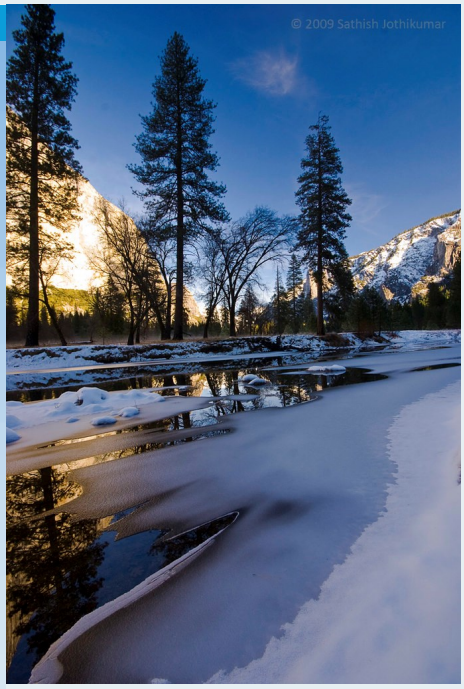
SEA-UK

Winter

SEAUK



Letter from the President

Sue Walwyn, Consultant Anaesthetist and TPD, West Yorkshire

Welcome to our winter newsletter. We hope that you have had time to rest over the festive period. Since our last newsletter we have continued to face challenges in our work, our ability to deliver training and how we interact with our colleagues. During this time we have been very busy organising webinars, our new look ASM and both bulletin and BJA ED articles.

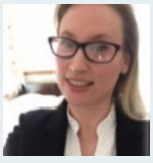
Our webinar in November was enthusiastically received and we would like to thank the speakers for their participation. The feedback confirmed our belief that this was an area where we could help our members in designing, and improving their own virtual education delivery. We plan to host another webinar in May looking at the new curriculum and associated assessment, particularly EPA's.

We are looking forward to our ASM in March and hope that you will join us for the day. An important part of the ASM is the abstracts and poster presentations, so please encourage your trainees to look into their local practise and innovations and submit an abstract. We will be holding our AGM at the end of the day and you will all be formally invited to the meeting.

Included in the newsletter is a request for grant applications. Please look at these and consider applying.

Lastly we would like to welcome 3 new council members: Sarah Fadden, Tracy Langcake and Umair Ansari.

Looking forward to seeing you at the ASM. Keep well and keep safe.



Letter from the Editors

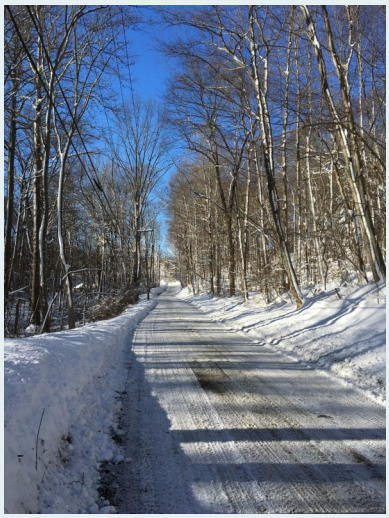
Claire Halligan, Consultant Anaesthetist, Wrexham Maelor

Emily Murphy, ST3 Anaesthetics, Cwm Taf Morgannwg

We are pleased to bring you the winter newsletter, which has details of the forthcoming ASM— book your place and submit your abstract now! Please also look at our research grants and of course join up if you're not a member to take advantage of this and more! We are pleased to have some great articles in this newsletter and please do get in touch to submit your article! newsletter@seauk.org

Stay Safe!

Inside this issue



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Virtual ASM March 2021

The next SEAUK ASM will be held virtually on March 22nd 2021.

We welcome abstract and posters for presentation.

Please see provisional timetable and guidance for applicants.

09:00	Introduction and Welcome	Dr Sue Walwyn President SEA UK
	Session 1	Chair: Prof. Cyprian Mendonca
09:10	Assessment: Priorities and pitfalls Impact of Covid-19	Dr Anne Taylor Keel University
09:40	Current GMC priorities for postgraduate medical education	Professor Sue Carr Deputy Medical Director, GMC
10:10	Questions & Answers	
10:30	**Refreshments**	
	Session 2	Chair: Mr Russell Ampofo
10:45	New Curriculum	Dr Nigel Penfold
11:15	Changing Role of the Educational Supervisor	TBC
11:45	Free Paper Session 1	Chair: Dr Richard Ramsaran
12:15	Questions & Answers	
12:30	**LUNCH**	
13:00	Free Paper Session 2	Chair: Dr Richard Ramsaran
	Session 3	
14:00	This house believes that every ES should have higher educational qualification	Chair: Dr Peeyush Kumar
	Proposer	Dr Shireen Edmunds Head of School HEE West Midlands
	Opposer	Dr Chris Carry Associate Postgraduate Dean HEE Kent Surrey Sussex
15:00-15:15	Presentation of prizes and closing address	Dr Sue Walwyn

