SEA·UK

The Society for Education in Anaesthesia UK

# Summer 2025 Newsletter

*Inside this issue...*

*Manchester 25th ASM Keynotes*

*Upcoming webinars*

*Special Features: Designing Introduction Programmes*

*Essay competition and educational grants*

**Editor:**
Dr Megan Oldbury, ST5 Anaesthetics
West Yorkshire

@SEATWEETUK

# Join SEA-UK Today

## Be part of a growing network of passionate educators in anaesthesia across the UK

The Society for Education in Anaesthesia UK is an organisation that works to provide high quality networks and professional development opportunities for education in anaesthesia in the UK and overseas. SEA-UK is here to provide the advice, support and resources you need to excel your career as an anaesthetist, trainer, educator and leader.

There are many benefits of becoming a member of SEA-UK, these include:

**Keeping up to date**

Receive updates on the latest developments in educational methods with the biannual SEA-UK newsletter
Our new website provides the latest updates in education, making it easy to navigate and find the resources you need

**Free webinars**

Join and access our webinars for free

**Attending CPD accredited meetings and workshops**

Discounted access to SEA-UK conferences and workshops will keep up to date with the latest developments in education in anaesthesia

**Learning from others**

SEA-UK online forums provide a space for like-minded educationalists to network and share experiences and discuss future ideas for education and training (available on our website)

**Collaborating with others**

Discuss the latest issues and innovations regarding the Royal College of Anaesthetists' training curriculum and the opportunities and challenges for trainees and trainers
Get support from trainers and educators from across the UK

**Building your portfolio**

Submit articles on educational topics for free. These are published in our biannual newsletter or in the RCoA Bulletin magazine
You will be a member of an organisation that has a national influence on anaesthetic education and development

Thank you for your time and we look forward to you joining us here:
https://www.seauk.org/join-seauk

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The Society for Education in Anaesthesia UK

Kind regards,

| | | | |
|---|---|---|---|
| Umair Ansari | Tracy Langcake | Anil Kumar | Dan Wise |
| President | Secretary | Treasurer | Webmaster |

# WELCOME

## Letter from the Editor

SEA·UK
The Society for Education in Anaesthesia UK

Established 1999
Charity Number 1091996
Summer Newsletter 2024
**Editors:** Megan Oldbury
**Design:** Rachel Holmes 2022



## Inside this issue



Dear Readers,

Welcome to the Summer 2025 edition of the SEA UK newsletter!

We are excited to bring you updates from the world of education in anaesthesia. In this issue, you will find summaries of the fascinating talks from our 25th annual scientific meeting which was held in Manchester this year.

As always, there are many opportunities for our members in this issue including an essay competition and information on how to apply for an educational grant. We are always looking for thought-provoking review articles and special features to publish in our newsletters so please get in touch with any interesting projects that are being undertaken in your region!

Lastly, I would like to extend my congratulations to Dr Umair Ansari on his election to SEAUK President. He has done wonders as our webmaster over the last few years and I am sure he will take on the baton that Dr Cyprian Mendonca has carried so well. I would also like to welcome Dr Dan Wise to his new role as webmaster and Dr Anil Kumar who is fulfilling the role as treasurer.

To you our readers—thank you for being a part of our community. Together, we can continue to make a positive impact on education in anaesthesia and inspire the next generation of learners.

Happy reading!

Dr Megan Oldbury
**Junior Editor**

@SEATWEETUK

*Featured photographs:*
*Rydal Water, Lake District*
*Taken by Dr Megan Oldbury*

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The Society for Education in Anaesthesia UK

# Letter from the President

*Professor Umair Ansari*

## Welcome to the SEA-UK Summer (2025) Newsletter

Dear Members,

A very warm welcome to all members of SEA-UK with the Summer newsletter. I hope everyone has enjoyed the lovely sunshine we have been blessed with these holidays.

It is an honour to have been nominated as President of SEA-UK in Manchester at our ASM. Dr Cliff Shelton and team put on an excellent meeting for our members, with a great range of educational topics and a fantastic venue.

I had an opportunity to meet Dr Chandra Kumar at this event, a founding member of SEA-UK. It was a humbling experience to learn about the origins of the Society and the values it has stood for. I hope to be able to continue to encourage our members to embrace all these values and every educational opportunity available to us, especially so, in these challenging times in the NHS.

We are really looking forward to our upcoming webinar on 26th November 2025. We will also continue to support educational activities in the form of our essay competition, which I encourage our members to take part in, and educational grants.

Behind the scenes, many council members are busy at work preparing for our Annual Scientific Meeting, which I can confirm will take place on Monday 20th April 2026 in Bristol. I look forward to welcoming everyone to our webinars and reading your educational abstracts for the ASM in 2026!

Best wishes,

Dr Umair Ansari
**President SEA UK**

# Bristol 2026

## The 26th Annual Scientific Meeting

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The Society for Education in Anaesthesia UK

# Bristol 2026

# The 26th Annual Scientific Meeting

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The Society for Education in Anaesthesia UK

## SEA-UK ASM

Bristol 20th April 2026
The Bristol Hotel, Harbourside, Bristol, BS1 4QF

| | |
|---|---|
| 8:30 | **Registration Opens** |
| 9:00 | **Introduction and Welcome to SEA-UK 2026**<br>Dr. Amit Ranjan / President SEA UK / SEA UK committee |
| Session 1 | **The Expanding Role of the Anaesthetist** |
| 9:15 | **PHEM**<br>Dr. Tom Reninson<br>*Consultant Anaesthetist, Gloucestershire Hospitals NHS Foundation Trust.* |
| 9:40 | **Anaesthesia in the developing world**<br>Dr. Chris Walker<br>*Consultant Cardiac Anaesthetist & Intensivist, Cleveland Clinic Hospital, London* |
| 10:05 | **Frailty & The Perioperative Physician**<br>Dr. David Shipway<br>*Consultant in Internal Medicine. (Special interest in periop.) North Bristol Trust, Bristol* |
| 10:30 | **Sustainability in Anaesthesia**<br>Dr. John Hickman<br>*Consultant Anaesthetist & Sustainability Lead, University Hospitals Bristol and Weston, Bristol.* |
| 10:55 | **Coffee Break & Posters** |
| Session 2 | **Women in Anaesthesia** |
| 11:15 | **Dr. Fiona Donald – Chair**<br>*Consultant Anaesthetist, (Retired.) Former RCoA President.*<br>**Dr. Annabel Pearson (TBC) – Equity of Training Opportunities in Regional Anaesthesia**<br>*Consultant Anaesthetist, Bristol Children's Hospital, Bristol.*<br>**Dr. Lucinda Whitton – Women's Health and Training**<br>*Anaesthetic Resident, Severn Deanery, AoA Resident Committee Member.*<br>**Dr. Nirosha DeZoysa – Breaking Down Barriers in Trauma Anaesthesia**<br>*Consultant Anaesthetist & Major Trauma Centre Clinical Lead, North Bristol Trust, Bristol.* |
| 12:15 | **Lunch Break & Posters**<br>**AGM 12:15-12:30** |

# Bristol 2026

# The 26th Annual Scientific Meeting

SEA·UK
The Society for Education in Anaesthesia UK

## SEA-UK ASM

Bristol 20th April 2026
The Bristol Hotel, Harbourside, Bristol, BS1 4QF

| Session 3 | Innovation in Education |
|---|---|
| 13:15 | **Simulation**<br>Dr. Junaid Fukuta<br>*Consultant Anaesthetist (Special interest medical education and simulation)*<br>*University Hospitals Bristol and Weston, Bristol.* |
| 13:40 | **Augmented Reality in Regional Anaesthesia**<br>Dr. Arul James<br>*Consultant Anaesthetist & Chronic Pain Management, George Elliot hospital, Nuneaton.* |
| 14:05 | **Debate: Does ChatGPT have a place in anaesthetic training & education?**<br>Dr. Ed Miles vs Dr. Matt Aldridge<br>*Consultant Anaesthetists, North Bristol Trust, Bristol* |
| 14:40 | **Coffee Break & Posters** |
| 15:00 | **Key note/ Plenary Session – A Career in Education**<br>Dr. Mike O'Connor<br>*Consultant Anaesthetist, (Retired).* |
| 15:25 | **Training in Research**<br>Dr. Ned Gilbert-Kawai<br>*Consultant Anaesthetist and Intensivist. Royal Liverpool Hospital, Liverpool.* |
| 15:50 | **Free Paper Session - Chair** |
| 16:25 | **Top Papers**<br>Dr Swati Gupta<br>*Anaesthetist trainee, Severn deanery*<br>Dr Jon Barnes<br>*Consultant cardiac anaesthesia, Bristol Heart Institute, Bristol* |
| 16:40 | **Prizes & Closing Summary**<br>The SEA-UK Committee |

RCoA Royal College of Anaesthetists

SEAUK

#RCoAAaE

6 CPD credits

# Anaesthetists as Educators: Experienced Educational Supervisors

## 24 February 2026

**Venue:** RCoA, Chuchill House, London

### Clinical Content Lead: Dr Cyprian Mendonca & Dr Umair Ansari

Our one-day course on Educational Supervision consists of talks covering the educational critical incidents, supervision of less than full time resident doctors, and workshops on effective Educational Supervision, Doctors needing extra support, feedback-reflective conversation, QI training and sexual harassment.

