

The Newsletter of the APA

T-Piece

No. 9 January 2014



APA

Association of Paediatric
Anaesthetists of Great Britain
& Ireland



The Education and Training Committee

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PRESIDENTS REPORT

Dr Robert Bingham President, APA

Newsletter January 2014

Happy New Year everyone! I know that's a bit late but it's the 1st opportunity I've had - I hope 2014 is a great year for you all. As you know, Council elections were held in the autumn and the results have been declared, so 2014 is bringing a new look to the APAGBI Council. There was a good turnout but the results were very close indeed, so it's worth noting for future elections that every vote really does count and elections give you a real opportunity to influence the make up of Council and the future direction of your Association. The successful candidates were Stephanie Bew, Simon Courtman and Mark Thomas, which means that Simon and Mark, who were co-opted as non-specialist advisor and Chair of Education and Training respectively will continue in those roles but now with a proper mandate from the membership. Stephanie will join us for the 1st time and will, I'm sure, bring fresh energy, enthusiasm and ideas. Commiserations are due to the unsuccessful applicants as it was a very close race. We are fortunate that Karen Bartholomew, who was just pipped at the post, will remain on Council as co-opted Linkman Co-ordinator as she's making a big difference in that role with the recent very successful and over-subscribed Linkman meeting to her credit. On the same subject, Karen is trying to

update the Linkman database by various means and doing a very good job at it too but if you are a

Linkman and have not been receiving communications or you think your local Linkman information is inaccurate please get in touch with our office at AAGBI (020 7631 8887) and let



us know.

The other change of position is that of Treasurer; Charles Stack has done a fantastic job in turning around a depressing financial situation, so that we are at last able to spend some money but he has reached the end of his tenure and I am delighted that Alistair Cranston has agreed to take on the role and was unanimously voted into the position. His position as Meetings Secretary will be taken over by Jon Smith, who is already getting his sleeves rolled up to deal with the Aberdeen meeting in 2015.

There are also other Council roles we are looking to fill. We are very sad to lose Alyson Calder although it's for the best of reasons, so we need a new Trainee Rep. As with other Council positions, this role has been closely contested, so please do vote if you're a trainee.

The other important role is for an advisor on Quality Improvement; we are looking for someone with QI training and expertise to advise our committees (particularly Science and Professional Standards) on QI initiatives and assist in providing advice and support to members undertaking QI projects. If you have such expertise and would like to influence our direction in this area please apply. The advert is on the web-site and in this newsletter but don't hesitate to contact us if you need further information.

I hope that this is the last time I mention codeine in the newsletter because, after a long and protracted gestation and many thanks to Andy Wolf, our joint statement with RCoA, MRCPh was released at the end of November – if you haven't seen it, do have a look. It won't give you a definitive answer (nobody will) but it will give you the background information to make informed decisions for your own practice.

Something that takes up a lot of Council's time is providing feedback on the views of paediatric anaesthetists on various consultations. Recent examples are paediatric high dependency care and commissioning of paediatric surgery. Often I am able to utilise the knowledge of Council members, who have specific expertise. I also ask the member who represents your interests, for example Chris Gildersleve for Welsh issues or Simon Courtman and Karen Bartholomew for district hospital views. Sometimes, however, it is important to ask you directly and this usually takes the form of a SurveyMonkey survey. I am fully aware how irritating it can be to receive these but the results are extremely useful in negotiations. Nothing is able to trump hard evidence. We will try to limit the number we send round but please do try to answer them when they do come as it is your interests that they best serve.

The recent survey on recovery nursing has given Kathy Wilkinson some useful ammunition in an on-going debate about the required qualifications for this group of staff. The standard the RCN are insisting on is that *'After general, epidural or spinal anaesthesia, children must be recovered in a specifically designed unit, with two children's nurses for children's lists to ensure one nurse per patient in the immediate post-operative period'*. Armed with your survey answers, Kathy was able to argue cogently that, although we would support the involvement of RSCNs in the peri-operative period, this standard was not achievable in the majority of units in the UK at the present time and that its inclusion in a commissioning document was not appropriate and would result in a crisis in paediatric surgery provision.

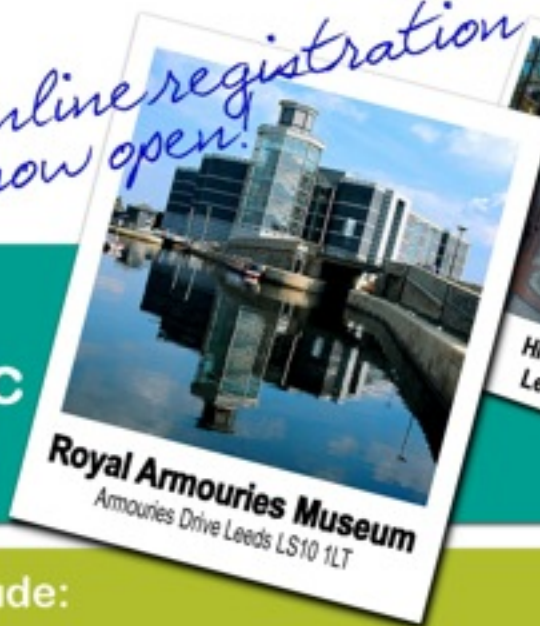
I hope you enjoy the rest of this newsletter and, as always, please let us know if there are articles or information that aren't here that you'd like included or indeed, articles that are here that you don't find useful.



online registration
now open.

