SEA·UK

The Society for Education in Anaesthesia UK

Summer 2024 Newsletter

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Editor:
Dr Megan Oldbury, ST4 Anaesthetics
West Yorkshire

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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 biannual 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 biannual 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 for your time and we look forward to you joining us here:
https://www.seauk.org/join-seauk

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The Society for Education in Anaesthesia UK

Kind regards,

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

WELCOME

Letter from the Editor

SEA·UK
The Society for Education in Anaesthesia UK

Established 1999
Charity Number 1091996
Summer Newsletter 2024
Editors: Megan Oldbury
Design: Rachel Holmes 2022

Inside this issue

Dear Readers,

Welcome to the Summer 2024 edition of the SEA UK newsletter!

We are excited to bring you updates from the world of education in anaesthesia. In this issue, you will find summaries of the fascinating talks from our 24th annual scientific meeting. With the rapid advancements in digital tools and resources, educators have unprecedented opportunities to enhance learning experiences and engage trainees in innovative ways. This edition explores the ways in which these advancements are changing education in anaesthesia today.

Additionally, we are thrilled to feature articles written by pioneering educators who are passionate about topics such as greener anaesthesia, supporting trainee progression and breaking down barriers faced by neurodivergent trainees and those from ethnic minorities.

As always, there are many opportunities for our members in this issue including an essay competition and information on how to apply for an educational grant. We are always looking for thought-provoking review articles and special features to publish in our newsletters so please get in touch with any interesting projects that are being undertaken in your region!

Lastly, I would like to second the president's appreciation for Dr Sameh Abdullatif who has served as newsletter editor alongside myself. Thank you for all your support and wisdom over the last two years. I will shortly be joined by our new Chief Editor Dr Amit Ranjan – I look forward to working with you on our next edition! Furthermore, I would like to thank Dr Peeyush Kumar for his great efforts as SEA UK secretary for the last six years and I would like to extend my congratulations to Dr Tracey Langcake on her election to the roll of honorary secretary. Finally, a warm welcome to Dr Gillian Lever and Dr Daniel Wise, our new council members.

To you our readers—thank you for being a part of our community. Together, we can continue to make a positive impact on education in anaesthesia and inspire the next generation of learners.

Happy reading!

Dr Megan Oldbury
Junior Editor

@SEATWEETUK

Featured photographs:
Ribblehead Viaduct (Page 1)
Ilkley Valley (Page 29)
Megan Oldbury 2023

SEA·UK

The Society for Education in Anaesthesia UK

Letter from the President

Professor Cyprian Mendonca

Welcome to the SEA-UK Summer (2024) Newsletter

I am sure you are all looking forward to enjoying a warm British summer.

As educational supervisors, we all have a duty to foster a productive, engaging and effective learning environment. It is a unique skill that comes with experience and enables us to recognise the learning needs of doctors in training effectively. This year in May, we held our 24th annual scientific meeting in Basildon. Dr Mary Doherty, founder of Autistic Doctors International, shared her experience in helping doctors who are neurodivergent. She enlightened us on the important health and well-being issues of autistic doctors.

In recent years, there have been several advances in teaching methods. Transformative learning with expressive arts, interactive learning using gamification, recreating complex clinical scenarios and surgical procedures using virtual reality and augmented reality are a few to mention. This year's ASM provided an excellent opportunity for understanding these in greater depth. The tireless work of Prof Anil Kumar and team contributed to the great success of this meeting. A high number of abstracts were received this year, 57 were presented as posters and six as oral presentations showing a great enthusiasm for educational projects amongst doctors in training.

I am very pleased to welcome Dr Gillian Lever and Dr Daniel Wise to the council. I wish to thank Dr Sameh Abdullatif who served the council as newsletter editor. My best wishes to Dr Tracy Langcake who has been elected as honorary secretary of SEA UK. My sincere thanks to Dr Peeyush Kumar who served the council as secretary for six years.

SEA UK is always seeking opportunities to collaborate with other societies. In collaboration with the Association of Anaesthetists, we have a webinar on the 27th August giving practical tips for trainees preparing for the FRCA exam. We are continuing to run free webinars for the benefit of our members. The webinar on 20th November "CESR pathway-Road to success" aims to provide guidance to doctors applying for CESR.

SEA UK offers educational grants to promote high-quality educational projects and research. Furthermore, our yearly essay competition will take place in September. Medical students and postgraduate doctors are encouraged to take part in our yearly essay competition. Further information on the essay competition and our educational grants can be found in this newsletter.

Next year's ASM is scheduled for 28th April 2025 in Manchester. Please save the date and visit our website for further details.

Wishing you all an enjoyable time and a well-deserved break this Summer.

Cyprian Mendonca

Manchester 2025

The 25th Annual Scientific Meeting

28th April 2025

SEA·UK
The Society for Education in Anaesthesia UK

SEA-UK Webinar August 2024

Webinar: FRCA exams - Road to Success 2024

Association of Anaesthetists

Key Details

Date

Tuesday 27 August 2024 18:00 - 20:00 (Login available 17:50)

About this webinar

This is a joint webinar between the Association of Anaesthetists and SEAUK, and is aimed at Anaesthetic trainees. It is discounted to members of the Association and members of SEAUK.

This webinar is designed to give you an insight into strategies for success in the primary and final FRCA from the perspective of examiners and successful candidates at both levels.

Organiser and Chair: Dr Subrahmanyan Radhakrishna, Board member, Association of Anaesthetists Programme
18:00 – 18:05 Welcome and Introduction – **Dr Subrahmanyan Radhakrishna**
18:05 – 18:25 Primary FRCA Exam - **Dr Atideb Mitra**, Diana Pricess of Wales Hospital
18:25 – 18:55 Final FRCA-Written Exam and SOE exams - **Prof Cyprian Mendonca** University Hospitals Coventry & Warwickshire NHS Trust and **Dr Satya Francis** University Hospitals of Leicester NHS Trust
18:55 - 19:15 Tips on passing Primary FRCA- My experience - **Dr David Berry**, University Hospitals of Leicester NHS Trust
19:15 - 19:35 Tips on Passing Final FRCA- My experience - **Dr Samantha James**, University Hospitals Coventry &Warwickshire NHS Trust
19:35 – 19:55 Q&A – chaired by **Dr Subrahmanyan Radhakrishna**
19:55 – 20:00 Close – **Dr Subrahmanyan Radhakrishna**

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CESR PATHWAY
ROAD TO SUCESS
SEAUK webinar
CESR Application: What is expected from an Assessor
Organising and running a bespoke training Programme
A successful CESR application
SEA·UK
Dr Sian Jaggar
Royal Brompton Hospital
Dr George Mathew
Lewisham and Greenwich NHS Trust
Dr Shreela Gosh
Bedfordshire Hospitals NHS Foundation Trust
Dr Simantika Gosh
Imperial College Healthcare NHS Trust
N
W
E
S
20th Nov 2024
18:00 – 20:00 (2 hours)
https://attendee.gotowebinar.com/register/6149080791578404952

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SEA-UK Webinar February 2025

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

CESR Route—Clearing the Path

Dr Shreela Ghosh
Locum Consultant, Anaesthetics & Intensive Care
Bedfordshire Hospitals NHS Foundation Trust

In the context of expanding the anaesthetic workforce, there is not only a need to increase anaesthetic training numbers but also a necessity to support experienced anaesthetists in applying for the CESR (Certificate of Eligibility for Specialist Registration).

