC NTS: 2012-2023.

Conclusions: Structured approaches to developing and delivering anaesthetic teaching at UHNT has created a consistently high-quality learning environment, demonstrated through long-term positive feedback. This success highlights the importance of resource allocation, educator support and curriculum alignment in achieving excellence in postgraduate education. Further refinement and expansion of teaching methods could ensure continued success and further improve trainee experience.

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https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf. Published 2017. Accessed September 24, 2023.

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General Medical Council National Training Survey. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveys-reports>. Accessed February 13, 2025.

Manchester 2025

Oral Presentations



3. A Nationwide Study into the Delivery of Regional Training Days for Postgraduate Anaesthetic Trainees in England

Mitul Patel, Anaesthetics Registrar, Croydon University Hospital (Speaker)
 David Hillier, Anaesthetics Registrar, Queen Elizabeth Hospital, Birmingham
 Lauren Humphries, Anaesthetics Registrar, University Hospitals Southampton
 Thomas Walters, Anaesthetics Registrar, Glenfield Hospital, Leicester
 Jaimin Arya, Anaesthetics Registrar, Leicester Royal Infirmary
 Sarah John, Anaesthetics Registrar, Aintree Hospital, Liverpool

Introduction: Regional training days (RTDs) support postgraduate anaesthetic training in the UK. Practices have anecdotally changed since the Covid-19 pandemic. This project described current practices in RTD delivery amongst English Schools of Anaesthesia and collected trainee and trainer perceptions of RTDs.

Methods: A trainee-led project in 2023-24 collected data regarding administration, content and delivery of RTDs in each School. Structured interviews using multi-domain questionnaires were also conducted with consent amongst trainees, college tutors and training programme directors (TPDs). Interview themes included quality, content and frequency of RTDs, barriers to attendance, suggestions for improvement.

Results: Data were collected from nine Schools of Anaesthesia. 188 trainee (63 Stage 1, 73 Stage 2, 52 Stage 3) and 48 consultant interviews were conducted. 97% of trainees and 90% of consultants considered RTDs important. 29% of trainees stated their department did not organise local teaching.

RTDs were organised by either TPDs (two Schools), designated consultant leads (two Schools), or educational committees with trainee representatives (five schools). Four Schools delivered RTDs mostly in person, with five Schools using a mixture of in person and virtual formats.

The standard of RTDs met expectations of 48% of trainees. 57% of trainees and 79% of consultants felt their School organised enough RTDs. Common barriers to organising RTDs included faculty availability/burnout, whereas service provision limited trainee attendance. Themes for improving RTDs were standardising topics and a more strategic approach to organisation. The preferred mode of RTD delivery was hybrid for 51% of trainees and 60% of consultants.

Discussion: RTD delivery varies considerably between English Schools of Anaesthesia, this project identifies some reasons for this but further work is needed. Consultants report difficulty in supporting RTDs given service pressures. A more strategic approach with inter-School collaboration could assist with sustainable RTD delivery and ensure more equitable educational opportunities for trainees.

Manchester 2025

Oral Presentations



4. Safer Use of Local Anaesthetic: An Educational Quality Improvement Project

Victoria Stokes (ACCS CT4)¹, Matthew Gaines (ST7)¹, Gabby Kurpyte (FY1)¹, Ananya McCarthy (Consultant Anaesthetist)¹ Wythenshawe Hospital, Manchester University NHS Foundation Trust

Introduction: The Royal College of Anaesthetists introduced recommendations following a Regulation 28 Report following a death as a consequence of local anaesthetic systemic toxicity (LAST)¹. Improved pre-operative briefing, intra-operative documentation and pauses prior to administration were advocated². We analyse knowledge of LAST among the peri-operative multi-disciplinary team (MDT) and describe an educational quality improvement project to improve practice.

Methods: WHO briefings were evaluated alongside intra-operative documentation (presence of drug, concentration & volume). A 5 minute session, alongside refreshments, delivered a bite-sized synopsis (tea trolley teaching) on local anaesthetics, recognition of signs and management of LAST to between two and five participants across clinical workplace settings. Additional signposting highlighted further resources. A 10-point Likert scale assessed confidence in identifying and managing LAST prior to and following the integrated wellbeing and education session.

Results; 105 operations utilising LA and 77 WHO briefing boards were evaluated across specialities over 3 days at a single centre. 32 WHO boards contained complete LA information and 16 described none. Correct intra-operative documentation was observed in 97% of cases (n=102). Three cases without utilised a regional block.

57 MDT respondents completed the questionnaire. Prior to the intervention, median confidence in recognition of LAST was 5.0 (IQR 5), improving to 8.0 (IQR 3) afterwards. While, improvements in confidence regarding LAST management were also seen (5.0 (IQR 3) vs. 8.0 (IQR 2)). Both were statistically significant (p<0.001) on Wilcoxon Rank test.

Discussion: Prior to the educational intervention, confidence in LAST recognition and management was low. Improvement following teaching highlights the benefits of informal educational programmes, like tea trolley training. Prior to the next assessment point, an informational bedhead sign (figure 1) has been produced in addition to an online learning module, which we hope further improves confidence and practice.

References: ¹Barlow P. Rachel Gibson: Prevention of Future Deaths Report. Courts and Tribunals Judiciary 2024 [cited 2025 Feb 10]. Available from: <https://www.judiciary.uk/prevention-of-future-death-reports/rachel-gibson-prevention-of-future-deaths-report/>
²RCOA. Response to the Coroner's Prevention of Future Deaths Report concerning Dr Rachel Gibson [Internet]. London: RCOA; 2024 [cited 2025 Feb 10]. Available from: <https://www.rcoa.ac.uk/news/response-coroners-prevention-future-deaths-report-concerning-dr-rachel-gibson#:~:text=The%20coroner%20found%20that%20Dr,Future%20Deaths%20to%20the%20College>

Figure 1



Manchester 2025

Oral Presentations



5. The Design and Development of a Novel Course Teaching Perioperative Echocardiography to Anaesthetists

Dr Carl Evan, East Sussex NHS Healthcare Trust

Background: The use of focussed transthoracic echocardiography (fTTE) has increased significantly in recent years. There are many courses available, but these focus on acute pathology for those working in intensive care and emergency/acute medicine. Whilst there is some overlap, anaesthetists need to know about critical pathology which has the potential to alter their anaesthetic plan and therefore we identified the need for a course which teaches echo in the context of anaesthesia and perioperative decision making.

Methods: A cadre of vascular and cardiac Anaesthetists with a background in echo developed a single-day course, 'BEAT' (*Bedside Echo for Anaesthetists Training*), teaching peri-op fTTE. Delegates spend the day practicing acquisition of 5 standard views, whilst focussing on five common scenarios in which bedside echocardiography can be used to help direct anaesthetic management plans.

Scenarios include: undiagnosed breathlessness (focussing on left ventricular function and features suggesting heart failure), a new murmur (assessing for aortic valve function or mitral regurgitation), post-operative chest pain (assessing for regional wall motion abnormalities), the hypotensive patient (assessing filling status) and the shocked patient (assessing for cardiac tamponade or acute PE).

As well as scanning healthy volunteers we arrange for individuals with known pathology to attend; enabling assessment of candidates and also demonstrating the value of fTTE in real patients!

Results: We have run seven iterations of this course. Candidates ranked their confidence (out of 5) across 11 domains of fTTE before and after attending, with a cumulative increase from 1.4/5 to 3.45/5. Free-text feedback is also requested, and candidates value the small group, scenario-based model of training, where common clinical dilemmas form the basis of teaching.

Conclusion: We suggest that there is a clear need for an echo course with a specific perioperative focus. We are keen to continue to develop 'BEAT' with improvements based on participants' feedback and suggestions.

Manchester 2025

Oral Presentations



6. Reducing Unnecessary Preoperative Blood Investigations in Elective Surgical Patients

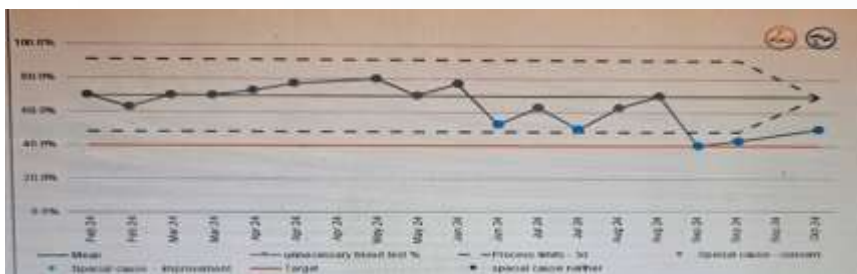
Dr. M. Gudipati (ST6/ Speaker), Dr. J. Johnson, Sr. N. Bateman, Dr. M. Singh, Dr. R. Morse
New Cross Hospital, Wolverhampton

INTRODUCTION: Preoperative investigations in the form of NICE guidelines exist for patients undergoing elective surgical procedures (1). Local audit demonstrated that almost 70% of pre-operative blood tests were performed unnecessarily according to this guidance. The aim of this QI project was to reduce unnecessary blood investigations in ASA I & II patients undergoing elective surgical procedures by 25% in a span of 12 months. Urology, gynaecology and breast disciplines were included in the project.

METHODS: We benchmarked and continually monitored levels of compliance with NICE pre-op blood test guidance, from February 2024 onwards, using fortnightly sample reporting to populate a process control chart. In January and June, teaching sessions for Pre-operative department nurses were conducted on ASA grades and NICE guidelines. Charts were provided which specified type of blood investigations required depending on type of surgery and ASA grading.

RESULTS: In February 24, number of unnecessary investigations was 70%. By September and October 2024, it reduced to 40% and 50% respectively. This reduction saved £6794 per month when extrapolated to all departments including general surgery and orthopaedics, a projected annual saving of £81,528. The reduction in blood tests also generates a decrease in carbon footprint by roughly 0.15 tonne/year through CO2 emission reduction.

DISCUSSION: Literature has shown that 60–70% of laboratory tests ordered before general surgery are not really required (2). The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, physical examination and type of surgery – as outlined in the NICE guidance. Reducing unnecessary blood loss preoperatively is also one of the pillars of patient blood management especially in anaemic patients (3). Quantifying carbon emission reductions also enables this project to contribute to our Trust's emission reduction goals. Sustainability was achieved by reducing consumption of disposable or single-use equipment, recycling and eliminating waste (4).



SPC chart

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Manchester 2025

Oral Presentations



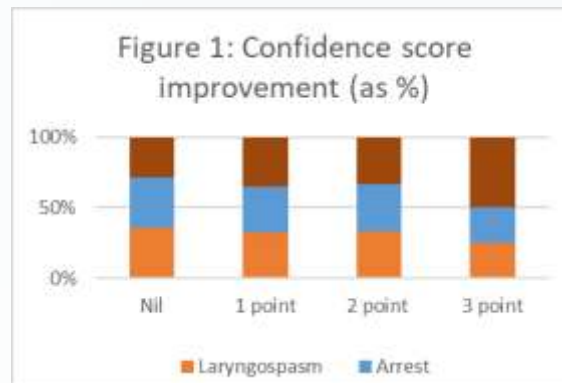
7. Interprofessional Theatre Paediatric Simulation

M.O'Connel (CT4), A.Reszka, A. Jessel - South Warwickshire Foundation Trust

Introduction: The value of simulation training within anaesthetics is well established¹. Yet, in practice, this rarely includes other members of the multi-disciplinary team (MDT) who work alongside us when dealing with the 'real-life' manifestations of these simulation scenarios. MDT simulations provide the opportunity to develop invaluable technical and non-technical skills that improve patient safety outcomes. Within paediatrics, a growing body of evidence suggests that in-situ simulations can improve the response to critically deteriorating patients, significantly improving patient outcomes².

Method: Three high-fidelity paediatric simulations were run simultaneously within the theatre complex. Scenarios covered included – laryngospasm, intraoperative haemorrhage and cardiac arrest. Participants acted within their roles. The scenarios lasted 20 minutes, with a further 10 minutes of feedback and discussion. Questionnaires were distributed before and after the series of simulations.

Results: There were 39 responses. The MDT consisted of anaesthetists, ODPs, clinical support workers and recovery practitioners. 74% had participated in simulation training before. Participants felt more confident managing an adult emergency in theatre (Mean score 3.3/5) as opposed to a routine paediatric case (3.1/5), this fell further for paediatric emergencies in theatre (2.5/5). Figure 1 shows the improvement in confidence scores before and after the three scenarios. Over 73% of respondents agreed or strongly agreed that the session would enhance patient care. Post-simulation feedback frequently referenced practical aspects, such as intra-osseous kits and WETFLAG, and over half of the respondents commented on Improvements in communication and teamwork.