The workshops are suitable for Educational supervisors with at least two years experience who have completed initial training and especially for those wanting an upgrade for revalidation. They will offer time to discuss the problems and challenges of educational supervision in the current climate and improve its provision.

The course content is mapped to the GMC's seven domains and participation in this course will provide supporting evidence towards the GMC approval process for named educational supervisors and named clinical supervisors.

BOOK NOW >

**Royal College of Anaesthetists**
Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1673 | events@rcoa.ac.uk | www.rcoa.ac.uk/events
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Page 1 of 2

RCOA Royal College of Anaesthetists

# SEAUK

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|---|---|---|
| **09.00 – 09.25** | **REGISTRATION AND REFRESHMENTS** | |
| 09.25 – 09.40 | Welcome and introduction | Prof Cyprian Mendonca, Coventry |
| 09.40 – 10.10 | Educational Critical Incidents | Dr Antonia Mayell, Coventry |

**10.10 – 12.50** **WORKSHOPS: Groups will rotate around three 45-minute workshops**

| **Workshop times:** | **10.10 – 11.00** | 11.00 - 11.15 | **11.15 - 12.00** | 12.00 - 12.05 | **12.05 - 12.50** |
|---|---|---|---|---|---|
| **Doctors requiring extra support**<br>Dr Antonia Mayell, Coventry<br>Dr Sarah Thornton, Manchester | Group 1 | **Break and Refreshments** | Group 3 | Group rotation | Group 2 |
| **Supervising Doctors on Portfolio Pathway**<br>Prof Sujesh Bansal, Manchester | Group 2 | | Group 1 | | Group 3 |
| **Supporting Residents with neurodiversity through training and exams**<br>Dr Charlotte Redshaw | Group 3 | | Group 2 | | Group 1 |

| | | |
|---|---|---|
| **12.50 – 13.35** | **Lunch** | |
| 13.35 – 14.05 | Less Than Full Time | Dr Victoria Scott-Warren, Manchester |

**14.05 – 16.25** **WORKSHOPS: Groups will rotate around three 40-minute workshops**

| **Workshop times:** | **14.05 – 14.45** | 14.45 – 14.50 | **14.50 – 15.30** | 15.30 – 15.45 | **15.45 – 16.25** |
|---|---|---|---|---|---|
| **QI training and the curriculum**<br>Dr Samantha Warnakulasuriya, London | Group 1 | Group rotation | Group 3 | **Break and Refreshments** | Group 2 |
| **Feedback & the Reflective Conversation**<br>Dr Jo Kerr, Somerset<br>Dr Manish Chablani, Lincolnshire | Group 2 | | Group 1 | | Group 3 |
| **Sexual harassment and recent developments**<br>Dr Sarah Thornton, Manchester | Group 3 | | Group 2 | | Group 1 |

| | | |
|---|---|---|
| 16.25 – 16.35 | Round up | Dr Umair Ansari, SEA UK President |
| **16.35** | **Close** | |

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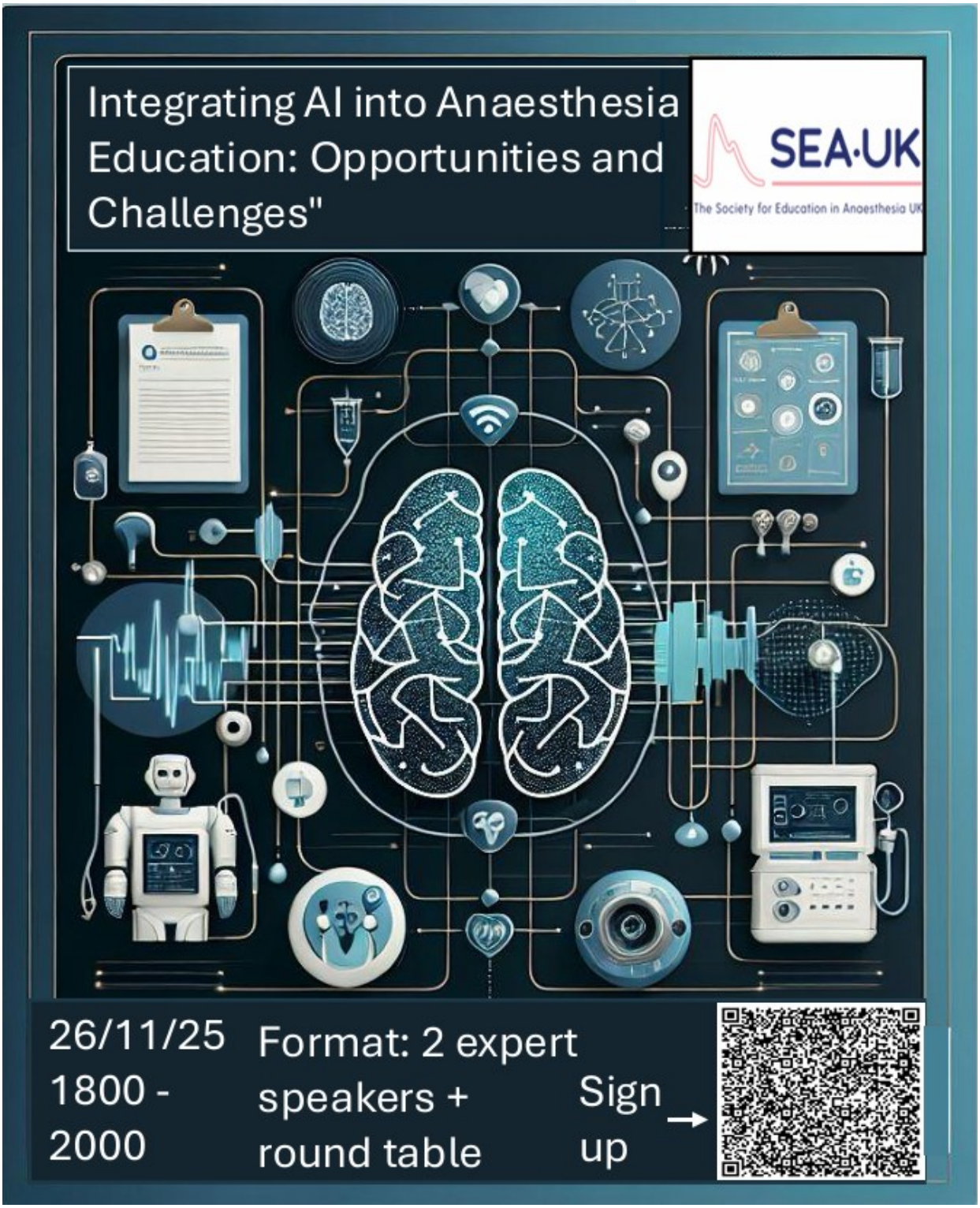
# SEA-UK Webinar November 2025



## Manchester 25th ASM Keynotes

# Digital Accessibility: From Awareness to Action

**Hannah Thein**
***Senior Academic Technologist***
***Warwick Medical School***

*Summarised by Dr Atideb Mitra, Council Member SEAUK*

Ms Hannah Thein from the University of Warwick made an excellent presentation on promoting awareness regarding digital accessibility and designing digitally accessible teaching. The presentation explained that improving accessibility was not just a policy requirement. It improved the quality of teaching and made learning more equitable and improved learning experience for all learners. The speaker asserted that digital technology now provided ways and means of making teaching accessible to students with disabilities and urged all teachers to use available resources.