The CESR application process is designed for doctors who have not followed the traditional CCT (Certificate of Completion of Training) pathway but can demonstrate equivalent skills, experience, and knowledge in that specialty or subspecialty. The process involves electronically uploading around 1000 pages of documentary evidence to the GMC. This evidence must include authenticated overseas qualifications and registrations, structured reports from referees, and a comprehensive CV. Typically, the evidence must follow the 2021 curriculum of 14 domains, comprising both primary evidence such as logbooks, training assessments, medical reports, MDT meeting minutes, and secondary evidence including 360° multisource feedback, testimonials, and structured reports. The GMC, together with the Royal College, evaluates each application by triangulating the primary and secondary evidence and communicates the decision regarding entry into the specialist register within a year's time.

To enhance the chances of a successful application, candidates should focus on several key areas mentioned in the specialty-specific guidance (SSG) and prepare a time-framed action plan accordingly. Some essential areas include obtaining qualification in medical education, completing audit loops, participation in management and leadership courses, getting leadership roles in local trust initiatives, rota management, demonstrating effective handling of complaints, providing reflective writing diaries, and evidence of interdisciplinary good communication skills.

Recent legislative changes from November 2023 have streamlined the CESR process to some extent offering more flexibility for International Medical Graduates (IMG), Staff grade, Associate Specialists and Specialty doctors (SAS), and Locally Employed Doctors (LED), allowing consideration of evidence beyond the traditional five-year restriction based on specialty.

Successful CESR candidates typically exhibit strong organisational skills, determination and discipline. They also possess excellent interpersonal and leadership skills, fostering good relationships within their department and the wider multi-disciplinary team. Support from both the department and family is crucial. However, several common challenges still exist for CESR applicants, including a lack of awareness about the process, insufficient guidance and support networks, inadequate mentorship, unclear job planning and local frameworks to support top-up training placements. Additionally, there is often ambiguity surrounding the process and outcomes, which can deter potential applicants.

For those who face rejection, options include applying for a review within 90 days, reapplying within three years after completing recommended top-up training, or providing additional documentary evidence. There is also a statutory option to appeal against a decision that rejected an application.

In conclusion, if you have demonstrable knowledge, skills, and experience to work as a consultant in the UK and CCT is not an option, consider working on your CESR application or applying for CESR fellowships.

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Future of training - VR technology to enhance the learning experience

Mr Dheeraj Karamchandani
Consultant ENT surgeon and Chairman of SFO ENT UK
University Hospitals Coventry and Warwickshire

Summarised by Dr Umair Ansari, Webmaster

Mr Karamchandani introduced himself as a Consultant ENT Surgeon, Chair of SFO ENT-UK, with a very keen interest in future technology and its potential in learning.

He led us through the history and advent of virtual reality technology emphasising the real investment that has come of late and the use of such technology in critical industries. He showed one of the most basic of headsets, that we have all probably used—the vintage Viewmaster.

Technology has moved forwards recently with several headset manufacturers investing a lot of money in the area. Mr Karamchandani brought two of his VR headsets to show the audience what they are capable of and how they differ. An example of visualisation of a heart was shown, he was able to add varying layers of complexity, reflect on the functions of heart valves and flow of blood. In real time being able to immerse the learner in the current environment meant that Mr Karamchandani displayed a simulated scenario with intubation and object tracking.

The ability to innovate in this arena is dictated by the potential of the hardware and software applications designed to simulate and teach. The cost of each headset can be quite high and is limited to one user at a time, further limiting mass adoption. The technology on show was certainly very impressive and although in anaesthesia we are used to using simulated environments, such as the ORSIM®, they cannot place the user in a virtual environment.

I think following this talk departments across the country may start investing in VR technology through the simulation team or their department. Overall an excellent talk delivered to educators with novel methods demonstrated in making learning more realistic and fun.

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Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Supporting Trainee Progression

Dr Nancy Redfern
Consultant Anaesthetist and Honorary Membership Secretary and Vice President of the Association of Anaesthetists of Great Britain and Ireland
Newcastle upon Tyne

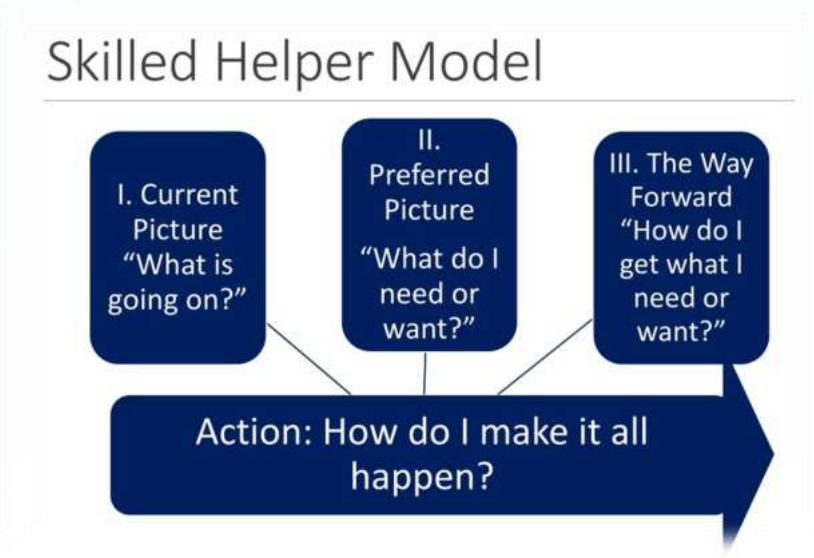
Summarised by Dr Umair Ansari, Webmaster

Dr Nancy Redfern is a Consultant Anaesthetist who specialises in supporting trainees and mentorship. Her talk started off with a very strong emphasis on us recognising that everyone needs support at times, it doesn't matter if you are a trainee or a Consultant.