Discussion: This session identified a lack of confidence in managing paediatric emergencies in theatre. The qualitative data collected suggests that in situ MDT simulations such as this are valuable learning opportunities. They also highlight the scope for further improvement, individually and more widely within the department. Given the positive response, further sessions could provide the opportunity to broaden the scope of scenarios covered.

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Manchester 2025

Poster Presentations



1. Improving the Quality and Experience of Anaesthetic Trainee Post-Fellowship Educational Meetings

R. Cassin ST7 (speaker), R. Kainth ST7, N. Kozman Consultant, Mersey School of Anaesthesia

Introduction: Since the pandemic, virtual education has become the norm, however many students have negative perceptions of online learning (1). Educational motivation has been shown to be influenced by external and environmental factors whilst responding to trainees' learning preferences can broaden the appeal of teaching (2). We aimed to evaluate and improve the trainee experience of the educational bimonthly post-fellowship meetings (PFM).

Methods: A survey was carried out by trainees attending PFM in September 2023. Anonymised data was collected using multiple choice and free-text questions. Domains assessed included virtual compared to in-person teaching and preference for location of in-person teaching. Using the results, rather than meeting virtually or in hospital, future meetings were organised in-person and in a non-hospital setting. A second survey using multiple choice and open text comments was completed in May 2024. The data was used anonymously to evaluate the change.

Results: The first survey (33 respondents) demonstrated that 76% prefer to attend PFM in person. All trainees preferred the non-hospital environment. If attending in person, a majority (88%) stated that a maximum of two virtual talks from external speakers were acceptable. Future meetings were held in non-clinical environments (Liverpool Central Library and Duke Street Markets) which were easily accessible by public transport and allowed provision of high-quality catering. Educational programmes were adjusted to include a balance of in-person and virtual speakers. Results from a repeat survey (24 respondents) demonstrated that all trainees felt that the non-clinical setting improved their learning experience, with 70% saying they would be less inclined to attend PFM if in a hospital environment. All trainees now preferred in-person teaching. Open text comments reflected a positive impact on well-being and enjoyment of the meeting.

Discussion: Overall trainees have experienced an improvement in their educational experience and well-being through using an in-person non-clinical environment.

References:

1. Greig PR, Darbyshire JL. Medical educational theory in practice. BJA Educ. 2019 Feb;19(2):40-46.
2. Kojic G, Abazaj E. A cross-sectional study of online learning during the COVID-19 pandemic: Student perceptions. Health Sci Rep. 2024 Mar 13;7(3):e1946.

Manchester 2025 Poster Presentations

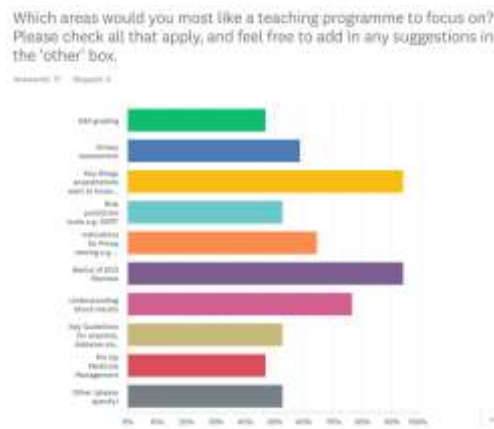


2. Teaching for Pre-Operative Assessment Nurses

Sophia Harrop (CT2 - *Speaker*); Helen Porter (Anaesthetic Consultant + Preoperative Lead; Colchester Hospital).

The preoperative assessment services guidance (GIRFT, 2023) aims to assist in embedding best practice in preoperative assessment processes. This guidance lists establishing a sustainable training scheme for staff in important aspects of preoperative medicine as a key priority. Despite a busy, predominantly nurse led, pre-assessment clinic, no formal teaching exists for the nursing staff. Not only is this not in keeping with GIRFT recommendations, but poses problems for nurses who are struggling to get sufficient CPD points for their revalidation within their job. Our aim is to set up an established teaching scheme for pre-assessment nursing staff.

A survey was sent out to all pre-assessment nursing staff, with 17 responses returned. 100% of respondents felt the addition of regular teaching would be of benefit to their role. Survey respondents voted on areas they would most like teaching to focus on from the GIRFT recommended areas with a space for their own requests (Fig 1.) Figure 1: Survey respondents voting patterns on possible areas for teaching to focus on



A retrospective study of 40 pre-assessment records which included referral from nursing staff to preoperative duty consultant was also conducted. These records were examined to identify themes of subject matter for referral as an indicator of common issues faced. These processes identified areas such as understanding blood results, indications for preoperative testing and 'what anaesthetists want to know' as prime for teaching.

A regular, anaesthetist-led targeted teaching programme has therefore been launched, with initial feedback on the programme being extremely positive.

We aim to create a rotating programme of teaching for clinic staff to be repeated at intervals throughout the year, in order to allow for varying shift patterns. We also aim to create a bank of standardised teaching handouts to accompany these sessions to ensure an established teaching scheme with longevity that is easy for future doctors to continue.

Reference:

Getting it Right First Time (2023): *Preoperative assessment services guidance*

Manchester 2025

Poster Presentations



3. Empowering Locally Employed Doctors: A Blueprint for Transforming Training, Mentorship and Career Pathways in the NHS

Martyna Jankowska (Trust Grade SHO), Chloe Banfield (FY1), Kavya Angel (medical student), Mohan Ranganathan (Consultant Anaesthetist) South Warwickshire University Foundation Trust (SWFT)

Introduction: Locally Employed Doctors (LEDs) are essential to NHS service delivery but often face limited training, unclear career pathways, and insufficient well-being support [1,2]. The 2024 GMC Workforce Report highlights these challenges nationally; however, local data remain scarce. This study explores LED experiences at SWFT, identifying key barriers and proposing targeted interventions to enhance career development and retention.

Methods: A cross-sectional survey of 70 LEDs yielded 39 responses (56% response rate). Data were analysed using descriptive statistics, correlation analysis, and thematic coding. Although a trend was observed linking improved mentorship to higher career satisfaction, the correlation did not reach statistical significance, likely due to the modest sample size. Data collection is ongoing to capture further insights, broaden the sample, and explore variations across different departments.

Results: Fifty-nine percent of respondents rated their access to clinical education as “average” or “poor”. Key barriers included lack of mentorship (54%), lack of opportunity awareness (56%), and workload constraints (46%). Additionally, 56% reported a lack of structured career pathways, while 26% felt unsupported in pursuing further qualifications. Work-life balance was rated “poor” or “fair” by 51%, with heavy workloads (58%) and rota inflexibility (47%) emerging as significant concerns.

Discussion & Conclusion: In response, SWFT will launch a comprehensive LED development programme in April 2025, featuring weekly protected teaching sessions, a formal mentorship scheme, an LED Platform & E-learning Hub, and an LED Committee for ongoing improvements. The programme’s impact will be measured by participation rates, training satisfaction scores, and retention over 12 months. Our findings highlight critical gaps in training and career progression for LEDs at SWFT and offer a scalable blueprint for NHS trusts seeking to boost LED retention, job satisfaction, and workforce integration. Ongoing data collection will further elucidate departmental differences and enhance our understanding of diverse LED experiences.

References:

1. General Medical Council. The state of medical education and practice in the UK 2024.
NHS Employers. Supporting and developing LEDs: Workforce strategies. <https://www.nhsemployers.org/case-studies/improving-experience-leds>

Manchester 2025

Poster Presentations



4. Creation of Paediatric eFONA kits

M.O'Connell (CT4), A.Reszka – South Warwickshire Foundation Trust

Introduction: Although 'Can't ventilate, Can't Oxygenate' (CICO) situations within the paediatric population are thankfully rare, the skills and equipment necessary to perform emergency front of neck access (eFONA) are pivotal to those providing anaesthetic care to children. It has been suggested that a lack of knowledge, standardised procedures and crucially, appropriate, readily available equipment can lead to failed eFONA attempts¹. The Difficult Airway Society (DAS) supports this – stating that there is minimal evidence to support good practice in managing paediatric difficult airways².

Methods: A low-fidelity simulation took place within the theatre complex. Ten anaesthetists in training (AiT) were asked to perform FONA on a model. The time taken to obtain the correct, age-appropriate equipment was measured, as was the time taken to place the endotracheal tube (ETT) in the trachea. The timed simulation was then repeated following the intervention. This involved the introduction of colour-coded wallets containing the age-appropriate equipment needed to perform eFONA. A questionnaire was completed following the simulation. Results: The mean time to gather equipment was 74s, following the intervention, this improved to 31s. Similarly, the mean time to insertion of the ETT reduced to 70s from 167s pre-intervention. Both times more than halved following the introduction of the intervention. The questionnaire revealed 40% of AiTs did not know where the paediatric difficult airway trolley was located. All respondents felt the wallets were valuable, agreeing it would reduce their cognitive burden if they were to perform the procedure.



Figure 1: The intervention

Conclusion: Although this was a low-fidelity simulation with a small group of participants, the data gathered would suggest the introduction of equipment wallets, such as these, can improve access to key equipment in the event of a paediatric CICO situation. This is pivotal in maximising the likelihood of a successful eFONA attempt and ultimately, achieving a good patient outcome.

References: (1) Haag, A., Tredese, A., Bordini, M., Fuchs, A., Greif, R., Matava, C., Riva, T., Tommaso Scquizzato and Disma, N. (2024). Emergency front-of-neck access in pediatric anesthesia: A narrative review. *Paediatric anaesthesia*. (2) Difficult Airway Society. (2024). Paediatric difficult airway guidelines - Difficult Airway Society. [online] Available at: <https://das.uk.com/guidelines/paediatric-difficult-airway-guidelines/>. Accessed 13/2/25.

Manchester 2025 Poster Presentations



5. Trainee-Led Teaching: Continuation of a Successful Pilot Teaching Programme

Govinder Chambore¹, Samuel Williams², Charles Hensher²

Introduction: In acute specialities, components of the curriculum are difficult to gain teaching in and experience of; often for geographic, temporal, or practical reasons. We therefore created the Acute Care Common Stem Winter Teaching Programme (ACCS WTP) in 2022/23, a pan-London teaching programme. Here we present further findings from the continuation of the WTP in 2023/24.

Methods: The WTP is a once-weekly 1 hour virtual-teaching programme. As before, we approached eminent physicians and academics within Central London hospitals, to give a lecture on their area of expertise, aligned with ACCS curriculum objectives. Many of our previous speakers generously 'returned' to the WTP. We advertised across the London region with the support of the NHS Workforce, Training, and Education (NHSWTE) directorate. Building on previous feedback, recordings of each lecture were made accessible to all. We circulated online platform links and questionnaire-based feedback forms for each lecture. Simple qualitative and quantitative analysis was performed to determine utility of individual presentations, and overall satisfaction.

Results: The WTP generated significant interest. The minimum number of attendees for each lecture was 30, with a maximum attendance of 52. 75% were ACCS trainees; higher ICM, Internal Medicine, and Foundation Year trainees also attended. 16 feedback forms for 9 lectures (144 responses), and overall feedback (16 responses) was collected. 100% of attended lectures were deemed relevant, and content was scored either 'Good' or 'Very Good' by all. *Figure 1* demonstrates an excellent Overall rating.

Discussion: The interest, attendance, and feedback for the WTP was overwhelmingly positive. With recordings available, the accessibility of the teaching has increased further. Distinguished clinicians were again generous with their time and expertise, which was highly valued by attendees. Encouragingly, this demonstrates a shared interest from both towards an important learning experience and bodes well for future iterations of the ACCS WTP.

