Advanced Airway Skills Workshop for Higher Airway Anaesthetics Trainees

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INTRODUCTION

The global Covid-19 pandemic has caused significant burdens and pressures on NHS capacity, reducing educational, training and assessment opportunities for anaesthetic trainees, with subsequent concerns regarding clinical confidence and professional development. This has driven various initiatives to overcome the impact of limited clinical exposure, such as e-learning and simulation[1].

Our hospital is the regional difficult airway management centre, where anaesthetic trainees rotate for 2-3 months to achieve their higher airway competencies. Simulation is regularly used in anaesthetic training and has been shown to increase both clinical skills and learner satisfaction when used to teach airway skills[2]. To help compensate for the reduced training opportunities caused by the pandemic, we piloted a half-day simulation workshop to teach the trainees the required airway skills.

METHOD

The workshop used small group face-to-face simulation to teach the skills of fibreoptic intubation, Aintree catheter airway exchange and Bonfils scope intubation. All teaching was delivered by consultants with an interest in airway management. Following a successful pilot the workshop was repeated for the next rotation (March).

Pre- and post- workshop questionnaires were completed by attendees to assess the impact of the sessions.

RESULTS

Figure 1: Average attendee confidence ranking pre & post workshop (1-5 scale)
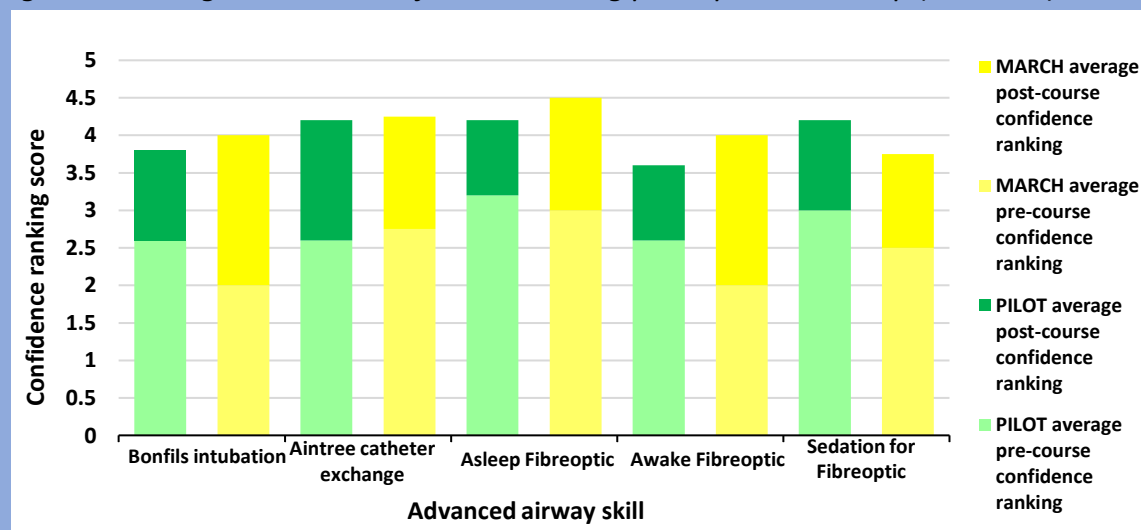
Introducing an Advanced Airway Skills Workshop for Higher Airway Anaesthetics Trainees improved attendees' confidence in performing advanced airway skills

There were 5 participants for each workshop, giving a total of 10 responses.

All attendees reported that the workshop had increased their knowledge of advanced airway skills and that they felt more prepared for performing the skills in a clinical environment

DISCUSSION

All skills had an increase in average attendees' confidence self-scores. This was more pronounced when trainees had limited or no prior experience of a skill. The intention of the workshop was to make trainees feel more confident and improve familiarity with the techniques so it is not surprising that the benefit was less for those trainees who had good prior experience of a skill.

The second run of the workshop had slightly bigger gains in average confidence scores across 4 of the 5 skills, it is unclear whether this is a reflection of their slightly lower pre-workshop confidence rankings or whether it is due to improvements in teaching standards. All teaching was rated highly by attendees.

With an increasing awareness for patient safety in medical education, the old dogma of 'do one, see one, teach one' has less relevance in modern healthcare[3]. By improving trainees' knowledge through simulation we hope that they will feel better prepared to be able to maximise any clinical opportunities that then arise during their placements, whilst upholding patient care as our primary duty.

CONCLUSION

Using simulation to teach advanced airway skills to Higher Airway Anaesthetic Trainees was successful in improving trainee confidence and enabled them to practice skills, which some were previously unfamiliar with, in a safe environment.

The workshop has now been rolled out as part of the induction process for these trainees.

REFERENCES

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