15th / 16th
May 2014

Annual Scientific Meeting



Royal Armouries Museum
Armouries Drive Leeds LS10 1LT



Historic
Leeds



Hosted by the Department of
Paediatric Anaesthesia
Leeds Children's Hospital

Sessions include:

- Care of the Neonate
- Top tips for complex cases
- Clinical Networks
- CPD Matrix mapped

WORKSHOPS: Airway / Simulation / The Sick Child / Safeguarding
SOCIAL PROGRAMME: Drinks Reception / Annual Dinner / Leeds Etapes



NEW DOCK

www.apagbi2014.co.uk



An Update from the Education and Trainee committee

Welcome to the new APA education and training committee. We are planning to build on the excellent work of the committee started by Alison Carr. I would like to thank her for all her hard work and enthusiasm in getting us to the current platform.

We will be working hard to bring you resources on the APA web pages that reflect the reality of a modern working life: quickly accessible, quality resources. The site is to be divided into sections, each with their own subeditor. These sections either signpost to resources that we have developed ourselves or to highlights available already. These will be regularly updated, reviewed and indexed so that you don't have to spend valuable time sorting the wheat from the chaff.

There are some exciting new sections to browse. If you know of further educational resources that may be of interest to members please do let the subeditor for the relevant section know (via the link on the website). If links are broken or don't work then please drop the editor a line so that we can rectify things. If there are new sections you think we might add then please drop me a line (drmarkthomas@me.com).

The sections are as follows:

Links with training hospitals. Here you will find an index of which UK training hospitals offer honorary clinical or observer contracts and how to go about arranging a visit of your own. You may want to visit a paediatric anaesthetic simulation course; the links are in this section.

Hot topics.

The editors for this section will post a regular hot topic and tweet it to the membership also. If you want to know more about getting a twitter account and adding the APA to your account, help is at hand with that too ! This is your chance to join in the debate and stimulate learned discussion. A digest of the salient points and an expert opinion will be posted before each hot topic has closed. A library of past hot topic summaries will be available to view as it grows.

Educational apps.

A list of the best apps available with download links both for apple and android users. The apps are rated, categorised, summarised and reviewed.

Best of the web.

Here we will be indexing the best learning resources out there, be they free-to-view journal articles, NICE guidance, Cochrane reviews, online tutorials or lecture videos. All indexed to save you time.

Virtual patient cases.

As a resource to support CPD, the committee has developed six virtual patient cases. These encompass much of the knowledge required for the Level 2 CPD matrix for paediatric anaesthesia.

Revalidation.

Details of what is required and useful links to resources to make the process as smooth and painless as possible.

Best bets.

A variety of discrete clinical questions, answered in an evidence based way. Learn from those already posted or develop your own.

Undergraduate page.

This section provides information about what is required to enter our specialty with lot of useful links and resources.

Trainee section.

There is a fantastic trainee handbook available with too many useful resources to list here. Among them are how to organise a fellowship, how to undertake research and how to apply for grants.

I hope you enjoy our new pages. Please bare with us as we develop them further. If there are any more resources you would like to see please let us know (drmarkthomas@me.com) and we will see what we can do. Please take time to visit APA website and see some more details about us and our plans.

The Education and Training Committee



Dr Mark Thomas (Chair)

Mark Thomas

Mark Thomas has been a Consultant Paediatric Anaesthetist at Great Ormond Street Hospital in London since his appointment in 1998.

His clinical interests are in anaesthesia for ENT, pain and regional techniques. Mark has a keen interest in the use of high fidelity simulation for training and assessment. Mark has been a primary FRCA Examiner since 2008 and is now taking over as Chair of the Education and Training Committee of the APA.

Professor Alison Carr (Immediate past Chair)



Alison Carr is a Consultant Paediatric Anaesthetist in Derriford Hospital, Plymouth. Her interests in education and training are broad. She has been College Tutor (1999-2002) and Education Director of the South West School of Anaesthesia (2001- 2005). Subsequent roles in education and training have been across all medical specialties. She worked part-time for the Peninsula Medical School leading on curricular development for Years 3 and 4 of the Undergraduate Course (2002-5), established the Foundation Programme as Foundation Programme Director in Plymouth (2004-5) and became Deputy Postgraduate Dean of the newly established South West Peninsula

Postgraduate Deanery in 2005. Since 2008 Alison has been seconded part-time to work in the Department of Health in London where she is Senior Clinical Advisor to the Medical Education and Training Programme (formerly Modernising Medical Careers). In this role Alison leads clinically on selection into specialty training in England and on issues related to medical education and training and training the wider healthcare workforce. She is involved in medical workforce planning and has recently been appointed to the Advisory Board of the newly established Centre for Workforce Intelligence.