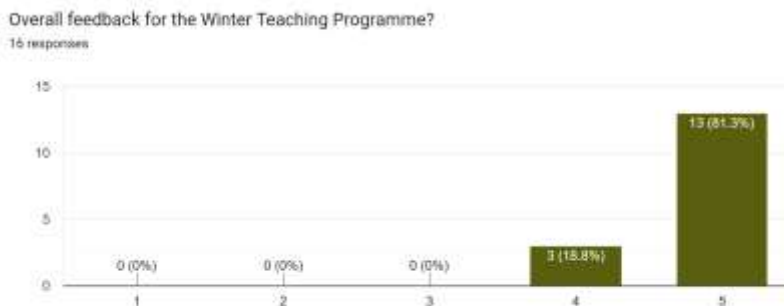


Figure 1. Overall rating for the ACCS WTP 2023/24 (Likert scale, 1 = Poor, 5 = Excellent)

¹ ACCS Anaesthetics CT4 trainee, North Central London. Nominated Speaker

² ST4 Anaesthetic Registrar, North Central London

³ ST4 Anaesthetic Registrar, St George's University Hospital

Manchester 2025

Poster Presentations



6. Perioperative Teaching Programme for Pre-operative Nurses at University Hospitals Leicester

Dr Jaimin Arya ST7 Anaesthetics-University Hospitals Leicester, East Midlands Deanery
Supervisor: Dr Nathan Ware, Consultant Anaesthetist, Leicester Royal Infirmary

Introduction: NHS England has set out a 'Multidisciplinary Tool Kit' which allows an organisation to create a successful multidisciplinary team (MDT) and it highlights the importance of cross-professional training to allow team members to understand and value each other roles as well as facilitating a shared culture (1). With regards to perioperative medicine there can be a disconnect between pre-operative clinic and theatre, and improving this may improve productivity and in turn patient flow and reduction in cancellations (2). After discussion with the preoperative nursing leads, we hypothesised that a teaching programme involving a session once a month would help to improve MDT working.

Methods: Feedback from the pre-operative nurses allowed us to assess what topics they would like covered. The sessions over Microsoft Teams as the team was based over 3 sites which would make attending in person difficult. They would be conducted once a month to minimise overload of teaching sessions and recorded to ensure staff members not present on the day could watch in their own time.

Results: Topics were covered included; what is involved in giving an anaesthetic, blood result interpretation, ECG reading and frailty. Post session feedback was also attained.

These teaching sessions showed that:

100% who filled out feedback stated the sessions were useful and helped with team cohesiveness

The sessions were all rated 4 or 5 out of 5 in content and delivery. Further topics suggested are sleep apnoea, atrial fibrillation and blood pressure management

Discussion: This programme has shown to be well received by the pre-operative assessment team and we are planning to continue this indefinitely. There are issues with engagement over a virtual format where we have tried interactive digital tools without much success and this is an area we are hoping to improve in the future.

References:

https://www.hee.nhs.uk/sites/default/files/documents/HEE_MDT_Toolkit_V1.1.pdf
<https://www.england.nhs.uk/long-read/theatres-surgery-and-perioperative-care/>

Manchester 2025

Poster Presentations

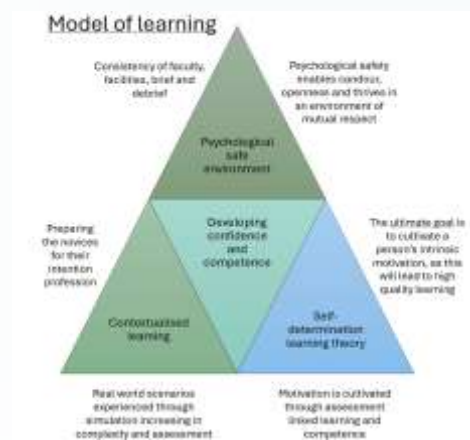


7. A Progressive Simulation Strategy to Enhance Confidence and Non-Technical Skills in Anaesthetic Core Trainees and the Multi-Disciplinary Team

Mrs. C Johnson, Senior Resuscitation & Simulation Trainer; Dr M. Elriedy, Dr Claire Emms, Specialty Doctor in Anaesthesia; Consultant Anaesthetist; Dr Laura Carrick Consultant Intensive Care and Anaesthesia. University Hospitals of Derby and Burton

Introduction: The Royal College of Anaesthetists (RCoA) mandates that Core Level Trainees acquire the necessary competencies to deliver safe anaesthesia in both elective and emergency settings. This requires the development of both technical and non-technical skills to effectively manage unpredictable, high-pressure, and dynamic clinical situations. Given the limited opportunities to encounter such critical situations in routine practice, simulation-based education serves as a vital tool in bridging this experiential gap. By incorporating elements of experiential learning, self-insight, and development through reflection and deliberate practice, simulation enables trainees to enhance their clinical decision-making, crisis management, and team dynamics. Furthermore, a strong emphasis on human factors and non-technical skills is essential to ensure high levels of performance, fostering resilience and adaptability in anaesthetic practice.

Methods: A progressive simulation-based training programme was designed to enhance confidence and non-technical skills among anaesthetic trainees and the multi disciplinary team. Training was structured into four key components, progressively increasing in complexity, with emphasis on psychological safety, structured debriefing, and real-world scenario replication. Programme Stages (delivered using a mixture of low and high-fidelity simulation): Initial core skills for novice trainees. Airway management in emergency and elective environments. Airway Critical Incidents. Critical Incidents. Human Factors and non-technical skill training through serious gamins and high-fidelity simulations. Emergency department anaesthetic related critical incidents.



Results: Post-simulation feedback demonstrated improvements in confidence and decision-making skills. Key findings from participant evaluations included: • 90% of trainees reported increased confidence in recognising and managing critical incidents. • 85% found structured debrief discussions highly beneficial.

• Improved teamwork, situational awareness, and use of local/national guidelines were noted. Qualitative feedback included: "Simulation teaching provided valuable real-world practice in a safe environment." "I feel more confident in recognising an unwell patient." "Good communication is key to effective teamwork." Conclusion Simulation-based training significantly enhances the confidence and competence of anaesthetic trainees in managing critical incidents. By integrating human factors and non technical skills, this structured approach improves team communication and decision-making, ultimately contributing to better patient outcomes. Future research should explore long-term impacts on clinical performance. References: 1. Royal College of Anaesthetists. CCT in Anaesthetics – Core Level Training. Available at: [rcoa.ac.uk] 2. Kelly, E. F., Frerk, C., et al. Human factors in anaesthesia: a narrative review. *Anaesthesia* 2023; 78: 479-490. Available at: [https://doi.org/10.1111/anae.15920]

Manchester 2025

Poster Presentations



8. Learning Leadership, Teamwork and Safety in Anaesthesia - How Examining Multiple Aspects of a Repeated Critical Incident Benefits Learning

Dr Alexandra Kendall-Smith (ST4, speaker)¹, Dr Thomas Davenport (ST5)¹ and Dr Nathan Betteridge (Consultant)²

¹ Mersey & West Lancashire NHS Lead Employer, ² Manchester University NHS Foundation Trust

Introduction: The General Medical Council identified the need for a '*consistent approach that embeds common generic outcomes and content across all postgraduate medical curricula*' in their Generic Professional Capabilities (GPC) framework (GMC, 2017). This approach was incorporated into the updated curriculum of the Royal College of Anaesthetists. The Hands in Course is a multi-day programme designed to support stage-one anaesthetic trainees in the North West Deanery in their development around GPCs. The course focuses on leadership, teamwork, education and patient safety and uses a simulated oesophageal intubation, performed by faculty, as a device to anchor learning throughout the programme.

Methods: A questionnaire was distributed to attendees to establish the effectiveness of the critical incident on enhancing learning. Questions were framed to determine the impact of this approach and identify improvements that could help learners further achieve their development aims. A thematic analysis of the data identified key reflections from participant feedback.

Results: All learners considered the use of an interactive critical incident scenario valuable as both a framing device and an aid to learning around GPC domains. A key theme identified was the need for review of the scenario at each session in order to anchor learning within the context of the incident and to benefit the 50% who were absent for the simulation performed on day one.

Discussion: We developed a professional recording of the simulation to improve access to the learning agenda and address the disadvantage experienced by those absent at the first session. Through replaying the incident at each session we aim to frame learning, allow spaced repetition and promote reflection on learning related to the scenario. Alternative outcomes to the incident were filmed to enhance training across the GPC domains. Initial responses have been positive and with plans to formally evaluate the Impact of the recording.

References

1. General Medical Council Generic professional capabilities framework. Manchester: GMC, 2017. https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework_pdf-108338152.pdf [Accessed 11 February 2025].

Manchester 2025

Poster Presentations



9. Teaching Resident Doctors and Advanced Nurse Practitioners How to Perform Ultrasound- Guided Cannulation Using Home-Made Agar Moulds

Dr. Melina Mahr, ACCS EM ST3 – Colchester General Hospital
 Dr. Jack Finch, Core Anaesthetic Trainee CT2 – Colchester General Hospital
 Dr. Ruhulla Nasir, ACCS EM ST2 – Colchester General Hospital

Introduction: Cannulation is a core procedural skill for resident doctors to master. In most cases, these are performed without imaging assistance, however, occasionally, ultrasound guidance is required. This is a skill largely governed by registrars and specifically the anaesthetic team, adding to seniors' and theatres' already busy workload, while delaying essential treatment to patients. Many resident doctors are keen to learn ultrasound-guided cannulation, but there is no teaching in place for this.

Methods: From 13/11/2024 to 16/02/2025, 33 ultrasound cannulas were referred to our anaesthetic on-call team. Twenty-six of these were documented as "completed", with an average delay of 350 mins (just under 6 hours) between time of request and successful cannulation. We also conducted a survey comprising of 75 resident doctors and advanced nurse practitioners (ANPs), where 74.7% (n=56) have never attempted ultrasound-guided cannulation, and 69.3% (n=52) chose "not confident at all" on their ultrasound-cannulation skills. To this end, we devised ultrasound-cannulation teaching sessions for resident doctors and ANPs. We teach ultrasound physics and modes, practice distinguishing veins from arteries, and practice ultrasound cannulation on home-made agar jelly moulds. We have also created a WhatsApp group with 137 members to post about any patients needing ultrasound-guided cannulation for bedside practice.

Results: We have held three teaching sessions so far for 21 attendants. Ninety-five percent (n=20) of participants found the session "very useful". One hundred percent (n=21) felt more comfortable with ultrasound probes/modes. A follow-up survey sent out three months later received 14 respondents. Forty-three percent (n=6) have attempted ultrasound cannulation since attending our course, of which 50% (n=3) were successful. Comments included not enough opportunities to practice on patients, and more importantly, not enough seniors available to supervise.

Conclusion:

Our sessions are useful to resident doctors and ANPs but more practice on patients is warranted to solidify the skill.

Manchester 2025 Poster Presentations



10. Simulation-based Medical Education in Perioperative Medicine

Winfred Mwangi, Perioperative Medicine Fellow, University College London Hospitals NHS Foundation Trust

Introduction: Simulation-based medical education has been used in training for decades with positive evidence of acquiring and retaining new knowledge and skills. In perioperative medicine, we manage a particular cohort of high-risk surgical patients on specific pathways or have been optimized; all are at risk of significant complications in the immediate postoperative period. Being familiar with common anticipated complications and how they're managed is a necessary skill. There is a high turnover of patients and staff in our Post Anaesthesia Care Unit (PACU), where a team-based approach needs to be familiar. By having multidisciplinary simulation sessions, members play their roles to improve on teaming while learning the intricacies of how PACU patients are managed differently from others. The hypothesis is there will be increased familiarity with PACU processes and satisfaction in working with a team.

Methods: The target population is doctors, nurses and healthcare assistants. The consultant is the expert during the debrief. The scenarios address the common challenges encountered in our patients as it is a niche area and the need to be proactive is paramount. Participants fill out a questionnaire by scanning a QR code at the end of the debrief session which consists of pre and post-simulation questions addressing the objectives of simulation and are scenario specific.

Results: We piloted in November 2023 and ran haemorrhage, airway, and pain management scenarios and collected feedback from 25 participants. 95% felt the learning objectives were clear and that the debrief provided helpful learning. 90% found the session relevant to clinical practice and 86% thought the sessions helped them get to know the PACU team. The most common feedback was the request for more sessions.

Conclusion: In situ simulation sessions in PACU provide a better understanding of PACU processes and an appreciation of good teaming. We now run weekly sessions.

References:

Simulation-based education in Healthcare- Association for Simulated Practice in Healthcare (ASPiH). 2016
Exploring learners' emotions and emotional profiles in simulation-based education. Keskitalo et al. Australasian Journal of Educational Technology 2021, 37 (1).

