SEA·UK

The Society for Education in Anaesthesia UK

Winter 2024 Newsletter

Inside this issue: Essay Prize Winners

Special features on: Revolutionising Regional Anaesthesia Education

Editors:
Dr Amit Ranjan, Consultant Anaesthetist,
Bristol Heart Institute, UHBW Foundation Trust , Bristol

Dr Megan Oldbury, ST4 Anaesthetics,
Leeds Teaching Hospitals Trust

@SEATWEETUK

Join SEA-UK Today

Be part of a growing network of passionate educators in anaesthesia across the UK

The Society for Education in Anaesthesia UK is an organisation that works to provide high quality networks and professional development opportunities for education in anaesthesia in the UK and overseas. SEA-UK is here to provide the advice, support and resources you need to excel your career as an anaesthetist, trainer, educator and leader.

There are many benefits of becoming a member of SEA-UK, these include:

Keeping up to date

- Receive updates on the latest developments in educational methods with the bi-annual SEA-UK newsletter
- Our new website provides the latest updates in education, making it easy to navigate and find the resources you need

Free webinars

- Join and access our webinars for free

Attending CPD accredited meetings and workshops

- Discounted access to SEA-UK conferences and workshops will keep up to date with the latest developments in education in anaesthesia

Learning from others

- SEA-UK online forums provide a space for like-minded educationalists to network and share experiences and discuss future ideas for education and training (available on our website)

Collaborating with others

- Discuss the latest issues and innovations regarding the Royal College of Anaesthetists training curriculum and the opportunities and challenges for trainees and trainers
- Get support from trainers and educators from across the UK

Building your portfolio

- Submit articles on educational topics for free. These are published in our bi-annual newsletter or in the RCoA Bulletin magazine
- You will be a member of an organisation that has a national influence on anaesthetic education and development

Thank you and we look forward to you joining us here: https://www.seauk.org/join-seauk

---

Cyprian Mendonca	**Tracy Langcake**	**Claire Halligan**	**Umair Ansari**
President SEA UK	Secretary SEA UK	Treasurer SEA UK	Webmaster SEA UK

WELCOME

Letter from the Editors

SEA·UK
The Society for Education in Anaesthesia UK

Established 1999
Charity Number 1091996
Winter Newsletter 2024
Editors: Amit Ranjan and Megan Oldbury
Design: Rachel Holmes 2022

Inside this issue

Dear Reader,

A warm welcome to the Winter edition of the SEAUK newsletter!

In this edition, we share some thought-provoking contributions from our essay prize winners. These essays offer a closer look at technology-enhanced learning in the undergraduate curriculum and explore how Educational Development Time (EDT) can effectively support learning and assessment in professional practice. You will also find interesting articles on revolutionising regional anaesthesia and projects that have focused on making every team member invaluable to safe patient care.

An early bird heads up about the next SEA UK annual scientific meeting on the 28th April 2025 which is being held at the Manchester Conference Centre. A fantastic programme has been put together by our very own Dr Cliff Shelton and Dr Sarah Thornton, with some stimulating talks on tackling bias and inequality in medical education and the power of simulation in medical practice.

This year following another successful Annual Scientific Meeting in Basildon and an excellent webinar on the CESR (Portfolio) pathway in November, we are delighted to announce our next webinar on the 25th February 2025 which will be focusing on 'Trainee Wellbeing in Anaesthesia'.

I would like to personally extend a warm welcome to Dr Amit Ranjan who has recently joined me as Chief Editor of the SEA UK newsletter. Together, we would like to thank everyone who has contributed to this edition of the newsletter for your hard work and commitment to education in anaesthesia.

On behalf of the editorial team, we hope you enjoy this winter edition! We wish you all good health and happiness in the year ahead and hope to see you at our next annual scientific meeting.