Dr Nargis Ahmad



Nargis Ahmad is a consultant anaesthetist at Great Ormond Street Hospital, London. In the past she has been College Tutor at GOSH.

Currently she instructs regularly on APLS and EPLS courses. She gained a lot of invaluable experience in training in Fiji, where she spent a couple of years working as a Senior Lecturer in Anaesthesia at the Fiji School of Medicine, both setting up and teaching the Diploma in Anaesthesia and Masters in Medicine (Anaesthesia) courses. Other interests include medical law; in the past she has spent a very enjoyable and instructive year working in "Claims" at The Medical Defence Union.

Dr Ralph MacKinnon



Dr Ralph MacKinnon: trained in paediatric anaesthesia at Royal Manchester & Royal Liverpool Children's Hospitals, prior to his appointment as a consultant paediatric anaesthetist with a special interest in neonates, at Saint Mary's Hospital Manchester in 2003. Following the merger of children's services in 2009, he has been a member of the Department of Anaesthesia at Royal Manchester Children's Hospital and technology enhanced learning. He is the North West Region Simulation Education Network Lead and the lead for the Managing Emergencies in Paediatric Anaesthesia trainees national simulation course.

Outside of work Ralph enjoys swimming, cycling & running.

Dr Alyson Walker (nee Calder)



Dr Alyson Walker is a Consultant Paediatric Anaesthetist at the Royal Hospital for Sick Children in Glasgow. Her interests are paediatric cardiac and airway anaesthesia. She undertook a Difficult Airway Fellowship at the Royal Perth Hospital in Western Australia during which time she gained experience in teaching airway skills including management of the Can't Intubate Can't Oxygenate scenario. During her term as APAGI Trainee Representative, she developed the trainee website, collated the Paediatric Anaesthesia Fellowships Database and edited the Trainee Handbook."

Dr Robin Sunderland



Dr Robin Sunderland has worked as a Consultant Paediatric Anaesthetist at St George's Hospital, London since 2011. He trained in anaesthesia and intensive care medicine in London and completed his paediatric anaesthesia fellowship at Great Ormond Street Hospital. He has been a member of the Education and Training Committee of the APA since 2011 and was formerly the Trainee Representative on APA Council from 2009-2011. His education interests include teaching anaesthesia trainees and medical students, organising training programmes for recovery and theatre staff and work-place scenario training.

Dr Teresa Dorman



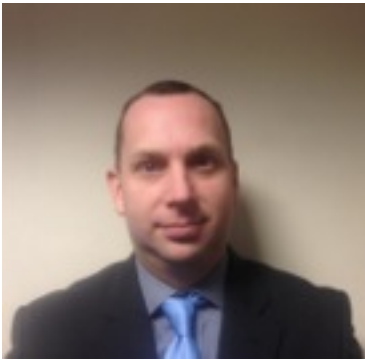
Dr Teresa Dorman has been a consultant in Paediatric Anaesthesia in the Children's Hospital in Sheffield since 1992, anaesthetising for all types of surgery except spinal and cardiac. She also spent 13 years working on the PICU in the hospital. Over the years she has undertaken various education roles: College tutor (2000 - 2006), Deputy and then Training Program Director for the ST3-7 training program in the Sheffield and South Yorkshire

Dr Sunit Das



Sumit is a Consultant Paediatric Anaesthetist at the Children's Hospital, Oxford. His interests are anaesthesia for craniofacial surgery, interventional radiology and neurosurgery. Sumit has a longstanding interest in online education, (he is co-founder of AnaesthesiaUK.com), and high fidelity simulation. Sumit is College Tutor for paediatric anaesthesia and is looking forward to joining the Education and Training committee of the APA

Dr Andrew Blevin



Andrew became a consultant paediatric anaesthetist at Kings College Hospital in 2012 after training in Oxford and a fellowship at Great Ormond Street. His interest in medical education began as a trainee and he gained a postgraduate certificate in medical education in 2009. High fidelity simulation is an area of interest including teaching on the MEPA course in several centres. Current responsibilities include the teaching programme and exam preparation at Kings College Hospital.

Dr Mary Lane

Dr Mary Lane has been a Consultant Paediatric Anaesthetist at the Royal Brompton Hospital in London since 2009. Her main clinical interest is cardiac anaesthesia. Mary has a longstanding interest in medical education and is currently completing a masters in medical education. Her main focus is interprofessional education, in particular team training using in-situ high fidelity simulation. She is currently deputy college tutor for anaesthesia and co-director of the Simulated Paediatric Resuscitation Team Training (SPRinT) Programme at the Brompton Hospital.