Manchester 2025

Poster Presentations



11. A Sharp Approach: Integrating Ultrasound-Guided Cannulation Training into Under Graduate and Foundation Programmes

Dr Alice Jones (ST1, Tameside and Glossop Integrated Care NHS Foundation Trust)
 Dr Arslan Ahmed (FY3, Manchester University NHS Foundation Trust, Speaker)
 Dr Amy Hardy (FY3, Manchester University NHS Foundation Trust, Speaker)
 Dr Katherine Dowdall (ST4, Manchester University NHS Foundation Trust)
 Dr Julia Hickton (FY3, Manchester University NHS Foundation Trust)

Introduction: Ultrasound-guided cannulation improves success rates and reduces complications, particularly in patients with difficult venous access (1). Despite its importance, structured training is limited in undergraduate and foundation programmes, leading to skill variability and increased reliance on senior colleagues (2). Failed attempts can cause patient discomfort, delays in care, and frequent escalation to anaesthetic teams (3). To address these challenges, this study evaluates the impact of ultrasound (USS) cannulation training for final-year medical students and its perceived value among foundation doctors.

Methods: A structured session for 101 final-year medical students included online pre-learning and a 30-minute paired practical session with tutor supervision. Pre- and post-session surveys assessed confidence and competence. A separate survey of 200 foundation doctors evaluated their clinical use of USS cannulation, confidence, and training needs.

Results: Questionnaires produced response rates of 92% (pre-session) and 81% (post-session). Among students, 19% had prior training, and 5% had attempted it on a patient. Following the session, 96% felt competent with supervision, 76% felt confident performing it independently. All agreed it should be included in the curriculum. Among foundation doctors, 62% had prior teaching, 66% performed USS cannulation in practice, and 81% reported success. Barriers included lack of formal teaching (n=34) and limited practice opportunities (n=28). Of 184 respondents, key reasons for advocating undergraduate USS training included frequent cannulation difficulties (n=88), reducing reliance on seniors (n=42), minimising I V access delays (n=27), and addressing limited senior support (n=7).

Discussion: Undergraduate USS cannulation training improves confidence, yet many foundation doctors struggle with real-world application due to limited resources and support. Structured sessions could provide final-year students and foundation doctors with continued support to consolidate skills. Integrating training into undergraduate and foundation programmes may improve skill retention and reduce reliance on seniors, and minimising intravenous access delays, ultimately improving patient safety.

References:

1. Sou V, McManus C, Mifflin N, Frost SA, Ale J, Alexandrou E. A clinical pathway for the management of difficult venous access. BMC nursing. 2017;16:64.
2. Armson AM, Moynihan R, Stafford N, Jacobs C. Ultrasound-guided cannulation for medical students. The clinical teacher. 2021;18(3):295-300.
3. Bitmead J, Oliver G. A safe procedure: best practice for intravenous peripheral cannulation. British Journal of Nursing. 2018;27(Sup2):S1-S8.

Manchester 2025 Poster Presentations



12. Anaesthetic Themed Educational Activities: Novel Resources for Introducing Novices to Anaesthesia

Dr L Brookfield ST5, Dr K Wichmann CT3, Dr D Hudson ACCS CT3, Dr V Fludder Consultant Anaesthetist
Individual activity design by: Dr L Brookfield, Dr S Cowley, Dr V Fludder, Dr A Gerard, Dr A Jaidev, Dr K Wichmann
Department of Anaesthesia, University Hospitals NHS Foundation Trust

Introduction: Anaesthetists routinely deliver teaching in the clinical environment; learners vary from novice to experienced anaesthetists, foundation doctors and increasingly medical students. These learners come with a wide range of pre-existing knowledge and learning styles; their learning objectives are diverse. Providing learners with a valuable learning experience can be challenging for anaesthetists, especially in busy clinical environments and with, often, time pressured theatre lists. The aims of the project were:

- To create an anaesthetic teaching resource for learners in theatre that aligns with their learning objectives
- To provide content within the resource that suits a variety of learning styles and can be tailored to the appropriate knowledge level
- To support the anaesthetist in providing valuable learning experiences in the clinical environment

Methods & Result: After a group brainstorming session, we developed six educational activities or 'games' that learners can engage with in theatre. These activities were then compiled into a single digital resource that can be accessed online via a QR code, free of charge. These activities cater to a variety of different learning styles including reading/writing, auditory, visual and kinaesthetic, as illustrated in figure 1. The resource was introduced to our Department of Anaesthesia during the local governance meetings and to medical students via the medical school lead for the year 3 perioperative medicine module. QR codes for both learners and educators to provide real time feedback are embedded within the resource. Feedback has been overwhelmingly positive.

Discussion: Gamification has been shown to increase engagement and encourage active learning. Feedback demonstrates these resources are improving the experience of both teachers and learners. We are working to expand the content of the learning resource and welcome entries from other anaesthetists. New modules covering the major anaesthetic sub-specialties are in the planning stages.



Figure 1. Diagram illustrating how the six different activities within the learning resource apply to different learning styles.

Adapted from Kolb's Learning Cycle: Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

This project was presented at the local departmental meeting, as mentioned above, but nowhere else.

Manchester 2025

Poster Presentations



13. Exploring The Use of a Handheld Ultrasound Device as an Educational Tool for Anaesthetic Residents

Dr Gabrielle Grounds (*Presenting Author*), Anaesthetic Senior Registrar, *Queen Victoria Hospital NHS Foundation Trust, East Grinstead, West Sussex, UK*, Dr Benjamin Carey, Consultant Anaesthetist, *Queen Victoria Hospital NHS Foundation Trust, East Grinstead, West Sussex, UK*

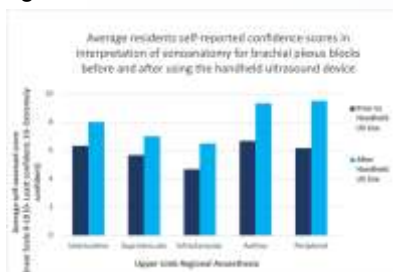
Introduction: Handheld ultrasounds are compact, portable devices which can provide high-quality imaging across a broad range of environments. Research into the use of handheld ultrasound in the clinical setting is steadily growing, however, their potential as an educational tool remains underexplored [1]. We introduced a handheld ultrasound device to anaesthetic residents as an educational tool for independent self-practice, with the aim of enhancing regional anaesthesia ultrasonography skills and image interpretation.

Methods: Anaesthetic residents at a district general hospital were invited to use a handheld ultrasound device (GE Vscan AIR™ CL) with a reference handbook to aid non-clinical, self-directed brachial plexus ultrasonography. Participation was voluntary and residents could withdraw at any time. A preliminary questionnaire assessed self-reported confidence in ultrasound skills, sonoanatomy interpretation, regional anaesthesia competencies and required supervision levels. After using the handheld ultrasound device, a follow-up questionnaire reassessed the residents self-evaluated abilities and gathered feedback on the handheld ultrasound as an educational tool.

Results: Six of the seven anaesthetic residents invited to partake utilised the device. Of the six, 83% reported improved ultrasound proficiency and 100% improved sonoanatomy interpretation. Significant improvements were observed in ultrasound interpretation and confidence in performing axillary blocks ($p < 0.02$ (CI 0.71 to 4.62); $p < 0.02$ (CI 0.80 to 4.87) respectively) and peripheral nerve blocks ($p < 0.02$ (CI 0.86 to 5.72); $p < 0.006$ (CI 1.50 to 5.17) (Figure 1.) Overall reduced supervision level required for upper limb blocks was reported. All trainees (100%) would recommend the device as an educational tool.

Discussion: Handheld ultrasound devices could be further utilised as an educational tool to enhance regional anaesthesia skills. They may improve ultrasound proficiency, sonoanatomy understanding, and block performance in a flexible, low-pressure setting, contributing to better overall training outcomes [2]. Further investigation is required to explore how to maximise the potential benefit of handheld ultrasound as an educational tool.

Figure 1.



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Manchester 2025

Poster Presentations



14. Introduction and Implementation of an Educational Research Day for Core Anaesthetic Residents in the Northwest School of Anaesthesia

Shreya Ingley (speaker) ST4 Anaesthetics St Mary's Hospital, Cliff Shelton Consultant Anaesthetist Wythenshawe Hospital

Introduction: Research in anaesthesia is emphasised by the Royal College of Anaesthetists (RCoA) as part of the 2021 curriculum [1], which includes a dedicated HALO (Higher Anaesthetic Learning Outcome) for research and managing data. Essential statistical techniques also form part of the Primary FRCA syllabus [2]. Identifying a gap in the current educational programme for core anaesthetic residents, we organised an educational day to provide focused teaching on research and statistics.

Methods: The day was structured similarly to other dedicated educational days, comprising a series of short lectures. Using the RCoA curriculum as a framework, lectures were divided into two categories:

Statistics: topics relevant to the Primary FRCA exam syllabus.

Research in anaesthesia: Insights into the academic training pathway, experiences from current academic residents, and perspectives from consultants engaged in research.

A Likert scale was used to evaluate individual lectures and the overall day, with free text boxes available for further comments.

Results: Anonymous feedback surveys were accessed via QR codes provided at the course end. In February 2024, 18 residents attended with 15 responding to the survey. In February 2025, 15 residents attended and 6 responded to the survey. The median rating for both years was 'excellent'. Free text comments highlighted the "good summary of research opportunities" and "great session on statistics".

Conclusion: Education in research is a key learning objective outlined by the RCoA. The educational research day met these objectives effectively, offering valuable insight into research careers in anaesthesia as well as supporting exam preparation. In the future, we aim to expand outreach to residents in their first and second years of training to aid in Primary FRCA revision and help provide early exposure to research opportunities and academic training programmes.

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Manchester 2025 Poster Presentations



15. IMGs New to the NHS: How Well Supported Are You?

Dr Aakanksha Aggarwal (SAS), Dr Pallavi Marghade (Consultant),
Dr Manisha Jalal (SAS), Dr Kriti Vig (Consultant)

Basildon University Hospital, Basildon, Essex, UK

Introduction: International Medical Graduates play an important role in the NHS workforce but adjusting to a new system can be challenging. Understanding how effectively IMGs feel supported at their first encounter with the NHS is crucial for increasing their integration and overall performance. This study investigates the level of assistance perceived by IMGs new to the NHS using data collected through a standardised questionnaire.

Methodology: A structured questionnaire was provided to IMGs working in Department of Anaesthetics at Basildon university Hospital as a pilot study. The questionnaire focussed on essential areas of support, such as onboarding procedures, mentorship availability, professional development opportunities, and personal well-being. 25 IMGs in the trust provided responses to the questionnaire. Responses were analysed to find patterns and learn about individual experiences and concerns.

Results: Analysis revealed that 64% of respondents indicated that formal induction was done for them, while only 28% reported receiving adequate mentorship during their transition. However, 68% indicated a lack of understanding of NHS structure and work culture. Additionally, 80% of participants expressed challenges related to cultural integration and communication, and 76% noted limited access to clinical resources. Also, 64% indicated a lack of understanding of the audit process. Recommendations formulated included formation of an induction team, creating IMG-specific induction checklist and enhanced mentorship.

Conclusion: The findings suggest that while IMGs appreciate the support provided by the NHS however there are gaps in mentorship, cultural adaptation resources, and structured guidance. Addressing these areas could significantly improve the integration experience for IMGs, leading to better job satisfaction and enhanced contributions to the healthcare system. Following the Pilot, we intend to distribute the questionnaire countrywide and create an induction guide and checklist exclusively for IMG's induction.

Manchester 2025

Poster Presentations



16. Needle Lengths and Introducers: Raising Awareness of This Hidden Impact on Spinal Anaesthesia

Matthew Cox (Anaesthetics Clinical Fellow), Clint Chevannes (Consultant Anaesthetist)
Wirral University Teaching Hospitals NHS Trust

Introduction: Selection of the correct spinal needle length is essential for successfully siting a spinal anaesthetic. When using an introducer needle to aid spinal needle insertion, the useable length of the spinal needle is always less than the manufacturer's stated needle length⁽¹⁾. Awareness of the useable length can influence needle selection, including when appropriate measurements are obtained by ultrasound⁽²⁾. The aim of this project is to improve the local department's awareness of this through opportunistic 'tea-trolley' style teaching.

Methods: A survey was conducted of members of the anaesthetic department assessing current practices when performing spinal anaesthesia. The survey sought to capture data specifically regarding the use of introducer needles, awareness of the useable length and practices surrounding needle selection using ultrasound guided measurements.

