Addressing the need for regional anaesthesia training

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Introduction

Advances in anaesthetic practice have seen an emergence of novel techniques and new training competency requirements by the Australia and New Zealand College of Anaesthetists (ANZCA)[1].

It can be challenging for ANZCA trainees to achieve these competencies during their relatively short training period.

One particular area is regional anaesthesia skills training, which is not uniform across training hospitals. Trainees' volume of practice (VOP) is largely dependent on the surgical case-load, surgeons' preference and the resources available in their training hospitals, in addition to their supervisors' training and skills in the field.

Aims

To make recommendations for developing a centralised Ultrasound Guided Regional Anaesthesia(UGRA) simulation education program to address the regional anaesthesia training need of ANZCA trainees.

Recommendations

Patient safety

Implementation of an UGRA training program during advanced training, based on the learning objectives of the ANZCA curriculum (1). This will improve patient safety by: improving trainees' competence and enabling management of patients at high risk of complications with general anaesthesia, using UGRA techniques.

Modes of teaching

The training program should be multi-modal, comprising:

- Online pre-reading material (e-learning modules including video demonstrations and audio-visual presentations).
- Face to face skills training workshops

Trainers

Training of clinical supervisors in UGRA techniques and teaching skills enabling them to teach and supervise trainees. This can be achieved by dedicated, ANZCA subsidised workshops, ANZCA endorsed teaching guidelines and trainee assessment tools. There should be incentives for training of juniors in UGRA techniques such as Continuing Professional Development requirements, paid allocated teaching time and ongoing competency assessments of clinical supervisors' UGRA skills.

Cost considerations

Minimise implementation costs by:

- Centralising training facilities to prevent duplication of efforts. Once preliminary programs have been evaluated and improved to increase their efficacy, more training programs can be developed.
- Workshops should be run afterhours (evenings and weekends) or as part of the medical education conferences that many trainees attend. This minimises the cost and disruption to training sites and improves trainees' accessibility.

Accessibility

Trainees should have regular access to skills training facilities for ongoing practice.

There should be appointed clinical supervisors and fellows as regional anaesthesia "champions" at training sites, to encourage ongoing collaboration and training in the field.

Conclusions

We have made recommendations for implementing a co-ordinated systemic approach to developing a cost-effective multi-modal simulation program, to address the learning objectives and training requirements of the new ANZCA curriculum[1].
We have also discussed the benefits of implementing such a program and provided recommendations for addressing potential difficulties.

References

1. Australia and New Zealand College of Anaesthetists. Anaesthesia training program curriculum. http://www.anzca.edu.au/documents/anaesthesia-training-program-curriculum 2016. Accessed March 25, 2018.