APAGBI Hot Topics

Is there a clinical conundrum you would like the membership to discuss?

The E & T Committee invites suggestions for discussion in their new 'Hot Topic' feature.

Please email alysoncalder@doctors.org.uk with your

2014 APAGBI Research Grant

Maximum of £20,000 available

The closing date for this grant is noon, Monday 28 April 2014.

This grant is intended to support specific research projects that serve scientific development in basic or clinical research in the field of Paediatric Anaesthesia, Critical Care or Pain Management. The work may be done within the NHS, in an academic clinical department or a related university science department in the UK or Ireland.

Applications will be processed and peer-reviewed via the National Institute of Academic Anaesthesia Funding Round 1, 2014.

Applications must be submitted online> Further details and application forms are available at www.niaa.org.uk/article.php?article=993 and www.apagbi.org.uk/professionals/science

QUALITY IMPROVEMENT IN PAEDIATRIC ANAESTHESIA

The Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) is requesting expressions of interest from practitioners with expertise in Quality Improvement methodology who are interested in providing input to paediatric studies.

The APAGBI has over 1100 members including consultants, trainees and allied health practitioners working in the fields of paediatric anaesthesia, critical care and pain medicine, at specialist paediatric and general hospitals throughout the UK and Ireland. It is envisaged that the Quality Improvement Lead will act as an advisor to APAGBI Committees, including the Scientific Committee and Professional Standards Committee, to support members implementing local and national APAGBI QI projects.

The APAGBI Scientific Committee supports research and audit by members. The APAGBI is a funding partner of the National Institute of Academic Anaesthesia and current funded projects include an international collaborative study evaluating airway changes following prolonged intubation. A recent multi-centre audit evaluated pain at home following surgery and will form the basis of additional studies. Centres across the UK and Ireland are also participating in the APRICOT study (Anaesthesia Practice In Children Observational Trial), and this European prospective multicentre observational study will investigate the epidemiology of severe critical events in paediatric anaesthesia. The APAGBI Professional Standards Committee includes the leads for Clinical Guidelines, Patient Information, Peer Review, Safeguarding Children and APA Linkmen.

For anyone interested in this role, we would ask you to forward an Expression of Interest (maximum 3 pages) that summarises your current or previous experience in QI projects and includes a brief curriculum vitae.

Please email to: scicom@apagbi.org.

Closing date: 5th March 2014

Dr B Bingham, President

Dr K Wilkinson, Chair of Professional Standards Committee

The RCOA Accreditation Process and Peer Review

The APA peer review process, now under the leadership of Debbie Marsh (Portsmouth) and Peter Stoddart (Bristol), continues to support hospitals in raising standards for children undergoing surgery in their hospital. It has also provided a useful way for regional groups of hospitals to meet and discuss peer review, and participate in peer review. This has led to the strengthening of existing clinical networks and the generation of new networks in some regions, the North East being the most recent example.

The RCOA has now launched its accreditation process for general anaesthesia "Anaesthesia Clinical Services Accreditation" (ACSA). This is a peer review process of a hospital's anaesthetic services based on the standards published in the Guidance on the Provision of Anaesthetic Services (GPAS) by the RCOA. This process differs from the APA reviews in the following ways:

- a final approval or "accreditation" is given to the reviewed department
- this accreditation is recognised by the CQC as a safety and quality marker
- The ACSA review process is based upon demonstrating the achievement of GPAS standards.

However, the APA reviews have a GPAS based self-assessment as well as

- multisource feedback from colleagues, health workers, and parents,
- a SWOT analysis of departments
- a walkthrough of all clinical areas accessed by children in the hospital and face to face meetings with staff, parents, clinicians and managers

These additional dimensions of the review allow a very dynamic overview of the paediatric team as a group and their role in the wider hospital.

- an annual cost of £3000 is required to support the ACSA process, whereas currently costs for the APA reviews are met by the APA.

The RCOA launched the ACSA process in June 2013 and the first few hospitals are now preparing for review visits. However, the next phase of the ACSA process is to develop a similar GPAS based accreditation process for anaesthetic subspecialties which will include paediatrics. The APA are working closely with the RCOA to support them in the development of this and ensure that any paediatric accreditation process meets the needs of the RCOA as well as the hospitals being reviewed which will vary widely in the volume and specialist nature of the surgery performed. These developments are in the very early stages and the APA is keen to support an ACSA process which can work in partnership with the existing APA peer review process. This could result in APA peer reviews helping departments in hospitals to raise standards for children and then also help them prepare for accreditation.

Simon Courtman.