Results: There were 25 respondents to the survey and 100% use an introducer needle to site a spinal anaesthetic. 19 respondents (76%) were unaware that an introducer needle affects the useable length of a spinal needle, and of the 6 respondents who were aware of this difference, one respondent was able to correctly state the useable length of the department's standard 90mm Whitacre spinal needle. 11 respondents (44%) have recently used an ultrasound guided technique for spinal anaesthesia, 8 of whom had selected their needle length based on their ultrasound measurements.

Conclusion: There is a low awareness in the anaesthetic department of how introducer needles reduce the useable length of spinal needles. A large proportion also use ultrasound guided techniques, where measurements are useful to help with needle selection. Based on these results we developed a 'tea trolley' style of teaching in the theatre suite, raising awareness by demonstrating the useable length of the department's commonly used spinal needles against tape measures and promoting the use of this knowledge in clinical practice.

References:

- Erskine RJ. Assessment of a new disposable introducer for spinal needles. *Anaesthesia*. 2008 Oct 9;63 (11):1238-40
- De Carvalho CC, El-Boghdadly K. Ultrasound-guided neuraxial puncture: translating evidence into practice. *Anaesthesia*. 2025 Feb 5;

Manchester 2025

Poster Presentations



17. Improving the Confidence and Skills of Novice Obstetric Anaesthetists Through Peer-Led Training

Dr Rebecca Gee (CT3), Dr David Griffiths (CT3), Dr Joseph Hogan (CT3), Dr Erin Lester (CT3), Dr Kerrie Wilson (ST6), University Hospital Lewisham and Princess Royal University Hospital

Introduction: General anaesthetic training begins with a structured novice period, supported by a multi-day course introducing key aspects of anaesthesia. In contrast, the introduction to obstetric anaesthesia is less formal and seldom happens within a dedicated training block. Furthermore, no regional course is currently available within South-East London to support residents in acquiring competencies. This lack of standardisation can lead to inconsistencies in training and leave residents feeling unprepared. Furthermore, key obstetric reports have identified failings in multidisciplinary working and integration, summarising that a well-trained workforce is essential to improving maternal and neonatal outcomes.^{1,2}

Methods: A free, two-day course was designed by core anaesthetic trainees, with consultant and senior trainee oversight. The first day included small-group and practical skills teaching, while the second day comprised simulation of obstetric emergencies. Participants had no or minimal prior obstetric anaesthesia experience. Confidence and knowledge were assessed via pre- and post-course questionnaires, with additional feedback sought on individual sessions.

Results: Nine residents attended both days. Feedback was overwhelmingly positive, with lectures and workshops scoring a mean of 4.22-5/5. Perceived confidence in managing obstetric emergencies increased from 3.8/10 pre-course to 7.3/10 post-course. Importantly, 78% supported integrating this programme into standardised regional teaching. Although initially intended for South-East London residents, the course attracted interest from across London, demonstrating a broader need for structured obstetric anaesthesia training.

Discussion: This pilot course demonstrated a subjective increase in residents' confidence with routine and emergency obstetric anaesthesia. The peer-led approach of the course was highlighted as a key-strength, distinguishing it from other advertised courses. The positive response has led to the development of a future course with standardised teaching material based on participant feedback. This initiative offers a scalable model for structured obstetric anaesthesia training, aimed at improving the confidence and capabilities of residents.

References:

¹ Ockenden D. Final report of the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. London: UK Government; 2022. Available from: <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review>.

² Royal College of Obstetricians and Gynaecologists (RCOG). Each Baby Counts: 2017 Progress Report. London: RCOG; 2017. Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/research-audit/each-baby-counts-2017-progress-report.pdf>.

Manchester 2025 Poster Presentations



18. Promoting Awareness of Conference Opportunities For Anaesthetic Trainees

Dr Andrew Graham, (Senior Clinical Fellow (Anaesthetics)*; Speaker), Dr Tom Lawson (Consultant Anaesthetist). Swansea Bay University Healthboard. (*at time of project. Now: ST4 Anaesthetic Trainee, Health Education In Wales)

Introduction: Anaesthetic conferences and presentations are valuable educational opportunities for trainees, which allow evidencing of multiple aspects of the RCoA curriculum¹. Their importance is reflected in ST4 recruitment criteria, where engagement can score 15 of 50 available points over 3 domains². It has, however, been noted anecdotally amongst trainees at our institution that accessing information on all relevant opportunities is difficult. We therefore undertook a project to evaluate and improve the current practices of accessing conference information.

Methods: Anaesthetic trainees in the deanery were surveyed to establish opportunity awareness, submission rates, current methods for accessing information and perceived ease of access. We developed a website (<https://anaestheticopportunities.wordpress.com>) as a unified information source, which included details of conferences, topics, organisers and website links. Repeat surveys evaluating this were undertaken and further improvements included locations (with interactive maps) and the usual months of conferences.

Results: There were 44 survey respondents, including all training stages. 90.1% had undertaken projects as an anaesthetic trainee, although 34.1% had never submitted to a conference. Of those who had, 96.6% had their most recent submission accepted. The most frequent methods of accessing information were 'word of mouth' (70%), emails (55%) and internet searches (47%). 78.8% rated the current process, on a linear difficulty scale to 5, as 3 or greater and 4.5% rated it as 'Easy (1)'. Following our websites introduction, 3 or greater ratings reduced to 27.3% and 'Easy' ratings increased to 45.5%. 97.7% of trainees felt it was an improvement.

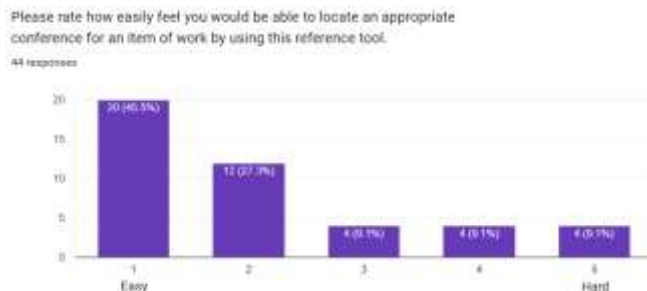


Figure 1 - Ease of accessing conference information using website

Discussion: Our results demonstrated high trainee engagement with projects, and high acceptance rates of conference submissions. There were, however, a substantial number who had not submitted work, which may be partly due to difficulties in accessing information. Our project improved the ease of accessing this information.

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Manchester 2025

Poster Presentations



19. Optimising Airway Management in the Intensive Care Unit, Through Structured Teaching & Simulation For Nursing Staff Assuming the Airway Assistant Role

Dr Victoria Strawson (CT3 Anaesthetics, UHCW), Dr Katie Essak (ST7 Anaesthetics + ICM UHCW), Andy Jones (Advanced Critical Care Practitioner, UHCW)

Introduction: There is a higher rate of adverse outcomes associated with airway management in Intensive Care Units (ICU) compared with anaesthetic practice (1). Recommendations from the National Audit Project 4 included that staff caring for patients with compromised airways should have knowledge of airway equipment and techniques (1). Nurses play a crucial role in airway assistance, yet unfamiliarity with equipment and difficult airway adjuncts, coupled with high staff turnover, pose significant challenges (2,3). To address these concerns, this project aims to enhance the knowledge, skills, and confidence of ICU nurses in airway management through in-situ simulation. A multidisciplinary (MDT) faculty, including advanced critical care practitioners, were recruited to ensure project sustainability.

This project aimed to assess nurses' understanding and skills in the airway assistant role, developing a course to address any deficits. It aimed to improve theoretical and practical knowledge and skills to enhance confidence in providing airway support. This includes assisting with tracheal intubation and difficult airway situations, basic airway manoeuvres, and using bag mask ventilation with the Mapleson C circuit. An MDT faculty delivered this programme via in-situ simulation in small groups. Multiple Plan-do-study-act (PDSA) cycles were used to first pilot these sessions resulting in a robust teaching and simulation programme. Pre and post course surveys were used to assess nurses' confidence in undertaking the airway assistant role for tracheal intubation and whether a practice change resulted.

Results showed that only 17% of attendees felt confident in assisting with intubations prior to attending the course, which increased to 93% after attending. The project has been well received, with ICU nurses reporting increased confidence and familiarity with airway equipment. Future structured interviews will assess the sustainability of the acquired practice development and identify any ongoing challenges and gaps in knowledge.

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1. Cook TM, Woodall N, Harper J, Benger J; 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. Part 2: intensive care and emergency departments. *Br J Anaesth*. 2011 May;106(5):632-42. doi: 10.1093/bja/aer059. Epub 2011 Mar 29. PMID: 21447489.
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3. Galanis P, Vraka I, Fragkou D, Bilali A, Kaitelidou D. Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing [Internet]*. 2021 Mar 25;77(8):3286–302. Available from: <https://pubmed.ncbi.nlm.nih.gov/33764561/>

Manchester 2025

Poster Presentations



20. Empowering Junior Colleagues Across Specialties To Upskill At Ultrasound Guided Cannulation A Proposed Teaching Programme And Mini-QIP

Dr Alice Wilkinson MBBS BSc MSc, Anaesthetics ACCS (CT4) The Royal Free Hospital London

Introduction: Ultrasound imaging is a useful tool Anaesthetists use for difficult intravenous (IV) access. Unfortunately this skill is not universally adopted amongst doctors, meaning at times we are called to assist other specialties. If taught to doctors at a primitive stage, it may subject patients to less cannulation attempts, reduce delays to IV treatments, and reduce burden of work across specialties. This teaching programme and mini-QIP identified the lack of teaching that incoming Foundation doctors had received on ultrasound-guided cannulation, aiming to improve confidence and knowledge in this skill.

Methods: Incoming Foundation doctors were surveyed on prior knowledge and confidence using ultrasound to identify peripheral anatomy and insert IV cannulae. They received teaching on the indications, contraindications, benefits and risks of using ultrasound for IV cannulation, followed by practical demonstrations identifying peripheral anatomy in live models, and needling techniques on models created from catheters suspended in jelly.

Results: Pre and post-course surveys were collected from 32 and 28 participants respectively. Prior to the course, all participants were “not very” or “not at all” confident at ‘identifying vasculature with ultrasound’ and ‘using ultrasound to insert IV cannulae’. By the end of the course the results showed 100% of students varied from “somewhat” to “extremely” confident at identifying peripheral vasculature; and 96% were either “somewhat” or “very” confident at inserting cannulae with ultrasound. 100% of students said the sessions were enjoyable and 96% said it was relevant to their practice.

Conclusion: This simple teaching programme used a combination of interactive tutorial style and practical demonstration to successfully engage and inform incoming foundation doctors about the benefits and indications of ultrasound for IV cannulation. It was a low cost and easily reproducible course which, if continued on a larger scale to upskill junior colleagues would ultimately benefit multiple specialties, and most importantly patients.



Manchester 2025

Poster Presentations



21. Perioperative Echocardiography: Bridging the gap between the Anaesthetist and Perioperative Echocardiography

Annalisa Miller (speaker, Perioperative Medicine Clinical Fellow, ST3+, University College London Hospitals NHS Foundation Trust), Isra Hassan (Anaesthetic and Perioperative Medicine Consultant, University College London Hospitals NHS Foundation Trust and Cardiff University Hospital), Sam Clark (Anaesthetic and Intensive Care Medicine Consultant, University College London Hospitals NHS Foundation Trust), Asherah Bowen (Senior Clinical Fellow, ST3+, Anaesthesia and Intensive Care, Barts Health NHS Trust), Ashlí Antoine (Perioperative Medicine Clinical Fellow, ST3+, University College London Hospitals NHS Foundation Trust)

Introduction: Perioperative medicine offers Anaesthetists the opportunity to enhance their knowledge and skills in the management of especially high risk patients in the perioperative period. The utilisation and application of bedside transthoracic echocardiography (TTE) to aid real-time decision-making during the perioperative period is also growing. There is varying uptake in the required skills among Anaesthetists. In our local PACUs, my colleagues and I noted a gap in the Anaesthetists' confidence in interpreting echo reports, as well as utilising bedside TTE and applying it to the perioperative management of their patients. Consequently, we established a Perioperative Echo Fellowship as part of the wider Perioperative Medicine Fellowship with the aims of improving the confidence of our fellows in interpreting echo reports and utilising this knowledge and transthoracic echos to specifically guide management of their high risk patients in the perioperative period.

Methods: We piloted our programme in August 2024 with two fellows. They both had little confidence in interpretation of echo reports and had no prior skills in utilising echocardiography. They were assigned to the Intensive Care Unit's Echo Fellow roster where they started out as beginners, attending teaching and practical echo sessions on how to interpret the echo report, views to obtain and how to interpret the information and use it to aid with the management of their patients in the perioperative period.