Amit Ranjan
Editor in Chief

Megan Oldbury
Junior Editor

@SEATWEETUK

Featured photograph
Pages 1 and 19
Credit: Dr. Cath Livingstone
Consultant Anaesthetist

SEA·UK

The Society for Education in Anaesthesia UK

Letter from the President

Professor Cyprian Mendonca

Welcome to the SEA-UK Winter 2024 Newsletter

As the year 2024 ends, I am sure you all are looking forward to a festive celebration and a well-deserved break this Christmas. It has been a busy year for the Society for Education in Anaesthesia UK with new developments in education. Following a successful annual scientific meeting at Basildon, in collaboration with the Association of Anaesthetists, we delivered an online webinar on "FRCA exams-Road to success" in August to help both resident doctors and trainers in exam preparation.

In recent years, technology-enhanced learning has been widely used in both undergraduate and postgraduate education. It is important to understand its role in health education along with the benefits and challenges that it presents. The effective use of educational development time is useful in supporting learning and assessment in professional practice for postgraduate doctors. This provides an opportunity to focus on specific domains in the general professional capability framework. This year we received many essays on these two topics and the prize-winning essays are published in this issue.

In November, we successfully delivered a webinar on CESR (Portfolio) pathway - road to success. Dr Sian Jagger gave an in-depth account of the application process and how they are assessed for knowledge, skills and experience. Dr George Mathew shared his experience of organising and running a bespoke portfolio pathway training programme. Dr Simantika Ghosh shared her experience of starting her journey of joining and progressing in the portfolio pathway and Dr Shreela Ghosh recently completed the portfolio pathway and presented top tips for successfully completing this.

The 25th annual scientific meeting of SEA UK will take place on 28th of April in Manchester. Dr Cliff Shelton and Dr Sarah Thornton have put together an outstanding scientific programme with the theme of authenticity and affirmation in education. Abstract submission and registration is now open.

We encourage our members to work on educational projects and we continue to support this through educational grants. We are very eager to hear from our members about any suggestions for future events, website updates and how you may get involved in SEA UK activities.

Wishing you all a joyful festive season and Happy New Year!

Cyprian Mendonca
President

SEA UK Webinar—February 2025

The 25th Annual Scientific Meeting Manchester

The 25th Annual Scientific Meeting—Programme

09:15	Registration	
09:45	Introduction and welcome	
	Session 1: From awareness to action: tackling bias and inequality in clinical education Chair: Sarah Thornton	
10:00	Inclusive education for anaesthetists and medical students	TBC
10:25	How do we 'level up' our underdoctored areas?	Liz Brewster (Senior Lecturer, Lancaster Medical School)
10:50	Digital Accessibility	Hannah Thein (Senior Academic Technologist, Warwick Medical School)
11:15	Session 1 questions and answers	
11:25	**Refreshments and poster viewing**	
	Session 2: Collaborate, simulate, resuscitate: the power of simulation in practice Chair: Cliff Shelton	
11:45	Excellence in resuscitation teaching	Patricia Conaghan (Educator, ALS Group and European Resuscitation Council)
12:10	Optimising feedback	Kirsty MacLennan (Consultant Anaesthetist, St Mary's Hospital, Manchester)
12:50	Session 2 question and answers	
13:00	**Lunch and poster viewing**	
14:00	Keynote: The Next Big Thing in Medical Education	TBC
14:30	Prize talks (10 min x 3)	Chair: Kate Wainwright
15:00	**Refreshments and poster viewing**	
	Session 3: Go big! Education for a wider population Chair: TBC	
15:25	Bringing regional anaesthesia to a wider audience	TBC
15:50	Dissemination in education: what makes a good educational report?	Susannah Patey (Editor, Anaesthesia Reports)
16:15	Surgery School: patient education for improved outcomes	Imogen Fecher-Jones (Lead Nurse, Perioperative Medicine Programme, Southampton University)
16:40	Session 3 question and answers	
16:55	Presentation of prizes and closing address	

Manchester 2025
The 25th Annual Scientific Meeting—Call for Abstracts

The Society for Education in Anaesthesia UK

The 25th SEA UK Annual Scientific Meeting will be held at Manchester Conference Centre on 28th April 2025.

Prizes
Oral presentation: Two prizes
Poster presentation: Three prizes

Deadline for submissions: **5 pm on 14th February 2025**

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 abstracts will be chosen for oral presentation and judged on the day for the prizes. If you wish to have your work to be presented as a poster only, you must specify at the time of submission. All posters will be judged on the day for the prizes.