CCAN Meeting 2014

Liverpool, 28th March

Management of the Patient with the Failing Fontan

Debate: 'Aprotinin and Paediatric Heart Surgery'

Bilateral Paravertebral Block for Sternotomy

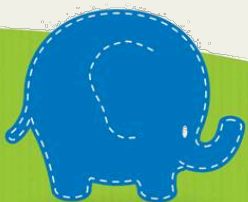
Ethics and Paediatric Heart Surgery

Risk and Safety - Lessons from Aviation

4 CME points applied for.

Meal 27th March 2014, at The London Carriage Works,
<http://www.thelondoncarriageworks.co.uk/>

Venue and Accommodation: The Hope Street Hotel
<http://www.hopestreethotel.co.uk/>

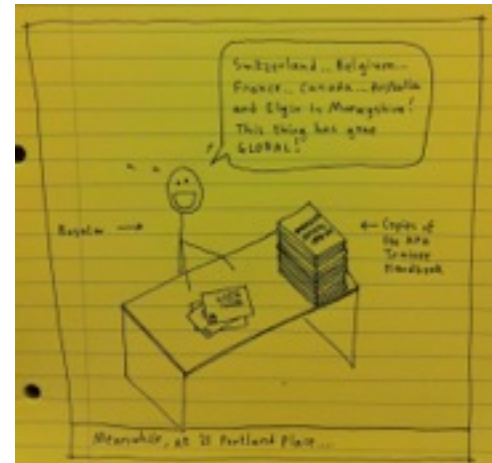


Trainee Report

The hunt for the next APAGBI Trainee Representative is on! Interested trainee members should submit a nomination and personal statement by 7th February 2014. Voting will be held in February and the successful trainee will start the post in May this year. You can find full details at www.apagbi.org.uk/about-us/council/election-council. If you are interested in the post, please let me know if I can answer any questions or help you in any way (alysoncalder@doctors.org.uk)

There are lots of fantastic meetings coming up in 2014. The Level 3 Safeguarding training at the Royal College of Anaesthetists in March is popular (www.rcoa.ac.uk/education-and-events/safeguarding-children). For those of you with an interest in cardiac anaesthesia, the Congenital Cardiac Anaesthesia Network meeting will be held in Liverpool in March (Kim.Bennett@alderhey.nhs.uk). And, of course, don't forget to sign up to the APA Annual Scientific Meeting in Leeds this May. There is still time to submit your abstract! (Deadline 21st February 2014). As always, there will be trainee (monetary!) prizes awarded for the best poster and oral presentations. See www.apagbi2014.co.uk for details.

Feedback about the APAGBI Trainee Handbook has been positive. I am glad that you are finding it useful. It can always be improved, however, and I am very keen to receive your thoughts and requests for the next edition. The handbook is available as a free PDF or as a hard copy (all trainees should received a free hard copy, non-trainee members can purchase one). I am delighted that paediatric anaesthetists from all corners of the globe have received copies of the handbook!



As an Association moving with the times, the APAGBI now has a presence on social media. Please join the other 145 people who like our Facebook page by going to www.facebook.com/apagbi. You can also join us on Twitter @APAGBI. These pages are a quick way to keep up to date with us and to contact us with your requests and comments.

Although I will be stepping down as Trainee Representative, I will continue working with the Education and Training Committee. This committee has worked hard in the past two years to produce some online educational resources and we plan to add to and improve upon these. I will be coordinating a regular 'APA Hot Topic', designed to stimulate debate and learning amongst the membership. If you have any clinical conundrums in mind which you would like us to tackle, then please do email me with them.

Dr Alyson Walker, 26th January 2014

Trainee Handbook: Guidance for those planning a career in Paediatric Anaesthesia

This 100-page handbook written by experts in paediatric anaesthesia provides practical career advice for trainees, college tutors, students and new consultants.



Topics covered include:

- ✓ Structure of Paediatric Anaesthesia Training
- ✓ Preparation for Anaesthetic Exams
- ✓ Paediatric Anaesthesia in the Tertiary and District General Hospitals
- ✓ Developing your CV for a Career in Paediatric Anaesthesia
- ✓ Organising Out of Programme Training
- ✓ Preparing for your Paediatric Fellowship and Consultant Interviews
- ✓ Developing your Interest in Education and Training
- ✓ Developing your Management and Leadership Skills
- ✓ Building skills in Paediatric Anaesthesia using Simulation
- ✓ Communication Skills with Children and Families
- ✓ Research Ethics
- ✓ Publishing your Research
- ✓ How to Complete a Useful Audit
- ✓ Preparing a Poster Presentation

Specific paediatric subspecialty guidance:

- ✓ Paediatric Cardiothoracic Anaesthesia
- ✓ Paediatric Pain Management
- ✓ Paediatric Neuroanaesthesia
- ✓ Paediatric Regional Anaesthesia
- ✓ Paediatric Intensive Care
- ✓ Paediatric Anaesthesia in Developing Countries
- ✓ Paediatric Anaesthesia in the Military
- ✓ Paediatric Anaesthesia Research

Useful resources include:

- ✓ Database of national and international fellowships in paediatric anaesthesia
- ✓ Recommended e-Learning resources\Paediatric courses and conferences
- ✓ Trainee prizes and grants

To order your copy, return this form to **Busola Adesanya-Yusuf, 21 Portland Place, London, W1B 1PY.**