The presentation advocated a proactive approach where teaching sessions should be accessible by design as opposed to a reactive approach to accommodate reasonable adjustments. The presenter argued that the onus for accessibility lay with the educator rather than the student and all presentations should be accessible to the majority of people without the need for conversion and this can be achieved using digital technology.

The principal forms of disabilities include visual, auditory, motor as well as cognitive and learning disabilities. A poll of assembled delegates acknowledged that significant proportion of students in Warwick Medical school had one of several forms of disabilities. The speaker asserted that if presentations were designed to be accessible it would benefit students with one of these several disabilities promoting self-sufficiency. The speaker also argued that this would indirectly improve the overall quality of teaching.

The speaker went on to describe the various digital tools available to promote accessibility. These include the use of transcripts as well as audio description of power point slides. The speaker also favoured the provision for providing slides in advance. The speaker also informed us that power point and word provide an accessibility checker and advised the use of these resources for all teaching presentations.

The speaker conducted a poll of factors that could affect learning for students with disabilities in the anaesthetic clinical environment. Some of the suggestions included a noisy environment, overstimulation and limited time to learn skills. The delegates felt that this could result in examination failure and lack of self-confidence which can adversely affect eventual career progression.

The speaker then urged assembled delegates to make one commitment towards increasing accessibility for future teaching sessions. Suggestions from delegates included speaking more slowly, regular use of accessibility checker and providing pre-session material and requesting students to provide pre course suggestions as well as feedback at the end. Suggestions also included improvement in learning environment such as introduction to team members during clinical teaching sessions allowing students more time to speak up and learn skills.

The session would inspire future teachers and trainers to use digital technology such as audio transcripts and accessibility checker for future presentations and adopt a holistic approach.

## Manchester 25th ASM Keynotes

# Inclusive Education for Anaesthetist and Medical Professionals

**Dr Leyla Turkoglu**
***Anaesthetic Resident, North London***

*Summarised by Dr Sarah Thornton, Council member SEAUK*

In a personal and thought-provoking talk, Leyla Turkoglu, shares their experience as a teaching fellow in LGBT+ health at University College London (UCL). Speaking from both clinical practice and educational leadership, they highlight the urgent need for more inclusive healthcare for LGBT+ patients and better training for students and staff.

Their message is clear: inclusive care is not only good practice, but also a legal, professional, and moral obligation.

**Progress isn't Linear**
Leyla challenges the assumption that progress on LGBT+ rights and inclusion is linear. Although legislative milestones like the UK's marriage equality laws brought optimism in 2015, more recent developments show regression. NHS gender identity services now face delays of over three years, well beyond the current 18-week target. Meanwhile, anti-LGBT+ hate crimes and transphobia are rising, both in the UK and abroad.

Censorship of LGBT+ health topics in the US underscore that equality cannot be taken for granted, it requires active, ongoing effort.

**Understanding Health Inequalities**
LGBT+ communities face significant health disparities. Physically, these patients are more likely to develop diabetes and certain cancers, and are less likely to engage in screening services. For example, lesbian and bisexual women are ten times less likely to attend cervical screening appointments than heterosexual women.

Substance misuse is also higher. Lesbian and bisexual women are twice as likely to abuse alcohol, and gay men report high levels of recreational drug use, often linked to risky behaviours like chemsex and steroid use.

Mental health statistics are particularly stark – the LGBT+ community experiences significantly higher rates of depression, anxiety, and suicide. Over half of LGBT+ individuals report experiencing depression in the past year, compared to just 17% of the general adult population in England. These numbers rise for those from minority ethnic backgrounds or who have experienced hate crimes.

**A History of Discrimination**
The medical profession has not always served LGBT+ individuals well. Homosexuality was classified as a mental illness until 1973 in the DSM. Historical abuses, such as Alan Turing's forced chemical castration, have left a legacy of mistrust. Unfortunately, discrimination persists: one in four NHS staff have heard a colleague make negative comments about LGBT+ people; 5% have seen patients receive poorer care based on their sexual orientation.

**Legal and Ethical Responsibilities**
Leyla points to the GMC's Good Medical Practice 2023 and the Equality Act 2010, which require fair and respectful treatment for all patients and prohibit discrimination based on sexual orientation or gender identity. Importantly, while personal beliefs may exempt doctors from providing certain procedures such as abortion, there is no exception provided for care to a certain group of people. Doctors must also reflect on how their own backgrounds and biases affect their decision-making and interactions with both patients and colleagues.

**Practical Implications in Anaesthesia**
In everyday practice, anaesthetists will encounter LGBT+ patients across all types of surgeries, from routine procedures to gender-affirming surgeries like mastectomy or vaginoplasty. Leyla urges clinicians to consider whether questions about sexuality or gender are clinically relevant. Over-questioning, especially when unnecessary, can alienate or distress patients. Specific clinical considerations also exist. For instance, cosmetic facial surgeries may affect airway assessments, and hormonal treatments may alter pharmacokinetics. Language also matters, referring to "mastectomy" rather than "top surgery" may be upsetting for some patients. Being aware and respectful of these nuances is key to delivering safe and dignified care.

## Manchester 25th ASM Keynotes

# Inclusive Education for Anaesthetist and Medical Professionals

**Dr Leyla Turkoglu**
***University College London***

*Summarised by Dr Sarah Thornton, Council member SEAUK*

**Microaggressions and the Workplace**
Language and assumptions matter in team dynamics too. Innocuous questions like "What did your husband do this weekend?" can force LGBT+ colleagues to choose whether to disclose personal information in a professional setting. Given power hierarchies in medicine, many choose not to "rock the boat", even when faced with discrimination. Only a quarter of LGBT+ doctors who report workplace bias do so formally.

**UCL's Inclusive Curriculum**
Leyla shares their experience helping to deliver UCL's pioneering LGBT+ health curriculum, which integrates these issues across all years of medical training. Sessions range from understanding health disparities to inclusive history-taking. Real patients, particularly from the trans community, share their experiences with students in a safe, structured setting. Feedback shows the programme's success: student confidence in assessing transgender patients rose from 35% to 84% following the sessions. The initiative shows that inclusive education is both achievable and impactful.

**Moving Forward**
Leyla ends with a call to action:

- Use inclusive language and mirror patient terminology.
- Recognise your biases and reflect on how they may influence care.
- Integrate LGBT+ scenarios into assessments to normalise representation.
- Support colleagues facing disclosure dilemmas or discrimination.
- Be open about mistakes and learn from them.

Providing inclusive care is not about political correctness, it's about safety, empathy, and professionalism. The work continues, and everyone in healthcare has a role to play.

## Manchester 25th ASM Keynotes

# How Do We 'Level Up' Our Undoctored Areas?

**Dr Liz Brewster**
***Senior Lecturer, Lancaster Medical School***

*Summarised by Dr Dan Wise, Webmaster*

Presented by Dr. Liz Brewster on behalf of the MapDoc team at Lancaster Medical School, this presentation explored the distribution of the UK's medical workforce, focusing on "under doctored areas"—regions struggling with persistent recruitment and retention challenges. These are often rural, coastal, remote, or socioeconomically deprived zones. The presentation investigated how medical training pathways impact staffing patterns and health inequalities, with a core goal of identifying strategies to "level up" these underserved areas.

**Understanding Under doctored Areas**

Under doctored areas are characterized by high vacancy and locum rates, low competition ratios, and systemic recruitment issues. These regions frequently face compounded disadvantages, including limited Infrastructure, socio-economic deprivation, and reduced access to amenities and services. Such disparities are not just workforce issues—they directly translate into health outcome inequalities for residents.

**The Importance of Medical Training Pathways**

Dr. Liz Brewster emphasised that the route a doctor takes through education and training deeply influences where they choose to work. The "Mapping Doctors" study employed geospatial mapping and 100 interviews (80 UK graduates and 20 international medical graduates) to illustrate how geographic and experiential factors affect workforce distribution.

**Key Findings from Interviews**

Participants expressed that working in under doctored areas often involves facing high clinical demand due to greater patient need. Deprivation correlates with more complex, chronic illnesses, making clinical practice more intense.

Additionally, perceived unattractiveness of the locale and poor infrastructure (e.g., lack of food services, rest facilities, or basic hospital amenities) further disincentivise doctors.

Several voices highlighted the need for basic improvements—adequate rest areas, functional parking, access to food, and safe working conditions—as prerequisites for recruitment. In contrast, regions that fostered a culture of support and innovation saw improved retention, as autonomy and encouragement were highly valued.