SEAUK

Abstract Guidance

OPEN 1st Nov 19

Call for abstracts for SEA(UK) ASM 2020,

Deadline for submissions:

21st February 2020 5pm

Submitting an Abstract – Guidance notes:

- Your submission must be related to an educational topic. We are not a forum for purely clinical presentations.
- All submitted abstracts will be assessed and ranked. The top six will be chosen for oral presentation and will be judged for the prizes.
- If you prefer, you may submit an abstract *for poster display only* in order to showcase your educational work. If you indicate that your abstract is for a poster presentation, then your abstract will not be entered into the prize competition.
- Abstracts accepted for poster and oral presentations will be notified no later than 28th February 2020. Delegates whose abstracts are accepted will be able to book ASM at early bird registration rates.

Please send your submissions to Dr Peeyush Kumar (Abstract Co-ordinator) at secretary@seauk.org with a copy to Mrs Cath Smith (SEAUK Administrator) at administrator@seauk.org as a Word document.

We like to thank P3, Vyaire and Karl Storz for their invaluable support in helping us to deliver the postponed SEA(UK) ASM.

Guidance tips

Please include:

- Title, Authors (identifying speaker and grade), Employing institution
- Single A4 sheet. No smaller than Arial Font 10 point
- Body of abstract max 300 words
- Introduction/Methods/ Results/Discussion or Conclusion
- Max 1 table or graph, Max 3 refs
- Results must be included in the abstract, rather than just "results will be presented"

Include whether your submission has been previously presented anywhere (this is generally acceptable providing results are still recent).

Paper Presentation Guidance

- Maximum of 6 slides
- Presentation should be 7 minutes long. You will be stopped at 7 minutes.
- There will be 2 minutes for discussion.

SEAUK

SEA(UK) Educational Grants

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

Criteria:

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

Funding may be sought for:

- Travel to undertake and educational activity that is generally not available in the region.
- Travel to present the original research activity
- Educational activities that develop education for anaesthetists and must be above the widely available activities
- Necessary fees for access to data or to complete the project that can be justified

Applicant must already be a SEAUK member to apply (or join at time of submission).

Specific Exclusions:

No retrospective funding can be given. We cannot subsidise OOPE. We cannot support teaching on courses and postgraduate courses.

All publications must acknowledge SEA UK as a funder. On completion of the activity a report, including an 800-word article for the newsletter, is expected. You may be invited to speak at our ASM

How to apply

Application:

Use 1-inch margins max, strictly in 11 point Arial script, single spaced, submitted as a word doc or pdf file.

Page 1: Single page detailing title of project, applicants (names, positions, qualifications, contact numbers and emails).

Page 2: The body of application must be no longer 500 words. This should include details of the project undertaken and the costings involved.

Please send applications to:administrator@seauk.org.

Deadline for submission is 01/03/21

SEAUK

SEA(UK) Membership

Membership fees:

Full membership is £25 per annum paid by standing order.

Process:

Download and fill in the **STANDING ORDER FORM**
on www.seauk.org
Send to:

Cath Smith
SEA (UK) administrator PGME
Rotherham NHS Foundation Trust
Moorgate road
Rotherham
S60 2UD

SEAUK

Peri-COVID Airway Education

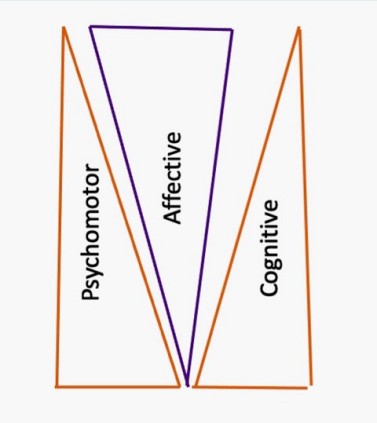
Dr Umair Ansari
Prof. Cyprian Mendonca
University Hospitals Coventry & Warwickshire NHS Trust

Airway management is an essential skill for day-to-day anaesthetic practice. Excellence in airway skills is of paramount importance in ensuring patient safety. In the past, airway training has been hands on where trainees learnt and practiced their skills in the clinical environment. However, over the years, with evolving changes in training and reduced time and hence less opportunities in the clinical environment, it became essential to supplement skills in non-clinical environment, such as in simulation suites and airway skill labs. The concept of learning airway skills in the non-clinical environment first and then a gradual introduction of skills of increasing complexity in the clinical environment enables achieving competence whilst providing safe clinical care.