For international orders please email busola@aagbi.org

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Please see www.apagbi.org.uk for a copy of this order form



Oxford Paediatric Difficult Airway Workshop

Friday 20th June 2014

Oxford University Hospitals 
NHS Trust

Millennium Hall,
Horton-cum-Studley, Oxford

08:45 – 17:30

Course Organisers:

Dr. Arnie Choi
Consultant Paediatric Anaesthetist

Dr. Karen Medlock
Consultant Paediatric Anaesthetist

The Paediatric Difficult Intubation Workshop is for trainees and consultants who anaesthetise children and wish to refresh and update skills in managing children with a difficult airway. The course aims to discuss the management of the anticipated and unanticipated paediatric difficult airway. The format of the day is one of short interactive lectures, videos and four hours of hands-on small group workshops. The workshops cover care and basic use of the fibre-optic laryngoscope, modified airway and LMA access techniques using guidewires and exchange catheters.

Delegate numbers are limited to 24 places to allow maximum opportunity to interact and interrogate the faculty.

Early booking recommended.

Registration fee includes refreshments and lunch.

Registration Fee: £220

5 CPD points approved

All enquiries:

Dr. Karen Medlock,
Nuffield Department of Anaesthetics,
John Radcliffe Hospital,
Headington,
Oxford OX3 9DU

E-mail: karen.medlock@ouh.nhs.uk
Telephone: 01865 221590

Cheques payable to:

"Paediatric Anaesthesia &
Resuscitation Fund"

Lectures:

- Paediatric stridor
- Recognition of the difficult paediatric airway
- Anaesthetic management and basic techniques
- Extubation, postoperative care and documentation

Workshops:

- Care of fibre-optic scopes and associated equipment
- Emergency airway management and needle cricothyroidotomy
- Learning skills in the use of the fibre-optic laryngoscope
- Fibre-optic laryngoscopic techniques with conventional airway methods
- LMA and fibre-optic laryngoscopic techniques
- Conventional non-fibre-optic techniques
- Case scenarios



FEATURING

RISKY BUSINESS

Risk Assessment with Myron Yaster

SIM WARS

MOCA Training

**Breakout Panels
with Practice Experts**

PRACTICAL ASPECTS OF PEDIATRIC ANESTHESIA AND CRITICAL CARE



The Fairmont Copley Plaza,
Boston, Massachusetts

May 2-4, 2014

Offered by:

Boston Children's Hospital, and
Harvard Medical School

Course Directors:

Mary Ellen McCann, MD, MPH
Kirsten Odegard, MD
Janet Valicenti, CRNA



Boston Children's Hospital

Department of Anesthesiology,
Perioperative and Pain Medicine

This program has been prior approved by the American
Association of Nurse Anesthetists for 24 CE credits;
Code Number 1028697; Expiration Date 05/04/14.



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Earn up to 22.75 AMA PRA Category 1 Credits™

website and registration

<http://www.hms-cme.net/342645/>

Safeguarding Children:

A combined study day organised by the APA and RCoA

Tue, 18/03/2014

Location:

[The Royal College of Anaesthetists](#)

Fee:

£160

CPD:

5 CPD Credits

This event is jointly organised by the Royal College of Anaesthetists and the Association of Paediatric Anaesthetists of Great Britain and Ireland. Due to the success and the extremely positive feedback following the 2013 Safeguarding Children: Level 3 training for anaesthetists, 2014 sees the return of this event.

Overview

Safeguarding children is the responsibility of everyone involved in healthcare. Level 2 child protection training is required by all anaesthetists but there is an expectation that lead paediatric anaesthetists (or those who aspire to this role) will obtain relevant Level 3 competencies. This one-day course, facilitated by a multi-disciplinary faculty, will provide a bespoke overview of this important area for anaesthetists, using didactic lectures, workshop scenarios and the opportunity to question the experts in the field.

****Safeguarding/Child Protection Training for Anaesthetists****

The Royal College of Anaesthetists (RCoA) and Association of Paediatric Anaesthetists (APA) recommend that an anaesthetist must safeguard and protect the health and wellbeing of vulnerable people (including children, young people, the elderly and those with learning difficulties)^[1]

The 2010 Intercollegiate (IC) guidance^[2] recommends that there should be a minimum of one anaesthetist with core level 3 safeguarding competencies in all centres where children are managed- the "Lead anaesthetist for Child Protection/Safeguarding"^[3].

The joint RCoA/APA 1 day training programme has been reviewed by relevant bodies/senior clinicians with authorship/ownership of the IC guidance. Content and delivery has been approved as providing a substantial contribution to the relevant competencies for Child Protection/Safeguarding anaesthetists^[2].

Booking Information

To book a place on this event click the BOOK NOW button on the following URL <http://www.rcoa.ac.uk/education-and-events/safeguarding-children>. If the event is available to book online you will be taken to the Event Online Booking system where you simply log in or register to complete the booking process. During the booking process if the event runs over multiple days you will be able to select the day (or days) you wish to attend.