**Social and Cultural Dynamics**

Community presence and cultural accessibility are also critical. For instance, international medical graduates may be reluctant to work in isolated areas lacking cultural or culinary familiarity. Community inclusiveness and availability of familiar resources affect a doctor's sense of belonging and willingness to stay.

**Challenges in Training and Career Flexibility**

Trainees, especially those with caregiving responsibilities or from underrepresented backgrounds, often struggle with the rigidity of medical training pathways. Many respondents described changing career direction (e.g., moving from surgical to GP training) due to lack of flexibility in managing family life, single parenthood, or unsupportive work cultures.

The importance of first impressions in medical school and early training was another strong theme. Negative experiences during rotations—especially in hierarchical or toxic environments—discouraged trainees from pursuing certain specialties or staying in particular regions.

## Manchester 25th ASM Keynotes

# How Do We ‘Level Up’ Our Undoctored Areas?

**Liz Brewster**
***Senior Lecturer, Lancaster Medical School***

*Summarised by Dr Dan Wise, Webmaster*

**Valuing Medical Professionals**
Doctors reported that small gestures of recognition (like holiday bonuses or workplace support) significantly influenced their morale and perception of being valued. A recurring theme was that beyond financial incentives, work-life balance, supportive environments, and personal appreciation were decisive in career decisions.

**Implications and Recommendations**
To effectively "level up" under doctored areas, the healthcare system must address both structural and experiential factors. Infrastructure investment, community development, and workplace culture reform are crucial. Flexible training pathways, policies supporting parental responsibilities, and meaningful incentives can enhance retention. Lastly, improving first-hand experiences during training and fostering inclusivity can influence where doctors choose to build their careers.

**Conclusion**
The MapDoc project underscores the complex interplay between location, training pathways, and professional satisfaction. Addressing these factors holistically is essential for tackling NHS workforce disparities and improving health equity across the UK.

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## Manchester 25th ASM Keynotes

# Excellence in Resuscitation Teaching

**Patricia Conaghan**
***Educator, ALS Group and European Resuscitation Council***

*Summarised by Dr Umair Ansari, SEA UK President*

This was a fantastic lecture by Patricia, introducing us to the idea that resuscitation teaching is unlike any other, where you are not merely teaching/learning skills. Resuscitation teaching is teaching people to save lives under pressure, a somewhat more complex, more stressful, more high stakes task. The theme being, that perhaps we should provide the training in a stressful environment, mirroring the reality.

The talk focused on the need to deliver quality training, with outcomes suggesting a high rate of failure and memory fatigue. To address this, the European Resuscitation Committee is fundamentally rewriting approaches to the way in which resuscitation training is delivered.

The need for in-situ simulation is growing, with evidence supporting a 24% improvement in outcomes. This number will increase further, once we start training together as teams. Interestingly, this training does not need to be high-fidelity, therefore doesn't necessarily come with increased costs. The integration of team dynamics and immediate specific feedback within scenarios has been shown to improve learning outcomes.

There are further considerations required, including cognitive and emotional fidelity of learners. This can be facilitated using technology, including the use of artificial intelligence to improve the quality of feedback for learners. A major question that remains unanswered in all of this, is the limitations placed on individuals due to time constraints. Does an hour or two every year really help us maintain optimal performance in a resuscitation situation? This system needs an overhaul, perhaps looking towards mastery learning to achieve better outcomes for learners. Should certification be stopped and continuous learning be emphasised?

There was certainly a lot to think about during and after listening to this lecture. Good research in this area is lacking at present. The resources of time and money are limited within the system we work in. The future looks enticing, virtual reality applications, artificial intelligence debriefs and mobile simulation programs for remote sites are in various stages of development.

As we look towards an evidence-based innovative transformation of resuscitation training, further research and technology promise better outcomes for patients.

## Manchester 25th ASM Keynotes

# Getting the Best From In-Situ Simulation

**Dr Kirsty Maclennan**
***Consultant Anaesthetist, St Mary's Hospital, Manchester***

*Summarised by Dr Megan Oldbury,*
*SEA UK Newsletter Junior Editor*

Dr Kirsty MacLennan is a consultant anaesthetist with a specialist interest in obstetric anaesthesia at the Manchester University NHS Foundation Trust. She plays an active role in medical education, having been a College Tutor, TPD and Associate Director of Medical Education, and she has a particular interest in simulation and patient safety.

Dr MacLennan began her talk by discussing the uses of simulation in education. She touched upon the implementation of human factor strategies in anaesthesia and how these strategies have the potential to reduce the reliance on exceptional personal and team performance to provide safe and high-quality patient care. The factors identified included education and training, barriers such as time allotment, work culture and non-technical skills and designs of environment and medical equipment to avoid human error. Dr MacLennan went on to discuss how simulation has been shown to enhance clinical team performance, support organisational learning and promote a safety culture.

The are certain logistical issues that need to be overcome with simulation in a medical setting. Firstly, simulation should have an organisational 'buy-in'. Factors such as staff resources and the pressure on service and education can feel like a barrier to implementing in situ simulation. For simulation to work there needs to be learning purpose behind the simulation posed and 'buy in' from an organisation can often be found in clinical governance and critical incident reporting. Furthermore, a learning checklist can help a simulation programme to gain support from management – proof of the benefits that will be gained by the educational task. There is a huge emphasis now on the benefits of multidisciplinary education to promote team-work. The learning from team working through MDT simulation has been shown to improve patient safety and is a huge benefit of organising in situ simulation. Finally, simulation requires not only learning from the immediate training but also dissemination of this learning, whether that be in the form of a huddle, an SOP, a shared folder, a quarterly report or similar.

Dr MacLennan talked about the importance of debrief. She spoke about how any debrief from simulation should be relevant, constructive and system-focused. She talked about personal use of the Systems Engineering Initiative for Patient Safety tool (SEIPS) and how this can be used effectively to enhance in situ simulation and debrief.

Finally, Dr MacLennan finished her talk with examples of how in situ simulation has benefited her teams in a variety of settings including labour ward, the emergency department, ICU and theatres. She talked about the benefits of ensuring actual kit was used in real time to make simulation as realistic as possible. Simulations included evacuation from a birthing pool – learning from environmental challenges such as hoists, an emergency caesarean section on the intensive care unit where issues with uterotonics and equipment were identified, a perimortem caesarean section in resus in a major trauma centre where problems such as kit identification and logistics of maternal and neonatal care were learned from and a postnatal post-partum haemorrhage involving an emergency transfer to theatre and a telephone interpreter in which the teams encountered technological challenges.

Dr MacLennan concluded her thought-provoking talk by highlighting that you do not need high-fidelity equipment to provide excellent simulation. She emphasised the vast number of benefits that can be gained from learning in real time and concluded with a powerful statement 'If you don't have time for in situ simulation, you don't have time for patient care'.

## Manchester 25th ASM Keynotes

# How to Help Learners Meet Their Goals in Challenging Times

**Dr Martin Munich**
**Consultant Anaesthetist, Coventry**

*Summarised by Dr Amit Ranjan, SEA UK Newsletter Editor*

Dr Martin Minich, Consultant Anaesthetist and Training Programme Director, explores the challenges currently facing anaesthetic training in the UK and highlights practical strategies trainers can adopt to support learners effectively. The talk emphasizes that while systemic pressures exist, trainers and supervisors play a crucial role in creating supportive, accessible, and goal-oriented learning environments.

### Current Challenges - Workforce Issues

-Shortages: The UK faces a shortfall of around 1900 anaesthetists. Existing staff bear increased workloads, contributing to burnout and retention problems.
- Increased demand: Growing healthcare needs, coupled with an ageing population, strain services further.
- Retention risks: Only half of residents plan to remain in the NHS for their careers; a quarter expect to leave within five years.
- Ageing workforce: Loss of senior clinicians threatens continuity and experience in training.

### Training Programme Issues

-Limited training places restrict the supply pipeline.
- Structural changes add complexity and uncertainty.
- Impact of the pandemic disrupted rotations, clinical exposure, and assessments.
- Assessment burden: Portfolios and ARCP requirements add pressure.
- Regional variation: Differences in opportunities, subspecialties, and ARCP criteria create inequities.

### Wellbeing Issues

-Burnout and mental health strain affect both trainees and trainers.
- Lack of support systems leaves some residents vulnerable.
- Balancing personal and professional life remains difficult, especially with demanding rotas and service pressures.

### Risks for Residents and Trainers

Residents face high burnout risks, with workload pressures directly impacting their training quality and career outlook. Trainers themselves are at risk of burnout, with insufficient protected time for education and growing service demands.