Results: Within six months of the fellowship they have both advanced on the fellow roster and they both admit to feeling more confident with interpretation of echo reports and using their skills in transthoracic echocardiography to guide management of some of their complex and critically ill high-risk patients in the perioperative period.

Conclusion: A perioperative medicine fellowship which offers the Anaesthetist the opportunity to develop their echocardiography skills can prove useful in guiding management of especially complex and high risk patients.

Manchester 2025

Poster Presentations



22. Empowering Aspirants on the Portfolio Pathway: Insights from the Humber Health Partnership

Dr. Dwarakesh Thalamati (Clinical fellow – speaker), Dr. Damith Ekanayake (Clinical fellow),
Dr. Anirban Som (Consultant), Dr. Nirmala Soundararajan (Consultant) - Hull university teaching hospitals.

Introduction: The portfolio pathway offers an alternative route for doctors to join the specialist register in the UK. This process requires an understanding of evidence collation across knowledge, skills, and experience¹. The Humber Health Partnership (HHP) is committed to supporting the development of Locally Employed Doctors (LEDs) and Specialty (SAS) doctors. The Chief of Workforce for the Theatre, Anaesthesia, and Critical Care (TACC) care group encouraged our CESR lead to establish a CESR school. This initiative aims to deliver workshops for trainers and portfolio pathway aspirants. Our Portfolio Pathway Aspirant Workshop (PPAW) was designed to guide LEDs and SAS doctors in anaesthesia through the process of evidence gathering for their applications.

Methods: Out of the three workshops planned the first workshop included two small-group breakout discussions, focusing on the evidence requirements for both generic professional competencies and specialty-specific competencies. Faculty members ensured that each participant had at least 15 minutes for queries related to their portfolio. Two follow-up workshops have been scheduled at eight-week intervals to provide continued support. Workshop feedback was collected via Google Forms.

Results: Six specialty doctors attended the workshop, most of whom are from smaller District General Hospitals (DGHs) within the HHP. Attendees reported gaining valuable insights into the collection and organization of evidence required for their portfolio pathway applications. The clarity provided by the faculty was particularly appreciated.

Discussion/Conclusion: The PPAW offered practical insights, support, and mentorship for LEDs and SAS anaesthetists working towards specialist registration. By leveraging our experience from the Hull University Teaching Hospitals (HUTH) portfolio pathway programme, we are effectively supporting doctors from smaller DGHs within the HHP². This provides structured guidance and motivation for anaesthetists aspiring to secure substantive consultant positions and additionally, strengthens regional workforce development. Expanding this model to other regions with recruitment challenges could be a viable solution to addressing workforce shortages.

References:

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3. British Medical Association. Supporting SAS Doctors and LEDs in Career Progression, 2023.

Manchester 2025

Poster Presentations



23. Training Air Transfers in Aotearoa

Dr Angharad King (Senior Clinical Fellow), Southampton General Hospital
 Dr Roman Hryniv (Senior Clinical Fellow), Southmead Hospital (speaker)

Introduction: Due to the vast, varied landscape and population distribution in New Zealand, inter-hospital flight transfers are an unavoidable necessity to ensure patients can access appropriate specialist healthcare. In the district general hospital we worked in, resident doctors who work in intensive care are tasked with undertaking these transfers. Although this offers an exciting opportunity, the unique challenges of transporting critically unwell patients can be a daunting and stressful experience. Following a questionnaire, it became apparent that a written reference detailing common acute conditions, and their in-flight management, would be valued.

Methods: Data was collected to focus on the common conditions transferred, as well as the rarer but more serious conditions. An initial handbook was drafted based on this, and on gaps in both clinical and equipment knowledge that came to light following the results of the initial questionnaire. This was sent out to resident doctors who participated in transfer work, as well as the consultant who oversaw transfers, for feedback.

Results: Following the release of the initial draft of the flight handbook, another questionnaire was used to assess resident doctors' evaluation of the document. Feedback was overwhelmingly positive, demonstrating an increase in confidence of managing critical situations/conditions in flight as well as 100% of respondents finding the handbook either useful or very useful.

Conclusion: This project provided significant benefit to resident doctors undertaking challenging and exciting transfer duties by assimilating combined knowledge into a living document, assisting the transition of ICU practice into air-transfer practice, streamlining key thinking of how specific pathologies could deteriorate, and highlighting the key interventions which could realistically be provided in transit. A final draft has now been approved and published in the department. This will hopefully also increase the focus on further developing education and training on in-flight transfers in the department.

Manchester 2025 Poster Presentations



24. The Primary FRCA Peer-to-Peer OSCE Course: A Transformative Approach to Exam Preparation

Dr Sreelahari Jonnada (CT2 Anaesthesia), Macclesfield District General Hospital

‘Abstract not published at the presenter’s request’

Manchester 2025

Poster Presentations



25. The Potential Benefits of Learning in a Multi-Professional, Multi-Level Candidate Group: A Novice Course for More Than Novices

I Glover¹, S Badiger²

¹ Anaesthetic ST5, Queen Elizabeth Hospital, Woolwich

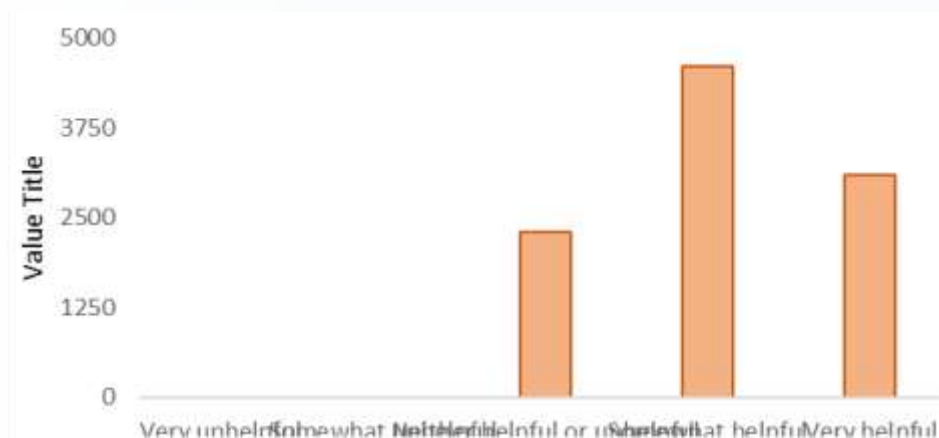
² Anaesthetic consultant, Guy's and St Thomas' NHS Foundation Trust

Introduction: The first novice course was set up at Guy's and St Thomas' Hospital in 2022, aimed to align with the new 2021 curriculum. This course was available regionally and therefore the novices in attendance varied greatly in clinical experience and background. We investigated the impact of learning in a mixed group.

Methods: The course was delivered over five days with a mixture of didactic teaching and skills stations, and a final day focused solely on simulation scenarios. The course was advertised to anaesthetic departments across London and the KSS region and subsequently fifteen novices were enrolled. Candidates were asked in post-course questionnaires how beneficial or otherwise they found learning in a mixed group, using a 1-5 Likert scale and qualitative feedback.

Results: The candidates varied in seniority from Foundation Year 1, CT1, up to senior registrar. Parent specialty also varied between anaesthetics, intensive care medicine, emergency medicine and paediatrics. When asked how beneficial the mixed peer group was on a Likert scale of 5, 75% reported a 4 or 5. All rated the opportunity to speak to peers positively with 9 candidates reporting maximum benefit. The most common advantages mentioned of learning in a mixed group were hearing different perspectives and sharing experiences. Senior attendees also mentioned the unexpected benefit of being motivated by the enthusiasm of more junior colleagues. Downsides stated were the potential difficulty in pace setting and potential caution in speaking up if more junior.

Figure 1. Responses to 'How helpful did you find attending the novice course in a mixed group of peers (mix of specialty and grade)?' in post-course questionnaire.



Discussion: Feedback demonstrated all novices found the candidate mix to be overwhelmingly beneficial. It stands to reason adult learners gain value from their peers as well as faculty. This novice course demonstrates that mirroring the real-life circumstance of working in a multi-disciplinary, multi-level team has positive impact for trainees.

Manchester 2025

Poster Presentations



26. Positioning Principles in Anaesthesia: A Hands-On Workshop

Paige Baylis-Jones (ACCS CT4 - presenter), Sophie England (CT1), Megan Prince (ACCS CT2), Steven Worthington (ACCS CT2) Airedale General Hospital

Correct positioning of anaesthetised patients allows optimal surgical access whilst minimising patient risk^[1]. Anaesthetic trainees participate in patient positioning from the start of their training however they may not appreciate the physiological effects these positions have on patients. A hybrid teaching session was delivered to give trainees first-hand experience of these positions alongside exploring the associated risks, benefits and physiological changes of each.

We delivered an interactive theory-based session followed by practical experience of different patient positions. Our discussion focused on the physical and physiological effects each of the positions would have during the intra and post-operative period for different patient populations. We then moved the session to theatre where the group gained practical experience of the positions and how to safely achieve them.

The initial theory-based session allowed all participants to understand the implications of the different positions. Trainees reported surprise at the swift onset of several physiological effects including headaches, distended neck veins, flushing, numb feet, painful hips and back discomfort. These effects were reported from as little as five minutes, sparking discussion around patients remaining in those positions for extended periods of time. Of the surgical positions covered, Lloyd-Davies, Lithotomy, Prone, Beach chair, and Trendelenburg/Reverse were the positions with the most feedback. Patient proning was also simulated, highlighting the stepwise approach to safely turning an intubated patient as well as the vulnerability of being moved whilst awake. All participants reported a greater understanding of the physiological consequences of the different patient positions, the importance of anaesthetist vigilance when positioning and advocating for breaks in positions in long surgeries.

Feedback suggested this interactive peer-led workshop allowed trainees a better understanding of common patient positions and their implications on patient physiology, pressure points and safety. In the future this will be formally evaluated before and after the session.

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Manchester 2025

Poster Presentations



27. The Development of Cost-Effective and Sustainable Vascular Access Ultrasound Models

Simkiss, Matthew¹ ST6; Kirk, Adam¹ ST6; Harding, Drew² ST5 ¹North West School of Anaesthetics; ²London School of Anaesthesia

Introduction: One of the primary obstacles to ultrasound education is the limited availability of suitable models for training. Basic two-vessel models cost in the region of £800 [1], limiting access. As part of our Basic UltraSound Teaching (BUST) programme, we developed a low-cost and sustainable model for use in ultrasound vascular access teaching.

Methods: The objectives of our model development were to ensure cost-effectiveness, sustainability, and ease of manufacture. Our process requires only basic equipment and is straightforward to implement. A comprehensive video tutorial has been created for our models [2]. A summary of the method for four 500ml models is given below:

- Drill four aligning holes into each 500ml plastic container
- Insert metal straws through the holes to form two channels
- Make 2L of agar solution with blue food dye
- Pour the agar solution into the moulds
- Once set, remove the metal straws

Equipment	Initial Cost	Ongoing Cost
Agar Agar	£5.49 – 100g	20g (makes 2L) - £1.09
Plastic Container	£0.56/container – 500ml	Nil
Metal Straw	£5.49, pack of 8	Nil
Modelling Balloons	£5.99, pack of 260	20 balloons - £0.46
Blue Food Colouring	£1.49, 25g	£1.49
Red Food Colouring	£1.49, 25g	£1.49
	Total = £22.19	Total = £4.53/4 = £1.13 per model

Results: Our ultrasound models possess excellent sonographic properties, aligning with industry-standard. However, they encounter durability limitations. Each model can withstand 30-40 punctures before the agar disintegrates. As a biodegradable product, they require preparation for each teaching session but are able to be refrigerated. Puncturing the modelling balloon will produce flashback, enhancing the user experience. Unfortunately, the balloons tend to degrade during use, necessitating their replacement every five punctures. Despite these challenges, our models offer a sustainable and cost-effective solution for vascular access teaching.

Discussion: The basics of this process have wide-ranging promise for a variety of ultrasound models, including central venous access and regional anaesthesia teaching. There is further work to be done improving the durability of the model and experimenting with the ultrasound appearance of various objects to mimic relevant anatomy.