Abstract should include

- Title, authors (identifying speaker and grade), employing institution
- Introduction/Methods/Results/Discussion or Conclusion
- Abstracts should be no more than 300 words in length (excluding the title, authors and up to 3 references)
- Maximum 1 table or a graph or a figure can be included
- Results must be included in the abstract, rather than just "results will be presented"
- No smaller than Arial Font 10 point.
- Include whether your submission has been previously presented anywhere (this is generally acceptable providing results are still recent)
- You may submit more than one abstract, providing all work is distinct from each other

Please send to Dr. Tracy Langcake, Abstracts Co-ordinator (secretary@seauk.org) with a copy to Cath Smith, Society Administrator (administrator@seauk.org) as a Word document, by **5 pm 14th February 2025.**
Late submissions will be rejected.

In submitting an abstract you confirm that you, or the presenting author, will register and pay to attend the conference. When submissions are accepted, all participants must confirm their involvement by registering and paying the conference fee by **Friday 4th April 2025**. We cannot guarantee that presenters who miss this deadline will be included in the official conference publications including the abstract book.

The abstracts will be judged by a panel of the SEA UK 2024 abstract team. The corresponding author will be notified by **Friday 28th February 2025**.

SEA-UK Essay Prize Winner 2024

Should Technology-Enhanced Learning Be Part of the Undergraduate Curriculum?

Peter Hayward
Medical Student
Warwick Medical School

The evolution of both knowledge and technology are advances which have historically been made hand in hand, each sequentially underpinning the other's continued progress. Nowhere does this continue to be truer than within the study and practice of medicine. Given the unceasing growth in our understanding of both medical knowledge and teaching theories, it is a poignant question to consider the role of Technology-Enhanced Learning (TEL) in the medical undergraduate curriculum.

The utilisation of technology in daily life has become common place. The laptop on which this is being written has around 62,000 times the processing speed of the guidance computer that landed Apollo 11 on the moon, and yet is now considered 'consumer-grade'. To embrace this pre-existing familiarity and fluency with technology is surely prudent. Indeed, in the wake of the recent Covid-19 pandemic, our reliance on technology for the continued delivery of medical education, as well as the continuity in delivering patient care, has been brought to the fore. To echo the words of Drum & Bould, the adoption of TEL into modern medical education is not so much a question of if, but rather a question of how (1).

The adoption of TEL has been ubiquitous across many industries, with advantages such as flexibility, adaptability and accessibility that naturally translate well to medical education. The idea that accommodating varied learning styles into medicine is hardly novel - Newble & Entwistle acknowledged in 1986 that medical education should seek to accommodate varied learning styles. Cofield et al found that students are better able to retain and apply knowledge when the teaching modality aligns to their preference in learning style (2).

Whilst there are varied modalities of delivery within the UK's medical curriculum, common to all approaches are the inclusion of lectures, seminars and hands-on clinical

skills teaching, as well as the experiential learning adopted during the clinical phase years. Inherent to all modalities are limitations such resource provision, time, and regional inequalities in healthcare delivery, which can result in unequal learning opportunities. TEL integration could be said to represent the difference between equality of teaching provision, to the equitable access to optimal resources.

Benefits

As with any advance in medicine, the ultimate beneficiary will be the patients under the care of the multidisciplinary team. Hence, when evaluating innovations in medical education, it is of central importance to ask whether patients will see a tangible benefit from implementation of any new measure.

One key advantage of TEL is its ability to simulate clinical situations in a risk-free environment. There is a wealth of evidence to indicate that simulation has a measurably positive impact on patient safety, offering students a safe space for repeated practice, refining their skills before working with real patients. In a recent meta-analysis, Chernikova et al found little doubt that technology-enhanced simulation led to more effective skill acquisition amongst medical students (3). However, the findings of Massoth et al remind us that this can be a double-edged sword and can indeed lead to over-confidence (4).