### Supporting Learners – Trainer Responsibilities

#### Training Programme Directors

-Meet trainees at critical points to review progress.
- Create forward-looking training plans.
- Limit and, where possible, extend rotations to provide stability.
- Ensure allocations meet training needs across all stages.
- Recognise problems early, offer support promptly, and remain approachable.

#### Educational Supervisors

-Understand each resident's stage of training and guide them towards appropriate opportunities.
- Highlight predictable learning opportunities within departments.
- Support development of generic professional capabilities (e.g. leadership, professionalism).
- Intervene early if difficulties arise, maintaining accessibility and openness.

### Improving the Training Environment

Areas requiring trainer attention and institutional support include:
1. Teaching programmes – structured, accessible, and relevant.
2. Portfolio & ARCP requirements – clarity on what is essential.
3. Rotas – designed to balance training and service.
4. Study leave & funding – fair access to education and development time.
5. Clinical supervision – adequate and reliable support during shifts.
6. Rest facilities – essential for safe working and wellbeing.
7. LTFT (Less-Than-Full-Time) working – flexibility for trainees balancing personal needs.
8. Balance between training and service – safeguarding learning time despite workforce pressures.

## Manchester 25th ASM Keynotes

# How to Help Learners Meet Their Goals in Challenging Times

**Dr Martin Munich**
**Consultant Anaesthetist, Coventry**

### Survey Insights

**NETS Survey 2024**

-Positive experiences increased (85% in 2023 → 87% in 2024).
- Access to learning opportunities was sufficient for 86%.
- Workload impact on learning worsened: 59% reported negative effects in 2024, continuing a downward trend since 2019.
- 75% would recommend their training post, citing supportive colleagues, teaching quality, supervision, and opportunities.

**GMC Survey 2024**

-Residents' concerns: quality of training, wellbeing, rota design, leadership development, and discriminatory behaviours.
- Trainers' concerns: lack of time for training, wellbeing pressures, and rota design.

### Key Messages from Dr Minich

1. Understand the challenges trainees face – systemic, personal, and educational.
2. Engage with learners about their goals and align opportunities accordingly.
3. Influence the day-to-day environment: small improvements in supervision, communication, and rota planning matter greatly.
4. Support trainers as well as trainees – both groups need time, recognition, and care.
5. Prioritise wellbeing vigilance – notice signs of burnout early and signpost to professional resources

### Conclusion

Anaesthetic training in the UK is challenged by shortages, workload pressures, and structural barriers. However, trainers and supervisors have significant capacity to mitigate these difficulties by being accessible, supportive, and proactive in planning. A focus on wellbeing, equitable access to opportunities, and recognition of trainer needs can help sustain both the workforce and the quality of training in these challenging times.

## Manchester 25th ASM Keynotes

# Virtual Anaesthetics: How To Do Simulation From Anywhere!

**Dr Katherine Wainwright**
**Anaesthetic specialty trainee,**
***North West School of Anaesthesia***
**Curriculum developer, *Lancaster University***

Everyone working in health care has experienced e-learning, from annual mandatory training to the extensive content on e-Learning for Health. While these structured, methodical formats have their place, they rarely capture the messy, uncertain and emotionally-charged nature of decision-making in real-world clinical life.

Our most formative moments are rarely calm or predictable. Under pressure, we draw on experience and instinct as much as prior knowledge and skills. Developing good decision-making therefore requires opportunities to practice using our knowledge and skills safely, spaces where we can test our instincts, explore uncertainty and reflect meaningfully on what happened.

Here Virtual Anaesthetics offers a unique solution. This innovative online simulation platform gives the user agency and provides just enough fidelity that the online world comes to life. Built using an interactive fiction framework, reminiscent of 'choose-your-own-adventure' stories, the learner becomes an active protagonist at the heart of a dynamic clinical narrative. No longer a passive observer but the on-call anaesthetist embedded in a fictional team making decisions that change how the story unfolds. Scenarios generate bespoke, automated feedback that supports reflection and guides further learning.

During the SEA-UK Annual Scientific Meeting in Manchester, delegates joined a live demonstration of a Virtual Anaesthetics scenario. Using their phones to vote the audience collectively managed a virtual induction of anaesthesia. Within ten minutes, and despite an unexpected fictional crisis, the group made multiple key decisions diagnosing and treating their virtual patient. Behind this brief interactive session lies a branching network of more than 11,000 unique pathways, illustrating how complex, responsive and adaptive each scenario can be.

To date learners have completed over 600 scenarios, with every respondent to the optional feedback reporting they 'learned something' and 92% wanting to 'do more scenarios'. Feedback consistently highlights how participants identify with narrative elements woven throughout the fictional cases and how these align with their real clinical experiences.

Virtual Anaesthetics is accessible on any web-enabled device and freely available via www.virtualanaesthetics.com.

At the heart of Virtual Anaesthetics is a simple philosophy that clinical decision-making doesn't happen in isolation but within the messy, human contexts of care and often in the absence of a single 'right' answer. Virtual simulation provides a safe space for learners to test themselves, so that when it really matters, they have got the knowledge, instinct and confidence to make the next good decision.

## Manchester 25th ASM Keynotes

# Dissemination in Education: What Makes A Good Educational Report

**Dr Cliff Shelton**
**Consultant Anaesthetist**
***Manchester University NHS Foundation Trust***

*Summarised by Dr Cyprian Mendoca, Immediate Past President SEA UK*

Prof Cliff Shelton presented practical tips on how to be successful in publishing educational reports and projects. Publications in a peer-reviewed and PubMed listed journal are helpful in gaining additional points for various job applications and to support progress in career paths. The following were presented as important tips:

- **Choose something you care about.** The topic for research or quality improvement project should be of personal interest to ensure a persistent effort in completing and writing up the project. In addition, expert knowledge and skills relating to the topic is always useful.
- **Choose something topical.** If the title of publication is of general interest and topical, journal editors are more likely to be interested in the article.
- **Consider the impact of your publication.** Is the publication likely to generate further discussion on the topic? Will the publication attract an editorial on the topic? Will the publication develop further research in the area? If the answer is yes to these questions, then more citations are likely, and this will help to improve H-index for the authors.
- **Don't be afraid to ask the editor.** If you have an interesting topic for a systematic review or narrative review contact the editor in advance. Similarly, one may make a general enquiry with the editor whether or not they would be interested in publishing work. However, the final decision will then be subject to formal review of the submitted manuscript.
- **Choose co-authors wisely.** It is good practice to decide the co-authors at the start of the write-up or the research project, so that the workload can be distributed accordingly. All authors need to be involved in the final review and agree on the article content. The first author will do a large proportion of the work related to manuscript write-up and publication.
- **Read and follow author guidelines.** Each journal has specific author guidelines relating to total word count, accepted number of figures and tables, format of figures and tables and reference style. Therefore, good understanding of author guidelines can minimise the number of revisions required to finalise the manuscript.
- **First impression counts.** The format of the article, tables, figures and referencing should match the journal style. A well-written paper can create a good impression and willingness to review further.
- **Get someone to proof-read.** A good article does require several versions before reaching the final submission version. Proof-reading prior to submission is highly recommended. Someone who is not an expert in the field, can read and assess whether they can understand the topic and whether the text follows a logical order.
- **Respond to reviewer and editor comments.** If the article is of interest and publishable, then further revision may be required based on reviewer and editor comments. A clear response for these comments is essential when submitting the revised manuscript. It is best to present this information in a table format. This should include response to queries in logical order, describing the changes that are made in the manuscript.
- **Don't be afraid to stand up for yourself.** Not all comments and queries may require a revision in the manuscript. If a particular query doesn't require addressing, please give further clarification and justify your decision.

Publication of QI projects and educational reports in a reputed journals will help to disseminate the information worldwide. This will help to generate further discussion and more research on the topic of interest.

## Manchester 25th ASM Keynotes

# Educating Patients for Improving Outcomes

**Imogen Fecher-Jones**
**Advanced Nurse Practitioner & Research Fellow**
***University Hospital Southampton***
*Summarised by Dr Gillian Lever, Council Member SEA UK*

*"Surgery school is an education and behaviour intervention delivered by healthcare professionals to groups of patients and their families, aiming to prepare them for surgery"*

Imogen Fecher-Jones has been an Advanced Practitioner for 15 years and has led the perioperative medicine programme at University Hospital Southampton since its inception in 2014 alongside Professor Levett. She is currently undertaking a doctoral fellowship focussed on preoperative education and behaviour change to improve patient outcomes. She was therefore perfectly placed to take us through the data surrounding Surgery Schools and why they matter for our patients.