References: Elevate Healthcare. Branched Two Vessel Ultrasound Training Block Model. Sim and Skills. Cost £792. Available: <https://simandskills.co.uk/collections/blue-phantom-ultrasound-training-blocks/products/branched-2-vessel-ultrasound-training-block-model> (Accessed 04/02/2025)

Manchester 2025

Poster Presentations



28. Identifying Challenges in Navigating the Portfolio Pathway

Dr Ravindi Gunaratne, Clinical Fellow, Manchester University NHS Foundation Trust
 Dr Darshana Sawant Dhaka, Consultant Anaesthetist, University Hospital of Birmingham NHS Foundation Trust, Dr Amarjeet D. Patil, Consultant Anaesthetist, Manchester Royal Infirmary, Manchester University NHS Foundation Trust

Introduction: The Portfolio Pathway, formerly CESR (Certificate of Eligibility for Specialist Registration), offers an alternative route to Certificate of Completion (CCT) for specialist registration. Since the curriculum update and changes in evaluation methods to CESR, the ease of application process remains unexplored.

Method: A two-part survey was conducted in collaboration by a team from Sandwell and West Birmingham NHS trust and Manchester University NHS Foundation Trust. Part 1 explored the views on barriers and support for portfolio pathway. Part 2 surveyed supervisors' experiences. The survey was published on the Royal College of Anaesthesia (RCoA) website. Responses were collected anonymously.

Results: 67 residents and 60 supervisors responded nationwide. 57.6% of residents knew about the pathway before joining NHS. Only 15% were well-informed of the process. 29.9% switched workplaces to gather evidence. 22.4% considered giving up pursuing it. Among supervisors, 68.3% had supervised CESR applicants, 50% saw benefit in a trust - level CESR guide, but only 30% expressed desire to become CESR assessors.



Discussion: The change from equivalence to demonstration of knowledge, skill and experience has made the process less prescriptive. However, this flexibility also bestows variability in the guidance. UK based applicants still experience lack of parity in support compared to CCT. Most lack professional Influence to negotiate secondments on their own. Support is largely limited to mentorship. Self-directed efforts, balancing constraints and extra work over service provision makes the process further arduous. Motivated supervisors are discouraged from becoming assessors by novelty of guidance, lack of assessor support, time equivalents and career incentives. Credibility of overseas evidence, increasing number and lack of consistency in applications is further challenging for retention of existing assessors. Portfolio pathway is well designed and flexible in considering individual clinical backgrounds. But parity in support and uniformity of guidance of competencies still remains a challenge.

References:

Portfolio pathway application (no date) General Medical Council. Available at: <https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialist-application-guides/specialist-registration-portfolio> (Accessed: 20 February 2025).
Specialty specific guidance for Anaesthetics (no date) General Medical Council. Available at: <https://www.gmc-uk.org/registration-and-licensing/join-our-registers/registration-applications/specialty-specific-guidance/specialty-specific-guidance-for-anaesthetics> (Accessed: 20 February 2025).

Manchester 2025

Poster Presentations



29. Induction Teaching on Attending Emergencies as part of the ITU Team for Non- Anaesthetist Doctors

Dr. Annie Xinying HUANG, Anaesthetics CT3 - Colchester General Hospital,
Dr. Melina MAHR, ACCS EM ST3 – Colchester General Hospital

Introduction: Resident doctors (SHOs) from non-anaesthetic backgrounds rotating onto Colchester Hospital Critical Care Unit (CCU) are expected to support CCU registrars in emergencies, by drawing up anaesthetic drugs and gathering intubation equipment. Anaesthetics forms only a small part of undergraduate medicine courses; a 2024 review of foundation doctors shows that 38.5% agreed their undergraduate anaesthetics teaching was sufficient, and only 6% of Foundation Programme jobs include anaesthetics [1]. This means most are not familiar with these roles and in turn, mistakes can occur, in addition to delaying time-critical management of unwell patients. SHOs have expressed anxiety over this, and CCU registrars have reported feeling distracted having to supervise and dictate drug/equipment preparation as well as resuscitation management.

Methods: We held teaching sessions at every CCU SHO induction since August 2024. We used pre- and post- session surveys, on a five point scale from not confident to confident, to assess level of comfortability in attending arrest calls as part of the CCU team; assisting in intubations; recognising CCU candidates; knowledge of anaesthetic equipment, induction and emergency drugs. We also made and distributed quick reference lanyard cards for drug preparations.

Results: We had eleven and twelve responses for the pre and post surveys respectively.

Scoring the scale between one to five, pre teaching (n=11) trainees generally felt unfamiliar and unconfident with all examined aspects, ranging from average score of 1.9 to 2.36 out of 5. In the post teaching survey (n=12), an improvement is noted with the score ranging between 3.4 to 3.83 as somewhat confident, with no participant answering “not confident” to any of the domains.

Conclusion:

Our post-course survey shows that following our teaching sessions, SHOs feel more comfortable participating in emergencies as part of the CCU team.

References:

PR Kumar, SK Wicks, RV Kumar, et al. Evaluation of National Anaesthetics Teaching in Undergraduate Medicine (ENATUM), *Postgraduate Medical Journal*, Volume 100, Issue 1179, January 2024, Pages 56–62.

Manchester 2025

Poster Presentations



30. Audit on the Adequacy of Assessment of Postoperative Pain among Patients During Their Stay in the Recovery Area of the Main Theatres at Basildon University Hospital

C.Abeywickrama (Specialty Doctor in Anaesthesia), P.Marghade (Consultant Anaesthetist), S Bhargava (Consultant Anaesthetist), K.Vig (Consultant Anaesthetist), T. Dinh (CT2 Trainee in Anaesthesia)
Basildon University Hospital, Mid and South Essex NHS Trust

Introduction: Postoperative pain remains inadequately managed, with up to 40% of patients experiencing severe pain that impedes recovery (1). One major contributor is the underassessment of pain (2). This audit aimed to evaluate and improve postoperative pain assessment, addressing key challenges such as staff awareness, effective communication, handovers and timely pain management. A re-audit was conducted to assess improvements following an action plan, which primarily involved educational interventions for nursing staff in the recovery area.

Methods: This prospective observational study followed the RCOA Guidelines for the Provision of Anaesthesia Services for Inpatient Pain Management 2022. Data were collected from postoperative observation charts in the recovery area of the main theatres. The initial audit was conducted in July 2024, followed by a re-audit in January 2025 after implementing an action plan. Interventions included educational sessions for nurses, a reference booklet on pain assessment tools, numeric rating and faces scales at each bed, and a sample postoperative observation chart with pain assessment instructions displayed on the notice board.

Results:

Pain Assessment Criteria	Initial Audit	Re-audit
Documentation of pain assessment upon admission to recovery	0%	92%
Regular pain assessment before discharge	18%	94%
Pain assessment during movement	0%	28%
Reassessment after analgesic administration	7.7%	92.5%
Pain assessment at discharge	96%	96%
Documentation of pain assessment tools	0%	60.4%

Conclusion: The initial audit revealed unsatisfactory documentation of pain assessment (<50%) in all areas except at discharge. The re-audit demonstrated significant improvements, except for pain assessment at discharge, which remained unchanged. This study emphasizes the need for educational activities to enhance clinical practices. A key recommendation, adding a designated pain assessment section to the postoperative observation chart is currently in progress and is expected to improve consistency in pain assessment.

This study will be presented as a poster by Dr. P. Marghade (Consultant Anaesthetist).

References:

National Institute for Health Care Excellence(NICE), Perioperative care in adults, [N1] Evidence reviews for managing acute postoperative pain: NICE guideline (NG180) 19 August 2020.<https://www.nice.org.uk/guidance/ng180>

Berry PH, Chapman CR, Covington EC, et al. Pain: current understanding of assessment, management and treatments. National Pharmaceutical Council and Joint Commission of Healthcare Organisations Report, 2001

Rockett M, Taylor J. Guidelines for the Provision of Anaesthesia Services for Inpatient Pain Management 2022. Royal College of Anaesthetists.31st Of January 2022.<https://www.rcoa.ac.uk/gpas/chapter-11>

Manchester 2025

Poster Presentations



31. Development and Evaluation of a Local Wellbeing Programme for Anaesthetic Trainees at Aintree University Hospital

L Chambers (CT3, presenter)¹, M Ashe (Consultant)¹, F Bowden (Consultant)², C Dunmore (CT3)³, S El-Sheikha (Consultant)⁴, S Kamalanathan (Consultant)³

¹Mersey and West Lancashire Teaching Hospitals NHS Trust, ²Mid Cheshire Hospitals NHS Foundation Trust, ³University Hospitals of Liverpool, ⁴Leeds Teaching Hospitals NHS Trust

Introduction: Surveys conducted by the Royal College of Anaesthetists have shown that 85% of resident doctors in anaesthetic training are at high risk of burnout (1) with further work highlighting the risk factors for this (2). There has been a push nationally to support the wellbeing of anaesthetists-in-training to reduce the impact of high-acuity working on physical and mental health. Over the past eighteen months, we have run monthly wellbeing sessions, as part of a wider departmental wellbeing programme.

Methods: All available anaesthetists-in-training on placement at Aintree Hospital are rostered to attend the monthly 90-minute wellbeing sessions, in a non-clinical area. A facilitator from the trainee wellbeing committee is allocated, with a topic agreed from the programme handbook, and occasional activities such as crafts and quizzes. There is an escalation policy in place. During each session attendees are asked to complete an anonymous 'Wellbeing Check-in', based on the WHO-5 Wellbeing Index, in addition to further questions about recent upsetting clinical situations, and support offered or sought.

Results: Wellbeing check-in responses were analysed from 5 sessions in the current training year, with 28 responses collected. Median wellbeing scores across this period were 66/100, with no discernible rotational trend. 28.6% of responses reported involvement in an upsetting clinical situation, 87.5% of these were reported by Stage 1 trainees. 100% of anaesthetists were offered support and 100% reported their needs were met; 75% of support was offered by a consultant.

Conclusions: Our work supports national findings highlighting known challenges in clinical work faced by anaesthetists-in-training. This reinforces the value in continuation of the current wellbeing programme, particularly in supporting junior trainees. The responses show departmental improvements in offering ad-hoc support. Sustainability of the current programme is ensured by a departmental consultant lead, handover of roles between rotations, and regular feedback.

References:

- Royal College of Anaesthetists. A report on the welfare, morale and experiences of anaesthetists in training: the need to listen. RCoA; 2017 Dec.
- Looseley A, Wainwright E, Cook TM, Bell V, Hoskins S, O'Connor M, Taylor G, Mouton R, SWeAT Study Investigator Group. Stress, burnout, depression and work satisfaction among UK anaesthetic trainees; a quantitative analysis of the Satisfaction and Wellbeing in Anaesthetic Training study. *Anaesthesia*. 2019 Oct;74(10):1231-9.

Previous presentation

An earlier iteration of this work was presented at the North West Leadership Schools conference in 2024, with data from the 2023-24 academic year. We have since collected further data from 2024-25 which is included in the abstract above.

Manchester 2025

Poster Presentations



32. Evaluation of Pre-Operative Anaemia in Patients Undergoing Knee Arthroplasty

Dr Himanshu Patel MB, BChir BSc; Elective Orthopaedics, Leicester General Hospital, Leicester, UK

Introduction: Pre-operative anaemia has been associated with increased peri-operative complications in knee arthroplasties, which include requiring blood transfusions, prolonged hospital stay and mortality (Meybohm et al., 2020). The royal college of anaesthetists (RCoA) have identified various standards and measures for recognition and management of pre-operative anaemia (RCoA Quality Improvement Compendium, 2020).

This prospective audit endeavoured to evaluate the adherence of PAC practice to RCoA standards in the context of pre-operative anaemia. We also attempted to evaluate the education surrounding pre-operative anaemia.

Methods: Patients undergoing knee arthroplasties at Leicester General Hospital from 20th January 2025 to 31st January 2025 were identified using Operating Room Management Information System (ORMIS). Their blood test results and anaemia status were clarified. PAC paperwork and previous clinic letters were used to ascertain whether anaemic patients were referred to the anaemia clinic and initiated on oral iron.

Results: We identified 24 patients undergoing knee arthroplasties between the dates above. 96% had their FBC measured in PAC. Less than 10% of patients had a measured FBC at least 6 weeks prior to their operation. Only 2 patients were found to be anaemic; 1 of the patients was known to the anaemia clinic. The other patient was neither referred to the anaemia clinic nor started on oral iron. Senior House Officers (SHOs) assessing patients had not received a formal teaching session for perioperative care prior to their rotation on elective orthopaedics, though there was written guidance on pre-operative anaemia in the PAC handbooks.