Medical practice is underpinned by a commitment to lifelong learning. Given the seemingly rapid half-life of medical knowledge, digital learning platforms are an effective and dynamic way to remain informed and foster the global collaboration that is at the heart of scientific

SEA-UK Essay Prize Winner 2024

Should Technology-Enhanced Learning Be Part of the Undergraduate Curriculum?

progress. This global interaction exposes students to diverse medical practices and perspectives, enriching their educational experience. The ability to both contribute to and benefit from the dissemination of the knowledge-base that underpins best practice is a key benefit of TEL, and early adoption will both normalise and capitalise on this.

Challenges

Tools such as e-learning platforms, virtual consultations and clinical simulations can offer highly effective practical learning experiences without any direct patient interaction. However, herein lies the potential problem with TEL – removing the human element from an inherently person-centred profession.

Beyond scientific knowledge alone, there is an art on which the practice of medicine relies, built upon empathy, communication, and ethical decision-making. It is difficult to envisage a landscape in which technology can effectively convey and foster these critical interpersonal skills to the same degree as time spent seeing real patients. Nor is it easy to imagine the acquisition of clinical intuition, and subsequent formation of clinical gestalt, from TEL alone. To quote Dr. Joshua Lederberg, “direct experience and observation are irreplaceable in learning" (5). It is essential that we strike a balance between technology and the experiential learning that comes with humanistic education, utilising TEL to enhance and support a student’s ability to focus on human interaction, as opposed to substitute it.

From a pragmatic point of view, the implementation of TLE into medical education comes with considerable cost, representing a very substantial investment in technology, infrastructure, as well as further training for educators. However, it should be seen as just that, an investment, the long-term benefits of which should translate to enhanced patient outcomes, as well as a potential reduction in the dependency on physical resources.

Whilst the integration of technology into our daily lives may feel ubiquitous, this assumption should not be applied equally to all. There may be a disparity in the degree to which students or educators are comfortable with the use of digital platforms, not to mention the socioeconomic factors can limit access to devices and internet connectivity. Educators may have become

accustomed to more ‘analogue’ methods of teaching, so to speak, and may lack the technical expertise, or simply be reticent to incorporate TEL into their teaching. To alienate their wealth of subjective experience and expertise in the name of the arbitrary inclusion of TEL would represent a substantial loss. However, offering comprehensive training and support to both groups would hopefully mitigate this issue, helping to strike a balance between new and traditional teaching modalities.

It must also be acknowledged that with the rise of technologies such as artificial intelligence (AI), the role of critical appraisal and clinical judgement should not be overlooked. Indeed, in an age of immediate access to information that does not necessarily conform to peer review or academic scrutiny, a healthy scepticism is perhaps more important than ever in avoidance of erroneous or ambiguous information. Nor should the personal responsibility for knowledge acquisition and utilisation be deferred to technology. As with any tool, they are only as effective as the operator’s competence allows them to be.

SEA-UK Essay Prize Winner 2024

Should Technology-Enhanced Learning Be Part of the Undergraduate Curriculum?

Looking Forwards

As both healthcare and technology continue to evolve, their symbiotic relationship will only deepen, and the inclusion of technology within medicine will become ever more central in day-to-day practice. Medical education should adapt in such a way as to prepare future doctors for the technological landscape they will encounter in practice, increasingly shaped by innovations such as telemedicine and AI driven diagnostics.

Incorporating TEL into the medical curriculum offers significant advantages, such as personalised education, advanced clinical simulations, global collaboration, and greater accessibility. Nevertheless, its implementation requires careful consideration of potential challenges, including preserving the human aspects of medicine, addressing costs, and ensuring equitable access to digital tools. Ultimately, the question of integrating TEL into medical education is answered not only by the potential benefit to the students and educators who will utilise it, but by the wider benefit conferred to the patients who will be on the receiving end of their care.

References:

[1] Drum ET, Bould MD. Not if, but how? Using technology and task-sharing to strengthen the global anesthesia workforce. Anesth Analg. 2017 Oct;125(4):1095-1097.
[2] Coffield F, Moseley D, Hall E, Ecclestone K. Learning styles and pedagogy in post-16 learning: A systematic and critical review. London: Learning and Skills Research Centre; 2004.
[3] Chernikova O, Heitzmann N, Stadler M, Holzberger D, Seidel T, Fischer F. Simulation-Based Learning in Higher Education: A Meta-Analysis. Rev Educ Res. 2020;90(4):499-541.
[4] Massoth C, Röder H, Ohlenburg H, et al. High-fidelity is not superior to low-fidelity simulation but leads to overconfidence in medical students. BMC Med Educ. 2019;19:29.
[5] Whyte WF. *Learning from the Field: A Guide from Experience*. SAGE Publications, Inc; 1984.