A novice trainee learning to intubate the trachea using a video-laryngoscope requires both knowledge and a set of skills to be successful. As an educational model, Bloom's taxonomy can be applied to this process. The educational objectives consist of three domains, namely Cognitive, Affective and Psychomotor. The Cognitive domain relates to a thinking process, whilst the Affective domain relates to feeling and attitude. The Psychomotor domain includes physical movement, co-ordination and use of the motor skill areas. Development of these skills requires practice and is measured in terms of speed, precision or techniques in execution. With e-learning and teaching utilising virtual platforms we can achieve the first two objectives.

Various elements of the psychomotor domain include perception of sensory cues to guide motor activity, mental disposition that helps to respond to sensory cues, guided response leading to first attempt at physical skill which will then result in trial-and-error attempts leading to better performance of skill. Following acquisition of knowledge and understanding of that knowledge, a novice trainee practices the skill on manikins and simulators with easy intubation (normal airway) scenarios. Over the time, the learner will develop hand-eye co-ordination to ensure success in the task of tracheal intubation using a videolaryngoscope. Two further elements of psychomotor skill are adaptation and origination. These involve modification of movements and creation of new movements for special situations. In a tracheal intubation, this applies to acquiring psychomotor skills in a difficult airway scenario.

Figure 1. Three domains of Bloom's taxonomy

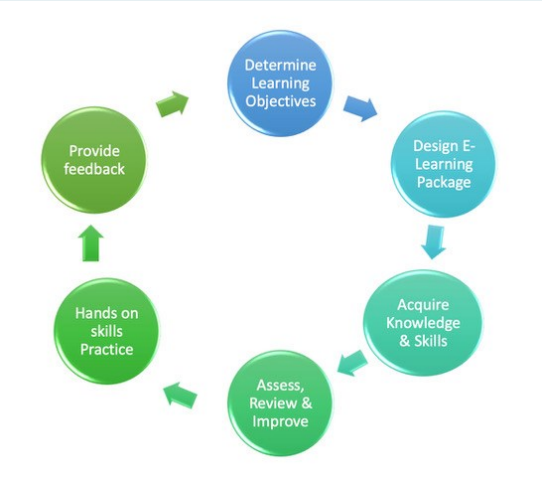


Airway skills training in the form of airway workshops deliver knowledge and practical skills on specific airway procedures. This is best achieved using a traditional teaching model involving tutorials, question & answer sessions in a small group face to face teaching. In the pre-Covid era, we provided regular face to face airway sessions in our airway skills lab. Each session was divided into two parts, the first comprising of an interactive tutorial, with multiple embedded videos to drive discussion. The second part was hands on experience of practicing a skill using advanced airway equipment and manikins. The assessment of skill acquisition was done simultaneously by facilitators and individuals were supported during the workshop. This model was very successful, with most sessions attended by the maximum number allowed (8 delegates due to floor space constraints).

In recent months, Covid-19 has significantly affected the face to face teaching in the airway lab with a complete halt during the first surge. Although acquisition of factual knowledge and understanding of that knowledge is perfectly possible in the virtual environment, hands on practice of procedural skills is challenging! The Psychomotor domain of airway skills can only be achieved using hands on practice in clinical and non-clinical environments. In the current pandemic with social distancing, recurring lock down restrictions and stringent infection control and prevention, delivering hands on practice of airway skills has become an onerous task. A solution to this was to apply flipped classroom model for airway skills training.

We chose a flipped classroom model as part of blended learning as it has been shown to be effective in promoting critical thinking. We have designed e-learning packages for trainees. The objective is to maintain a high level of knowledge and impart confidence to the learner in their abilities. The components of the package include a presentation, recorded and delivered as a video to the learner. This is followed a week later by an assessment in the form of single best answers and short answer questions. Subsequently trainees are invited to attend the hands-on practical session where they are given an opportunity to practice these skills on manikins. Infection control currently limits us to two trainees that are allowed in the airway lab at a given time. The time each trainee spends in the airway lab is now reduced to 30 minutes from 3 hours as most of theory is covered via e-learning. Overall, the learning objectives are achieved in a significantly shorter time dedicated to face to face training with a longer time spent in online learning.

Figure 2. Flipped classroom model applied to airway skills training



The flipped classroom model is based on constructivism theory. This theory sees learning as an active contextualised process which builds on knowledge based on personal experiences and the social environment. It allows for learners to access content in their own time, learn at their own pace and prepare questions prior to the interactive session. The e-learning package has to take into account the wide range of experience of learners that attend.

In summary, with the use of technology we have transformed airway skills training it into a blended learning that utilises mostly virtual learning and a limited face to face hands on practice of skills.