Event code:

C77

Event organiser(s):

Dr K Wilkinson

Anaesthesia in Zambia. Dr Lowri Bowen ST6 Anaesthesia

(Dr Bowen is supported by a travel grant from the APA)

I am not superstitious however I think there was something in the cold October Cardiff air as I went in to the delivery suite for another ST6 on call in obstetrics. Strangely enough the usual chaos was under control and I had some time to sit down and open my emails over a cup of tea. One of which was the AAGBI newsletter, which had a colourful flyer advertising a trainee job in Zambia for 6 months with the Zambian Anaesthetic Development Project (ZADP). It offered valuable teaching, management and paediatric exposure. Great, I thought; shuddering at the thought of another wet Welsh winter – I love teaching and paediatrics; and management..., well, I haven't done any of that – so this should be a great opportunity to learn some! I applied and the rest as they say is history.

So in August I left the University Teaching Hospital Wales, Cardiff and arrived at the University Teaching Hospital, Lusaka. UTH is the largest hospital in Zambia and serves as a tertiary referral centre for many surgeries including paediatrics. What a culture shock....! Leaving a hospital with over a thousand beds, a 24hr



The first lesson I learnt was communication, followed swiftly by patience! Zambia is a country that is proud of its 72 regional languages. With some excellent tuition from Mr. Africa (the theatre porter) I have learnt enough Nyanga so that I can now stutteringly converse pre-operatively and ask a child to blow up the balloon or tell me about their favourite football team.... Although I am prone to mixing words up and inadvertently causing great hilarity amongst staff and patients!

The ZADP is now in its second year and I feel utterly privileged to be out here. The project encompasses supporting the MMed training in anaesthesia currently in its third year. The aim is to train Zambians to become anaesthetists for Zambia. Clinical officers (who are non-physician anaesthetists) predominantly do the anaesthesia delivered throughout the country presently and the MMed programme was set up to address this vacuum. I have to say I have been really impressed with all the students that are here with their enthusiasm, knowledge and technical abilities in pretty tough cases at times. It is fantastic to be able have some input into their learning processes. Alongside my colleague Dr. David Snell from Newcastle (who is here as a long term volunteer with the MMed faculty) we have set up ZEST: Zambian Emergency Simulation Training (a refreshing twist on education!) once a week, so that we cover emergency drills for general, obstetric and paediatric anaesthesia. I have also been involved with fortnightly teaching of the clinical officers too. This is another important aspect I feel that the project supports as they are mainly at the coalface in the rural posts doing anaesthesia day in day out. These are students who leave school with their A-level equivalents, study for two years to become clinical officers in the hospital and then take a further two years of anaesthetic training before being sent to the out reaches of the country (which really is astonishingly vast) and told to get on with it!



The other aspect of the project is to make the University Teaching Hospital a safer place for patients. This is one of the most challenging aspects of the whole project. There are so many aspects that could be highlighted and developed it is actually better to step back and then pick a few and do them to completion!

There are hundreds of ways to decrease child mortality and there are several fantastic programs running throughout Zambia but I wanted to continue to drive the process that had been started by my predecessors in the ZADP and ensure that we got to our goal of making University Teaching Hospital, Lusaka a safer and better place for children to have their anaesthetics.

So this was split into a few areas. Firstly there was the issue of equipment. As I alluded to earlier, equipment is not bountiful and the re-usage of airways in paediatrics is common. In fact we are very short of many of the different sized ETT and LMA's. A major part of ZADP had been to collate information to assess the availability of equipment and create an inventory of what we had to make ordering easier. Not so easy when equipment is sprawled out all over the hospital. This had been achieved by my predecessors gaining a storeroom in main theatres. However the paediatric theatres still didn't have a designated storeroom. Over my time here I have secured an area in the paediatric theatres which only needed a door to turn it into a designated storeroom. After 2 months of almost daily negotiation (also known as nagging) and with the help of the theater matron we eventually got the hospital to supply us with a door. Well... of course it wasn't all that straightforward – first the man needed to come to measure, then we needed an actual doorframe fitted. Once fitted this then needed to dry. Then it needed plastering. A further month elapsed whilst the door was being procured (no B&Q here) ... so there we go after 3 months we have a door. It now requires a lock and then we are in business. Maybe another month of 'negotiation' will secure one!