SEA-UK Essay Prize Winner 2024

Does Educational Development Time (EDT) effectively support learning and assessment in professional practice?

Dr Jacob Norman
Anaesthetic Education Fellow
Whipp's Cross Hospital, London

In the evolving landscape of medical education and postgraduate specialty training, the importance of developing talented and well-rounded doctors is paramount to improving training and ensuring future consultants are equipped with the variety of skills they will need to succeed in their roles. In 2021 the curriculum for gaining a CCT in anaesthetics had a significant overhaul, with changes throughout the training programme implemented to achieve some of these aims. One of the major changes was the addition of "Educational Development Time" or EDT to be allocated to trainees at all stages of training, with up to 2 hours per week for those in Stages 1 and 2, and up to 4 hours for those in Stage 3 training [1].

EDT was introduced by the college to support learning and assessment in professional practice, and cover areas of the CCT curriculum that may not be clearly developed during usual clinical work. These areas are borne from the Generic Professional Capabilities (GPC) framework that was developed by the GMC in 2017. They found that most concerns regarding doctors' performance fell into one of the nine domains identified as part of the GPC framework – and major patient safety inquiries found significant deficiencies in these areas of professional practice [2]. If postgraduate medical training is to reflect upon its historical successes and failures, then it is imperative to recognise that greater focus throughout medical training must be taken to target and address these deficiencies, which is where initiatives such as EDT can take the opportunity to improve medical training.

Although it is clear that improvements should be made to training to develop these professional skills more effectively – whether EDT is the solution to these challenges is something that is far harder to determine in the short term. Since it has been only three years since it was introduced to the anaesthesia curriculum in 2021, any direct measurement of the impact it has had on trainees' ability to develop these GPC skills is very difficult and would be prone to significant confounding influences, such as the overall change to the structure of training which occurred at the same time.

Instead, we must look at the impact that time for self-directed learning is likely to have on the professional development of the trainee, and the types of activity that it would be used on. It has long been known that self-directed learning is an important tool to the active learner and is prevalent throughout all stages of medical training. Although didactic teaching will always have a role in training, the ability for a student to use self-directed learning to address the areas they feel weakest in - and pursue relevant training opportunities to accomplish this goal – is part of the reason that self-directed learning methods such as EDT can be an effective tool to further learning. A 2010 systematic review of 59 studies investigating the effectiveness of self-directed learning in healthcare professionals found that it is associated with moderate improvements in knowledge domains (compared to traditional teaching methods) and with roughly equal ability to develop skills and attitude domains of learning [3]. Studies such as these help to give greater belief into the benefits that initiatives such as EDT can bring to modern medical training.

SEA-UK Essay Prize Winner 2024

Does Educational Development Time (EDT) effectively support learning and assessment in professional practice?

EDT has been designed to enable more time to areas of the curriculum not typically catered for in day-to-day clinical practice. This includes areas for development such as educational activities, quality improvement projects, research or management and leadership activities [1]. Although these are not new components to postgraduate training and have been a staple part of trainees' careers and work life for many years – the opportunities to develop these areas within the normal working day have often been very limited and highly variable from one department to another. Most clinicians will recognise from their own experience that often the time to develop these skills – particularly quality improvement projects or research - will either come from the doctor's own time outside of work, or through taking up dedicated fellowship roles or time out of training. Inequalities can develop from this – where those doctors who are unfortunate to find little time for developing these skills in work are very likely to find their training negatively impacted, with the need to address such deficiencies often coming at the expense of the doctor's own time outside of work, or through delaying career progression. Because of reasons such as these, there is a clear and significant need for dedicated time during the trainee's working week to address such learning objectives, which in turn can help to produce more capable and well-rounded clinicians. Similarly, by allowing more time to develop skills in management and leadership skills for Stage 3 trainees, it permits a smoother transition for the senior trainee to CCT and consultant posts.