Research on Surgery Schools dates back to the 1970s but despite multiple studies, there was no definitive evidence that they had any quantifiable impact. From a qualitative perspective, however, there was substantial evidence to suggest that patients felt Surgery School was helpful. Reduction in anxiety, empowerment and feeling more knowledgeable and prepared for surgery were just some of the benefits that patients have highlighted.

Over the years that Surgery Schools have existed, there has been much diversity surrounding what is being taught to patients and what is being reported on. The Centre for Perioperative Care advises that all patients having major elective surgery should be offered access to Surgery School. Therefore, there is a need for a more consistent approach in delivering and studying Surgery School and a national guideline is called for.

Imogen shared her ongoing research project "GoPREPARE" (Group Preoperative Prehabilitation Education), which aims to redesign Southampton's Surgery School, creating a new "Gold-Standard" to take to a feasibility trial with the potential for Nationwide roll-out. The project is running in three phases, the first of which involved assessing a decade's worth of patient feedback from Southampton's Surgery School and undertaking consensus work with experts in the field to create recommendations for good practice.

When their Surgery School started in 2015 it was delivered face-to-face, but the Covid-19 pandemic meant it had to be moved to a virtual setup which has continued due to the improved patient attendance and engagement in this format. Imogen pointed out that whilst they were delighted to achieve 70% attendance, the 30% non-attenders are a point of interest, and she hopes to delve deeper into this to understand barriers to attendance. Consensus work was undertaken alongside the Perioperative Quality Initiative (POQI), an international multidisciplinary non-profit organisation that organises expert consensus conferences on topics related to perioperative medicine, aiming to improve patient care. This work involved 12 hours of virtual meetings with 32 members from across the multidisciplinary team and across multiple countries. Two POQI groups looked at components and delivery of Surgery School and the content of Surgery School, resulting in 22 final guidance statements with associated grade of evidence and strength of recommendation.

The second phase of the project used the recommendations from phase one and involved interviews about GoPREPARE with 14 patients who were either pre- or post-major surgery. These "think aloud" interviews meant patients could feedback in real time how they felt about the intervention, and the response was overwhelmingly positive with patients providing suggestions for adaptations to GoPREPARE. This phase is ongoing, and next steps will aim to maximise accessibility to GoPREPARE in its digital format.

The final phase will involve a feasibility trial in Plymouth, aiming towards a full-scale randomised controlled trial to improve the evidence about Surgery School. NHS England have latched onto Imogen's work and have asked her to create a toolkit for others to set up or adapt their own Surgery Schools to speed up implementation, improve standardisation and guide valuation.

As our patient cohort becomes older and increasingly morbid, the need for quality Surgery Schools is clear. This is an exciting time for prehabilitation and preoptimisation that holds promise for improved consistency in care and outcomes for our patients undergoing major surgery.

Useful links:
https://www.bjaopen.org/article/S2772-6096(24)00030-3/fulltext,
https://www.cpoc.org.uk/preoperative-assessment-and-optimisation-adult-surgery

Special Features

# Designing Structured Introduction Programmes: An Educational Framework for the NHS

**Dr. Pinar Demirtas[1], Dr. Tabana Chittibabu[1], Dr. Kriti Vig[2], Dr. Shilpa Raje[2], Dr. GS Anil Kumar[2]**
***Basildon and Thurrock Hospital, Mid and South Essex NHS Trust***

Clinical attachments and observerships are a common pathway for young doctors who want to step into NHS, as it allows them to become familiar with local clinical protocols and gain valuable exposure to the practical aspects of a specialty before committing to formal training. These placements play an especially crucial role for international medical graduates (IMGs) seeking to continue their professional journey in the UK, helping them adjust to NHS systems and expectations.

As many IMGs face challenges related to communication styles and documentation practices, early exposure to the hospital environment can ease this transition, mitigating the effects of cultural differences and enabling smoother integration into NHS practice (1). It also equips doctors with the documentation and governance standards expected by the General Medical Council (GMC).

Structured placement programmes benefit not only the individual doctor but also the wider healthcare system by promoting patient safety, cultural compatibility, professional readiness, as well as allowing IMGs to familiarise themselves with NHS guidelines and deliver care within the expected ethical and procedural frameworks.

The UK is likely to remain reliant on the skills and expertise of IMGs for the foreseeable future. According to the GMC, IMG doctors are predicted to become 32 % of the workforce in 2036, making the success of NHS services significantly reliant on their adaptation (1).

Although clinical attachments provide significant benefits and play a vital role in supporting IMGs in shaping their career paths, they are often poorly structured, which can limit their educational potential. They are also increasingly difficult to obtain and the variability in quality and content across specialties can be discouraging and inconsistent, leaving many reporting uncertainty regarding their placement roles, expectations, and learning opportunities, highlighting the need for a more standardised and structured framework. With appropriate pre-placement checks, limited hands-on participation could be safely introduced, enhancing learning while easing clinical workload. Similarly, organising placements around a structured timetable which is ensuring balanced exposure to clinics, theatres, ward rounds, and multidisciplinary team (MDT) meetings, would promote a more comprehensive and efficient learning experience.

The aim of this article is to propose an educational framework for structured placement programmes within the NHS, for novices, designed to maximise learning within a limited timeframe, providing holistic support to IMGs by smoothing their transition, and thus benefitting the wider healthcare system in the process.

**Making Observerships and Clinical Attachments Easier to Obtain**

The process of advertising and applying for these programs should be made transparent and easily accessible. An example of this is the MSE trust which has a streamlined system in place, with a designated member of the team overseeing the process. A robust and well-designed system goes a long way in attracting future clinicians and promoting a learning culture while addressing systemic inefficiencies to provide holistic support.

Special Features

# Designing Structured Introduction Programmes: An Educational Framework for the NHS

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***Basildon and Thurrock Hospital, Mid and South Essex NHS Trust***

**What's Involved and Who It's For?**

NHS trusts, while advertising, can utilize the structured application form, to include targeted questions about the candidates' goals, their availability, and their expectations. This allows the trusts to better understand the candidates' motivation, assess their suitability, and ensure time management. As a result, the selection process becomes more efficient and focused. This clarity and understanding of two-way expectations from an initial stage benefits all stakeholders. Administrative and education teams benefit by avoiding repetitive back and forth communication. Consultants are better positioned to identify and support candidates who are genuinely engaged, well-prepared, and eager to make the most of the NHS experience.

**Brief Preliminary Introduction**

Before confirming a placement, an initial meeting between the candidate and the supervising consultant can be extremely valuable in making the posting an efficient one. This reinforces the expectations of both sides, fostering a mutual understanding of objectives and working dynamics. The candidates can use this opportunity for asking questions, to discuss individual learning outcomes, and based on this exchange a set of fixed, individual modules can be decided for the duration of their placement. Furthermore, this meeting can provide an opportunity to broadly outline the roles and responsibilities which the candidate is expected to undertake, thereby giving a sense of confidence to the candidates and sparking more interest in candidates and the candidates' safety within the clinical environment. This meeting also serves as a platform to agree on candidates' role and the opportunities that the department can offer, which, once formalised, can be discussed with the rest of the team, ensuring synergy, clarity, and alignment across the department.

**Improving case-based understanding**

Another common challenge for candidates is the ability to follow patient cases and clinical records within hospital IT systems, due to restrictions guided by information governance. While data protection remains essential, NHS trusts could consider developing innovative solutions to enable comprehensive case understanding and follow-up of patient progress to demonstrate better engagement.

**Information Pack**

A comprehensive informative pack is essential for a smooth transition and to minimise delays. An induction pack provided in advance, after the placement has been agreed, ensures candidates are well-prepared from the outset. This pack contains necessary administrative information and practical guidance, including maps, accommodation, relevant contacts of key departments like Occupational Health and HR, and details of hospital facilities, along with hospital policies to make onboarding easier.

Special Features

# Designing Structured Introduction Programmes: An Educational Framework for the NHS

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***Basildon and Thurrock Hospital, Mid and South Essex NHS Trust***

**Mid-placement Review and Structured Feedback**

A mid-placement meeting between the candidate and supervising consultant plays a pivotal role in enhancing the educational value of the clinical experience. It enables timely review of progress, identifies specific areas for improvement, and ensures that expectations remain aligned. By addressing challenges early, this engagement allows for proactive modifications to the placement structure, maximising both clinical exposure and skill development. At the conclusion of the attachment, a written evaluation by the supervising consultant offers a formalised summary of performance. This final remark can serve as a credible reference, support future applications, and contribute to the candidate's ongoing professional development within the NHS framework.