Anaesthetists in training were signposted to the GMC Good Medical Practice document which includes in point 12 'should be willing to find and take part in structured support opportunities offered by your employer or contracting body, such as mentoring or coaching schemes.'

The most important message for me in this talk was that of engaging with support; converting unmanageable stress to manageable stress. Dr Redfern very eloquently described mentoring, how it works and whom it can help. She gave examples of lots of scenarios during training where it could be very useful, exams, becoming parents, working part time and returning to work to name but a few. She described the The Skilled Helper Model (Egan 2016) which uses a number of key questions to help individuals realise their true potential.

The talk closed with an overview of what effective mentors do; listen, empathise, challenge, clarify and priortise, develop a wider vision, set goals and develop strategies and plans. Overall a fantastic talk encouraging the audience to seek mentorship to support trainees.



Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Flourishing in Medical Education

Prof Louise Younie
General Practitioner and Professor of Medical Education
Queen Mary University of London

Ours is a time of growing alienation, disconnection, burnout and loneliness among healthcare students and professionals (1). The concept of resilience may compound these issues focusing on the individual and their ability to tough it out alone or bounce back at all costs.

I have been trying to move the conversation from 'resilience' towards 'flourishing'. I build on twenty years of facilitating Creative Enquiry pedagogical approaches (exploring lived experience through the arts (2)) to explore both the patient and clinician human dimension of clinical practice. The expressive arts have been found to offer different languages of expression, to open up a deeper space for transformative learning (3-5). The arts invite new vistas and perspectives which expand our own inner world and possibly enhance understanding of other peoples' worlds, positions and viewing points.

Learning with and from my students, I created the flourishing model below (illustrations commissioned from @Camilleaubrymakes). The model aligns with most flourishing models attending to *relationship (connection)* and *meaning-making* (6). However, '*shadow work*' is missing from other models, yet it is arguably the most important dimension for experiencing our shared humanity. Creative exploration can be a place for touching *shadows*, exploring uncertainty and vulnerability. When we share our experiences with others, we often realise we are not alone in our dependency, suffering and fear, taking the sting out of perfectionism or imposter syndrome so rife in the medical world.

Maladaptive perfectionism, with its fear of failure and the need to conceal imperfections, and Imposter syndrome, feeling you don't deserve your success, are the two strongest predictors for psychological distress amongst health professional students and clinicians (7). There is no playfulness, curiosity or kindness in the harsh critic that we sometimes employ against ourselves.

Enabling flourishing spaces in our work places where we actively accept or *Value the human dimension* (understanding ourselves as human, frail and flawed), where we can *Vulnerably* share our lived experience as clinician and are able to *Voice* (VVV) our particular insights and perspectives may be protective (8). If we could boost trust by just 10% between individuals in an organisation, more good ideas and issues would be shared and highlighted, aligning with Amy Edmondson's research findings on 'Psychological Safety' (9). Creating space to connect with ourselves, the other, meaningful work experiences and the natural environment may all support flourishing.

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Flourishing in Medical Education

My last word goes to two of my students who attended my two-week course, 'Creative arts in health and illness' and their acrostic poems which so astutely distils resilience and flourishing.

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RESILIENCE

Really push yourself to limits
Excel in everything you do
Stop letting hardships affect you
Invest in yourself
Leave nothing to chance
It is no big deal
Expect greatness
No matter the
Circumstances
Everything Always

By Grace Boyle

FLOURISHING

Finding yourself
Living with mistakes
Opening yourself to new experiences
Understanding it's OK to change
Realising growth is not linear
Inviting forgiveness
Staying true
Holding Space

By Naimaah Ahmed

We are growing a team of colleagues across fields and hierarchies who are interested in research and practice regarding flourishing spaces. Our next 'Flourishing Symposium' runs September 27th (online), and 28th in person (London). For more, see twitter @LouiseYounie @Flourish_med or our website www.creativeenquiry.co.uk

Delegates were asked to describe "In one word what does flourishing mean to you?" using online polling software. The answer from delegates to this question is presented as a word cloud.

References
[1] Bhugra D, Molodynski A, Ventriglio A. Well-being and burnout in medical students. Ind Psychiatry J. 2021;30(2):193-7.
[2] Younie L, Swinglehurst D. Creative enquiry and reflective general practice. Br J Gen Pract. 2019;69(686):446-7.
[3] Younie L. A qualitative study of the contribution medical humanities can bring to medical education. MSc dissertation, Bristol: University of Bristol; 2006.
[4] Boyd RD, Myers JG. "Transformative Education.". International Journal of Lifelong Education. 1988;7(4):261-84.
[5] Brown MEL, Younie L. How creative enquiry can help educators develop learners' person-centredness. Med Educ. 2022;56(6):599-601.
[6] Willen SS, Williamson AF, Walsh CC, Hyman M, Tootle W. Rethinking flourishing: Critical insights and qualitative perspectives from the U.S. Midwest. SSM - Mental Health. 2022;2:100057.
[7] Thomas M, Bigatti S. Perfectionism, impostor phenomenon, and mental health in medicine: a literature review. Int J Med Educ. 2020;11:201-13.
[8] Younie L. What does creative enquiry have to contribute to flourishing in medical education? In: Murray E, Brown J, editors. The mental health and wellbeing of healthcare practitioners: research and practice: Wiley-Blackwell; 2021. p. 14-27.
[9] Edmondson A, Higgins M, Singer S, Weiner J. Understanding Psychological Safety in Health Care and Education Organizations: A Comparative Perspective. Research in Human Development [Internet]. 2016; 13(1):[65-83 pp.].

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Educational Supervision of Neurodivergent Trainees

Dr Mary Doherty
Consultant Anaesthetist
Founder of Autistic Doctors International and author of the Autistic SPACE framework
Clinical Associate Professor at the School of Medicine
University College Dublin

Summarised by Dr Sue Walwyn, Former President of SEA UK

Mary Doherty, an anaesthetist from Ireland who founded Autistic Doctors International in 2019, started by thanking Nancy Redfern for all her mentoring and guidance. She has had extensive experience, both personally and professionally, in helping doctors who are neurodivergent and in increasing awareness of the conditions.

Mary initially asked the audience if they could define autism, something most members of the audience found difficult. The talk was primarily aimed at educational supervisors responsible for training of doctors who are neurodivergent. Mary feels that the term is both too broad, given the diversity of issues, and that it encourages the tendency not to disclose due to the associated stigma.