In conclusion, although the ability of EDT to support learning and assessment in professional practice is something we are unlikely to be able to directly measure, by looking at the reasons it was introduced and the benefits of self-directed learning in general, we can be confident that it will have a positive impact upon the development of anaesthetic trainees overall. Having dedicated time each week to engage in activities such as research and quality improvement has clear benefits to both trainees and patients and facilitates the development of skilled trainees. However, further evaluation and assessment should be undertaken to make sure that the introduction of EDT does not have a net negative effect – in particular that the reduction in clinical time doesn't have a significant effect on development of clinical skills over the course of a doctor's specialty training.

References:

[1] Carey, C. Guidance for educational development time. The Royal College of Anaesthetists; 2021 [reviewed 2023, cited 2024 September 13]. Available from: https://www.rcoa.ac.uk/training-careers/training-hub/2021-curriculum/guidance-educational-development-time

[2] General Medical Council. Generic Professional Capabilities Framework. General Medical Council 2017 [cited 2024 September 15]. Available from: https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf

[3] Murad MH, Coto-Yglesias F, Varkey P, Prokop LJ, Murad AL. The effectiveness of self-directed learning in health professions education: a systematic review. Med Educ. 2010 Nov;44 (11):1057-68. doi: 10.1111/j.1365-2923.2010.03750.x. PMID: 20946476. https://pubmed.ncbi.nlm.nih.gov/20946476/

Special Features

A training programme to improve the knowledge of health care assistants in the safe transfer of diabetic inpatients

Dr Tanuja Sarang, Specialty Doctor
Dr Cynthia D'Souza, Associate Specialist
Hampshire Hospitals, Basingstoke

Healthcare assistants form an integral part of the hospital team and their contribution to patient care cannot be ignored. The 2019 National Diabetes Inpatient Audit annual report (NaDIA, published in November 2020) has shown that, although improvements in various aspects of inpatient diabetes care have continued, the occurrence of some important and life-threatening harms remain unchanged. One of these harms is severe hypoglycaemic episodes in inpatients with type 1 diabetes. One of their recommendations is to provide training for every healthcare professional who dispenses, prescribes and/or administers insulin, appropriate to their level of responsibility, including an assessment of competency.

The JBDS-IP revised document, March 2016, summarises guidelines to improve standards of management of adult diabetic patients undergoing surgery and elective procedures. It discusses local audit standards, with 75% of staff involved in the care of diabetic patients undergoing surgery to receive appropriate education from the Diabetes Inpatient Specialist team.

The NPSA, also recommends that a training programme should be put in place for all healthcare staff expected to prescribe, prepare and administer insulin.

In our trust, at two occasions, diabetic inpatients were brought to the operating theatre for surgery, by our Health Care Assistants (HCAs), with the insulin infusion running, while the substrate intravenous glucose infusion was disconnected by the ward staff, for ease of transfer.

Through an audit process, we unravelled a gap in the knowledge of HCAs regarding safe transfer of diabetic patients, while on insulin infusion. We found that, all HCAs who responded to our questionnaire checked the patient's diabetic status preop (100%), most checked the blood sugar level in the last hour (80%), and about 60% knew what the safe perioperative blood glucose level was for patients.

However, none of them knew the importance of running an appropriate glucose-containing fluid with the insulin infusion and the risks of hypoglycaemia. When we raised this issue, we met with some resistance from the theatre co-ordinator regarding the non-medical background of HCAs.

We however argued that education through appropriate target-centric teaching provides empowerment to all health care teams to question incorrect or unsafe practices. Involving every member of the team is a vital element of safe patient care. This was further supported by the interest shown by all the respondents in an educational session organised by us.

We already know that at community level, to enable teams to manage increasing service demands, suitably trained health and care workers (HCWs) including HCAs can administer insulin to adults with stable diabetes. A voluntary framework has been developed by Diabetes UK and other stakeholders for teaching and training HCWs to administer insulin to adults who are unable to do this themselves.