References

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WeMATr! Our Experience in Setting Up Anaesthetic Trainee-Led Wellbeing Meetings

F. Bowden[1], S Kamalanathan[2] & L Baker[3]

1. Walton Hospital, Lower Lane, Liverpool, L9 7LJ

2. Aintree Univeristy Hospital, Lower Lane, Liverpool, L9 7AL

3. Leighton Hospital, Mid-

At the beginning of 2020, prior to the COVID pandemic, a group of Mersey anaesthetic trainees felt there was a need for the provision of a wellbeing service in the region. As doctors in very acute settings, often trainees are involved in difficult cases and confidence levels fluctuate during training as a result of exams and rotations. After enthusiastic and constructive discussion with Dr Anthony Allnatt, who successfully introduced the Coffee Club at Barts and the London NHS Trust, pilot wellbeing meetings were set up with his guidance. A name, WeMATr (**We**llbeing for **M**ersey **A**naesthetic **Tr**ainees) was chosen and two hospitals (one teaching, one large DGH) held their first meetings. The initial focus of the meetings was based on the coffee club model, that being an experiential exchange, where a trainee would share an experience that they found distressing or difficult. Other trainees may have found themselves in a position to empathise due to similar previous experiences. Through this, trainees support each other, fostering an open and understanding culture. Initial challenges were faced finding formal psychology input but despite this the pilot sessions received good feedback when run on a peer-led basis. We followed the principle of Chatham House Rules in that participants are expected to maintain confidentiality during and outside of the session[1]. If we felt if there were issues that needed to be escalated, a formalised process for our institutions was developed.

However, then came COVID-19. Disruption to daily and work life ensued and after an early video-call it was felt even more strongly that we should press on with offering our meetings during the pandemic. We realised it was important to shift our focus, mindful of the dangers of a hot debrief in a peer-led (non-expert) environment.

Adopting different meeting styles to suit departmental needs, there was a DGH breakfast meeting which ran weekly, then monthly as the COVID workload reduced. At the teaching hospital meetings ran mainly on a monthly basis. Overall, we were able to provide eleven sessions across both sites.

Topics covered across included both COVID and non-COVID related work experiences, personal/home difficulties, and issues regarding employment and training. An advantage of these sessions allowed significant issues to be raised (with permission) within the departments and seek solutions. As senior trainees led these sessions, it bridged the gap between consultants and trainees and allowed for further communication between the two.

Sessions were also backed up with a weekly wellbeing email with a curated wellbeing theme and selection of resources for the department that was sent to all clinical and non- clinical staff. With staff redeployment during the pandemic, we were able to involve clinical psychologists across both trusts which provided invaluable additional support and insight.

These sessions allowed an openness for trainees to express how they were feeling pre- and during the pandemic. As senior trainees, although more experienced, the sessions found that often they had the same fears and worries as the junior trainees. This was particularly highlighted during the first wave of the COVID-19 pandemic in Spring 2020. And when junior trainees had concerns, often senior trainees could relate to this and also impart advice from their own experience. Furthermore, the sessions help to foster bonds between the trainees, particularly in a deanery where trainees rotate around hospitals every 3-6 months. Overall, the feedback received for the meetings during the pandemic has been positive with an appreciation for a safe environment in which to voice concerns. Dr Laurence Baker was a core trainee during the first wave of the Covid-19 pandemic. Below he writes his experience of the WeMATr sessions around this time.

"I expected my first year of anaesthetic training to be training lists and appendectomies. Neither a pandemic nor concern for my own wellbeing were on the horizon. From March the climate had palpably changed and unfamiliar emotions began to plague the other trainees. Fortunately, my department had the foresight to invite help in the form of a clinical psychologist.

On three occasions from the eve of the first wave, during its peak and aftermath our group shared their experiences and reflections. Being the junior of the trainee group I was humbled by how my registrars articulated their coping strategies - finding time for exercise in an escalated rota, lonely families and debriefing on the people we took to ITU.

Guilt was a common theme. For me, my skill-set was not yet developed to be truly useful and feeling a training burden. We realised that 'imposter syndrome' during the weekly applause was widespread. The trust and confidence to share in the group had been built over the months. I don't know if listening or speaking was more cathartic.

Juniors like me felt pressure to gain training opportunities and develop independence in a busy hospital. Wider portfolio development initially felt nonsensical but my peers found creative methods of CV and self-enrichment. Over the peak, familiarity with PPE and communication *faux-pas* became commonplace. By Summer, revision for the Primary had become a welcome distraction, restrictions were lifted and some elective theatre lists returned. We dared to discuss COVID-19 in the past tense as our psychologist framed the scene for recovery and appreciating our resilience."

Reference

https://www.chathamhouse.org/about-us/chatham-house-rule

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Thank you for your continued support during these difficult times.

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Fees: £35

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Society for Education in Anaesthesia (UK)
Registered Charity No. 1091996
VIRTUAL ANNUAL SCIENTIFIC MEETING
Monday 22nd March 2021

CONTACT SEA(UK)

e: administrator@seauk.org

SEA UK Administrator
C/o Post Graduate Medical Education Centre
The Rotherham NHS Foundation Trust
Moorgate Road
Rotherham
S60 2UD