

# PAEDIATRIC EMERGENCIES: CONFIDENCE AMONGST ANAESTHETIC TRAINEES

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## Background

Paediatric emergencies can make the most experienced clinician uneasy and paediatric emergencies require additional training. The Anaesthetic trainee on call for maternity is a respondent for the paediatric arrest team at our District General Hospital.

#### Aim

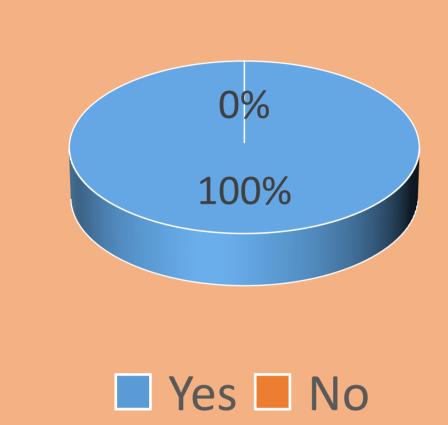
Anaesthetic junior doctors working at our hospital between August'20 - January'21 were surveyed in January'21, with the aim to:

- 1. Objectively quantify the level of training and confidence in responding to paediatric emergencies.
  - 2. Identify specific areas for improvement in training.

# Result 1: All the respondents in the survey regularly attended paediatric resuscitation calls

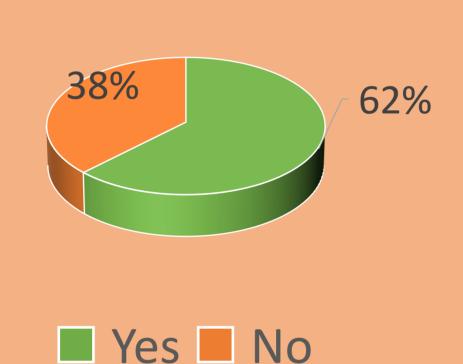
Have you been called to a paediatric critical situation in Leighton ?

Eg: Cardiac/respiratory arrest



# Result 3: Only 62% respondents had done a paediatric resuscitation course

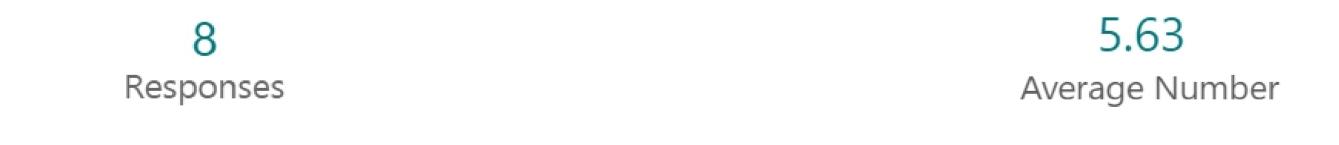
Have you done a paediatric resuscitation course? eg: EPALS,PALS,PILS



None of the respondents had intermediate paediatric competencies signed off, although all of them frequently responded to paediatric emergencies as the first point of contact.

The respondents were not confident dealing with paediatric emergencies!

Do you feel confident in attending an acutely unwell child? 1= not at all, 10 very confident