There was a discussion about what it means to be autistic and if we, as educators, tend to think that those who present are struggling. In fact this is not the case and Mary assured us that many neurodivergent trainees get along just fine.

However, Mary did highlight that those individuals with neuro difference are more likely to have co-occurrent mental health diagnoses such as anxiety and depression. Autistic doctors display much poorer health profiles than non autistic doctors with up to 77% having thought of or attempted suicide, with a four fold increase in occurrence of PTSD. There has been a large increase in diagnosis with up to 25% of trainees in some deaneries disclosing possible diagnosis with extreme delays in diagnosis due to waiting times. The increase in self disclosure is an improvement, as Mary told some historic stories of GP trainees and Medical students who either lost their place on the training programme or were told not to be “openly autistic “ in medical school.

Mary had a few tips for supervisors which are very pertinent to anaesthetics, a field which has the third highest rate of trainees diagnosed with autism. In fact Mary is an anaesthetist and has written an article for Anaesthesia which is well worth reading:

https://anaesthetists.org/Home/Resources-publications/Anaesthesia-News-magazine/Anaesthesia-News-Digital-December/Neurodiversity-in-practice-autistic-anaesthetists-can-be-an-asset

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Educational Supervision of Neurodivergent Trainees

The publication in Journal of Hospital medicine (2 April 2023 Volume 84, Issue 4) looks at the pneumonic SPACE. This includes the following :

1. Sensory - light and noise, processing space, emotional space

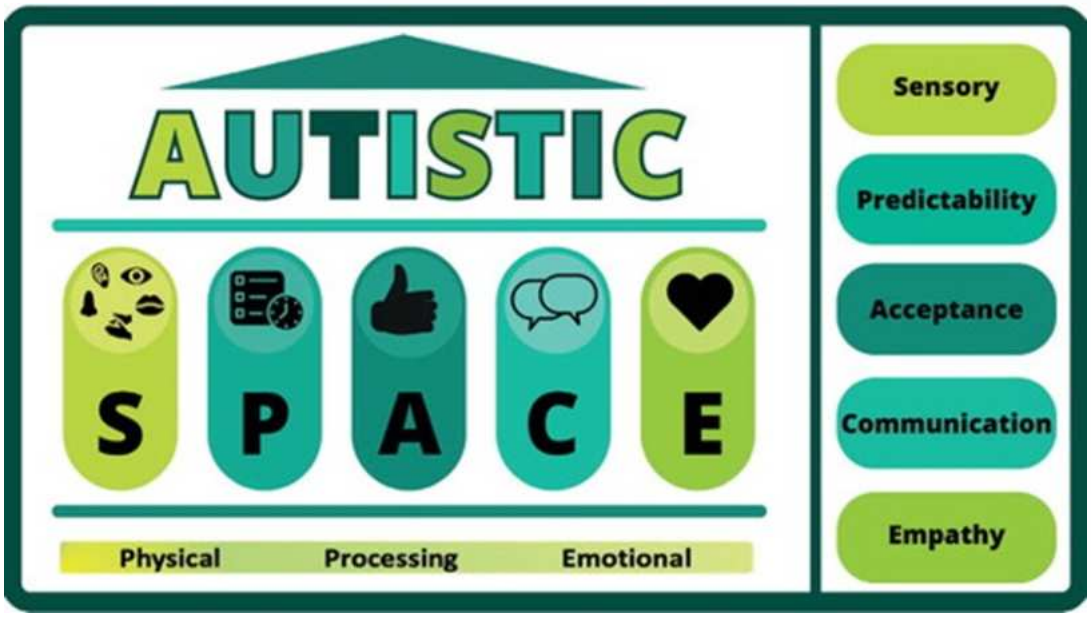
2. Predictability - minimise rotations, clear and concise instruction

3. Acceptance - culture of acceptance helps the trainee where there is a high occurrence of associated medical disorders and risk of suicide (open letter to the health secretary and CEO of the NHS dated April 2024 in response to the removal of funding for Practitioner health)

4. Communication - language, communication, need clarity and consequence, anxiety makes it much harder, recognition - the need to be blunt and ensure understanding

5. Empathy - demonstrated in a different way

This was a really interesting and informative talk. Highlighting simple aids and the need to use this in our supervision .



Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Bridging the Attainment Gap: A Personal Perspective

Dr Sekina Bakare
ST8 Anaesthetics and ICM
Guy's and St Thomas' Hospital, London

The attainment gap in medical training is an issue that continues to hinder the progress of ethnic minority doctors in the UK. Despite nearly 200 reports documenting discrimination and differential attainment, actionable change remains limited[1]. At the Society for Education in Anaesthesia (SEA UK) 2024 ASM, I had the opportunity to highlight the key issues, contributing factors, and potential interventions to bridge this gap.

The attainment gap refers to the persistent disparities in educational outcomes and career achievements between different demographic groups[2]. It is the variation in experience, perceptions, or attainment for different groups with protected characteristics, which may or may not be the result of unfairness[3]. In medicine, these disparities significantly affect ethnic minority doctors, impacting career progression and success rates in specialty training. Addressing this gap is crucial not only for our personal and professional development but also for ensuring high-quality, safe, and equitable patient care. It is an essential part of securing the workforce the UK needs[4].

Representation in the medical field has seen some progress; however, significant disparities remain. While the number of Black/Black British doctors has increased, our representation in specialty training and consultant positions is still disproportionately low[4,5,6]. Recent reports have shown that Black/Black British doctors have the lowest pass rates in specialty exams and face higher rates of unsatisfactory outcomes in Annual Review of Competence Progression (ARCP) assessments. These disparities persist after correcting for socioeconomic status[4]. A significant number of doctors from ethnic minority backgrounds experience racism and discrimination, which adversely affects career progression and well-being. Many incidents of racism go unreported due to fear of repercussions, perpetuating a cycle of inequity[7,8].

Despite accounting for 62% of medical school entrants, 58% of UK graduates and 57% of formal training posts, women are significantly underrepresented in certain specialties such as Intensive Care Medicine (ICM) and surgery[6]. This imbalance exacerbates the attainment gap, highlighting the need for comprehensive strategies to promote gender equity alongside ethnic diversity. The intersectionality of protected characteristics also needs to be highlighted, with challenges experienced by Black women often greater than the sum of racism and sexism[4].

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Bridging the Attainment Gap: A Personal Perspective

It is important to ensure examination and recruitment processes are unbiased; however, we need to look further than fixing these as a solution to bridging the attainment gap. Several strategies that we can change and influence as individuals to reduce this gap include:

Fostering Inclusive Learning Environments that celebrate diversity and inclusion, ensuring all trainees feel valued and supported.