Conclusion: The available data shows that the RCoA standards for managing preoperative anaemia are not being met. In addition there is a lack of focus on education regarding pre-operative anaemia. Improvements to be made could include appropriate scheduling of appointments, and a formal teaching session for educating SHOs to identify and manage preoperative anaemia.

References:

Meybohm, P., Hendrik Kohlhof, Wirtz, D.C., Marzi, I., Christoph Füllenbach, Suma Choorapoikayil, Wittmann, M., Marschall, U., Thoma, J., Klaus Schwendner, Stark, P., Ansgar Raadts, Friedrich, J., Weigt, H., Friederich, P., Huber, J., Gutjahr, M., Schmitt, E. and Zacharowski, K. (2019). Preoperative Anaemia in Primary Hip and Knee Arthroplasty. *Zeitschrift für Orthopädie und Unfallchirurgie*, 158(02), pp.194–200. doi: <https://doi.org/10.1055/a-0974-4115>.

Chereshneva, M., Johnston, C., Colvin, J. and Peden, C. (n.d.). *Raising the Standards: RCoA quality improvement compendium 4th edition, September 2020*. [online] Available at: https://www.rcoa.ac.uk/sites/default/files/documents/2024-09/RCOA%20Audit%20Recipe%20Book_Combined_Final_23_09_24.pdf.

Manchester 2025

Poster Presentations



33. Improving Tea Trolley Teaching

Carla Gould [Anaesthetic Consultant], Sara Harrop [ST7 Anaesthetic Registrar], Wythenshawe Hospital

'Tea Trolley Teaching' (TTT) is a teaching method that has recently been used in anaesthetic departments to provide short, succinct multidisciplinary teaching during the working day¹. Practical skills can be practised, guideline updates provided and uncommon anaesthetic emergencies drilled¹. At Wythenshawe hospital, TTT has been sporadic over the last few years. A poll of anaesthetic consultants in the department looked at the barriers to providing TTT, and how increased activity could be promoted.

Not all questions were compulsory, and some allowed multiple answers. Of the 28 consultants who answered, 23 replied that they did not provide tea trolley teaching, whilst 5 said 'yes, occasionally' and none said 'yes, regularly'. Multiple votes were allowed for the following question: the key barriers to providing TTT included lack of time (never being allocated to an available slot), with 18 selections, being unsure of what to teach or how to teach it (8 selections) and needing an extra pair of hands in order to run TTT (3 selections). Noone selected a lack of interest in conducting TTT.

The consultants were asked what they'd like to see in a resource folder aimed at facilitating TTT - all the suggestions got almost equal numbers of responses, and included suggested topics and crib sheets, a list of resources and the locations to find them [eg manikins], a log of recently done TTT [with a date] and feedback QR codes.

We set up a 'efolder' containing resources for TTT, and asked the consultant body 'would a setup trolley with a resource folder encourage you to deliver a session when you're allocated as available'. There were 16 responses for yes, 1 for no and 5 for possibly.

We hope the introduction of a resource e-folder translates into increased TTT delivery, and long-term aim to share our e-folder with other institutions.

References:

What is Tea Trolley Teaching? https://www.rcoa.ac.uk/sites/default/files/documents/2022-04/TTT2%20What%20tea%20trolley%20training%20is%20and%20how%20it%20works%20word%2010th%20March%202022_0.pdf Accessed 11/2/25

Manchester 2025

Poster Presentations



34. Basic Ultrasound Techniques (BUST) for Foundation Doctors: A Novel Educational Initiative

Kirk, Adam¹ ST6; Simkiss, Matthew¹ ST6; Harding, Drew² ST5 ¹North West School of Anaesthetics; ²London School of Anaesthesia

Introduction: In 2021, we launched a teaching programme to train foundation doctors in ultrasound-guided cannulation. Recognising disparities in ultrasound training across medical schools, we observed that foundation trainees often lacked confidence in this skill, frequently relying on anaesthetists for assistance. To address this, we designed a course combining theoretical knowledge and practical skills to improve confidence and competence. The programme has been delivered across multiple hospitals in the North West of England and London.

Methods: Our half-day programme includes both theoretical and practical components. The theory covers ultrasound basics, machine operation, and differences between in-plane and out-of-plane techniques. Participants then practise in small groups, performing live scans and cannulation on phantoms using the out-of-plane technique.

Results: The programme has trained over 270 foundation doctors, with 99.3% reporting increased confidence in ultrasound-guided cannulation. Additionally, 93.9% indicated they would attempt ultrasound-guided cannulation on a stable patient before escalating to a colleague. Feedback has been overwhelmingly positive:

"Literally better than professional courses I've watched in explaining how to 'chase the dot.' No information overload. Great models for use."

"Best practical session about cannulation under US guidance. Teachers were very good and friendly. Feeling more confident about doing this on the ward."

Discussion: Our main challenge was securing ultrasound machines and realistic models for practice. By developing low-cost agar gel models and collaborating with Sonosite and GE, we provided high-quality teaching while minimising costs. We also plan to transition course delivery to junior anaesthetists, allowing them to develop teaching and organisational skills while ensuring the programmes sustainability. Additionally, we've developed an advanced course for core trainees to meet the Royal College of Anaesthetists' training guidelines on ultrasound for vascular access. Recent funding from Manchester Foundation Trust (MFT) has supported the purchase of advanced branched vessel phantoms, allowing for continued expansion.

Manchester 2025

Poster Presentations



35. Novice Tips and Tricks: A Regional Peer-Led Teaching Programme for Novice Anaesthetists

Victoria Stokes¹ (ACCS CT4), Sophie Stanley¹ (ACF CT4), Emma Lowe¹ (ACCS CT4), Lucy McDermott (ACCS CT3)¹, Ethlinn Patton¹ (ACCS CT4) and Sophie Bishop² (Anaesthesia Consultant)

¹Mersey and West Lancashire Teaching Hospital NHS Trust (Lead employer)

²Wythenshawe Hospital, Manchester University NHS Foundation Trust

Introduction: Many trainees are daunted by the high volume of information delivered by expert trainers during their novice period. Near peer teaching (NPT) benefits both students and peer-teachers in this context². Drawing on our own experiences, we recognised an opportunity to develop a regional NPT scheme to enhance the novice anaesthetic introductory programme.

Methods: Five anaesthetic core trainees developed a regional teaching programme to be delivered as part of the introductory novice trainee programme. A pilot session was trialed in February 2023 and content was modified in line with participant feedback. The NPT session is delivered biannually (August and February) across a single afternoon within the first 3 weeks of the novice period to 25-35 participants. Topics covered include pre-operative assessment, basic pharmacology of induction and emergency drugs, orientation of the anaesthetic machine, emergence from anaesthesia, common post-operative problems and mannequin based intubation practice. Participants rated their confidence across these topics on a 10-point Likert scale before and after each NPT session.

Results: The session has been delivered to 119 novice anaesthetists over four sittings. Confidence scores improved in all domains in every sitting (Figure 1). The greatest change in confidence was observed when the session was delivered closer to the participants start date in anaesthesia. Quotations from novice trainees continue to recognise the value of the NPT programme; *"The sessions were extremely informative and useful; trainees who have just done the same programme we are embarking on are ideally placed to address our gaps in knowledge, anxieties and concerns"*. Trainee feedback has highlighted the benefit of a safe space, low pressure environment for novice trainees to practice and ask questions to near peers.

Conclusion: NPT improves confidence among novice trainees. NPT can provide beneficial learning experiences alongside a consultant led teaching programme.

References:

¹Royal College of Anaesthetists (RCOA). Novice Guide. London: RCOA; 2019 [cited 2025 Feb 16]. Available from: <https://www.rcoa.ac.uk/documents/novice-guide/welcome-anaesthesia-rcoa>

²Bowyer, ER; Shaw, SCK. Informal Near-Peer Teaching in Medical Education: A Scoping Review. Education for Health 34(1):p 29-33, Jan-Apr 2021. [cited 2025 Feb 16]. <https://journals.lww.com/edhe/fulltext/2021/34010/>

Figure 1: Graphical representation of improvements in confidence pre- and post-teaching



Manchester 2025

Poster Presentations



36. Novel Delivery Platform for Up-to-Date LTFT Training Guidance

Grace Salvage, ST6 Mersey School of Anaesthesia LTFT Representative
Kate Lloyd, ST7 Manchester School of Anaesthesia LTFT Representative
Victoria Scott-Warren, Consultant Paediatric Anaesthetist, NHSE-NW Anaesthesia LTFT TPD.

Introduction: Less-Than-Full-Time (LTFT) Training has never been a more popular option with 39% of Anaesthetists in Training choosing to train this way in 2024.¹ Keeping Resident Doctors and Trainers up to date with the latest guidance regarding LTFT Training processes and advice remains a challenge. Written documents, even those hosted on webpages, are out of date nearly as soon as they are published with the currently available RCoA and Association of Anaesthetists guidance reflecting the processes in place from 2021.²

Methods: Building on successful work investigating the use of an 'app' platform for delivery of induction information to Resident Doctors³, we developed a 'progressive web app' utilising free-to-use no-coding software to house the NorthWest School of Anaesthesia LTFT Guidance. The app contains multiple tabs covering all frequently asked questions including 'contacts', 'payslip help' and 'how-to LTFT'.

Results: The feedback has been universally positive with Resident Doctors commenting on the ease of use of the platform. An app-embedded video describing 'how to understand your payslip' has been accessed 31 times since the app launch two calendar months ago.

Discussion: The major benefit of this platform is that the guidance can be updated real-time with no delay in delivery of information to the app users. Resident Doctors are used to the convenience of apps and have been keen to adopt this novel platform of information sharing. The ease of access will improve up-to-date guidance dissemination regarding LTFT Training in the North West School of Anaesthesia.

References:

1. <https://edt.gmc-uk.org/other-nts-reports/less-than-full-time-ltft>. Accessed 21st February 2025.
2. https://anaesthetists.org/Portals/0/PDFs/Membership/LTFT_AZ_2021.pdf?ver=2021-07-23-095655-810. Accessed 21st February 2025.
3. <https://www.rcoa.ac.uk/bulletin/october-2023/college-tutors-meeting-2023-poster-competition-winners>. Accessed 21st February 2025.

Manchester 2025

Poster Presentations



37. Increasing Remifentanyl PCA Use on the Labour Ward: A Push for Better Pain Rrelief

Nikoleta Karadatkou, JSD-H Anaesthetics & ITU, University Hospitals Birmingham, George Kuligowski Presenting

Background: Remifentanyl is a short-acting opioid commonly used for labour pain management due to its rapid onset and offset. However, a key challenge is the lack of formal training for midwives in administering remifentanyl, which raises concerns about its safe use and could limit patient's choice. Many midwives feel unprepared to manage side effects, such as apnoea and respiratory depression, due to insufficient education and exposure. These gaps in knowledge lead to inconsistent practices, increasing safety risks. Therefore, enhancing midwives' education and training is essential for the safe use of remifentanyl.

Aim: This QIP aimed to improve the safe and effective use of remifentanyl infusion by enhancing midwives' understanding of its guidelines and emergency management protocols.

Methods: A baseline questionnaire assessed midwives' confidence in administering remifentanyl. Based on these results, a simulation training session was developed, focusing on managing an apnoeic patient. A post-simulation questionnaire measured changes in confidence and preferred teaching methods (online presentations, printed guidelines, or simulation). Additionally, remifentanyl infusion usage data from the labour ward was tracked over three months to evaluate the impact of the intervention.

Results: After the training, midwives (n=12) reported a threefold increase in confidence in managing remifentanyl infusion and its side effects, such as nausea and apnoea. The number of midwives feeling confident in administering remifentanyl rose from 3 to 9. Simulation-based training was the most preferred method. Furthermore, remifentanyl use in the labour ward increased fourfold, with sessions rising from 2 during July-September to 8 in October-December.

Conclusion: This QIP demonstrated that training midwives in remifentanyl administration and side effect management significantly improved their ability to use the drug safely. This was reflected in the significant increase in remifentanyl infusion use in the labour ward. Simulation-based training should remain a priority to sustain improvements in care quality.



Comparison of percentages of midwives reporting confident in monitoring remifentanyl infusion and managing side effects before and after the simulation session, as well as comparison of attendance rates for face-to-face and online training before and after the simulation.



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