Special Features

A training programme to improve the knowledge of health care assistants in the safe transfer of diabetic inpatients

So, we provided education appropriate to their level of responsibility with simplified presentations to all our HCAs, with pictures of insulin pumps, glucose fluid bags and information about the signs and symptoms of hypoglycaemia.

The theatre SOP was also revised to include a preoperative check of an appropriate fluid running alongside insulin. The HCAs were encouraged to call the anaesthetic team in theatres or the theatre co-ordinator if in doubt, before transferring diabetic patients on insulin. The diabetic lead emailed information about training on safe use of insulin on the trust intranet to all staff.

We re-audited after the educational session and changes made for safer practice and found that while the other audited parameters remained good, knowledge about checking glucose-containing fluid with insulin when transferring diabetic patients had improved from 0 to 71%, (Please see Fig:1).

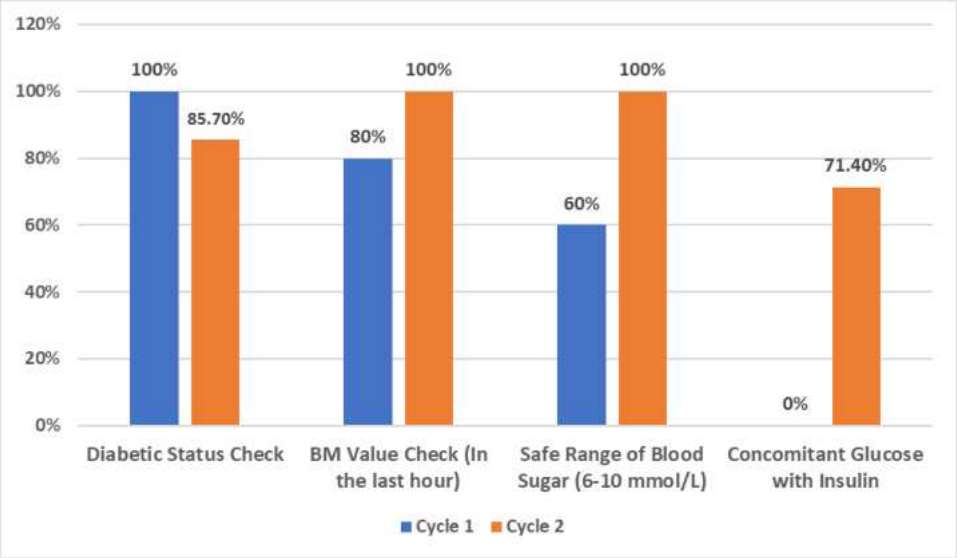

Figure 1: Knowledge of health care assistants in safe transfer of diabetic patients. Cycle 1 is pre-training and cycle 2 is post training.

More than the numbers, we felt that the overall understanding of transferring diabetic patients on insulin without glucose and the risk of hypoglycaemia was much better.

We recognise that this improvement can only be maintained through continual monitoring and education as newer teams of HCAs join us. However, this project has reinforced the fact that every team member needs to be valued for their contribution and motivated to improve patient care through attention to detail, however small it might be.

References:

[1] National Diabetes In-patient Audit 2019 report: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-inpatient-audit, www.Diabetes.org.uk
[2] HHFT Blood Glucose monitoring in Theatres and Recovery SOP # 168
[3] JBDS-IP revised summary, March 2016: Management of adults with diabetes undergoing surgery and elective procedures: Improving standards
[4] Guide on delegating insulin management to HCAs: Diabetes UK

Special Features

ARiRA: Revolutionising Regional Anaesthesia Education with Cutting-Edge Technology

Dr Arul James MD, FRCA, FFPMRCA
Consultant Anaesthetist & Chronic Pain Medicine
George Eliot Hospital NHS Trust

ARiRA is a comprehensive, multi-dimensional learning platform designed to make complex procedures easier to understand and apply in real-life scenarios. The course covers essential topics relevant to ultrasound-guided nerve block techniques like clinical indications, patient positioning, probe placement, precautions, complications and details of relevant anatomical structures with unparalleled clarity and precision.

3D Anatomy Visualisation

Unlike static images, 3D models allow users to explore anatomical structures from every angle, fostering a better understanding of the relationships between nerves, muscles, and other critical structures. Practitioners can rotate and inspect these 3D models to build spatial awareness and depth perception, which are essential for effective needle placement and anaesthetic delivery.