Enhancing Mentorship and Sponsorship Opportunities that provide the guidance and support necessary for the success of ethnic minority trainees.

Targeted Support that implements strategies to support underperforming groups and attract diverse applicants.

Collaborating and Fostering Partnerships with other institutions and organisations to share best practices and resources.

Bridging the attainment gap requires systemic changes and collaborative efforts. This not only enhances the quality of care we provide to patients but also promotes an equitable healthcare system. We now know better, and we must therefore do better.

Dr Sekina Bakare BSc (Hons) MBChB (Hons) MRCP FHEA FRCA FFICM

References

[1]BMA. Why Are We Still Here? The factors affecting the progression of ethnic minority doctors in the UK [Internet]. Available from: https://www.bma.org.uk /media/5753/bma-bme-inequalities-report- external-june-2022.pdf

[2]The Sutton Trust. Closing the Attainment Gap [Internet]. Available from: https://www.suttontrust.com/our-research/closing-the-attainment-gap/

[3]General Medical Council. [Internet]. Available from: https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/tackling-differential-attainment/what-is-differential-attainment

[4]General Medical Council. Tackling Disadvantage in medical education [Internet]. Available from: https://www.gmc-uk.org/-/media/documents/96887270_tackling-disadvantage-in-medical-education-020323.pdf

[5]Tridente A, Parry-Jones J, Chandrashekaraiah S, Bryden D. Differential attainment and recruitment to Intensive Care Medicine Training in the UK, 2018–2020. BMC Med Educ. 2022 Sep 12;22(1):672.

[6]General Medical Council. The state of medical education and practice in the UK. Workforce report 2023[Internet]. Available from: https://www.gmc-uk.org/-/media/documents/workforce-report-2023- full-report_pdf-103569478.pdf

[7]Intensive Care Society. Towards an Inclusive Future [Internet]. Available from: https://ics.ac.uk/resource/towards-an-inclusive-future.html

[8]British Medical Association. Racism in Medicine [Internet]. Available from: https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf

[9]Watson SA, Wong DJN. Anaesthetic recruitment interview performance and ethnicity. Anaesthesia. 2023 Nov;78(11):1412–3.

[10]The Royal College of Surgeons of Edinburgh [Internet]. RCSEd Black Surgeons in the UK report | RCSEd. Available from: https://www.rcsed.ac.uk/news-public-affairs/news/2022/september/rcsed- black-surgeons-in-the-uk-report

[11]Mehta S, Burns KEA, Machado FR, Fox-Robichaud AE, Cook DJ, Calfee CS, et al. Gender Parity in Critical Care Medicine. Am J Respir Crit Care Med. 2017 Aug 15;196(4):425–9.

[12]Mehta S, Rose L, Cook D, Herridge M, Owais S, Metaxa V. The Speaker Gender Gap at Critical Care Conferences. Crit Care Med. 2018 Jun;46(6):991–6.

[13]West MA, Borrill C, Dawson J, Scully J, Carter M, Anelay S, et al. The link between the management of employees and patient mortality in acute hospitals. The International Journal of Human Resource Management. 2002 Jan;13(8):1299–310.

[14]Yong SA, Moore CL, Lussier SM. Towards gender equity in intensive care medicine: ten practical strategies for improving diversity. Crit Care Resusc. 2021 Jun;23(2):132–6.

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

Longevity and the Future: A New Era of Human Health

Prof. Tham Nimal-Raj
General Practitioner and Partner of East Tilbury Medical Centre
Managing Director of the Harley Street Medical Consultants (national & international)

Summarised by Prof Anil Kumar, Council Member

In recent years, the quest for longevity has surged from science fiction to scientific reality, driven by ground-breaking research and innovations. At the forefront of this movement are visionaries, like Bryan Johnson, whose commitment to extending human life is transforming how we perceive aging and health. This blog explores the latest advancements in longevity and their potential to reshape our future.

The Current State of Longevity Research
Longevity research encompasses a wide range of disciplines, including genetics, biotechnology, and medicine. Scientists aim to understand and manipulate the biological processes that cause aging.

This field has seen significant breakthroughs, from gene editing technologies like CRISPR to regenerative medicine using stem cells. One of the most promising areas of longevity research is senescence, the process by which cells cease to divide and function properly. By targeting senescent cells, researchers hope to prevent or reverse age-related diseases. Additionally, advancements in artificial intelligence are providing new insights into the aging process by analysing vast amounts of biological data to identify patterns and potential interventions.

Bryan Johnson: A Visionary in Longevity
Bryan Johnson, the founder of Kernel and OS Fund, is a leading figure in the longevity movement. His work focuses on harnessing technology to enhance human capabilities and health. Johnson's commitment to longevity is driven by a belief that aging is not an inevitable decline but a challenge that can be overcome with innovation and perseverance.

"We have a moral obligation to advance human potential and well-being through the responsible application of technology,"

His company, Kernel, develops advanced brain-machine interfaces aimed at unlocking the mysteries of the human brain and addressing neurological diseases. By understanding the brain's role in aging, Johnson hopes to develop interventions that can extend healthy lifespan.

Other Pioneers in Longevity
Johnson is not alone in this quest. Many other leaders are making significant contributions to the field of longevity. Aubrey de Grey, a biomedical gerontologist, has long been a proponent of the idea that aging can be treated as a curable disease. De Grey's SENS Research Foundation focuses on repairing the cellular damage that accumulates with age, aiming to rejuvenate the body and extend life.

Similarly, Dr. David Sinclair, a geneticist at Harvard Medical School, is exploring the role of sirtuins—proteins that regulate cellular health—in aging. His research has shown that activating these proteins through compounds like resveratrol and NAD+ precursors can extend the lifespan of organisms. "Aging is a disease, and that disease is treatable," Sinclair declares, highlighting the paradigm shift in how we view aging.

The Future of Longevity
The potential benefits of longevity research are profound. Extending healthy human lifespan could alleviate the burden of age-related diseases, reduce healthcare costs, and improve the quality of life for millions. However, these advancements also pose ethical and societal challenges. Questions about access to longevity treatments, the implications for population growth, and the societal impact of significantly extended lifespans need to be addressed.

As technology advances, the vision of a world where aging is a manageable condition rather than an unavoidable fate becomes increasingly plausible. Bryan Johnson and his contemporaries are leading us toward a future where the boundaries of human potential are redefined. Through their efforts, we may soon witness an era where longevity is not just a dream but a reality within our grasp.