### Problem

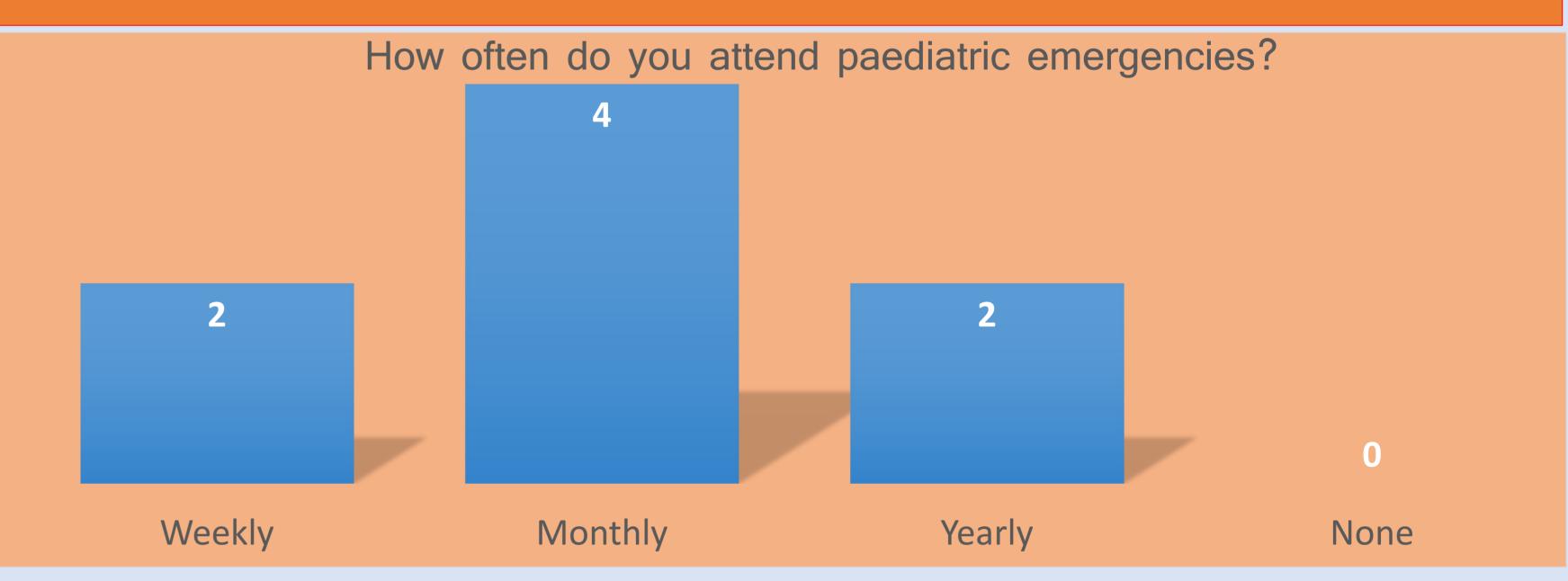
The Anaesthetic trainees who rotate to Leighton Hospital tend to be early in training & awaiting completion of the intermediate paediatrics module. They are, however, key members of the paediatric arrest team, irrespective of training grade.

### Results

8 of the 9 registrars (89%) who hold the paediatric arrest bleep completed the survey. Unsurprisingly, none of them (0%) had achieved intermediate paediatric competencies.

Results are summarized in charts as below.

# Result 2: 75% of respondents attended arrest calls at least once a month.



# Result 4: 63% had not attended a simulation course for paediatric emergencies

Have you participated in any Paediatric Simulation Training?

37%
63%

Yes ■ No

100% of the respondents wanted more paediatric focused training before going on call including exposure to paediatric lists in theaters.

The confidence level was around the mid mark on a scale of 1 to 10

Do you feel confident in attending paediatric life threatening/ arrest calls? 1=not at all confident 10= very confident

8 Average Number

#### Lessons learnt

The fact that most anaesthetic doctors who attend resuscitation calls felt unsure of their abilities to manage an acutely deteriorating child highlighted the urgent need for additional training in the department. All the doctors surveyed call for senior (consultant) help almost immediately. However, sometimes help can be thirty precious minutes away. This leaves a window of potential pitfalls in the provision of care. The heightened stress can have a negative impact on the trainees' mental health, which may set the stage for errors via unfavourable human factors<sup>1</sup>.

### Strategy for change

The survey was the first step in highlighting a potential pitfall in the optimum management of sick children presenting to our hospital. The need for simulation based training for new registrars in the department has been identified and quantified. We are formulating a simulation session of paediatric emergencies as a part of the departmental induction.

### Measure of improvement

The most pragmatic scenario is one where we aim to run a short simulation exercise for all new doctors joining the department of Anaesthesia at Mid Cheshire Hospital. After its implementation, we aim to circulate the same survey to the trainees to assess the impact of the simulation course.

## Message for others

Despite the pandemic, training and simulation need to be prioritized in all hospitals in order to continue to provide the highest level of care to the sickest of our patients.

#### References-