**Conclusion**

The optimization of clinical attachments and observerships is not merely an educational imperative but a strategic necessity. By embedding these placements within a structured, standardised framework, featuring transparent recruitment pathways, pre-placement orientation, defined learning objectives, and timely feedback mechanisms, NHS trusts can transform variable, often underutilised opportunity into a high-yielding, pedagogically sound transition experience. Facilitating limited but meaningful clinical engagement, coupled with early administrative integration and consultant-led mentorship, would develop clinical acumen, cultural fluency and procedural literacy and boost a confident start. This would have a lateral impact on improving patient safety and quality of care, and in cultivating a globally competent, well-integrated medical workforce prepared to meet future healthcare demands.

Sources
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## Special Features

# SEA UK Educational Grant Project at the SVJC Trust BKL Walawalkar Hospital, India

**Dr Jack Wilkinson**
**Anaesthetic ST5 Northern Deanery**
***SVJC Trust BKL Walawalkar Hospital—January 2025***

I am an ST5 Anaesthetics Registrar in the Northern Deanery. In January, I joined a UK medical team on an educational camp at BKL Walawalkar Hospital in Chiplin, rural India. This was organised through the UK-based charity SVJC Trust UK, which sends a team of volunteer surgeons, anaesthetists and allied health professionals to visit the hospital for an annual camp. During the trip, the team runs an intense 6-day educational programme and gets involved throughout the hospital, theatres and attached medical and nursing schools.

The vast hospital site is hard to miss as it is attached to the small rural village of Dervan, just off the main highway from Mumbai to Goa. Built in 1995 by a charitable trust, the hospital aimed to improve the health of the local rural community. Initially, the size of a UK GP surgery, the hospital has expanded to have 500 inpatient beds, intensive care unit, nursing college, medical school, research facility and a well-equipped sports complex. The site also provides accommodation for staff and students, and the overall atmosphere is more like a small city than a hospital. The philanthropic trust has multiple outreach programmes to improve the health and social well-being of the community through education, nutrition, biodiversity and sports schemes.

I was primarily involved in delivering the educational programme. The programme covered a large range of topics to a varied audience of medical and nursing students, as well as surgical and anaesthetics residents at the hospital. We covered a dizzying array of topics, from transplant surgery to advanced ventilation techniques, in both large lecture theatre plenaries and smaller workshops.

The Objective Structured Clinical Examination (OSCE) format of examinations are shortly due to be introduced for both undergraduate and postgraduate exams in India, so the local team asked us to run teaching on this exam format and run several sessions of practice stations. Having recently sat the Final FRCA it was slightly surreal to be sat on the 'other side of the table.'

One of the highlights of the educational programme was helping to teach basic life support to over 150 medical students for the first time. My excellent version of 'Staying Alive' at about 120 bpm was sadly a total flop.

## Special Features

# SEA UK Educational Grant Project at the SVJC Trust BKL Walawalkar Hospital, India

**Dr Jack Wilkinson**
**Anaesthetic ST5 Northern Deanery**
***SVJC Trust BKL Walawalkar Hospital—January 2025***

While visiting theatre one morning, I was involved in an interesting case of a failed spinal. A young man had attended for percutaneous nephrolithotomy (PCNL) surgery to remove a larger kidney stone. The anaesthetic plan was for a spinal, sited easily. However, after 15 minutes, there was no detectable block other than some tingling in the toes. The local Anaesthetic Resident, Dr Revati Kadam, explained this was most likely due to a historical scorpion bite. I must have looked confused because she went on to explain that local anaesthetic resistance is common in this rural area due to the scorpion venom causing sodium channel modulation, this was most likely the cause for the failed spinal in our young farm worker.

Overall, the trip was a fantastic opportunity for me to develop skills in medical education and to experience a very different healthcare environment. I would like to highlight the excellent work carried out by the SVJC Trust UK over the last 19 years and UK Consultant Anaesthetist, Dr Sanjay Deshpande, who led the trip. In addition to the annual educational camp, the trust sponsors Indian medical and nursing students through training and also organises several educational fellowships for UK anaesthetic trainees, which may interest SEAUK members.

It was inspiring to spend time at BKL Walawalkar Hospital, where there is a clear focus on the community's overall health alongside providing acute services. I am certain this experience will have a lasting impact on my approach to medicine and remain with me throughout my NHS career. I may even blame my next failed spinal on scorpion venom.

Special Features

# SEA UK Educational Grant Project to Support 'Zambian Anaesthetic Development Partnership: In Country Fellow'

**Dr Helena Dunn**
**Anaesthetics Trainee UK**

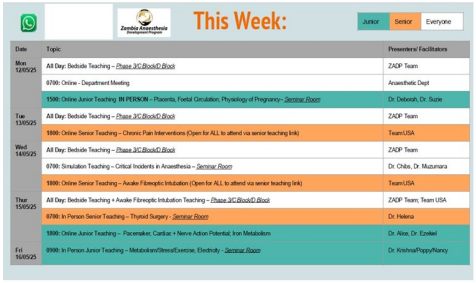
The Society for Education in Anaesthesia (SEA) offer an educational grant to assist clinicians pursuing educational projects in anaesthesia. I was awarded the grant in February 2025 for my teaching fellowship in Zambia with the Zambian Anaesthetic Development Programme (ZADP).

Zambia has a population of just under 21 million, with the majority of the population living in its Capital, Lusaka. The main public teaching hospital is University Teaching Hospital (UTH) which has 1655 beds. The average life expectancy of those born and living in Zambia is 61, with infectious diseases remaining the leading cause of death[1]. However, non-communicable diseases are an increasing burden in low and middle income countries (LMIC's), and the healthcare that is provided is adjusting to these changes. With the recent announcements of cuts to USAID, it is presently unclear what the impact will be on healthcare in Zambia[2]. However, with the US additionally cutting $50 million in annual aid to Zambia over "systemic theft"[3], it is inevitable that this will be a challenging time for Zambia's healthcare sector.

Approximately 5 billion people worldwide do not have access to safe and affordable surgical and anaesthesia care, and it is estimated that an additional 143 million surgical procedures would be needed each year in LMIC's to save lives and prevent disability[4]. Surgery is an "indivisible, indispensable part of healthcare"[5], of which safe anaesthesia is an essential component. Presently, there are 0.66 anaesthesia providers per 100,000 population in Zambia[6], which is a far reach from the Lancet's 2030 target of 20 per 100,000 population[4]. Placing this into context, the UK presently has 14.23 per 100,000 population. To provide safe surgery, the number of trained anaesthetists must continue to grow to match the deficit in available surgical care.

In Zambia, anaesthetic care is delivered by physician anaesthetists, nurse anaesthetists, and clinical officers. The post-graduate training of physician anaesthetists has been available in Zambia since 2011. ZADP was created in 2012 and has been fundamental in assisting with the educational delivery of the content of specialist anaesthesia training in Zambia. ZADP works in unison with the Society of Anaesthesiologists of Zambia (SAZ) to tailor training and educational needs to the residents. From ZADP's 10 year review in 2022, there have been an additional 30 consultant anaesthetists trained in Zambia since the initiation of the specialist programme. This increase in capacity has resulted in 12 hospitals now having a consultant anaesthetist employed[7]. Although the numbers remain small, the safety and educational impact of having a consultant anaesthetist is invaluable. ZADP remains in country to help with the educational programme whilst there is still a large deficit of trained physician anaesthetists.

ZADP delivers teaching to Zambian anaesthesia residents via both remote and in-country formats. The remote teaching fellows can deliver the teaching via video link from anywhere in the world. I fulfilled this role for a period of 6 months in 2024 prior to spending 3 months as an in-country fellow in Zambia. I am a UK trained anaesthetist who has completed core training and holds the primary FRCA, therefore I joined ZADP as a junior teaching fellow alongside a small team of other anaesthetic trainees. The senior fellows hold the final FRCA and have completed at least 4 years of anaesthesia training. As in country fellows, our teaching time is split between being in theatre with the residents and classroom sessions.