Basildon 24th ASM Keynotes

Education in Anaesthesia—Going into the Future

The Clock is Ticking: Greener Anaesthesia-patient and environment protection

Dr Jonny Groome
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Royal London Hospital
GASP Co-Founder
Associate Medical lead for sustainability-Nuffield Health

Summarised by Dr Atideb Mitra

Dr Jonny Groome set the pace by starting his presentation by stating that the climate "clock was ticking". He took us through a whirlwind journey of the dangers of climate change and how the NHS and we as individuals could contribute towards handling and mitigating this imminent crisis.

He outlined the scale of the problem using illustrative examples such as the rate of increase in atmospheric CO2 and the resulting increase in global average temperature, the receding levels of the arctic ice cap and the increasing frequency of catastrophic climatic events in the recent past. In addition to providing evidence for the climate crisis, he highlighted its consequences, illustrating how environmental factors have contributed to the annual loss of 1.7 million children under five and currently endanger 1 billion children.

Dr Groome then called for "transformational" change and a “dramatic” acceleration of progress to address these concerning statistics. He then directed our focus to the Net Zero plan which aims for an 80% carbon footprint reduction by 2036 to 2039.

Dr Groome presented a global comparison of healthcare waste generation in selected countries, highlighting the UK statistics of 5.5 Kg per patient per day in contrast with Germany’s significantly lower 0.4 Kg per patient per day. Dr Groome proposed that, as a preferred method of reducing waste and our carbon footprint beyond recycling, we must actively reduce our consumption, especially that of single-use equipment such as laryngoscopes. Furthermore, Dr Groome drew our attention towards initiatives to curtail waste by cost-conscious, high-output organizations, such as the Aravind Eye Hospital in India. He underscored the important role of anaesthetists in reducing the NHS carbon footprint by discontinuing the use of Desflurane. This advocacy began at an individual level which culminated in the enforcement of local and national regulations. Furthermore, Dr Groome emphasised the need to reduce NO2 usage not only at the machine end but address the substantial leakage being discharged from the central systems which accounts for 80-90% of consumption in most trusts. He also called for a reassessment of the necessity for central supply.

Subsequently, he outlined how corrective measures are being taken to reduce transport emissions within the NHS. These measures include the publication of national specifications for zero emission ambulances in 2024 and how the Net Zero strategy is striving towards a target of a decarbonised ambulance fleet and all vehicles being emission-free by 2040. From that point onwards Dr Groome directed our focus towards energy and reported how energy use makes up 10% of NHS emissions footprint. He proposed the use of a Theatre Shutdown checklist to ensure machinery isn’t needlessly running when not required and provided modelling estimates of how turning the laminar ventilation off out of hours would result in a potential saving 27000 kWh of electricity and 136,000 kWh in gas annually.

He urged the NHS as a consumer touching 90% of the global supply chain to use its influence to drive the message of sustainability among its suppliers.

He concluded by saying that if we do not embrace change, we would be the first species in the galaxy to choose extinction as the alternatives are not cost-effective.

Special Features

Education in Anaesthesia—Going into the Future

The UNIT: A table-top simulation for anaesthetic trainees to prepare them for their intensive care on-calls

Hajnalka Huszka, Hans van Huellen, Nick Tovell
University Hospitals Sussex

Lack of confidence or the feeling of under-preparedness can be daunting when core anaesthetic trainees are about to start their ICU on-calls. Familiarising themselves with the unknown including learning key clinical knowledge and practising non-technical skills such as resource allocation, job prioritisation, decision making and bed management can enhance their confidence and preparedness. The UNIT is a table-top simulation designed for multi disciplinary teams to simulate a day or a night shift on an Intensive Care Unit (ICU).

What is table-top simulation?

Table-top simulation is a low-fidelity simulation that makes use of gamification - employing game-design elements for non-gaming purposes[1]. This innovative education method utilises experiential learning to achieve the planned learning outcomes. It has the potential to transfer clinical knowledge and improve non-technical skills such as critical thinking, teamwork, collaboration, communication between teams and prioritising jobs simultaneously. Participants in table-top simulation feel empowered to make clinical decisions[2] and have an increased sense of comfort when managing emergency scenarios[3]. It also helps to appreciate complex multidisciplinary team dynamics[4]. Table-top simulations are found to be as effective as high fidelity simulation sessions[5]. Furthermore they are cost-effective.

How to play The UNIT?

The learning objectives can change according to the needs of the learners. The level of difficulty can be altered from beginner to expert depending on the target audience. In an ideal setting a multidisciplinary team of six to eight candidates including junior to senior nurses and doctors would play together. The starter card tells players their bed occupancy and staffing level. Players then decide how to allocate their nursing staff to the existing patients.

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Education in Anaesthesia—Going into the Future

The UNIT: A table-top simulation for anaesthetic trainees to prepare them for their intensive care on-calls

Players pick up a progression card in each turn which simulates an hour of their on-call shift. Each progression card tells what happens per turn either in the form of referrals that are received or events that take place. Players now have to allocate their doctors to either review referrals, respond to improving or deteriorating patients or to complete tasks. Players should prioritise referrals, events and jobs using their clinical judgement. When receiving a referral, players have to decide whether to admit the patient based on the information provided on the referral card. This provides an opportunity to discuss the management of a variety of clinical scenarios. When responding to deteriorating or improving patients the players should describe briefly how they would manage the situation. In some instances the patient's status might change (for example, they might need intubation) and this might trigger a reorganisation of the board (for example, the patient might need to be moved from HDU to ICU). Some patients might improve to the point that players decide that they can be stepped down to a ward - as long as there is a ward bed available.

The Unit table top simulation enables us to teach a range of clinical and organisational skills that can not be easily conveyed by traditional classroom teaching or lab based simulation.

References:

[1]Sailer M, Hense JU, Mayr SK, Mandl H. How gamification motivates: An experimental study of the effects of specific game design elements on psychological need satisfaction. Comput Hum Behav. 2017 Apr 1;69:371–80.

[2]Skaltsis J, Sackett A, Ellis KA, Cohen SA. Learner Perception of Disaster Simulation Modalities: A Pilot Study. Nurse Educ [Internet]. 2024 Feb 5; Available from: https://pubmed.ncbi.nlm.nih.gov/38330393/

[3]Behar S, Upperman JS, Ramirez M, Dorey F, Nager A. Training medical staff for pediatric disaster victims: a comparison of different teaching methods. Am J Disaster Med. 2008 Jul;3(4):189–99.