One of my first additions to the storeroom will be the paediatric difficult airway box. One of my initial tasks was to develop the difficult airway boxes/trolleys. It soon became apparent that if it took 3 months to get a door, and then getting 4 trolleys (one for obstetrics, main, emergency and paediatrics) was going to take decades! So I managed to convince the administrators to free up some petty cash from each theatre to allow me to buy some plastic toolboxes, which we have standardized and filled out for each theatre complex. This should allow any airway emergency to be dealt with quickly with all the relevant equipment to hand without the usual daily hunt for an appropriate sized tube or begging for a laryngoscope blade that works from the theatre next door. Sadly the storeroom will only house the equipment not the pharmaceutical supply. The ordering and the procurement of this are still beyond even the head of department's control. So the small amount of Bupivacaine that was available when I arrived (due to donations), which was invaluable for caudal analgesia and nerve blocks has long since been used. This is a tremendous shame as whilst there was a supply it was great to be able to teach the techniques of blocks and caudals to the trainees and they were very impressed by it. I am sure they will be keen to continue when they have the means to do so. So it was in my mind to explore the remit of postoperative pain control in children – as the only drugs available in theatre is Fentanyl, Pethidine and intravenous Diclofenac. Hardly a great aid to following the WHO pain ladder!

However it was during this time I realized that dosing regimes and equipment sizing was a bit of a lottery. Pre-operative weight measurement of surgical patients is scarcely done and I am not sure when the scales were last checked (having allegedly anaesthetized a 40kg one year old child the other day...) There are over 2,500 paediatric cases per annum in the designated paediatric theatres (which is an underestimate of the total paediatric case load as it fails to take into account several specialties that operate on children routinely in the main theatre complex). The subspecialties done in the paediatric theaters include some of the ENT and maxillofacial cases and all of the general, plastics, neurosurgery (despite there not being a ventilator let alone Carbon dioxide monitoring in the three theatres in the paediatric block). Some children are not weighed at all. These are usually the children brought down from the adult surgical wards (yes they stay on the wards with the adult patients) for orthopaedic, ophthalmology and some ENT cases before being operated on in the main theatre complex.

Clinically many of these children seemed underweight and the few that are measured tend to confirm this. In 2007, the Zambian Demographic and Health Survey found that in the under five-age group; 45 percent of children were stunted (short for age), 5 percent were wasted (thin for height) and 15 percent were reported to be underweight¹.

This got me thinking that establishment of accurate weights pre-operatively was an essential part of making the UTH safer for children during anaesthesia. The current practice relies on the old ALSG: (age+4) x 2 formula or eyeball estimation but the establishment of weight is paramount for accurate pharmaceutical dosages and for the selection of relevant airway equipment especially in this group of patients where there is a real risk of over medicating and also over resuscitation with potential dangerous sequelae such as fluid overload, cardiac failure and death.

Uses of formulas are common throughout the world but these have been predominantly developed in the Western world on these populations and may not be relevant to the average Zambian child. As such I decided we needed to start the culture of accurate pre-operative weighing at UTH. For this to be effective it would ideally take place on the pre-operative visit. However due to the logistics of children being placed on adult wards as well as the children's surgical ward this would prove immensely challenging, so I have decided to encourage the weighing of each child on their presentation to the theatre reception. They all arrive en masse – usually carried by their mother's or five to six abreast on a trolley. They then have to sit in the theatre complex all morning waiting their turn. As such it should not take much to get the theatre staff into a routine of weighing all the children during the check-in period.

In order to do this we have needed to buy accurate (medical grade) scales to ensure accuracy – one for infants and another for children which has been greatly helped by the generous donation by the APAGBI. They both have height measurement methods too which will also be recorded in the charts from now on. Most, if not all of the children under the age of a year are done in the paediatric block but several operations are carried out on older paediatric patients (ages three years and up) in the main theatre block (orthopaedics, ophthalmology, burns and ENT), which is a considerable distance away from the paediatric block. Hence I have decided to institute scales there in order to promote weighing of the children in this environment also. One can only hope that it may extend to the adult population in time....

As a spin off of the project I have been granted ethical approval to collect the weights of all surgically operated children in order to first record the weight distributions but also to ascertain which (if any) of the current formula's that are available for weight is the most accurate for this population. This will be invaluable in the future and something I would hope to circulate out to the whole of Zambia in order to allow clinicians to use the most accurate form of estimation of weights as the basis of all drug and equipment calculations in times of emergency cases and also in areas where weighing is not available. As such the project should hopefully reach out not just to the children treated in UTH, Lusaka but help improve safety standards across Zambia.

And so it shows pangono, pangono (slowly, slowly) we will get there. Change is definitely happening. The UTH is definitely becoming a safer place for anaesthesia and little steps forwards are inevitably met with some that stride backwards but on the whole the momentum is gathering. 2015 is when the UN Millennium Goals were set for. I am sure that we won't reach them by 2015 in UTH, however I think we can be pleased with the fact that we are striving to get there and making small steps towards getting there, mostly together. In two years time Zambia will have its first group of home grown anaesthetists who have come through a system that has fostered the need for clinical governance and patient safety and with their continued input, I think that the goal to reduce childhood mortality and improvement of children's anaesthetic safety and service in UTH will be achieved.

References:

1. Zambian demographic and Health Survey (2007). Central Statistics Office and Department of Health. [Accessed at <http://microdata.worldbank.org/index.php/catalog/1527> on 19/9/2013].