This Week:

| Date | Topic | Presenters/ Facilitators |
|---|---|---|
| Mon 12/05/25 | All Day: Bedside Teaching – Phase 3/C Block/D Block | ZADP Team |
| | 0700: Online – Department Meeting | Anaesthetic Dept |
| | 1500: Online Junior Teaching IN PERSON – Placenta, Foetal Circulation, Physiology of Pregnancy– Seminar Room | Dr. Deborah, Dr. Suzie |
| Tue 13/05/25 | All Day: Bedside Teaching – Phase 3/C Block/D Block | ZADP Team |
| | 1800: Online Senior Teaching – Chronic Pain Interventions (Open for ALL to attend via senior teaching link) | Team USA |
| Wed 14/05/25 | All Day: Bedside Teaching – Phase 3/C Block/D Block | ZADP Team |
| | 0700: Simulation Teaching – Critical Incidents in Anaesthesia – Seminar Room | Dr. Chibe, Dr. Muzumara |
| | 1800: Online Senior Teaching – Awake Fibreoptic Intubation (Open for ALL to attend via senior teaching link) | Team USA |
| Thur 15/05/25 | All Day: Bedside Teaching + Awake Fibreoptic Intubation Teaching – Phase 3/C Block/D Block | ZADP Team; Team USA |
| | 0700: In Person Senior Teaching – Thyroid Surgery - Seminar Room | Dr. Helena |
| | 1800: Online Junior Teaching – Pacemaker, Cardiac + Nerve Action Potential; Iron Metabolism | Dr. Alice, Dr. Ezekiel |
| Fri 16/05/25 | 0900: In Person Junior Teaching – Metabolism/Stress/Exercise, Electricity - Seminar Room | Dr. Krishna/Poppy/Nancy |

Figure 1: Example of weekly teaching timetable

## Special Features

# SEA UK Educational Grant Project to Support 'Zambian Anaesthetic Development Partnership: In Country Fellow'

On a similar theme, we assisted with simulation teaching each Wednesday morning. Over time, this has been increasingly Zambian led by consultants and anaesthesia fellows. We are writing a simulation booklet that can be utilised by the simulation leads to deliver sessions on a range of topics. The booklet of simulation scenarios will minimise the workload of the simulation facilitators and offer the opportunity for those less familiar with facilitating simulation an accessible way to initiate sessions. Furthermore, we delivered
in-person teaching in theatre and in the classroom. On request of the senior residents, we started a weekly in person teaching session which aimed to develop both knowledge and exam skills whilst also being an interactive seminar. The sessions were well received as prior to this the majority of learning for the senior residents was occurring remotely online. Remote teaching has its benefits, but the value of learning in person is undeniable. Around the various classroom sessions, we delivered one on one bedside teaching in theatre. Bedside teaching is an incredibly valuable tool as it has direct clinical context which aids in learning. We worked in general theatres (including general surgery, trauma, urology, neurosurgery and ENT), obstetrics, gynaecology, paediatrics and emergency theatres.

We had some specific teaching projects whilst in country, which were based on the requests of the residents. Firstly, we organised a mock OSCE. OSCEs can be a form of annual examination for the Zambian residents, however due to staffing, frequently do not occur. Due to this, many of the residents had never sat an OSCE and requested assistance in developing confidence in approaching this type of examination. ZADP organised an 8 station anaesthesia OSCE, assisted by 4 local consultants and many 1st year trainees who kindly fulfilled the role of actors. The OSCE was a great success, and the residents have now had exposure to this very specific style of
examination. As expected in any mock OSCE, there were many general learning points to be had, which will also aid in structured clinical approach in real life.

*Figure 2: Simulation teaching*

*Figure 3: ZADP Mock OSCE*

Beyond the teaching programme itself, we have supported the residents in developing their local QI projects and enacting on learning points from research they had conducted. An example of this was assisting one of the final year residents to disseminate the learning from her research project on maternal mortality from sepsis. She found there was a high mortality from patients diagnosed with sepsis on the obstetric ICU, and she identified that sepsis recognition may work towards I mprovements in mortality. Therefore, together, we developed a simulation session on sepsis for the obstetric department which was well received.

Special Features

# SEA UK Educational Grant Project to Support ‘Zambian Anaesthetic Development Partnership: In Country Fellow’

In addition to the teaching delivered in Lusaka, we spent a week delivering teaching to the residents in Ndola. UTH and Ndola teaching hospital are the two sites in Zambia that can train physician anaesthetists. These residents are a 6.5 hour car journey from the main teaching hospital in Lusaka. The residents receive fantastic support from their consultant, however the visits from ZADP fellows give an in person teaching week, when at baseline their theoretical teaching needs are mainly supported by remote teaching sessions.

On top of the hospital based education we organised, we joined SAZ in delivering the SAFE (Safer Anaesthesia From Education) paediatric course to anaesthesia providers who attended from across the country. The SAFE courses are a fantastic learning tool which are sustainable in their structure due to the associated “train the trainers” course. Due to this, SAFE paediatrics is now Zambian lead. It was an incredible course in which the attendees developed notably over the programme.

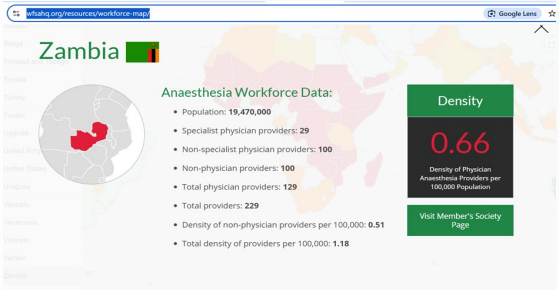



*Figure 4: Obstetric SEPSIS teaching*

*Figure 5: SAFE Paediatrics*

These examples are just a sample of the engagements of being an in-country ZADP fellow. However, there was also time to explore the city of Lusaka and the incredible surrounding attractions. Trips were inclusive of Livingstone and Victoria Falls, Chobe National Park in Botswana and South Luangwa National Park.

*Figure 6: Victoria Falls*

*Figure 7: Painted Dogs in South Luangwa National Park*

I want to take this opportunity to thank SEA for the grant. My passion for global health and development of safer surgery has only been enhanced by this experience. I look forward to seeing the opportunities which arise in the future, and watching ZADP continuing to support the sustainable growth of Zambian specialist anaesthetic training.

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SEA·UK

The Society for Education in Anaesthesia UK

# Educational Grants

4 x £500 grants available every year

Can be used for any prospective educational research and quality improvement activities related to education in anaesthesia, including:

- Research or QI expenses
- Travel to undertake educational activity
- Travel to present research or quality improvement

For more info, see https://www.seauk.org/grants

## Guidance

Entries are now invited on the following essay titles from medical students & trainees in anaesthesia.

Only one author per entry will be accepted.

All entries will be anonymised and judged by members of the SEA UK council. The judging panel looks for well-written entries that demonstrate critical thinking and reflective practice.

Max. 1200 words (excluding title and references).

Please use Arial size 12 font and single line spacing.

Maximum five references can be cited using Vancouver style.

References must be numbered sequentially as they appear in the text.

Winners will also receive complimentary registration to the 2025 SEA UK Annual Scientific meeting.

The winning essay will be published in the SEAUK Winter Newsletter. Any further queries should be emailed to secretary@seauk.org

SEA·UK

# Essay Competition 2025

**Trainee Prize: £75**— What is the future of medical education?

**Medical Students £75**— How do you see AI enhancing you as a clinician?

**DEADLINE: MIDNIGHT on FRIDAY 14th NOVEMBER 2025**

## How to enter

Please send your submissions to Dr Tracy Langcake (Abstract Coordinator) at secretary@seauk.org with a copy to Ms Cath Smith (SEA-UK Administrator) at administrator@seauk.org as a Word document.

# Membership

Membership fees:

Full membership is £25 per annum paid by direct debit

How to join:

**Online form**: https://www.seauk.org/join-seauk
or download and fill in the GoCardless direct debit form available at www.seauk.org

**Please send to:**

Cath Smith
SEA-UK Administrator,
PGME,
Rotherham NHS Foundation Trust,
Moorgate Road,
Rotherham
S60 2UD

**administrator@seauk.org**

## Benefits of joining

- Receive updates on latest developments in education
- Bi-annual newsletter
- Free webinars
- CPD accredited meetings and workshops
- Learn from others in our educational forums
- Updates regarding curriculum changes for trainees and trainers
- Build your portfolio
- National influence within anaesthetic education
- Opportunities for website development
- Discounted entry to ASM

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