[4]Brydges R, Nemoy L, Ng S, Khodadoust N, Léger C, Sampson K, et al. Getting everyone to the table: exploring everyday and everynight work to consider 'latent social threats' through interprofessional tabletop simulation. Adv Simul [Internet]. 2021 Dec 1;6(1). Available from: https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-021-00191-z

[5]Offenbacher J, Petti A, Han Xu, Levine M, Manyapu M, Guha D, et al. Learning Outcomes of High-fidelity versus Table-Top Simulation in Undergraduate Emergency Medicine Education: Prospective, Randomized, Crossover-Controlled Study. West J Emerg Med Integrating Emerg Care Popul Health. 2022 Jan;23(1):20–5.

Special Features

Education in Anaesthesia—Going into the Future

Gamification: An Essential Innovation for Excellence in Anaesthetic Education, or Just Another Fad?"

Dr Alpen Shah
Dr Claudia Esquirol

Gamification, which involves incorporating game-design elements into non-game settings, has gained significant attraction in various fields, including medical education. In the realm of anaesthetic education and training, it is becoming widely acknowledged as an effective method for improving learning experiences and outcomes.

Enhancing Engagement and Motivation

A key advantage of gamification in anaesthetic education is its capacity to boost learner engagement and motivation amongst trainees. Traditional teaching methods can often seem monotonous, resulting in reduced attention and retention. Gamification introduces elements such as points, leaderboards, and challenges, which can make learning more interactive and enjoyable. These elements tap into intrinsic motivations, such as competition and achievement, driving learners to invest more effort and time in their studies. A recent study found that incorporating gamified elements into medical student teaching significantly increased motivation and confidence in diagnostic decision making[1] .

Simulated Learning Environments

Gamification also facilitates the creation of simulated learning environments that mimic real-life scenarios. In anaesthesia, where hands-on experience is crucial, simulations can provide a safe and controlled setting for students to practice and hone their skills.

Virtual reality (VR) and augmented reality (AR) technologies are at the forefront of this approach. VR can recreate complex surgical procedures, allowing trainees to practice in a risk-free setting, but offers an immersive and interactive learning experience, recreating real-world clinical environments.

AR can overlay digital information onto the physical world, providing real-time guidance during procedures. These technologies enhance spatial awareness, procedural knowledge, and decision-making skills, significantly contributing to anaesthetic training[2].

Immediate Feedback and Assessment

Another advantage of gamification in anaesthetic education is the provision of immediate feedback and continuous assessment. Traditional assessment methods often involve delays between performance and feedback, which can hinder learning. Gamified systems, however, offer instant feedback, enabling learners to quickly understand their mistakes and correct them. This real-time feedback loop helps reinforce learning and promotes a deeper understanding of the material.

Special Features

Education in Anaesthesia—Going into the Future

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Collaboration and Teamwork

Anaesthetic practice is inherently collaborative, requiring effective communication and teamwork. Gamification can foster these skills by incorporating cooperative elements into training programs. Multiplayer simulations and team-based challenges encourage learners to work together, share knowledge, and develop their interpersonal skills. By simulating real-world teamwork scenarios, gamified training prepares anaesthetic trainees for the collaborative nature of their profession.

Challenges and Future Directions

Despite its numerous benefits, gamification in anaesthetic education is not without challenges. One concern is the potential for oversimplification, where complex medical concepts may be reduced to basic game mechanics, potentially undermining the depth of learning. Additionally, there is a need for rigorous research to establish standardised guidelines and best practices for implementing gamification effectively in medical education.

Looking ahead, the future of gamification in anaesthetic education appears promising. As technology continues to advance, the potential for more sophisticated and immersive gamified learning experiences grows. Future research should focus on optimising the balance between educational content and game design to ensure that the primary goal of improving learning outcomes is achieved.

In conclusion, gamification offers a novel and effective approach to anaesthetic education and training. By enhancing engagement, providing simulated learning environments, offering immediate feedback, and fostering collaboration, gamification has the potential to significantly improve the quality of anaesthetic training programs. As the field evolves, ongoing research and innovation will be crucial in maximising the benefits of this educational approach.

References

[1] Ishizuka, K., Shikino, K., Kasai, H. *et al.* The influence of Gamification on medical students' diagnostic decision making and awareness of medical cost: a mixed-method study. *BMC Med Educ* 23, 813 (2023). https://doi.org/10.1186/s12909-023-04808-x

[2] Alaraj A, et al. Virtual reality training in neurosurgery: Review of current status and future applications. Surg Neurol Int. 2011;2:52. doi: 10.4103/2152-7806.80117. Epub 2011 Apr 28. PMID: 21697968; PMCID: PMC3114314.

Special Features

Education in Anaesthesia—Going into the Future

Rhapsody in Blue

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Gershwin's breakout composition – aptly advertised as "An Experiment in Modern Music" - premiered in New York City 100 years ago. Its iconic clarinet opening has become as instantly recognisable as the repeated quadruple beats of 'fate knocking on the door' of Beethoven's 5th symphony. These unconventional giants of classical music are further connected in that they were almost certainly neurodivergent (ND), with George on the attention deficit/hyperactivity disorder (ADHD) end of the spectrum[1] and Ludwig being autistic[2].

I myself am autistic with an admixture of ADHD, and these are my favourite composers. While in the past neuroscience and diagnostics have heavily focused on the functional impairments that define these conditions, more recently a neuroaffirmative approach[3] has gained prominence that views both ND and neurotypical (NT) brains as constituting a spectrum of neurodiversity, much like all living things contribute to healthy biodiversity. This movement aims to reduce stigma and highlight those areas where ND brains excel: Creativity, spontaneity and social justice.

I come across many diagnosed (and through my 'spidery senses' recognise many undiagnosed) ND patients who can benefit from appropriate accommodations during their inpatient or outpatient journey[4] using the recently developed model of autistic SPACE[5]. I also realise just how large a proportion of the medical workforce are ND – whether they know this or not. Their often harrowing workplace experiences have only recently begun to be explored[6], and impactful social media groupings have formed to provide mutual support, encourage research around ND, and advocate against discrimination where it exists. Probably the most effective of these has been Autistic Doctors International (ADI) founded by Mary Doherty, an Irish anaesthetist, only five years ago[7].

Autistic medical students and doctors not infrequently face dismissal from their school or employment ostensibly on account of their 'poor fit' for their chosen profession, yet Nobel prizes have been awarded to ND physicians and biomedical scientists such as Albert Schweitzer and Marie Curie. 'Othering' remains a strong impulse in our neurotypical world, and educators must strive to ensure they recognise and support their non-neurotypical students during under- and postgraduate medical training to achieve true excellence in education. This presupposes being current on modern views of neurodivergency and language.