Augmented Reality (AR)

Through AR, users can see virtual representations of procedure guides as if they were right in front of them in the same room. This technology provides a clear view of needle trajectories and probe placement, allowing for a more intuitive grasp of procedural steps. The augmented reality experience is a game-changer, particularly for visual learners, as it enhances retention and improves comprehension.

Cadaver Dissections

The high-resolution cadaver dissections allow users to see real anatomical structures and landmarks. A detailed cadaver imagery enables users to gain insights into tissue planes, nerve paths and anatomical landmarks. This is essential for successful nerve blocks, giving users a realistic foundation for clinical practice.

High-Quality Ultrasound Images

Ultrasound guidance is at the heart of modern regional anaesthesia. A gallery of high-resolution ultrasound images enables learners to identify key sono-anatomy landmarks. Familiarity with these ultrasound images helps practitioners feel more confident in real clinical settings, where precision and accuracy are paramount.

Glide-View© for Cadaver and Sono-anatomy Images

ARiRA's Glide-View© feature provides a unique interactive way to explore cadaveric and sono-anatomy images. At its core is the Reveal Bar: a tool that allows users to smoothly hide or reveal annotations, creating an interactive learning experience that enhances anatomical understanding. This dynamic Reveal Bar enables learners to transition effortlessly between guided and unguided views, enhancing the comprehension of intricate anatomical details.

Ultra-Slide Probe Control© is a unique feature that allows users to simulate probe handling and adjust positioning virtually. This interactive tool is a breakthrough in regional anaesthesia training, as it lets users improve their control over probe manipulation in a realistic yet virtual setting. Ultra-Slide© is particularly valuable for practitioners refining their skills or for those who may not have regular access to live practice opportunities.

Electronic Sono Simulator

The Electronic Sono Simulator offers a fully interactive, virtual ultrasound experience, allowing users to navigate a digital human body with a responsive virtual probe. Interactive Probe Movements enable users to simulate real-life ultrasound scanning, where moving the probe dynamically updates corresponding ultrasound images on the screen. Users can explore various anatomical layers, from skin and muscles to nerves.

Further details on ARiRA course are available at https://www.arira.co.uk/

THIS.Institute

Can you help develop a set of measures for good quality care before, during and after surgery?

Healthcare professionals – including surgeons, perioperative care specialists, healthcare managers, and all those involved in surgical care – are being invited to take part in a short, two-part online survey.

The study, led by **THIS Institute** at **Cambridge University** in collaboration with perioperative researchers at **University College London**, aims to develop a standard set of quality indicators for the almost 10 million people who have surgery in the UK every year. The aim is that these indicators can be used for monitoring, evaluation, and research.

Your valuable input will help improve the quality of future perioperative care. The first survey is open until **6 January 2025**, and the second survey will be available from **6th until 28th February**. The team will let you know as soon as the second survey is open.

To take part, and to find out more about the study visit:

https://www.thiscovery.org/project/quality-perioperative-care-hcps

SEA·UK

The Society for Education in Anaesthesia UK

Educational Grants

4 x £500 grants available every year

Can be used for any prospective educational research and quality improvement activities related to education in anaesthesia, including:

- Research or QI expenses
- Travel to undertake educational activity
- Travel to present research or quality improvement

Membership

Membership fees:

Full membership is £25 per annum paid by direct debit

How to join:

Online form: https://www.seauk.org/join-seauk
or download and fill in the GoCardless direct debit form available at www.seauk.org

Please send to:

Cath Smith
SEA-UK Administrator,
PGME,
Rotherham NHS Foundation Trust,
Moorgate Road,
Rotherham
S60 2UD

administrator@seauk.org

Benefits of joining

- Receive updates on latest developments in education
- Bi-annual newsletter
- Free webinars
- CPD accredited meetings and workshops
- Learn from others in our educational forums
- Updates regarding curriculum changes for trainees and trainers
- Build your portfolio
- National influence within anaesthetic education
- Opportunities for website development
- Discounted entry to ASM

SEA·UK

@SEATWEETUK