Revealing myself as an autist to parents and patients who I feel or know are ND is often helpful in establishing trust. I treat clients who can only have their dental needs met under intravenous sedation, and this cohort just teems with autists and other ND flavours. Being able to deliver appropriate healthcare to disadvantaged clients under professionally challenging conditions is hugely satisfying.

Special Features

Education in Anaesthesia—Going into the Future

Rhapsody in Blue

Coming back to Gershwin: In 1935 he with his librettist brother Ira turned DuBose Heyward's book/play Porgy And Bess into America's first Jazz opera. This crime drama is set among a poor black community, involves drug dependency and a live rape barely off-stage, and has a prostitute and a learning and physically disabled man as its romantic leads. Little wonder that it had a very mixed reception at a time when Jim Crow still ruled the Southern States: it depicted the world as it is, not as one would like it to be.

I dare to believe that by the time its centenary comes around the neurodiversity paradigm will be fully established - it is what we (and the NHS) need.

Photo Credit:
https://www.capecodpsychology.com/new-page-53

References

[1] Kalb C. Did ADHD play a role in Gershwin's eclectic style? Smithsonian Magazine 2016, March. (www.smithsonianmag.com/arts-culture/did-adhd-play-role-george-gershwins-eclectic-style-180958110)

[2] Stone J. Unlocking the secrets of Beethoven's hair (rapid response). BMJ 2004;329:939 (doi: https://doi.org/10.1136/bmj.329.7472.939)

[3] Singer J. Neurodiversity: The birth of an idea. 2017. ISBN 978-0648154709

[4] Brown S, Rabenstein K, Doherty M. BJA Educ. 2024 Apr;24(4):129-137. doi: 10.1016/j.bjae.2024.01.002

[5] Doherty M, McCowan S, Shaw SCK. Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. Br J Hosp Med (Lond) 2023 Apr 2; 84(4):1-9. doi: 10.12968/hmed.2023.0006

[6] Shaw SCK, Fossi A, Carravallah L, Rabenstein K, Ross W, Doherty M. The experiences of autistic doctors: a cross-sectional study. Front Psychiatry 2023 Jul 18:14:1160994. doi: 10.3389/fpsyt.2023.1160994

[7] Doherty M. Neurodiversity in practice: autistic anaesthetists can be an asset. Anaesthesia News 2020 Dec: 6-9. (https://anaesthetists.org/Home/Resources-publications/

Special Features

Education in Anaesthesia—Going into the Future

How advancement in technology has shaped education and training in Anaesthesia

Dr Yap SuHao
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The Halsted model of "See one, do one, teach one" is a model that has been seamlessly integrated to the training of doctors since the beginning of clinical education in medical school. William Stewart Halsted, the first Chief of Surgery at Johns Hopkins Hospital in 1890, was the founder of the surgical residency program before any formal training system existed. The aim of it was to train surgeons and at the same time allow them to cultivate the skills necessary to become a mentor and role model for the surgical trainees[1].

Surgical skills are no different from procedural skills in anaesthetic training. It varies from a procedure as simple as cannulation to something as highly skilled as an invasive line, neuraxial or regional blocks. Failing a procedure is not unfamiliar to anaesthetic trainees and it takes a lot of practice to master a skill. That also translates to procedure complications and often times, a frustrated patient and a disappointed trainee.

With advancement in technology and Artificial Intelligence (AI), clinical skills teaching has slowly but surely moved over to stimulations and realistic mannikins. By learning a procedure or skill on a mannikin, it allows novice trainees to familiarise themselves with the technique and steps of a procedure before moving on to a real patient. This not only allows the trainee to be more confident, but it also translates to patient's confidence in the doctor taking care of them.

In anaesthetic training, a trainee is rotated to different subspecialty every 3 to 6 months. This translates to a steep and stressful learning curve every time. In order to flatten out the learning curve, departments like obstetrics anaesthesia have started using realistic mannikin models for skills such as epidural and spinal anaesthesia techniques.

Photo Credit:
Kagaku MW3 Epidural Anaesthesia Simluator, n.d (with permission from Kyoto Kagaku, the manufacturer of the stimulator) [2]

Special Features

Education in Anaesthesia—Going into the Future

How advancement in technology has shaped education and training in Anaesthesia

By using a mannikin to assist in teaching a manual skill such as an epidural catheter insertion, the trainee would not only be familiarising themselves with the steps and technique for the procedure, it will also allow the trainer to assess their knowledge, technique and provide real time feedback without compromising on patient safety.

Besides the use of training mannikins with realistic stimulation and true-to-life sensation, there is also a move towards educational videos and e-learning. With the constant advancement in technology and AI, newer techniques and knowledge are becoming increasingly available to everyone who has access to the internet, albeit with caution as not every information from the internet is from a certified medical practitioner . It is very convenient to access information from the internet, but it is equally important to identify trustworthy sources from qualified medical professionals.

Lastly, there is a shift towards online journal clubs and teaching sessions via Microsoft Teams, a video conferencing software, hence becoming more readily accessible to trainers and trainees from all over the world.

In conclusion, there is a shift in clinical skills education of anaesthetic trainees away from a traditional practice of “see one, do one, teach one” towards utilising technology in education and training.

References:
[1]Kotsis SV, Chung KC. Application of the "see one, do one, teach one" concept in surgical training. Plast Reconstr Surg. 2013;131:1194-1201.
[2]Kagaku MW3 Epidural Anaesthesia Simluator, n.d. https://mediscientific.co.uk/product/mw3-epidural-anesthesia-simulator/ (accessed 08/07/2024)

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Guidance

Entries are now invited on the following essay titles from medical students & trainees in anaesthesia.

Only one author per entry will be accepted.

All entries will be anonymised and judged by members of the SEA UK council. The judging panel looks for well-written entries that demonstrate critical thinking and reflective practice.

Max. 1200 words (excluding title and references).

Please use Times New Roman size 12 font and double line spacing.

Maximum five references can be cited using Vancouver style.

References must be numbered sequentially as they appear in the text.

Winners will also receive complimentary registration to the 2025 SEA UK Annual Scientific meeting.

The winning essay will be published in the SEAUK Winter Newsletter. Any further queries should be emailed to secretary@seauk.org

SEA·UK

Essay Competition 2024

Trainee Prize: £75—Does Educational Development Time (EDT) effectively support learning and assessment in professional practice?

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